



Anthem Connect Plus (HMO)

2019 Formulary (List of Covered Drugs)

Please read:

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



This formulary was updated on November 1, 2019. For more recent information or other questions, please contact Anthem Connect Plus (HMO) Customer Service, at **1-800-499-2793** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30, or visit <https://shop.anthem.com/medicare/ca>.

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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. When it refers to “plan” or “our plan,” it means Anthem Connect Plus (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2019. 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, 2020, 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 Anthem Connect Plus (HMO) 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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Anthem Connect Plus (HMO)’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration 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.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. 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 30 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 30-day supply of the drug.

The enclosed formulary is current as of December 1, 2019. 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 59. 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.

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 Anthem Connect Plus (HMO)'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 Anthem Connect Plus (HMO)'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 or utilization restriction exception. **When you request a formulary 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. If your prescription is written for fewer days, we will allow refills to provide up to a maximum 30 day supply of medication. 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 and, 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 31-day emergency supply of that drug 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 59.

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.

B/D PAR – 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 1-800-499-2793, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. TTY/TDD users should call 711.

MO – Mail Orders: Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

HI - Home Infusion: This prescription drug may be covered under our medical benefit. For more information, call Customer Service at 1-800-499-2793, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. TTY users should call 711.

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 standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (31-day supply)	25%
Cost-Sharing Tier 2: Generic	
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (31-day supply)	25%
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (31-day supply)	25%
Cost-Sharing Tier 4: Nonpreferred Drugs	
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (31-day supply)	25%
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (31-day supply)	25%
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (31-day supply)	25%

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

The amount you pay will depend if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.

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 90-day supply of drugs or 30-day supply for Tier 5 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.

B/D PAR – 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.

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HI - Home Infusion: This prescription drug may be covered under our medical benefit. For more information, call Customer Service at 1-800-499-2793, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. TTY users should call 711.

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>	3	MO; QLL (960 per 30 days)	SUSPENSION FOR RECONSTITUTION		
<i>abacavir oral tablet</i>	2	MO; QLL (60 per 30 days)	ALINIA ORAL TABLET	4	MO; QLL (6 per 30 days)
<i>abacavir-lamivudine</i>	2	MO; QLL (30 per 30 days)	<i>amantadine hcl oral capsule</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	2	MO; QLL (60 per 30 days)	<i>amantadine hcl oral tablet</i>	2	MO
ABELCET	5	B/D PAR; MO; HI	AMBISOME	4	B/D PAR; MO
<i>acyclovir oral capsule</i>	2	MO	<i>amikacin injection solution 1,000 mg/4 ml</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO	<i>amikacin injection solution 500 mg/2 ml</i>	2	MO; HI
<i>acyclovir oral tablet</i>	2	MO	<i>amoxicillin oral capsule</i>	2	MO
<i>acyclovir sodium 50 mg/ml intravenous solution</i>	2	B/D PAR; MO; HI	<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>adefovir</i>	4	PAR; MO	<i>amoxicillin oral tablet</i>	2	MO
ALBENDAZOLE	4	MO	<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
ALBENZA	5	MO	<i>amoxicillin-pot clavulanate</i>	2	MO
			<i>amphotericin b</i>	2	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>ampicillin oral capsule 250 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	MO; HI
<i>ampicillin sodium injection recon soln 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ampicillin sodium intravenous</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO; HI
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	HI
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	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>	3	MO; QLL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	3	MO; QLL (30 per 30 days)
<i>atovaquone</i>	5	PAR; MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	2	MO
ATRIPLA	5	MO; QLL (30 per 30 days)
AZACTAM	3	MO; HI
<i>azithromycin intravenous</i>	2	MO; HI
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	2	MO
<i>aztreonam injection recon soln 1 gram</i>	2	MO
<i>bacitracin intramuscular</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
BARACLUDE ORAL SOLUTION	5	PAR; MO
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K)	4	MO
BIKTARVY	5	MO; QLL (30 per 30 days)
BILTRICIDE	4	MO
CAPASTAT	4	
CASPOFUNGIN INTRAVENOUS RECON SOLN 50 MG	5	B/D PAR
CASPOFUNGIN INTRAVENOUS RECON SOLN 70 MG	4	B/D PAR
CAYSTON	5	PAR; MO; LA
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 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>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO; HI
<i>cefazolin injection recon soln 10 gram</i>	2	HI
<i>cefazolin injection recon soln 100 gram, 20 gram, 300 g</i>	2	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	2	

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>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>cefepime injection</i>	2	MO; HI
<i>cefoxitin in dextrose, iso-osm</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	MO; HI
<i>cefoxitin intravenous recon soln 10 gram</i>	2	HI
<i>cefepodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime in d5w</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO; HI
<i>ceftazidime injection recon soln 6 gram</i>	2	HI
<i>ceftriaxone in dextrose, iso-os</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO; HI
<i>ceftriaxone injection recon soln 10 gram</i>	2	HI
<i>ceftriaxone injection recon soln 100 gram</i>	2	
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO; HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO; HI
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate</i>	2	MO
CIMDUO	5	MO; QLL (30 per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>clarithromycin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin hcl capsule</i>	2	MO
<i>clindamycin phosphate injection solution 150 mg/ml</i>	2	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	MO; HI
<i>clotrimazole mucous membrane</i>	2	MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	2	MO; HI
COMPLERA	5	MO; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	MO; QLL (180 per 30 days)
<i>dapsone oral</i>	2	MO
DAPTOMYCIN	5	MO
DARAPRIM	5	
DELSTRIGO	5	MO; QLL (30 per 30 days)
<i>demeclocycline</i>	2	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>	2	QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO; QLL (30 per 30 days)
DOVATO	5	MO; QLL (30 per 30 days)
<i>doxy-100</i>	2	MO
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	2	MO
EDURANT	5	MO; QLL (30 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>efavirenz oral capsule 200 mg</i>	3	MO; QLL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	3	MO; QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	3	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
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	PAR; MO; HI
<i>ertapenem</i>	4	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG	4	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	3	MO
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral tablet 250 mg</i>	4	MO
ERYTHROMYCIN ORAL TABLET 500 MG	4	MO
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i>	4	MO
<i>erythromycin oral tablet, delayed release (dr/ec) 333 mg</i>	3	MO
<i>ethambutol</i>	2	MO
EVOTAZ	5	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	MO; QLL (21 per 7 days)
FIRVANQ	3	PAR; MO
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO; HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	HI
<i>flucytosine</i>	5	MO
<i>fosamprenavir</i>	3	MO; QLL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QLL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PAR; MO
<i>gentamicin injection solution 20 mg/2 ml</i>	2	MO
<i>gentamicin injection solution 40 mg/ml</i>	2	MO; HI
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
GENVOYA	5	MO; QLL (30 per 30 days)
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
HARVONI ORAL TABLET 90-400 MG	5	PAR; MO; QLL (28 per 28 days)
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO; HI
INTELENCE ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	4	MO; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QLL (480 per 30 days)
INVANZ INJECTION	4	MO; HI
INVIRASE ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS HD	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
ISENTRESS ORAL POWDER IN PACKET	5	MO; QLL (180 per 30 days)
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	4	MO; QLL (720 per 30 days)
<i>isoniazid oral</i>	2	MO
<i>itraconazole oral capsule</i>	2	PAR; MO
<i>ivermectin oral</i>	4	MO
JULUCA	5	MO; QLL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	MO; QLL (120 per 30 days)
<i>ketoconazole oral</i>	2	MO
<i>lamivudine oral solution</i>	2	MO; QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	MO
<i>lamivudine oral tablet 150 mg</i>	2	MO; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	MO; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	2	MO; QLL (60 per 30 days)
<i>levofloxacin intravenous</i>	2	MO
<i>levofloxacin oral</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	5	MO; QLL (120 per 30 days)
<i>linezolid in dextrose 5%</i>	2	HI
<i>linezolid oral suspension for reconstitution</i>	2	PAR; MO; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	2	PAR; MO; QLL (56 per 28 days)
<i>linezolid-0.9% sodium chloride</i>	2	
<i>lopinavir-ritonavir</i>	2	MO; QLL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	2	MO
<i>meropenem intravenous recon soln 500 mg</i>	2	MO; HI
<i>meropenem-0.9% sodium chloride intravenous piggyback 500 mg/50 ml</i>	2	
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate oral tablet 1 gram</i>	2	MO
<i>metro i.v.</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO; HI
<i>metronidazole oral</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
MONUROL	4	MO
<i>morgidox</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO
<i>nafcillin injection recon soln 1 gram</i>	4	MO; HI
<i>nafcillin injection recon soln 10 gram</i>	5	MO; HI
<i>nafcillin injection recon soln 2 gram</i>	2	MO
<i>nafcillin intravenous</i>	2	MO
NEBUPENT	4	B/D PAR; MO
<i>neomycin</i>	2	MO
<i>nevirapine oral suspension</i>	2	QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	MO; QLL (30 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	PAR; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin monohydr/m-cryst</i>	2	PAR; MO
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>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
<i>oseltamivir</i>	2	MO
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	2	HI
<i>paromomycin</i>	2	MO
<i>paser</i>	2	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	4	HI
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	4	MO; HI
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	MO; HI
<i>penicillin g potassium injection recon soln 5 million unit</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	
<i>penicillin g sodium</i>	2	MO; HI
<i>penicillin v potassium</i>	2	MO
PENTAM	4	MO
<i>pentamidine injection</i>	4	
<i>pfizerpen-g</i>	2	
PIFELTRO	5	MO; QLL (30 per 30 days)
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram</i>	2	MO
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram</i>	2	MO; HI
<i>praziquantel</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	4	MO; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QLL (300 per 30 days)
PRIFTIN	4	MO
<i>primaquine</i>	4	MO
<i>pyrazinamide</i>	2	MO
<i>quinine sulfate</i>	2	PAR; MO
RELENZA DISKHALER	4	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	4	MO; QLL (180 per 30 days)
RETROVIR INTRAVENOUS	4	MO
REYATAZ ORAL POWDER IN PACKET	3	MO; QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	2	MO
<i>ribavirin oral capsule</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>ribavirin oral tablet 200 mg</i>	2	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	2	MO; HI
<i>rifampin oral</i>	2	MO
RIFATER	4	MO
<i>rimantadine</i>	2	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>	2	MO; QLL (60 per 30 days)
STREPTOMYCIN	4	MO
STRIBILD	5	MO; QLL (30 per 30 days)
<i>sulfadiazine</i>	2	MO
<i>sulfamethoxazole-trimethoprim</i>	2	MO
SYMFI	5	MO; QLL (30 per 30 days)
SYMFI LO	5	MO; QLL (30 per 30 days)
SYMTUZA	5	MO; QLL (30 per 30 days)
SYNAGIS	5	PAR; MO; LA
SYNERCID	5	
<i>tazicef injection recon soln 1 gram</i>	2	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	MO
TAZICEF INTRAVENOUS	2	
TEFLARO	5	MO
TEMIXYS	5	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tenofovir disoproxil fumarate</i>	4	MO; QLL (30 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>tetracycline</i>	2	MO
TIGECYCLINE	5	
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>	5	
<i>tobramycin sulfate injection solution</i>	2	MO; HI
TRECATOR	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	3	MO; QLL (30 per 30 days)
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 recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	2	MO
<i>vancomycin in 0.9 % sodium chl intravenous piggyback</i>	2	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml</i>	2	MO
<i>vancomycin in dextrose 5 % intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>vancomycin injection</i>	2	B/D PAR
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	2	MO; HI

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	2	
<i>vancomycin intravenous recon soln 5 gram</i>	2	MO
<i>vancomycin intravenous recon soln 750 mg</i>	2	B/D PAR; MO
<i>vancomycin oral capsule 125 mg</i>	5	PAR; MO; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 10 days)
<i>vancomycin oral recon soln</i>	3	PAR
VEMLIDY	5	PAR; MO; QLL (30 per 30 days)
VIDEX 2 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)
VIREAD ORAL POWDER	4	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET 150 MG	5	MO; QLL (30 per 30 days)
VIREAD ORAL TABLET 200 MG, 250 MG	4	MO; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	2	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)
XIFAXAN ORAL TABLET 550 MG	5	PAR; MO; QLL (84 per 28 days)
XOFLUZA	3	MO

Drug Name	Drug Tier	Requirements /Limits
ZIAGEN ORAL SOLUTION	3	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	2	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	MO; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	2	MO; QLL (60 per 30 days)
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/ 50 ML	4	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	4	MO
Antineoplastic / Immunosuppressant Drugs		
<i>abiraterone</i>	5	PAR; MO; QLL (120 per 30 days)
ABRAXANE	5	PAR; MO
<i>adriamycin intravenous solution</i>	2	B/D PAR
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PAR
<i>adrucil intravenous solution 500 mg/10 ml</i>	2	B/D PAR; MO
AFINITOR	5	PAR; MO
AFINITOR DISPERZ	5	PAR; MO
ALECENSA	5	PAR; MO; LA; QLL (240 per 30 days)
ALIMTA	5	PAR; MO
ALIQOPA	5	PAR; MO; LA
ALUNBRIG ORAL TABLET 180 MG	5	PAR; MO; QLL (30 per 30 days)
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)

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Drug Name	Drug Tier	Requirements /Limits
ARRANON	5	B/D PAR
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PAR
ARZERRA	5	PAR; MO
ASTAGRAF XL	4	B/D PAR; MO
AVASTIN	5	PAR; MO; LA
<i>azacitidine</i>	5	PAR; MO
<i>azasan</i>	2	B/D PAR; MO
<i>azathioprine oral tablet</i>	2	B/D PAR; MO
<i>azathioprine sodium solution for injection</i>	2	B/D PAR
BALVERSA ORAL TABLET 3 MG	5	PAR; MO; LA; QLL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PAR; MO; LA; QLL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PAR; MO; LA; QLL (30 per 30 days)
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; QLL (300 per 30 days)
<i>bicalutamide</i>	2	MO; QLL (30 per 30 days)
BICNU	5	B/D PAR; MO
<i>bleomycin</i>	2	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; LA; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BRAFTOVI ORAL CAPSULE 75 MG	5	PAR; MO; LA; QLL (180 per 30 days)
BUSULFEX	4	B/D PAR
CABOMETYX	5	PAR; MO; LA; QLL (30 per 30 days)
CALQUENCE	5	PAR; MO; LA
CAPRELSA ORAL TABLET 100 MG	5	PAR; LA; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PAR; MO
<i>carmustine</i>	4	B/D PAR; MO
CELLCEPT INTRAVENOUS	4	B/D PAR; MO
<i>cisplatin intravenous solution</i>	2	B/D PAR; MO
<i>cladribine</i>	5	B/D PAR; MO
<i>clofarabine</i>	5	B/D PAR
CLOLAR	5	B/D PAR
COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1)	5	PAR; MO; LA; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3)	5	PAR; MO; LA; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PAR; MO; LA; QLL (84 per 28 days)
COPIKTRA	5	PAR; MO; LA; QLL (60 per 30 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>	2	B/D PAR
<i>cyclosporine modified oral capsule</i>	2	B/D PAR; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine modified oral solution</i>	4	B/D PAR; MO
<i>cyclosporine oral capsule</i>	2	B/D PAR; MO
CYRAMZA	5	PAR; MO; LA
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PAR
<i>cytarabine injection solution 20mg/ml</i>	2	B/D PAR; MO
<i>dacarbazine</i>	2	B/D PAR; MO
<i>dactinomycin</i>	5	B/D PAR
DARZALEX	5	PAR; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PAR
DAURISMO ORAL TABLET 100 MG	5	PAR; MO; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PAR; MO; QLL (60 per 30 days)
<i>decitabine</i>	5	B/D PAR; MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	2	B/D PAR
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	2	B/D PAR; 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 50 mg</i>	2	B/D PAR; MO
<i>doxorubicin intravenous solution</i>	2	B/D PAR; MO
<i>doxorubicin, peg-liposomal</i>	5	PAR; MO
DROXIA	4	MO
ELITEK	5	PAR; MO
EMCYT	4	MO

Drug Name	Drug Tier	Requirements /Limits
EMPLICITI	5	PAR; MO
<i>epirubicin intravenous solution</i>	2	B/D PAR; MO
ERBITUX	5	PAR; MO
ERIVEDGE	5	PAR; MO; LA; QLL (30 per 30 days)
ERLEADA	5	PAR; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PAR; MO; QLL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PAR; MO; QLL (90 per 30 days)
ERWINAZE	5	PAR; MO
ETOPOPHOS	4	B/D PAR; MO
<i>etoposide intravenous</i>	2	B/D PAR; MO
EVOMELA	5	B/D PAR; MO
<i>exemestane</i>	2	MO; QLL (60 per 30 days)
FARESTON	5	MO; QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PAR; MO; LA; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PAR; MO; LA; 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>	2	B/D PAR; MO
<i>fludarabine intravenous solution</i>	5	B/D PAR
<i>fluorouracil intravenous</i>	2	B/D PAR; MO
<i>flutamide</i>	2	MO
FOLOTYN	5	B/D PAR; MO
<i>fulvestrant</i>	5	PAR; MO
GAZYVA	5	PAR; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PAR
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PAR; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PAR
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	B/D PAR
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PAR; MO
<i>gengraf oral solution</i>	2	B/D PAR; MO
GILOTRIF	5	PAR; MO; LA; QLL (30 per 30 days)
GLEOSTINE	4	PAR; MO
HALAVEN	5	PAR; MO
HERCEPTIN HYLECTA	5	B/D PAR; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PAR; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PAR; MO; LA; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; MO; LA; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>idarubicin</i>	2	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>	2	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PAR; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	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; LA; QLL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PAR; MO; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PAR; MO; QLL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PAR; MO; QLL (30 per 30 days)
IMFINZI	5	PAR; MO
INLYTA ORAL TABLET 1 MG	5	PAR; MO; LA; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; MO; LA; QLL (120 per 30 days)
INREBIC	5	PAR; MO; LA; QLL (120 per 30 days)
IRESSA	5	MO; LA
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/ 2 ml</i>	2	B/D PAR; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	B/D PAR
ISTODAX	5	PAR; MO
IXEMPRA	5	PAR; MO
JAKAFI ORAL TABLET 10 MG	5	PAR; MO; LA; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	5	PAR; MO; LA; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; MO; LA; 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; LA; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	5	PAR; MO; LA; QLL (300 per 30 days)
J EVTANA	5	PAR; MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	5	PAR; MO; LA
KADCYLA INTRAVENOUS RECON SOLN 160 MG	5	PAR; MO
KEPIVANCE	4	MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PAR; MO
KHAPZORY	5	PAR
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 INTRAVENOUS RECON SOLN 10 MG	5	PAR; MO
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	5	PAR; MO; LA

Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	5	PAR; MO; LA; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3)	5	PAR; MO; QLL (90 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; LA; 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; LA; QLL (90 per 30 days)
LENVIMA ORAL CAPSULE 4 MG	5	PAR; MO; QLL (30 per 30 days)
<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>	2	B/D PAR; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PAR
<i>leucovorin calcium oral</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	4	PAR; MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	4	PAR
<i>levoleucovorin calcium intravenous solution</i>	5	PAR
LIBTAYO	5	PAR; MO
LONSURF	5	PAR; MO
LORBRENA ORAL TABLET 100 MG	5	PAR; MO; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PAR; MO; QLL (90 per 30 days)
LUMOXITI	5	PAR; MO
LUPRON DEPOT	5	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PAR; MO; QLL (1 per 84 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
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	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 TABLET	5	PAR; MO; QLL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	5	MO
MATULANE	5	MO; LA
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	2	PAR
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	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; LA; QLL (180 per 30 days)
<i>melfhalan hcl intravenous solution</i>	2	B/D PAR
<i>mercaptopurine</i>	2	MO
<i>mesna</i>	2	PAR; MO
MESNEX ORAL	4	PAR; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	2	MO
<i>methotrexate sodium injection</i>	4	MO
<i>methotrexate sodium oral</i>	2	MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PAR; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PAR; MO
<i>mitoxantrone</i>	2	B/D PAR; MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PAR; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral tablet</i>	2	B/D PAR; MO
<i>mycophenolate sodium</i>	2	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
NUBEQA	5	PAR; MO; LA; QLL (120 per 30 days)
NULOJIX	5	PAR; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	PAR; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PAR; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	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)
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
<i>oxaliplatin intravenous solution</i>	2	B/D PAR; MO
<i>paclitaxel</i>	2	B/D PAR; MO
PERJETA	5	PAR; MO; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PAR; MO; QLL (28 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
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PAR; MO; QLL (56 per 28 days)
POLIVY	5	B/D PAR; MO
POMALYST ORAL CAPSULE 1 MG	5	PAR; MO; LA; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; MO; LA; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; MO; LA; QLL (30 per 30 days)
PORTRAZZA	5	MO
POTELIGEO	5	B/D PAR; MO
PROGRAF INTRAVENOUS	5	B/D PAR; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PAR; MO
PURIXAN	5	PAR; LA
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; LA
RITUXAN HYCELA	5	B/D PAR; MO
ROMIDEPSIN	5	PAR
ROZLYTREK ORAL CAPSULE 100 MG	5	PAR; MO; LA; QLL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PAR; MO; LA; QLL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG	5	PAR; MO; LA; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
SANDIMMUNE ORAL SOLUTION	4	B/D PAR; MO
SIGNIFOR	5	PAR; MO; LA
SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	B/D PAR
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	B/D PAR; MO
<i>sirolimus oral solution</i>	5	B/D PAR; MO
<i>sirolimus oral tablet</i>	2	B/D PAR; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PAR; MO
SPRYCEL	5	PAR; MO; QLL (30 per 30 days)
STIVARGA	5	PAR; MO; LA; 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</i>	2	B/D PAR; MO
TAFINLAR	5	PAR; MO; QLL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	5	PAR; MO; LA; QLL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	5	PAR; MO; LA; QLL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PAR; MO; QLL (180 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PAR; MO; QLL (60 per 30 days)
<i>tamoxifen</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PAR; MO; LA; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PAR; MO; LA; 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 INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	5	PAR; MO; LA; QLL (20 per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	5	PAR; MO; QLL (28 per 30 days)
<i>temsirolimus</i>	5	PAR; MO
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>	2	B/D PAR; MO
TIBSOVO	5	PAR; MO; QLL (60 per 30 days)
<i>toposar</i>	2	B/D PAR; MO
<i>topotecan intravenous recon soln</i>	5	B/D PAR
<i>topotecan intravenous solution</i>	5	B/D PAR; MO
<i>toremifene</i>	5	MO; QLL (30 per 30 days)
TORISEL	5	PAR; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PAR; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	PAR; MO; QLL (1 per 84 days)

