



# Anthem MediBlue Rx Enhanced (PDP) 2020 Formulary (List of Covered Drugs)

PLEASE READ:

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

This formulary was updated on 11/1/2020. For more recent information or other questions, please contact Anthem MediBlue Rx Enhanced (PDP) Customer Service, at **1-833-285-4639** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit <https://shop.anthem.com/medicare>.

## **Note to existing members:**

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 12/1/2020. 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, and/or pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, 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 MediBlue Rx Enhanced (PDP) formulary?

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

## Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Anthem MediBlue Rx Enhanced (PDP)’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.
  - 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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Anthem MediBlue Rx Enhanced (PDP)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 12/1/2020. 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 (non-maintenance 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 Agents." 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 68. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. 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 MediBlue Rx Enhanced (PDP)'s formulary?" on page 5 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 MediBlue Rx Enhanced (PDP)'s formulary?

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

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

**You can ask us to cover a formulary drug at a lower cost-sharing level.** If approved this would lower the amount you must pay for your drug.

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

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

You should contact us to ask us for an initial coverage decision for a formulary 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 34-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 68.

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

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

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

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

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

**B/D 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 1-833-285-4639, 24 hours a day, 7 days a week TTY/TDD users should call 711.

**NE – Non-Extended Day Supply (NEDS):** This prescription cannot be filled for more than a 30-day supply.

**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.

**CG – Coverage Gap:** We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

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

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$1.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$8.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$2.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$9.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with preferred cost-sharing (30-day supply)	20%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	22%
Cost-Sharing Tier 4: Non-Preferred Drug	
Network Pharmacy with preferred cost-sharing (30-day supply)	37%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	39%
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply)	25%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-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 30–90 -day supply of drugs. The drug available through our plan's mail-order service are marked as "mail-order" drugs in our drug list.

## Covered Medications by Therapeutic Category

### Legend

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

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

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

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

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

**B/D 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 1-833-285-4639, 24 hours a day, 7 days a week TTY/TDD users should call 711.

**NE – Non-Extended Day Supply (NEDS):** This prescription cannot be filled for more than a 30-day supply.

**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.

**CG – Coverage Gap:** We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>			<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	3	MO; QLL (60 per 30 days)
<i>acetaminophen-codeine #2</i>	2	MO; CG; QLL (180 per 30 days); NE	<i>celecoxib oral</i>	3	PAR; MO
<i>acetaminophen-codeine #3</i>	2	MO; CG; QLL (180 per 30 days); NE	CODEINE SULFATE ORAL TABLET 60 MG	3	MO; QLL (180 per 30 days); NE
<i>acetaminophen-codeine #4</i>	2	MO; CG; QLL (180 per 30 days); NE	<i>diclofenac potassium</i>	3	MO
<i>acetaminophen-codeine oral solution</i>	2	MO; CG; QLL (900 per 30 days); NE	<i>diclofenac sodium er</i>	2	MO; CG
<i>acetaminophen-codeine oral tablet</i>	2	MO; CG; QLL (180 per 30 days); NE	<i>diclofenac sodium oral</i>	2	MO; CG
<i>buprenorphine hcl injection</i>	4	MO; QLL (90 per 30 days); NE	<i>diclofenac sodium transdermal solution</i>	4	MO; QLL (300 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	3	MO; QLL (240 per 30 days)	<i>diclofenac-misoprostol oral tablet delayed release</i>	4	MO
			<i>diflunisal oral</i>	3	MO
			<i>duramorph</i>	4	MO; QLL (180 per 30 days); NE
			EC-NAPROXEN	2	MO; CG
			<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (180 per 30 days); NE
			<i>endocet oral tablet 2.5-325 mg</i>	3	MO; QLL (180 per 30 days); NE

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>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	4	MO
<i>etodolac oral capsule</i>	4	MO
<i>etodolac oral tablet</i>	2	MO; CG
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PAR; MO; QLL (120 per 30 days); NE
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PAR; MO; QLL (120 per 30 days); NE
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PAR; MO; QLL (15 per 30 days); NE
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PAR; MO; QLL (15 per 30 days); NE
<i>flurbiprofen oral</i>	3	MO
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	4	MO; QLL (2700 per 30 days); NE
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QLL (180 per 30 days); NE
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	MO; QLL (50 per 10 days); NE
<i>hydromorphone hcl injection solution 2 mg/ml</i>	4	MO; QLL (180 per 30 days); NE
<i>hydromorphone hcl oral liquid</i>	4	MO; QLL (720 per 30 days); NE
<i>hydromorphone hcl oral tablet</i>	3	MO; QLL (180 per 30 days); NE
HYDROMORPHONE HCL PF INJECTION SOLUTION 10 MG/ML	4	MO; QLL (120 per 30 days); NE
<i>hydromorphone hcl pf injection solution 50 mg/5ml</i>	4	MO; QLL (120 per 30 days); NE
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	4	MO; QLL (1 per 30 days); NE
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral suspension</i>	2	MO; CG
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; CG
<i>ketoprofen oral</i>	2	MO; CG
<i>ketorolac tromethamine oral</i>	3	PAR; MO
<i>meloxicam oral tablet</i>	1	MO; CG
<i>methadone hcl intensol</i>	4	MO; QLL (180 per 30 days); NE
<i>methadone hcl oral concentrate</i>	4	MO; QLL (180 per 30 days); NE
<i>methadone hcl oral solution</i>	4	MO; QLL (900 per 30 days); NE
<i>methadone hcl oral tablet</i>	3	PAR; MO; QLL (180 per 30 days); NE
METHADOSE ORAL CONCENTRATE 10 MG/ML	4	MO; QLL (180 per 30 days); NE
METHADOSE SUGAR-FREE	4	MO; QLL (180 per 30 days); NE
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	4	MO; QLL (180 per 30 days); NE
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	4	MO; QLL (180 per 30 days); NE
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	MO; QLL (180 per 30 days); NE
MORPHINE SULFATE (PF) INJECTION SOLUTION 8 MG/ML	4	MO; QLL (180 per 30 days); NE
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML, 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days); NE
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	3	PAR; MO; QLL (60 per 30 days); NE
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	3	PAR; MO; QLL (90 per 30 days); NE
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	4	MO; QLL (180 per 30 days); NE

