

Blue MedicareRx Value (PDP) 2018 Formulary (List of Covered Drugs)

Please read:

This document contains information about the drugs we cover in this plan.



This formulary was updated on October 1, 2018. For more recent information or other questions, please contact Blue MedicareRx Value (PDP) Customer Service, at **1-866-755-2776** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30., or visit <https://shop.anthem.com/medicare>.

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Anthem Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Blue MedicareRx Value (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of November 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

What is the Blue MedicareRx Value (PDP) formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2018. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change

(nonmaintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension/Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 55. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization: Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *donepezil*. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Blue MedicareRx Value (PDP)'s formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Blue MedicareRx Value (PDP)'s formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level. **You can ask us to cover a formulary drug at a lower cost-sharing level.** If approved this would lower the amount you must pay for your drug.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may

be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term-care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

For more information

For more detailed information about our plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last

updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Our plan's formulary

The formulary on page 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 55.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SPIRIVA) and generic drugs are listed in lowercase italics (e.g., *atenolol*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

QLL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D – Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-866-755-2776, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday

(except holidays) from February 15 through September 30. TTY/TDD users should call 711.

INJ – Injectable: The drug is available in injectable form.

MO – Mail Orders: Prescription drugs available through mail order.

Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$1.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$8.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$5.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$14.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$31.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$38.00
Cost-Sharing Tier 4: Nonpreferred Drugs	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	40%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	47%
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	25%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	25%
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$5.00

Please refer to our Evidence of Coverage for more information on cost sharing.

Network Pharmacy with preferred cost-sharing – A network pharmacy that offers covered drugs to members of our plan that may have lower cost-sharing levels than other network pharmacies with standard cost-sharing.

* A long-term supply is not available for drugs in the Tier 5: Specialty Tier

** Mail-Order Pharmacy – Mail-order service allows you to order a 30–90-day supply of drugs. The drugs available through our plan’s mail-order service are marked as “mail-order” drugs in our drug list.

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA).

QLL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D – Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-866-755-2776, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

INJ – Injectable: The drug is available in injectable form.

MO – Mail Orders: Prescription drugs available through mail order.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
Anti - Infectives			ALINIA ORAL	4	MO; QLL (180 per 30 days)
<i>abacavir oral solution</i>	4	MO; QLL (960 per 30 days)	SUSPENSION FOR RECONSTITUTION		
<i>abacavir oral tablet</i>	4	MO; QLL (60 per 30 days)	ALINIA ORAL TABLET	4	MO; QLL (6 per 30 days)
<i>abacavir-lamivudine</i>	5	MO; QLL (30 per 30 days)	<i>amantadine hcl</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO; QLL (60 per 30 days)	AMBISOME	4	B/D PAR; MO
ABELCET	5	B/D PAR; MO	<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	MO
<i>acyclovir oral capsule</i>	2	MO	<i>amoxicillin oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO	<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO	<i>amoxicillin oral tablet</i>	2	MO
<i>acyclovir sodium 50 mg/ml intravenous solution</i>	4	B/D PAR; MO	<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>adefovir</i>	5	PAR; MO			
ALBENZA	4	MO			

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>amphotericin b</i>	4	B/D PAR; MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	4	MO
<i>ampicillin sodium intravenous</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	4	MO
APTIVUS ORAL CAPSULE	5	MO; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (380 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	5	MO; QLL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	5	MO; QLL (30 per 30 days)
<i>atovaquone</i>	5	PAR; MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	MO
ATRIPLA	5	MO; QLL (30 per 30 days)
<i>azithromycin intravenous</i>	4	MO
<i>azithromycin oral packet</i>	4	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	3	MO
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	2	MO
<i>azithromycin oral tablet</i>	2	MO
<i>aztreonam</i>	4	MO
BARACLUDGE ORAL SOLUTION	5	PAR; MO
BICILLIN C-R	4	MO
BICILLIN L-A	4	MO
BIKTARVY	5	MO; QLL (30 per 30 days)
CANCIDAS	5	B/D PAR; MO
CAPASTAT	4	
CAYSTON	5	PAR; MO; LA
<i>cefaclor oral capsule</i>	4	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	3	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	3	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	4	
<i>cefazolin intravenous</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>cefdinir</i>	3	MO
<i>cefepime</i>	4	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	
<i>cefpodoxime</i>	4	MO
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml</i>	4	MO
<i>cefprozil oral suspension for reconstitution 250 mg/5 ml</i>	2	MO
<i>cefprozil oral tablet</i>	4	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO
<i>ceftazidime injection recon soln 6 gram</i>	4	
<i>ceftriaxone in dextrose,iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	3	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>cephalexin oral tablet</i>	2	MO
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO
CIMDUO	5	MO; QLL (30 per 30 days)
<i>ciprofloxacin hcl oral tablet 100 mg</i>	3	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	MO
<i>clarithromycin</i>	3	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	MO
<i>clindamycin phosphate injection</i>	4	MO
<i>clindamycin phosphate intravenous</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
<i>colistin (colistimethate na)</i>	4	MO
COMPLERA	5	MO; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	MO; QLL (180 per 30 days)
DAPSONE ORAL	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	4	MO
DESCOVY	5	MO; QLL (30 per 30 days)
<i>dicloxacillin</i>	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	4	MO; QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	MO; QLL (30 per 30 days)
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	4	MO
EDURANT	5	MO; QLL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	MO; QLL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	MO; QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	5	MO; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QLL (850 per 30 days)
<i>entecavir</i>	5	PAR; MO
EPCLUSA	5	PAR; MO; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	4	MO
<i>erythromycin oral tablet</i>	4	MO
<i>ethambutol</i>	2	MO
EVOTAZ	5	MO; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	3	MO; QLL (21 per 7 days)
<i>fluconazole in dextrose(iso-o)</i>	4	
FLUCONAZOLE IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	4	

Drug Name	Drug Tier	Requirements /Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	
<i>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i>	2	MO
<i>fluconazole oral tablet 50 mg</i>	1	MO
<i>flucytosine oral capsule 250 mg</i>	4	MO
<i>flucytosine oral capsule 500 mg</i>	5	MO
<i>fosamprenavir</i>	5	MO; QLL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QLL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln</i>	4	B/D PAR; MO
<i>gentamicin injection</i>	4	MO
<i>gentamicin sulfate (ped) (pf)</i>	4	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	4	MO
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	4	
GENVOYA	5	MO; QLL (30 per 30 days)
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin ultramicrosize</i>	4	MO
HARVONI	5	PAR; MO; QLL (28 per 28 days)
<i>hydroxychloroquine</i>	3	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	3	MO
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	4	MO
INTELENCE ORAL TABLET 100 MG	5	MO; QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
INTELENCE ORAL TABLET 200 MG	5	MO; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QLL (480 per 30 days)
INVIRASE ORAL CAPSULE	5	QLL (300 per 30 days)
INVIRASE ORAL TABLET	4	MO; QLL (120 per 30 days)
ISENTRESS HD	5	MO; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QLL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO; QLL (720 per 30 days)
<i>isoniazid oral solution</i>	3	MO
<i>isoniazid oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	4	PAR; MO
<i>ivermectin</i>	2	MO
JULUCA	5	MO; QLL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	MO; QLL (120 per 30 days)
<i>ketoconazole oral</i>	2	MO
<i>lamivudine oral solution</i>	4	MO; QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	4	MO
<i>lamivudine oral tablet 150 mg</i>	3	MO; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	MO; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	4	MO; QLL (60 per 30 days)
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
LEXIVA ORAL SUSPENSION	4	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	5	MO; QLL (120 per 30 days)
<i>linezolid in dextrose 5%</i>	4	
<i>linezolid oral suspension for reconstitution</i>	4	PAR; MO; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	5	PAR; MO; QLL (60 per 30 days)
<i>linezolid-0.9% sodium chloride</i>	5	
<i>lopinavir-ritonavir</i>	4	MO; QLL (480 per 30 days)
<i>mefloquine</i>	2	MO
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	2	MO
<i>metro i.v.</i>	4	MO
<i>metronidazole in nacl (iso-os)</i>	4	MO
<i>metronidazole oral tablet 250 mg</i>	1	MO
<i>metronidazole oral tablet 500 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	3	MO
<i>morgidox oral capsule 50 mg</i>	2	MO
NEBUPENT	3	B/D PAR; MO
<i>neomycin</i>	2	MO
<i>nevirapine oral suspension</i>	4	QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	3	MO; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QLL (30 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	4	PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin monohydr/m-cryst</i>	4	PAR; MO
NORVIR ORAL CAPSULE	4	QLL (360 per 30 days)
NORVIR ORAL POWDER IN PACKET	4	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	4	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	4	MO; QLL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	5	PAR; MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
ODEFSEY	5	MO; QLL (30 per 30 days)
<i>oseltamivir</i>	3	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	4	
<i>oxacillin injection recon soln 1 gram</i>	4	
<i>oxacillin injection recon soln 2 gram</i>	4	MO
<i>paromomycin</i>	4	MO
PASER	4	MO
<i>penicillin g potassium</i>	4	MO
<i>penicillin v potassium</i>	2	MO
PENTAM	4	MO
<i>pfizerpen-g</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	MO
PREZCOBIX	5	MO; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QLL (300 per 30 days)
PRIFTIN	4	MO

Drug Name	Drug Tier	Requirements /Limits
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
RELENZA DISKHALER	3	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	4	MO; QLL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	MO; QLL (360 per 30 days)
RETROVIR INTRAVENOUS	4	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG	5	MO; QLL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	5	MO; QLL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET	4	MO; QLL (240 per 30 days)
<i>ribasphere oral tablet 200 mg</i>	4	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
RIFATER	4	MO
<i>rimantadine</i>	3	MO
<i>ritonavir</i>	4	MO; QLL (360 per 30 days)
SELZENTRY ORAL SOLUTION	5	MO; QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	MO; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	MO; QLL (60 per 30 days)
SIRTURO	5	PAR; MO; LA
<i>stavudine oral capsule 15 mg, 20 mg</i>	2	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	3	MO; QLL (60 per 30 days)
STREPTOMYCIN	4	MO
STRIBILD	5	MO; QLL (30 per 30 days)
STROMECTOL	3	ST; MO
<i>sulfadiazine</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	MO
SUSTIVA ORAL CAPSULE 200 MG	4	MO; QLL (120 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)
SUSTIVA ORAL TABLET	5	MO; QLL (30 per 30 days)
SYMFI	5	MO; QLL (30 per 30 days)
SYMFI LO	5	MO; QLL (30 per 30 days)
SYNAGIS	5	PAR; MO; LA
SYNERCID	5	
TAMIFLU	3	MO
TECHNIVIE	5	PAR; MO; QLL (56 per 28 days)
TEFLARO	4	MO
<i>tenofovir disoproxil fumarate</i>	5	MO; QLL (30 per 30 days)
<i>terbinafine hcl oral</i>	1	MO
<i>tinidazole oral tablet 250 mg</i>	2	MO
<i>tinidazole oral tablet 500 mg</i>	3	MO
TIVICAY ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QLL (60 per 30 days)
<i>tobramycin in 0.225% nacl for nebulization</i>	5	B/D PAR; MO; QLL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	
<i>tobramycin sulfate injection solution</i>	4	MO
TRECTOR	4	MO
<i>trimethoprim</i>	2	MO
TRIUMEQ	5	MO; QLL (30 per 30 days)
TROGARZO	5	MO; QLL (10.64 per 28 days)
TRUVADA	5	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TYBOST	3	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QLL (60 per 30 days)
<i>valganciclovir oral tablet</i>	5	MO
VANCOMYCIN IN 0.9 %	4	B/D PAR
SODIUM CHL INTRAVENOUS PIGGYBACK		
VANCOMYCIN IN	4	B/D PAR; MO
DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML		
VANCOMYCIN IN	4	B/D PAR
DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML		
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	4	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	4	B/D PAR; MO
<i>vancomycin oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 10 days)
VIDEX 2 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	4	MO; QLL (90 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	MO; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	MO; QLL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	4	MO; QLL (1200 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL POWDER	5	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET	5	MO; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	4	MO
<i>voriconazole oral suspension for reconstitution</i>	5	PAR; MO
<i>voriconazole oral tablet 200 mg</i>	5	PAR; MO
<i>voriconazole oral tablet 50 mg</i>	4	PAR; MO
VOSEVI	5	PAR; MO; QLL (30 per 30 days)
ZERIT ORAL RECON SOLN	4	MO; QLL (2400 per 30 days)
ZIAGEN ORAL SOLUTION	4	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	3	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	3	MO; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	2	MO; QLL (60 per 30 days)
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	5	
Antineoplastic / Immunosuppressant Drugs		
ABRAXANE	5	PAR; MO
<i>adriamycin intravenous recon soln 10 mg</i>	4	B/D PAR
<i>adriamycin intravenous solution</i>	4	B/D PAR
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PAR
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	4	B/D PAR; MO
AFINITOR	5	PAR; MO
AFINITOR DISPERZ	5	PAR; MO
ALECENSA	5	PAR; MO; QLL (240 per 30 days)
ALIMTA	5	PAR; MO
ALIQOPA	5	PAR; MO; LA
ALKERAN ORAL	4	B/D PAR; MO
ALUNBRIG ORAL TABLET 180 MG	5	PAR; MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLET 30 MG	5	PAR; MO; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PAR; MO; QLL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PAR; MO; QLL (30 per 180 days)
<i>anastrozole</i>	2	MO; QLL (30 per 30 days)
ARRANON	4	B/D PAR
ARZERRA	5	PAR; MO
AVASTIN	5	PAR; MO
<i>azacitidine</i>	5	PAR; MO
<i>azathioprine</i>	2	B/D PAR; MO
<i>azathioprine sodium</i>	4	B/D PAR
BAVENCIO	5	PAR; MO; LA
BELEODAQ	5	PAR; MO
BENDEKA	5	B/D PAR; MO
BESPONSA	5	B/D PAR; MO
<i>bexarotene</i>	5	PAR; MO
<i>bicalutamide</i>	2	MO; QLL (30 per 30 days)
BICNU	4	B/D PAR; MO
<i>bleomycin</i>	4	B/D PAR; MO
BLINCYTO INTRAVENOUS KIT	5	PAR; MO
BORTEZOMIB	5	PAR; MO
BOSULIF ORAL TABLET 100 MG	5	PAR; MO; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PAR; MO; QLL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PAR; MO; QLL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PAR; MO; QLL (180 per 30 days)
<i>busulfan</i>	4	B/D PAR
BUSULFEX	4	B/D PAR
CABOMETYX ORAL TABLET 20 MG	5	PAR; MO; LA; QLL (90 per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PAR; MO; LA; QLL (30 per 30 days)
CALQUENCE	5	PAR; MO; LA
CAPRELSA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET 300 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	4	B/D PAR; MO
CELLCEPT INTRAVENOUS	4	B/D PAR; MO
<i>cisplatin</i>	4	B/D PAR; MO
<i>cladribine</i>	5	B/D PAR; MO
<i>clofarabine</i>	5	
CLOLAR	5	B/D PAR
COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1)	5	PAR; MO; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3)	5	PAR; MO; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PAR; MO; QLL (84 per 28 days)
COSMEGEN	5	B/D PAR; MO
COTELLIC	5	PAR; MO; LA; QLL (90 per 30 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	4	B/D PAR; MO
<i>cyclosporine intravenous</i>	4	B/D PAR
<i>cyclosporine modified oral capsule 100 mg</i>	4	B/D PAR; MO
<i>cyclosporine modified oral capsule 25 mg, 50 mg</i>	3	B/D PAR; MO
<i>cyclosporine modified oral solution</i>	4	B/D PAR; MO
<i>cyclosporine oral capsule</i>	4	B/D PAR; MO
CYRAMZA	5	PAR; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	4	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PAR
<i>cytarabine injection solution 20 mg/ml</i>	4	B/D PAR; MO
<i>dacarbazine</i>	4	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>dactinomycin</i>	5	B/D PAR
DARZALEX	5	PAR; MO; LA
<i>daunorubicin intravenous solution</i>	4	B/D PAR
<i>decitabine</i>	5	B/D PAR; MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B/D PAR
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PAR; MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PAR
<i>doxorubicin intravenous recon soln 10 mg</i>	4	B/D PAR
<i>doxorubicin intravenous recon soln 50 mg</i>	4	B/D PAR; MO
<i>doxorubicin intravenous solution</i>	4	B/D PAR; MO
<i>doxorubicin, peg-liposomal</i>	5	PAR; MO
DROXIA	4	MO
ELITEK	5	PAR; MO
EMCYT	4	MO
EMPLICITI	5	PAR; MO
ENVARUSUS XR	4	B/D PAR; MO
<i>epirubicin intravenous solution</i>	4	B/D PAR; MO
ERBITUX	5	PAR; MO
ERIVEDGE	5	PAR; MO; QLL (30 per 30 days)
ERLEADA	5	PAR; MO
ERWINAZE	5	PAR; MO
ETOPOPHOS	5	B/D PAR; MO
<i>etoposide intravenous</i>	3	B/D PAR; MO
EVOMELA	5	B/D PAR; MO
<i>exemestane</i>	4	MO; QLL (60 per 30 days)
FARESTON	5	MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FARYDAK ORAL CAPSULE 10 MG	5	PAR; MO; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PAR; MO; QLL (30 per 30 days)
FASLODEX	5	PAR; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PAR; MO; QLL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PAR; MO; QLL (1 per 28 days)
<i>fludarabine intravenous recon soln</i>	4	B/D PAR; MO
<i>fludarabine intravenous solution</i>	4	B/D PAR
<i>fluorouracil intravenous</i>	4	B/D PAR; MO
<i>flutamide</i>	3	MO
FOLOTYN	5	B/D PAR; MO
GAZYVA	5	PAR; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	5	B/D PAR
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	B/D PAR; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	5	B/D PAR
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	5	B/D PAR
<i>gengraf oral capsule 100 mg</i>	4	B/D PAR; MO
<i>gengraf oral capsule 25 mg</i>	3	B/D PAR; MO
<i>gengraf oral solution</i>	4	B/D PAR; MO
GILOTRIF	5	PAR; MO; QLL (30 per 30 days)
GLEOSTINE	4	PAR; MO
HALAVEN	5	PAR; MO
HERCEPTIN	5	B/D PAR; MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
IBRANCE	5	PAR; MO; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; MO; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; MO; QLL (30 per 30 days)
<i>idarubicin</i>	5	B/D PAR
IDHIFA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (60 per 30 days)
<i>ifosfamide intravenous recon soln</i>	4	B/D PAR; MO
<i>ifosfamide intravenous solution</i>	4	B/D PAR
<i>imatinib oral tablet 100 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PAR; MO; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PAR; MO; QLL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PAR; MO; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PAR; MO; QLL (30 per 30 days)
IMFINZI	5	PAR; MO; LA
INLYTA ORAL TABLET 1 MG	5	PAR; MO; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; MO; QLL (120 per 30 days)
IRESSA	5	MO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	4	B/D PAR; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	B/D PAR
ISTODAX	5	PAR; MO
IXEMPRA	5	PAR; MO
JAKAFI ORAL TABLET 10 MG	5	PAR; MO; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	5	PAR; MO; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; MO; QLL (75 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
JAKAFI ORAL TABLET 25 MG	5	PAR; MO; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	5	PAR; MO; QLL (300 per 30 days)
JEVANA	5	PAR; MO
KADCYLA	5	PAR; MO
KEYTRUDA	5	PAR; MO
INTRAVENOUS SOLUTION		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PAR; MO; QLL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PAR; MO; QLL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PAR; MO; QLL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PAR; MO; QLL (21 per 21 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PAR; MO; QLL (42 per 21 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PAR; MO; QLL (63 per 21 days)
KYPROLIS	5	PAR; MO
LARTRUVO	5	PAR; MO; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 4 MG	5	PAR; MO; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PAR; MO; QLL (60 per 30 days)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PAR; MO; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>letrozole</i>	2	MO; QLL (30 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	4	MO
<i>leucovorin calcium injection recon soln 500 mg</i>	4	
<i>leucovorin calcium oral</i>	3	MO
LEUKERAN	4	MO
<i>leuprolide subcutaneous kit</i>	3	PAR; MO
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	PAR
LONSURF	5	PAR; MO
LUPRON DEPOT	5	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PAR; MO; QLL (1 per 28 days)
LYNPARZA ORAL CAPSULE	5	PAR; MO; QLL (480 per 30 days)
LYNPARZA ORAL TABLET	5	PAR; MO; QLL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	5	MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	3	PAR
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PAR; MO
<i>megestrol oral tablet</i>	2	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	5	PAR; MO; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PAR; MO; QLL (30 per 30 days)
MEKTOVI	5	PAR; MO; QLL (180 per 30 days)
<i>melphalan</i>	4	B/D PAR; MO
<i>melphalan hcl</i>	3	B/D PAR
<i>mercaptopurine</i>	3	MO
<i>mesna</i>	4	MO
MESNEX ORAL	5	MO
<i>methotrexate sodium (pf) injection recon soln</i>	4	
<i>methotrexate sodium (pf) injection solution</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>methotrexate sodium injection</i>	4	MO
<i>methotrexate sodium oral</i>	2	MO
<i>mitomycin intravenous recon soln 20 mg</i>	4	B/D PAR; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PAR; MO
<i>mitoxantrone</i>	3	B/D PAR; MO
<i>mycophenolate mofetil hcl</i>	4	B/D PAR
<i>mycophenolate mofetil oral capsule</i>	3	B/D PAR; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PAR; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PAR; MO
MYLOTARG	5	PAR; MO; LA
NERLYNX	5	PAR; MO; LA; QLL (180 per 30 days)
NEXAVAR	5	PAR; MO; LA; QLL (120 per 30 days)
<i>nilutamide</i>	5	MO; QLL (30 per 30 days)
NINLARO	5	PAR; MO; QLL (3 per 28 days)
NIPENT	5	B/D PAR; MO
NULOJIX	5	PAR; MO
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	5	PAR; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PAR; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PAR; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PAR; MO
ODOMZO	5	PAR; MO; LA; QLL (30 per 30 days)
ONCASPAR	5	PAR; MO
OPDIVO	5	PAR; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	5	B/D PAR; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	5	B/D PAR

Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	4	B/D PAR; MO
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	5	B/D PAR; MO
<i>paclitaxel</i>	4	B/D PAR; MO
PERJETA	5	PAR; MO
POMALYST ORAL CAPSULE 1 MG	5	PAR; MO; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; MO; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)
PORTRAZZA	5	MO
PROGRAF	4	B/D PAR; MO
INTRAVENOUS PURIXAN	5	PAR; MO
RAPAMUNE ORAL SOLUTION	5	B/D PAR; MO
REVLIMID ORAL CAPSULE 10 MG	5	PAR; MO; LA; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	5	PAR; MO; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	PAR; MO; LA; QLL (150 per 30 days)
RITUXAN	5	B/D PAR; MO
RITUXAN HYCELA	5	B/D PAR; MO
ROMIDEPSIN	5	PAR
RUBRACA ORAL TABLET 200 MG	5	PAR; MO; LA; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PAR; MO; LA; QLL (120 per 30 days)
RYDAPT	5	PAR; MO; QLL (240 per 30 days)
SIGNIFOR	5	PAR; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	B/D PAR
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	B/D PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PAR; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	PAR; MO
SPRYCEL	5	PAR; MO; QLL (30 per 30 days)
STIVARGA	5	PAR; MO; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PAR; MO; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
SYNRIBO	5	PAR; MO
TABLOID	4	MO
<i>tacrolimus oral capsule 0.5 mg</i>	3	B/D PAR; MO
<i>tacrolimus oral capsule 1 mg, 5 mg</i>	4	B/D PAR; MO
TAFINLAR	5	PAR; MO; QLL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG	5	PAR; MO; LA; QLL (60 per 30 days)
TAGRISSE ORAL TABLET 80 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PAR; MO; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PAR; MO; QLL (90 per 30 days)
TARGRETIN TOPICAL	5	PAR; MO; QLL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PAR; MO; QLL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PAR; MO; QLL (56 per 28 days)
TECENTRIQ	5	PAR; MO; LA; QLL (20 per 21 days)
<i>temsirolimus</i>	5	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; MO; QLL (60 per 30 days)
<i>thiotepa</i>	4	B/D PAR; MO
<i>toposar</i>	4	B/D PAR; MO
<i>topotecan intravenous recon soln</i>	5	B/D PAR
<i>topotecan intravenous solution</i>	5	B/D PAR; MO
TORISEL	5	PAR; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PAR; MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	PAR; MO; QLL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	PAR; MO; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	PAR; MO; QLL (1 per 28 days)
<i>tretinoin (chemotherapy)</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PAR; MO
TYKERB	5	PAR; MO; LA; QLL (180 per 30 days)
UNITUXIN	5	B/D PAR; MO
VECTIBIX	5	PAR; MO
VELCADE	5	PAR; MO
VENCLEXTA ORAL TABLET 10 MG	4	PAR; MO; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PAR; MO; LA; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PAR; MO; LA; QLL (84 per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
VERZENIO	5	PAR; MO; LA; QLL (60 per 30 days)
<i>vinblastine intravenous solution intravenous solution</i>	4	B/D PAR; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	4	B/D PAR
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	4	B/D PAR; MO
<i>vincristine</i>	4	B/D PAR; MO
<i>vinorelbine</i>	4	B/D PAR; MO
VOTRIENT	5	PAR; MO; QLL (120 per 30 days)
VYXEOS	5	B/D PAR; MO
XALKORI	5	PAR; MO; QLL (60 per 30 days)
XATMEP	4	MO
XGEVA	5	PAR; MO; QLL (1.7 per 28 days)
XTANDI	5	PAR; MO; QLL (120 per 30 days)
YERVOY	5	PAR; MO
YONDELIS	5	B/D PAR; MO
YONSA	5	PAR; MO; QLL (120 per 30 days)
ZALTRAP	5	PAR; MO
ZANOSAR	4	B/D PAR; MO
ZEJULA	5	PAR; MO; LA; QLL (90 per 30 days)
ZELBORAF	5	PAR; MO; QLL (240 per 30 days)
ZOLINZA	5	PAR; MO; QLL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	4	B/D PAR; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PAR; MO
ZYDELIG	5	PAR; MO; QLL (60 per 30 days)
ZYKADIA	5	PAR; MO; QLL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PAR; MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZYTIGA ORAL TABLET 500 MG	5	PAR; MO; QLL (60 per 30 days)
Autonomic / Cns Drugs, Neurology / Psych		
ABILIFY MAINTENA	5	MO; QLL (1 per 28 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg/5 ml (5 ml), 240 mg-24 mg/10 ml (10 ml), 300 mg-30 mg/12.5 ml</i>	3	QLL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QLL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	MO; QLL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	3	MO; QLL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QLL (180 per 30 days)
ADASUVE	4	QLL (30 per 30 days)
<i>alprazolam oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>amitriptyline</i>	4	PAR; MO
<i>amoxapine</i>	2	MO
AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)
APOKYN	5	PAR; MO; LA
APTIOM	4	ST; MO
<i>aripiprazole oral solution</i>	4	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	4	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	4	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	MO; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	5	MO; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>baclofen</i>	2	MO
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	4	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	5	PAR; MO; QLL (240 per 30 days)
<i>benztropine oral</i>	2	PAR; MO
BRIVIACT INTRAVENOUS	4	PAR
BRIVIACT ORAL SOLUTION	4	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	5	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	5	PAR; MO; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	5	PAR; MO; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	5	PAR; MO; QLL (120 per 30 days)
<i>bromocriptine</i>	4	MO
<i>buprenorphine hcl injection solution</i>	4	MO; QLL (90 per 30 days)
<i>buprenorphine hcl injection syringe</i>	4	QLL (150 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	3	MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	3	MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	3	MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	3	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QLL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	2	MO; QLL (60 per 30 days)
<i>bupirone oral tablet 10 mg</i>	1	MO
<i>bupirone oral tablet 15 mg, 5 mg, 7.5 mg</i>	2	MO
<i>bupirone oral tablet 30 mg</i>	3	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	4	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>celecoxib</i>	3	PAR; MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>chlorpromazine injection</i>	4	PAR; MO
<i>chlorpromazine oral tablet 10 mg</i>	3	PAR; MO
<i>chlorpromazine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	4	PAR; MO
<i>citalopram oral solution</i>	2	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>citalopram oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>clomipramine</i>	4	PAR; MO
<i>clonazepam oral tablet 0.5 mg</i>	2	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QLL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	3	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	3	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	3	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	3	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	3	MO
<i>clozapine oral tablet 100 mg</i>	3	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	3	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	MO; QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	4	QLL (2160 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	4	QLL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PAR; MO; QLL (12 per 28 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PAR; MO
<i>dalfampridine</i>	5	PAR; MO; QLL (60 per 30 days)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	4	MO
<i>desipramine</i>	4	PAR; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	MO; QLL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	MO; QLL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	MO; QLL (240 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	4	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	4	MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	PAR; MO; QLL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	PAR; MO; QLL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	3	PAR; MO; QLL (60 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam intensol</i>	3	MO; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	3	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	MO; QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	4	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QLL (1000 per 30 days)
<i>diflunisal</i>	4	MO
<i>dihydroergotamine nasal</i>	5	MO; QLL (8 per 28 days)
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 30 MG	3	MO
<i>divalproex</i>	4	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i>	2	MO; QLL (30 per 30 days)
<i>doxepin oral capsule</i>	3	MO
<i>doxepin oral concentrate</i>	4	MO
<i>duloxetine oral capsule, delayed release(dr/lec) 20 mg</i>	4	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 30 mg</i>	4	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 40 mg</i>	3	MO; QLL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 60 mg</i>	4	MO; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QLL (180 per 30 days)
EMSAM	5	PAR; MO; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	4	MO; QLL (360 per 30 days)
<i>endocet oral tablet 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>entacapone</i>	4	MO
<i>epitol</i>	4	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	4	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	MO; QLL (180 per 30 days)
<i>ergoloid</i>	4	PAR; MO
ERGOMAR	3	MO
<i>escitalopram oxalate oral solution</i>	4	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; QLL (120 per 30 days)
<i>ethosuximide oral capsule</i>	4	MO
<i>ethosuximide oral solution</i>	3	MO
<i>etodolac oral capsule</i>	4	MO
<i>etodolac oral tablet</i>	2	MO
FANAPT ORAL TABLET 1 MG	4	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	4	ST; MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	ST; MO; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	4	ST; MO; QLL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLET 8 MG	4	ST; MO; QLL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	ST; MO; QLL (16 per 365 days)
<i>felbamate</i>	4	MO
<i>fentanyl citrate</i>	5	PAR; MO; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PAR; MO; QLL (15 per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	3	PAR; MO; QLL (15 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	4	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	4	PAR; MO; QLL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QLL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO; QLL (600 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	4	MO
FYCOMPA ORAL SUSPENSION	4	MO; QLL (720 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG	4	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	4	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	4	MO; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	2	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	4	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG	4	MO
GABITRIL ORAL TABLET 16 MG	5	MO
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	MO; QLL (30 per 30 days)
<i>galantamine oral solution</i>	4	MO; QLL (180 per 30 days)
<i>galantamine oral tablet</i>	3	MO; QLL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO; QLL (6 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PAR; MO; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PAR; MO; QLL (12 per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PAR; MO; QLL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PAR; MO; QLL (12 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>guanfacine oral tablet extended release 24 hr</i>	3	PAR; MO; QLL (30 per 30 days)
<i>guanidine</i>	3	MO
<i>haloperidol decanoate</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate intramuscular</i>	4	
<i>haloperidol lactate oral</i>	2	MO
<i>haloperidol oral tablet 0.5 mg</i>	1	MO
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	MO
HETLIOZ	5	PAR; MO; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QLL (50 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QLL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	3	MO; QLL (180 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-oxycodone</i>	3	MO; QLL (28 per 7 days)
<i>imipramine hcl</i>	4	PAR; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QLL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QLL (0.25 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	MO; QLL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	MO; QLL (2.625 per 90 days)
<i>ketoprofen oral capsule 25 mg</i>	2	
<i>ketoprofen oral capsule 75 mg</i>	2	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	ST; MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	ST; MO; QLL (240 per 30 days)
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	3	MO
LATUDA ORAL TABLET 120 MG, 60 MG	4	PAR; MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	4	PAR; MO; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	4	PAR; MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	4	PAR; MO; QLL (60 per 30 days)
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	4	MO
<i>levetiracetam intravenous</i>	4	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3	
<i>levetiracetam oral tablet</i>	3	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	3	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	3	MO; QLL (120 per 30 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	4	MO
<i>lorazepam intensol</i>	2	MO
<i>lorazepam oral</i>	2	MO
<i>loxapine succinate</i>	2	MO
LYRICA ORAL CAPSULE 100 MG	4	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	4	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	4	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	4	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	4	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	4	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	2	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	2	MO; QLL (135 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>maprotiline oral tablet 75 mg</i>	2	MO
MARPLAN	4	MO
<i>meloxicam oral tablet</i>	1	MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	3	PAR; MO; QLL (30 per 30 days)
<i>memantine oral solution</i>	3	PAR; MO; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>methadone intensol</i>	3	MO; QLL (30 per 30 days)
<i>methadone oral concentrate</i>	3	MO; QLL (30 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	MO; QLL (900 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	MO; QLL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	MO; QLL (180 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>methadose oral concentrate</i>	3	MO; QLL (30 per 30 days)
<i>methylphenidate hcl oral tablet</i>	3	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	2	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	4	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	4	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	4	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PAR; MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	4	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	4	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	3	MO; QLL (270 per 30 days)
<i>morphine injection solution 10 mg/ml</i>	4	MO; QLL (120 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	4	QLL (180 per 30 days)
<i>morphine injection solution 5 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	4	MO; QLL (120 per 30 days)
<i>morphine injection syringe 2 mg/ml, 4 mg/ml</i>	3	MO; QLL (180 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	3	QLL (180 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine intravenous cartridge 10 mg/ml</i>	4	QLL (120 per 30 days)
<i>morphine intravenous cartridge 2 mg/ml, 4 mg/ml</i>	3	QLL (180 per 30 days)
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	4	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	4	MO; QLL (120 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	3	QLL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	3	MO; QLL (2700 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	3	MO; QLL (1350 per 30 days)
<i>morphine oral tablet 15 mg</i>	3	MO; QLL (360 per 30 days)
<i>morphine oral tablet 30 mg</i>	3	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	4	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	3	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	4	MO; QLL (60 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	3	MO; QLL (180 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	4	MO; QLL (90 per 30 days)
<i>naloxone injection solution</i>	4	MO
<i>naloxone injection syringe 0.4 mg/ml</i>	4	MO
<i>naloxone injection syringe 1 mg/ml</i>	3	MO
<i>naltrexone</i>	2	MO
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PAR; MO; QLL (56 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PAR; MO; QLL (30 per 30 days)
NAMZARIC	3	PAR; MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	MO
<i>naratriptan</i>	3	MO; QLL (9 per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
<i>nefazodone oral tablet 100 mg</i>	4	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	4	MO; QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>nefazodone oral tablet 200 mg</i>	4	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	4	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	4	MO; QLL (360 per 30 days)
NEUPRO	4	PAR; MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule 10 mg, 25 mg</i>	1	MO
<i>nortriptyline oral capsule 50 mg, 75 mg</i>	2	MO
NORTRIPTYLINE ORAL SOLUTION	4	MO
NUEDEXTA	3	MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	5	PAR; MO; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PAR; MO; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PAR; MO; QLL (60 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	4	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	4	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	4	MO; QLL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PAR; MO; QLL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ONFI ORAL TABLET 10 MG	4	PAR; MO; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	5	PAR; MO; QLL (60 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>oxycodone oral capsule</i>	4	MO; QLL (360 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QLL (1800 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	3	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone-aspirin</i>	3	MO; QLL (360 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	MO; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	4	MO; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	4	MO; QLL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	2	MO; QLL (45 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
PEGANONE	4	MO
<i>perphenazine</i>	3	MO
<i>phenelzine</i>	3	MO
<i>phenobarbital oral elixir</i>	3	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	4	PAR; MO; QLL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital oral tablet 15 mg</i>	4	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	4	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	4	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	4	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	4	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	4	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	4	PAR; MO; QLL (123 per 30 days)
PHENYTEK	4	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	3	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	4	MO
<i>phenytoin sodium intravenous solution</i>	4	MO
<i>phenytoin sodium intravenous syringe</i>	4	
<i>pimozide</i>	3	MO
<i>pramipexole oral tablet</i>	2	MO
<i>primidone</i>	4	MO
<i>protriptyline</i>	4	MO
<i>pyridostigmine bromide oral tablet</i>	3	MO
<i>quetiapine oral tablet 100 mg</i>	2	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QLL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	4	PAR; MO; QLL (150 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	4	PAR; MO; QLL (80 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	4	PAR; MO; QLL (480 per 30 days)
<i>rasagiline</i>	3	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	PAR; MO; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QLL (2 per 28 days)
<i>risperidone oral solution</i>	3	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	4	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	4	MO; QLL (960 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	MO; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate</i>	4	MO; QLL (60 per 30 days)
<i>rivastigmine transdermal patch</i>	4	MO; QLL (30 per 30 days)
<i>rizatriptan</i>	3	MO; QLL (12 per 30 days)
<i>ropinirole oral tablet</i>	2	MO
<i>roweepira oral tablet 500 mg</i>	2	MO
SABRIL ORAL POWDER IN PACKET	4	PAR; MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	5	PAR; MO; LA; QLL (180 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	4	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	4	MO; QLL (120 per 30 days)
<i>selegiline hcl</i>	3	MO
<i>sertraline oral concentrate</i>	4	MO; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QLL (120 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	4	PAR; MO; QLL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PAR; MO; QLL (120 per 30 days)
<i>sulindac</i>	2	MO
<i>sumatriptan nasal spray</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate oral</i>	2	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO
<i>sumatriptan succinate subcutaneous solution</i>	4	MO
TECFIDERA	5	PAR; MO
<i>temazepam oral capsule 15 mg, 30 mg</i>	4	MO; QLL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PAR; MO; QLL (120 per 30 days)
<i>thioridazine</i>	2	ST; MO
<i>thiothixene</i>	4	MO
<i>tiagabine</i>	4	MO
<i>tizanidine oral tablet</i>	2	MO
<i>topiramate oral capsule, sprinkle 15 mg</i>	3	PAR; MO
<i>topiramate oral capsule, sprinkle 25 mg</i>	4	PAR; MO
<i>topiramate oral tablet 100 mg</i>	4	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	4	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	4	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	2	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	3	MO; QLL (40 per 30 days)
<i>tranylcypromine</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	4	MO
<i>trifluoperazine oral tablet 1 mg, 2 mg, 5 mg</i>	2	MO
<i>trifluoperazine oral tablet 10 mg</i>	3	MO
<i>trihexyphenidyl</i>	2	PAR; MO
<i>trimipramine</i>	4	PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
TRINTELLIX ORAL TABLET 10 MG	4	ST; MO; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	ST; MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	ST; MO; QLL (120 per 30 days)
TYSABRI	5	PAR; MO; LA
<i>valproate sodium</i>	4	MO
<i>valproic acid</i>	4	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QLL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	2	MO; QLL (113 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QLL (225 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	2	MO; QLL (150 per 30 days)
VERSACLOZ	5	QLL (600 per 30 days)
<i>vigabatrin</i>	5	PAR; MO; LA; QLL (180 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VIMPAT INTRAVENOUS	4	QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)
VRAYLAR ORAL CAPSULE	4	PAR; MO; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PAR; MO; QLL (14 per 365 days)
XYREM	5	PAR; MO; LA; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	PAR; MO; QLL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	MO; QLL (60 per 30 days)
<i>zolpidem oral tablet</i>	2	PAR; MO; QLL (30 per 30 days)
<i>zonisamide oral capsule 100 mg, 50 mg</i>	4	MO
<i>zonisamide oral capsule 25 mg</i>	2	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QLL (2 per 28 days)
Cardiovascular, Hypertension / Lipids		
<i>acebutolol</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>afeditab cr oral tablet extended release 30 mg</i>	2	MO
<i>afeditab cr oral tablet extended release 60 mg</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	3	MO
<i>amlodipine besylate oral tablet</i>	1	MO
<i>amlodipine-benazepril</i>	2	MO
<i>amlodipine-olmesartan</i>	3	MO
<i>amlodipine-valsartan oral tablet 10-160 mg, 5-160 mg, 5-320 mg</i>	2	MO
<i>amlodipine-valsartan oral tablet 10-320 mg</i>	3	MO
<i>aspirin-dipyridamole</i>	3	ST; MO; QLL (60 per 30 days)
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin</i>	6	MO
<i>benazepril</i>	6	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BRILINTA	4	MO; QLL (60 per 30 days)
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
BYSTOLIC ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; MO
BYSTOLIC ORAL TABLET 2.5 MG	4	MO
<i>candesartan</i>	3	MO
<i>candesartan-hydrochlorothiazide</i>	3	MO
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>cholestyramine (with sugar) oral powder</i>	4	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	2	MO
<i>cholestyramine light oral powder in packet</i>	4	MO
<i>cilostazol</i>	2	MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch</i>	4	MO; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	4	MO; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO; QLL (30 per 30 days)
<i>colestipol oral granules</i>	3	MO
<i>colestipol oral packet</i>	2	MO
<i>colestipol oral tablet</i>	2	MO
CORLANOR	4	PAR; MO; QLL (60 per 30 days)
COUMADIN ORAL	4	MO
DEMSER	4	MO
<i>digitek oral tablet 125 mcg</i>	4	MO
<i>digitek oral tablet 250 mcg</i>	4	PAR; MO
DIGOX ORAL TABLET 125 MCG	4	MO
DIGOX ORAL TABLET 250 MCG	4	PAR; MO
<i>digoxin injection solution</i>	4	PAR; MO
<i>digoxin oral solution 50 mcg/ml</i>	4	MO
<i>digoxin oral tablet 125 mcg</i>	4	MO
<i>digoxin oral tablet 250 mcg</i>	4	PAR; MO
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl oral capsule, ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	4	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>	4	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	4	MO
<i>diltiazem hcl oral tablet 120 mg</i>	2	MO
<i>diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg</i>	1	MO
<i>disopyramide phosphate oral capsule</i>	3	PAR; MO
<i>dofetilide</i>	4	MO
<i>doxazosin</i>	2	MO
ELIQUIS ORAL TABLET 2.5 MG	3	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	MO; QLL (74 per 30 days)
<i>enalapril maleate</i>	6	MO
<i>enalapril-hydrochlorothiazide</i>	6	MO
<i>enoxaparin subcutaneous solution</i>	4	MO; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QLL (11.2 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QLL (16.8 per 28 days)
ENTRESTO	4	PAR; MO
<i>eplerenone</i>	4	MO
<i>eprosartan</i>	2	MO
<i>ezetimibe</i>	4	MO
<i>felodipine oral tablet extended release 24 hr 10 mg</i>	4	MO
<i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate micronized oral capsule 130 mg</i>	3	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 48 mg, 145 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	4	MO
<i>fenofibric acid (choline) dr oral capsule, delayed release(drlec) 135 mg</i>	3	MO
<i>fenofibric acid (choline) dr oral capsule, delayed release(drlec) 45 mg</i>	2	MO
<i>flecainide</i>	3	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; QLL (18 per 30 days)
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	4	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil</i>	2	MO
<i>guanfacine oral tablet</i>	4	PAR; MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	MO
<i>heparin (porcine) in nacl (pf)</i>	4	B/D PAR