Drug Name	Drug Tier	Requirements /Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PAR; MO; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	PAR; MO; QLL (1 per 28 days)
<i>tretinoin (chemotherapy)</i>	5	MO
<i>trexall</i>	2	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PAR; MO
TURALIO	5	PAR; MO; LA; QLL (120 per 30 days)
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 (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PAR; MO; LA; QLL (84 per 365 days)
VERZENIO	5	PAR; MO; LA; QLL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PAR; MO
<i>vincristine</i>	2	B/D PAR; MO
<i>vinorelbine</i>	2	B/D PAR; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PAR; MO; LA; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VITRAKVI ORAL CAPSULE 25 MG	5	PAR; MO; LA; QLL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PAR; MO; LA; QLL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG	5	PAR; MO; QLL (90 per 30 days)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	5	PAR; MO; QLL (30 per 30 days)
VOTRIENT	5	PAR; MO; QLL (120 per 30 days)
VYXEOS	5	B/D PAR; MO
XALKORI	5	PAR; MO; LA; QLL (60 per 30 days)
XATMEP	4	MO
XGEVA	5	PAR; MO; QLL (1.7 per 28 days)
XOSPATA	5	PAR; MO; LA; QLL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PAR; MO; LA; QLL (20 per 28 days)
XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8)	5	PAR; MO; LA; QLL (32 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PAR; MO; LA; QLL (12 per 28 days)
XTANDI	5	PAR; MO; LA; QLL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML)	5	PAR; MO
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	5	PAR; MO; LA
<i>yondelis</i>	5	B/D PAR; MO; LA
YONSA	5	PAR; MO; QLL (120 per 30 days)
ZALTRAP	5	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
ZANOSAR	5	B/D PAR; MO
ZEJULA	5	PAR; MO; LA; QLL (90 per 30 days)
ZELBORAF	5	PAR; MO; LA; QLL (240 per 30 days)
ZOLINZA	5	PAR; MO; QLL (120 per 30 days)
ZORTRESS	5	B/D PAR; MO
ZYDELIG	5	PAR; MO; LA; QLL (60 per 30 days)
ZYKADIA ORAL CAPSULE	5	PAR; MO; LA; QLL (90 per 30 days)
ZYKADIA ORAL TABLET	5	PAR; MO; QLL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PAR; MO; LA; QLL (120 per 30 days)
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)
ABSTRAL	5	PAR; MO; QLL (120 per 30 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>	2	QLL (900 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QLL (900 per 30 days)
<i>acetaminophen-codeine oral tablet</i>	2	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>	2	PAR; MO
<i>amoxapine</i>	2	PAR; MO
AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
AMRIX	5	PAR; MO
APOKYN	5	PAR; MO; LA
APTIOM	5	MO
<i>aripiprazole oral solution</i>	4	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	2	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	2	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	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>	2	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)
ARISTADA INITIO	5	MO; QLL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QLL (3.9 per 60 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QLL (1.6 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QLL (2.4 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QLL (3.2 per 30 days)
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>baclofen oral</i>	2	MO
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	5	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	5	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>	2	MO
<i>buprenorphine hcl injection solution</i>	2	MO; QLL (90 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	QLL (90 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	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)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QLL (30 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>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</i>	2	MO
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	PAR; MO; QLL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	PAR; MO; QLL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	PAR; MO; QLL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	MO; QLL (240 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	MO; QLL (120 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>celecoxib</i>	4	PAR; MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>chlorpromazine</i>	2	MO
<i>citalopram oral solution</i>	2	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	2	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	2	MO; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	2	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clobazam oral suspension</i>	5	PAR; MO; QLL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>clobazam oral tablet 20 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>clomipramine</i>	2	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>	2	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	2	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	2	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	2	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	2	MO
<i>clozapine oral tablet 100 mg</i>	2	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	MO; QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	2	QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	2	QLL (2160 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	5	QLL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	5	QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	2	QLL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	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>cyclobenzaprine oral capsule, extended release 24hr</i>	5	PAR; MO
<i>dalfampridine</i>	5	PAR; MO; QLL (60 per 30 days)
<i>dantrolene oral</i>	2	MO
<i>desipramine</i>	2	PAR; MO
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg</i>	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	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>	2	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	2	MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	PAR; MO; QLL (60 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	5	MO

Drug Name	Drug Tier	Requirements /Limits
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	4	MO
<i>diazepam injection solution</i>	2	
<i>diazepam injection syringe</i>	2	MO
<i>diazepam intensol</i>	2	MO; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/ 5 ml (1 mg/ml)</i>	2	MO; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/ 5 ml (1 mg/ml, 5 ml)</i>	2	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 kit 12.5-15-17.5-20 mg</i>	2	MO
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</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>	2	MO
<i>dihydroergotamine nasal</i>	5	MO; QLL (8 per 28 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	MO
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 30 MG	3	MO
<i>divalproex</i>	2	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	MO; QLL (30 per 30 days)
<i>doxepin oral</i>	2	PAR; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	2	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	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>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	2	MO; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	3	MO; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	3	QLL (180 per 30 days)
EMSAM	5	PAR; MO; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QLL (180 per 30 days)
<i>entacapone</i>	2	MO
EPIDIOLEX	5	PAR; MO; LA
<i>epitol</i>	2	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	4	MO; QLL (480 per 30 days)
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>	2	PAR; MO
<i>ergomar</i>	2	MO
<i>escitalopram oxalate oral solution</i>	2	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>eszopiclone</i>	4	PAR; MO; QLL (30 per 30 days)
<i>ethosuximide</i>	2	MO
FANAPT ORAL TABLET 1 MG	4	MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	5	MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	MO; QLL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLET 4 MG	5	MO; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	MO; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	MO; QLL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QLL (16 per 365 days)
<i>felbamate</i>	2	MO
<i>fenopropfen oral tablet</i>	2	MO
<i>fentanyl citrate lozenge</i>	5	PAR; MO; QLL (120 per 30 days)
FENTANYL CITRATE LOZENGE BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PAR; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PAR; MO; QLL (15 per 30 days)
FENTORA	5	PAR; MO; QLL (120 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>	2	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	2	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	2	MO; QLL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO; QLL (600 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</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>	2	MO
FYCOMPA ORAL SUSPENSION	4	MO; QLL (720 per 30 days)
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	5	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	5	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>	2	MO; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	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)
GEODON INTRAMUSCULAR	4	MO; QLL (6 per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PAR; MO; QLL (30 per 30 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 28 days)

Drug Name	Drug Tier	Requirements /Limits
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PAR; MO; QLL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	PAR; MO; QLL (30 per 30 days)
GUANIDINE	3	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral conc</i>	2	MO
<i>haloperidol oral tablet</i>	2	MO
HETLIOZ	5	PAR; MO; LA; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QLL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	MO; QLL (50 per 10 days)
<i>hydromorphone oral tablet</i>	2	MO; QLL (180 per 30 days)
<i>ibu oral tablet 400 mg</i>	2	MO
IBU ORAL TABLET 600 MG, 800 MG	2	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO
<i>imipramine hcl</i>	2	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)

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Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QLL (0.25 per 28 days)
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)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 per 30 days)
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
LATUDA ORAL TABLET 120 MG, 60 MG	5	PAR; MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	5	PAR; MO; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	5	PAR; MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	5	PAR; MO; QLL (60 per 30 days)
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	2	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	2	MO; QLL (120 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	MO; QLL (180 per 30 days)
<i>lithium carbonate</i>	2	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	MO
<i>lorazepam intensol</i>	2	MO
<i>lorazepam oral</i>	2	MO
<i>lorcet (hydrocodone)</i>	2	MO; QLL (180 per 30 days)
<i>lorcet hd</i>	2	MO; QLL (180 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QLL (180 per 30 days)
<i>loxapine succinate</i>	2	MO
LYRICA ORAL CAPSULE 100 MG	3	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	3	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	3	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	3	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	3	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	3	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	3	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	2	MO; QLL (270 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>maprotiline oral tablet 50 mg</i>	2	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	2	MO
MARPLAN	4	MO
<i>meclofenamate</i>	2	MO
<i>meloxicam oral tablet</i>	1	MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PAR; MO; QLL (30 per 30 days)
<i>memantine oral solution</i>	2	PAR; MO; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	2	PAR; MO; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	2	PAR; MO; QLL (90 per 30 days)
MESTINON ORAL SYRUP	5	MO
<i>metadate er</i>	2	PAR; MO; QLL (90 per 30 days)
<i>methadone injection solution</i>	4	QLL (30 per 30 days)
<i>methadone intensol</i>	2	MO; QLL (180 per 30 days)
<i>methadone oral concentrate</i>	2	MO; QLL (180 per 30 days)
<i>methadone oral solution</i>	2	MO; QLL (900 per 30 days)
<i>methadone oral tablet</i>	2	MO; QLL (180 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; QLL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	PAR; MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg</i>	2	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>	2	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	2	MO; QLL (45 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>molindone</i>	2	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml</i>	2	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml</i>	2	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QLL (180 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	2	QLL (180 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	QLL (180 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	2	MO; QLL (180 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>	2	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 8 mg/ml</i>	2	QLL (180 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	3	QLL (180 per 30 days)
<i>morphine oral solution</i>	4	MO; QLL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	2	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	MO; QLL (90 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QLL (60 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QLL (90 per 30 days)
<i>naloxone</i>	1	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral tablet 250mg, 375 mg, 500 mg</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
NAYZILAM	5	
<i>nefazodone oral tablet 100 mg</i>	2	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	2	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	2	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	2	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	2	MO; QLL (360 per 30 days)
NEUPRO	4	PAR; MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule</i>	2	PAR; MO
NORTRIPTYLINE ORAL SOLUTION	2	PAR; MO
NUEDEXTA	3	PAR; 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)
<i>olanzapine intramuscular</i>	2	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	2	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	2	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	2	MO; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine oral tablet 20 mg</i>	2	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	2	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	2	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	2	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	2	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	2	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	2	MO; QLL (120 per 30 days)
ONFI ORAL SUSPENSION	5	PAR; MO; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	5	PAR; MO; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	5	PAR; MO; QLL (60 per 30 days)
<i>oxaprozin</i>	2	MO
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	2	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QLL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QLL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	5	MO; QLL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QLL (180 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QLL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QLL (900 per 30 days)
<i>oxycodone oral syringe</i>	2	QLL (180 per 30 days)
<i>oxycodone oral tablet</i>	2	MO; QLL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QLL (180 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; QLL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	MO; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	2	MO; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	2	MO; QLL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	2	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	2	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>	2	MO
PERSERIS	5	MO; QLL (1 per 28 days)
<i>phenelzine</i>	2	MO
<i>phenobarbital oral elixir</i>	2	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	2	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	2	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	2	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	2	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	2	PAR; MO; QLL (185 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital oral tablet 97.2 mg</i>	2	PAR; MO; QLL (123 per 30 days)
<i>phenytek</i>	2	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>pimozide</i>	4	MO
<i>piroxicam</i>	2	MO
<i>pramipexole oral tablet</i>	2	MO
<i>pregabalin oral capsule 100 mg</i>	3	PAR; MO; QLL (180 per 30 days)
<i>pregabalin oral capsule 150 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>pregabalin oral capsule 25 mg</i>	3	PAR; MO; QLL (720 per 30 days)
<i>pregabalin oral capsule 50 mg</i>	3	PAR; MO; QLL (360 per 30 days)
<i>pregabalin oral capsule 75 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>pregabalin oral solution</i>	3	PAR; MO; QLL (900 per 30 days)
<i>primidone</i>	2	MO
<i>protriptyline</i>	2	PAR; MO
<i>pyridostigmine bromide oral syrup</i>	5	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	2	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	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)

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>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)
<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>ramelteon</i>	3	MO; QLL (30 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>	2	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)

Drug Name	Drug Tier	Requirements /Limits
<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>	2	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	2	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	2	MO; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	2	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate capsule</i>	2	MO; QLL (60 per 30 days)
<i>rivastigmine transdermal</i>	4	MO; QLL (30 per 30 days)
<i>rizatriptan</i>	2	MO; QLL (12 per 30 days)
<i>ropinirole oral tablet</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
ROZEREM	3	MO; QLL (30 per 30 days)
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	5	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>	2	MO
<i>sertraline oral concentrate</i>	2	MO; QLL (300 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>sertraline oral tablet 100 mg</i>	2	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	2	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	2	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
<i>sumatriptan succinate oral</i>	2	MO; QLL (9 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PAR; MO; QLL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PAR; MO; QLL (30 per 30 days)
TECFIDERA	5	PAR; MO; LA
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	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	MO
<i>thiothixene</i>	2	MO
<i>tiagabine oral tablet 12 mg, 16 mg</i>	4	MO
<i>tiagabine oral tablet 2 mg, 4 mg</i>	2	MO
<i>tizanidine oral tablet</i>	2	MO
<i>tolcapone</i>	5	PAR; MO; QLL (180 per 30 days)
<i>topiramate oral capsule, sprinkle</i>	2	PAR; MO
<i>topiramate oral tablet 100 mg</i>	2	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>	2	PAR; MO; QLL (1920 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>topiramate oral tablet 50 mg</i>	2	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	2	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QLL (40 per 5 days)
<i>tranylcypromine</i>	2	MO
<i>trazodone</i>	2	MO
<i>trifluoperazine</i>	2	MO
<i>trihexyphenidyl</i>	2	PAR; MO
<i>trimipramine</i>	4	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	MO; QLL (120 per 30 days)
TYSABRI	5	PAR; MO; LA
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	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)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	2	MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	2	MO; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	MO; QLL (90 per 30 days)
VERSACLOZ	4	QLL (600 per 30 days)
<i>vigabatrin oral powder in packet</i>	5	PAR; MO; LA; QLL (180 per 30 days)
<i>vigabatrin oral tablet</i>	5	PAR; MO; QLL (180 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	MO; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	4	MO; QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	5	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	5	PAR; MO; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PAR; MO; QLL (14 per 365 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	5	PAR; MO; LA; QLL (16 per 28 days)
XYREM	5	PAR; MO; LA; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	PAR; MO; QLL (30 per 30 days)
<i>zenzedi oral tablet 10 mg</i>	2	PAR; MO; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	2	PAR; MO; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone hcl oral capsule 20 mg</i>	2	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	2	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	MO; QLL (60 per 30 days)
<i>zolmitriptan</i>	2	MO; QLL (9 per 30 days)
<i>zonisamide</i>	2	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO; LA; QLL (2 per 28 days)
Cardiovascular, Hypertension / Lipids		
<i>acebutolol</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amiodarone intravenous solution</i>	2	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	2	B/D PAR
<i>amiodarone oral</i>	2	MO
<i>amlodipine besylate tablet</i>	1	MO
<i>amlodipine-benazepril</i>	6	MO
<i>aspirin-dipyridamole</i>	4	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>	6	MO
<i>betaxolol oral</i>	2	MO
<i>bisoprolol fumarate</i>	6	MO
<i>bisoprolol-hydrochlorothiazide</i>	2	MO
BRILINTA	4	MO; QLL (60 per 30 days)
<i>bumetanide</i>	2	MO
BYSTOLIC	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	6	MO
<i>chlorothiazide oral tablet</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>cilostazol</i>	2	MO
<i>clonidine hcl oral tablet</i>	2	MO
<i>clonidine transdermal patch</i>	2	MO; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	2	MO; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO; QLL (30 per 30 days)
<i>colestipol</i>	2	MO
CORLANOR ORAL SOLUTION	4	PAR; QLL (560 per 28 days)
CORLANOR ORAL TABLET	4	PAR; MO; QLL (60 per 30 days)
DEMSEER	5	MO
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	2	MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	MO
<i>digoxin injection solution</i>	2	PAR; MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	MO
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	2	PAR; MO
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl intravenous solution</i>	2	
<i>diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	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)
ELIQUIS ORAL TABLETS,DOSE PACK	3	MO; QLL (74 per 180 days)
<i>enalapril maleate</i>	6	MO
<i>enalapril-hydrochlorothiazide</i>	6	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	MO; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	MO; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	MO; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	MO; QLL (11.2 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	MO; QLL (16.8 per 28 days)
ENTRESTO	4	PAR; MO
<i>eplerenone</i>	2	MO
<i>eprosartan</i>	2	MO
<i>ezetimibe</i>	3	MO
<i>felodipine</i>	2	MO
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg</i>	3	MO
<i>fenofibrate oral tablet 54 mg</i>	2	MO
<i>flecainide</i>	2	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)

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Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; QLL (18 per 30 days)
<i>fosinopril</i>	6	MO
<i>fosinopril-hydrochlorothiazide</i>	6	MO
<i>furosemide injection solution</i>	2	MO
<i>furosemide oral solution 10 mg/ml</i>	1	MO
FUROSEMIDE ORAL SOLUTION 40 MG/5 ML (8 MG/ML)	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	4	
HEPARIN (PORCINE) IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML(100 UNIT/ML)	3	MO
HEPARIN (PORCINE) IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/500 ML (50 UNIT/ML)	4	MO
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	2	B/D PAR; MO
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	B/D PAR; MO; HI
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	B/D PAR

Drug Name	Drug Tier	Requirements /Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	3	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	4	B/D PAR; MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG	1	MO
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	6	MO
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate</i>	2	MO
JANTOVEN	1	MO
JUXTAPID	5	PAR; MO; LA; QLL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol oral</i>	2	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	2	
<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>	2	MO
<i>methyclothiazide</i>	2	MO
<i>methyl dopa</i>	2	PAR; MO
<i>methyl dopa-hydrochlorothiazide</i>	2	PAR; MO
<i>methyl dopate</i>	2	PAR
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	6	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol tartrate intravenous syringe</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	1	MO
METOPROLOL TARTRATE ORAL TABLET 25 MG	1	MO
<i>mexiletine</i>	2	MO
<i>minitran</i>	2	MO
<i>minoxidil oral</i>	2	MO
MULTAQ	4	MO; QLL (60 per 30 days)
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	2	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO
<i>niacor</i>	2	MO
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin intravenous</i>	2	B/D PAR
<i>nitroglycerin sublingual</i>	6	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>olmesartan</i>	6	MO
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>pentoxifylline</i>	2	MO
<i>pindolol</i>	2	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>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prazosin</i>	2	MO
<i>prevalite</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>procainamide intravenous</i>	2	
PROMACTA ORAL POWDER IN PACKET	5	PAR; MO; LA; QLL (90 per 30 days)
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>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral</i>	2	MO
<i>quinapril</i>	6	MO
<i>quinapril-hydrochlorothiazide</i>	6	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>ramipril</i>	6	MO
RANEXA	3	MO
<i>ranolazine</i>	3	MO
REPATHA PUSHTRONEX	5	PAR; MO; QLL (3.5 per 28 days)
REPATHA SURECLICK	5	PAR; MO; QLL (3 per 28 days)
REPATHA SYRINGE	5	PAR; MO; QLL (3 per 28 days)
<i>rosuvastatin</i>	6	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</i>	2	MO
<i>sotalol oral</i>	2	MO
<i>spironolactone</i>	6	MO
<i>spironolactone-hydrochlorothiazide</i>	2	MO
<i>taztia xt</i>	2	MO
<i>telmisartan</i>	2	MO
<i>terazosin capsule</i>	2	MO
<i>timolol maleate oral</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>torsemide oral</i>	2	MO
<i>trandolapril</i>	6	MO
<i>triamterene-hydrochlorothiazide</i>	2	MO
<i>triamterene-hydrochlorothiazide</i>	2	MO
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>	6	MO
<i>valsartan-hydrochlorothiazide</i>	6	MO
VECAMYL	4	
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	3	MO
<i>verapamil oral tablet</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 TABLET 2.5 MG	3	MO; QLL (60 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	3	MO; QLL (102 per 365 days)
Dermatologicals/Topical Therapy		
<i>acitretin</i>	5	MO
<i>acyclovir topical ointment</i>	2	MO; QLL (30 per 30 days)
<i>adapalene topical gel 0.3 %</i>	2	MO
<i>ala-cort topical cream</i>	2	MO
<i>alclometasone</i>	2	MO
<i>amcinonide topical cream</i>	2	MO
<i>amcinonide topical lotion</i>	2	MO
<i>amcinonide topical ointment</i>	2	
<i>ammonium lactate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone dipropionate</i>	2	MO
<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 lotion</i>	2	MO
<i>betamethasone, augmented topical ointment</i>	2	MO
<i>calcipotriene scalp</i>	2	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	2	MO; QLL (120 per 30 days)
<i>calcitriol topical</i>	4	MO
CAPEX	4	MO
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox</i>	2	MO
CLARAVIS	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 gel</i>	2	MO
<i>clobetasol-emollient topical cream</i>	2	MO; QLL (120 per 30 days)
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	2	MO
DENAVIR	5	MO; QLL (5 per 30 days)
<i>desonide</i>	2	MO
<i>desoximetasone topical cream</i>	2	MO
<i>desoximetasone topical gel</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>diclofenac sodium topical gel 3 %</i>	5	PAR; MO; QLL (100 per 30 days)
ELIDEL	4	PAR; MO; QLL (100 per 90 days)
<i>ery pads</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO; QLL (120 per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	2	MO
<i>fluocinolone topical cream 0.025 %</i>	2	MO; QLL (120 per 30 days)
<i>fluocinolone topical oil</i>	2	MO; QLL (120 per 30 days)
<i>fluocinolone topical ointment</i>	2	MO; QLL (120 per 30 days)
<i>fluocinolone topical solution</i>	2	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>	2	MO; QLL (240 per 30 days)
<i>fluocinonide topical ointment</i>	2	MO; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	2	MO; QLL (240 per 30 days)
<i>fluocinonide-e</i>	2	MO; QLL (240 per 30 days)
FLUOCINONIDE-EMOLLIENT	2	MO; QLL (240 per 30 days)
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution 5 %</i>	2	MO
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>gentamicin topical</i>	2	MO
<i>halcinonide</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>halobetasol propionate topical cream</i>	2	MO
<i>halobetasol propionate topical ointment</i>	2	MO
HALOG TOPICAL CREAM	5	MO
HALOG TOPICAL OINTMENT	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
<i>imiquimod topical cream in packet</i>	2	MO
<i>ketoconazole topical</i>	2	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	2	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO; QLL (300 per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	2	PAR; MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PAR; MO; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch, medicated</i>	2	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	PAR; MO; QLL (150 per 30 days)
<i>lidocaine viscous</i>	2	PAR; MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QLL (30 per 30 days)
<i>lindane topical shampoo</i>	2	MO
<i>mafenide acetate</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methoxsalen</i>	5	PAR; MO
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel 0.75 %</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>mupirocin topical ointment</i>	2	MO
MYORISAN	4	MO
<i>nyamyc</i>	2	MO
<i>nystatin topical</i>	2	MO
<i>nystatin-triamcinolone topical cream</i>	4	MO
<i>nystop</i>	2	MO
PANRETIN	5	MO
<i>permethrin topical cream</i>	2	MO
PICATO	5	MO
<i>pimecrolimus</i>	4	PAR; MO; QLL (100 per 90 days)
<i>podofilox</i>	2	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>	3	MO
<i>ssd 1% topical cream</i>	3	MO
STELARA	5	PAR; MO
INTRAVENOUS		
STELARA SUBCUTANEOUS SYRINGE	5	PAR; MO; QLL (1 per 28 days)
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON	4	MO
<i>tacrolimus topical</i>	4	PAR; MO; QLL (100 per 90 days)
<i>tazarotene</i>	4	PAR; MO
TAZORAC TOPICAL CREAM 0.05 %	4	PAR; MO
TAZORAC TOPICAL GEL	4	PAR; MO
<i>tretinoin topical cream</i>	2	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PAR; MO; QLL (45 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	MO
UVADEX	4	B/D PAR
VALCHLOR	5	PAR; MO
ZENATANE	4	MO
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	2	MO; QLL (180 per 30 days)
<i>acetylcysteine intravenous</i>	2	MO
<i>alendronate oral tablet 40 mg</i>	2	MO; QLL (30 per 30 days)
<i>anagrelide</i>	2	MO
ARALAST NP	5	PAR; MO; LA
BUPHENYL ORAL TABLET	5	PAR; MO; LA
<i>bupropion hcl (smoking deter)</i>	2	MO; QLL (60 per 150 mg, 12 hr sustained-release)
CARBAGLU	5	PAR; MO; LA
<i>cevimeline</i>	2	MO
CHANTIX	6	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	6	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	6	PAR; MO; QLL (106 per 365 days)
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PAR; HI
CLINIMIX E 2.75%/D5W SULF FREE	4	B/D PAR; HI
CLINIMIX N9G20E 2.75%-D10W(SF)	4	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	4	HI
<i>d2.5 %-0.45 % sodium chloride</i>	2	HI
<i>d5 % and 0.9 % sodium chloride</i>	2	MO; HI