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
MORPHINE SULFATE INJECTION SOLUTION 5 MG/ML	4	MO; QLL (180 per 30 days); NE
<i>morphine sulfate intravenous solution 1 mg/ml</i>	4	MO; QLL (180 per 30 days); NE
<i>morphine sulfate intravenous solution 50 mg/ml</i>	4	MO; QLL (60 per 30 days); NE
<i>morphine sulfate oral solution</i>	4	MO; QLL (900 per 30 days); NE
<i>morphine sulfate oral solution</i>	4	MO; QLL (900 per 30 days); NE
<i>morphine sulfate oral tablet</i>	3	MO; QLL (180 per 30 days); NE
<i>morphine sulfate oral tablet</i>	3	MO; QLL (180 per 30 days); NE
<i>nabumetone oral</i>	2	MO; CG
<i>nalbuphine hcl injection solution 10 mg/ml</i>	3	MO; QLL (60 per 30 days)
<i>nalbuphine hcl injection solution 20 mg/ml</i>	4	MO; QLL (90 per 30 days)
<i>naproxen dr</i>	2	MO; CG
<i>naproxen oral tablet</i>	1	MO; CG
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	MO
<i>oxaprozin</i>	4	MO
<i>oxycodone hcl oral concentrate 10 mg/0.5ml</i>	4	MO; QLL (180 per 30 days); NE
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	MO; QLL (180 per 30 days); NE
<i>oxycodone hcl oral solution</i>	4	MO; QLL (900 per 30 days); NE
<i>oxycodone hcl oral tablet</i>	3	MO; QLL (180 per 30 days); NE
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (180 per 30 days); NE
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	3	MO; QLL (180 per 30 days); NE
<i>piroxicam oral</i>	3	MO
RELAFEN	2	MO; CG
<i>sulindac oral</i>	2	MO; CG
<i>tramadol hcl oral tablet 50 mg</i>	2	MO; CG; QLL (240 per 30 days); NE

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i>	3	MO; QLL (40 per 5 days); NE
<b>Anesthetics</b>		
<i>glydo external prefilled syringe</i>	3	MO
<i>lidocaine external patch 5 %</i>	4	PAR; MO; QLL (90 per 30 days)
<i>lidocaine hcl external solution</i>	2	PAR; MO; CG; QLL (300 per 30 days)
<i>lidocaine hcl urethral/mucosal</i>	3	MO
<i>lidocaine viscous hcl</i>	2	MO; CG
<i>lidocaine-prilocaine external cream</i>	3	MO; QLL (30 per 30 days)
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium</i>	4	MO
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	3	MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	3	MO; QLL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>bupropion hcl er (smoking det)</i>	3	MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH PAK	4	PAR; MO; QLL (56 per 28 days)
CHANTIX ORAL TABLET 0.5 MG	4	PAR; MO; QLL (60 per 30 days)
CHANTIX ORAL TABLET 1 MG	4	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH PAK	4	PAR; MO; NE
<i>disulfiram oral</i>	3	MO
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	4	MO
<i>naloxone hcl injection solution cartridge</i>	2	MO; CG
<i>naloxone hcl injection solution prefilled syringe</i>	3	MO
<i>naltrexone hcl oral</i>	2	MO; CG
<i>naltrexone hcl oral</i>	2	MO; CG