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	4	B/D PAR; MO
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	4	B/D PAR; MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	MO
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	4	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	4	B/D PAR; MO
<i>heparin, porcine (pf) injection 1,000 unit/ml, 5,000 unit/ 0.5 ml</i>	4	MO
<i>hydralazine injection</i>	4	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	2	MO
<i>irbesartan-hydrochlorothiazide</i>	2	MO
<i>isosorbide dinitrate oral tablet</i>	3	MO
<i>isosorbide dinitrate oral tablet extended release</i>	3	
<i>isosorbide mononitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 60 mg</i>	2	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i>	1	MO
<i>jantoven</i>	1	MO
<i>labetalol intravenous solution</i>	4	MO
<i>labetalol oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	4	MO
LANOXIN ORAL TABLET 250 MCG	4	PAR; MO
<i>lisinopril</i>	6	MO
<i>lisinopril-hydrochlorothiazide</i>	6	MO
<i>losartan</i>	6	MO
<i>losartan-hydrochlorothiazide</i>	6	MO
<i>lovastatin</i>	6	MO
<i>methyclothiazide</i>	2	MO
<i>methyl dopa oral tablet 250 mg</i>	2	PAR; MO
<i>methyl dopa oral tablet 500 mg</i>	4	PAR; MO
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	4	MO
<i>metoprolol tartrate intravenous syringe</i>	4	
<i>metoprolol tartrate oral</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet</i>	2	MO
<i>mexiletine</i>	3	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	2	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
MULTAQ	4	MO; QLL (60 per 30 days)
<i>nadolol</i>	3	MO
<i>nadolol-bendroflumethiazide</i>	3	MO
<i>niacin oral tablet extended release 24 hr</i>	3	MO
NIACOR	3	MO
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nitroglycerin intravenous</i>	4	B/D PAR
<i>nitroglycerin sublingual tablet 0.3 mg, 0.6 mg</i>	3	MO
<i>nitroglycerin sublingual tablet 0.4 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>olmesartan</i>	4	MO
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	3	MO
<i>olmesartan-hydrochlorothiazide</i>	4	MO
<i>omega-3 acid ethyl esters</i>	3	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>pentoxifylline</i>	2	MO
<i>perindopril erbumine</i>	2	MO
<i>pindolol</i>	4	MO
PRADAXA	4	MO; QLL (60 per 30 days)
PRALUENT PEN	5	PAR; MO; QLL (2 per 28 days)
<i>prasugrel</i>	3	MO; QLL (30 per 30 days)
<i>pravastatin</i>	6	MO
<i>prazosin</i>	2	MO
<i>prevalite</i>	2	MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; MO; LA; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (90 per 30 days)
<i>propafenone oral tablet</i>	3	MO
<i>propranolol intravenous</i>	4	
<i>propranolol oral capsule, extended release 24 hr</i>	4	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i>	2	MO
<i>propranolol oral solution 40 mg/5 ml (8 mg/ml)</i>	4	MO
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	2	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>ramipril</i>	1	MO
RANEXA	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
REPATHA	5	PAR; MO; QLL (3.5 per 28 days)
PUSHTRONEX		
REPATHA SURECLICK	5	PAR; MO; QLL (3 per 28 days)
REPATHA SYRINGE	5	PAR; MO; QLL (3 per 28 days)
<i>rosuvastatin</i>	3	MO
<i>simvastatin</i>	6	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg</i>	2	MO
<i>sotalol af oral tablet 80 mg</i>	1	MO
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	2	MO
<i>sotalol oral tablet 80 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolactone-hydrochlorothiazide</i>	2	MO
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	MO
<i>taztia xt oral capsule, extended release 24 hr 300 mg</i>	4	MO
<i>telmisartan</i>	3	MO
<i>terazosin oral capsule</i>	1	MO
<i>timolol maleate oral</i>	4	MO
<i>torse mide oral tablet 10 mg</i>	1	MO
<i>torse mide oral tablet 100 mg, 20 mg, 5 mg</i>	2	MO
<i>trandolapril</i>	2	MO
<i>tranexamic acid intravenous</i>	3	MO
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazide oral capsule 50-25 mg</i>	2	MO
<i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
UPTRAVI ORAL TABLET	5	PAR; MO; LA; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PAR; MO; LA; QLL (400 per 365 days)
<i>valsartan</i>	2	MO
<i>valsartan-hydrochlorothiazide</i>	2	MO
VASCEPA	4	MO
VECAMYL	4	
<i>verapamil intravenous solution</i>	4	MO
<i>verapamil intravenous syringe</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	4	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	4	MO
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	MO
<i>verapamil oral tablet 40 mg</i>	2	MO
<i>verapamil oral tablet extended release</i>	2	MO
<i>warfarin</i>	1	MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	MO; QLL (42 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	3	MO; QLL (102 per 365 days)
Dermatologicals/Topical Therapy		
<i>acitretin oral capsule 10 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO
<i>adapalene topical gel 0.1 %</i>	4	MO
<i>ala-cort topical cream 2.5 %</i>	1	MO
<i>alclometasone topical cream</i>	3	MO
<i>alclometasone topical ointment</i>	2	MO
<i>amcinonide topical ointment</i>	4	
<i>ammonium lactate</i>	3	MO
<i>betamethasone dipropionate topical cream</i>	3	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO
<i>betamethasone, augmented topical lotion</i>	3	MO
<i>betamethasone, augmented topical ointment</i>	3	MO
<i>calcipotriene scalp</i>	4	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	4	MO; QLL (120 per 30 days)
<i>calcitriol topical</i>	4	MO
<i>ciclodan</i>	3	MO
<i>ciclopirox topical cream</i>	2	MO
<i>ciclopirox topical gel</i>	3	MO
<i>ciclopirox topical shampoo</i>	3	MO
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clobetasol scalp</i>	2	MO
<i>clobetasol topical cream</i>	2	MO; QLL (120 per 30 days)
<i>clobetasol topical foam</i>	3	MO; QLL (100 per 30 days)
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	4	MO
<i>clobetasol topical ointment</i>	3	MO; QLL (120 per 30 days)
<i>clobetasol topical shampoo</i>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol-emollient topical cream</i>	2	MO; QLL (120 per 30 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QLL (100 per 30 days)
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	2	MO
<i>clotrimazole-betamethasone topical lotion</i>	3	MO
COSENTYX (2 SYRINGES)	5	PAR; MO; QLL (2 per 28 days)
<i>desonide topical ointment</i>	3	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PAR; MO; QLL (100 per 30 days)
<i>econazole</i>	3	MO
ELIDEL	4	PAR; MO; QLL (100 per 90 days)
<i>ery pads</i>	2	MO
<i>erythromycin with ethanol</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>fluocinolone topical cream</i>	3	MO; QLL (120 per 30 days)
<i>fluocinolone topical ointment</i>	3	MO; QLL (120 per 30 days)
<i>fluocinolone topical solution</i>	4	MO; QLL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	2	MO; QLL (240 per 30 days)
<i>fluocinonide topical gel</i>	3	MO; QLL (240 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	3	MO; QLL (240 per 30 days)
<i>fluocinonide-e</i>	3	MO; QLL (240 per 30 days)
FLUOCINONIDE-EMOLLIENT	3	QLL (240 per 30 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>fluticasone topical cream</i>	2	MO
<i>fluticasone topical ointment</i>	2	MO
<i>gentamicin topical</i>	3	MO
<i>halobetasol propionate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate topical cream</i>	3	MO
<i>hydrocortisone valerate topical ointment</i>	4	MO
<i>hydrocortisone-min oil-wht pet</i>	2	MO
<i>imiquimod topical cream in packet</i>	3	MO
<i>ketconazole topical cream</i>	2	MO
<i>ketconazole topical shampoo</i>	2	MO
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch, medicated</i>	3	PAR; MO; QLL (90 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	3	MO; QLL (30 per 30 days)
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>methoxsalen</i>	5	PAR; MO
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	2	MO
<i>metronidazole topical lotion</i>	4	MO
<i>mometasone topical</i>	2	MO
<i>mupirocin topical ointment</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>nyamyc</i>	2	MO
<i>nystatin topical</i>	2	MO
<i>nystatin-triamcinolone</i>	3	MO
<i>nystop</i>	2	MO
PANRETIN	5	MO
<i>permethrin topical cream</i>	3	MO
PICATO	4	MO
<i>podofilox</i>	3	MO
<i>prednicarbate</i>	3	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
SANTYL	4	MO; QLL (30 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
<i>silver sulfadiazine</i>	4	MO
<i>ssd topical cream 1%</i>	4	MO
<i>sulfacetamide sodium (acne)</i>	3	MO
SULFAMYLON TOPICAL CREAM	4	MO
<i>tazarotene</i>	4	PAR; MO
TAZORAC	4	PAR; MO
<i>tretinoin topical cream 0.025 %, 0.05 %</i>	2	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical cream 0.1 %</i>	4	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PAR; MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion 0.025 %</i>	2	MO
<i>triamcinolone acetonide topical lotion 0.1 %</i>	3	MO
<i>triamcinolone acetonide topical ointment 0.025 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	MO
UVADEX	4	B/D PAR
VALCHLOR	5	PAR; MO
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>acetylcysteine intravenous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	6	MO; QLL (30 per 30 days)
<i>anagrelide</i>	2	MO
BUPHENYL ORAL TABLET	5	PAR; MO
<i>bupropion hcl (smoking deter)</i>	2	MO; QLL (60 per 30 days)
CARBAGLU	5	PAR; MO; LA
CHANTIX	4	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	4	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	4	PAR; MO; QLL (106 per 365 days)
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	MO
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 30 % in water (d30w)</i>	4	
<i>dextrose 40 % in water (d40w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 70 % in water (d70w)</i>	4	MO
<i>dextrose with sodium chloride</i>	4	
<i>disulfiram</i>	4	MO
EXJADE	5	PAR; MO; LA
INCRELEX	5	PAR; MO; LA
<i>kionex (with sorbitol)</i>	4	MO
<i>lactated ringers irrigation</i>	4	MO
<i>levocarnitine (with sugar)</i>	4	B/D PAR; MO
<i>levocarnitine oral tablet</i>	3	MO
<i>midodrine oral tablet 10 mg</i>	4	MO
<i>midodrine oral tablet 2.5 mg, 5 mg</i>	3	MO
NICOTROL NS	4	MO; QLL (120 per 30 days)
NORTHERA ORAL CAPSULE 100 MG	5	PAR; MO; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	5	PAR; MO; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PAR; MO; QLL (180 per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PAR; LA
ORFADIN ORAL CAPSULE 20 MG	5	PAR; MO; LA
ORFADIN ORAL SUSPENSION	5	PAR; MO; LA
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PAR; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PAR; MO
RAVICTI	5	PAR; MO; QLL (525 per 30 days)
RENVELA ORAL TABLET	3	MO; QLL (540 per 30 days)
<i>riluzole</i>	4	MO
<i>ringer's irrigation</i>	4	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	3	MO; QLL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	3	MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sevelamer carbonate oral tablet</i>	3	MO; QLL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	MO
<i>sodium phenylbutyrate</i>	5	PAR; MO
<i>sodium polystyrene (sorb free)</i>	3	MO
<i>sodium polystyrene sulfonate oral</i>	2	MO
<i>sodium polystyrene sulfonate rectal</i>	2	
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
SYPRINE	5	MO
<i>trientine</i>	5	MO
<i>water for irrigation, sterile</i>	4	MO
<i>zoledronic acid-mannitol-water 5 mg/100 ml</i>	4	PAR; MO
Ear, Nose / Throat Medications		
<i>acetic acid otic (ear)</i>	2	MO
<i>azelastine nasal</i>	3	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
CIPRODEX	4	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ipratropium bromide nasal</i>	2	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
<i>ofloxacin otic (ear)</i>	4	MO
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>triamcinolone acetonide dental</i>	3	MO
Endocrine/Diabetes		
<i>a-hydrocort</i>	4	MO
<i>acarbose oral tablet 100 mg</i>	2	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QLL (360 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 50 mg</i>	2	MO; QLL (180 per 30 days)
<i>alcohol pads</i>	1	MO
ALDURAZYME	5	PAR; MO
ANADROL-50	5	PAR; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PAR; MO; QLL (150 per 30 days)
BYDUREON	3	MO; QLL (4 per 28 days)
BYDUREON BCISE	3	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/ DOSE(250 MCG/ML) 2.4 ML	3	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/ DOSE (250 MCG/ML) 1.2 ML	3	MO; QLL (1.2 per 30 days)
<i>cabergoline</i>	4	MO
<i>calcitonin (salmon)</i>	3	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	2	B/D PAR; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; MO
<i>cortisone oral tablet</i>	3	MO
CYCLOSET	4	ST; MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>danazol oral capsule 100 mg, 200 mg</i>	4	MO
<i>danazol oral capsule 50 mg</i>	3	MO
<i>desmopressin injection</i>	4	MO
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray, non-aerosol</i>	4	MO
<i>desmopressin oral</i>	2	MO
<i>dexamethasone intensol</i>	3	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf)</i>	4	MO
<i>dexamethasone sodium phosphate injection</i>	4	MO
<i>doxercalciferol oral capsule 0.5 mcg</i>	4	B/D PAR; MO
FABRAZYME	5	PAR; MO
<i>fludrocortisone</i>	2	MO
<i>gauze pads 2 x 2</i>	1	MO; QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	MO; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO

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Drug Name	Drug Tier	Requirements /Limits
GLUCAGON EMERGENCY KIT (HUMAN)	4	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	4	PAR; MO; QLL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	4	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	4	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	4	PAR; MO; QLL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	4	PAR; MO; QLL (120 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
<i>hydrocortisone oral</i>	3	MO
INSULIN PEN NEEDLE	3	MO; QLL (200 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INSULIN SYRINGE (DISP) U-100 SYRINGE 0.3 ML, 1 ML, 1/2 ML	3	MO; QLL (200 per 30 days)
JANUMET	3	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
JARDIANCE	3	MO; QLL (30 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QLL (30 per 30 days)
KORLYM	5	PAR; MO
KUVAN ORAL TABLET, SOLUBLE	5	PAR; MO
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>levothyroxine oral tablet 300 mcg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levoxyol oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	MO
<i>liothyronine oral</i>	2	MO
<i>metformin oral tablet 1,000 mg</i>	6	MO; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; QLL (60 per 30 days)
<i>methimazole oral tablet 10 mg</i>	2	MO
<i>methimazole oral tablet 5 mg</i>	1	MO
<i>methylprednisolone</i>	2	MO
<i>methylprednisolone acetate</i>	4	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	MO
<i>methylprednisolone sodium succ intravenous</i>	4	MO
MIACALCIN INJECTION	4	B/D PAR; MO
<i>miglustat</i>	5	PAR; MO; LA
NAGLAZYME	5	PAR; MO; LA
<i>nateglinide oral tablet 120 mg</i>	2	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QLL (180 per 30 days)
NATPARA	5	PAR; MO; LA; QLL (2 per 28 days)
<i>needles, insulin disp.,safety</i>	2	MO; QLL (200 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>pamidronate intravenous recon soln</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	4	B/D PAR; MO
<i>paricalcitol oral capsule 1 mcg</i>	3	MO
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	4	MO
<i>pioglitazone oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisone intensol</i>	2	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
PROGLYCEM	4	MO
<i>propylthiouracil</i>	2	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	3	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	3	MO; QLL (240 per 30 days)
<i>repaglinide-metformin</i>	4	MO; QLL (150 per 30 days)
SAMSCA ORAL TABLET 15 MG	5	PAR; MO; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	3	B/D PAR; MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
SENSIPAR ORAL TABLET 60 MG	5	B/D PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	B/D PAR; MO; QLL (120 per 30 days)
SOMAVERT	5	PAR; MO
SYNAREL	5	PAR; MO
SYNJARDY	3	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QLL (30 per 30 days)
SYNTHROID	3	MO
TANZEUM	4	MO; QLL (4 per 28 days)
<i>testosterone cypionate</i>	4	PAR; MO
<i>testosterone enanthate</i>	4	PAR; MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	3	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PAR; MO; QLL (300 per 30 days)
<i>tolazamide oral tablet 250 mg</i>	2	MO; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QLL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QLL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection</i>	4	MO
TRULICITY	4	MO; QLL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	MO
<i>unithroid oral tablet 137 mcg</i>	1	MO
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QLL (9 per 30 days)
VPRIV	5	PAR; MO
ZAVESCA	5	PAR; MO; LA
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	PAR; MO
Gastroenterology		
<i>alosetron</i>	5	PAR; MO; QLL (60 per 30 days)
AMITIZA	3	MO; QLL (60 per 30 days)
<i>aprepitant oral capsule 125 mg</i>	4	B/D PAR; MO; QLL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	B/D PAR; MO; QLL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	4	B/D PAR; MO; QLL (10 per 30 days)
<i>aprepitant oral capsule, dose pack</i>	4	B/D PAR; MO; QLL (15 per 30 days)
APRISO	3	MO
<i>balsalazide</i>	3	MO
<i>budesonide oral capsule, delayed, extend. release</i>	5	MO
CANASA	4	MO
<i>colocort</i>	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	4	MO
DIPENTUM	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>diphenoxylate-atropine oral liquid</i>	2	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PAR; MO; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PAR; MO; QLL (120 per 30 days)
<i>enulose</i>	2	MO
<i>famotidine (pf)</i>	4	MO
<i>famotidine (pf)-nacl (iso-os)</i>	4	MO
<i>famotidine oral suspension</i>	3	MO
<i>famotidine oral tablet 20 mg</i>	1	MO
<i>famotidine oral tablet 40 mg</i>	2	MO
GATTEX 30-VIAL	5	PAR; MO
GATTEX ONE-VIAL	5	PAR; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf)</i>	4	MO
<i>granisetron hcl intravenous</i>	4	MO
<i>granisetron hcl oral</i>	3	B/D PAR; MO; QLL (30 per 30 days)
<i>hydrocortisone rectal</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	MO
<i>lactulose oral solution</i>	2	MO
LIALDA	3	MO
LINZESS	3	MO; QLL (30 per 30 days)
<i>loperamide oral capsule</i>	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	3	MO
<i>mesalamine rectal</i>	3	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metoclopramide hcl injection syringe</i>	4	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>misoprostol</i>	3	MO
MOVIPREP	4	MO
<i>omeprazole oral capsule, delayed release(drlec)</i>	2	MO; QLL (30 per 30 days)
<i>ondansetron hcl (pf)</i>	4	MO
<i>ondansetron hcl intravenous</i>	4	MO
<i>ondansetron hcl oral solution</i>	4	B/D PAR; MO; QLL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	4	B/D PAR; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating</i>	2	B/D PAR; MO; QLL (90 per 30 days)
<i>opium tincture</i>	2	MO
<i>pantoprazole intravenous</i>	4	MO
<i>pantoprazole oral</i>	2	MO; QLL (30 per 30 days)
<i>paregoric</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 - 5.84 gram</i>	2	MO
<i>peg-electrolyte soln</i>	2	
PENTASA	4	MO
<i>polyethylene glycol 3350</i>	2	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	MO
<i>prochlorperazine maleate</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
PROTONIX	3	MO
INTRAVENOUS		

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>ranitidine hcl injection</i>	4	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	PAR; MO; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PAR; MO; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PAR; MO; QLL (12 per 30 days)
REMICADE	5	PAR; MO
<i>sucrafate oral tablet</i>	2	MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
<i>trilyte with flavor packets</i>	2	MO
<i>ursodiol</i>	3	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	4	MO
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR; MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
ARCALYST	5	PAR; MO
BCG VACCINE, LIVE (PF)	4	MO
BETASERON SUBCUTANEOUS KIT	5	PAR; MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B (PF)	3	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PAR; MO
GAMUNEX-C	5	PAR; MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
HIBERIX (PF)	3	MO
HYPERRAB (PF)	5	
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PAR; MO; LA
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
INTRON A INJECTION	5	PAR; MO
IPOL	3	MO
IXIARO (PF)	3	MO
KEDRAB (PF)	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
M-M-R II (PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
MOZOBIL	5	PAR; MO
NEULASTA	5	PAR; MO; QLL (1.2 per 28 days)
NEUPOGEN	5	PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
NORDITROPIN	5	PAR; MO
FLEXPRO		
OCTAGAM	5	PAR; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PEGASYS	5	PAR; MO
PEGASYS PROCLICK	5	PAR; MO
PEGINTRON	5	PAR; MO
SUBCUTANEOUS KIT 50 MCG/0.5 ML		
PENTACEL (PF)	3	MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PAR; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ ML	5	PAR; MO
PROLEUKIN	5	B/D PAR; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	4	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PAR
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
SYLATRON	5	PAR; MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHThERIA TOX PED(PF)	3	MO
TETANUS-DIPHThERIA TOXOIDS-TD	3	MO

Drug Name	Drug Tier	Requirements /Limits
THYMOGLOBULIN	5	B/D PAR
TICE BCG	4	B/D PAR; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	4	MO
Musculoskeletal / Rheumatology		
<i>alendronate oral solution</i>	4	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	6	MO; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	6	MO; QLL (4 per 28 days)
<i>allopurinol</i>	1	MO
BENLYSTA	5	PAR; MO
COLCRYS	3	MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PAR; MO; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PAR; MO; QLL (8 per 28 days)
ENBREL SURECLICK	5	PAR; MO; QLL (8 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
FORTEO	5	PAR; MO; QLL (3 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PAR; MO; QLL (12 per 365 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PAR; MO; QLL (4 per 365 days)
HUMIRA PEN	5	PAR; MO; QLL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PAR; MO; QLL (12 per 365 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PAR; MO; QLL (4 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML	5	PAR; MO; QLL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PAR; MO; QLL (4 per 28 days)
<i>ibandronate intravenous solution</i>	4	B/D PAR; MO
<i>ibandronate intravenous syringe</i>	4	MO
<i>ibandronate oral</i>	2	MO; QLL (1 per 28 days)
<i>leflunomide</i>	2	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
PROLIA	4	PAR; MO; QLL (2 per 365 days)
<i>raloxifene</i>	3	MO; QLL (30 per 30 days)
SAVELLA ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	3	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QLL (110 per 365 days)
ULORIC	3	ST; MO
XELJANZ	5	PAR; MO; QLL (60 per 30 days)
Obstetrics / Gynecology		
<i>altavera (28)</i>	4	MO
<i>alyacen 1/35 (28)</i>	4	MO
<i>alyacen 7/7/7 (28)</i>	4	MO
<i>apri</i>	3	MO
<i>aranelle (28)</i>	3	MO
<i>azurette (28)</i>	4	MO
<i>balziva (28)</i>	3	MO
<i>blisovi fe 1.5/30 (28)</i>	4	MO
<i>briellyn</i>	3	MO
<i>camila</i>	3	MO
<i>caziant (28)</i>	4	MO
<i>clindamycin phosphate vaginal</i>	4	MO
<i>cryselle (28)</i>	3	MO
<i>cyclafem 1/35 (28)</i>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
<i>cyclafem 7/7/7 (28)</i>	3	MO
<i>dasetta 1/35 (28)</i>	4	MO
<i>dasetta 7/7/7 (28)</i>	4	MO
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA	4	MO
INTRAMUSCULAR SUSPENSION 400 MG/ ML		
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	3	MO
<i>elinest</i>	4	MO
ELLA	3	
<i>emoquette</i>	3	MO
<i>enpresse</i>	3	MO
<i>errin</i>	3	MO
<i>estarylla</i>	4	MO
ESTRACE VAGINAL	4	MO
<i>estradiol oral</i>	2	PAR; MO
<i>estradiol transdermal patch weekly</i>	3	PAR; MO; QLL (4 per 28 days)
<i>estradiol vaginal cream</i>	4	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	MO
ESTRING	4	MO; QLL (1 per 90 days)
<i>estropipate oral tablet 0.75 mg</i>	2	PAR; MO
FEMRING	4	MO; QLL (1 per 90 days)
<i>heather</i>	4	MO
<i>hydroxyprogesterone caproate introvale</i>	3	MO
<i>jinteli</i>	4	PAR; MO
<i>jolessa</i>	4	MO
<i>jolivette</i>	3	MO
<i>junel 1.5/30 (21)</i>	3	MO
<i>junel 1/20 (21)</i>	3	MO
<i>junel fe 1.5/30 (28)</i>	3	MO
<i>junel fe 1/20 (28)</i>	3	MO
<i>kariva (28)</i>	3	MO
<i>kelnor 1/35 (28)</i>	3	MO
<i>leena 28</i>	3	MO
<i>lessina</i>	3	MO
<i>levonest (28)</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levonorg-eth estrad triphasic</i>	3	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	3	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	3	MO
<i>levora-28</i>	3	MO
<i>low-ogestrel (28)</i>	3	MO
<i>luteru (28)</i>	3	MO
<i>lyza</i>	3	MO
<i>marlissa</i>	3	MO
<i>medroxyprogesterone intramuscular</i>	3	MO
<i>medroxyprogesterone oral</i>	1	MO
MENEST	4	PAR; MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	3	MO
<i>microgestin 1.5/30 (21)</i>	3	MO
<i>microgestin 1/20 (21)</i>	3	MO
<i>microgestin fe 1.5/30 (28)</i>	3	MO
<i>microgestin fe 1/20 (28)</i>	3	MO
<i>mono-linyah</i>	4	MO
<i>mononessa (28)</i>	3	MO
<i>myzilra</i>	4	MO
<i>necon 0.5/35 (28)</i>	3	MO
<i>necon 7/7/7 (28)</i>	3	MO
<i>nora-be</i>	3	MO
<i>norethindrone (contraceptive)</i>	3	MO
<i>norethindrone acetate</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	4	MO
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35 (21)</i>	3	MO
<i>nortrel 1/35 (28)</i>	3	MO
<i>nortrel 7/7/7 (28)</i>	3	MO
<i>ocella</i>	3	MO
<i>ogestrel (28)</i>	3	MO
<i>orsythia</i>	3	MO
<i>philith</i>	4	MO
<i>pirmella oral tablet 1-35 mg- mcg</i>	3	MO
<i>portia</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PREMARIN ORAL	3	PAR; MO
PREMARIN VAGINAL	3	MO
PREMPRO	4	PAR; MO
<i>previfem</i>	3	MO
<i>quasense</i>	3	MO
<i>reclipsen (28)</i>	3	MO
<i>sprintec (28)</i>	3	MO
<i>sronyx</i>	3	MO
<i>syeda</i>	4	MO
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	3	MO
<i>tilia fe</i>	4	MO
<i>tranexamic acid oral</i>	4	MO
<i>tri-estarylla</i>	4	MO
<i>tri-legest fe</i>	3	MO
<i>tri-linyah</i>	4	MO
<i>tri-previfem (28)</i>	3	MO
<i>tri-sprintec (28)</i>	3	MO
<i>trinessa (28)</i>	3	MO
<i>trivora (28)</i>	3	MO
<i>vandazole</i>	4	MO
<i>velivet triphasic regimen (28)</i>	3	MO
<i>viorele (28)</i>	4	MO
<i>zarah</i>	4	MO
<i>zenchent (28)</i>	3	MO
<i>zovia 1/35e (28)</i>	3	MO
Ophthalmology		
<i>acetazolamide oral capsule, extended release</i>	4	MO
<i>acetazolamide oral tablet</i>	3	MO
<i>acetazolamide sodium</i>	4	MO
ALPHAGAN P	3	MO
OPHTHALMIC (EYE)		
DROPS 0.1 %		
<i>apraclonidine</i>	2	MO
<i>atropine ophthalmic (eye) drops</i>	4	MO
AZASITE	4	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
AZOPT	4	MO
<i>bacitracin ophthalmic (eye)</i>	4	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>betaxolol ophthalmic (eye)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
BETIMOL	4	MO
<i>bimatoprost ophthalmic (eye)</i>	3	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
<i>carteolol</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
COMBIGAN	3	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	5	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	1	MO
DUREZOL	3	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	2	MO
<i>flurbiprofen ophthalmic drops</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>gentamicin ophthalmic (eye) ointment</i>	2	
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
LACRISERT	4	MO; QLL (60 per 30 days)
<i>latanoprost</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic (eye)</i>	4	MO
LUMIGAN	3	MO
OPHTHALMIC (EYE)		
DROPS 0.01 %		
<i>methazolamide</i>	4	MO
<i>metipranolol</i>	2	
MOXIFLOXACIN	3	MO
OPHTHALMIC (EYE)		
NATACYN	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>neo-polycin</i>	2	MO
<i>neo-polycin hc</i>	2	MO
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
NEVANAC	3	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	4	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SIMBRINZA	4	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	3	MO
<i>sulfacetamide-prednisolone</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
<i>tobramycin</i>	2	MO
<i>tobramycin-dexamethasone ophthalmic suspension</i>	3	MO
TRAVATAN Z	3	MO
<i>trifluridine</i>	3	MO
XIIDRA	3	PAR; MO; QLL (60 per 30 days)
ZIRGAN	4	MO
Respiratory And Allergy		
<i>acetylcysteine</i>	2	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
ADEMPAS	5	PAR; MO; LA
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	2	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	2	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i>	2	MO
<i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i>	3	MO
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QLL (30 per 30 days)
ATROVENT HFA	4	MO; QLL (26 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PAR; MO; QLL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PAR; MO; QLL (60 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>clemastine oral tablet 2.68 mg</i>	3	PAR; MO
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PAR; MO; QLL (240 per 30 days)
<i>cyproheptadine oral tablet</i>	3	PAR; MO
DALIRESP	4	PAR; MO; QLL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	PAR; MO
<i>diphenhydramine hcl injection syringe</i>	4	PAR; MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
DULERA	3	MO; QLL (13 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	3	MO; QLL (2 per 28 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	MO; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	5	PAR; MO; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PAR; MO; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PAR; MO; QLL (90 per 30 days)
FIRAZYR	5	PAR; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QLL (11 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QLL (75 per 30 days)
<i>fluticasone nasal</i>	2	MO; QLL (16 per 30 days)
<i>hydroxyzine hcl intramuscular</i>	4	PAR; MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	PAR; MO
<i>hydroxyzine hcl oral tablet</i>	4	PAR; MO
<i>ipratropium bromide inhalation</i>	2	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium-albuterol inhalation</i>	2	B/D PAR; MO; QLL (540 per 30 days)
KALYDECO ORAL TABLET	5	PAR; MO; QLL (60 per 30 days)
LETAIRIS	5	PAR; MO; LA; QLL (30 per 30 days)
<i>levocetirizine oral tablet</i>	2	MO
<i>metaproterenol</i>	2	MO
<i>mometasone nasal</i>	3	MO
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet, chewable</i>	2	MO
OFEV ORAL CAPSULE 150 MG	5	PAR; MO; QLL (60 per 30 days)
ORKAMBI ORAL TABLET	5	PAR; MO; QLL (120 per 30 days)
PROAIR HFA	3	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	3	MO; QLL (2 per 30 days)
<i>promethazine injection solution</i>	4	PAR; MO
<i>promethazine oral tablet</i>	4	PAR; MO
PULMOZYME	5	B/D PAR; MO
RUCONEST	5	PAR; MO
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
<i>sildenafil (antihypertensive) oral</i>	4	PAR; MO; QLL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QLL (30 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>theophylline oral elixir</i>	3	
<i>theophylline oral solution</i>	3	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
VENTAVIS	5	PAR; MO; QLL (270 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
XOLAIR	5	PAR; MO; LA; QLL (6 per 28 days)
<i>zafirlukast</i>	4	MO
Urologicals		
<i>alfuzosin</i>	2	MO
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	2	MO
<i>bethanechol chloride oral tablet 50 mg</i>	3	MO
CYSTAGON	4	MO; LA
<i>dutasteride</i>	3	MO; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	3	MO; QLL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	4	MO
<i>flavoxate</i>	3	MO
MYRBETRIQ	4	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	2	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; QLL (30 per 30 days)
<i>potassium citrate</i>	3	MO
<i>tamsulosin</i>	4	MO
<i>tolterodine oral tablet 1 mg</i>	4	MO; QLL (60 per 30 days)
<i>tolterodine oral tablet 2 mg</i>	3	MO; QLL (60 per 30 days)
TOVIAZ	4	MO; QLL (30 per 30 days)
<i>tropium oral tablet</i>	3	MO; QLL (60 per 30 days)
VESICARE	4	MO; QLL (30 per 30 days)
Vitamins, Hematinics / Electrolytes		
AMINOSYN-HBC 7%	4	B/D PAR
AMINOSYN-PF 10 %	4	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PAR