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Drug Name	Drug Tier	Requirements /Limits
<i>d5 %-0.45 % sodium chloride</i>	2	MO; HI
<i>deferasirox</i>	5	PAR; MO
DEXTROSE 10 % AND 0.2 % NAACL	4	HI
<i>dextrose 10 % in water (d10w)</i>	2	MO; HI
<i>dextrose 20 % in water (d20w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 40 % in water (d40w)</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO; HI
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	2	HI
<i>dextrose 50 % in water (d50w)</i>	2	MO
<i>dextrose 70 % in water (d70w)</i>	2	MO
<i>dextrose with sodium chloride disulfiram</i>	2	HI MO
EXJADE	5	PAR; MO; LA
FERRIPROX ORAL SOLUTION	5	PAR; MO; LA
FERRIPROX ORAL TABLET 1,000 MG	5	PAR; MO
FERRIPROX ORAL TABLET 500 MG	5	PAR; MO; LA
INCRELEX	5	PAR; MO; LA
<i>kionex (with sorbitol)</i>	2	MO
<i>lactated ringers irrigation</i>	3	MO
<i>levocarnitine (with sugar)</i>	3	B/D PAR; MO
<i>levocarnitine oral tablet</i>	3	MO
<i>midodrine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin b gu irrigation solution</i>	2	MO
NICOTROL NS	3	MO; QLL (120 per 30 days)
<i>nitisinone</i>	5	PAR; MO
NORTHERA ORAL CAPSULE 100 MG	5	PAR; MO; LA; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	5	PAR; MO; LA; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PAR; MO; LA; QLL (180 per 30 days)
ORFADIN	5	PAR; MO; LA
<i>pilocarpine hcl oral</i>	2	MO
RAVICTI	5	PAR; MO; LA; QLL (525 per 30 days)
<i>riluzole</i>	2	MO
<i>ringer's irrigation</i>	3	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	5	MO; QLL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	5	MO; QLL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	3	MO; QLL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO; HI
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO
<i>sodium chloride irrigation</i>	3	MO
<i>sodium phenylbutyrate oral tablet</i>	5	PAR; 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	
<i>tis-u-sol pentalyte</i>	2	MO
<i>trientine</i>	5	MO
VELPHORO	5	MO; QLL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>water for irrigation, sterile</i>	3	MO
ZEMAIRA	5	PAR; MO; LA
<i>zoledronic acid-mannitol-water 5 mg/100 ml</i>	2	PAR; MO
Ear, Nose / Throat Medications		
<i>acetic acid otic (ear)</i>	2	MO
<i>azelastine nasal</i>	2	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
<i>fluocinolone acetonide oil otic (ear)</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	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>	2	MO
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
Endocrine/Diabetes		
<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)
<i>acarbose oral tablet 50 mg</i>	2	MO; QLL (180 per 30 days)
ACTHAR	5	PAR; MO; LA
<i>alcohol pads</i>	6	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 %)	4	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	4	PAR; MO; QLL (112.5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	4	PAR; MO; QLL (150 per 30 days)
BYDUREON BCISE	3	MO; QLL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	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>	2	MO
<i>calcitonin (salmon)</i>	2	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule</i>	2	MO
CERDELGA	5	PAR; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; MO
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	5	B/D PAR; MO; QLL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	B/D PAR; MO; QLL (120 per 30 days)
<i>cortisone tablet</i>	2	MO
CYCLOSET	4	MO; QLL (180 per 30 days)
<i>danazol</i>	2	MO
<i>depo-testosterone</i>	2	PAR; MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</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>desmopressin oral</i>	2	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>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
ELAPRASE	5	PAR; MO
FABRAZYME	5	PAR; MO
<i>fludrocortisone</i>	2	MO
GAUZE PADS 2 X 2	6	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>	6	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	MO; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON	3	MO
EMERGENCY KIT (HUMAN)		
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

Drug Name	Drug Tier	Requirements /Limits
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	6	MO
HUMULIN 70/30 U-100 KWIKPEN	6	MO
HUMULIN N NPH INSULIN KWIKPEN	6	MO
HUMULIN N NPH U-100 INSULIN	6	MO
HUMULIN R REGULAR U-100 INSULN	6	MO
HUMULIN R U-500 (CONC) INSULIN	5	PAR; MO
HUMULIN R U-500 (CONC) KWIKPEN	5	PAR; MO
<i>hydrocortisone oral</i>	2	MO
INSULIN LISPRO	3	MO
INSULIN PEN NEEDLE	6	MO; QLL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	6	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)

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Drug Name	Drug Tier	Requirements /Limits
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; LA
KUVAN ORAL TABLET, SOLUBLE	5	PAR; MO; LA
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULN	3	MO
LEVEMIR U-100 INSULIN	3	MO
<i>levothyroxine oral</i>	2	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	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, 5 mg</i>	2	MO
<i>methylpred dp</i>	2	
<i>methylprednisolone</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 1, 000 mg</i>	2	MO
MIACALCIN INJECTION <i>miglustat</i>	5	B/D PAR; MO
NAGLAZYME	5	PAR; MO; LA
NATPARA	5	PAR; MO; LA; QLL (2 per 28 days)
<i>needles, insulin disp.,safety</i>	6	MO; QLL (200 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	2	PAR; MO; QLL (240 per 30 days)
OZEMPIC	3	MO
<i>pamidronate intravenous recon soln</i>	2	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	2	B/D PAR; MO
<i>pioglitazone oral tablet 15 mg</i>	6	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	6	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	6	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), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisone</i>	2	MO
<i>prednisone intensol</i>	2	MO
PROGLYCEM	5	MO
<i>propylthiouracil</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 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; LA
STIMATE	4	MO
SYMLINPEN 120	5	PAR; MO; QLL (11 per 30 days)
SYMLINPEN 60	5	PAR; MO; QLL (6 per 30 days)
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
TESTIM	4	PAR; MO; QLL (300 per 30 days)
<i>testosterone cypionate</i>	2	PAR; MO
<i>testosterone enanthate</i>	2	PAR; MO
TESTOSTERONE TRANSDERMAL GEL	4	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>	4	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PAR; MO; QLL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PAR; MO; QLL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PAR; MO; QLL (112.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PAR; MO; QLL (150 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 acetoneide injection</i>	2	MO
TRULICITY	3	MO; QLL (2 per 28 days)
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	3	MO
<i>unithroid oral tablet 137 mcg</i>	3	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
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	PAR; MO
<i>zoledronic acid-mannitol-water 5 mg/100 ml intravenous piggyback 4 mg/100 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)

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>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>atropine injection syringe 0.05 mg/ml</i>	3	
<i>atropine injection syringe 0.1 mg/ml</i>	3	MO
<i>balsalazide</i>	2	MO
<i>budesonide oral capsule, delayed, extend. release</i>	5	MO
CANASA	5	MO
<i>colocort</i>	2	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CREON	3	MO
CYSTADANE	5	MO; LA
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
<i>dicyclomine oral capsule</i>	2	PAR; MO
<i>dicyclomine oral tablet</i>	2	PAR; MO
DIPENTUM	5	MO
<i>diphenoxylate-atropine oral tablet</i>	2	PAR; 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>esomeprazole magnesium</i>	4	MO; QLL (30 per 30 days)
<i>famotidine (pf) intravenous solution</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO
GATTEX 30-VIAL	5	PAR; MO; LA

Drug Name	Drug Tier	Requirements /Limits
GATTEX ONE-VIAL	5	PAR; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
INFLECTRA	5	PAR; MO
<i>lactulose oral solution</i>	2	MO
<i>lansoprazole oral capsule, delayed release(drlec)</i>	2	MO; QLL (30 per 30 days)
LINZESS	3	MO; QLL (30 per 30 days)
<i>loperamide oral capsule</i>	2	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	3	MO
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine rectal suppository</i>	5	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO
<i>misoprostol</i>	2	MO
MOVANTIK	3	MO; QLL (30 per 30 days)
MOVIPREP	3	MO
<i>omeprazole oral capsule, delayed release(drlec)</i>	2	MO; QLL (30 per 30 days)
<i>ondansetron</i>	2	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl oral tablet 24 mg</i>	2	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)
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16, 800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200-24,600 UNIT	4	MO
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral</i>	2	MO; QLL (30 per 30 days)
<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	
<i>peg-electrolyte soln</i>	2	
PENTASA	4	MO
<i>polyethylene glycol 3350</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
<i>ranitidine hcl injection</i>	2	MO
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	PAR; MO; QLL (18 per 30 days)
REMICADE	5	PAR; MO
<i>scopolamine transdermal</i>	4	MO; QLL (10 per 28 days)
<i>sucrafate oral tablet</i>	2	MO
<i>sulfasalazine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
SUPREP BOWEL PREP KIT	3	MO
<i>trilyte with flavor packets</i>	2	MO
<i>ursodiol</i>	2	MO
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR; MO; LA
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
ARCALYST	5	PAR; MO; LA
ATGAM	5	B/D PAR
AVONEX (WITH ALBUMIN)	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PAR; MO; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	3	MO
BETASERON SUBCUTANEOUS KIT	5	PAR; MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PAR; MO
FULPHILA	5	PAR; MO; QLL (1.2 per 28 days)
GAMUNEX-C	5	PAR; MO
GARDASIL 9 (PF)	3	MO
GENOTROPIN	5	PAR; MO
GENOTROPIN MINIQUICK	5	PAR; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	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
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	MO
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT)	5	PAR; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PAR; MO; LA
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML)	4	MO; LA
INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML)	5	MO; LA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	5	MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	MO; LA
IPOL SUSPENSION FOR INJECTION 40 UNIT-8 UNIT-32 UNIT/0.5 ML	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
LEUKINE INJECTION RECON SOLN	5	PAR; MO
M-M-R II (PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO

Drug Name	Drug Tier	Requirements /Limits
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
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/ 1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PAR; MO
OCTAGAM	5	PAR; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PEGASYS	5	MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO
PENTACEL (PF)	3	MO
PROCRIT	3	PAR; MO
PROLEUKIN	5	B/D PAR; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	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
TDVAX	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
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHThERIA TOX PED(PF)	3	MO
THYMOGLOBULIN	5	B/D PAR
TICE BCG	3	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	5	MO
YF-VAX (PF)	3	MO
ZARXIO	5	PAR; MO
ZORBTIVE	5	PAR; MO
ZOSTAVAX (PF)	3	MO
Musculoskeletal / Rheumatology		
<i>alendronate oral tablet 10 mg, 5 mg</i>	2	MO; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	MO; QLL (4 per 28 days)
<i>allopurinol oral tablet</i>	2	MO
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	5	PAR; MO; LA
<i>benlysta intravenous recon soln 400 mg</i>	5	PAR; MO; LA
BENLYSTA SUBCUTANEOUS	5	PAR; MO
<i>colchicine</i>	4	MO
<i>cuprimine</i>	5	MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PAR; MO; QLL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS RECON SOLN	5	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PAR; MO; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PAR; MO; QLL (8 per 28 days)
ENBREL SURECLICK	5	PAR; MO; QLL (8 per 28 days)
FORTEO	5	PAR; MO; QLL (3 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PAR; MO; LA; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PAR; MO; LA; QLL (12 per 365 days)
HUMIRA PEN	5	PAR; MO; QLL (4 per 28 days)
HUMIRA PEN CROHNS- UC-HS START	5	PAR; MO; QLL (12 per 365 days)
HUMIRA PEN PSOR- UVEITS-ADOL HS	5	PAR; MO; QLL (8 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PAR; MO; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PAR; MO; QLL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PAR; MO; QLL (6 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
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PAR; MO; QLL (4 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PAR; MO; QLL (6 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PAR; MO; QLL (6 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PAR; MO; QLL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PAR; MO; QLL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PAR; MO; QLL (4 per 28 days)
<i>ibandronate intravenous syringe</i>	4	B/D PAR; MO
<i>ibandronate oral</i>	2	MO; QLL (1 per 28 days)
<i>leflunomide</i>	2	MO
<i>penicillamine</i>	5	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
PROLIA	4	PAR; MO; QLL (2 per 365 days)
<i>raloxifene</i>	2	MO; QLL (30 per 30 days)
RIDAURA	5	MO
SAVELLA ORAL TABLET 100 MG	4	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	4	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	4	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	4	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	4	MO; QLL (110 per 365 days)
XELJANZ	5	PAR; MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
Obstetrics / Gynecology		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>blisovi fe 1/20 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>camila</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>deblitane</i>	2	MO
<i>delyla (28)</i>	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	MO
<i>desog-e.estradiol/e.estradiol</i>	2	MO
DESOGESTREL-ETHINYL ESTRADIOL	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	MO
<i>elinest</i>	2	MO
ELLA	3	
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	2	PAR; MO
<i>estradiol transdermal patch semiweekly</i>	4	PAR; MO; QLL (8 per 28 days)
<i>estradiol vaginal</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
ESTRING	4	MO; QLL (1 per 90 days)
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>femynor</i>	2	MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	PAR; MO; QLL (25 per 147 days)
<i>introvale</i>	2	MO
ISIBLOOM	2	MO
<i>jencycla</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levora-28</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutera (28)</i>	2	MO
<i>lyza</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
<i>menest oral tablet 0.3 mg, 0.625 mg, 1.25 mg</i>	2	PAR; MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mircette (28)</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet</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>	2	MO
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
NUVARING	4	MO
<i>ocella</i>	2	MO
<i>ogestrel (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella</i>	2	MO
<i>portia 28</i>	2	MO
PREMARIN INJECTION	4	MO
PREMARIN ORAL	3	PAR; MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	PAR; MO
PREMPRO	3	PAR; MO
<i>previfem</i>	2	MO
<i>reclipsen (28)</i>	2	MO
SETLAKIN	2	MO
<i>sharobel</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</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>tarina fe 1-20 eq (28)</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienna</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>zarab</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zumandimine (28)</i>	2	
Ophthalmology		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium solution for injection</i>	2	MO
<i>ak-poly-bac</i>	2	MO
ALPHAGAN P	3	MO
OPHTHALMIC (EYE) DROPS 0.1 %		
<i>apraclonidine</i>	2	MO
<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
AZOPT	4	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>betaxolol ophthalmic (eye)</i>	2	MO
BETIMOL	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
<i>carteolol</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
COMBIGAN	3	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
DUREZOL	3	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	2	MO
<i>flurbiprofen ophthalmic (eye)</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>gentamicin ophthalmic (eye) ointment</i>	2	
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
<i>latanoprost</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>methazolamide</i>	4	MO
<i>moxifloxacin ophthalmic (eye)</i>	3	MO
NATACYN	4	MO
<i>neo-polycin</i>	2	MO
<i>neo-polycin hc</i>	2	MO
<i>neomycin-bacitracin-poly-hc</i>	2	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>	2	MO
NEVANAC	3	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	MO
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>polycin</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>polymyxin b sulf-trimethoprim</i>	2	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-prednisolone timolol maleate ophthalmic (eye) drops</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
<i>tobramycin</i>	2	MO
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	2	MO
TRAVATAN Z	3	MO
<i>trifluridine</i>	2	MO
XIIDRA	3	PAR; MO; QLL (60 per 30 days)
ZIOPTAN (PF)	4	MO
ZIRGAN	4	MO
Respiratory And Allergy		
<i>acetylcysteine</i>	2	B/D PAR; MO
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>	1	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>	1	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral</i>	2	MO
<i>ambroxol</i>	5	PAR; MO; LA; QLL (30 per 30 days)
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ATROVENT HFA	3	MO; QLL (26 per 30 days)
<i>bosentan</i>	5	PAR; MO; LA; QLL (60 per 30 days)
BREO ELLIPTA	3	MO; QLL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PAR; MO; QLL (120 per 30 days)
<i>carbinoxamine maleate oral liquid</i>	2	PAR; MO
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PAR; MO
CINRYZE	5	PAR; MO; LA
<i>clemastine oral tablet 2.68 mg</i>	2	PAR; MO
COMBIVENT RESPIMAT	3	MO; QLL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PAR; MO; QLL (240 per 30 days)
<i>cyproheptadine oral tablet</i>	2	PAR; MO
DALIRESP	4	PAR; MO; QLL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
DULERA	3	MO; QLL (13 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	3	MO; QLL (2 per 28 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	MO; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	5	PAR; MO; LA; 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

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
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 propion-salmeterol inhalation blister with device</i>	3	MO; QLL (60 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QLL (16 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	4	PAR; MO
<i>icatibant</i>	5	PAR; MO
<i>ipratropium bromide inhalation</i>	2	B/D PAR; MO
<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>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	2	B/D PAR; MO; QLL (540 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine oral tablet</i>	2	MO
<i>metaproterenol oral syrup</i>	2	MO
<i>montelukast</i>	2	MO
OFEV	5	PAR; MO; LA; QLL (60 per 30 days)
<i>orkambi oral tablet 100-125 mg</i>	5	PAR; MO; LA; QLL (120 per 30 days)
ORKAMBI ORAL TABLET 200-125 MG	5	PAR; MO; LA; QLL (120 per 30 days)
<i>phenadoz</i>	2	PAR; MO
PROAIR HFA	3	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	3	MO; QLL (2 per 30 days)
<i>promethazine oral tablet</i>	2	PAR; MO
<i>promethazine rectal suppository 12.5 mg</i>	2	PAR; MO
<i>promethegan rectal suppository 12.5 mg</i>	2	PAR; MO
PULMOZYME	5	B/D PAR; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QLL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QLL (22 per 30 days)
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet</i>	2	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)
STIOLTO RESPIMAT	3	MO; QLL (4 per 30 days)
SYMJEPI	3	MO; QLL (2 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>terbutaline</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET	5	PAR; MO; LA; QLL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PAR; MO; LA; QLL (120 per 30 days)
TUDORZA PRESSAIR	3	MO; QLL (1 per 30 days)
VENTAVIS	5	PAR; MO; LA; QLL (270 per 30 days)
VENTOLIN HFA	3	MO; QLL (36 per 30 days)
<i>wixela inhub</i>	3	MO; QLL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PAR; MO; LA; QLL (6 per 28 days)
<i>zafirlukast</i>	2	MO
Urologicals		
<i>alfuzosin</i>	2	MO
<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	MO; LA
<i>darifenacin</i>	4	MO; QLL (30 per 30 days)
<i>dutasteride</i>	2	MO; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	2	MO; QLL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	2	MO
MYRBETRIQ	3	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)

Drug Name	Drug Tier	Requirements /Limits
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; QLL (30 per 30 days)
<i>potassium citrate oral tablet extended release 10 meq (1, 080 mg), 5 meq (540 mg)</i>	2	MO
<i>solifenacin</i>	4	MO; QLL (30 per 30 days)
<i>tamsulosin</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	2	MO; QLL (60 per 30 days)
TOVIAZ	3	MO; QLL (30 per 30 days)
VESICARE	4	MO; QLL (30 per 30 days)
Vitamins, Hematinics / Electrolytes		
AMINOSYN 10 %	4	B/D PAR
AMINOSYN 8.5 %	4	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN II 10 %	4	B/D PAR; HI
AMINOSYN II 8.5 %	4	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN M 3.5 %	4	B/D PAR
AMINOSYN-HBC 7%	4	B/D PAR
AMINOSYN-PF 10 %	4	B/D PAR; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PAR; HI
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PAR; HI
CLINIMIX 5%/D25W SULFITE-FREE	4	B/D PAR; HI
CLINIMIX 4.25%-D25W SULF-FREE	3	B/D PAR; HI
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PAR; HI
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PAR; HI

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
CLINIMIX E 4.25%/D5W SULF FREE	4	B/D PAR; HI
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D PAR; HI
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PAR; HI
CLINIMIX E 5%/D25W SULFIT FREE	4	B/D PAR
CLINIMIX N14G30E 4.25%-D15W SF	4	B/D PAR
CLINISOL SF 15 %	4	B/D PAR; MO; HI
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>freamine iii 10 %</i>	4	B/D PAR
HEPATAMINE 8%	4	B/D PAR; HI
<i>intralipid intravenous emulsion 20 %</i>	3	B/D PAR; HI
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	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 sprinkle oral capsule, extended release 8 meq</i>	2	MO
<i>lactated ringers intravenous</i>	3	MO
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO
<i>magnesium sulfate injection solution</i>	3	MO; HI

Drug Name	Drug Tier	Requirements /Limits
<i>magnesium sulfate injection syringe</i>	2	HI
NORMOSOL-M IN 5 % DEXTROSE	4	HI
NORMOSOL-R	4	MO
NORMOSOL-R IN 5 % DEXTROSE	4	HI
NORMOSOL-R PH 7.4	4	HI
<i>nutrilipid</i>	2	B/D PAR
PLASMA-LYTE 148	3	HI
<i>plenamine</i>	4	B/D PAR
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	3	HI
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO; HI
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l</i>	3	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	MO; HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	3	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	3	MO; HI
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml</i>	2	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	2	HI
<i>potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml</i>	2	

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>potassium chloride intravenous solution 2 meq/ml</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	2	HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO; HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	HI
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	3	MO; HI
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	3	HI
<i>prenatal vitamin plus low iron</i>	2	MO
<i>ringer's intravenous</i>	3	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO; HI
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	
<i>sodium chloride 3% intravenous injection solution</i>	3	MO; HI
<i>sodium chloride 5% intravenous injection solution</i>	3	MO; HI
<i>sodium chloride intravenous</i>	2	MO
<i>tpn electrolytes intravenous solution 35 meq-20 meq-5 meq/20 ml</i>	3	HI
TRAVASOL 10 %	4	B/D PAR; MO; HI

Drug Name	Drug Tier	Requirements /Limits
TROPHAMINE 10 %	4	B/D PAR; MO; HI
TROPHAMINE 6%	4	B/D PAR; HI

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>abacavir oral solution</i>	8
<i>abacavir oral tablet</i>	8
<i>abacavir-lamivudine</i>	8
<i>abacavir-lamivudine-zidovudine</i>	8
ABELCET.....	8
ABILIFY MAINTENA.....	23
<i>abiraterone</i>	15
ABRAXANE.....	15
ABSTRAL.....	23
<i>acamprosate</i>	41
<i>acarbose oral tablet 100 mg</i>	43
<i>acarbose oral tablet 25 mg</i>	43
<i>acarbose oral tablet 50 mg</i>	43
<i>acebutolol</i>	35
<i>acetaminophen-codeine oral solution 120 mg-12 mg 15 ml (5 ml), 240 mg-24 mg/10 ml (10 ml), 300 mg-30 mg/12.5 ml</i>	23
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	23
<i>acetaminophen-codeine oral tablet</i>	23
<i>acetazolamide</i>	53
<i>acetazolamide sodium solution for injection</i>	53
<i>acetic acid otic (ear)</i>	43
<i>acetylcysteine</i>	54
<i>acetylcysteine intravenous</i>	41
<i>acitretin</i>	39
ACTHAR.....	43
ACTHIB (PF).....	48
ACTIMMUNE.....	48
<i>acyclovir oral capsule</i>	8
<i>acyclovir oral suspension 200 mg/5 ml</i>	8
<i>acyclovir oral tablet</i>	8
<i>acyclovir sodium 50 mg/ml intravenous solution</i>	8
<i>acyclovir topical ointment</i>	39
ADACEL(TDAP ADOLESN/ADULT)(PF).....	48
<i>adapalene topical gel 0.3 %</i>	39
ADASUVE.....	23
<i>adefovir</i>	8
ADEMPAS.....	54
<i>adriamycin intravenous solution</i>	15
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	15
<i>adrucil intravenous solution 500 mg/10 ml</i>	15
ADVAIR DISKUS.....	54
ADVAIR HFA.....	54
AFINITOR.....	15
AFINITOR DISPERZ.....	15
<i>ak-poly-bac</i>	53
<i>ala-cort topical cream</i>	39
ALBENDAZOLE.....	8
ALBENZA.....	8
<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>	54
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	54
<i>albuterol sulfate oral</i>	54
<i>alclometasone</i>	39
<i>alcohol pads</i>	43
ALDURAZYME.....	43
ALECENSA.....	15
<i>alendronate oral tablet 10 mg, 5 mg</i>	50
<i>alendronate oral tablet 35 mg, 70 mg</i>	50
<i>alendronate oral tablet 40 mg</i>	41
<i>alfuzosin</i>	56
ALIMTA.....	15
ALINIA ORAL SUSPENSION FOR RECONSTITUTION.....	8
ALINIA ORAL TABLET.....	8
ALIQOPA.....	15
<i>allopurinol oral tablet</i>	50
<i>alosetron</i>	46