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Drug Name	Drug Tier	Requirements/Limits
NARCAN	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO; QLL (120 per 30 days)
<b>Anti-Inflammatory Agents</b>		
<i>betamethasone dipropionate aug external cream</i>	3	MO
<i>betamethasone dipropionate aug external gel</i>	4	MO
<i>betamethasone dipropionate aug external lotion</i>	4	MO
<i>betamethasone dipropionate aug external ointment</i>	4	MO
<i>betamethasone dipropionate external cream</i>	3	MO
<i>betamethasone dipropionate external lotion</i>	3	MO
<i>betamethasone dipropionate external ointment</i>	4	MO
<i>betamethasone valerate external cream</i>	3	MO
<i>betamethasone valerate external lotion</i>	3	MO
<i>betamethasone valerate external ointment</i>	3	MO
<i>celecoxib oral</i>	3	PAR; MO
<i>cortisone acetate oral</i>	4	MO
<i>decadron oral tablet</i>	2	MO; CG
<i>dexamethasone oral elixir</i>	3	MO
<i>dexamethasone oral solution</i>	3	MO
<i>dexamethasone oral tablet</i>	2	MO; CG
DEXAMETHASONE SODIUM PHOSPHATE PF INJECTION SOLUTION	4	MO
<i>dexamethasone sodium phosphate injection</i>	4	MO
<i>diclofenac potassium</i>	3	MO
<i>diclofenac sodium er</i>	2	MO; CG
<i>diclofenac sodium oral</i>	2	MO; CG
<i>diflunisal oral</i>	3	MO
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	4	MO
<i>etodolac oral capsule 200 mg</i>	4	MO
<i>etodolac oral tablet</i>	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen oral tablet 100 mg</i>	3	MO
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	3	MO
<i>ibu</i>	1	MO; CG
<i>ibuprofen oral suspension</i>	2	MO; CG
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; CG
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	MO; CG
<i>ketorolac tromethamine oral</i>	3	PAR; MO
<i>meloxicam oral tablet</i>	1	MO; CG
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	4	MO
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 80 MG/ML	4	MO
<i>methylprednisolone oral tablet</i>	3	MO
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	4	MO
<i>nabumetone oral</i>	2	MO; CG
<i>naproxen dr</i>	2	MO; CG
<i>naproxen oral tablet</i>	1	MO; CG
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	MO
<i>oxaprozin</i>	4	MO
<i>piroxicam oral</i>	3	MO
<i>prednisolone acetate ophthalmic</i>	3	MO
<i>prednisolone oral solution</i>	2	MO; CG
<i>prednisolone oral syrup 15 mg/5ml</i>	2	MO; CG
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	MO; CG
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	MO
PREDNISONE INTENSOL	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral solution</i>	4	MO
<i>prednisone oral tablet</i>	1	MO; CG
<i>prednisone oral tablet therapy pack</i>	2	MO; CG
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	MO; CG
<i>sulindac oral</i>	2	MO; CG
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	MO
<b>Antibacterials</b>		
<i>acetic acid otic</i>	3	MO
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	4	MO
<i>amoxicillin oral capsule</i>	1	MO; CG
<i>amoxicillin oral suspension reconstituted</i>	1	MO; CG
<i>amoxicillin oral tablet</i>	2	MO; CG
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	MO; CG
<i>amoxicillin-pot clavulanate er</i>	4	MO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	MO; CG
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO; CG
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	2	MO; CG
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	4	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	4	MO
<i>ampicillin sodium intravenous</i>	4	MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	MO
<i>ampicillin-sulbactam sodium intravenous</i>	4	MO
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	MO
<i>azithromycin intravenous</i>	4	MO
<i>azithromycin oral packet</i>	4	MO
<i>azithromycin oral suspension reconstituted</i>	3	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	CG
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO; CG
<i>aztreonam injection solution reconstituted 1 gm</i>	4	MO
<i>aztreonam injection solution reconstituted 2 gm</i>	4	MO
<i>bacitracin ophthalmic</i>	4	MO
BICILLIN C-R	4	MO
BICILLIN C-R 900/300	4	MO
BICILLIN L-A	4	MO
CAYSTON	5	PAR; LA
<i>cefaclor oral capsule</i>	3	MO
<i>cefaclor oral suspension reconstituted</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO; CG
<i>cefadroxil oral suspension reconstituted</i>	3	MO
<i>cefadroxil oral tablet</i>	4	MO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	4	MO
<i>cefazolin sodium intravenous solution reconstituted</i>	4	MO
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%	4	MO
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)	4	MO
<i>cefdinir</i>	3	MO
<i>cefepime hcl injection</i>	4	MO
CEFEPIME HCL INTRAVENOUS SOLUTION	4	MO
<i>cefepime hcl intravenous solution reconstituted</i>	4	MO
<i>cefixime oral suspension reconstituted</i>	4	MO
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	4	MO
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	MO
<i>cefoxitin sodium</i>	4	MO
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil oral suspension reconstituted 125 mg/5ml</i>	3	MO
<i>cefprozil oral suspension reconstituted 250 mg/5ml</i>	4	MO
<i>cefprozil oral tablet</i>	3	MO
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	4	MO
<i>ceftriaxone sodium in dextrose</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	MO
CEFTRIAZONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	4	MO
<i>ceftriaxone sodium intravenous</i>	4	MO
CEFTRIAZONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	4	MO
<i>cefuroxime axetil oral tablet</i>	3	MO
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	4	MO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO; CG
<i>cephalexin oral suspension reconstituted</i>	2	MO; CG
<i>cephalexin oral tablet 250 mg</i>	2	MO; CG
<i>cephalexin oral tablet 500 mg</i>	4	MO
<i>chloramphenicol sod succinate</i>	4	MO
<i>ciprofloxacin hcl ophthalmic</i>	2	MO; CG
<i>ciprofloxacin hcl oral tablet 100 mg</i>	3	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO; CG
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO; CG
<i>ciprofloxacin in d5w</i>	4	MO
<i>clarithromycin er</i>	3	MO
<i>clarithromycin oral suspension reconstituted</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clindacin-p</i>	3	MO
<i>clindamycin hcl oral</i>	2	MO; CG