Drug Name	Drug Tier	Requirements /Limits
<i>calcium acetate oral capsule</i>	3	MO
<i>fluoride (sodium) oral tablet</i>	4	MO
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	4	MO
<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	4	MO
<i>freamine iii 10 %</i>	4	B/D PAR
HEPATAMINE 8%	4	B/D PAR
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PAR
<i>k-effervescent</i>	1	MO
<i>k-tab oral tablet extended release 8 meq</i>	4	MO
<i>klor-con 10</i>	4	MO
<i>klor-con 8</i>	4	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	4	MO
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	4	MO
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	4	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	4	MO
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
NORMOSOL-R IN 5 %	4	
DEXTROSE		
<i>potassium bicarb and chloride</i>	2	MO
<i>potassium bicarb-citric acid</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Drug Name	Drug Tier	Requirements /Limits
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	4	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	4	MO
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	4	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	4	MO
potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l	4	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml	4	MO
potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml	4	
potassium chloride intravenous solution	4	MO
potassium chloride oral capsule, extended release	2	MO
potassium chloride oral liquid	4	MO
potassium chloride oral tablet extended release	2	MO
potassium chloride oral tablet, er particles/crystals	2	MO
potassium chloride-0.45 % nacl	4	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	4	MO

Drug Name	Drug Tier	Requirements /Limits
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l	4	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	4	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	4	MO
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	4	
prenatal vitamin oral tablet	2	MO
PROSOL 20 %	4	B/D PAR; MO
ringer's intravenous	4	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %	4	MO
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)	4	MO
sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)	4	
sodium chloride 0.45 % intravenous parenteral solution	4	MO
sodium chloride 0.45 % intravenous piggyback	4	
sodium chloride 3 % intravenous injection solution	4	MO
sodium chloride 5 % intravenous injection solution	4	
sodium chloride intravenous	4	MO
sodium lactate	4	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35 MEQ-20 MEQ-5 MEQ/20 ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page number 8.

Index of Drugs

Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA).

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Drug Name	Page	
<i>a-hydrocort</i>	40	ADACEL(TDAP ADOLESN/ADULT)(PF).....46
<i>abacavir oral solution</i>	8	ADAGEN.....39
<i>abacavir oral tablet</i>	8	<i>adapalene topical gel 0.1 %</i>37
<i>abacavir-lamivudine</i>	8	ADASUVE.....21
<i>abacavir-lamivudine-zidovudine</i>	8	<i>adefovir</i>8
ABELCET.....	8	ADEMPAS.....51
ABILIFY MAINTENA.....	21	<i>adriamycin intravenous recon soln 10 mg</i>15
ABRAXANE.....	15	<i>adriamycin intravenous solution</i>15
<i>acamprosate</i>	39	<i>adrucil intravenous solution 2.5 gram/50 ml</i>15
<i>acarbose oral tablet 100 mg</i>	40	<i>adrucil intravenous solution 5 gram/100 ml, 500</i>
<i>acarbose oral tablet 25 mg</i>	40	<i>mg/10 ml</i>15
<i>acarbose oral tablet 50 mg</i>	41	ADVAIR DISKUS.....51
<i>acebutolol</i>	32	ADVAIR HFA.....51
<i>acetaminophen-codeine oral solution 120 mg-12 mg</i> <i>15 ml (5 ml), 240 mg-24 mg/10 ml (10 ml), 300</i> <i>mg-30 mg /12.5 ml</i>	21	<i>afeditab cr oral tablet extended release 30 mg</i>33
<i>acetaminophen-codeine oral solution 120-12 mg/5</i> <i>ml</i>	21	<i>afeditab cr oral tablet extended release 60 mg</i>33
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	21	AFINITOR.....15
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	21	AFINITOR DISPERZ.....15
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	21	<i>ala-cort topical cream 2.5 %</i>37
<i>acetazolamide oral capsule, extended release</i>	50	ALBENZA.....8
<i>acetazolamide oral tablet</i>	50	<i>albuterol sulfate inhalation solution for nebulization</i> <i>0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083</i> <i>%)</i>51
<i>acetazolamide sodium</i>	50	<i>albuterol sulfate inhalation solution for nebulization</i> <i>2.5 mg/0.5 ml, 5 mg/ml</i>51
<i>acetic acid irrigation</i>	39	<i>albuterol sulfate oral syrup</i>51
<i>acetic acid otic (ear)</i>	40	<i>albuterol sulfate oral tablet</i>51
<i>acetylcysteine</i>	51	<i>albuterol sulfate oral tablet extended release 12 hr 4</i> <i>mg</i>51
<i>acetylcysteine intravenous</i>	39	<i>albuterol sulfate oral tablet extended release 12 hr 8</i> <i>mg</i>51
<i>acitretin oral capsule 10 mg</i>	37	<i>alclometasone topical cream</i>37
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	37	<i>alclometasone topical ointment</i>37
ACTHIB (PF).....	46	<i>alcohol pads</i>41
ACTIMMUNE.....	46	ALDURAZYME.....41
<i>acyclovir oral capsule</i>	8	ALECENSA.....15
<i>acyclovir oral suspension 200 mg/5 ml</i>	8	<i>alendronate oral solution</i>47
<i>acyclovir oral tablet</i>	8	
<i>acyclovir sodium 50 mg/ml intravenous solution</i>	8	

<i>alendronate oral tablet 10 mg, 5 mg</i>	47	<i>amoxicillin oral tablet, chewable 125 mg, 250</i>	
<i>alendronate oral tablet 35 mg, 70 mg</i>	47	<i>mg</i>	8
<i>alendronate oral tablet 40 mg</i>	39	<i>amoxicillin-pot clavulanate oral suspension for</i>	
<i>alfuzosin</i>	53	<i>reconstitution 200-28.5 mg/5 ml, 400-57 mg/5</i>	
ALIMTA.....	15	<i>ml, 600-42.9 mg/5 ml</i>	9
ALINIA ORAL SUSPENSION FOR		<i>amoxicillin-pot clavulanate oral suspension for</i>	
RECONSTITUTION.....	8	<i>reconstitution 250-62.5 mg/5 ml</i>	9
ALINIA ORAL TABLET.....	8	<i>amoxicillin-pot clavulanate oral tablet 250-125</i>	
ALIQOPA.....	15	<i>mg</i>	9
ALKERAN ORAL.....	15	<i>amoxicillin-pot clavulanate oral tablet 500-125 mg,</i>	
<i>allopurinol</i>	47	<i>875-125 mg</i>	9
<i>alosetron</i>	44	<i>amoxicillin-pot clavulanate oral tablet extended</i>	
ALPHAGAN P OPHTHALMIC (EYE) DROPS		<i>release 12 hr</i>	9
0.1 %.....	50	<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	9
<i>alprazolam oral tablet</i>	21	<i>amphotericin b</i>	9
<i>altavera (28)</i>	48	<i>ampicillin oral capsule 500 mg</i>	9
ALUNBRIG ORAL TABLET 180 MG.....	15	<i>ampicillin sodium injection</i>	9
ALUNBRIG ORAL TABLET 30 MG.....	15	<i>ampicillin sodium intravenous</i>	9
ALUNBRIG ORAL TABLET 90 MG.....	15	<i>ampicillin-sulbactam injection recon soln 1.5 gram,</i>	
ALUNBRIG ORAL TABLETS, DOSE		<i>3 gram</i>	9
PACK.....	15	<i>ampicillin-sulbactam injection recon soln 15</i>	
<i>alyacen 1/35 (28)</i>	48	<i>gram</i>	9
<i>alyacen 7/7 (28)</i>	48	<i>ampicillin-sulbactam intravenous recon soln 1.5</i>	
<i>amantadine hcl</i>	8	<i>gram</i>	9
AMBISOME.....	8	<i>ampicillin-sulbactam intravenous recon soln 3</i>	
<i>amcinonide topical ointment</i>	37	<i>gram</i>	9
<i>amikacin injection solution 1,000 mg/4 ml, 500</i>		AMPYRA.....	21
<i>mg/2 ml</i>	8	ANADROL-50.....	41
<i>amiloride</i>	33	<i>anagrelide</i>	39
<i>amiloride-hydrochlorothiazide</i>	33	<i>anastrozole</i>	15
AMINOSYN-HBC 7%.....	53	ANDROGEL TRANSDERMAL GEL IN	
AMINOSYN-PF 10 %.....	53	METERED-DOSE PUMP 20.25 MG/1.25	
AMINOSYN-PF 7 % (SULFITE-FREE).....	53	GRAM (1.62 %).....	41
<i>amiodarone oral tablet 100 mg, 200 mg</i>	33	ANDROGEL TRANSDERMAL GEL IN	
<i>amiodarone oral tablet 400 mg</i>	33	PACKET 1.62 % (20.25 MG/1.25	
AMITIZA.....	44	GRAM).....	41
<i>amitriptyline</i>	21	ANDROGEL TRANSDERMAL GEL IN	
<i>amlodipine besylate oral tablet</i>	33	PACKET 1.62 % (40.5 MG/2.5 GRAM).....	41
<i>amlodipine-benazepril</i>	33	ANORO ELLIPTA.....	51
<i>amlodipine-olmesartan</i>	33	APOKYN.....	21
<i>amlodipine-valsartan oral tablet 10-160 mg, 5-160</i>		<i>apraclonidine</i>	50
<i>mg, 5-320 mg</i>	33	<i>aprepitant oral capsule 125 mg</i>	44
<i>amlodipine-valsartan oral tablet 10-320 mg</i>	33	<i>aprepitant oral capsule 40 mg</i>	44
<i>ammonium lactate</i>	37	<i>aprepitant oral capsule 80 mg</i>	44
<i>amoxapine</i>	21	<i>aprepitant oral capsule, dose pack</i>	44
<i>amoxicillin oral capsule</i>	8	<i>apri</i>	48
<i>amoxicillin oral suspension for reconstitution</i>	8	APRISO.....	44
<i>amoxicillin oral tablet</i>	8	APTIOM.....	21

APTIVUS ORAL CAPSULE.....	9	<i>bacitracin ophthalmic (eye)</i>	50
APTIVUS ORAL SOLUTION.....	9	<i>bacitracin-polymyxin b ophthalmic (eye)</i>	50
<i>aranelle (28)</i>	48	<i>baclofen</i>	22
ARCALYST.....	46	<i>balsalazide</i>	44
<i>aripiprazole oral solution</i>	21	<i>balziva (28)</i>	48
<i>aripiprazole oral tablet 10 mg</i>	21	BANZEL ORAL SUSPENSION.....	22
<i>aripiprazole oral tablet 15 mg</i>	21	BANZEL ORAL TABLET 200 MG.....	22
<i>aripiprazole oral tablet 2 mg</i>	21	BANZEL ORAL TABLET 400 MG.....	22
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	21	BARACLUDE ORAL SOLUTION.....	9
<i>aripiprazole oral tablet 5 mg</i>	21	BAVENCIO.....	15
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	21	BCG VACCINE, LIVE (PF).....	46
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	21	BELEODAQ.....	15
ARNUITY ELLIPTA.....	51	<i>benazepril</i>	33
ARRANON.....	15	<i>benazepril-hydrochlorothiazide</i>	33
ARZERRA.....	15	BENDEKA.....	15
<i>aspirin-dipyridamole</i>	33	BENLYSTA.....	47
<i>atazanavir oral capsule 150 mg, 200 mg</i>	9	<i>benztropine oral</i>	22
<i>atazanavir oral capsule 300 mg</i>	9	BESPONSA.....	15
<i>atenolol</i>	33	<i>betamethasone dipropionate topical cream</i>	37
<i>atenolol-chlorthalidone</i>	33	<i>betamethasone dipropionate topical lotion</i>	37
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	22	<i>betamethasone dipropionate topical ointment</i>	37
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	22	<i>betamethasone valerate topical cream</i>	37
<i>atorvastatin</i>	33	<i>betamethasone valerate topical lotion</i>	37
<i>atovaquone</i>	9	<i>betamethasone valerate topical ointment</i>	37
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	9	<i>betamethasone, augmented topical cream</i>	37
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	9	<i>betamethasone, augmented topical gel</i>	37
ATRIPLA.....	9	<i>betamethasone, augmented topical lotion</i>	37
<i>atropine ophthalmic (eye) drops</i>	50	<i>betamethasone, augmented topical ointment</i>	37
ATROVENT HFA.....	51	BETASERON SUBCUTANEOUS KIT.....	46
AVASTIN.....	15	<i>betaxolol ophthalmic (eye)</i>	50
<i>azacitidine</i>	15	<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	53
AZASITE.....	50	<i>bethanechol chloride oral tablet 50 mg</i>	53
<i>azathioprine</i>	15	BETIMOL.....	50
<i>azathioprine sodium</i>	15	<i>bexarotene</i>	15
<i>azelastine nasal</i>	40	BEXSERO.....	46
<i>azelastine ophthalmic (eye)</i>	50	<i>bicalutamide</i>	15
<i>azithromycin intravenous</i>	9	BICILLIN C-R.....	9
<i>azithromycin oral packet</i>	9	BICILLIN L-A.....	9
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	9	BICNU.....	15
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	9	BIKTARVY.....	9
<i>azithromycin oral tablet</i>	9	<i>bimatoprost ophthalmic (eye)</i>	50
AZOPT.....	50	<i>bisoprolol fumarate</i>	33
<i>aztreonam</i>	9	<i>bisoprolol-hydrochlorothiazide</i>	33
<i>azurette (28)</i>	48	<i>bleomycin</i>	15
		BLEPHAMIDE S.O.P.....	50
		BLINCYTO INTRAVENOUS KIT.....	15
		<i>blisovi fe 1.5/30 (28)</i>	48

BOOSTRIX TDAP.....	46	<i>buspirone oral tablet 30 mg</i>	22
BORTEZOMIB.....	15	<i>busulfan</i>	15
BOSULIF ORAL TABLET 100 MG.....	15	BUSULFEX.....	15
BOSULIF ORAL TABLET 400 MG, 500 MG.....	15	BYDUREON.....	41
BRAFTOVI ORAL CAPSULE 50 MG.....	15	BYDUREON BCISE.....	41
BRAFTOVI ORAL CAPSULE 75 MG.....	15	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML.....	41
<i>briellyn</i>	48	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML.....	41
BRILINTA.....	33	BYSTOLIC ORAL TABLET 10 MG, 20 MG, 5 MG.....	33
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	50	BYSTOLIC ORAL TABLET 2.5 MG.....	33
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	50	<i>cabergoline</i>	41
BRIVIACT INTRAVENOUS.....	22	CABOMETYX ORAL TABLET 20 MG.....	15
BRIVIACT ORAL SOLUTION.....	22	CABOMETYX ORAL TABLET 40 MG, 60 MG.....	15
BRIVIACT ORAL TABLET 10 MG.....	22	<i>calcipotriene scalp</i>	37
BRIVIACT ORAL TABLET 100 MG, 75 MG.....	22	<i>calcipotriene topical</i>	37
BRIVIACT ORAL TABLET 25 MG.....	22	<i>calcitonin (salmon)</i>	41
BRIVIACT ORAL TABLET 50 MG.....	22	<i>calcitriol intravenous solution 1 mcg/ml</i>	41
<i>bromocriptine</i>	22	<i>calcitriol oral capsule</i>	41
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	51	<i>calcitriol oral solution</i>	41
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	51	<i>calcitriol topical</i>	37
<i>budesonide oral capsule, delayed, extend. release</i>	44	<i>calcium acetate oral capsule</i>	53
<i>bumetanide injection</i>	33	CALQUENCE.....	15
<i>bumetanide oral</i>	33	<i>camila</i>	48
BUPHENYL ORAL TABLET.....	39	CANASA.....	44
<i>buprenorphine hcl injection solution</i>	22	CANCIDAS.....	9
<i>buprenorphine hcl injection syringe</i>	22	<i>candesartan</i>	33
<i>buprenorphine hcl sublingual tablet 2 mg</i>	22	<i>candesartan-hydrochlorothiazid</i>	33
<i>buprenorphine hcl sublingual tablet 8 mg</i>	22	CAPASTAT.....	9
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	22	CAPRELSA ORAL TABLET 100 MG.....	15
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	22	CAPRELSA ORAL TABLET 300 MG.....	16
<i>bupropion hcl (smoking deter)</i>	39	<i>captopril</i>	33
<i>bupropion hcl oral tablet 100 mg</i>	22	<i>captopril-hydrochlorothiazide</i>	33
<i>bupropion hcl oral tablet 75 mg</i>	22	CARBAGLU.....	39
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	22	<i>carbamazepine oral capsule, er multiphase 12 hr</i>	22
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	22	<i>carbamazepine oral suspension 100 mg/5 ml</i>	22
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	22	<i>carbamazepine oral suspension 200 mg/10 ml</i>	22
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	22	<i>carbamazepine oral tablet</i>	22
<i>buspirone oral tablet 10 mg</i>	22	<i>carbamazepine oral tablet extended release 12 hr</i>	22
<i>buspirone oral tablet 15 mg, 5 mg, 7.5 mg</i>	22	<i>carbamazepine oral tablet, chewable</i>	22
		<i>carbidopa-levodopa oral tablet</i>	22
		<i>carbidopa-levodopa oral tablet extended release</i>	22
		<i>carbidopa-levodopa oral tablet, disintegrating</i>	22
		<i>carboplatin intravenous solution</i>	16

<i>carteolol</i>	50	<i>ceftriaxone intravenous recon soln 1 gram, 2</i>	
<i>cartia xt</i>	33	<i>gram</i>	10
<i>carvedilol</i>	33	<i>cefuroxime axetil oral tablet</i>	10
CAYSTON.....	9	<i>cefuroxime sodium injection recon soln 750 mg</i>	10
<i>caziant (28)</i>	48	<i>cefuroxime sodium intravenous recon soln 1.5</i>	
<i>cefaclor oral capsule</i>	9	<i>gram</i>	10
<i>cefaclor oral suspension for reconstitution 125 mg/5</i>		<i>cefuroxime sodium intravenous recon soln 7.5</i>	
<i>ml</i>	9	<i>gram</i>	10
<i>cefaclor oral suspension for reconstitution 250 mg/5</i>		<i>celecoxib</i>	22
<i>ml</i>	9	CELLCEPT INTRAVENOUS.....	16
<i>cefaclor oral suspension for reconstitution 375 mg/5</i>		CELONTIN ORAL CAPSULE 300 MG.....	22
<i>ml</i>	9	<i>cephalexin oral capsule 250 mg, 500 mg</i>	10
<i>cefaclor oral tablet extended release 12 hr</i>	9	<i>cephalexin oral suspension for reconstitution</i>	10
<i>cefadroxil oral capsule</i>	9	<i>cephalexin oral tablet</i>	10
<i>cefadroxil oral suspension for reconstitution 250 mg/</i>		CEREZYME INTRAVENOUS RECON SOLN	
<i>5 ml, 500 mg/5 ml</i>	9	<i>400 UNIT</i>	41
<i>cefadroxil oral tablet</i>	9	<i>cetirizine oral solution 1 mg/ml</i>	51
<i>cefazolin in dextrose (iso-os) intravenous piggyback</i>		CHANTIX.....	39
<i>1 gram/50 ml, 2 gram/50 ml</i>	9	CHANTIX CONTINUING MONTH	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	9	<i>BOX</i>	39
<i>cefazolin injection recon soln 10 gram, 100 gram,</i>		CHANTIX STARTING MONTH BOX.....	39
<i>20 gram, 300 g</i>	9	<i>chloramphenicol sod succinate</i>	10
<i>cefazolin intravenous</i>	9	<i>chlorhexidine gluconate mucous membrane</i>	40
<i>cefdinir</i>	10	<i>chloroquine phosphate</i>	10
<i>cefepime</i>	10	<i>chlorothiazide</i>	33
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>		<i>chlorpromazine injection</i>	22
<i>1 gram/50 ml</i>	10	<i>chlorpromazine oral tablet 10 mg</i>	22
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>		<i>chlorpromazine oral tablet 100 mg, 200 mg, 25 mg,</i>	
<i>2 gram/100 ml</i>	10	<i>50 mg</i>	22
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500</i>		<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	33
<i>mg</i>	10	<i>cholestyramine (with sugar) oral powder</i>	33
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	10	<i>cholestyramine (with sugar) oral powder in</i>	
<i>cefoxitin intravenous recon soln 10 gram</i>	10	<i>packet</i>	33
<i>cefpodoxime</i>	10	<i>cholestyramine light oral powder</i>	33
<i>cefprozil oral suspension for reconstitution 125 mg/</i>		<i>cholestyramine light oral powder in packet</i>	33
<i>5 ml</i>	10	<i>ciclodan</i>	37
<i>cefprozil oral suspension for reconstitution 250 mg/</i>		<i>ciclopirox topical cream</i>	37
<i>5 ml</i>	10	<i>ciclopirox topical gel</i>	37
<i>cefprozil oral tablet</i>	10	<i>ciclopirox topical shampoo</i>	37
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	10	<i>ciclopirox topical solution</i>	37
<i>ceftazidime injection recon soln 6 gram</i>	10	<i>ciclopirox topical suspension</i>	37
<i>ceftriaxone in dextrose,iso-os</i>	10	<i>cilostazol</i>	33
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250</i>		CIMDUO.....	10
<i>mg, 500 mg</i>	10	CIPRODEX.....	40
<i>ceftriaxone injection recon soln 10 gram</i>	10	<i>ciprofloxacin hcl ophthalmic (eye)</i>	50
CEFTRIAZONE INJECTION RECON SOLN		<i>ciprofloxacin hcl oral tablet 100 mg</i>	10
<i>100 GRAM</i>	10	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750</i>	
		<i>mg</i>	10