ALPHAGAN P OPHTHALMIC (EYE) DROPS	
0.1 %.....	53
<i>alprazolam oral tablet</i>	23
<i>altavera (28)</i>	51
ALUNBRIG ORAL TABLET 180 MG.....	15
ALUNBRIG ORAL TABLET 30 MG.....	15
ALUNBRIG ORAL TABLET 90 MG.....	15
ALUNBRIG ORAL TABLETS,DOSE	
PACK.....	15
<i>alyacen 1/35 (28)</i>	51
<i>alyacen 7/7/7 (28)</i>	51
<i>amantadine hcl oral capsule</i>	8
<i>amantadine hcl oral tablet</i>	8
AMBISOME.....	8
<i>ambrisentan</i>	54
<i>amcinonide topical cream</i>	39
<i>amcinonide topical lotion</i>	39
<i>amcinonide topical ointment</i>	39
<i>amikacin injection solution 1,000 mg/4 ml</i>	8
<i>amikacin injection solution 500 mg/2 ml</i>	8
<i>amiloride</i>	35
<i>amiloride-hydrochlorothiazide</i>	35
AMINOSYN 10 %.....	56
AMINOSYN 8.5 %.....	56
AMINOSYN 8.5 %-ELECTROLYTES.....	56
AMINOSYN II 10 %.....	56
AMINOSYN II 8.5 %.....	56
AMINOSYN II 8.5 %-ELECTROLYTES.....	56
AMINOSYN M 3.5 %.....	56
AMINOSYN-HBC 7%.....	56
AMINOSYN-PF 10 %.....	56
AMINOSYN-PF 7 % (SULFITE-FREE).....	56
<i>amiodarone intravenous solution</i>	35
<i>amiodarone intravenous syringe</i>	35
<i>amiodarone oral</i>	35
AMITIZA.....	46
<i>amitriptyline</i>	23
<i>amlodipine besylate tablet</i>	35
<i>amlodipine-benazepril</i>	35
<i>ammonium lactate</i>	39
<i>amoxapine</i>	23
<i>amoxicillin oral capsule</i>	8
<i>amoxicillin oral suspension for reconstitution</i>	8
<i>amoxicillin oral tablet</i>	8
<i>amoxicillin oral tablet,chewable 125 mg, 250</i>	
<i>mg</i>	8
<i>amoxicillin-pot clavulanate</i>	8
<i>amphotericin b</i>	8

<i>ampicillin oral capsule 250 mg</i>	9
<i>ampicillin oral capsule 500 mg</i>	9
<i>ampicillin sodium injection recon soln 1 gram, 10</i>	
<i>gram, 125 mg</i>	9
<i>ampicillin sodium injection recon soln 2 gram, 250</i>	
<i>mg, 500 mg</i>	9
<i>ampicillin sodium intravenous</i>	9
<i>ampicillin-sulbactam injection recon soln 1.5 gram,</i>	
<i>3 gram</i>	9
<i>ampicillin-sulbactam injection recon soln 15</i>	
<i>gram</i>	9
<i>ampicillin-sulbactam intravenous recon soln 1.5</i>	
<i>gram</i>	9
<i>ampicillin-sulbactam intravenous recon soln 3</i>	
<i>gram</i>	9
AMPYRA.....	23
AMRIX.....	24
ANADROL-50.....	43
<i>anagrelide</i>	41
<i>anastrozole</i>	15
ANDROGEL TRANSDERMAL GEL IN	
METERED-DOSE PUMP 20.25 MG/1.25	
GRAM (1.62 %)	43
ANDROGEL TRANSDERMAL GEL IN	
PACKET 1.62 % (20.25 MG/1.25	
GRAM)	43
ANDROGEL TRANSDERMAL GEL IN	
PACKET 1.62 % (40.5 MG/2.5 GRAM)	43
ANORO ELLIPTA.....	54
APOKYN.....	24
<i>apraclonidine</i>	53
<i>aprepitant oral capsule 125 mg</i>	46
<i>aprepitant oral capsule 40 mg</i>	46
<i>aprepitant oral capsule 80 mg</i>	47
<i>aprepitant oral capsule,dose pack</i>	47
<i>apri</i>	51
APRISO.....	47
APTIOM.....	24
APTIVUS ORAL CAPSULE.....	9
APTIVUS ORAL SOLUTION.....	9
ARALAST NP.....	41
<i>aranelle (28)</i>	51
ARCALYST.....	48
<i>aripiprazole oral solution</i>	24
<i>aripiprazole oral tablet 10 mg</i>	24
<i>aripiprazole oral tablet 15 mg</i>	24
<i>aripiprazole oral tablet 2 mg</i>	24
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	24

<i>aripiprazole oral tablet 5 mg</i>	24
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	24
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	24
ARISTADA INITIO.....	24
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML.....	24
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML.....	24
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML.....	24
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML.....	24
ARNUITY ELLIPTA.....	54
ARRANON.....	16
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML.....	16
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	16
ARZERRA.....	16
<i>aspirin-dipyridamole</i>	35
ASTAGRAF XL.....	16
<i>atazanavir oral capsule 150 mg, 200 mg</i>	9
<i>atazanavir oral capsule 300 mg</i>	9
<i>atenolol</i>	35
<i>atenolol-chlorthalidone</i>	35
ATGAM.....	48
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	24
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	24
<i>atorvastatin</i>	35
<i>atovaquone</i>	9
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	9
ATRIPLA.....	9
<i>atropine injection syringe 0.05 mg/ml</i>	47
<i>atropine injection syringe 0.1 mg/ml</i>	47
<i>atropine ophthalmic (eye) drops</i>	53
ATROVENT HFA.....	54
<i>aubra</i>	51
AVASTIN.....	16
<i>aviane</i>	51
AVONEX (WITH ALBUMIN).....	48
AVONEX INTRAMUSCULAR PEN INJECTOR KIT.....	48

AVONEX INTRAMUSCULAR SYRINGE KIT.....	48
<i>azacitidine</i>	16
AZACTAM.....	9
<i>azasan</i>	16
<i>azathioprine oral tablet</i>	16
<i>azathioprine sodium solution for injection</i>	16
<i>azelastine nasal</i>	43
<i>azelastine ophthalmic (eye)</i>	53
<i>azithromycin intravenous</i>	9
<i>azithromycin oral suspension for reconstitution</i>	9
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	9
AZOPT.....	53
<i>aztreonam injection recon soln 1 gram</i>	9
<i>azurette (28)</i>	51
<i>bacitracin intramuscular</i>	9
<i>bacitracin ophthalmic (eye)</i>	53
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	53
<i>baclofen oral</i>	24
<i>balsalazide</i>	47
BALVERSA ORAL TABLET 3 MG.....	16
BALVERSA ORAL TABLET 4 MG.....	16
BALVERSA ORAL TABLET 5 MG.....	16
<i>balziva (28)</i>	51
BANZEL ORAL SUSPENSION.....	24
BANZEL ORAL TABLET 200 MG.....	24
BANZEL ORAL TABLET 400 MG.....	24
BARACLUDE ORAL SOLUTION.....	9
BAVENCIO.....	16
BCG VACCINE, LIVE (PF).....	48
<i>bekyree (28)</i>	51
BELEODAQ.....	16
<i>benazepril</i>	35
<i>benazepril-hydrochlorothiazide</i>	35
BENDEKA.....	16
BENLYSTA INTRAVENOUS RECON SOLN 120 MG.....	50
<i>benlysta intravenous recon soln 400 mg</i>	50
BENLYSTA SUBCUTANEOUS.....	50
<i>benztropine oral</i>	24
BESPONSA.....	16
<i>betamethasone dipropionate</i>	39
<i>betamethasone valerate topical cream</i>	39
<i>betamethasone valerate topical lotion</i>	39
<i>betamethasone valerate topical ointment</i>	39
<i>betamethasone, augmented topical cream</i>	39
<i>betamethasone, augmented topical lotion</i>	39

<i>betamethasone, augmented topical ointment</i>	39	<i>buprenorphine hcl injection syringe</i>	24
BETASERON SUBCUTANEOUS KIT.....	48	<i>buprenorphine hcl sublingual tablet 2 mg</i>	24
<i>betaxolol ophthalmic (eye)</i>	53	<i>buprenorphine hcl sublingual tablet 8 mg</i>	24
<i>betaxolol oral</i>	35	<i>buprenorphine-naloxone sublingual tablet 2-0.5</i> <i>mg</i>	24
<i>bethanechol chloride</i>	56	<i>buprenorphine-naloxone sublingual tablet 8-2</i> <i>mg</i>	24
BETIMOL.....	53	<i>bupropion hcl (smoking deter) 150 mg, 12 hr</i> <i>sustained-release</i>	41
<i>bexarotene</i>	16	<i>bupropion hcl oral tablet 100 mg</i>	24
BEXSERO.....	48	<i>bupropion hcl oral tablet 75 mg</i>	24
<i>bicalutamide</i>	16	<i>bupropion hcl oral tablet extended release 24 hr 150</i> <i>mg</i>	24
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K).....	9	<i>bupropion hcl oral tablet extended release 24 hr 300</i> <i>mg</i>	24
BICNU.....	16	<i>bupropion hcl oral tablet sustained-release 12 hr 100</i> <i>mg</i>	25
BIKTARVY.....	9	<i>bupropion hcl oral tablet sustained-release 12 hr 150</i> <i>mg, 200 mg</i>	25
BILTRICIDE.....	9	<i>bupirone</i>	25
<i>bisoprolol fumarate</i>	35	BUSULFEX.....	16
<i>bisoprolol-hydrochlorothiazide</i>	35	<i>butalbital-acetaminop-caf-cod oral capsule 50-325-</i> <i>40-30 mg</i>	25
<i>bleomycin</i>	16	<i>butalbital-acetaminophen oral tablet 50-325</i> <i>mg</i>	25
BLEPHAMIDE S.O.P.....	53	<i>butalbital-acetaminophen-caff oral tablet 50-325-</i> <i>40 mg</i>	25
BLINCYTO INTRAVENOUS KIT.....	16	<i>butorphanol tartrate injection solution 1 mg/ml</i>	25
<i>blisovi 24 fe</i>	51	<i>butorphanol tartrate injection solution 2 mg/ml</i>	25
<i>blisovi fe 1.5/30 (28)</i>	51	<i>butorphanol tartrate nasal</i>	25
<i>blisovi fe 1/20 (28)</i>	51	BYDUREON BCISE.....	43
BOOSTRIX TDAP.....	48	BYDUREON SUBCUTANEOUS PEN INJECTOR.....	43
BOORTEZOMIB.....	16	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML.....	43
<i>bosentan</i>	54	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML.....	43
BOSULIF ORAL TABLET 100 MG.....	16	BYSTOLIC.....	35
BOSULIF ORAL TABLET 400 MG, 500 MG.....	16	<i>cabergoline</i>	43
BRAFTOVI ORAL CAPSULE 50 MG.....	16	CABOMETYX.....	16
BRAFTOVI ORAL CAPSULE 75 MG.....	16	<i>calcipotriene scalp</i>	39
BREO ELLIPTA.....	54	<i>calcipotriene topical</i>	39
<i>briellyn</i>	51	<i>calcitonin (salmon)</i>	43
BRILINTA.....	35	<i>calcitriol intravenous solution 1 mcg/ml</i>	43
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	53	<i>calcitriol oral capsule</i>	43
BRIVIACT INTRAVENOUS.....	24	<i>calcitriol topical</i>	39
BRIVIACT ORAL SOLUTION.....	24	<i>calcium acetate oral capsule</i>	56
BRIVIACT ORAL TABLET 10 MG.....	24	<i>calcium acetate oral tablet 667 mg</i>	56
BRIVIACT ORAL TABLET 100 MG, 75 MG.....	24		
BRIVIACT ORAL TABLET 25 MG.....	24		
BRIVIACT ORAL TABLET 50 MG.....	24		
<i>bromocriptine</i>	24		
<i>budesonide inhalation suspension for nebulization</i> <i>0.25 mg/2 ml, 0.5 mg/2 ml</i>	54		
<i>budesonide oral capsule, delayed, extend. release</i>	47		
<i>bumetanide</i>	35		
BUPHENYL ORAL TABLET.....	41		
<i>buprenorphine hcl injection solution</i>	24		

CALQUENCE.....	16	<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	
<i>camila.....</i>	<i>51</i>	<i>1 gram/50 ml.....</i>	<i>9</i>
CANASA.....	47	<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	
CAPASTAT.....	9	<i>2 gram/100 ml.....</i>	<i>10</i>
CAPEX.....	39	<i>cefepime injection.....</i>	<i>10</i>
CAPRELSA ORAL TABLET 100 MG.....	16	<i>cefotixin in dextrose, iso-osm.....</i>	<i>10</i>
CAPRELSA ORAL TABLET 300 MG.....	16	<i>cefotixin intravenous recon soln 1 gram, 2 gram.....</i>	<i>10</i>
CARBAGLU.....	41	<i>cefotixin intravenous recon soln 10 gram.....</i>	<i>10</i>
<i>carbamazepine oral capsule, er multiphase 12</i>		<i>cefpodoxime.....</i>	<i>10</i>
<i>hr.....</i>	<i>25</i>	<i>cefprozil.....</i>	<i>10</i>
<i>carbamazepine oral suspension 100 mg/5 ml.....</i>	<i>25</i>	<i>ceftazidime in d5w.....</i>	<i>10</i>
<i>carbamazepine oral suspension 200 mg/10 ml.....</i>	<i>25</i>	<i>ceftazidime injection recon soln 1 gram, 2 gram.....</i>	<i>10</i>
<i>carbamazepine oral tablet.....</i>	<i>25</i>	<i>ceftazidime injection recon soln 6 gram.....</i>	<i>10</i>
<i>carbamazepine oral tablet extended release 12</i>		<i>ceftriaxone in dextrose, iso-os.....</i>	<i>10</i>
<i>hr.....</i>	<i>25</i>	<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250</i>	
<i>carbamazepine oral tablet, chewable.....</i>	<i>25</i>	<i>mg, 500 mg.....</i>	<i>10</i>
<i>carbidopa-levodopa.....</i>	<i>25</i>	<i>ceftriaxone injection recon soln 10 gram.....</i>	<i>10</i>
<i>carbinoxamine maleate oral liquid.....</i>	<i>54</i>	<i>ceftriaxone injection recon soln 100 gram.....</i>	<i>10</i>
<i>carbinoxamine maleate oral tablet 4 mg.....</i>	<i>54</i>	<i>ceftriaxone intravenous.....</i>	<i>10</i>
<i>carboplatin intravenous solution.....</i>	<i>16</i>	<i>cefuroxime axetil oral tablet.....</i>	<i>10</i>
<i>carmustine.....</i>	<i>16</i>	<i>cefuroxime sodium injection recon soln 750 mg.....</i>	<i>10</i>
<i>carteolol.....</i>	<i>53</i>	<i>cefuroxime sodium intravenous recon soln 1.5</i>	
<i>cartia xt.....</i>	<i>36</i>	<i>gram.....</i>	<i>10</i>
<i>carvedilol.....</i>	<i>36</i>	<i>cefuroxime sodium intravenous recon soln 7.5</i>	
CASPOFUNGIN INTRAVENOUS RECON		<i>gram.....</i>	<i>10</i>
SOLN 50 MG.....	9	<i>celecoxib.....</i>	<i>25</i>
CASPOFUNGIN INTRAVENOUS RECON		CELLCEPT INTRAVENOUS.....	16
SOLN 70 MG.....	9	CELONTIN ORAL CAPSULE 300 MG.....	25
CAYSTON.....	9	<i>cephalexin oral capsule 250 mg, 500 mg.....</i>	<i>10</i>
<i>caziant (28).....</i>	<i>51</i>	<i>cephalexin oral suspension for reconstitution.....</i>	<i>10</i>
<i>cefaclor oral capsule.....</i>	<i>9</i>	CERDELGA.....	43
<i>cefaclor oral suspension for reconstitution 125 mg/5</i>		CEREZYME INTRAVENOUS RECON SOLN	
<i>ml.....</i>	<i>9</i>	400 UNIT.....	43
<i>cefaclor oral suspension for reconstitution 250 mg/5</i>		<i>cevimeline.....</i>	<i>41</i>
<i>ml, 375 mg/5 ml.....</i>	<i>9</i>	CHANTIX.....	41
<i>cefaclor oral tablet extended release 12 hr.....</i>	<i>9</i>	CHANTIX CONTINUING MONTH	
<i>cefadroxil oral capsule.....</i>	<i>9</i>	BOX.....	41
<i>cefadroxil oral suspension for reconstitution 250 mg/</i>		CHANTIX STARTING MONTH BOX.....	41
<i>5 ml, 500 mg/5 ml.....</i>	<i>9</i>	<i>chloramphenicol sod succinate.....</i>	<i>10</i>
<i>cefadroxil oral tablet.....</i>	<i>9</i>	<i>chlorhexidine gluconate mucous membrane.....</i>	<i>43</i>
<i>cefazolin in dextrose (iso-os) intravenous piggyback</i>		<i>chloroquine phosphate.....</i>	<i>10</i>
<i>1 gram/50 ml.....</i>	<i>9</i>	<i>chlorothiazide oral tablet.....</i>	<i>36</i>
<i>cefazolin injection recon soln 1 gram, 500 mg.....</i>	<i>9</i>	<i>chlorpromazine.....</i>	<i>25</i>
<i>cefazolin injection recon soln 10 gram.....</i>	<i>9</i>	<i>chlorthalidone oral tablet 25 mg, 50 mg.....</i>	<i>36</i>
<i>cefazolin injection recon soln 100 gram, 20 gram,</i>		<i>cholestyramine (with sugar).....</i>	<i>36</i>
<i>300 g.....</i>	<i>9</i>	<i>cholestyramine light.....</i>	<i>36</i>
<i>cefazolin intravenous.....</i>	<i>9</i>	<i>ciclodan topical solution.....</i>	<i>39</i>
<i>cefdinir.....</i>	<i>9</i>	<i>ciclopirox.....</i>	<i>39</i>

<i>cilostazol</i>	36	<i>clobetasol-emollient topical cream</i>	39
CIMDUO.....	10	<i>clofarabine</i>	16
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	43	CLOLAR.....	16
<i>cinacalcet oral tablet 90 mg</i>	43	<i>clomipramine</i>	25
CINRYZE.....	54	<i>clonazepam oral tablet 0.5 mg</i>	25
CIPRODEX.....	43	<i>clonazepam oral tablet 1 mg</i>	25
<i>ciprofloxacin hcl ophthalmic (eye)</i>	53	<i>clonazepam oral tablet 2 mg</i>	25
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	10	<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	25
<i>cisplatin intravenous solution</i>	16	<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	25
<i>citalopram oral solution</i>	25	<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	25
<i>citalopram oral tablet 10 mg</i>	25	<i>clonazepam oral tablet, disintegrating 1 mg</i>	25
<i>citalopram oral tablet 20 mg</i>	25	<i>clonazepam oral tablet, disintegrating 2 mg</i>	25
<i>citalopram oral tablet 40 mg</i>	25	<i>clonidine hcl oral tablet</i>	36
<i>cladribine</i>	16	<i>clonidine transdermal patch</i>	36
CLARAVIS.....	39	<i>clopidogrel oral tablet 300 mg</i>	36
<i>clarithromycin</i>	10	<i>clopidogrel oral tablet 75 mg</i>	36
<i>clemastine oral tablet 2.68 mg</i>	54	<i>clorazepate dipotassium</i>	25
<i>clindamycin hcl capsule</i>	10	<i>clotrimazole mucous membrane</i>	10
<i>clindamycin phosphate injection solution 150 mg/ml</i>	10	<i>clotrimazole topical</i>	39
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	10	<i>clotrimazole-betamethasone topical cream</i>	39
<i>clindamycin phosphate topical gel</i>	39	<i>clozapine oral tablet 100 mg</i>	25
<i>clindamycin phosphate topical lotion</i>	39	<i>clozapine oral tablet 200 mg</i>	25
<i>clindamycin phosphate topical solution</i>	39	<i>clozapine oral tablet 25 mg</i>	25
<i>clindamycin phosphate topical swab</i>	39	<i>clozapine oral tablet 50 mg</i>	25
<i>clindamycin phosphate vaginal</i>	51	<i>clozapine oral tablet, disintegrating 100 mg</i>	25
CLINIMIX 4.25%-D25W SULF-FREE.....	56	<i>clozapine oral tablet, disintegrating 12.5 mg</i>	25
CLINIMIX 4.25%/D10W SULF FREE.....	56	<i>clozapine oral tablet, disintegrating 150 mg</i>	25
CLINIMIX 4.25%/D5W SULFIT FREE.....	41	<i>clozapine oral tablet, disintegrating 200 mg</i>	25
CLINIMIX 5%-D20W(SULFITE-FREE).....	56	<i>clozapine oral tablet, disintegrating 25 mg</i>	25
CLINIMIX 5%/D15W SULFITE FREE.....	56	COARTEM.....	10
CLINIMIX 5%/D25W SULFITE-FREE.....	56	<i>colchicine</i>	50
CLINIMIX E 2.75%/D5W SULF FREE.....	41	<i>colestipol</i>	36
CLINIMIX E 4.25%/D5W SULF FREE.....	57	<i>colistin (colistimethate na)</i>	10
CLINIMIX E 5%/D15W SULFIT FREE.....	57	<i>colocort</i>	47
CLINIMIX E 5%/D20W SULFIT FREE.....	57	COLY-MYCIN S.....	43
CLINIMIX E 5%/D25W SULFIT FREE.....	57	COMBIGAN.....	53
CLINIMIX N14G30E 4.25%-D15W SF.....	57	COMBIVENT RESPIMAT.....	54
CLINIMIX N9G20E 2.75%-D10W(SF).....	41	COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1).....	16
CLINISOL SF 15 %.....	57	COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3).....	16
<i>clobazam oral suspension</i>	25	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY).....	16
<i>clobazam oral tablet 10 mg</i>	25	COMPLERA.....	10
<i>clobazam oral tablet 20 mg</i>	25	<i>compro</i>	47
<i>clobetasol scalp</i>	39	<i>constulose</i>	47
<i>clobetasol topical cream</i>	39	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML.....	25
<i>clobetasol topical gel</i>	39		