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>clindamycin phosphate external gel</i>	4	MO
<i>clindamycin phosphate external lotion</i>	4	MO
<i>clindamycin phosphate external solution</i>	3	MO
<i>clindamycin phosphate external swab</i>	3	MO
<i>clindamycin phosphate in d5w</i>	4	MO
<i>clindamycin phosphate injection</i>	4	MO
<i>clindamycin phosphate vaginal</i>	4	MO
<i>colistimethate sodium (cba)</i>	4	MO
<i>colistimethate sodium (cba)</i>	4	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	MO
<i>dicloxacillin sodium</i>	3	MO
<i>doxy 100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO; CG
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	MO; CG
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	3	MO
<i>e.e.s. 400 oral tablet</i>	4	MO
<i>ery</i>	3	MO
<i>ery-tab</i>	4	MO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	MO
<i>erythrocin stearate oral tablet 250 mg</i>	4	MO
<i>erythromycin base oral</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin external gel</i>	4	MO
<i>erythromycin external solution</i>	2	MO; CG
<i>erythromycin ophthalmic</i>	2	MO; CG
<i>erythromycin oral</i>	4	MO
<i>erythromycin stearate oral tablet 250 mg</i>	4	MO
<i>gatifloxacin ophthalmic</i>	4	MO
<i>gentak ophthalmic ointment</i>	2	MO; CG
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	MO; CG
<i>gentamicin sulfate external</i>	3	MO
<i>gentamicin sulfate injection</i>	4	MO
<i>gentamicin sulfate ophthalmic solution</i>	2	MO; CG
GLOBAL ALCOHOL PREP EASE	1	MO; CG
<i>imipenem-cilastatin</i>	4	MO
<i>levofloxacin in d5w</i>	4	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin ophthalmic</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO; CG
<i>linezolid in sodium chloride</i>	4	MO
<i>linezolid intravenous solution 600 mg/300ml</i>	4	MO
<i>linezolid oral suspension reconstituted</i>	4	PAR; MO; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	4	PAR; MO; QLL (56 per 28 days)
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>metronidazole external cream</i>	4	MO
<i>metronidazole external gel 0.75 %</i>	4	MO
<i>metronidazole external lotion</i>	4	MO
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
METRONIDAZOLE IN NAACL INTRAVENOUS SOLUTION 500-0.74 MG/100ML-%	4	MO
<i>metronidazole oral tablet</i>	2	MO; CG
<i>metronidazole vaginal</i>	4	MO
<i>minocycline hcl oral capsule</i>	2	MO; CG
<i>minocycline hcl oral tablet 75 mg</i>	2	MO; CG
<i>morgidox oral capsule 100 mg</i>	3	MO
<i>moxifloxacin hcl in nacl</i>	4	MO
<i>moxifloxacin hcl ophthalmic</i>	3	MO
<i>moxifloxacin hcl oral</i>	4	MO
<i>mupirocin calcium</i>	4	MO
<i>mupirocin external</i>	2	MO; CG
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	4	MO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	MO
<i>neomycin sulfate oral</i>	2	MO; CG
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd macro</i>	3	MO
<i>ofloxacin ophthalmic</i>	2	MO; CG
<i>ofloxacin otic</i>	4	MO
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML	4	MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	MO
<i>oxacillin sodium intravenous</i>	4	MO
<i>paromomycin sulfate oral</i>	4	MO
<i>penicillin g potassium</i>	4	MO
PENICILLIN G PROCAINE	4	MO
<i>penicillin g sodium</i>	4	MO
<i>penicillin v potassium oral solution reconstituted</i>	2	MO; CG
<i>penicillin v potassium oral tablet 250 mg</i>	1	MO; CG
<i>penicillin v potassium oral tablet 500 mg</i>	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>pfizerpen</i>	4	MO
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	MO
<i>silver sulfadiazine external</i>	2	MO; CG
SIRTURO ORAL TABLET 100 MG	5	PAR; MO; LA
SIRTURO ORAL TABLET 20 MG	5	PAR; LA
<i>ssd</i>	2	MO; CG
<i>streptomycin sulfate intramuscular</i>	4	MO
<i>sulfacetamide sodium (acne)</i>	4	MO
<i>sulfacetamide sodium ophthalmic</i>	3	MO
SULFADIAZINE ORAL	3	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO; CG
SULFAMYLON EXTERNAL CREAM	4	MO
<i>tazicef injection</i>	4	MO
TEFLARO	4	MO
<i>tetracycline hcl oral</i>	4	MO
TOBRADEX OPHTHALMIC OINTMENT	4	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D PAR; QLL (280 per 28 days)
<i>tobramycin ophthalmic</i>	2	MO; CG
<i>tobramycin sulfate injection solution 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	4	MO
<i>tobramycin sulfate injection solution reconstituted</i>	4	MO
<i>trimethoprim oral</i>	2	MO; CG