<i>ciprofloxacin in 5 % dextrose</i>	10	<i>clozapine oral tablet 100 mg</i>	23
<i>cisplatin</i>	16	<i>clozapine oral tablet 200 mg</i>	23
<i>citalopram oral solution</i>	22	<i>clozapine oral tablet 25 mg</i>	23
<i>citalopram oral tablet 10 mg</i>	22	<i>clozapine oral tablet 50 mg</i>	23
<i>citalopram oral tablet 20 mg</i>	22	<i>clozapine oral tablet,disintegrating 100 mg</i>	23
<i>citalopram oral tablet 40 mg</i>	23	<i>clozapine oral tablet,disintegrating 12.5 mg</i>	23
<i>cladribine</i>	16	CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG.....	23
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	37	CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG.....	23
<i>clarithromycin</i>	10	<i>clozapine oral tablet,disintegrating 25 mg</i>	23
<i>clemastine oral tablet 2.68 mg</i>	51	COLCRYS.....	47
<i>clindamycin hcl</i>	10	<i>colestipol oral granules</i>	33
<i>clindamycin in 5 % dextrose</i>	10	<i>colestipol oral packet</i>	33
<i>clindamycin phosphate injection</i>	10	<i>colestipol oral tablet</i>	33
<i>clindamycin phosphate intravenous</i>	10	<i>colistin (colistimethate na)</i>	10
<i>clindamycin phosphate topical gel</i>	37	<i>colocort</i>	44
<i>clindamycin phosphate topical lotion</i>	37	COMBIGAN.....	50
<i>clindamycin phosphate topical solution</i>	37	COMBIVENT RESPIMAT.....	51
<i>clindamycin phosphate topical swab</i>	37	COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1).....	16
<i>clindamycin phosphate vaginal</i>	48	COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3).....	16
<i>clobetasol scalp</i>	37	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY).....	16
<i>clobetasol topical cream</i>	37	COMPLERA.....	10
<i>clobetasol topical foam</i>	37	<i>compro</i>	44
<i>clobetasol topical gel</i>	37	<i>constulose</i>	44
<i>clobetasol topical lotion</i>	37	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML.....	23
<i>clobetasol topical ointment</i>	37	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML.....	23
<i>clobetasol topical shampoo</i>	37	CORLANOR.....	33
<i>clobetasol-emollient topical cream</i>	38	<i>cortisone oral tablet</i>	41
<i>clobetasol-emollient topical foam</i>	38	COSENTYX (2 SYRINGES).....	38
<i>clofarabine</i>	16	COSMEGEN.....	16
CLOLAR.....	16	COTELLIC.....	16
<i>clomipramine</i>	23	COUMADIN ORAL.....	33
<i>clonazepam oral tablet 0.5 mg</i>	23	CREON.....	44
<i>clonazepam oral tablet 1 mg</i>	23	CRIXIVAN ORAL CAPSULE 200 MG.....	10
<i>clonazepam oral tablet 2 mg</i>	23	CRIXIVAN ORAL CAPSULE 400 MG.....	10
<i>clonazepam oral tablet,disintegrating 0.125 mg</i>	23	<i>cromolyn inhalation</i>	51
<i>clonazepam oral tablet,disintegrating 0.25 mg</i>	23	<i>cromolyn ophthalmic (eye)</i>	50
<i>clonazepam oral tablet,disintegrating 0.5 mg</i>	23	<i>cromolyn oral</i>	44
<i>clonazepam oral tablet,disintegrating 1 mg</i>	23	<i>cryselle (28)</i>	48
<i>clonazepam oral tablet,disintegrating 2 mg</i>	23	<i>cyclafem 1/35 (28)</i>	48
<i>clonidine hcl oral tablet</i>	33	<i>cyclafem 7/7/7 (28)</i>	49
<i>clonidine transdermal patch</i>	33	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	23
<i>clopidogrel oral tablet 300 mg</i>	33		
<i>clopidogrel oral tablet 75 mg</i>	33		
<i>clorazepate dipotassium</i>	23		
<i>clotrimazole mucous membrane</i>	10		
<i>clotrimazole topical</i>	38		
<i>clotrimazole-betamethasone topical cream</i>	38		
<i>clotrimazole-betamethasone topical lotion</i>	38		

CYCLOPHOSPHAMIDE ORAL	
CAPSULE.....	16
CYCLOSET.....	41
<i>cyclosporine intravenous.....</i>	16
<i>cyclosporine modified oral capsule 100 mg.....</i>	16
<i>cyclosporine modified oral capsule 25 mg, 50 mg.....</i>	16
<i>cyclosporine modified oral solution.....</i>	16
<i>cyclosporine oral capsule.....</i>	16
<i>cyproheptadine oral tablet.....</i>	51
CYRAMZA.....	16
CYSTADANE.....	44
CYSTAGON.....	53
CYSTARAN.....	50
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml).....</i>	16
<i>cytarabine (pf) injection solution 20 mg/ml.....</i>	16
<i>cytarabine injection solution 20 mg/ml.....</i>	16
<i>d10 %-0.45 % sodium chloride.....</i>	39
<i>d2.5 %-0.45 % sodium chloride.....</i>	39
<i>d5 % and 0.9 % sodium chloride.....</i>	39
<i>d5 %-0.45 % sodium chloride.....</i>	39
<i>dacarbazine.....</i>	16
<i>dactinomycin.....</i>	16
<i>dalfampridine.....</i>	23
DALIRESP.....	51
<i>danazol oral capsule 100 mg, 200 mg.....</i>	41
<i>danazol oral capsule 50 mg.....</i>	41
<i>dantrolene oral capsule 25 mg, 50 mg.....</i>	23
DAPSONE ORAL.....	10
DAPTACEL (DTAP PEDIATRIC) (PF).....	46
<i>daptomycin intravenous recon soln 500 mg.....</i>	10
DARAPRIM.....	10
DARZALEX.....	16
<i>dasetta 1/35 (28).....</i>	49
<i>dasetta 7/7/7 (28).....</i>	49
<i>daunorubicin intravenous solution.....</i>	16
<i>decitabine.....</i>	16
DEMSEK.....	33
<i>denta 5000 plus.....</i>	40
<i>dentagel.....</i>	40
DEPEN TITRATABS.....	47
DEPO-ESTRADIOL.....	49
DEPO-PROVERA INTRAMUSCULAR	
SUSPENSION 400 MG/ML.....	49
DESCOVY.....	10
<i>desipramine.....</i>	23
<i>desmopressin injection.....</i>	41
<i>desmopressin nasal spray with pump.....</i>	41
<i>desmopressin nasal spray,non-aerosol.....</i>	41
<i>desmopressin oral.....</i>	41
<i>desonide topical ointment.....</i>	38
DESVENLAFAXINE ORAL TABLET	
EXTENDED RELEASE 24 HR 100 MG.....	23
DESVENLAFAXINE ORAL TABLET	
EXTENDED RELEASE 24 HR 50 MG.....	23
DESVENLAFAXINE ORAL TABLET	
EXTENDED RELEASE 24HR 100 MG.....	23
DESVENLAFAXINE ORAL TABLET	
EXTENDED RELEASE 24HR 50 MG.....	23
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg.....</i>	23
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg.....</i>	23
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg.....</i>	23
<i>dexamethasone intensol.....</i>	41
<i>dexamethasone oral elixir.....</i>	41
<i>dexamethasone oral solution.....</i>	41
<i>dexamethasone oral tablet.....</i>	41
<i>dexamethasone sodium phos (pf).....</i>	41
<i>dexamethasone sodium phosphate injection.....</i>	41
<i>dexamethasone sodium phosphate ophthalmic (eye).....</i>	50
<i>dexrazoxane hcl intravenous recon soln 250 mg.....</i>	16
<i>dexrazoxane hcl intravenous recon soln 500 mg.....</i>	16
<i>dextroamphetamine oral tablet 10 mg.....</i>	23
<i>dextroamphetamine oral tablet 5 mg.....</i>	23
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr.....</i>	23
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg.....</i>	23
<i>dextroamphetamine-amphetamine oral tablet 30 mg.....</i>	24
<i>dextrose 10 % and 0.2 % nacl.....</i>	39
<i>dextrose 10 % in water (d10w).....</i>	39
<i>dextrose 25 % in water (d25w).....</i>	39
<i>dextrose 30 % in water (d30w).....</i>	39
<i>dextrose 40 % in water (d40w).....</i>	39
<i>dextrose 5 % in water (d5w).....</i>	39
<i>dextrose 5 %-lactated ringers.....</i>	39
<i>dextrose 5%-0.2 % sod chloride.....</i>	39
<i>dextrose 5%-0.3 % sod.chloride.....</i>	39
<i>dextrose 50 % in water (d50w) intravenous parenteral solution.....</i>	39

<i>dextrose 50 % in water (d50w) intravenous syringe</i>	39	<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	34
<i>dextrose 70 % in water (d70w)</i>	40	<i>diltiazem hcl oral tablet 120 mg</i>	34
<i>dextrose with sodium chloride</i>	40	<i>diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg</i>	34
DIASTAT.....	24	DIPENTUM.....	44
DIASTAT ACUDIAL.....	24	<i>diphenhydramine hcl injection solution 50 mg/ml</i>	51
<i>diazepam intensol</i>	24	<i>diphenhydramine hcl injection syringe</i>	51
<i>diazepam oral concentrate</i>	24	<i>diphenoxylate-atropine oral liquid</i>	45
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	24	<i>diphenoxylate-atropine oral tablet</i>	45
<i>diazepam oral tablet 10 mg</i>	24	<i>disopyramide phosphate oral capsule</i>	34
<i>diazepam oral tablet 2 mg</i>	24	<i>disulfiram</i>	40
<i>diazepam oral tablet 5 mg</i>	24	<i>divalproex</i>	24
<i>diazepam rectal</i>	24	<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	16
<i>diclofenac potassium</i>	24	<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	16
<i>diclofenac sodium ophthalmic (eye)</i>	50	DOCETAXEL INTRAVENOUS SOLUTION	
<i>diclofenac sodium oral</i>	24	20 MG/ML.....	16
<i>diclofenac sodium topical gel 1 %</i>	24	<i>dofetilide</i>	34
<i>diclofenac sodium topical gel 3 %</i>	38	<i>donepezil oral tablet 10 mg, 5 mg</i>	24
<i>dicloxacillin</i>	10	<i>donepezil oral tablet,disintegrating</i>	24
<i>dicyclomine oral capsule</i>	44	<i>dorzolamide</i>	50
<i>dicyclomine oral solution</i>	44	<i>dorzolamide-timolol</i>	50
<i>dicyclomine oral tablet</i>	44	<i>doxazosin</i>	34
<i>didanosine oral capsule,delayed release(dr/ec) 200 mg</i>	10	<i>doxepin oral capsule</i>	24
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	10	<i>doxepin oral concentrate</i>	24
<i>diflunisal</i>	24	<i>doxercalciferol oral capsule 0.5 mcg</i>	41
<i>digitek oral tablet 125 mcg</i>	33	<i>doxorubicin intravenous recon soln 10 mg</i>	16
<i>digitek oral tablet 250 mcg</i>	33	<i>doxorubicin intravenous recon soln 50 mg</i>	16
DIGOX ORAL TABLET 125 MCG.....	33	<i>doxorubicin intravenous solution</i>	16
DIGOX ORAL TABLET 250 MCG.....	33	<i>doxorubicin, peg-liposomal</i>	16
<i>digoxin injection solution</i>	33	<i>doxy-100</i>	10
<i>digoxin oral solution 50 mcg/ml</i>	33	<i>doxycycline hyclate intravenous</i>	10
<i>digoxin oral tablet 125 mcg</i>	33	<i>doxycycline hyclate oral capsule</i>	10
<i>digoxin oral tablet 250 mcg</i>	33	<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 200 mg, 75 mg</i>	11
<i>dihydroergotamine nasal</i>	24	<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	11
DILANTIN INFATABS.....	24	<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	11
DILANTIN ORAL CAPSULE 30 MG.....	24	<i>dronabinol oral capsule 10 mg</i>	45
<i>dilt-xr</i>	33	<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	45
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	33	<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	49
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	33	DROXIA.....	16
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	33	DULERA.....	52
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	34		
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	34		

<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	24	<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	34
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	24	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	34
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	24	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	34
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	24	<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	34
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	24	<i>enpresse</i>	49
<i>duramorph (pf) injection solution 1 mg/ml</i>	24	<i>entacapone</i>	24
DUREZOL.....	50	<i>entecavir</i>	11
<i>dutasteride</i>	53	ENTRESTO.....	34
<i>dutasteride-tamsulosin</i>	53	<i>enulose</i>	45
<i>econazole</i>	38	ENVARBUS XR.....	16
EDURANT.....	11	EPCLUSA.....	11
<i>efavirenz oral capsule 200 mg</i>	11	<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	52
<i>efavirenz oral capsule 50 mg</i>	11	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML.....	52
<i>efavirenz oral tablet</i>	11	<i>epirubicin intravenous solution</i>	16
ELIDEL.....	38	<i>epitol</i>	24
<i>elinest</i>	49	EPIVIR HBV ORAL SOLUTION.....	11
ELIQUIS ORAL TABLET 2.5 MG.....	34	<i>eplrenone</i>	34
ELIQUIS ORAL TABLET 5 MG.....	34	<i>eprosartan</i>	34
ELITEK.....	16	EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG.....	24
ELLA.....	49	EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG.....	24
EMCYT.....	16	EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG.....	24
<i>emoquette</i>	49	ERBITUX.....	16
EMPLICITI.....	16	<i>ergoloid</i>	24
EMSAM.....	24	ERGOMAR.....	24
EMTRIVA ORAL CAPSULE.....	11	ERIVEDGE.....	16
EMTRIVA ORAL SOLUTION.....	11	ERLEADA.....	16
<i>enalapril maleate</i>	34	<i>errin</i>	49
<i>enalapril-hydrochlorothiazide</i>	34	ERWINAZE.....	16
ENBREL MINI.....	47	<i>ery pads</i>	38
ENBREL SUBCUTANEOUS RECON SOLN.....	47	ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG.....	11
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51).....	47	<i>erythromycin ethylsuccinate oral tablet</i>	11
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML).....	47	<i>erythromycin ophthalmic (eye)</i>	50
ENBREL SURECLICK.....	47	<i>erythromycin oral capsule, delayed release(dr/ec)</i>	11
<i>endocet oral tablet 10-325 mg</i>	24	<i>erythromycin oral tablet</i>	11
<i>endocet oral tablet 5-325 mg, 7.5-325 mg</i>	24	<i>erythromycin with ethanol</i>	38
ENGERIX-B (PF).....	46	<i>erythromycin-benzoyl peroxide</i>	38
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE.....	46	ESBRIET ORAL CAPSULE.....	52
<i>enoxaparin subcutaneous solution</i>	34	ESBRIET ORAL TABLET 267 MG.....	52
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	34	ESBRIET ORAL TABLET 801 MG.....	52
		<i>escitalopram oxalate oral solution</i>	24

<i>escitalopram oxalate oral tablet 10 mg</i>	24	<i>felodipine oral tablet extended release 24 hr 2.5 mg,</i>	
<i>escitalopram oxalate oral tablet 20 mg</i>	24	5 mg.....	34
<i>escitalopram oxalate oral tablet 5 mg</i>	24	FEMRING.....	49
<i>estarylla</i>	49	<i>fenofibrate micronized oral capsule 130 mg</i>	34
ESTRACE VAGINAL.....	49	<i>fenofibrate micronized oral capsule 134 mg, 200</i>	
<i>estradiol oral</i>	49	mg, 43 mg, 67 mg.....	34
<i>estradiol transdermal patch weekly</i>	49	<i>fenofibrate nanocrystallized oral tablet 48 mg, 145</i>	
<i>estradiol vaginal cream</i>	49	mg.....	34
<i>estradiol valerate intramuscular oil 20 mg/ml, 40</i>		<i>fenofibrate oral tablet 160 mg, 54 mg</i>	34
mg/ml.....	49	<i>fenofibric acid</i>	34
ESTRING.....	49	<i>fenofibric acid (choline) dr oral capsule, delayed</i>	
<i>estropipate oral tablet 0.75 mg</i>	49	release(drlec) 135 mg.....	34
<i>ethambutol</i>	11	<i>fenofibric acid (choline) dr oral capsule, delayed</i>	
<i>ethosuximide oral capsule</i>	24	release(drlec) 45 mg.....	34
<i>ethosuximide oral solution</i>	24	<i>fentanyl citrate</i>	25
<i>etodolac oral capsule</i>	24	<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12</i>	
<i>etodolac oral tablet</i>	24	mcg/hr, 50 mcg/hr, 75 mcg/hr.....	25
ETOPOPHOS.....	16	<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	25
<i>etoposide intravenous</i>	16	FETZIMA ORAL CAPSULE,EXT REL 24HR	
EVOMELA.....	16	DOSE PACK.....	25
EVOTAZ.....	11	FETZIMA ORAL CAPSULE,EXTENDED	
<i>exemestane</i>	16	RELEASE 24 HR 120 MG, 80 MG.....	25
EXJADE.....	40	FETZIMA ORAL CAPSULE,EXTENDED	
<i>ezetimibe</i>	34	RELEASE 24 HR 20 MG.....	25
FABRAZYME.....	41	FETZIMA ORAL CAPSULE,EXTENDED	
<i>famciclovir oral tablet 125 mg, 250 mg</i>	11	RELEASE 24 HR 40 MG.....	25
<i>famciclovir oral tablet 500 mg</i>	11	<i>finasteride oral tablet 5 mg</i>	53
<i>famotidine (pf)</i>	45	FIRAZYR.....	52
<i>famotidine (pf)-nacl (iso-os)</i>	45	FIRMAGON KIT W DILUENT SYRINGE	
<i>famotidine oral suspension</i>	45	SUBCUTANEOUS RECON SOLN 120	
<i>famotidine oral tablet 20 mg</i>	45	MG.....	17
<i>famotidine oral tablet 40 mg</i>	45	FIRMAGON KIT W DILUENT SYRINGE	
FANAPT ORAL TABLET 1 MG.....	24	SUBCUTANEOUS RECON SOLN 80	
FANAPT ORAL TABLET 10 MG, 12 MG.....	24	MG.....	17
FANAPT ORAL TABLET 2 MG.....	24	<i>flavoxate</i>	53
FANAPT ORAL TABLET 4 MG.....	24	<i>flecainide</i>	34
FANAPT ORAL TABLET 6 MG.....	24	FLOVENT DISKUS INHALATION BLISTER	
FANAPT ORAL TABLET 8 MG.....	25	WITH DEVICE 100 MCG/ACTUATION,	
FANAPT ORAL TABLETS,DOSE PACK.....	25	50 MCG/ACTUATION.....	52
FARESTON.....	16	FLOVENT DISKUS INHALATION BLISTER	
FARYDAK ORAL CAPSULE 10 MG.....	17	WITH DEVICE 250 MCG/	
FARYDAK ORAL CAPSULE 15 MG, 20		ACTUATION.....	52
MG.....	17	FLOVENT HFA INHALATION HFA	
FASLODEX.....	17	AEROSOL INHALER 110 MCG/	
<i>felbamate</i>	25	ACTUATION.....	52
<i>felodipine oral tablet extended release 24 hr 10</i>		FLOVENT HFA INHALATION HFA	
mg.....	34	AEROSOL INHALER 220 MCG/	
		ACTUATION.....	52

FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ ACTUATION.....	52	<i>fluphenazine hcl injection</i>	25
<i>fluconazole in dextrose(iso-o)</i>	11	<i>fluphenazine hcl oral</i>	25
FLUCONAZOLE IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML.....	11	<i>flurbiprofen</i>	25
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	11	<i>flurbiprofen ophthalmic drops</i>	50
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	11	<i>flutamide</i>	17
<i>fluconazole oral suspension for reconstitution</i>	11	<i>fluticasone nasal</i>	52
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i>	11	<i>fluticasone topical cream</i>	38
<i>fluconazole oral tablet 50 mg</i>	11	<i>fluticasone topical ointment</i>	38
<i>flucytosine oral capsule 250 mg</i>	11	<i>fluvoxamine oral tablet 100 mg</i>	25
<i>flucytosine oral capsule 500 mg</i>	11	<i>fluvoxamine oral tablet 25 mg</i>	25
<i>fludarabine intravenous recon soln</i>	17	<i>fluvoxamine oral tablet 50 mg</i>	25
<i>fludarabine intravenous solution</i>	17	FOLOTYN.....	17
<i>fludrocortisone</i>	41	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	34
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	52	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	34
<i>fluocinolone topical cream</i>	38	<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	34
<i>fluocinolone topical ointment</i>	38	<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	34
<i>fluocinolone topical solution</i>	38	FORTEO.....	48
<i>fluocinonide topical cream 0.05 %</i>	38	<i>fosamprenavir</i>	11
<i>fluocinonide topical gel</i>	38	<i>fosinopril</i>	34
<i>fluocinonide topical ointment</i>	38	<i>fosinopril-hydrochlorothiazide</i>	34
<i>fluocinonide topical solution</i>	38	<i>fosphenytoin</i>	25
<i>fluocinonide-e</i>	38	<i>freamine iii 10 %</i>	53
FLUOCINONIDE-EMOLLIENT.....	38	<i>furosemide injection</i>	34
<i>fluoride (sodium) oral tablet</i>	53	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	34
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	53	<i>furosemide oral tablet</i>	34
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	53	FUZEON SUBCUTANEOUS RECON SOLN.....	11
<i>fluoritab oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	53	FYCOMPA ORAL SUSPENSION.....	25
<i>fluorometholone</i>	50	FYCOMPA ORAL TABLET 10 MG, 12 MG.....	25
<i>fluorouracil intravenous</i>	17	FYCOMPA ORAL TABLET 2 MG.....	25
<i>fluorouracil topical cream 5 %</i>	38	FYCOMPA ORAL TABLET 4 MG.....	25
<i>fluorouracil topical solution</i>	38	FYCOMPA ORAL TABLET 6 MG.....	25
<i>fluoxetine oral capsule 10 mg</i>	25	FYCOMPA ORAL TABLET 8 MG.....	25
<i>fluoxetine oral capsule 20 mg</i>	25	<i>gabapentin oral capsule 100 mg</i>	25
<i>fluoxetine oral capsule 40 mg</i>	25	<i>gabapentin oral capsule 300 mg</i>	25
<i>fluoxetine oral solution</i>	25	<i>gabapentin oral capsule 400 mg</i>	25
<i>fluphenazine decanoate</i>	25	<i>gabapentin oral solution 250 mg/5 ml</i>	25
		<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	25
		<i>gabapentin oral tablet 600 mg</i>	25
		<i>gabapentin oral tablet 800 mg</i>	25
		GABITRIL ORAL TABLET 12 MG.....	25
		GABITRIL ORAL TABLET 16 MG.....	25