COPIKTRA.....	16	DARZALEX.....	17
CORLANOR ORAL SOLUTION.....	36	<i>dasetta 1/35 (28)</i>	51
CORLANOR ORAL TABLET.....	36	<i>dasetta 7/7/7 (28)</i>	51
<i>cortisone tablet</i>	43	<i>daunorubicin intravenous solution</i>	17
COSMEGEN.....	16	DAURISMO ORAL TABLET 100 MG.....	17
COTELLIC.....	16	DAURISMO ORAL TABLET 25 MG.....	17
CREON.....	47	<i>deblitane</i>	51
CRIVIVAN ORAL CAPSULE 200 MG.....	10	<i>decitabine</i>	17
CRIVIVAN ORAL CAPSULE 400 MG.....	10	<i>deferasirox</i>	42
<i>cromolyn inhalation</i>	54	DELSTRIGO.....	10
<i>cromolyn ophthalmic (eye)</i>	53	<i>delyla (28)</i>	51
<i>cryselle (28)</i>	51	DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS).....	47
<i>cuprimine</i>	50	<i>demeclocycline</i>	10
<i>cyclafem 1/35 (28)</i>	51	DEMSEER.....	36
<i>cyclafem 7/7/7 (28)</i>	51	DENAVIR.....	39
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	26	DEPEN TITRATABS.....	50
CYCLOPHOSPHAMIDE ORAL CAPSULE.....	16	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML.....	51
CYCLOSET.....	43	<i>depo-testosterone</i>	43
<i>cyclosporine intravenous</i>	16	DESCOVY.....	10
<i>cyclosporine modified oral capsule</i>	16	<i>desipramine</i>	26
<i>cyclosporine modified oral solution</i>	17	<i>desmopressin injection</i>	43
<i>cyclosporine oral capsule</i>	17	<i>desmopressin nasal spray with pump</i>	43
<i>cyproheptadine oral tablet</i>	54	<i>desmopressin nasal spray, non-aerosol</i>	43
CYRAMZA.....	17	<i>desmopressin oral</i>	44
CYSTADANE.....	47	<i>desog-e. estradiol/e. estradiol</i>	51
CYSTAGON.....	56	DESOGESTREL-ETHINYL ESTRADIOL.....	51
CYSTARAN.....	53	<i>desonide</i>	39
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	17	<i>desoximetasone topical cream</i>	39
<i>cytarabine (pf) injection solution 20 mg/ml</i>	17	<i>desoximetasone topical gel</i>	39
<i>cytarabine injection solution 20mg/ml</i>	17	<i>desvenlafaxine oral tablet extended release 24 hr 100 mg</i>	26
<i>d10 %-0.45 % sodium chloride</i>	41	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG.....	26
<i>d2.5 %-0.45 % sodium chloride</i>	41	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG.....	26
<i>d5 % and 0.9 % sodium chloride</i>	41	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG.....	26
<i>d5 %-0.45 % sodium chloride</i>	42	<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	26
<i>dacarbazine</i>	17	<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	26
<i>dactinomycin</i>	17	<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	26
<i>dalfampridine</i>	26	<i>dexamethasone oral elixir</i>	44
DALIRESP.....	54	<i>dexamethasone oral solution</i>	44
<i>danazol</i>	43	<i>dexamethasone oral tablet</i>	44
<i>dantrolene oral</i>	26		
<i>dapsone oral</i>	10		
DAPTACEL (DTAP PEDIATRIC) (PF).....	48		
DAPTOMYCIN.....	10		
DARAPRIM.....	10		
<i>darifenacin</i>	56		

<i>dexamethasone sodium phos (pf)</i>	44	<i>diclofenac sodium topical gel 3 %</i>	40
<i>dexamethasone sodium phosphate injection</i>	44	<i>dicloxacillin</i>	10
<i>dexamethasone sodium phosphate ophthalmic</i>		<i>dicyclomine oral capsule</i>	47
<i>(eye)</i>	53	<i>dicyclomine oral tablet</i>	47
<i>dextrazoxane hcl intravenous recon soln 250 mg</i>	17	<i>didanosine oral capsule, delayed release(dr/ec) 200</i>	
<i>dextrazoxane hcl intravenous recon soln 500 mg</i>	17	<i>mg</i>	10
<i>dextroamphetamine oral tablet 10 mg</i>	26	<i>didanosine oral capsule, delayed release(dr/ec) 250</i>	
<i>dextroamphetamine oral tablet 5 mg</i>	26	<i>mg, 400 mg</i>	10
<i>dextroamphetamine-amphetamine oral tablet 10</i>		<i>diflunisal</i>	26
<i>mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	26	<i>digitek oral tablet 125 mcg (0.125 mg)</i>	36
<i>dextroamphetamine-amphetamine oral tablet 30</i>		<i>digox oral tablet 125 mcg (0.125 mg)</i>	36
<i>mg</i>	26	<i>digoxin injection solution</i>	36
DEXTROSE 10 % AND 0.2 % NACL.....	42	<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	36
<i>dextrose 10 % in water (d10w)</i>	42	<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	36
<i>dextrose 20 % in water (d20w)</i>	42	<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	36
<i>dextrose 25 % in water (d25w)</i>	42	<i>dihydroergotamine nasal</i>	26
<i>dextrose 30 % in water (d30w)</i>	42	DILANTIN EXTENDED ORAL CAPSULE	
<i>dextrose 40 % in water (d40w)</i>	42	100 MG.....	26
<i>dextrose 5 % in water (d5w) intravenous parenteral</i>		DILANTIN INFATABS.....	26
<i>solution</i>	42	DILANTIN ORAL CAPSULE 30 MG.....	26
<i>dextrose 5 % in water (d5w) intravenous</i>		<i>dilt-xr</i>	36
<i>piggyback</i>	42	<i>diltiazem hcl intravenous solution</i>	36
<i>dextrose 5 %-lactated ringers</i>	42	<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120</i>	
<i>dextrose 5%-0.2 % sod chloride</i>	42	<i>mg</i>	36
<i>dextrose 5%-0.3 % sod.chloride</i>	42	<i>diltiazem hcl oral capsule, extended release 12 hr</i>	36
<i>dextrose 50 % in water (d50w)</i>	42	<i>diltiazem hcl oral capsule, extended release 24 hr 120</i>	
<i>dextrose 70 % in water (d70w)</i>	42	<i>mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	36
<i>dextrose with sodium chloride</i>	42	<i>diltiazem hcl oral capsule, extended release 24hr</i>	36
DIASTAT.....	26	<i>diltiazem hcl oral tablet</i>	36
DIASTAT ACUDIAL RECTAL KIT 12.5-15-		DIPENTUM.....	47
17.5-20 MG.....	26	<i>diphenhydramine hcl injection solution 50 mg/</i>	
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10		<i>ml</i>	54
MG.....	26	<i>diphenhydramine hcl injection syringe</i>	54
<i>diazepam injection solution</i>	26	<i>diphenoxylate-atropine oral tablet</i>	47
<i>diazepam injection syringe</i>	26	<i>disulfiram</i>	42
<i>diazepam intensol</i>	26	<i>divalproex</i>	26
<i>diazepam oral concentrate</i>	26	<i>docetaxel intravenous solution 160 mg/16 ml (10</i>	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	26	<i>mg/ml), 20 mg/2 ml (10 mg/ml)</i>	17
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5</i>		<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/</i>	
<i>ml)</i>	26	<i>ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml),</i>	
<i>diazepam oral tablet 10 mg</i>	26	<i>80 mg/8 ml (10 mg/ml)</i>	17
<i>diazepam oral tablet 2 mg</i>	26	DOCETAXEL INTRAVENOUS SOLUTION	
<i>diazepam oral tablet 5 mg</i>	26	20 MG/ML.....	17
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	26	<i>dofetilide</i>	36
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	26	<i>donepezil oral tablet 10 mg, 5 mg</i>	26
<i>diclofenac potassium</i>	26	<i>dorzolamide</i>	53
<i>diclofenac sodium oral</i>	26	<i>dorzolamide-timolol</i>	53
<i>diclofenac sodium topical gel 1 %</i>	26	DOVATO.....	10

<i>doxazosin</i>	36	<i>enalapril maleate</i>	36
<i>doxepin oral</i>	26	<i>enalapril-hydrochlorothiazide</i>	36
<i>doxorubicin intravenous recon soln 50 mg</i>	17	ENBREL MINI.....	50
<i>doxorubicin intravenous solution</i>	17	ENBREL SUBCUTANEOUS RECON	
<i>doxorubicin, peg-liposomal</i>	17	SOLN.....	50
<i>doxy-100</i>	10	ENBREL SUBCUTANEOUS SYRINGE 25	
<i>doxycycline hyclate intravenous</i>	10	MG/0.5 ML (0.5).....	50
<i>doxycycline hyclate oral capsule</i>	10	ENBREL SUBCUTANEOUS SYRINGE 50	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	10	MG/ML (1 ML).....	50
<i>doxycycline monohydrate oral capsule 100 mg, 50</i>		ENBREL SURECLICK.....	50
<i>mg, 75 mg</i>	10	<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325</i>	
<i>dronabinol oral capsule 10 mg</i>	47	<i>mg</i>	27
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	47	ENGERIX-B (PF).....	48
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.03</i>		ENGERIX-B PEDIATRIC (PF)	
<i>mg</i>	51	INTRAMUSCULAR SYRINGE.....	48
DROXIA.....	17	<i>enoxaparin subcutaneous solution</i>	36
DULERA.....	54	<i>enoxaparin subcutaneous syringe 100 mg/ml, 150</i>	
<i>duloxetine oral capsule, delayed release(dr/ec) 20</i>		<i>mg/ml</i>	36
<i>mg</i>	26	<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80</i>	
<i>duloxetine oral capsule, delayed release(dr/ec) 30</i>		<i>mg/0.8 ml</i>	36
<i>mg</i>	26	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	36
<i>duloxetine oral capsule, delayed release(dr/ec) 40</i>		<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	36
<i>mg</i>	26	<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	36
<i>duloxetine oral capsule, delayed release(dr/ec) 60</i>		<i>enpresse</i>	51
<i>mg</i>	27	<i>entacapone</i>	27
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	27	<i>entecavir</i>	11
<i>duramorph (pf) injection solution 1 mg/ml</i>	27	ENTRESTO.....	36
DUREZOL.....	53	<i>enulose</i>	47
<i>dutasteride</i>	56	EPCLUSA.....	11
<i>dutasteride-tamsulosin</i>	56	EPIDIOLEX.....	27
EDURANT.....	10	<i>epinephrine injection auto-injector 0.15 mg/0.3</i>	
<i>efavirenz oral capsule 200 mg</i>	11	<i>ml</i>	54
<i>efavirenz oral capsule 50 mg</i>	11	EPINEPHRINE INJECTION AUTO-	
<i>efavirenz oral tablet</i>	11	INJECTOR 0.3 MG/0.3 ML.....	54
ELAPRASE.....	44	<i>epirubicin intravenous solution</i>	17
ELIDEL.....	40	<i>epitol</i>	27
<i>elinest</i>	51	EPIVIR HBV ORAL SOLUTION.....	11
ELIQUIS ORAL TABLET 2.5 MG.....	36	<i>eplerenone</i>	36
ELIQUIS ORAL TABLET 5 MG.....	36	<i>eprosartan</i>	36
ELIQUIS ORAL TABLETS, DOSE PACK.....	36	EQUETRO ORAL CAPSULE, ER	
ELITEK.....	17	MULTIPHASE 12 HR 100 MG.....	27
ELLA.....	51	EQUETRO ORAL CAPSULE, ER	
EMCYT.....	17	MULTIPHASE 12 HR 200 MG.....	27
<i>emoquette</i>	51	EQUETRO ORAL CAPSULE, ER	
EMPLICITI.....	17	MULTIPHASE 12 HR 300 MG.....	27
EMSAM.....	27	ERAXIS(WATER DILUENT) INTRAVENOUS	
EMTRIVA ORAL CAPSULE.....	11	RECON SOLN 100 MG.....	11
EMTRIVA ORAL SOLUTION.....	11	ERBITUX.....	17

<i>ergoloid</i>	27	EVOMELA.....	17
<i>ergomar</i>	27	EVOTAZ.....	11
ERIVEDGE.....	17	<i>exemestane</i>	17
ERLEADA.....	17	EXJADE.....	42
<i>erlotinib oral tablet 100 mg, 150 mg</i>	17	<i>ezetimibe</i>	36
<i>erlotinib oral tablet 25 mg</i>	17	FABRAZYME.....	44
<i>errin</i>	51	<i>falmina (28)</i>	52
<i>ertapenem</i>	11	<i>famciclovir oral tablet 125 mg, 250 mg</i>	11
ERWINAZE.....	17	<i>famciclovir oral tablet 500 mg</i>	11
<i>ery pads</i>	40	<i>famotidine (pf) intravenous solution</i>	47
ERY-TAB ORAL TABLET,DELAYED		<i>famotidine (pf)-nacl (iso-os)</i>	47
RELEASE (DR/EC) 250 MG, 500 MG.....	11	<i>famotidine intravenous solution</i>	47
ERY-TAB ORAL TABLET,DELAYED		<i>famotidine oral tablet 20 mg, 40 mg</i>	47
RELEASE (DR/EC) 333 MG.....	11	FANAPT ORAL TABLET 1 MG.....	27
ERYTHROCIN (AS STEARATE) ORAL		FANAPT ORAL TABLET 10 MG, 12 MG.....	27
TABLET 250 MG.....	11	FANAPT ORAL TABLET 2 MG.....	27
ERYTHROCIN INTRAVENOUS RECON		FANAPT ORAL TABLET 4 MG.....	27
SOLN 500 MG.....	11	FANAPT ORAL TABLET 6 MG.....	27
<i>erythromycin ethylsuccinate oral tablet</i>	11	FANAPT ORAL TABLET 8 MG.....	27
<i>erythromycin ophthalmic (eye)</i>	53	FANAPT ORAL TABLETS,DOSE PACK.....	27
<i>erythromycin oral tablet 250 mg</i>	11	FARESTON.....	17
ERYTHROMYCIN ORAL TABLET 500		FARYDAK ORAL CAPSULE 10 MG.....	17
MG.....	11	FARYDAK ORAL CAPSULE 15 MG, 20	
<i>erythromycin oral tablet, delayed release (dr/ec) 250</i>		MG.....	17
<i>mg, 500 mg</i>	11	FASLODEX.....	17
<i>erythromycin oral tablet, delayed release (dr/ec) 333</i>		<i>felbamate</i>	27
<i>mg</i>	11	<i>felodipine</i>	36
<i>erythromycin with ethanol topical gel</i>	40	<i>femynor</i>	52
<i>erythromycin with ethanol topical solution</i>	40	<i>fenofibrate micronized oral capsule 134 mg, 67</i>	
<i>erythromycin-benzoyl peroxide</i>	40	<i>mg</i>	36
ESBRIET ORAL CAPSULE.....	54	<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	36
ESBRIET ORAL TABLET 267 MG.....	54	<i>fenofibrate oral tablet 160 mg</i>	36
ESBRIET ORAL TABLET 801 MG.....	54	<i>fenofibrate oral tablet 54 mg</i>	36
<i>escitalopram oxalate oral solution</i>	27	<i>fenopropfen oral tablet</i>	27
<i>escitalopram oxalate oral tablet 10 mg</i>	27	<i>fentanyl citrate lozenge</i>	27
<i>escitalopram oxalate oral tablet 20 mg</i>	27	FENTANYL CITRATE LOZENGE BUCCAL	
<i>escitalopram oxalate oral tablet 5 mg</i>	27	TABLET, EFFERVESCENT 100 MCG, 200	
<i>esomeprazole magnesium</i>	47	MCG, 400 MCG, 600 MCG, 800 MCG.....	27
<i>estradiol oral</i>	51	<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12</i>	
<i>estradiol transdermal patch semiweekly</i>	51	<i>mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	27
<i>estradiol vaginal</i>	51	FENTORA.....	27
ESTRING.....	52	FERRIPROX ORAL SOLUTION.....	42
<i>eszopiclone</i>	27	FERRIPROX ORAL TABLET 1,000 MG.....	42
<i>ethambutol</i>	11	FERRIPROX ORAL TABLET 500 MG.....	42
<i>ethosuximide</i>	27	FETZIMA ORAL CAPSULE,EXT REL 24HR	
<i>ethynodiol diac-eth estradiol</i>	52	DOSE PACK.....	27
ETOPOPHOS.....	17	FETZIMA ORAL CAPSULE,EXTENDED	
<i>etoposide intravenous</i>	17	RELEASE 24 HR 120 MG, 80 MG.....	27

FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG.....	27	<i>fluocinonide topical gel</i>	40
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG.....	27	<i>fluocinonide topical ointment</i>	40
<i>finasteride oral tablet 5 mg</i>	56	<i>fluocinonide topical solution</i>	40
FIRAZYR.....	54	<i>fluocinonide-e</i>	40
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.....	17	FLUOCINONIDE-EMOLLIENT.....	40
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG.....	17	<i>fluoride (sodium) oral tablet</i>	57
FIRVANQ.....	11	<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	57
<i>flecainide</i>	36	<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	57
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION.....	55	<i>fluorometholone</i>	53
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION.....	55	<i>fluorouracil intravenous</i>	17
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ ACTUATION.....	55	<i>fluorouracil topical cream 5 %</i>	40
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ ACTUATION.....	55	<i>fluorouracil topical solution 5 %</i>	40
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ ACTUATION.....	55	<i>fluoxetine oral capsule 10 mg</i>	27
<i>fluconazole</i>	11	<i>fluoxetine oral capsule 20 mg</i>	27
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	11	<i>fluoxetine oral capsule 40 mg</i>	27
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	11	<i>fluoxetine oral solution</i>	27
<i>flucytosine</i>	11	<i>fluphenazine decanoate</i>	28
<i>fludarabine intravenous recon soln</i>	17	<i>fluphenazine hcl</i>	28
<i>fludarabine intravenous solution</i>	17	<i>flurbiprofen</i>	28
<i>fludrocortisone</i>	44	<i>flurbiprofen ophthalmic (eye)</i>	53
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	55	<i>flutamide</i>	17
<i>fluocinolone acetonide oil otic (ear)</i>	43	<i>fluticasone propion-salmeterol inhalation blister with device</i>	55
<i>fluocinolone and shower cap</i>	40	<i>fluticasone propionate nasal</i>	55
<i>fluocinolone topical cream 0.01 %</i>	40	<i>fluticasone propionate topical cream</i>	40
<i>fluocinolone topical cream 0.025 %</i>	40	<i>fluticasone propionate topical ointment</i>	40
<i>fluocinolone topical oil</i>	40	<i>fluvoxamine oral tablet 100 mg</i>	28
<i>fluocinolone topical ointment</i>	40	<i>fluvoxamine oral tablet 25 mg</i>	28
<i>fluocinolone topical solution</i>	40	<i>fluvoxamine oral tablet 50 mg</i>	28
<i>fluocinonide topical cream 0.05 %</i>	40	FOLOTYN.....	17
		<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	36
		<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	36
		<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	36
		<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	37
		FORTEO.....	50
		<i>fosamprenavir</i>	11
		<i>fosinopril</i>	37
		<i>fosinopril-hydrochlorothiazide</i>	37
		<i>fosphenytoin</i>	28
		<i>freamine iii 10 %</i>	57
		FULPHILA.....	48
		<i>fulvestrant</i>	17
		<i>furosemide injection solution</i>	37

<i>furosemide oral solution 10 mg/ml</i>	37	<i>gentamicin injection solution 40 mg/ml</i>	11
FUROSEMIDE ORAL SOLUTION 40 MG/5 ML (8 MG/ML).....	37	<i>gentamicin ophthalmic (eye) drops</i>	53
<i>furosemide oral tablet</i>	37	<i>gentamicin ophthalmic (eye) ointment</i>	53
FUZEON SUBCUTANEOUS RECON SOLN.....	11	<i>gentamicin sulfate (ped) (pf)</i>	11
FYCOMPA ORAL SUSPENSION.....	28	<i>gentamicin topical</i>	40
FYCOMPA ORAL TABLET 10 MG, 12 MG.....	28	GENVOYA.....	11
FYCOMPA ORAL TABLET 2 MG.....	28	GEODON INTRAMUSCULAR.....	28
FYCOMPA ORAL TABLET 4 MG.....	28	GILENYA ORAL CAPSULE 0.5 MG.....	28
FYCOMPA ORAL TABLET 6 MG.....	28	GILOTRIF.....	18
FYCOMPA ORAL TABLET 8 MG.....	28	<i>glatiramer subcutaneous syringe 20 mg/ml</i>	28
<i>gabapentin oral capsule 100 mg</i>	28	<i>glatiramer subcutaneous syringe 40 mg/ml</i>	28
<i>gabapentin oral capsule 300 mg</i>	28	GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML.....	28
<i>gabapentin oral capsule 400 mg</i>	28	<i>glatopa subcutaneous syringe 40 mg/ml</i>	28
<i>gabapentin oral solution 250 mg/5 ml</i>	28	GLEOSTINE.....	18
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	28	<i>glimepiride oral tablet 1 mg</i>	44
<i>gabapentin oral tablet 600 mg</i>	28	<i>glimepiride oral tablet 2 mg</i>	44
<i>gabapentin oral tablet 800 mg</i>	28	<i>glimepiride oral tablet 4 mg</i>	44
GAMUNEX-C.....	48	<i>glipizide oral tablet 10 mg</i>	44
<i>ganciclovir sodium intravenous recon soln</i>	11	<i>glipizide oral tablet 5 mg</i>	44
GARDASIL 9 (PF).....	48	<i>glipizide oral tablet extended release 24hr 10 mg</i>	44
GATTEX 30-VIAL.....	47	<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	44
GATTEX ONE-VIAL.....	47	<i>glipizide oral tablet extended release 24hr 5 mg</i>	44
GAUZE PADS 2 X 2.....	44	<i>glipizide-metformin oral tablet 2.5-250 mg</i>	44
<i>gavilyte-c</i>	47	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	44
<i>gavilyte-g</i>	47	GLUCAGEN HYPOKIT.....	44
<i>gavilyte-n</i>	47	GLUCAGON EMERGENCY KIT (HUMAN).....	44
GAZYVA.....	17	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	47
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	18	<i>griseofulvin microsize oral suspension</i>	11
<i>gemcitabine intravenous recon soln 2 gram</i>	18	<i>griseofulvin ultramicrosize</i>	11
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	18	<i>guanfacine oral tablet extended release 24 hr</i>	28
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML.....	18	GUANIDINE.....	28
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	18	HALAVEN.....	18
<i>gemfibrozil</i>	37	<i>halcinonide</i>	40
<i>generlac</i>	47	<i>halobetasol propionate topical cream</i>	40
<i>gengraf oral capsule 100 mg, 25 mg</i>	18	<i>halobetasol propionate topical ointment</i>	40
<i>gengraf oral solution</i>	18	HALOG TOPICAL CREAM.....	40
GENOTROPIN.....	48	HALOG TOPICAL OINTMENT.....	40
GENOTROPIN MINIQUICK.....	48	<i>haloperidol decanoate</i>	28
<i>gentak ophthalmic (eye) ointment</i>	53	<i>haloperidol lactate injection</i>	28
<i>gentamicin injection solution 20 mg/2 ml</i>	11	<i>haloperidol lactate intramuscular</i>	28
		<i>haloperidol lactate oral conc</i>	28
		<i>haloperidol oral tablet</i>	28
		HARVONI ORAL TABLET 90-400 MG.....	11