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg</i>	4	MO
<i>vancomycin hcl oral capsule 125 mg</i>	4	PAR; MO; QLL (40 per 10 days)
<i>vancomycin hcl oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 10 days)
<i>vandazole</i>	4	MO
<b>Anticonvulsants</b>		
APTIOM	4	ST; MO
BANZEL ORAL SUSPENSION	4	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	4	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	4	PAR; MO; QLL (240 per 30 days)
BRIVIACT ORAL SOLUTION	4	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	4	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	4	PAR; MO; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	4	PAR; MO; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	4	PAR; MO; QLL (120 per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour</i>	4	MO
<i>carbamazepine oral suspension</i>	4	MO
<i>carbamazepine oral tablet</i>	3	MO
<i>carbamazepine oral tablet chewable</i>	2	MO; CG
CELONTIN	4	MO
<i>clobazam oral suspension</i>	4	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>	4	PAR; MO; QLL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg</i>	2	MO; CG; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	MO; CG; QLL (600 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam oral tablet 2 mg</i>	2	MO; CG; QLL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	3	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	3	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	3	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	3	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	3	MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	4	MO
DIASTAT ACUDIAL	4	MO
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC	4	MO
DIASTAT PEDIATRIC	4	MO
<i>diazepam oral concentrate</i>	3	MO; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	3	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/ 5ml</i>	3	MO; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/ 5ml</i>	3	MO; QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	MO; CG; QLL (600 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	MO; CG; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>diazepam rectal</i>	4	MO
<i>diazepam rectal</i>	4	MO
DILANTIN ORAL CAPSULE 30 MG	4	MO
<i>divalproex sodium er oral tablet extended release 24 hour</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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>divalproex sodium oral capsule delayed release sprinkle</i>	4	MO
<i>divalproex sodium oral tablet delayed release</i>	3	MO
EPIDIOLEX	5	PAR; LA
<i>epitol</i>	3	MO
<i>ethosuximide oral</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	PAR; LA
<i>fosphephenytoin sodium</i>	4	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	4	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	4	MO; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	2	MO; CG; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	MO; CG; QLL (270 per 30 days)
<i>gabapentin oral solution</i>	4	MO; QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>lamotrigine er</i>	4	MO
<i>lamotrigine oral tablet</i>	2	MO; CG
<i>lamotrigine oral tablet chewable</i>	2	MO; CG
<i>lamotrigine oral tablet dispersible</i>	4	MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	3	MO; QLL (180 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	3	MO; QLL (120 per 30 days)
<i>levetiracetam intravenous</i>	4	MO
<i>levetiracetam oral solution</i>	2	MO; CG
<i>levetiracetam oral tablet 1000 mg</i>	3	MO
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO; CG
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	4	MO; QLL (300 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	4	MO; QLL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	MO; CG; QLL (150 per 30 days)
NAYZILAM	4	
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
PEGANONE	4	MO
<i>phenobarbital oral elixir</i>	4	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral solution</i>	4	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	4	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	4	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	4	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	4	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	4	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	4	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	4	PAR; MO; QLL (123 per 30 days)
<i>phenytoin infatabs</i>	3	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin oral tablet chewable</i>	3	MO
<i>phenytoin sodium extended</i>	3	MO
<i>phenytoin sodium injection</i>	4	MO
<i>pregabalin oral capsule 100 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>pregabalin oral capsule 150 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>pregabalin oral capsule 25 mg</i>	2	MO; CG; QLL (720 per 30 days)
<i>pregabalin oral capsule 50 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>pregabalin oral capsule 75 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>pregabalin oral solution</i>	2	MO; CG; QLL (900 per 30 days)
<i>primidone oral</i>	2	MO; CG
<i>roovepra oral tablet 1000 mg</i>	3	MO
<i>roovepra oral tablet 500 mg, 750 mg</i>	2	MO; CG
<i>roovepra xr oral tablet extended release 24 hour 500 mg</i>	3	MO; QLL (180 per 30 days)
<i>roovepra xr oral tablet extended release 24 hour 750 mg</i>	3	MO; QLL (120 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PAR; MO; QLL (60 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PAR; MO; QLL (120 per 30 days)
<i>subvenite</i>	2	MO; CG
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)
<i>tiagabine hcl</i>	4	MO
<i>topiramate oral capsule sprinkle 15 mg</i>	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral capsule sprinkle 25 mg</i>	4	MO
<i>topiramate oral tablet 100 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	2	MO; CG; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>valproate sodium intravenous</i>	4	MO
<i>valproic acid oral capsule</i>	2	MO; CG
<i>valproic acid oral solution</i>	2	MO; CG
VALTOCO 10 MG DOSE	4	MO
VALTOCO 15 MG DOSE	4	MO
VALTOCO 20 MG DOSE	4	MO
VALTOCO 5 MG DOSE	4	MO
<i>vigabatrin</i>	5	PAR; LA; QLL (180 per 30 days)
<i>vigadrone</i>	5	PAR; LA; QLL (180 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)
XCOPRI (250 MG DAILY DOSE)	5	QLL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QLL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	QLL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QLL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QLL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	QLL (56 per 365 days)
<i>zonisamide oral capsule 100 mg, 50 mg</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide oral capsule 25 mg</i>	3	MO
<b>Antidementia Agents</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	2	MO; CG; QLL (30 per 30 days)
<i>galantamine hydrobromide er</i>	4	MO; QLL (30 per 30 days)
<i>galantamine hydrobromide oral solution</i>	4	MO; QLL (200 per 30 days)
<i>galantamine hydrobromide oral tablet</i>	4	MO; QLL (60 per 30 days)
<i>memantine hcl er</i>	4	PAR; MO; QLL (30 per 30 days)
<i>memantine hcl oral solution 10 mg/5ml</i>	4	PAR; QLL (300 per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	4	PAR; MO; QLL (300 per 30 days)
<i>memantine hcl oral tablet 10 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>memantine hcl oral tablet 5 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>rivastigmine</i>	4	MO; QLL (30 per 30 days)
<i>rivastigmine tartrate</i>	4	MO; QLL (60 per 30 days)
<b>Antidepressants</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	MO; QLL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	MO; QLL (1 per 28 days)
<i>amitriptyline hcl oral</i>	2	PAR; MO; CG
<i>amoxapine</i>	3	PAR; MO
<i>aripiprazole oral solution</i>	4	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	4	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	4	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	MO; QLL (450 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	4	MO; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	MO; QLL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	3	MO; QLL (90 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	3	MO; QLL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	3	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	3	MO; QLL (180 per 30 days)
<i>citalopram hydrobromide oral solution</i>	4	MO; QLL (600 per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>clomipramine hcl oral</i>	4	PAR; MO
<i>desipramine hcl oral</i>	4	PAR; MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	4	MO; QLL (120 per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	4	MO; QLL (480 per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 50 mg</i>	4	MO; QLL (240 per 30 days)
<i>doxepin hcl oral capsule</i>	3	PAR; MO
<i>doxepin hcl oral concentrate</i>	4	PAR; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG	4	MO; QLL (180 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG	4	MO; QLL (120 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	MO; QLL (90 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	MO; QLL (60 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	3	MO; QLL (180 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	3	MO; QLL (120 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	3	MO; QLL (90 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	3	MO; QLL (60 per 30 days)
EMSAM	5	PAR; MO; QLL (30 per 30 days)
<i>escitalopram oxalate oral solution</i>	4	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; CG; QLL (120 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	4	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	4	PAR; MO; QLL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FETZIMA TITRATION	4	PAR; MO
<i>fluoxetine hcl oral capsule 10 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>fluoxetine hcl oral solution</i>	2	MO; CG; QLL (600 per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	4	MO; QLL (120 per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>fluvoxamine maleate oral tablet 50 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>imipramine hcl oral</i>	4	PAR; MO
<i>maprotiline hcl oral tablet 25 mg</i>	4	MO; QLL (270 per 30 days)
<i>maprotiline hcl oral tablet 50 mg</i>	4	MO; QLL (135 per 30 days)
<i>maprotiline hcl oral tablet 75 mg</i>	4	MO
MARPLAN	4	MO
<i>mirtazapine oral tablet 15 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	2	MO; CG; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg</i>	4	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet dispersible 30 mg</i>	4	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet dispersible 45 mg</i>	4	MO; QLL (30 per 30 days)
<i>nefazodone hcl oral tablet 100 mg</i>	4	MO; QLL (180 per 30 days)
<i>nefazodone hcl oral tablet 150 mg</i>	4	MO; QLL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nefazodone hcl oral tablet 200 mg</i>	4	MO; QLL (90 per 30 days)
<i>nefazodone hcl oral tablet 250 mg</i>	4	MO; QLL (72 per 30 days)
<i>nefazodone hcl oral tablet 50 mg</i>	4	MO; QLL (360 per 30 days)
<i>nortriptyline hcl oral capsule</i>	2	PAR; MO; CG
<i>nortriptyline hcl oral solution</i>	4	PAR; MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	4	MO; QLL (180 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	4	MO; QLL (90 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	4	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	2	MO; CG; QLL (45 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
<i>phenelzine sulfate oral</i>	3	MO
<i>protriptyline hcl</i>	4	PAR; MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	MO; QLL (150 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	4	MO; QLL (120 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i>	4	MO; QLL (80 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	MO; QLL (480 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	2	MO; CG; QLL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine fumarate oral tablet 25 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>quetiapine fumarate oral tablet 300 mg</i>	2	MO; CG; QLL (80 per 30 days)
<i>quetiapine fumarate oral tablet 400 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>quetiapine fumarate oral tablet 50 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>sertraline hcl oral concentrate</i>	4	MO; QLL (300 per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>sertraline hcl oral tablet 50 mg</i>	1	MO; CG; QLL (120 per 30 days)
SPRAVATO (56 MG DOSE)	5	PAR; QLL (16 per 30 days)
SPRAVATO (84 MG DOSE)	5	PAR; QLL (24 per 30 days)
<i>tranlycypromine sulfate</i>	4	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO; CG
<i>trazodone hcl oral tablet 300 mg</i>	4	MO
<i>trimipramine maleate oral</i>	4	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)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg</i>	3	MO; QLL (113 per 30 days)
<i>venlafaxine hcl oral tablet 25 mg</i>	3	MO; QLL (450 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl oral tablet 37.5 mg</i>	3	MO; QLL (300 per 30 days)
<i>venlafaxine hcl oral tablet 50 mg</i>	3	MO; QLL (225 per 30 days)
<i>venlafaxine hcl oral tablet 75 mg</i>	3	MO; QLL (150 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)
VIIBRYD STARTER PACK	4	ST; MO
<b>Antiemetics</b>		
<i>aprepitant oral capsule 125 mg</i>	4	B/D PAR; MO; QLL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	B/D PAR; MO; QLL (1 per 28 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	4	B/D PAR; MO; QLL (15 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	4	B/D PAR; MO; QLL (10 per 30 days)
<i>chlorpromazine hcl oral compro</i>	4	MO
<i>dronabinol</i>	4	B/D PAR; MO; QLL (120 per 30 days)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	4	MO
<i>granisetron hcl oral</i>	4	B/D PAR; MO; QLL (30 per 30 days)
<i>hydroxyzine hcl oral syrup</i>	4	PAR; MO
<i>hydroxyzine hcl oral tablet</i>	2	PAR; MO; CG
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	2	PAR; MO; CG
<i>meclizine hcl oral tablet</i>	2	MO; CG
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoclopramide hcl oral tablet</i>	2	MO; CG
<i>ondansetron</i>	2	B/D PAR; MO; CG; QLL (90 per 30 days)
<i>ondansetron hcl injection</i>	4	MO
<i>ondansetron hcl oral solution</i>	4	B/D PAR; MO; QLL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	4	B/D PAR; MO; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	2	B/D PAR; MO; CG; QLL (90 per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	3	B/D PAR; MO; QLL (90 per 30 days)
<i>perphenazine oral</i>	4	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine maleate oral</i>	2	MO; CG
<i>promethazine hcl oral syrup</i>	2	PAR; MO; CG
<i>promethazine hcl oral tablet</i>	2	PAR; MO; CG
<i>scopolamine</i>	4	MO; QLL (10 per 28 days)
<b>Antifungals</b>		
ABELCET	5	B/D PAR; MO
AMBISOME	4	B/D PAR; MO
<i>amphotericin b intravenous</i>	4	B/D PAR; MO
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	B/D PAR; MO
<i>casposungin acetate intravenous solution reconstituted 70 mg</i>	4	B/D PAR; MO
<i>ciclopirox external solution</i>	4	MO
<i>ciclopirox olamine external cream</i>	3	MO
<i>ciclopirox olamine external suspension</i>	4	MO
<i>clotrimazole external cream</i>	3	MO
<i>clotrimazole external solution</i>	2	MO; CG