<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	25	<i>glimepiride oral tablet 4 mg</i>	41
<i>galantamine oral solution</i>	25	<i>glipizide oral tablet 10 mg</i>	41
<i>galantamine oral tablet</i>	25	<i>glipizide oral tablet 5 mg</i>	41
GAMUNEX-C.....	46	<i>glipizide oral tablet extended release 24hr 10</i> <i>mg</i>	41
<i>ganciclovir sodium intravenous recon soln</i>	11	<i>glipizide oral tablet extended release 24hr 2.5</i> <i>mg</i>	41
GARDASIL 9 (PF).....	46	<i>glipizide oral tablet extended release 24hr 5 mg</i>	41
GATTEX 30-VIAL.....	45	<i>glipizide-metformin oral tablet 2.5-250 mg</i>	41
GATTEX ONE-VIAL.....	45	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500</i> <i>mg</i>	41
<i>gauze pads 2 x 2</i>	41	GLUCAGEN HYPOKIT.....	41
<i>gavilyte-c</i>	45	GLUCAGON EMERGENCY KIT (HUMAN).....	42
<i>gavilyte-g</i>	45	<i>glyburide micronized oral tablet 1.5 mg</i>	42
<i>gavilyte-n</i>	45	<i>glyburide micronized oral tablet 3 mg</i>	42
GAZYVA.....	17	<i>glyburide micronized oral tablet 6 mg</i>	42
<i>gemcitabine intravenous recon soln 1 gram, 200</i> <i>mg</i>	17	<i>glyburide oral tablet 1.25 mg</i>	42
<i>gemcitabine intravenous recon soln 2 gram</i>	17	<i>glyburide oral tablet 2.5 mg</i>	42
<i>gemcitabine intravenous solution 1 gram/26.3 ml</i> <i>(38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	17	<i>glyburide oral tablet 5 mg</i>	42
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML.....	17	<i>glyburide-metformin oral tablet 1.25-250 mg</i>	42
<i>gemcitabine intravenous solution 2 gram/52.6 ml</i> <i>(38 mg/ml)</i>	17	<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500</i> <i>mg</i>	42
<i>gemfibrozil</i>	34	<i>granisetron (pf)</i>	45
<i>generlac</i>	45	<i>granisetron hcl intravenous</i>	45
<i>gengraf oral capsule 100 mg</i>	17	<i>granisetron hcl oral</i>	45
<i>gengraf oral capsule 25 mg</i>	17	<i>griseofulvin microsize oral suspension</i>	11
<i>gengraf oral solution</i>	17	<i>griseofulvin ultramicrosize</i>	11
<i>gentak ophthalmic (eye) ointment</i>	50	<i>guanfacine oral tablet</i>	34
<i>gentamicin injection</i>	11	<i>guanfacine oral tablet extended release 24 hr</i>	26
<i>gentamicin ophthalmic (eye) drops</i>	50	<i>guanidine</i>	26
<i>gentamicin ophthalmic (eye) ointment</i>	50	HALAVEN.....	17
<i>gentamicin sulfate (ped) (pf)</i>	11	<i>halobetasol propionate</i>	38
<i>gentamicin sulfate (pf) intravenous solution 100 mg/</i> <i>10 ml</i>	11	<i>haloperidol decanoate</i>	26
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML.....	11	<i>haloperidol lactate injection</i>	26
<i>gentamicin topical</i>	38	<i>haloperidol lactate intramuscular</i>	26
GENVOYA.....	11	<i>haloperidol lactate oral</i>	26
GEODON INTRAMUSCULAR.....	25	<i>haloperidol oral tablet 0.5 mg</i>	26
GILOTRIF.....	17	<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg,</i> <i>5 mg</i>	26
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	25	HARVONI.....	11
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	25	HAVRIX (PF) INTRAMUSCULAR SUSPENSION.....	46
<i>glatopa subcutaneous syringe 20 mg/ml</i>	25	HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML.....	46
<i>glatopa subcutaneous syringe 40 mg/ml</i>	25	HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML.....	46
GLEOSTINE.....	17	<i>heather</i>	49
<i>glimepiride oral tablet 1 mg</i>	41		
<i>glimepiride oral tablet 2 mg</i>	41		

<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml).....</i>	34	HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML.....	48
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml).....</i>	34	HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML.....	48
<i>heparin (porcine) in nacl (pf).....</i>	34	HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML.....	48
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml).....</i>	35	HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML.....	48
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml.....</i>	35	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML.....	48
<i>heparin (porcine) injection syringe 5,000 unit/ml.....</i>	35	HUMULIN 70/30 U-100 INSULIN.....	42
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML.....	35	HUMULIN 70/30 U-100 KWIKPEN.....	42
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml.....</i>	35	HUMULIN N NPH INSULIN KWIKPEN.....	42
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml.....</i>	35	HUMULIN N NPH U-100 INSULIN.....	42
<i>heparin, porcine (pf) injection 1,000 unit/ml, 5,000 unit/0.5 ml.....</i>	35	HUMULIN R REGULAR U-100 INSULN.....	42
HEPATAMINE 8%.....	53	<i>hydralazine injection.....</i>	35
HERCEPTIN.....	17	<i>hydralazine oral.....</i>	35
HETLIOZ.....	26	<i>hydrochlorothiazide.....</i>	35
HEXALEN.....	17	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml.....</i>	26
HIBERIX (PF).....	46	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg.....</i>	26
HUMALOG JUNIOR KWIKPEN U-100.....	42	<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg.....</i>	26
HUMALOG KWIKPEN INSULIN.....	42	<i>hydrocortisone butyrate topical ointment.....</i>	38
HUMALOG MIX 50-50 INSULN U-100.....	42	<i>hydrocortisone butyrate topical solution.....</i>	38
HUMALOG MIX 50-50 KWIKPEN.....	42	<i>hydrocortisone oral.....</i>	42
HUMALOG MIX 75-25 KWIKPEN.....	42	<i>hydrocortisone rectal.....</i>	45
HUMALOG MIX 75-25(U-100)INSULN.....	42	<i>hydrocortisone topical cream 1 %, 2.5 %.....</i>	38
HUMALOG U-100 INSULIN.....	42	<i>hydrocortisone topical cream with perineal applicator 2.5 %.....</i>	45
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK).....	48	<i>hydrocortisone topical lotion 2.5 %.....</i>	38
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML.....	48	<i>hydrocortisone topical ointment 1 %, 2.5 %.....</i>	38
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML.....	48	<i>hydrocortisone valerate topical cream.....</i>	38
HUMIRA PEN.....	48	<i>hydrocortisone valerate topical ointment.....</i>	38
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML.....	48	<i>hydrocortisone-acetic acid.....</i>	40
		<i>hydrocortisone-min oil-wht pet.....</i>	38
		<i>hydromorphone oral tablet 2 mg, 4 mg.....</i>	26
		<i>hydromorphone oral tablet 8 mg.....</i>	26
		<i>hydroxychloroquine.....</i>	11
		<i>hydroxyprogesterone caproate.....</i>	49
		<i>hydroxyurea.....</i>	17
		<i>hydroxyzine hcl intramuscular.....</i>	52
		<i>hydroxyzine hcl oral solution 10 mg/5 ml.....</i>	52
		<i>hydroxyzine hcl oral tablet.....</i>	52

HYPERRAB (PF).....	46	INVEGA SUSTENNA INTRAMUSCULAR	
<i>ibandronate intravenous solution</i>	48	SYRINGE 156 MG/ML.....	26
<i>ibandronate intravenous syringe</i>	48	INVEGA SUSTENNA INTRAMUSCULAR	
<i>ibandronate oral</i>	48	SYRINGE 234 MG/1.5 ML.....	26
IBRANCE.....	17	INVEGA SUSTENNA INTRAMUSCULAR	
<i>ibu oral tablet 600 mg, 800 mg</i>	26	SYRINGE 39 MG/0.25 ML.....	26
<i>ibuprofen oral suspension</i>	26	INVEGA SUSTENNA INTRAMUSCULAR	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	26	SYRINGE 78 MG/0.5 ML.....	26
<i>ibuprofen-oxycodone</i>	26	INVEGA TRINZA INTRAMUSCULAR	
ICLUSIG ORAL TABLET 15 MG.....	17	SYRINGE 273 MG/0.875 ML.....	26
ICLUSIG ORAL TABLET 45 MG.....	17	INVEGA TRINZA INTRAMUSCULAR	
<i>idarubicin</i>	17	SYRINGE 410 MG/1.315 ML.....	26
IDHIFA ORAL TABLET 100 MG.....	17	INVEGA TRINZA INTRAMUSCULAR	
IDHIFA ORAL TABLET 50 MG.....	17	SYRINGE 546 MG/1.75 ML.....	26
<i>ifosfamide intravenous recon soln</i>	17	INVEGA TRINZA INTRAMUSCULAR	
<i>ifosfamide intravenous solution</i>	17	SYRINGE 819 MG/2.625 ML.....	26
ILARIS (PF) SUBCUTANEOUS		INVIRASE ORAL CAPSULE.....	12
SOLUTION.....	46	INVIRASE ORAL TABLET.....	12
ILEVRO.....	50	IPOL.....	46
<i>imatinib oral tablet 100 mg</i>	17	<i>ipratropium bromide inhalation</i>	52
<i>imatinib oral tablet 400 mg</i>	17	<i>ipratropium bromide nasal</i>	40
IMBRUVICA ORAL CAPSULE 140 MG.....	17	<i>ipratropium-albuterol inhalation</i>	52
IMBRUVICA ORAL CAPSULE 70 MG.....	17	<i>irbesartan</i>	35
IMBRUVICA ORAL TABLET.....	17	<i>irbesartan-hydrochlorothiazide</i>	35
IMFINZI.....	17	IRESSA.....	17
<i>imipenem-cilastatin intravenous recon soln 250</i>		<i>irinotecan intravenous solution 100 mg/5 ml, 40</i>	
<i>mg</i>	11	<i>mg/2 ml</i>	17
<i>imipenem-cilastatin intravenous recon soln 500</i>		<i>irinotecan intravenous solution 500 mg/25 ml</i>	17
<i>mg</i>	11	ISENTRESS HD.....	12
<i>imipramine hcl</i>	26	ISENTRESS ORAL POWDER IN	
<i>imiquimod topical cream in packet</i>	38	PACKET.....	12
IMOVAX RABIES VACCINE (PF).....	46	ISENTRESS ORAL TABLET.....	12
INCRELEX.....	40	ISENTRESS ORAL TABLET,CHEWABLE 100	
<i>indapamide</i>	35	MG.....	12
INFANRIX (DTAP) (PF).....	46	ISENTRESS ORAL TABLET,CHEWABLE 25	
INLYTA ORAL TABLET 1 MG.....	17	MG.....	12
INLYTA ORAL TABLET 5 MG.....	17	<i>isoniazid oral solution</i>	12
INSULIN PEN NEEDLE.....	42	<i>isoniazid oral tablet</i>	12
INSULIN SYRINGE (DISP) U-100 SYRINGE		<i>isosorbide dinitrate oral tablet</i>	35
0.3 ML, 1 ML, 1/2 ML.....	42	<i>isosorbide dinitrate oral tablet extended release</i>	35
INTELENCE ORAL TABLET 100 MG.....	11	<i>isosorbide mononitrate oral tablet</i>	35
INTELENCE ORAL TABLET 200 MG.....	12	<i>isosorbide mononitrate oral tablet extended release</i>	
INTELENCE ORAL TABLET 25 MG.....	12	24 hr 120 mg, 60 mg.....	35
<i>intralipid intravenous emulsion 20 %</i>	53	<i>isosorbide mononitrate oral tablet extended release</i>	
INTRON A INJECTION.....	46	24 hr 30 mg.....	35
<i>introvale</i>	49	ISTODAX.....	17
INVEGA SUSTENNA INTRAMUSCULAR		<i>itraconazole oral capsule</i>	12
SYRINGE 117 MG/0.75 ML.....	26	<i>ivermectin</i>	12

IXEMPRA.....	17	KEYTRUDA INTRAVENOUS	
IXIARO (PF).....	46	SOLUTION.....	18
JAKAFI ORAL TABLET 10 MG.....	17	KHEDEZLA ORAL TABLET EXTENDED	
JAKAFI ORAL TABLET 15 MG.....	17	RELEASE 24HR 100 MG.....	26
JAKAFI ORAL TABLET 20 MG.....	17	KHEDEZLA ORAL TABLET EXTENDED	
JAKAFI ORAL TABLET 25 MG.....	18	RELEASE 24HR 50 MG.....	26
JAKAFI ORAL TABLET 5 MG.....	18	KINRIX (PF) INTRAMUSCULAR	
<i>jantoven</i>	35	SUSPENSION.....	46
JANUMET.....	42	KINRIX (PF) INTRAMUSCULAR	
JANUMET XR ORAL TABLET, ER		SYRINGE.....	46
MULTIPHASE 24 HR 100-1,000 MG.....	42	<i>kionex (with sorbitol)</i>	40
JANUMET XR ORAL TABLET, ER		KISQALI FEMARA CO-PACK ORAL TABLET	
MULTIPHASE 24 HR 50-1,000 MG, 50-500		200 MG/DAY(200 MG X 1)-2.5 MG.....	18
MG.....	42	KISQALI FEMARA CO-PACK ORAL TABLET	
JANUVIA ORAL TABLET 100 MG.....	42	400 MG/DAY(200 MG X 2)-2.5 MG.....	18
JANUVIA ORAL TABLET 25 MG.....	42	KISQALI FEMARA CO-PACK ORAL TABLET	
JANUVIA ORAL TABLET 50 MG.....	42	600 MG/DAY(200 MG X 3)-2.5 MG.....	18
JARDIANCE.....	42	KISQALI ORAL TABLET 200 MG/DAY (200	
JENTADUETO.....	42	MG X 1).....	18
JENTADUETO XR ORAL TABLET, IR - ER,		KISQALI ORAL TABLET 400 MG/DAY (200	
BIPHASIC 24HR 2.5-1,000 MG.....	42	MG X 2).....	18
JENTADUETO XR ORAL TABLET, IR - ER,		KISQALI ORAL TABLET 600 MG/DAY (200	
BIPHASIC 24HR 5-1,000 MG.....	42	MG X 3).....	18
JEVTANA.....	18	<i>klor-con 10</i>	53
<i>jinteli</i>	49	<i>klor-con 8</i>	53
<i>jolessa</i>	49	<i>klor-con m10</i>	53
<i>jolivette</i>	49	<i>klor-con m15</i>	53
JULUCA.....	12	<i>klor-con m20</i>	53
<i>junel 1.5/30 (21)</i>	49	<i>klor-con/ef</i>	53
<i>junel 1/20 (21)</i>	49	KORLYM.....	42
<i>junel fe 1.5/30 (28)</i>	49	KUVAN ORAL TABLET,SOLUBLE.....	42
<i>junel fe 1/20 (28)</i>	49	KYPROLIS.....	18
<i>k-effervescent</i>	53	<i>labetalol intravenous solution</i>	35
<i>k-tab oral tablet extended release 8 meq</i>	53	<i>labetalol oral</i>	35
KADCYLA.....	18	LACRISERT.....	50
KALETRA ORAL TABLET 100-25 MG.....	12	<i>lactated ringers intravenous</i>	53
KALETRA ORAL TABLET 200-50 MG.....	12	<i>lactated ringers irrigation</i>	40
KALYDECO ORAL TABLET.....	52	<i>lactulose oral solution</i>	45
<i>kariva (28)</i>	49	<i>lamivudine oral solution</i>	12
KEDRAB (PF).....	46	<i>lamivudine oral tablet 100 mg</i>	12
<i>kelnor 1/35 (28)</i>	49	<i>lamivudine oral tablet 150 mg</i>	12
<i>ketoconazole oral</i>	12	<i>lamivudine oral tablet 300 mg</i>	12
<i>ketoconazole topical cream</i>	38	<i>lamivudine-zidovudine</i>	12
<i>ketoconazole topical shampoo</i>	38	<i>lamotrigine oral tablet</i>	26
<i>ketoprofen oral capsule 25 mg</i>	26	<i>lamotrigine oral tablet, chewable dispersible</i>	26
<i>ketoprofen oral capsule 75 mg</i>	26	LANOXIN ORAL TABLET 125 MCG, 62.5	
<i>ketorolac ophthalmic (eye)</i>	50	MCG.....	35
		LANOXIN ORAL TABLET 250 MCG.....	35

LANTUS SOLOSTAR U-100 INSULIN.....	42	<i>levofloxacin in d5w intravenous piggyback 250 mg/</i>	
LANTUS U-100 INSULIN.....	42	<i>50 ml.....</i>	12
LARTRUVO.....	18	<i>levofloxacin in d5w intravenous piggyback 500 mg/</i>	
<i>latanoprost.....</i>	50	<i>100 ml, 750 mg/150 ml.....</i>	12
LATUDA ORAL TABLET 120 MG, 60		<i>levofloxacin intravenous.....</i>	12
MG.....	26	<i>levofloxacin ophthalmic (eye).....</i>	50
LATUDA ORAL TABLET 20 MG.....	26	<i>levofloxacin oral solution.....</i>	12
LATUDA ORAL TABLET 40 MG.....	26	<i>levofloxacin oral tablet.....</i>	12
LATUDA ORAL TABLET 80 MG.....	26	<i>levoleucovorin intravenous recon soln 50 mg.....</i>	18
<i>leena 28.....</i>	49	<i>levonest (28).....</i>	49
<i>leflunomide.....</i>	48	<i>levonorg-eth estrad triphasic.....</i>	49
LENVIMA ORAL CAPSULE 10 MG/DAY (10		<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-</i>	
MG X 1), 12 MG/DAY (4 MG X 3), 4		<i>mcg, 0.15-0.03 mg.....</i>	49
MG.....	18	<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3</i>	
LENVIMA ORAL CAPSULE 14 MG/DAY(10		<i>month.....</i>	49
MG X 1-4 MG X 1), 20 MG/DAY (10 MG X		<i>levora-28.....</i>	49
2), 8 MG/DAY (4 MG X 2).....	18	<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125</i>	
LENVIMA ORAL CAPSULE 18 MG/DAY (10		<i>mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25</i>	
MG X 1-4 MG X2), 24 MG/DAY(10 MG X		<i>mcg, 50 mcg, 75 mcg, 88 mcg.....</i>	42
2-4 MG X 1).....	18	<i>levothyroxine oral tablet 300 mcg.....</i>	42
<i>lessina.....</i>	49	<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137</i>	
LETAIRIS.....	52	<i>mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50</i>	
<i>letrozole.....</i>	18	<i>mcg, 75 mcg, 88 mcg.....</i>	43
<i>leucovorin calcium injection recon soln 100 mg, 200</i>		LEXIVA ORAL SUSPENSION.....	12
<i>mg, 350 mg, 50 mg.....</i>	18	LEXIVA ORAL TABLET.....	12
<i>leucovorin calcium injection recon soln 500 mg.....</i>	18	LIALDA.....	45
<i>leucovorin calcium oral.....</i>	18	<i>lidocaine (pf) injection solution 5 mg/ml (0.5</i>	
LEUKERAN.....	18	<i>%).....</i>	38
<i>leuprolide subcutaneous kit.....</i>	18	<i>lidocaine hcl injection solution 20 mg/ml (2 %), 5</i>	
LEVETIRACETAM IN NAACL (ISO-OS)		<i>mg/ml (0.5 %).....</i>	38
INTRAVENOUS PIGGYBACK 1,000 MG/		<i>lidocaine hcl mucous membrane jelly.....</i>	38
100 ML, 1,500 MG/100 ML.....	26	<i>lidocaine hcl mucous membrane jelly in</i>	
LEVETIRACETAM IN NAACL (ISO-OS)		<i>applicator.....</i>	38
INTRAVENOUS PIGGYBACK 500 MG/100		<i>lidocaine hcl mucous membrane solution 4 % (40</i>	
ML.....	27	<i>mg/ml).....</i>	38
<i>levetiracetam intravenous.....</i>	27	<i>lidocaine topical adhesive patch,medicated.....</i>	38
<i>levetiracetam oral solution 100 mg/ml.....</i>	27	<i>lidocaine viscous.....</i>	38
<i>levetiracetam oral solution 500 mg/5 ml (5 ml).....</i>	27	<i>lidocaine-prilocaine topical cream.....</i>	38
<i>levetiracetam oral tablet.....</i>	27	<i>lindane topical shampoo.....</i>	38
<i>levetiracetam oral tablet extended release 24 hr 500</i>		<i>linezolid in dextrose 5%.....</i>	12
<i>mg.....</i>	27	<i>linezolid oral suspension for reconstitution.....</i>	12
<i>levetiracetam oral tablet extended release 24 hr 750</i>		<i>linezolid oral tablet.....</i>	12
<i>mg.....</i>	27	<i>linezolid-0.9% sodium chloride.....</i>	12
<i>levobunolol ophthalmic (eye) drops 0.5 %.....</i>	50	LINZESS.....	45
<i>levocarnitine (with sugar).....</i>	40	<i>liothyronine oral.....</i>	43
<i>levocarnitine oral tablet.....</i>	40	<i>lisinopril.....</i>	35
<i>levocetirizine oral tablet.....</i>	52	<i>lisinopril-hydrochlorothiazide.....</i>	35
		<i>lithium carbonate oral capsule.....</i>	27

<i>lithium carbonate oral tablet</i>	27	MARPLAN.....	27
<i>lithium carbonate oral tablet extended release</i>	27	MARQIBO.....	18
<i>lithium citrate oral solution 8 meq/5 ml</i>	27	MATULANE.....	18
LONSURF.....	18	<i>meclizine oral tablet 12.5 mg, 25 mg</i>	45
<i>loperamide oral capsule</i>	45	<i>medroxyprogesterone intramuscular</i>	49
<i>lopinavir-ritonavir</i>	12	<i>medroxyprogesterone oral</i>	49
<i>lorazepam intensol</i>	27	<i>mefloquine</i>	12
<i>lorazepam oral</i>	27	<i>megestrol oral suspension 400 mg/10 ml (10 ml),</i> <i>800 mg/20 ml (20 ml)</i>	18
<i>losartan</i>	35	<i>megestrol oral suspension 400 mg/10 ml (40 mg/</i> <i>ml)</i>	18
<i>losartan-hydrochlorothiazide</i>	35	<i>megestrol oral tablet</i>	18
<i>lovastatin</i>	35	MEKINIST ORAL TABLET 0.5 MG.....	18
<i>low-ogestrel (28)</i>	49	MEKINIST ORAL TABLET 2 MG.....	18
<i>loxapine succinate</i>	27	MEKTOVI.....	18
<i>ludert fluoride oral tablet, chewable 1 mg (2.2 mg</i> <i>sod. fluoride)</i>	53	<i>meloxicam oral tablet</i>	27
LUMIGAN OPHTHALMIC (EYE) DROPS		<i>melfhalan</i>	18
0.01 %.....	50	<i>melfhalan hcl</i>	18
LUPRON DEPOT.....	18	<i>memantine oral capsule, sprinkle, er 24hr</i>	27
LUPRON DEPOT-PED INTRAMUSCULAR		<i>memantine oral solution</i>	27
KIT 7.5 MG (PED).....	18	<i>memantine oral tablet 10 mg</i>	27
<i>lutera (28)</i>	49	<i>memantine oral tablet 5 mg</i>	27
LYNPARZA ORAL CAPSULE.....	18	MENACTRA (PF) INTRAMUSCULAR	
LYNPARZA ORAL TABLET.....	18	SOLUTION.....	46
LYRICA ORAL CAPSULE 100 MG.....	27	MENEST.....	49
LYRICA ORAL CAPSULE 150 MG.....	27	MENVEO A-C-Y-W-135-DIP (PF).....	46
LYRICA ORAL CAPSULE 200 MG.....	27	<i>mercaptopurine</i>	18
LYRICA ORAL CAPSULE 225 MG, 300		<i>meropenem</i>	12
MG.....	27	<i>mesalamine oral tablet, delayed release (dr/ec) 1.2</i> <i>gram</i>	45
LYRICA ORAL CAPSULE 25 MG.....	27	<i>mesalamine rectal</i>	45
LYRICA ORAL CAPSULE 50 MG.....	27	<i>mesalamine with cleansing wipe</i>	45
LYRICA ORAL CAPSULE 75 MG.....	27	<i>mesna</i>	18
LYRICA ORAL SOLUTION.....	27	MESNEX ORAL.....	18
LYSODREN.....	18	<i>metaproterenol</i>	52
<i>lyza</i>	49	<i>metformin oral tablet 1,000 mg</i>	43
M-M-R II (PF).....	46	<i>metformin oral tablet 500 mg</i>	43
<i>magnesium sulfate in water intravenous parenteral</i> <i>solution</i>	53	<i>metformin oral tablet 850 mg</i>	43
<i>magnesium sulfate in water intravenous piggyback</i> <i>2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	53	<i>metformin oral tablet extended release 24 hr 500</i> <i>mg</i>	43
<i>magnesium sulfate in water intravenous piggyback</i> <i>4 gram/100 ml (4 %)</i>	53	<i>metformin oral tablet extended release 24 hr 750</i> <i>mg</i>	43
<i>magnesium sulfate injection solution</i>	53	<i>methadone intensol</i>	27
<i>magnesium sulfate injection syringe</i>	53	<i>methadone oral concentrate</i>	27
<i>malathion</i>	38	<i>methadone oral solution 10 mg/5 ml</i>	27
<i>maprotiline oral tablet 25 mg</i>	27	<i>methadone oral solution 5 mg/5 ml</i>	27
<i>maprotiline oral tablet 50 mg</i>	27	<i>methadone oral tablet 10 mg</i>	27
<i>maprotiline oral tablet 75 mg</i>	27	<i>methadone oral tablet 5 mg</i>	27
<i>marlissa</i>	49		