HAVRIX (PF) INTRAMUSCULAR SUSPENSION.....	48	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/ 0.8 ML (6 PACK).....	50
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML.....	48	HUMIRA PEN.....	50
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML.....	49	HUMIRA PEN CROHNS-UC-HS START.....	50
<i>heather</i>	52	HUMIRA PEN PSOR-UEVITS-ADOL HS.....	50
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml).....</i>	37	HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML.....	50
HEPARIN (PORCINE) IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML(100 UNIT/ML).....	37	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML.....	50
HEPARIN (PORCINE) IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/500 ML (50 UNIT/ML).....	37	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/ 0.8 ML.....	50
<i>heparin (porcine) injection solution 1,000 unit/ ml.....</i>	37	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/ 0.8 ML-40 MG/0.4 ML.....	51
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml.....</i>	37	HUMIRA(CF) PEN CROHNS-UC-HS.....	51
<i>heparin (porcine) injection syringe 5,000 unit/ ml.....</i>	37	HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	51
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML.....	37	HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML.....	51
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml.....</i>	37	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML.....	51
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml.....</i>	37	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML.....	51
HEPATAMINE 8%.....	57	HUMULIN 70/30 U-100 INSULIN.....	44
HERCEPTIN HYLECTA.....	18	HUMULIN 70/30 U-100 KWIKPEN.....	44
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG.....	18	HUMULIN N NPH INSULIN KWIKPEN.....	44
HETLIOZ.....	28	HUMULIN N NPH U-100 INSULIN.....	44
HIBERIX (PF).....	49	HUMULIN R REGULAR U-100 INSULN.....	44
HUMALOG JUNIOR KWIKPEN U-100.....	44	HUMULIN R U-500 (CONC) INSULIN.....	44
HUMALOG KWIKPEN INSULIN.....	44	HUMULIN R U-500 (CONC) KWIKPEN.....	44
HUMALOG MIX 50-50 INSULN U-100.....	44	<i>hydralazine</i>	37
HUMALOG MIX 50-50 KWIKPEN.....	44	<i>hydrochlorothiazide oral capsule</i>	37
HUMALOG MIX 75-25 KWIKPEN.....	44	HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG.....	37
HUMALOG MIX 75-25(U-100)INSULN.....	44	<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	37
HUMALOG U-100 INSULIN.....	44	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	28
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT).....	49	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	28
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/ 0.8 ML.....	50	<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	28
		<i>hydrocortisone oral</i>	44
		<i>hydrocortisone rectal</i>	47
		<i>hydrocortisone topical cream 1 %, 2.5 %</i>	40
		<i>hydrocortisone topical cream with perineal applicator</i>	47
		<i>hydrocortisone topical lotion 2.5 %</i>	40
		<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	40

<i>hydrocortisone valerate</i>	40	INSULIN SYRINGE (DISP) U-100 0.3 ML, 1	
<i>hydrocortisone-acetic acid</i>	43	ML, 1/2 ML.....	44
<i>hydromorphone oral tablet</i>	28	INTELENCE ORAL TABLET 100 MG.....	11
<i>hydroxychloroquine</i>	11	INTELENCE ORAL TABLET 200 MG.....	11
<i>hydroxyprogesterone caproate</i>	52	INTELENCE ORAL TABLET 25 MG.....	11
<i>hydroxyurea</i>	18	<i>intralipid intravenous emulsion 20 %</i>	57
<i>hydroxyzine hcl oral tablet</i>	55	INTRON A INJECTION RECON SOLN 10	
<i>ibandronate intravenous syringe</i>	51	MILLION UNIT (1 ML), 18 MILLION	
<i>ibandronate oral</i>	51	UNIT (1 ML).....	49
IBRANCE.....	18	INTRON A INJECTION RECON SOLN 50	
<i>ibu oral tablet 400 mg</i>	28	MILLION UNIT (1 ML).....	49
IBU ORAL TABLET 600 MG, 800 MG.....	28	INTRON A INJECTION SOLUTION 10	
<i>ibuprofen oral suspension</i>	28	MILLION UNIT/ML.....	49
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	28	INTRON A INJECTION SOLUTION 6	
<i>icatibant</i>	55	MILLION UNIT/ML.....	49
ICLUSIG ORAL TABLET 15 MG.....	18	<i>introvale</i>	52
ICLUSIG ORAL TABLET 45 MG.....	18	INVANZ INJECTION.....	11
<i>idarubicin</i>	18	INVEGA SUSTENNA INTRAMUSCULAR	
IDHIFA ORAL TABLET 100 MG.....	18	SYRINGE 117 MG/0.75 ML.....	28
IDHIFA ORAL TABLET 50 MG.....	18	INVEGA SUSTENNA INTRAMUSCULAR	
<i>ifosfamide intravenous recon soln</i>	18	SYRINGE 156 MG/ML.....	28
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	18	INVEGA SUSTENNA INTRAMUSCULAR	
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	18	SYRINGE 234 MG/1.5 ML.....	28
ILARIS (PF) SUBCUTANEOUS		INVEGA SUSTENNA INTRAMUSCULAR	
SOLUTION.....	49	SYRINGE 39 MG/0.25 ML.....	29
ILEVRO.....	53	INVEGA SUSTENNA INTRAMUSCULAR	
<i>imatinib oral tablet 100 mg</i>	18	SYRINGE 78 MG/0.5 ML.....	29
<i>imatinib oral tablet 400 mg</i>	18	INVEGA TRINZA INTRAMUSCULAR	
IMBRUVICA ORAL CAPSULE 140 MG.....	18	SYRINGE 273 MG/0.875 ML.....	29
IMBRUVICA ORAL CAPSULE 70 MG.....	18	INVEGA TRINZA INTRAMUSCULAR	
IMBRUVICA ORAL TABLET 140 MG.....	18	SYRINGE 410 MG/1.315 ML.....	29
IMBRUVICA ORAL TABLET 280 MG, 420		INVEGA TRINZA INTRAMUSCULAR	
MG, 560 MG.....	18	SYRINGE 546 MG/1.75 ML.....	29
IMFINZI.....	18	INVEGA TRINZA INTRAMUSCULAR	
<i>imipenem-cilastatin</i>	11	SYRINGE 819 MG/2.625 ML.....	29
<i>imipramine hcl</i>	28	INVIRASE ORAL TABLET.....	11
<i>imiquimod topical cream in packet</i>	40	IPOLE SUSPENSION FOR INJECTION 40	
IMOVAX RABIES VACCINE (PF).....	49	UNIT-8 UNIT-32 UNIT/0.5 ML.....	49
INCRELEX.....	42	<i>ipratropium bromide inhalation</i>	55
<i>indapamide</i>	37	<i>ipratropium bromide nasal</i>	43
INFANRIX (DTAP) (PF).....	49	<i>ipratropium-albuterol inhalation</i>	55
INFLECTRA.....	47	<i>irbesartan</i>	37
INLYTA ORAL TABLET 1 MG.....	18	IRESSA.....	18
INLYTA ORAL TABLET 5 MG.....	18	<i>irinotecan intravenous solution 100 mg/5 ml, 40</i>	
INREBIC.....	18	<i>mg/2 ml</i>	18
INSULIN LISPRO.....	44	<i>irinotecan intravenous solution 500 mg/25 ml</i>	18
INSULIN PEN NEEDLE.....	44	ISENTRESS HD.....	11
		ISENTRESS ORAL POWDER IN	
		PACKET.....	12

ISENTRESS ORAL TABLET.....	12	KADCYLA INTRAVENOUS RECON SOLN	
ISENTRESS ORAL TABLET,CHEWABLE 100		160 MG.....	19
MG.....	12	KALETRA ORAL TABLET 100-25 MG.....	12
ISENTRESS ORAL TABLET,CHEWABLE 25		KALETRA ORAL TABLET 200-50 MG.....	12
MG.....	12	KALYDECO ORAL TABLET.....	55
ISIBLOOM.....	52	<i>kariva</i> (28).....	52
<i>isoniazid oral</i>	12	<i>kelnor 1/35</i> (28).....	52
<i>isosorbide dinitrate oral tablet</i>	37	KEPIVANCE.....	19
<i>isosorbide mononitrate</i>	37	<i>ketoconazole oral</i>	12
ISTODAX.....	18	<i>ketoconazole topical</i>	40
<i>itraconazole oral capsule</i>	12	<i>ketorolac ophthalmic (eye)</i>	53
<i>ivermectin oral</i>	12	KEYTRUDA INTRAVENOUS	
IXEMPRA.....	18	SOLUTION.....	19
IXIARO (PF).....	49	KHAPZORY.....	19
JAKAFI ORAL TABLET 10 MG.....	18	KHEDEZLA ORAL TABLET EXTENDED	
JAKAFI ORAL TABLET 15 MG.....	18	RELEASE 24HR 100 MG.....	29
JAKAFI ORAL TABLET 20 MG.....	18	KHEDEZLA ORAL TABLET EXTENDED	
JAKAFI ORAL TABLET 25 MG.....	19	RELEASE 24HR 50 MG.....	29
JAKAFI ORAL TABLET 5 MG.....	19	KINRIX (PF) INTRAMUSCULAR	
JANTOVEN.....	37	SUSPENSION.....	49
JANUMET.....	44	KINRIX (PF) INTRAMUSCULAR	
JANUMET XR ORAL TABLET, ER		SYRINGE.....	49
MULTIPHASE 24 HR 100-1,000 MG.....	44	<i>kionex (with sorbitol)</i>	42
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.....	19
MG.....	44	KISQALI FEMARA CO-PACK ORAL TABLET	
JANUVIA ORAL TABLET 100 MG.....	44	400 MG/DAY(200 MG X 2)-2.5 MG.....	19
JANUVIA ORAL TABLET 25 MG.....	44	KISQALI FEMARA CO-PACK ORAL TABLET	
JANUVIA ORAL TABLET 50 MG.....	44	600 MG/DAY(200 MG X 3)-2.5 MG.....	19
JARDIANCE.....	44	KISQALI ORAL TABLET 200 MG/DAY (200	
<i>jencycla</i>	52	MG X 1).....	19
JENTADUETO.....	45	KISQALI ORAL TABLET 400 MG/DAY (200	
JENTADUETO XR ORAL TABLET, IR - ER,		MG X 2).....	19
BIPHASIC 24HR 2.5-1,000 MG.....	45	KISQALI ORAL TABLET 600 MG/DAY (200	
JENTADUETO XR ORAL TABLET, IR - ER,		MG X 3).....	19
BIPHASIC 24HR 5-1,000 MG.....	45	<i>klor-con 10</i>	57
JEVTANA.....	19	<i>klor-con 8</i>	57
<i>jolessa</i>	52	<i>klor-con m10</i>	57
<i>juleber</i>	52	<i>klor-con m15</i>	57
JULUCA.....	12	<i>klor-con m20</i>	57
<i>junel 1.5/30</i> (21).....	52	<i>klor-con sprinkle oral capsule, extended release 8</i>	
<i>junel 1/20</i> (21).....	52	<i>meq</i>	57
<i>junel fe 1.5/30</i> (28).....	52	KORLYM.....	45
<i>junel fe 1/20</i> (28).....	52	<i>kurvelo</i> (28).....	52
<i>junel fe 24</i>	52	KUVAN ORAL TABLET,SOLUBLE.....	45
JUXTAPID.....	37	KYPROLIS INTRAVENOUS RECON SOLN	
KADCYLA INTRAVENOUS RECON SOLN		10 MG.....	19
100 MG.....	19		

KYPROLIS INTRAVENOUS RECON SOLN	
30 MG, 60 MG.....	19
<i>labetalol intravenous solution</i>	37
<i>labetalol oral</i>	37
<i>lactated ringers intravenous</i>	57
<i>lactated ringers irrigation</i>	42
<i>lactulose oral solution</i>	47
<i>lamivudine oral solution</i>	12
<i>lamivudine oral tablet 100 mg</i>	12
<i>lamivudine oral tablet 150 mg</i>	12
<i>lamivudine oral tablet 300 mg</i>	12
<i>lamivudine-zidovudine</i>	12
<i>lamotrigine oral tablet</i>	29
<i>lamotrigine oral tablet, chewable dispersible</i>	29
LANOXIN ORAL TABLET 62.5 MCG (0.0625	
MG).....	37
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	47
LANTUS SOLOSTAR U-100 INSULIN.....	45
LANTUS U-100 INSULIN.....	45
<i>larin 1.5/30 (21)</i>	52
<i>larin 1/20 (21)</i>	52
<i>larin fe 1.5/30 (28)</i>	52
<i>larin fe 1/20 (28)</i>	52
<i>larissia</i>	52
<i>latanoprost</i>	53
LATUDA ORAL TABLET 120 MG, 60	
MG.....	29
LATUDA ORAL TABLET 20 MG.....	29
LATUDA ORAL TABLET 40 MG.....	29
LATUDA ORAL TABLET 80 MG.....	29
<i>leflunomide</i>	51
LENVIMA ORAL CAPSULE 10 MG/DAY (10	
MG X 1).....	19
LENVIMA ORAL CAPSULE 12 MG/DAY (4	
MG X 3).....	19
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).....	19
LENVIMA ORAL CAPSULE 18 MG/DAY (10	
MG X 1-4 MG X2), 24 MG/DAY(10 MG X	
2-4 MG X 1).....	19
LENVIMA ORAL CAPSULE 4 MG.....	19
<i>lessina</i>	52
LETAIRIS.....	55
<i>letrozole</i>	19
<i>leucovorin calcium injection recon soln 100 mg, 200</i>	
<i>mg, 350 mg, 50 mg</i>	19
<i>leucovorin calcium injection recon soln 500 mg</i>	19
<i>leucovorin calcium oral</i>	19
LEUKERAN.....	19
LEUKINE INJECTION RECON SOLN.....	49
<i>leuprolide subcutaneous kit</i>	19
<i>levalbuterol hcl inhalation solution for nebulization</i>	
<i>0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3</i>	
<i>ml</i>	55
<i>levalbuterol hcl inhalation solution for nebulization</i>	
<i>0.63 mg/3 ml</i>	55
LEVEMIR FLEXTOUCH U-100 INSULN.....	45
LEVEMIR U-100 INSULIN.....	45
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i>	
<i>1,000 mg/100 ml, 1,500 mg/100 ml</i>	29
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i>	
<i>500 mg/100 ml</i>	29
<i>levetiracetam intravenous</i>	29
<i>levetiracetam oral solution 100 mg/ml</i>	29
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	29
<i>levetiracetam oral tablet</i>	29
<i>levetiracetam oral tablet extended release 24 hr 500</i>	
<i>mg</i>	29
<i>levetiracetam oral tablet extended release 24 hr 750</i>	
<i>mg</i>	29
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	53
<i>levocarnitine (with sugar)</i>	42
<i>levocarnitine oral tablet</i>	42
<i>levocetirizine oral tablet</i>	55
<i>levofloxacin intravenous</i>	12
<i>levofloxacin oral</i>	12
<i>levoleucovorin calcium intravenous recon soln 50</i>	
<i>mg</i>	19
<i>levoleucovorin calcium intravenous solution</i>	19
<i>levonest (28)</i>	52
<i>levonorg-eth estrad triphasic</i>	52
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-</i>	
<i>mcg, 0.15-0.03 mg</i>	52
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3</i>	
<i>month</i>	52
<i>levora-28</i>	52
<i>levorphanol tartrate oral tablet 2 mg</i>	29
<i>levothyroxine oral</i>	45
LEVOXYL ORAL TABLET 100 MCG, 112	
MCG, 125 MCG, 137 MCG, 150 MCG, 175	
MCG, 200 MCG, 25 MCG, 50 MCG, 75	
MCG, 88 MCG.....	45
LEXIVA ORAL SUSPENSION.....	12
LEXIVA ORAL TABLET.....	12
LIBTAYO.....	19

<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	40
<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	40
<i>lidocaine (pf) intravenous solution</i>	37
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	37
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	40
<i>lidocaine hcl laryngotracheal</i>	40
<i>lidocaine hcl mucous membrane jelly</i>	40
<i>lidocaine hcl mucous membrane jelly in applicator</i>	40
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	40
<i>lidocaine topical adhesive patch, medicated</i>	40
<i>lidocaine topical ointment</i>	40
<i>lidocaine viscous</i>	40
<i>lidocaine-prilocaine topical cream</i>	40
<i>lindane topical shampoo</i>	40
<i>linezolid in dextrose 5%</i>	12
<i>linezolid oral suspension for reconstitution</i>	12
<i>linezolid oral tablet</i>	12
<i>linezolid-0.9% sodium chloride</i>	12
LINZESS.....	47
<i>liothyronine oral</i>	45
<i>lisinopril</i>	37
<i>lisinopril-hydrochlorothiazide</i>	37
<i>lithium carbonate</i>	29
<i>lithium citrate oral solution 8 meq/5 ml</i>	29
LONSURF.....	19
<i>loperamide oral capsule</i>	47
<i>lopinavir-ritonavir</i>	12
<i>lorazepam intensol</i>	29
<i>lorazepam oral</i>	29
LORBRENA ORAL TABLET 100 MG.....	19
LORBRENA ORAL TABLET 25 MG.....	19
<i>lorcet (hydrocodone)</i>	29
<i>lorcet hd</i>	29
<i>lorcet plus oral tablet 7.5-325 mg</i>	29
<i>losartan</i>	37
<i>losartan-hydrochlorothiazide</i>	37
<i>lovastatin</i>	37
<i>low-ogestrel (28)</i>	52
<i>loxapine succinate</i>	29
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	57

LUMIGAN OPHTHALMIC (EYE) DROPS	
0.01 %.....	53
LUMOXITI.....	19
LUPRON DEPOT.....	19
LUPRON DEPOT (3 MONTH).....	19
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG.....	20
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED).....	20
<i>lutera (28)</i>	52
LYNPARZA ORAL TABLET.....	20
LYRICA ORAL CAPSULE 100 MG.....	29
LYRICA ORAL CAPSULE 150 MG.....	29
LYRICA ORAL CAPSULE 200 MG.....	29
LYRICA ORAL CAPSULE 225 MG, 300 MG.....	29
LYRICA ORAL CAPSULE 25 MG.....	29
LYRICA ORAL CAPSULE 50 MG.....	29
LYRICA ORAL CAPSULE 75 MG.....	29
LYRICA ORAL SOLUTION.....	29
LYSODREN.....	20
<i>lyza</i>	52
M-M-R II (PF).....	49
<i>mafenide acetate</i>	40
<i>magnesium sulfate in water intravenous parenteral solution</i>	57
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	57
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	57
<i>magnesium sulfate injection solution</i>	57
<i>magnesium sulfate injection syringe</i>	57
<i>maprotiline oral tablet 25 mg</i>	29
<i>maprotiline oral tablet 50 mg</i>	30
<i>maprotiline oral tablet 75 mg</i>	30
<i>marlissa (28)</i>	52
MARPLAN.....	30
MARQIBO.....	20
MATULANE.....	20
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	47
<i>meclofenamate</i>	30
<i>medroxyprogesterone</i>	52
<i>mefloquine</i>	12
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	20
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	20

<i>megestrol oral tablet</i>	20	<i>methotrexate sodium injection</i>	20
MEKINIST ORAL TABLET 0.5 MG.....	20	<i>methotrexate sodium oral</i>	20
MEKINIST ORAL TABLET 2 MG.....	20	<i>methoxsalen</i>	41
MEKTOVI.....	20	<i>methyclothiazide</i>	37
<i>meloxicam oral tablet</i>	30	<i>methyldopa</i>	37
<i>melphalan hcl intravenous solution</i>	20	<i>methyldopa-hydrochlorothiazide</i>	37
<i>memantine oral capsule, sprinkle, er 24hr</i>	30	<i>methyldopate</i>	37
<i>memantine oral solution</i>	30	<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5</i>	
<i>memantine oral tablet 10 mg</i>	30	<i>mg</i>	30
<i>memantine oral tablet 5 mg</i>	30	<i>methylphenidate hcl oral tablet extended release 10</i>	
MENACTRA (PF) INTRAMUSCULAR		<i>mg, 20 mg</i>	30
SOLUTION.....	49	<i>methylpred dp</i>	45
<i>menest oral tablet 0.3 mg, 0.625 mg, 1.25 mg</i>	52	<i>methylprednisolone</i>	45
MENVEO A-C-Y-W-135-DIP (PF).....	49	<i>methylprednisolone acetate</i>	45
<i>mercaptapurine</i>	20	<i>methylprednisolone sodium succ injection recon soln</i>	
<i>meropenem intravenous recon soln 1 gram</i>	12	<i>125 mg, 40 mg</i>	45
<i>meropenem intravenous recon soln 500 mg</i>	12	<i>methylprednisolone sodium succ intravenous recon</i>	
<i>meropenem-0.9% sodium chloride intravenous</i>		<i>soln 1,000 mg</i>	45
<i>piggyback 500 mg/50 ml</i>	12	<i>metoclopramide hcl injection solution</i>	47
<i>mesalamine oral capsule (with del rel tablets)</i>	47	<i>metoclopramide hcl injection syringe</i>	47
<i>mesalamine oral tablet, delayed release (dr/ec) 800</i>		<i>metoclopramide hcl oral solution</i>	47
<i>mg</i>	47	<i>metoclopramide hcl oral tablet</i>	47
<i>mesalamine rectal enema</i>	47	<i>metolazone</i>	37
<i>mesalamine rectal suppository</i>	47	<i>metoprolol succinate</i>	37
<i>mesalamine with cleansing wipe</i>	47	<i>metoprolol tartrate intravenous solution</i>	37
<i>mesna</i>	20	<i>metoprolol tartrate intravenous syringe</i>	38
MESNEX ORAL.....	20	<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	38
MESTINON ORAL SYRUP.....	30	METOPROLOL TARTRATE ORAL TABLET	
<i>metadate er</i>	30	25 MG.....	38
<i>metaproterenol oral syrup</i>	55	<i>metro i.v.</i>	12
<i>metformin oral tablet 1,000 mg</i>	45	<i>metronidazole in nacl (iso-os)</i>	12
<i>metformin oral tablet 500 mg</i>	45	<i>metronidazole oral</i>	12
<i>metformin oral tablet 850 mg</i>	45	<i>metronidazole topical cream</i>	41
<i>metformin oral tablet extended release 24 hr 500</i>		<i>metronidazole topical gel 0.75 %</i>	41
<i>mg</i>	45	<i>metronidazole topical lotion</i>	41
<i>metformin oral tablet extended release 24 hr 750</i>		<i>metronidazole vaginal</i>	52
<i>mg</i>	45	<i>mexiletine</i>	38
<i>methadone injection solution</i>	30	MIACALCIN INJECTION.....	45
<i>methadone intensol</i>	30	<i>miconazole-3 vaginal suppository</i>	52
<i>methadone oral concentrate</i>	30	<i>microgestin 1.5/30 (21)</i>	52
<i>methadone oral solution</i>	30	<i>microgestin 1/20 (21)</i>	52
<i>methadone oral tablet</i>	30	<i>microgestin fe 1.5/30 (28)</i>	52
<i>methazolamide</i>	53	<i>microgestin fe 1/20 (28)</i>	52
<i>methenamine hippurate</i>	12	<i>midodrine</i>	42
<i>methenamine mandelate oral tablet 1 gram</i>	12	<i>miglustat</i>	45
<i>methimazole oral tablet 10 mg, 5 mg</i>	45	<i>minitran</i>	38
<i>methotrexate sodium (pf) injection recon soln</i>	20	<i>minocycline oral capsule</i>	12
<i>methotrexate sodium (pf) injection solution</i>	20	<i>minocycline oral tablet</i>	12