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Drug Name	Drug Tier	Requirements/Limits
clotrimazole mouth/throat troche	4	MO
econazole nitrate external	4	MO
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	4	MO
fluconazole oral suspension reconstituted	3	MO
fluconazole oral tablet	2	MO; CG
flucytosine oral capsule 250 mg	4	MO
flucytosine oral capsule 500 mg	5	MO
griseofulvin microsize oral	4	MO
griseofulvin ultramicrosize	4	MO
itraconazole oral capsule	4	PAR; MO
ketoconazole external cream	3	MO
ketoconazole external shampoo 2 %	2	MO; CG
ketoconazole oral	3	MO
naftifine hcl external cream 2 %	4	MO
NATACYN	4	MO
NOXAFIL ORAL SUSPENSION	5	PAR; MO
nyamyc	3	MO
nystatin external cream	3	MO
nystatin external ointment	2	MO; CG
nystatin external powder	3	MO
nystatin mouth/throat	2	MO; CG
nystatin oral tablet	2	MO; CG
nystop	3	MO
terbinafine hcl oral	2	MO; CG
terconazole	3	MO
voriconazole intravenous	4	MO
voriconazole oral suspension reconstituted	5	PAR; MO
voriconazole oral tablet 200 mg	5	PAR; MO
voriconazole oral tablet 50 mg	4	PAR; MO
ZOLINZA	5	PAR; QLL (120 per 30 days)