<i>methadose oral concentrate</i>	27	<i>midodrine oral tablet 2.5 mg, 5 mg</i>	40
<i>methazolamide</i>	50	<i>miglustat</i>	43
<i>methenamine hippurate</i>	12	<i>minocycline oral capsule</i>	12
<i>methenamine mandelate</i>	12	<i>minocycline oral tablet</i>	12
<i>methimazole oral tablet 10 mg</i>	43	<i>minoxidil oral</i>	35
<i>methimazole oral tablet 5 mg</i>	43	<i>mirtazapine oral tablet 15 mg</i>	27
<i>methotrexate sodium (pf) injection recon soln</i>	18	<i>mirtazapine oral tablet 30 mg</i>	27
<i>methotrexate sodium (pf) injection solution</i>	18	<i>mirtazapine oral tablet 45 mg</i>	27
<i>methotrexate sodium injection</i>	19	<i>mirtazapine oral tablet 7.5 mg</i>	27
<i>methotrexate sodium oral</i>	19	<i>mirtazapine oral tablet, disintegrating 15 mg</i>	27
<i>methoxsalen</i>	38	<i>mirtazapine oral tablet, disintegrating 30 mg</i>	27
<i>methyclothiazide</i>	35	<i>mirtazapine oral tablet, disintegrating 45 mg</i>	27
<i>methyldopa oral tablet 250 mg</i>	35	<i>misoprostol</i>	45
<i>methyldopa oral tablet 500 mg</i>	35	<i>mitomycin intravenous recon soln 20 mg</i>	19
<i>methylphenidate hcl oral tablet</i>	27	<i>mitomycin intravenous recon soln 40 mg</i>	19
<i>methylprednisolone</i>	43	<i>mitoxantrone</i>	19
<i>methylprednisolone acetate</i>	43	<i>modafinil oral tablet 100 mg</i>	27
<i>methylprednisolone sodium succ injection recon soln</i>		<i>modafinil oral tablet 200 mg</i>	27
<i>125 mg, 40 mg</i>	43	<i>moexipril</i>	35
<i>methylprednisolone sodium succ intravenous</i>	43	<i>moexipril-hydrochlorothiazide</i>	35
<i>metipranolol</i>	50	<i>mometasone nasal</i>	52
<i>metoclopramide hcl injection solution</i>	45	<i>mometasone topical</i>	38
<i>metoclopramide hcl injection syringe</i>	45	<i>mono-lynyah</i>	49
<i>metoclopramide hcl oral solution</i>	45	<i>mononessa (28)</i>	49
<i>metoclopramide hcl oral tablet</i>	45	<i>montelukast oral granules in packet</i>	52
<i>metolazone</i>	35	<i>montelukast oral tablet</i>	52
<i>metoprolol succinate</i>	35	<i>montelukast oral tablet, chewable</i>	52
<i>metoprolol tartrate intravenous solution</i>	35	<i>morgidox oral capsule 50 mg</i>	12
<i>metoprolol tartrate intravenous syringe</i>	35	<i>morphine (pf) injection solution 0.5 mg/ml</i>	28
<i>metoprolol tartrate oral</i>	35	<i>morphine (pf) injection solution 1 mg/ml</i>	28
<i>metoprolol tartrate-hydrochlorothiazide oral</i>		<i>morphine (pf) intravenous patient control. analgesia</i>	
<i>tablet</i>	35	<i>soln 150 mg/30 ml</i>	28
<i>metro i.v.</i>	12	<i>morphine (pf) intravenous patient control. analgesia</i>	
<i>metronidazole in nacl (iso-os)</i>	12	<i>soln 30 mg/30 ml</i>	28
<i>metronidazole oral tablet 250 mg</i>	12	<i>morphine concentrate oral solution</i>	28
<i>metronidazole oral tablet 500 mg</i>	12	<i>morphine injection solution 10 mg/ml</i>	28
<i>metronidazole topical cream</i>	38	MORPHINE INJECTION SOLUTION 4 MG/	
<i>metronidazole topical gel 0.75 %</i>	38	ML	28
<i>metronidazole topical lotion</i>	38	<i>morphine injection solution 5 mg/ml</i>	28
<i>metronidazole vaginal</i>	49	<i>morphine injection solution 8 mg/ml</i>	28
<i>mexiletine</i>	35	<i>morphine injection syringe 10 mg/ml</i>	28
MIACALCIN INJECTION	43	<i>morphine injection syringe 2 mg/ml, 4 mg/ml</i>	28
<i>miconazole-3 vaginal suppository</i>	49	<i>morphine injection syringe 5 mg/ml</i>	28
<i>microgestin 1.5/30 (21)</i>	49	<i>morphine injection syringe 8 mg/ml</i>	28
<i>microgestin 1/20 (21)</i>	49	<i>morphine intravenous cartridge 10 mg/ml</i>	28
<i>microgestin fe 1.5/30 (28)</i>	49	<i>morphine intravenous cartridge 2 mg/ml, 4 mg/</i>	
<i>microgestin fe 1/20 (28)</i>	49	<i>ml</i>	28
<i>midodrine oral tablet 10 mg</i>	40		

MORPHINE INTRAVENOUS CARTRIDGE	
8 MG/ML.....	28
<i>morphine intravenous solution 10 mg/ml.....</i>	28
MORPHINE INTRAVENOUS SOLUTION 4	
MG/ML, 8 MG/ML.....	28
<i>morphine intravenous syringe 2 mg/ml, 4 mg/</i>	
<i>ml.....</i>	28
<i>morphine oral solution 10 mg/5 ml.....</i>	28
<i>morphine oral solution 20 mg/5 ml (4 mg/ml).....</i>	28
<i>morphine oral tablet 15 mg.....</i>	28
<i>morphine oral tablet 30 mg.....</i>	28
<i>morphine oral tablet extended release 100 mg.....</i>	28
<i>morphine oral tablet extended release 15 mg, 30 mg,</i>	
<i>60 mg.....</i>	28
<i>morphine oral tablet extended release 200 mg.....</i>	28
MOVIPREP.....	45
MOXIFLOXACIN OPHTHALMIC (EYE).....	50
MOZOBIL.....	46
MULTAQ.....	35
<i>mupirocin topical ointment.....</i>	38
<i>mycophenolate mofetil hcl.....</i>	19
<i>mycophenolate mofetil oral capsule.....</i>	19
<i>mycophenolate mofetil oral suspension for</i>	
<i>reconstitution.....</i>	19
<i>mycophenolate mofetil oral tablet.....</i>	19
MYLOTARG.....	19
MYRBETRIQ.....	53
<i>myzilra.....</i>	49
<i>nabumetone.....</i>	28
<i>nadolol.....</i>	35
<i>nadolol-bendroflumethiazide.....</i>	35
NAGLAZYME.....	43
<i>nalbuphine injection solution 10 mg/ml.....</i>	28
<i>nalbuphine injection solution 20 mg/ml.....</i>	28
<i>naloxone injection solution.....</i>	28
<i>naloxone injection syringe 0.4 mg/ml.....</i>	28
<i>naloxone injection syringe 1 mg/ml.....</i>	28
<i>naltrexone.....</i>	28
NAMENDA XR ORAL CAP,SPRINKLE,ER	
24HR DOSE PACK.....	28
NAMENDA XR ORAL CAPSULE,SPRINKLE,	
ER 24HR.....	28
NAMZARIC.....	28
<i>naproxen oral suspension.....</i>	28
<i>naproxen oral tablet.....</i>	28
<i>naproxen oral tablet,delayed release (dr/ec).....</i>	28
<i>naproxen sodium oral tablet 275 mg, 550 mg.....</i>	28
<i>naratriptan.....</i>	28

NARCAN NASAL SPRAY,NON-AEROSOL 4	
MG/ACTUATION.....	28
NATACYN.....	50
<i>nateglinide oral tablet 120 mg.....</i>	43
<i>nateglinide oral tablet 60 mg.....</i>	43
NATPARA.....	43
NEBUPENT.....	12
<i>necon 0.5/35 (28).....</i>	49
<i>necon 7/7/7 (28).....</i>	49
<i>needles, insulin disp.,safety.....</i>	43
<i>nefazodone oral tablet 100 mg.....</i>	28
<i>nefazodone oral tablet 150 mg.....</i>	28
<i>nefazodone oral tablet 200 mg.....</i>	29
<i>nefazodone oral tablet 250 mg.....</i>	29
<i>nefazodone oral tablet 50 mg.....</i>	29
<i>neo-polycin.....</i>	51
<i>neo-polycin hc.....</i>	51
<i>neomycin.....</i>	12
<i>neomycin-bacitracin-poly-hc.....</i>	51
<i>neomycin-bacitracin-polymyxin.....</i>	51
<i>neomycin-polymyxin b-dexameth.....</i>	51
<i>neomycin-polymyxin-gramicidin.....</i>	51
<i>neomycin-polymyxin-hc ophthalmic (eye).....</i>	51
<i>neomycin-polymyxin-hc otic (ear).....</i>	40
NERLYNX.....	19
NEULASTA.....	46
NEUPOGEN.....	46
NEUPRO.....	29
NEVANAC.....	51
<i>nevirapine oral suspension.....</i>	12
<i>nevirapine oral tablet.....</i>	12
<i>nevirapine oral tablet extended release 24 hr 100</i>	
<i>mg.....</i>	12
<i>nevirapine oral tablet extended release 24 hr 400</i>	
<i>mg.....</i>	12
NEXAVAR.....	19
<i>niacin oral tablet extended release 24 hr.....</i>	35
NIACOR.....	35
<i>nicardipine oral.....</i>	35
NICOTROL NS.....	40
<i>nifedipine oral tablet extended release.....</i>	35
<i>nifedipine oral tablet extended release 24hr.....</i>	35
<i>nilutamide.....</i>	19
NINLARO.....	19
NIPENT.....	19
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50</i>	
<i>mg.....</i>	12
<i>nitrofurantoin monohyd/m-cryst.....</i>	13

<i>nitroglycerin intravenous</i>	35	ODOMZO.....	19
<i>nitroglycerin sublingual tablet 0.3 mg, 0.6 mg</i>	35	OFEV ORAL CAPSULE 150 MG.....	52
<i>nitroglycerin sublingual tablet 0.4 mg</i>	35	<i>ofloxacin ophthalmic (eye)</i>	51
<i>nitroglycerin transdermal patch 24 hour</i>	36	<i>ofloxacin otic (ear)</i>	40
<i>nora-be</i>	49	<i>ogestrel (28)</i>	49
NORDITROPIN FLEXPOR.....	47	<i>olanzapine intramuscular</i>	29
<i>norethindrone (contraceptive)</i>	49	<i>olanzapine oral tablet 10 mg</i>	29
<i>norethindrone acetate</i>	49	<i>olanzapine oral tablet 15 mg</i>	29
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/ 0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	49	<i>olanzapine oral tablet 2.5 mg</i>	29
NORMOSOL-R IN 5 % DEXTROSE.....	53	<i>olanzapine oral tablet 20 mg</i>	29
NORTHERA ORAL CAPSULE 100 MG.....	40	<i>olanzapine oral tablet 5 mg</i>	29
NORTHERA ORAL CAPSULE 200 MG.....	40	<i>olanzapine oral tablet 7.5 mg</i>	29
NORTHERA ORAL CAPSULE 300 MG.....	40	<i>olanzapine oral tablet, disintegrating 10 mg</i>	29
<i>nortrel 0.5/35 (28)</i>	49	<i>olanzapine oral tablet, disintegrating 15 mg</i>	29
<i>nortrel 1/35 (21)</i>	49	<i>olanzapine oral tablet, disintegrating 20 mg</i>	29
<i>nortrel 1/35 (28)</i>	49	<i>olanzapine oral tablet, disintegrating 5 mg</i>	29
<i>nortrel 7/7/7 (28)</i>	49	<i>olmesartan</i>	36
<i>nortriptyline oral capsule 10 mg, 25 mg</i>	29	<i>olmesartan-amlodipine-hydrochlorothiazide</i>	36
<i>nortriptyline oral capsule 50 mg, 75 mg</i>	29	<i>olmesartan-hydrochlorothiazide</i>	36
NORTRIPTYLINE ORAL SOLUTION.....	29	<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	51
NORVIR ORAL CAPSULE.....	13	<i>omega-3 acid ethyl esters</i>	36
NORVIR ORAL POWDER IN PACKET.....	13	<i>omeprazole oral capsule, delayed release(dr/ec)</i>	45
NORVIR ORAL SOLUTION.....	13	ONCASPAR.....	19
NORVIR ORAL TABLET.....	13	<i>ondansetron hcl (pf)</i>	45
NOXAFIL ORAL SUSPENSION.....	13	<i>ondansetron hcl intravenous</i>	45
NUEDEXTA.....	29	<i>ondansetron hcl oral solution</i>	45
NULOJIX.....	19	<i>ondansetron hcl oral tablet 24 mg</i>	45
NUPLAZID ORAL CAPSULE.....	29	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	45
NUPLAZID ORAL TABLET 10 MG.....	29	<i>ondansetron oral tablet, disintegrating</i>	45
NUPLAZID ORAL TABLET 17 MG.....	29	ONFI ORAL SUSPENSION.....	29
<i>nyamyc</i>	39	ONFI ORAL TABLET 10 MG.....	29
<i>nystatin oral suspension</i>	13	ONFI ORAL TABLET 20 MG.....	29
<i>nystatin oral tablet</i>	13	OPDIVO.....	19
<i>nystatin topical</i>	39	<i>opium tincture</i>	45
<i>nystatin-triamcinolone</i>	39	ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG.....	40
<i>nystop</i>	39	ORFADIN ORAL CAPSULE 20 MG.....	40
<i>ocella</i>	49	ORFADIN ORAL SUSPENSION.....	40
OCTAGAM.....	47	ORKAMBI ORAL TABLET.....	52
<i>octreotide acetate injection solution 1,000 mcg/ ml</i>	19	<i>orsythia</i>	49
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	19	<i>oseltamivir</i>	13
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	19	<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	13
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	19	<i>oxacillin injection recon soln 1 gram</i>	13
ODEFSEY.....	13	<i>oxacillin injection recon soln 2 gram</i>	13
		<i>oxaliplatin intravenous recon soln 100 mg</i>	19
		<i>oxaliplatin intravenous recon soln 50 mg</i>	19
		<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	19

<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	19	PAZEO.....	51
<i>oxandrolone oral tablet 2.5 mg</i>	43	PEDIARIX (PF).....	47
<i>oxcarbazepine oral suspension</i>	29	PEDVAX HIB (PF).....	47
<i>oxcarbazepine oral tablet</i>	29	<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74</i>	
<i>oxybutynin chloride oral syrup</i>	53	-5.86 gram.....	45
<i>oxybutynin chloride oral tablet</i>	53	<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72</i>	
<i>oxybutynin chloride oral tablet extended release 24hr</i>		-5.84 gram.....	45
10 mg, 15 mg.....	53	<i>peg-electrolyte soln</i>	45
<i>oxybutynin chloride oral tablet extended release 24hr</i>		PEGANONE.....	29
5 mg.....	53	PEGASYS.....	47
<i>oxycodone oral capsule</i>	29	PEGASYS PROCLICK.....	47
<i>oxycodone oral solution</i>	29	PEGINTRON SUBCUTANEOUS KIT 50	
<i>oxycodone oral tablet 10 mg, 5 mg</i>	29	MCG/0.5 ML.....	47
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	29	<i>penicillin g potassium</i>	13
<i>oxycodone-acetaminophen oral tablet 10-325 mg,</i>		<i>penicillin v potassium</i>	13
2.5-325 mg, 5-325 mg, 7.5-325 mg.....	29	PENTACEL (PF).....	47
<i>oxycodone-aspirin</i>	29	PENTAM.....	13
<i>pacerone oral tablet 100 mg, 400 mg</i>	36	PENTASA.....	45
<i>pacerone oral tablet 200 mg</i>	36	<i>pentoxifylline</i>	36
<i>paclitaxel</i>	19	<i>perindopril erbumine</i>	36
<i>paliperidone oral tablet extended release 24hr 1.5</i>		<i>periogard</i>	40
mg.....	29	PERJETA.....	19
<i>paliperidone oral tablet extended release 24hr 3</i>		<i>permethrin topical cream</i>	39
mg.....	29	<i>perphenazine</i>	29
<i>paliperidone oral tablet extended release 24hr 6</i>		<i>pfizerpen-g</i>	13
mg.....	29	<i>phenelzine</i>	29
<i>paliperidone oral tablet extended release 24hr 9</i>		<i>phenobarbital oral elixir</i>	29
mg.....	29	<i>phenobarbital oral tablet 100 mg</i>	29
<i>pamidronate intravenous recon soln</i>	43	<i>phenobarbital oral tablet 15 mg</i>	30
<i>pamidronate intravenous solution 30 mg/10 ml (3</i>		<i>phenobarbital oral tablet 16.2 mg</i>	30
mg/ml), 90 mg/10 ml (9 mg/ml).....	43	<i>phenobarbital oral tablet 30 mg</i>	30
<i>pamidronate intravenous solution 60 mg/10 ml (6</i>		<i>phenobarbital oral tablet 32.4 mg</i>	30
mg/ml).....	43	<i>phenobarbital oral tablet 60 mg</i>	30
PANRETIN.....	39	<i>phenobarbital oral tablet 64.8 mg</i>	30
<i>pantoprazole intravenous</i>	45	<i>phenobarbital oral tablet 97.2 mg</i>	30
<i>pantoprazole oral</i>	45	PHENYTEK.....	30
<i>paregoric</i>	45	<i>phenytoin oral suspension 100 mg/4 ml</i>	30
<i>paricalcitol oral capsule 1 mcg</i>	43	<i>phenytoin oral suspension 125 mg/5 ml</i>	30
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	43	<i>phenytoin oral tablet, chewable</i>	30
<i>paroex oral rinse</i>	40	<i>phenytoin sodium extended</i>	30
<i>paromomycin</i>	13	<i>phenytoin sodium intravenous solution</i>	30
<i>paroxetine hcl oral tablet 10 mg</i>	29	<i>phenytoin sodium intravenous syringe</i>	30
<i>paroxetine hcl oral tablet 20 mg</i>	29	<i>philith</i>	49
<i>paroxetine hcl oral tablet 30 mg</i>	29	PHOSPHOLINE IODIDE.....	51
<i>paroxetine hcl oral tablet 40 mg</i>	29	PICATO.....	39
PASER.....	13	<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4</i>	
PAXIL ORAL SUSPENSION.....	29	%.....	51
		<i>pilocarpine hcl oral</i>	40

<i>pimozide</i>	30	<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	54
<i>pindolol</i>	36	<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	54
<i>pioglitazone oral tablet 15 mg</i>	43	<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	54
<i>pioglitazone oral tablet 30 mg</i>	43	<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	54
<i>pioglitazone oral tablet 45 mg</i>	43	<i>potassium citrate</i>	53
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	13	PRADAXA.....	36
<i>pirmella oral tablet 1-35 mg-mcg</i>	49	PRALUENT PEN.....	36
<i>podofilox</i>	39	<i>pramipexole oral tablet</i>	30
<i>polycin</i>	51	<i>prasugrel</i>	36
<i>polyethylene glycol 3350</i>	45	<i>pravastatin</i>	36
<i>polymyxin b sulf-trimethoprim</i>	51	<i>prazosin</i>	36
POMALYST ORAL CAPSULE 1 MG.....	19	<i>prednicarbate</i>	39
POMALYST ORAL CAPSULE 2 MG.....	19	<i>prednisolone acetate</i>	51
POMALYST ORAL CAPSULE 3 MG, 4 MG.....	19	<i>prednisolone oral solution 15 mg/5 ml</i>	43
<i>portia</i>	49	<i>prednisolone sodium phosphate ophthalmic (eye)</i>	51
PORTAZZA.....	19	<i>prednisolone sodium phosphate oral solution 15 mg/ 5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	43
<i>potassium bicarb and chloride</i>	53	<i>prednisone intensol</i>	43
<i>potassium bicarb-citric acid</i>	53	<i>prednisone oral solution</i>	43
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/ l</i>	54	<i>prednisone oral tablet</i>	43
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	54	<i>prednisone oral tablets,dose pack</i>	43
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	54	PREMARIN ORAL.....	50
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	54	PREMARIN VAGINAL.....	50
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	54	PREMPRO.....	50
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	54	<i>prenatal vitamin oral tablet</i>	54
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	54	<i>prevalite</i>	36
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	54	<i>previfem</i>	50
<i>potassium chloride intravenous solution</i>	54	PREZCOBIX.....	13
<i>potassium chloride oral capsule, extended release</i>	54	PREZISTA ORAL SUSPENSION.....	13
<i>potassium chloride oral liquid</i>	54	PREZISTA ORAL TABLET 150 MG.....	13
<i>potassium chloride oral tablet extended release</i>	54	PREZISTA ORAL TABLET 600 MG, 800 MG.....	13
<i>potassium chloride oral tablet,er particles/ crystals</i>	54	PREZISTA ORAL TABLET 75 MG.....	13
<i>potassium chloride-0.45 % nacl</i>	54	PRIFTIN.....	13
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	54	PRIMAQUINE.....	13
		<i>primidone</i>	30
		PROAIR HFA.....	52
		PROAIR RESPICLICK.....	52
		<i>probenecid</i>	48
		<i>probenecid-colchicine</i>	48
		<i>prochlorperazine</i>	45
		<i>prochlorperazine edisylate injection solution 10 mg/ 2 ml (5 mg/ml)</i>	45

<i>prochlorperazine maleate</i>	45	<i>quetiapine oral tablet extended release 24 hr 200</i> <i>mg</i>	30
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ 2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML.....	47	<i>quetiapine oral tablet extended release 24 hr 300</i> <i>mg</i>	30
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML.....	47	<i>quetiapine oral tablet extended release 24 hr 400</i> <i>mg</i>	30
<i>procto-pak</i>	45	<i>quetiapine oral tablet extended release 24 hr 50</i> <i>mg</i>	30
<i>proctosol hc topical</i>	45	<i>quinapril</i>	36
<i>proctozone-hc</i>	45	<i>quinapril-hydrochlorothiazide</i>	36
PROGLYCEM.....	43	<i>quinidine sulfate oral tablet</i>	36
PROGRAF INTRAVENOUS.....	19	RABAVERT (PF).....	47
PROLASTIN-C INTRAVENOUS RECON SOLN.....	40	<i>raloxifene</i>	48
PROLASTIN-C INTRAVENOUS SOLUTION.....	40	<i>ramipril</i>	36
PROLEUKIN.....	47	RANEXA.....	36
PROLIA.....	48	<i>ranitidine hcl injection</i>	46
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG.....	36	<i>ranitidine hcl oral syrup</i>	46
PROMACTA ORAL TABLET 50 MG.....	36	<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	46
<i>promethazine injection solution</i>	52	RAPAMUNE ORAL SOLUTION.....	19
<i>promethazine oral tablet</i>	52	<i>rasagiline</i>	30
<i>propafenone oral tablet</i>	36	RAVICTI.....	40
<i>propranolol intravenous</i>	36	<i>reclipsen (28)</i>	50
<i>propranolol oral capsule, extended release 24 hr</i>	36	RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION.....	47
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i>	36	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML.....	47
<i>propranolol oral solution 40 mg/5 ml (8 mg/ml)</i>	36	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML.....	47
<i>propranolol oral tablet</i>	36	RELENZA DISKHALER.....	13
<i>propranolol-hydrochlorothiazid</i>	36	RELISTOR SUBCUTANEOUS SOLUTION.....	46
<i>propylthiouracil</i>	43	RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML.....	46
PROQUAD (PF).....	47	RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML.....	46
PROSOL 20 %.....	54	REMICADE.....	46
PROTONIX INTRAVENOUS.....	45	RENVELA ORAL TABLET.....	40
<i>protriptyline</i>	30	<i>repaglinide oral tablet 0.5 mg</i>	43
PULMOZYME.....	52	<i>repaglinide oral tablet 1 mg</i>	43
PURIXAN.....	19	<i>repaglinide oral tablet 2 mg</i>	43
<i>pyrazinamide</i>	13	<i>repaglinide-metformin</i>	43
<i>pyridostigmine bromide oral tablet</i>	30	REPATHA PUSHTRONEX.....	36
QUADRACEL (PF).....	47	REPATHA SURECLICK.....	36
<i>quasense</i>	50	REPATHA SYRINGE.....	36
<i>quetiapine oral tablet 100 mg</i>	30	RESCRIPTOR ORAL TABLET.....	13
<i>quetiapine oral tablet 200 mg</i>	30	RESCRIPTOR ORAL TABLET, DISPERSIBLE.....	13
<i>quetiapine oral tablet 25 mg</i>	30	RETROVIR INTRAVENOUS.....	13
<i>quetiapine oral tablet 300 mg</i>	30		
<i>quetiapine oral tablet 400 mg</i>	30		
<i>quetiapine oral tablet 50 mg</i>	30		
<i>quetiapine oral tablet extended release 24 hr 150</i> <i>mg</i>	30		