<i>minoxidil oral</i>	38	<i>moxifloxacin ophthalmic (eye)</i>	53
<i>mircette (28)</i>	52	MOZOBIL.....	49
<i>mirtazapine oral tablet 15 mg</i>	30	MULTAQ.....	38
<i>mirtazapine oral tablet 30 mg</i>	30	<i>mupirocin topical ointment</i>	41
<i>mirtazapine oral tablet 45 mg</i>	30	<i>mycophenolate mofetil oral capsule</i>	20
<i>mirtazapine oral tablet 7.5 mg</i>	30	<i>mycophenolate mofetil oral suspension for</i> <i>reconstitution</i>	20
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	30	<i>mycophenolate mofetil oral tablet</i>	20
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	30	<i>mycophenolate sodium</i>	20
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	30	MYLOTARG.....	20
<i>misoprostol</i>	47	MYORISAN.....	41
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	20	MYRBETRIQ.....	56
<i>mitomycin intravenous recon soln 40 mg</i>	20	<i>nabumetone</i>	31
<i>mitoxantrone</i>	20	<i>nadolol</i>	38
<i>modafinil oral tablet 100 mg</i>	30	<i>nadolol-bendroflumethiazide oral tablet 40-5</i> <i>mg</i>	38
<i>modafinil oral tablet 200 mg</i>	30	<i>nadolol-bendroflumethiazide oral tablet 80-5</i> <i>mg</i>	38
<i>molindone</i>	30	<i>nafcillin in dextrose iso-osm intravenous piggyback</i> <i>1 gram/50 ml</i>	12
<i>mometasone topical</i>	41	<i>nafcillin in dextrose iso-osm intravenous piggyback</i> <i>2 gram/100 ml</i>	12
<i>mono-lynyah</i>	52	<i>nafcillin injection recon soln 1 gram</i>	12
<i>montelukast</i>	55	<i>nafcillin injection recon soln 10 gram</i>	12
MONUROL.....	12	<i>nafcillin injection recon soln 2 gram</i>	12
<i>morgidox</i>	12	<i>nafcillin intravenous</i>	12
<i>morphine (pf) injection solution 0.5 mg/ml</i>	30	NAGLAZYME.....	45
<i>morphine (pf) injection solution 1 mg/ml</i>	30	<i>nalbuphine injection solution 10 mg/ml</i>	31
<i>morphine (pf) intravenous patient control. analgesia</i> <i>soln 150 mg/30 ml</i>	30	<i>nalbuphine injection solution 20 mg/ml</i>	31
<i>morphine (pf) intravenous patient control. analgesia</i> <i>soln 30 mg/30 ml</i>	30	<i>naloxone</i>	31
<i>morphine concentrate oral solution</i>	30	<i>naltrexone</i>	31
MORPHINE INJECTION SOLUTION 4 MG/ ML.....	30	<i>naproxen oral tablet 250mg, 375 mg, 500 mg</i>	31
<i>morphine injection solution 8 mg/ml</i>	30	NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION.....	31
<i>morphine injection syringe 10 mg/ml</i>	30	NATACYN.....	53
<i>morphine injection syringe 2 mg/ml, 4 mg/ml</i>	30	NATPARA.....	45
<i>morphine injection syringe 5 mg/ml</i>	30	NAYZILAM.....	31
<i>morphine injection syringe 8 mg/ml</i>	30	NEBUPENT.....	12
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml,</i> <i>8 mg/ml</i>	30	<i>necon 0.5/35 (28)</i>	52
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml,</i> <i>8 mg/ml</i>	30	<i>needles, insulin disp., safety</i>	45
<i>morphine intravenous syringe 4 mg/ml</i>	30	<i>nefazodone oral tablet 100 mg</i>	31
<i>morphine oral solution</i>	30	<i>nefazodone oral tablet 150 mg</i>	31
<i>morphine oral tablet</i>	30	<i>nefazodone oral tablet 200 mg</i>	31
<i>morphine oral tablet extended release 100 mg, 200</i> <i>mg</i>	30	<i>nefazodone oral tablet 250 mg</i>	31
<i>morphine oral tablet extended release 15 mg, 30 mg,</i> <i>60 mg</i>	31	<i>nefazodone oral tablet 50 mg</i>	31
MOVANTIK.....	47	<i>neo-polycin</i>	53
MOVIPREP.....	47	<i>neo-polycin hc</i>	53
		<i>neomycin</i>	12

<i>neomycin-bacitracin-poly-hc</i>	53	<i>norethindrone acetate</i>	52
<i>neomycin-bacitracin-polymyxin</i>	53	<i>norethindrone-e.estradiol-iron oral tablet</i>	52
<i>neomycin-polymyxin b gu irrigation solution</i>	42	<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/ 0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	52
<i>neomycin-polymyxin b-dexameth</i>	53	<i>norlyroc</i>	52
<i>neomycin-polymyxin-gramicidin</i>	53	NORMOSOL-M IN 5 % DEXTROSE.....	57
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	53	NORMOSOL-R.....	57
<i>neomycin-polymyxin-hc otic (ear)</i>	43	NORMOSOL-R IN 5 % DEXTROSE.....	57
NERLYNX.....	20	NORMOSOL-R PH 7.4.....	57
NEULASTA.....	49	NORTHERA ORAL CAPSULE 100 MG.....	42
NEUPOGEN.....	49	NORTHERA ORAL CAPSULE 200 MG.....	42
NEUPRO.....	31	NORTHERA ORAL CAPSULE 300 MG.....	42
NEVANAC.....	53	<i>nortrel 0.5/35 (28)</i>	52
<i>nevirapine oral suspension</i>	12	<i>nortrel 1/35 (21)</i>	52
<i>nevirapine oral tablet</i>	12	<i>nortrel 1/35 (28)</i>	52
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	12	<i>nortrel 7/7/7 (28)</i>	52
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	12	<i>nortriptyline oral capsule</i>	31
NEXAVAR.....	20	NORTRIPTYLINE ORAL SOLUTION.....	31
<i>niacin oral tablet 500 mg</i>	38	NORVIR ORAL POWDER IN PACKET.....	13
<i>niacin oral tablet extended release 24 hr</i>	38	NORVIR ORAL SOLUTION.....	13
<i>niacor</i>	38	NORVIR ORAL TABLET.....	13
<i>nicardipine oral</i>	38	NOXAFIL ORAL SUSPENSION.....	13
NICOTROL NS.....	42	NUBEQA.....	20
<i>nifedipine oral tablet extended release</i>	38	NUEDEXTA.....	31
<i>nifedipine oral tablet extended release 24hr</i>	38	NULOJIX.....	20
<i>nilutamide</i>	20	NUPLAZID ORAL CAPSULE.....	31
<i>nimodipine</i>	38	NUPLAZID ORAL TABLET 10 MG.....	31
NINLARO.....	20	<i>nutrilipid</i>	57
NIPENT.....	20	NUVARING.....	52
<i>nitisinone</i>	42	<i>nyamyc</i>	41
<i>nitro-bid</i>	38	<i>nystatin oral suspension</i>	13
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	12	<i>nystatin oral tablet</i>	13
<i>nitrofurantoin monohyd/m-cryst</i>	13	<i>nystatin topical</i>	41
<i>nitroglycerin intravenous</i>	38	<i>nystatin-triamcinolone topical cream</i>	41
<i>nitroglycerin sublingual</i>	38	<i>nystop</i>	41
<i>nitroglycerin transdermal patch 24 hour</i>	38	<i>ocella</i>	52
<i>nora-be</i>	52	OCTAGAM.....	49
NORDITROPIN FLEXPRO		<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	20
SUBCUTANEOUS PEN INJECTOR 10 MG/ 1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML).....	49	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	20
<i>norethindrone (contraceptive)</i>	52	<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	20
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg- mcg</i>	52	<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	20
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	52	ODEFSEY.....	13
		ODOMZO.....	20
		OFEV.....	55

<i>ofloxacin ophthalmic (eye)</i>	53
<i>ofloxacin oral tablet 300 mg</i>	13
<i>ofloxacin oral tablet 400 mg</i>	13
<i>ofloxacin otic (ear)</i>	43
<i>ogestrel (28)</i>	52
<i>olanzapine intramuscular</i>	31
<i>olanzapine oral tablet 10 mg</i>	31
<i>olanzapine oral tablet 15 mg</i>	31
<i>olanzapine oral tablet 2.5 mg</i>	31
<i>olanzapine oral tablet 20 mg</i>	31
<i>olanzapine oral tablet 5 mg</i>	31
<i>olanzapine oral tablet 7.5 mg</i>	31
<i>olanzapine oral tablet, disintegrating 10 mg</i>	31
<i>olanzapine oral tablet, disintegrating 15 mg</i>	31
<i>olanzapine oral tablet, disintegrating 20 mg</i>	31
<i>olanzapine oral tablet, disintegrating 5 mg</i>	31
<i>olmesartan</i>	38
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	53
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	53
<i>omega-3 acid ethyl esters</i>	38
<i>omeprazole oral capsule, delayed release(dr/lec)</i>	47
<i>ondansetron</i>	47
<i>ondansetron hcl (pf)</i>	47
<i>ondansetron hcl intravenous</i>	47
<i>ondansetron hcl oral tablet 24 mg</i>	48
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	48
ONFI ORAL SUSPENSION.....	31
ONFI ORAL TABLET 10 MG.....	31
ONFI ORAL TABLET 20 MG.....	31
OPDIVO.....	20
<i>oralone</i>	43
ORFADIN.....	42
<i>orkambi oral tablet 100-125 mg</i>	55
ORKAMBI ORAL TABLET 200-125 MG.....	55
<i>orsythia</i>	52
<i>oseltamivir</i>	13
<i>oxacillin injection recon soln 1 gram</i>	13
<i>oxacillin injection recon soln 10 gram</i>	13
<i>oxaliplatin intravenous recon soln 100 mg</i>	20
<i>oxaliplatin intravenous recon soln 50 mg</i>	20
<i>oxaliplatin intravenous solution</i>	20
<i>oxandrolone oral tablet 10 mg</i>	45
<i>oxandrolone oral tablet 2.5 mg</i>	45
<i>oxaprozin</i>	31
<i>oxcarbazepine oral suspension</i>	31
<i>oxcarbazepine oral tablet</i>	31
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG.....	31

OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG.....	31
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG.....	31
<i>oxybutynin chloride oral syrup</i>	56
<i>oxybutynin chloride oral tablet</i>	56
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	56
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	56
<i>oxycodone oral capsule</i>	31
<i>oxycodone oral concentrate</i>	31
<i>oxycodone oral solution</i>	31
<i>oxycodone oral syringe</i>	31
<i>oxycodone oral tablet</i>	31
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	32
<i>oxycodone-aspirin</i>	32
OZEMPIC.....	45
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	38
<i>paclitaxel</i>	20
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	32
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	32
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	32
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	32
<i>pamidronate intravenous recon soln</i>	45
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	45
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	45
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600- 6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT.....	48
PANRETIN.....	41
<i>pantoprazole intravenous</i>	48
<i>pantoprazole oral</i>	48
<i>paroex oral rinse</i>	43
<i>paromomycin</i>	13
<i>paroxetine hcl oral tablet 10 mg</i>	32
<i>paroxetine hcl oral tablet 20 mg</i>	32
<i>paroxetine hcl oral tablet 30 mg</i>	32
<i>paroxetine hcl oral tablet 40 mg</i>	32

<i>paser</i>	13	<i>phenelzine</i>	32
PAXIL ORAL SUSPENSION.....	32	<i>phenobarbital oral elixir</i>	32
PAZEO.....	53	<i>phenobarbital oral tablet 100 mg</i>	32
PEDIARIX (PF).....	49	<i>phenobarbital oral tablet 15 mg</i>	32
PEDVAX HIB (PF).....	49	<i>phenobarbital oral tablet 16.2 mg</i>	32
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74</i>		<i>phenobarbital oral tablet 30 mg</i>	32
-5.86 gram.....	48	<i>phenobarbital oral tablet 32.4 mg</i>	32
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72</i>		<i>phenobarbital oral tablet 60 mg</i>	32
-5.84 gram.....	48	<i>phenobarbital oral tablet 64.8 mg</i>	32
<i>peg-electrolyte soln</i>	48	<i>phenobarbital oral tablet 97.2 mg</i>	32
PEGANONE.....	32	<i>phenytek</i>	32
PEGASYS.....	49	<i>phenytoin oral suspension 100 mg/4 ml</i>	32
PEGASYS PROCLICK SUBCUTANEOUS PEN		<i>phenytoin oral suspension 125 mg/5 ml</i>	32
INJECTOR 180 MCG/0.5 ML.....	49	<i>phenytoin oral tablet, chewable</i>	32
PEGINTRON SUBCUTANEOUS KIT 50		<i>phenytoin sodium extended</i>	32
MCG/0.5 ML.....	49	<i>phenytoin sodium intravenous solution</i>	32
<i>penicillamine</i>	51	<i>philith</i>	52
PENICILLIN G POT IN DEXTROSE		PHOSPHOLINE IODIDE.....	53
INTRAVENOUS PIGGYBACK 1 MILLION		PICATO.....	41
UNIT/50 ML.....	13	PIFELTRO.....	13
PENICILLIN G POT IN DEXTROSE		<i>pilocarpine hcl oral</i>	42
INTRAVENOUS PIGGYBACK 2 MILLION		<i>pimecrolimus</i>	41
UNIT/50 ML.....	13	<i>pimozide</i>	32
PENICILLIN G POT IN DEXTROSE		<i>pimtrea (28)</i>	52
INTRAVENOUS PIGGYBACK 3 MILLION		<i>pindolol</i>	38
UNIT/50 ML.....	13	<i>pioglitazone oral tablet 15 mg</i>	45
<i>penicillin g potassium injection recon soln 20 million</i>		<i>pioglitazone oral tablet 30 mg</i>	45
unit.....	13	<i>pioglitazone oral tablet 45 mg</i>	45
<i>penicillin g potassium injection recon soln 5 million</i>		<i>piperacillin-tazobactam intravenous recon soln 13.5</i>	
unit.....	13	gram, 2.25 gram.....	13
<i>penicillin g procaine intramuscular syringe 1.2</i>		<i>piperacillin-tazobactam intravenous recon soln 3.375</i>	
million unit/2 ml.....	13	gram, 4.5 gram, 40.5 gram.....	13
<i>penicillin g procaine intramuscular syringe 600,000</i>		PIQRAY ORAL TABLET 200 MG/DAY (200	
unit/ml.....	13	MG X 1).....	20
<i>penicillin g sodium</i>	13	PIQRAY ORAL TABLET 250 MG/DAY (200	
<i>penicillin v potassium</i>	13	MG X1-50 MG X1), 300 MG/DAY (150 MG	
PENTACEL (PF).....	49	X 2).....	21
PENTAM.....	13	<i>pirmella</i>	52
<i>pentamidine injection</i>	13	<i>piroxicam</i>	32
PENTASA.....	48	PLASMA-LYTE 148.....	57
<i>pentoxifylline</i>	38	<i>plenamine</i>	57
<i>periogard</i>	43	<i>podofilox</i>	41
PERJETA.....	20	POLIVY.....	21
<i>permethrin topical cream</i>	41	<i>polycin</i>	53
<i>perphenazine</i>	32	<i>polyethylene glycol 3350</i>	48
PERSERIS.....	32	<i>polymyxin b sulf-trimethoprim</i>	54
<i>pfizerpen-g</i>	13	POMALYST ORAL CAPSULE 1 MG.....	21
<i>phenadoz</i>	55	POMALYST ORAL CAPSULE 2 MG.....	21

POMALYST ORAL CAPSULE 3 MG, 4 MG.....	21	PRADAXA.....	38
<i>portia 28</i>	52	PRALUENT PEN.....	38
PORTRAZZA.....	21	<i>pramipexole oral tablet</i>	32
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	57	<i>prasugrel</i>	38
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	57	<i>pravastatin</i>	38
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l</i>	57	<i>praziquantel</i>	13
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	57	<i>prazosin</i>	38
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l</i>	57	<i>prednisolone acetate</i>	54
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	57	<i>prednisolone oral solution 15 mg/5 ml</i>	45
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	57	<i>prednisolone sodium phosphate ophthalmic (eye)</i>	54
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	57	<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	45
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml</i>	57	<i>prednisone</i>	45
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	57	<i>prednisone intensol</i>	45
<i>potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml</i>	57	<i>pregabalin oral capsule 100 mg</i>	32
<i>potassium chloride intravenous solution 2 meq/ml</i>	58	<i>pregabalin oral capsule 150 mg</i>	32
<i>potassium chloride oral capsule, extended release</i>	58	<i>pregabalin oral capsule 200 mg</i>	32
<i>potassium chloride oral liquid</i>	58	<i>pregabalin oral capsule 225 mg, 300 mg</i>	32
<i>potassium chloride oral tablet extended release</i>	58	<i>pregabalin oral capsule 25 mg</i>	32
<i>potassium chloride oral tablet, er particles/ crystals</i>	58	<i>pregabalin oral capsule 50 mg</i>	32
<i>potassium chloride-0.45 % nacl</i>	58	<i>pregabalin oral capsule 75 mg</i>	32
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	58	<i>pregabalin oral solution</i>	32
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	58	PREMARIN INJECTION.....	52
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	58	PREMARIN ORAL.....	52
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	58	PREMARIN VAGINAL.....	52
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	58	PREMPHASE.....	52
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i>	56	PREMPRO.....	52
POTELIGEO.....	21	<i>prenatal vitamin plus low iron</i>	58
		<i>prevalite</i>	38
		<i>previfem</i>	52
		PREZCOBIX.....	13
		PREZISTA ORAL SUSPENSION.....	13
		PREZISTA ORAL TABLET 150 MG.....	13
		PREZISTA ORAL TABLET 600 MG, 800 MG.....	13
		PREZISTA ORAL TABLET 75 MG.....	13
		PRIFTIN.....	13
		<i>primaquine</i>	13
		<i>primidone</i>	32
		PROAIR HFA.....	55
		PROAIR RESPICLICK.....	55
		<i>probenecid</i>	51
		<i>probenecid-colchicine</i>	51
		<i>procainamide injection solution 100 mg/ml</i>	38
		<i>procainamide injection solution 500 mg/ml</i>	38
		<i>procainamide intravenous</i>	38
		<i>prochlorperazine</i>	48

<i>prochlorperazine edisylate</i>	48	<i>quetiapine oral tablet extended release 24 hr 400</i>	
<i>prochlorperazine maleate</i>	48	<i>mg</i>	33
PROCRIPT.....	49	<i>quetiapine oral tablet extended release 24 hr 50</i>	
<i>procto-med hc</i>	48	<i>mg</i>	33
<i>procto-pak</i>	48	<i>quinapril</i>	38
<i>proctosol hc topical</i>	48	<i>quinapril-hydrochlorothiazide</i>	38
<i>proctozone-hc</i>	48	<i>quinidine sulfate oral tablet</i>	38
PROGLYCEM.....	45	<i>quinine sulfate</i>	13
PROGRAF INTRAVENOUS.....	21	QVAR REDIHALER INHALATION HFA	
PROGRAF ORAL GRANULES IN		AEROSOL BREATH ACTIVATED 40 MCG/	
PACKET.....	21	ACTUATION.....	55
PROLEUKIN.....	49	QVAR REDIHALER INHALATION HFA	
PROLIA.....	51	AEROSOL BREATH ACTIVATED 80 MCG/	
PROMACTA ORAL POWDER IN		ACTUATION.....	55
PACKET.....	38	RABAVERT (PF).....	49
PROMACTA ORAL TABLET 12.5 MG, 25		<i>raloxifene</i>	51
MG, 75 MG.....	38	<i>ramelteon</i>	33
PROMACTA ORAL TABLET 50 MG.....	38	<i>ramipril</i>	38
<i>promethazine oral tablet</i>	55	RANEXA.....	38
<i>promethazine rectal suppository 12.5 mg</i>	55	<i>ranitidine hcl injection</i>	48
<i>promethegan rectal suppository 12.5 mg</i>	55	<i>ranitidine hcl oral syrup</i>	48
<i>propafenone oral tablet</i>	38	<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	48
<i>propranolol intravenous</i>	38	<i>ranolazine</i>	38
<i>propranolol oral</i>	38	RAPAMUNE ORAL SOLUTION.....	21
<i>propylthiouracil</i>	45	<i>rasagiline</i>	33
PROQUAD (PF).....	49	RAVICTI.....	42
<i>protriptyline</i>	32	<i>reclipsen (28)</i>	52
PULMOZYME.....	55	RECOMBIVAX HB (PF) INTRAMUSCULAR	
PURIXAN.....	21	SUSPENSION.....	49
<i>pyrazinamide</i>	13	RECOMBIVAX HB (PF) INTRAMUSCULAR	
<i>pyridostigmine bromide oral syrup</i>	32	SYRINGE 10 MCG/ML.....	49
PYRIDOSTIGMINE BROMIDE ORAL		RECOMBIVAX HB (PF) INTRAMUSCULAR	
TABLET 30 MG.....	32	SYRINGE 5 MCG/0.5 ML.....	49
<i>pyridostigmine bromide oral tablet 60 mg</i>	32	RELENZA DISKHALER.....	13
QUADRACEL (PF).....	49	RELISTOR SUBCUTANEOUS	
<i>quetiapine oral tablet 100 mg</i>	32	SOLUTION.....	48
<i>quetiapine oral tablet 200 mg</i>	32	REMICADE.....	48
<i>quetiapine oral tablet 25 mg</i>	33	<i>repaglinide oral tablet 0.5 mg</i>	46
<i>quetiapine oral tablet 300 mg</i>	33	<i>repaglinide oral tablet 1 mg</i>	46
<i>quetiapine oral tablet 400 mg</i>	33	<i>repaglinide oral tablet 2 mg</i>	46
<i>quetiapine oral tablet 50 mg</i>	33	REPATHA PUSHTRONEX.....	38
<i>quetiapine oral tablet extended release 24 hr 150</i>		REPATHA SURECLICK.....	38
<i>mg</i>	33	REPATHA SYRINGE.....	38
<i>quetiapine oral tablet extended release 24 hr 200</i>		RESCRIPTOR ORAL TABLET.....	13
<i>mg</i>	33	RETROVIR INTRAVENOUS.....	13
<i>quetiapine oral tablet extended release 24 hr 300</i>		REVLIMID ORAL CAPSULE 10 MG.....	21
<i>mg</i>	33	REVLIMID ORAL CAPSULE 15 MG, 2.5 MG,	
		20 MG, 25 MG.....	21

REVLIMID ORAL CAPSULE 5 MG.....	21	ROZEREM.....	33
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG.....	33	ROZLYTREK ORAL CAPSULE 100 MG.....	21
REXULTI ORAL TABLET 3 MG, 4 MG.....	33	ROZLYTREK ORAL CAPSULE 200 MG.....	21
REYATAZ ORAL POWDER IN PACKET.....	13	RUBRACA ORAL TABLET 200 MG.....	21
<i>ribasphere oral capsule</i>	13	RUBRACA ORAL TABLET 250 MG, 300 MG.....	21
<i>ribavirin oral capsule</i>	13	RYDAPT.....	21
<i>ribavirin oral tablet 200 mg</i>	14	SABRIL ORAL POWDER IN PACKET.....	33
RIDAURA.....	51	SABRIL ORAL TABLET.....	33
<i>rifabutin</i>	14	SANDIMMUNE ORAL SOLUTION.....	21
<i>rifampin intravenous</i>	14	SANTYL.....	41
<i>rifampin oral</i>	14	SAPHRIS SUBLINGUAL TABLET 10 MG.....	33
RIFATER.....	14	SAPHRIS SUBLINGUAL TABLET 2.5 MG.....	33
<i>riluzole</i>	42	SAPHRIS SUBLINGUAL TABLET 5 MG.....	33
<i>rimantadine</i>	14	SAVELLA ORAL TABLET 100 MG.....	51
<i>ringer's intravenous</i>	58	SAVELLA ORAL TABLET 12.5 MG.....	51
<i>ringer's irrigation</i>	42	SAVELLA ORAL TABLET 25 MG.....	51
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML.....	33	SAVELLA ORAL TABLET 50 MG.....	51
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML.....	33	SAVELLA ORAL TABLETS,DOSE PACK.....	51
<i>risperidone oral solution</i>	33	<i>scopolamine transdermal</i>	48
<i>risperidone oral tablet 0.25 mg</i>	33	<i>selegiline hcl</i>	33
<i>risperidone oral tablet 0.5 mg</i>	33	<i>selenium sulfide topical lotion</i>	41
<i>risperidone oral tablet 1 mg</i>	33	SELZENTRY ORAL SOLUTION.....	14
<i>risperidone oral tablet 2 mg</i>	33	SELZENTRY ORAL TABLET 150 MG, 300 MG.....	14
<i>risperidone oral tablet 3 mg</i>	33	SELZENTRY ORAL TABLET 25 MG.....	14
<i>risperidone oral tablet 4 mg</i>	33	SELZENTRY ORAL TABLET 75 MG.....	14
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	33	SENSIPAR ORAL TABLET 30 MG, 60 MG.....	46
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	33	SENSIPAR ORAL TABLET 90 MG.....	46
<i>risperidone oral tablet,disintegrating 1 mg</i>	33	SEREVENT DISKUS.....	55
<i>risperidone oral tablet,disintegrating 2 mg</i>	33	<i>sertraline oral concentrate</i>	33
<i>risperidone oral tablet,disintegrating 3 mg</i>	33	<i>sertraline oral tablet 100 mg</i>	34
<i>risperidone oral tablet,disintegrating 4 mg</i>	33	<i>sertraline oral tablet 25 mg</i>	34
<i>ritonavir</i>	14	<i>sertraline oral tablet 50 mg</i>	34
RITUXAN.....	21	SETLAKIN.....	52
RITUXAN HYCELA.....	21	<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	42
<i>rivastigmine tartrate capsule</i>	33	<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	42
<i>rivastigmine transdermal</i>	33	<i>sevelamer carbonate oral tablet</i>	42
<i>rizatriptan</i>	33	<i>sharobel</i>	52
ROMIDEPSIN.....	21	SHINGRIX (PF).....	49
<i>ropinirole oral tablet</i>	33	SIGNIFOR.....	21
<i>rosadan topical cream</i>	41	<i>sildenafil (pulm.hypertension) oral tablet</i>	55
<i>rosadan topical gel</i>	41	<i>silver sulfadiazine</i>	41
<i>rosuvastatin</i>	38	SIMBRINZA.....	54
ROTARIX.....	49		
ROTATEQ VACCINE.....	49		
<i>roweepra oral tablet 500 mg</i>	33		