#### Antigout Agents

Drug Name	Drug Tier	Requirements/Limits
allopurinol oral	1	MO; CG
colchicine oral tablet	3	MO
colchicine-probenecid	3	MO
febuxostat oral tablet 80 mg	3	MO
probenecid oral	3	MO
ULORIC ORAL TABLET 80 MG	3	MO
<b>Antimigraine Agents</b>		
dihydroergotamine mesylate nasal	5	MO; QLL (8 per 28 days)
divalproex sodium er oral tablet extended release 24 hour	4	MO
divalproex sodium oral capsule delayed release sprinkle	4	MO
divalproex sodium oral tablet delayed release	3	MO
ERGOMAR	3	MO
ergotamine-caffeine	4	MO
naratriptan hcl oral tablet 1 mg	3	MO; QLL (9 per 30 days)
naratriptan hcl oral tablet 2.5 mg	4	MO; QLL (9 per 30 days)
rizatriptan benzoate	3	MO; QLL (12 per 30 days)
sumatriptan nasal	4	MO
sumatriptan succinate oral	2	MO; CG; QLL (9 per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	4	MO
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	MO
sumatriptan succinate subcutaneous solution auto-injector	4	MO
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	4	MO
timolol maleate oral	4	MO
topiramate oral capsule sprinkle 15 mg	2	MO; CG

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>topiramate oral capsule sprinkle 25 mg</i>	4	MO
<i>topiramate oral tablet 100 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	2	MO; CG; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>valproic acid oral capsule</i>	2	MO; CG
<i>valproic acid oral solution</i>	2	MO; CG
<b>Antimyasthenic Agents</b>		
GUANIDINE HCL ORAL	3	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<b>Antimycobacterials</b>		
CAPASTAT SULFATE	4	MO
<i>dapsone oral</i>	3	MO
<i>ethambutol hcl oral</i>	3	MO
<i>isoniazid oral syrup</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO; CG
PASER	4	MO
PRIFTIN	4	MO
<i>pyrazinamide oral</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO ORAL TABLET 100 MG	5	PAR; MO; LA
SIRTURO ORAL TABLET 20 MG	5	PAR; LA
TRECTOR	4	MO
<b>Antineoplastics</b>		
<i>abiraterone acetate</i>	5	PAR; QLL (120 per 30 days)
<i>adriamycin intravenous solution</i>	4	B/D PAR
<i>adriamycin intravenous solution reconstituted 10 mg, 50 mg</i>	4	B/D PAR
AFINITOR	5	PAR