REVLIMID ORAL CAPSULE 10 MG.....	19	<i>rosadan topical gel</i>	39
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG.....	19	<i>rosuvastatin</i>	36
REVLIMID ORAL CAPSULE 5 MG.....	19	ROTARIX.....	47
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG.....	30	ROTATEQ VACCINE.....	47
REXULTI ORAL TABLET 3 MG, 4 MG.....	30	<i>roweepra oral tablet 500 mg</i>	31
REYATAZ ORAL CAPSULE 150 MG, 200 MG.....	13	RUBRACA ORAL TABLET 200 MG.....	19
REYATAZ ORAL CAPSULE 300 MG.....	13	RUBRACA ORAL TABLET 250 MG, 300 MG.....	19
REYATAZ ORAL POWDER IN PACKET.....	13	RUCONEST.....	52
<i>ribasphere oral tablet 200 mg</i>	13	RYDAPT.....	19
<i>ribavirin oral capsule</i>	13	SABRIL ORAL POWDER IN PACKET.....	31
<i>ribavirin oral tablet 200 mg</i>	13	SABRIL ORAL TABLET.....	31
<i>rifabutin</i>	13	SAMSCA ORAL TABLET 15 MG.....	43
<i>rifampin intravenous</i>	13	SAMSCA ORAL TABLET 30 MG.....	43
<i>rifampin oral</i>	13	SANTYL.....	39
RIFATER.....	13	SAPHRIS SUBLINGUAL TABLET 10 MG.....	31
<i>riluzole</i>	40	SAPHRIS SUBLINGUAL TABLET 2.5 MG.....	31
<i>rimantadine</i>	13	SAPHRIS SUBLINGUAL TABLET 5 MG.....	31
<i>ringer's intravenous</i>	54	SAVELLA ORAL TABLET 100 MG.....	48
<i>ringer's irrigation</i>	40	SAVELLA ORAL TABLET 12.5 MG.....	48
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML.....	30	SAVELLA ORAL TABLET 25 MG.....	48
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML.....	30	SAVELLA ORAL TABLET 50 MG.....	48
<i>risperidone oral solution</i>	30	SAVELLA ORAL TABLETS,DOSE PACK.....	48
<i>risperidone oral tablet 0.25 mg</i>	30	<i>selegiline hcl</i>	31
<i>risperidone oral tablet 0.5 mg</i>	30	<i>selenium sulfide topical lotion</i>	39
<i>risperidone oral tablet 1 mg</i>	30	SELZENTRY ORAL SOLUTION.....	13
<i>risperidone oral tablet 2 mg</i>	30	SELZENTRY ORAL TABLET 150 MG, 300 MG.....	13
<i>risperidone oral tablet 3 mg</i>	30	SELZENTRY ORAL TABLET 25 MG.....	13
<i>risperidone oral tablet 4 mg</i>	30	SELZENTRY ORAL TABLET 75 MG.....	13
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	30	SENSIPAR ORAL TABLET 30 MG.....	43
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	30	SENSIPAR ORAL TABLET 60 MG.....	44
<i>risperidone oral tablet,disintegrating 1 mg</i>	31	SENSIPAR ORAL TABLET 90 MG.....	44
<i>risperidone oral tablet,disintegrating 2 mg</i>	31	SEREVENT DISKUS.....	52
<i>risperidone oral tablet,disintegrating 3 mg</i>	31	<i>sertraline oral concentrate</i>	31
<i>risperidone oral tablet,disintegrating 4 mg</i>	31	<i>sertraline oral tablet 100 mg</i>	31
<i>ritonavir</i>	13	<i>sertraline oral tablet 25 mg</i>	31
RITUXAN.....	19	<i>sertraline oral tablet 50 mg</i>	31
RITUXAN HYCELA.....	19	<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	40
<i>rivastigmine tartrate</i>	31	<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	40
<i>rivastigmine transdermal patch</i>	31	<i>sevelamer carbonate oral tablet</i>	40
<i>rizatriptan</i>	31	<i>sf 5000 plus</i>	40
ROMIDEPSIN.....	19	SHINGRIX (PF).....	47
<i>ropinirole oral tablet</i>	31	SIGNIFOR.....	19
<i>rosadan topical cream</i>	39	<i>sildenafil (antihypertensive) oral</i>	52

<i>silver sulfadiazine</i>	39
SIMBRINZA.....	51
SIMULECT INTRAVENOUS RECON SOLN 10 MG.....	19
SIMULECT INTRAVENOUS RECON SOLN 20 MG.....	19
<i>simvastatin</i>	36
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	20
SIRTURO.....	13
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	54
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	54
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)</i>	54
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	54
<i>sodium chloride 0.45 % intravenous piggyback</i>	54
<i>sodium chloride 0.9 % intravenous</i>	40
<i>sodium chloride 3 % intravenous injection solution</i>	54
<i>sodium chloride 5 % intravenous injection solution</i>	54
<i>sodium chloride intravenous</i>	54
<i>sodium chloride irrigation</i>	40
<i>sodium lactate</i>	54
<i>sodium phenylbutyrate</i>	40
<i>sodium polystyrene (sorb free)</i>	40
<i>sodium polystyrene sulfonate oral</i>	40
<i>sodium polystyrene sulfonate rectal</i>	40
SOLTAMOX.....	20
SOMATULINE DEPOT.....	20
SOMAVERT.....	44
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	36
<i>sorine oral tablet 240 mg</i>	36
<i>sotalol af oral tablet 120 mg, 160 mg</i>	36
<i>sotalol af oral tablet 80 mg</i>	36
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	36
<i>sotalol oral tablet 80 mg</i>	36
SPIRIVA RESPIMAT.....	52
SPIRIVA WITH HANDIHALER.....	52
<i>spironolactone oral tablet 100 mg, 50 mg</i>	36
<i>spironolactone oral tablet 25 mg</i>	36
<i>spironolactone-hydrochlorothiazide</i>	36
<i>sprintec (28)</i>	50
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG.....	31

SPRITAM ORAL TABLET FOR SUSPENSION 750 MG.....	31
SPRYCEL.....	20
<i>sps (with sorbitol) oral</i>	40
<i>sps (with sorbitol) rectal</i>	40
<i>sronyx</i>	50
<i>ssd topical cream 1%</i>	39
STAMARIL (PF).....	47
<i>stavudine oral capsule 15 mg, 20 mg</i>	13
<i>stavudine oral capsule 30 mg, 40 mg</i>	13
STIVARGA.....	20
STREPTOMYCIN.....	13
STRIBILD.....	13
STROMECTOL.....	13
<i>sucralfate oral tablet</i>	46
<i>sulfacetamide sodium (acne)</i>	39
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	51
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	51
<i>sulfacetamide-prednisolone</i>	51
<i>sulfadiazine</i>	13
<i>sulfamethoxazole-trimethoprim intravenous</i>	14
<i>sulfamethoxazole-trimethoprim oral suspension</i>	14
<i>sulfamethoxazole-trimethoprim oral tablet</i>	14
SULFAMYLON TOPICAL CREAM.....	39
<i>sulfasalazine</i>	46
<i>sulindac</i>	31
<i>sumatriptan nasal spray</i>	31
<i>sumatriptan succinate oral</i>	31
<i>sumatriptan succinate subcutaneous cartridge</i>	31
<i>sumatriptan succinate subcutaneous pen injector</i>	31
<i>sumatriptan succinate subcutaneous solution</i>	31
SUPREP BOWEL PREP KIT.....	46
SUSTIVA ORAL CAPSULE 200 MG.....	14
SUSTIVA ORAL CAPSULE 50 MG.....	14
SUSTIVA ORAL TABLET.....	14
SUTENT ORAL CAPSULE 12.5 MG.....	20
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG.....	20
<i>syeda</i>	50
SYLATRON.....	47
SYMFI.....	14
SYMFI LO.....	14
SYNAGIS.....	14
SYNAREL.....	44
SYNERCID.....	14
SYNJARDY.....	44

SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG.....	44	<i>testosterone transdermal gel in packet 1 % (25 mg/ 2.5gram).....</i>	44
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG.....	44	TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM).....	44
SYNRIBO.....	20	TETANUS,DIPHThERIA TOX PED(PF).....	47
SYNTHROID.....	44	TETANUS-DIPHThERIA TOXOIDS-TD.....	47
SYPRINE.....	40	<i>tetrabenazine oral tablet 12.5 mg.....</i>	31
TABLOID.....	20	<i>tetrabenazine oral tablet 25 mg.....</i>	31
<i>tacrolimus oral capsule 0.5 mg.....</i>	20	THALOMID ORAL CAPSULE 100 MG, 50 MG.....	20
<i>tacrolimus oral capsule 1 mg, 5 mg.....</i>	20	THALOMID ORAL CAPSULE 150 MG, 200 MG.....	20
TAFINLAR.....	20	<i>theophylline oral elixir.....</i>	52
TAGRISSE ORAL TABLET 40 MG.....	20	<i>theophylline oral solution.....</i>	52
TAGRISSE ORAL TABLET 80 MG.....	20	<i>theophylline oral tablet extended release 12 hr.....</i>	52
TAMIFLU.....	14	<i>theophylline oral tablet extended release 24 hr.....</i>	52
<i>tamoxifen.....</i>	20	<i>thioridazine.....</i>	31
<i>tamsulosin.....</i>	53	<i>thiotepa.....</i>	20
TANZEUM.....	44	<i>thiothixene.....</i>	31
TARCEVA ORAL TABLET 100 MG, 150 MG.....	20	THYMOGLOBULIN.....	47
TARCEVA ORAL TABLET 25 MG.....	20	<i>tiagabine.....</i>	31
TARGRETIN TOPICAL.....	20	TICE BCG.....	47
TASIGNA ORAL CAPSULE 150 MG, 200 MG.....	20	<i>tilia fe.....</i>	50
TASIGNA ORAL CAPSULE 50 MG.....	20	<i>timolol maleate ophthalmic (eye) drops.....</i>	51
<i>tazarotene.....</i>	39	<i>timolol maleate ophthalmic (eye) gel forming solution.....</i>	51
TAZORAC.....	39	<i>timolol maleate oral.....</i>	36
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 360 mg.....</i>	36	<i>tinidazole oral tablet 250 mg.....</i>	14
<i>taztia xt oral capsule,extended release 24 hr 300 mg.....</i>	36	<i>tinidazole oral tablet 500 mg.....</i>	14
TECENTRIQ.....	20	TIVICAY ORAL TABLET 10 MG.....	14
TECFIDERA.....	31	TIVICAY ORAL TABLET 25 MG, 50 MG.....	14
TECHNIVIE.....	14	<i>tizanidine oral tablet.....</i>	31
TEFLARO.....	14	<i>tobramycin.....</i>	51
<i>telmisartan.....</i>	36	<i>tobramycin in 0.225% nacl for nebulization.....</i>	14
<i>temazepam oral capsule 15 mg, 30 mg.....</i>	31	<i>tobramycin sulfate injection recon soln.....</i>	14
<i>temsirolimus.....</i>	20	<i>tobramycin sulfate injection solution.....</i>	14
TENIVAC (PF) INTRAMUSCULAR SYRINGE.....	47	<i>tobramycin-dexamethasone ophthalmic suspension.....</i>	51
<i>tenofovir disoproxil fumarate.....</i>	14	<i>tolazamide oral tablet 250 mg.....</i>	44
<i>terazosin oral capsule.....</i>	36	<i>tolazamide oral tablet 500 mg.....</i>	44
<i>terbinafine hcl oral.....</i>	14	<i>tolbutamide.....</i>	44
<i>terbutaline oral.....</i>	52	<i>tolterodine oral tablet 1 mg.....</i>	53
<i>terconazole vaginal cream.....</i>	50	<i>tolterodine oral tablet 2 mg.....</i>	53
<i>terconazole vaginal suppository.....</i>	50	<i>topiramate oral capsule, sprinkle 15 mg.....</i>	31
<i>testosterone cypionate.....</i>	44	<i>topiramate oral capsule, sprinkle 25 mg.....</i>	31
<i>testosterone enanthate.....</i>	44	<i>topiramate oral tablet 100 mg.....</i>	31
		<i>topiramate oral tablet 200 mg.....</i>	31
		<i>topiramate oral tablet 25 mg.....</i>	31

<i>topiramate oral tablet 50 mg</i>	31	<i>triamcinolone acetonide topical ointment 0.1 %, 0.5 %</i>	39
<i>toposar</i>	20	<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	36
<i>topotecan intravenous recon soln</i>	20	<i>triamterene-hydrochlorothiazide oral capsule 50-25 mg</i>	36
<i>topotecan intravenous solution</i>	20	<i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i>	36
TORISEL.....	20	<i>triderm topical cream</i>	39
<i>toremide oral tablet 10 mg</i>	36	<i>trientine</i>	40
<i>toremide oral tablet 100 mg, 20 mg, 5 mg</i>	36	<i>trifluoperazine oral tablet 1 mg, 2 mg, 5 mg</i>	31
TOUJEO MAX U-300 SOLOSTAR.....	44	<i>trifluoperazine oral tablet 10 mg</i>	31
TOUJEO SOLOSTAR U-300 INSULIN.....	44	<i>trifluridine</i>	51
TOVIAZ.....	53	<i>trihexyphenidyl</i>	31
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35 MEQ-20 MEQ-5 MEQ/20 ML.....	54	<i>trilyte with flavor packets</i>	46
TRADJENTA.....	44	<i>trimethoprim</i>	14
<i>tramadol oral tablet</i>	31	<i>trimipramine</i>	31
<i>tramadol-acetaminophen</i>	31	<i>trinessa (28)</i>	50
<i>trandolapril</i>	36	TRINTELLIX ORAL TABLET 10 MG.....	32
<i>tranexamic acid intravenous</i>	36	TRINTELLIX ORAL TABLET 20 MG.....	32
<i>tranexamic acid oral</i>	50	TRINTELLIX ORAL TABLET 5 MG.....	32
<i>tranylcypromine</i>	31	TRISENOX INTRAVENOUS SOLUTION 2 MG/ML.....	20
TRAVATAN Z.....	51	TRIUMEQ.....	14
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	31	<i>trivora (28)</i>	50
<i>trazodone oral tablet 300 mg</i>	31	TROGARZO.....	14
TREANDA INTRAVENOUS RECON SOLN.....	20	<i>trospium oral tablet</i>	53
TRECTOR.....	14	TRULICITY.....	44
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML.....	20	TRUMENBA.....	47
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML.....	20	TRUVADA.....	14
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML.....	20	TWINRIX (PF) INTRAMUSCULAR SYRINGE.....	47
<i>tretinoin (chemotherapy)</i>	20	TYBOST.....	14
<i>tretinoin topical cream 0.025 %, 0.05 %</i>	39	TYKERB.....	20
<i>tretinoin topical cream 0.1 %</i>	39	TYPHIM VI INTRAMUSCULAR SOLUTION.....	47
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	39	TYPHIM VI INTRAMUSCULAR SYRINGE.....	47
<i>tri-estarylla</i>	50	TYSABRI.....	32
<i>tri-legest fe</i>	50	ULORIC.....	48
<i>tri-linyah</i>	50	<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	44
<i>tri-previfem (28)</i>	50	<i>unithroid oral tablet 137 mcg</i>	44
<i>tri-sprintec (28)</i>	50	UNITUXIN.....	20
<i>triamcinolone acetonide dental</i>	40	UPTRAVI ORAL TABLET.....	37
<i>triamcinolone acetonide injection</i>	44	UPTRAVI ORAL TABLETS,DOSE PACK.....	37
<i>triamcinolone acetonide topical cream</i>	39	<i>ursodiol</i>	46
<i>triamcinolone acetonide topical lotion 0.025 %</i>	39		
<i>triamcinolone acetonide topical lotion 0.1 %</i>	39		
<i>triamcinolone acetonide topical ointment 0.025 %</i>	39		

UVADEX.....	39	<i>venlafaxine oral tablet 100 mg</i>	32
<i>valacyclovir oral tablet 1 gram</i>	14	<i>venlafaxine oral tablet 25 mg</i>	32
<i>valacyclovir oral tablet 500 mg</i>	14	<i>venlafaxine oral tablet 37.5 mg</i>	32
VALCHLOR.....	39	<i>venlafaxine oral tablet 50 mg</i>	32
<i>valganciclovir oral tablet</i>	14	<i>venlafaxine oral tablet 75 mg</i>	32
<i>valproate sodium</i>	32	VENTAVIS.....	52
<i>valproic acid</i>	32	<i>verapamil intravenous solution</i>	37
<i>valproic acid (as sodium salt) oral solution 250 mg/</i> <i>5 ml</i>	32	<i>verapamil intravenous syringe</i>	37
<i>valproic acid (as sodium salt) oral solution 250 mg/</i> <i>5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	32	<i>verapamil oral capsule, 24 hr er pellet ct</i>	37
<i>valsartan</i>	37	<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	37
<i>valsartan-hydrochlorothiazide</i>	37	<i>verapamil oral tablet 120 mg, 80 mg</i>	37
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK.....	14	<i>verapamil oral tablet 40 mg</i>	37
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML.....	14	<i>verapamil oral tablet extended release</i>	37
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML.....	14	VERSACLOZ.....	32
<i>vancomycin intravenous recon soln 1,000 mg, 10</i> <i>gram, 5 gram, 500 mg</i>	14	VERZENIO.....	21
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG.....	14	VESICARE.....	53
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG.....	14	VICTOZA 2-PAK.....	44
<i>vancomycin oral capsule 250 mg</i>	14	VICTOZA 3-PAK.....	44
<i>vandazole</i>	50	VIDEX 2 GRAM PEDIATRIC.....	14
VAQTA (PF).....	47	VIDEX 4 GRAM PEDIATRIC.....	14
VARIVAX (PF).....	47	VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG.....	14
VARIZIG INTRAMUSCULAR SOLUTION.....	47	<i>vigabatrin</i>	32
VASCEPA.....	37	VIIBRYD ORAL TABLET 10 MG.....	32
VECAMYL.....	37	VIIBRYD ORAL TABLET 20 MG.....	32
VECTIBIX.....	20	VIIBRYD ORAL TABLET 40 MG.....	32
VELCADE.....	20	VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23).....	32
<i>velivet triphasic regimen (28)</i>	50	VIMPAT INTRAVENOUS.....	32
VENCLEXTA ORAL TABLET 10 MG.....	20	VIMPAT ORAL SOLUTION.....	32
VENCLEXTA ORAL TABLET 100 MG.....	20	VIMPAT ORAL TABLET 100 MG.....	32
VENCLEXTA ORAL TABLET 50 MG.....	20	VIMPAT ORAL TABLET 150 MG, 200 MG.....	32
VENCLEXTA STARTING PACK.....	20	VIMPAT ORAL TABLET 50 MG.....	32
<i>venlafaxine oral capsule,extended release 24hr 150</i> <i>mg</i>	32	<i>vinblastine intravenous solution intravenous</i> <i>solution</i>	21
<i>venlafaxine oral capsule,extended release 24hr 37.5</i> <i>mg</i>	32	<i>vincasar pfs intravenous solution 1 mg/ml</i>	21
<i>venlafaxine oral capsule,extended release 24hr 75</i> <i>mg</i>	32	<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	21
		<i>vincristine</i>	21
		<i>vinorelbine</i>	21
		<i>viorele (28)</i>	50
		VIRACEPT ORAL TABLET 250 MG.....	14
		VIRACEPT ORAL TABLET 625 MG.....	14
		VIRAMUNE ORAL SUSPENSION.....	14
		VIREAD ORAL POWDER.....	15
		VIREAD ORAL TABLET.....	15
		<i>voriconazole intravenous</i>	15
		<i>voriconazole oral suspension for reconstitution</i>	15

<i>voriconazole oral tablet 200 mg</i>	15	UNIT, 15,000-47,000 -63,000 UNIT, 20,000-	
<i>voriconazole oral tablet 50 mg</i>	15	63,000- 84,000 UNIT, 25,000-79,000- 105,	
VOSEVI.....	15	000 UNIT, 3,000-10,000 -14,000-UNIT, 40,	
VOTRIENT.....	21	000-126,000- 168,000 UNIT, 5,000-17,000-	
VPRIV.....	44	24,000 UNIT.....	46
VRAYLAR ORAL CAPSULE.....	32	ZERIT ORAL RECON SOLN.....	15
VRAYLAR ORAL CAPSULE,DOSE PACK.....	32	ZIAGEN ORAL SOLUTION.....	15
VYXEOS.....	21	<i>zidovudine oral capsule</i>	15
<i>warfarin</i>	37	<i>zidovudine oral syrup</i>	15
<i>water for irrigation, sterile</i>	40	<i>zidovudine oral tablet</i>	15
XALKORI.....	21	<i>ziprasidone hcl oral capsule 20 mg</i>	32
XARELTO ORAL TABLET 10 MG, 20		<i>ziprasidone hcl oral capsule 40 mg</i>	32
MG.....	37	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	32
XARELTO ORAL TABLET 15 MG.....	37	ZIRGAN.....	51
XARELTO ORAL TABLETS,DOSE PACK.....	37	<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	44
XATMEP.....	21	<i>zoledronic acid-mannitol-water 5 mg/100 ml</i>	40
XELJANZ.....	48	ZOLINZA.....	21
XGEVA.....	21	<i>zolpidem oral tablet</i>	32
XIIDRA.....	51	<i>zonisamide oral capsule 100 mg, 50 mg</i>	32
XOLAIR.....	53	<i>zonisamide oral capsule 25 mg</i>	32
XTANDI.....	21	ZORTRESS ORAL TABLET 0.25 MG.....	21
XYREM.....	32	ZORTRESS ORAL TABLET 0.5 MG, 0.75	
YERVOY.....	21	MG.....	21
YF-VAX (PF).....	47	ZOSTAVAX (PF).....	47
YONDELIS.....	21	<i>zovia 1/35e (28)</i>	50
YONSA.....	21	ZYDELIG.....	21
<i>zafirlukast</i>	53	ZYKADIA.....	21
<i>zaleplon oral capsule 10 mg</i>	32	ZYPREXA RELPREVV INTRAMUSCULAR	
<i>zaleplon oral capsule 5 mg</i>	32	SUSPENSION FOR RECONSTITUTION	
ZALTRAP.....	21	210 MG.....	32
ZANOSAR.....	21	ZYPREXA RELPREVV INTRAMUSCULAR	
<i>zarab</i>	50	SUSPENSION FOR RECONSTITUTION	
ZAVESCA.....	44	405 MG.....	32
ZEJULA.....	21	ZYTIGA ORAL TABLET 250 MG.....	21
ZELBORAF.....	21	ZYTIGA ORAL TABLET 500 MG.....	21
<i>zenchent (28)</i>	50	ZYVOX INTRAVENOUS PIGGYBACK 200	
ZENPEP ORAL CAPSULE,DELAYED		MG/100 ML.....	15
RELEASE(DR/EC) 10,000-32,000 -42,000			



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