SIMULECT INTRAVENOUS RECON SOLN		STELARA INTRAVENOUS.....	41
10 MG.....	21	STELARA SUBCUTANEOUS SYRINGE.....	41
SIMULECT INTRAVENOUS RECON SOLN		STIMATE.....	46
20 MG.....	21	STIOLTO RESPIMAT.....	55
<i>simvastatin</i>	38	STIVARGA.....	21
<i>sirolimus oral solution</i>	21	STREPTOMYCIN.....	14
<i>sirolimus oral tablet</i>	21	STRIBILD.....	14
SIRTURO.....	14	<i>sucralfate oral tablet</i>	48
<i>sodium chloride 0.45 % intravenous parenteral</i>		<i>sulfacetamide sodium (acne)</i>	41
<i>solution</i>	58	<i>sulfacetamide sodium ophthalmic (eye) drops</i>	54
<i>sodium chloride 0.45 % intravenous piggyback</i>	58	<i>sulfacetamide-prednisolone</i>	54
<i>sodium chloride 0.9 % intravenous parenteral</i>		<i>sulfadiazine</i>	14
<i>solution</i>	42	<i>sulfamethoxazole-trimethoprim</i>	14
<i>sodium chloride 0.9 % intravenous piggyback</i>	42	SULFAMYLON.....	41
<i>sodium chloride 3% intravenous injection</i>		<i>sulfasalazine</i>	48
<i>solution</i>	58	<i>sulindac</i>	34
<i>sodium chloride 5% intravenous injection</i>		<i>sumatriptan nasal spray</i>	34
<i>solution</i>	58	<i>sumatriptan succinate oral</i>	34
<i>sodium chloride intravenous</i>	58	SUPREP BOWEL PREP KIT.....	48
<i>sodium chloride irrigation</i>	42	SUTENT ORAL CAPSULE 12.5 MG.....	21
<i>sodium phenylbutyrate oral tablet</i>	42	SUTENT ORAL CAPSULE 25 MG, 37.5 MG,	
<i>sodium polystyrene sulfonate oral</i>	42	50 MG.....	21
<i>sodium polystyrene sulfonate rectal</i>	42	<i>syeda</i>	52
<i>solifenacin</i>	56	SYLATRON.....	49
SOLTAMOX.....	21	SYMFI.....	14
SOMATULINE DEPOT.....	21	SYMFI LO.....	14
SOMAVERT.....	46	SYMJEPI.....	55
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	38	SYMLINPEN 120.....	46
<i>sorine oral tablet 240 mg</i>	38	SYMLINPEN 60.....	46
<i>sotalol af</i>	38	SYMPAZAN ORAL FILM 10 MG, 20 MG.....	34
<i>sotalol oral</i>	38	SYMPAZAN ORAL FILM 5 MG.....	34
SPIRIVA RESPIMAT.....	55	SYMTUZA.....	14
SPIRIVA WITH HANDIHALER.....	55	SYNAGIS.....	14
<i>spironolactone</i>	38	SYNAREL.....	46
<i>spironolactone-hydrochlorothiazide</i>	38	SYNERCID.....	14
<i>sprintec (28)</i>	52	SYNJARDY.....	46
SPRITAM ORAL TABLET FOR SUSPENSION		SYNJARDY XR ORAL TABLET, IR - ER,	
1,000 MG, 250 MG, 500 MG.....	34	BIPHASIC 24HR 10-1,000 MG, 12.5-1,000	
SPRITAM ORAL TABLET FOR SUSPENSION		MG, 5-1,000 MG.....	46
750 MG.....	34	SYNJARDY XR ORAL TABLET, IR - ER,	
SPRYCEL.....	21	BIPHASIC 24HR 25-1,000 MG.....	46
<i>sps (with sorbitol) oral</i>	42	SYNRIBO.....	21
<i>sps (with sorbitol) rectal</i>	42	SYNTHROID.....	46
<i>sronyx</i>	52	TABLOID.....	21
<i>ssd 1% topical cream</i>	41	<i>tacrolimus oral</i>	21
STAMARIL (PF).....	49	<i>tacrolimus topical</i>	41
<i>stavudine oral capsule 15 mg, 20 mg</i>	14	TAFINLAR.....	21
<i>stavudine oral capsule 30 mg, 40 mg</i>	14	TAGRISSO ORAL TABLET 40 MG.....	21

TAGRISSO ORAL TABLET 80 MG.....	21	<i>testosterone transdermal gel in packet 1 % (25 mg/</i>	
TALZENNA ORAL CAPSULE 0.25 MG.....	21	<i>2.5gram), 1 % (50 mg/5 gram).....</i>	46
TALZENNA ORAL CAPSULE 1 MG.....	21	<i>testosterone transdermal gel in packet 1.62 % (20.25</i>	
<i>tamoxifen.....</i>	21	<i>mg/1.25 gram).....</i>	46
<i>tamsulosin.....</i>	56	<i>testosterone transdermal gel in packet 1.62 % (40.5</i>	
TARCEVA ORAL TABLET 100 MG, 150		<i>mg/2.5 gram).....</i>	46
MG.....	22	TETANUS,DIPHThERIA TOX PED(PF).....	50
TARCEVA ORAL TABLET 25 MG.....	22	<i>tetrabenazine oral tablet 12.5 mg.....</i>	34
TARGRETIN TOPICAL.....	22	<i>tetrabenazine oral tablet 25 mg.....</i>	34
<i>tarina fe 1-20 eq (28).....</i>	53	<i>tetracycline.....</i>	14
<i>tarina fe 1/20 (28).....</i>	53	THALOMID ORAL CAPSULE 100 MG, 50	
TASIGNA ORAL CAPSULE 150 MG, 200		MG.....	22
MG.....	22	THALOMID ORAL CAPSULE 150 MG, 200	
TASIGNA ORAL CAPSULE 50 MG.....	22	MG.....	22
<i>tazarotene.....</i>	41	<i>theophylline oral tablet extended release 12 hr.....</i>	56
<i>tazicef injection recon soln 1 gram.....</i>	14	<i>theophylline oral tablet extended release 24 hr.....</i>	56
<i>tazicef injection recon soln 2 gram, 6 gram.....</i>	14	<i>thioridazine.....</i>	34
TAZICEF INTRAVENOUS.....	14	<i>thiotepa.....</i>	22
TAZORAC TOPICAL CREAM 0.05 %.....	41	<i>thiothixene.....</i>	34
TAZORAC TOPICAL GEL.....	41	THYMOGLOBULIN.....	50
<i>taztia xt.....</i>	38	<i>tiagabine oral tablet 12 mg, 16 mg.....</i>	34
TDVAX.....	49	<i>tiagabine oral tablet 2 mg, 4 mg.....</i>	34
TECENTRIQ INTRAVENOUS SOLUTION		TIBSOVO.....	22
1,200 MG/20 ML (60 MG/ML).....	22	TICE BCG.....	50
TECENTRIQ INTRAVENOUS SOLUTION		TIGECYCLINE.....	14
840 MG/14 ML (60 MG/ML).....	22	<i>timolol maleate ophthalmic (eye) drops.....</i>	54
TECFIDERA.....	34	<i>timolol maleate ophthalmic (eye) gel forming</i>	
TEFLARO.....	14	<i>solution.....</i>	54
<i>telmisartan.....</i>	38	<i>timolol maleate oral.....</i>	38
<i>temazepam oral capsule 15 mg, 30 mg.....</i>	34	<i>tis-u-sol pentalyte.....</i>	42
TEMIXYS.....	14	TIVICAY ORAL TABLET 10 MG.....	14
<i>temsirolimus.....</i>	22	TIVICAY ORAL TABLET 25 MG, 50 MG.....	14
TENIVAC (PF) INTRAMUSCULAR		<i>tizanidine oral tablet.....</i>	34
SYRINGE.....	50	<i>tobramycin.....</i>	54
<i>tenofovir disoproxil fumarate.....</i>	14	<i>tobramycin in 0.225% nacl for nebulization.....</i>	14
<i>terazosin capsule.....</i>	38	<i>tobramycin sulfate injection recon soln.....</i>	14
<i>terbinafine hcl oral.....</i>	14	<i>tobramycin sulfate injection solution.....</i>	14
<i>terbutaline.....</i>	56	<i>tobramycin-dexamethasone ophthalmic (eye).....</i>	54
<i>terconazole.....</i>	53	<i>tolcapone.....</i>	34
TESTIM.....	46	<i>tolterodine oral capsule,extended release 24hr.....</i>	56
<i>testosterone cypionate.....</i>	46	<i>tolterodine oral tablet.....</i>	56
<i>testosterone enanthate.....</i>	46	<i>topiramate oral capsule, sprinkle.....</i>	34
TESTOSTERONE TRANSDERMAL GEL.....	46	<i>topiramate oral tablet 100 mg.....</i>	34
<i>testosterone transdermal gel in metered-dose pump</i>		<i>topiramate oral tablet 200 mg.....</i>	34
<i>12.5 mg/ 1.25 gram (1 %).....</i>	46	<i>topiramate oral tablet 25 mg.....</i>	34
<i>testosterone transdermal gel in metered-dose pump</i>		<i>topiramate oral tablet 50 mg.....</i>	34
<i>20.25 mg/1.25 gram (1.62 %).....</i>	46	<i>toposar.....</i>	22
		<i>topotecan intravenous recon soln.....</i>	22

<i>topotecan intravenous solution</i>	22	<i>triamterene-hydrochlorothiazide</i>	39
<i>toremifene</i>	22	<i>triamterene-hydrochlorothiazide</i>	39
TORISEL.....	22	<i>triderm topical cream</i>	41
<i>toremide oral</i>	39	<i>trientine</i>	42
TOUJEO MAX U-300 SOLOSTAR.....	46	<i>trifluoperazine</i>	34
TOUJEO SOLOSTAR U-300 INSULIN.....	46	<i>trifluridine</i>	54
TOVIAZ.....	56	<i>trihexyphenidyl</i>	34
<i>tpn electrolytes intravenous solution 35 meq-20 meq-5 meq/20 ml</i>	58	<i>trilyte with flavor packets</i>	48
TRACLEER ORAL TABLET.....	56	<i>trimethoprim</i>	14
TRACLEER ORAL TABLET FOR SUSPENSION.....	56	<i>trimipramine</i>	34
TRADJENTA.....	46	TRINTELLIX ORAL TABLET 10 MG.....	34
<i>tramadol oral tablet</i>	34	TRINTELLIX ORAL TABLET 20 MG.....	34
<i>tramadol-acetaminophen</i>	34	TRINTELLIX ORAL TABLET 5 MG.....	34
<i>trandolapril</i>	39	TRISENOX INTRAVENOUS SOLUTION 2 MG/ML.....	22
<i>tranexamic acid oral</i>	53	TRIUMEQ.....	14
<i>tranylcypromine</i>	34	<i>trivora (28)</i>	53
TRAVASOL 10 %.....	58	TROGARZO.....	14
TRAVATAN Z.....	54	TROPHAMINE 10 %.....	58
<i>trazodone</i>	34	TROPHAMINE 6%.....	58
TREANDA INTRAVENOUS RECON SOLN.....	22	TRULICITY.....	46
TRECTOR.....	14	TRUMENBA.....	50
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG.....	22	TRUVADA.....	14
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG.....	22	TUDORZA PRESSAIR.....	56
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG.....	22	TURALIO.....	22
<i>tretinoin (chemotherapy)</i>	22	TWINRIX (PF) INTRAMUSCULAR SYRINGE.....	50
<i>tretinoin topical cream</i>	41	TYBOST.....	14
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	41	TYKERB.....	22
<i>trexall</i>	22	TYPHIM VI INTRAMUSCULAR SOLUTION.....	50
<i>tri femynor</i>	53	TYPHIM VI INTRAMUSCULAR SYRINGE.....	50
<i>tri-estarylla</i>	53	TYSABRI.....	34
<i>tri-linyah</i>	53	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.....	46
<i>tri-previfem (28)</i>	53	<i>unithroid oral tablet 137 mcg</i>	46
<i>tri-sprintec (28)</i>	53	UNITUXIN.....	22
<i>triamcinolone acetonide dental</i>	43	UPTRAVI ORAL TABLET.....	39
<i>triamcinolone acetonide injection</i>	46	UPTRAVI ORAL TABLETS,DOSE PACK.....	39
<i>triamcinolone acetonide topical cream</i>	41	<i>ursodiol</i>	48
<i>triamcinolone acetonide topical lotion</i>	41	UVADEX.....	41
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	41	<i>valacyclovir oral tablet 1 gram</i>	14
		<i>valacyclovir oral tablet 500 mg</i>	14
		VALCHLOR.....	41
		<i>valganciclovir oral recon soln</i>	14

<i>valganciclovir oral tablet</i>	14	<i>venlafaxine oral tablet 50 mg</i>	34
<i>valproate sodium</i>	34	<i>venlafaxine oral tablet 75 mg</i>	34
<i>valproic acid</i>	34	<i>venlafaxine oral tablet extended release 24hr 150</i>	
<i>valproic acid (as sodium salt) oral solution 250 mg/</i>		<i>mg</i>	34
<i>5 ml</i>	34	<i>venlafaxine oral tablet extended release 24hr 37.5</i>	
<i>valproic acid (as sodium salt) oral solution 250 mg/</i>		<i>mg</i>	35
<i>5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	34	<i>venlafaxine oral tablet extended release 24hr 75</i>	
<i>valsartan</i>	39	<i>mg</i>	35
<i>valsartan-hydrochlorothiazide</i>	39	VENTAVIS.....	56
<i>vancomycin in 0.9 % sodium chl intravenous</i>		VENTOLIN HFA.....	56
<i>piggyback</i>	14	<i>verapamil intravenous solution</i>	39
<i>vancomycin in dextrose 5 % intravenous piggyback</i>		<i>verapamil intravenous syringe</i>	39
<i>1 gram/200 ml</i>	14	<i>verapamil oral capsule, 24 hr er pellet ct</i>	39
<i>vancomycin in dextrose 5 % intravenous piggyback</i>		<i>verapamil oral capsule,ext rel. pellets 24 hr 360</i>	
<i>500 mg/100 ml, 750 mg/150 ml</i>	14	<i>mg</i>	39
<i>vancomycin injection</i>	14	<i>verapamil oral tablet</i>	39
<i>vancomycin intravenous recon soln 1,000 mg, 10</i>		<i>verapamil oral tablet extended release</i>	39
<i>gram, 500 mg</i>	14	VERSACLOZ.....	35
VANCOMYCIN INTRAVENOUS RECON		VERZENIO.....	22
<i>SOLN 1.25 GRAM, 1.5 GRAM, 250 MG</i>	15	VESICARE.....	56
<i>vancomycin intravenous recon soln 5 gram</i>	15	VICTOZA 2-PAK.....	46
<i>vancomycin intravenous recon soln 750 mg</i>	15	VICTOZA 3-PAK.....	46
<i>vancomycin oral capsule 125 mg</i>	15	VIDEX 2 GRAM PEDIATRIC.....	15
<i>vancomycin oral capsule 250 mg</i>	15	VIDEX EC ORAL CAPSULE,DELAYED	
<i>vancomycin oral recon soln</i>	15	<i>RELEASE(DR/EC) 125 MG</i>	15
VAQTA (PF).....	50	<i>vienna</i>	53
VARIVAX (PF).....	50	<i>vigabatrin oral powder in packet</i>	35
VARIZIG INTRAMUSCULAR		<i>vigabatrin oral tablet</i>	35
<i>SOLUTION</i>	50	VIIBRYD ORAL TABLET 10 MG.....	35
VECAMYL.....	39	VIIBRYD ORAL TABLET 20 MG.....	35
VECTIBIX.....	22	VIIBRYD ORAL TABLET 40 MG.....	35
VELCADE.....	22	VIMPAT INTRAVENOUS.....	35
<i>velivet triphasic regimen (28)</i>	53	VIMPAT ORAL SOLUTION.....	35
VELPHORO.....	42	VIMPAT ORAL TABLET 100 MG.....	35
VEMLIDY.....	15	VIMPAT ORAL TABLET 150 MG, 200	
VENCLEXTA ORAL TABLET 10 MG.....	22	<i>MG</i>	35
VENCLEXTA ORAL TABLET 100 MG.....	22	VIMPAT ORAL TABLET 50 MG.....	35
VENCLEXTA ORAL TABLET 50 MG.....	22	<i>vinblastine intravenous solution</i>	22
VENCLEXTA STARTING PACK.....	22	<i>vincristine</i>	22
<i>venlafaxine oral capsule,extended release 24hr 150</i>		<i>vinorelbine</i>	22
<i>mg</i>	34	<i>viorele (28)</i>	53
<i>venlafaxine oral capsule,extended release 24hr 37.5</i>		VIRACEPT ORAL TABLET 250 MG.....	15
<i>mg</i>	34	VIRACEPT ORAL TABLET 625 MG.....	15
<i>venlafaxine oral capsule,extended release 24hr 75</i>		VIRAMUNE ORAL SUSPENSION.....	15
<i>mg</i>	34	VIREAD ORAL POWDER.....	15
<i>venlafaxine oral tablet 100 mg</i>	34	VIREAD ORAL TABLET 150 MG.....	15
<i>venlafaxine oral tablet 25 mg</i>	34	VIREAD ORAL TABLET 200 MG, 250	
<i>venlafaxine oral tablet 37.5 mg</i>	34	<i>MG</i>	15

VITRAKVI ORAL CAPSULE 100 MG.....	22	YF-VAX (PF).....	50
VITRAKVI ORAL CAPSULE 25 MG.....	23	<i>yondelis</i>	23
VITRAKVI ORAL SOLUTION.....	23	YONSA.....	23
VIZIMPRO ORAL TABLET 15 MG.....	23	<i>zafirlukast</i>	56
VIZIMPRO ORAL TABLET 30 MG, 45		<i>zaleplon oral capsule 10 mg</i>	35
MG.....	23	<i>zaleplon oral capsule 5 mg</i>	35
<i>voriconazole intravenous</i>	15	ZALTRAP.....	23
<i>voriconazole oral suspension for reconstitution</i>	15	ZANOSAR.....	23
<i>voriconazole oral tablet 200 mg</i>	15	<i>zarah</i>	53
<i>voriconazole oral tablet 50 mg</i>	15	ZARXIO.....	50
VOSEVI.....	15	ZEJULA.....	23
VOTRIENT.....	23	ZELBORAF.....	23
VPRIV.....	46	ZEMAIRA.....	43
VRAYLAR ORAL CAPSULE.....	35	ZENATANE.....	41
VRAYLAR ORAL CAPSULE,DOSE PACK.....	35	<i>zenzedi oral tablet 10 mg</i>	35
<i>vyfemla (28)</i>	53	<i>zenzedi oral tablet 5 mg</i>	35
VYXEOS.....	23	ZIAGEN ORAL SOLUTION.....	15
<i>warfarin</i>	39	<i>zidovudine oral capsule</i>	15
<i>water for irrigation, sterile</i>	43	<i>zidovudine oral syrup</i>	15
<i>wixela inhub</i>	56	<i>zidovudine oral tablet</i>	15
XALKORI.....	23	ZIOPTAN (PF).....	54
XARELTO ORAL TABLET 10 MG, 20		<i>ziprasidone hcl oral capsule 20 mg</i>	35
MG.....	39	<i>ziprasidone hcl oral capsule 40 mg</i>	35
XARELTO ORAL TABLET 15 MG.....	39	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	35
XARELTO ORAL TABLET 2.5 MG.....	39	ZIRGAN.....	54
XARELTO ORAL TABLETS,DOSE PACK.....	39	<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	46
XATMEP.....	23	<i>zoledronic acid-mannitol-water 5 mg/100 ml</i>	43
XELJANZ.....	51	<i>zoledronic acid-mannitol-water 5 mg/100 ml</i>	
XGEVA.....	23	<i>intravenous piggyback 4 mg/100 ml</i>	46
XIFAXAN ORAL TABLET 550 MG.....	15	ZOLINZA.....	23
XIIDRA.....	54	<i>zolmitriptan</i>	35
XOFLUZA.....	15	<i>zonisamide</i>	35
XOLAIR SUBCUTANEOUS RECON		ZORBTIVE.....	50
SOLN.....	56	ZORTRESS.....	23
XOSPATA.....	23	ZOSTAVAX (PF).....	50
XPOVIO ORAL TABLET 100 MG/WEEK (20		ZOSYN IN DEXTROSE (ISO-OSM)	
MG X 5).....	23	INTRAVENOUS PIGGYBACK 2.25 GRAM/	
XPOVIO ORAL TABLET 160 MG/WEEK (20		50 ML.....	15
MG X 8).....	23	ZOSYN IN DEXTROSE (ISO-OSM)	
XPOVIO ORAL TABLET 60 MG/WEEK (20		INTRAVENOUS PIGGYBACK 3.375	
MG X 3).....	23	GRAM/50 ML, 4.5 GRAM/100 ML.....	15
XPOVIO ORAL TABLET 80 MG/WEEK (20		<i>zovia 1/35e (28)</i>	53
MG X 4).....	35	<i>zumandimine (28)</i>	53
XTANDI.....	23	ZYDELIG.....	23
XYREM.....	35	ZYKADIA ORAL CAPSULE.....	23
YERVOY INTRAVENOUS SOLUTION 200		ZYKADIA ORAL TABLET.....	23
MG/40 ML (5 MG/ML).....	23		
YERVOY INTRAVENOUS SOLUTION 50			
MG/10 ML (5 MG/ML).....	23		

ZYPREXA RELPREVV INTRAMUSCULAR
SUSPENSION FOR RECONSTITUTION
210 MG.....35

ZYPREXA RELPREVV INTRAMUSCULAR
SUSPENSION FOR RECONSTITUTION
300 MG, 405 MG.....35
ZYTIGA ORAL TABLET 250 MG.....23
ZYTIGA ORAL TABLET 500 MG.....23



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ATENCIÓN: Si usted habla español, servicios de asistencia en español, de forma gratuita, están disponibles para usted. Llame al 1-800-499-2793 (TTY: 711)

This formulary was updated on November 1, 2019. For more recent information or other questions, please contact Anthem Connect Plus (HMO) Customer Service, at 1-800-499-2793 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30, or visit <https://shop.anthem.com/medicare/ca>.