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALECENSA	5	PAR; LA; QLL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG	5	PAR; LA; QLL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PAR; LA; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PAR; LA; QLL (60 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	5	PAR; LA; QLL (30 per 180 days); NE
<i>anastrozole oral</i>	2	MO; CG; QLL (30 per 30 days)
<i>arsenic trioxide intravenous solution 10 mg/10ml</i>	5	B/D PAR
AVASTIN INTRAVENOUS SOLUTION 400 MG/16ML	5	PAR; LA
<i>avita</i>	4	PAR; MO; QLL (45 per 30 days)
AYVAKIT	5	PAR; LA; QLL (30 per 30 days)
<i>azacitidine</i>	5	PAR
BALVERSA ORAL TABLET 3 MG	5	PAR; LA; QLL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PAR; LA; QLL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PAR; LA; QLL (30 per 30 days)
BAVENCIO	5	PAR; LA
<i>bexarotene</i>	5	PAR; QLL (300 per 30 days)
<i>bicalutamide</i>	3	MO; QLL (30 per 30 days)
<i>bleomycin sulfate</i>	4	B/D PAR
BOSULIF ORAL TABLET 100 MG	5	PAR; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PAR; QLL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PAR; LA; QLL (180 per 30 days)
BRUKINSA	5	PAR; LA; QLL (120 per 30 days)
<i>busulfan</i>	4	B/D PAR

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CABOMETYX	5	PAR; LA; QLL (30 per 30 days)
CALQUENCE	5	PAR; LA
CAPRELSA ORAL TABLET 100 MG	5	PAR; LA; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PAR; LA; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	4	B/D PAR
<i>carmustine</i>	4	B/D PAR
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	4	B/D PAR
<i>cladribine intravenous solution 10 mg/10ml</i>	5	B/D PAR
<i>clofarabine</i>	5	B/D PAR
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PAR; LA; QLL (56 per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PAR; LA; QLL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE)	5	PAR; LA; QLL (84 per 28 days)
COPIKTRA	5	PAR; LA; QLL (60 per 30 days)
COTELLIC	5	PAR; LA; QLL (90 per 30 days)
<i>cyclophosphamide oral capsule</i>	3	B/D PAR
CYRAMZA	5	PAR; LA
<i>cytarabine (pf)</i>	4	B/D PAR
<i>cytarabine injection solution</i>	4	B/D PAR
<i>dacarbazine intravenous</i>	4	B/D PAR
<i>dactinomycin</i>	5	B/D PAR
DARZALEX FASPRO	5	PAR
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML	5	PAR; LA
<i>daunorubicin hcl intravenous solution 20 mg/4ml</i>	4	B/D PAR
DAUNORUBICIN HCL INTRAVENOUS SOLUTION 50 MG/10ML	4	B/D PAR

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DAURISMO ORAL TABLET 100 MG	5	PAR; LA; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PAR; LA; QLL (60 per 30 days)
<i>decitabine</i>	5	B/D PAR
<i>dexrazoxane hcl</i>	5	B/D PAR
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML	5	B/D PAR
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML	4	B/D PAR
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/2ML, 80 MG/8ML	5	B/D PAR
<i>doxorubicin hcl intravenous solution</i>	4	B/D PAR
<i>doxorubicin hcl liposomal</i>	5	PAR
DROXIA	4	MO
EMCYT	4	
ENHERTU	5	PAR
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	4	B/D PAR
ERIVEDGE	5	PAR; LA; QLL (30 per 30 days)
ERLEADA	5	PAR; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PAR; QLL (30 per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PAR; QLL (90 per 30 days)
<i>etoposide intravenous solution 1 gm/50ml</i>	4	B/D PAR
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	3	B/D PAR
<i>everolimus oral tablet 0.25 mg</i>	4	B/D PAR; MO
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	5	B/D PAR
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PAR

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>exemestane</i>	4	MO; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PAR; LA; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 20 MG	5	PAR; LA; QLL (30 per 30 days)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	5	PAR
<i>fludarabine phosphate</i>	4	B/D PAR
<i>fluorouracil intravenous</i>	4	B/D PAR
<i>flutamide</i>	4	MO
<i>fulvestrant</i>	5	PAR
GAVRETO	5	PAR; LA; QLL (120 per 30 days)
GAZYVA	5	PAR; LA
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	4	B/D PAR
<i>gemcitabine hcl intravenous solution 2 gm/52.6ml</i>	5	B/D PAR
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 200 mg</i>	4	B/D PAR
<i>gemcitabine hcl intravenous solution reconstituted 2 gm</i>	5	B/D PAR
GILOTRIF	5	PAR; LA; QLL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PAR; MO
HERCEPTIN HYLECTA	5	B/D PAR
<i>hydroxyprogesterone caproate intramuscular solution</i>	5	PAR; QLL (25 per 147 days); NE
<i>hydroxyurea oral</i>	2	MO; CG
IBRANCE	5	PAR; LA; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; LA; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; LA; QLL (30 per 30 days)
<i>idarubicin hcl</i>	5	B/D PAR
IDHIFA ORAL TABLET 100 MG	5	PAR; LA; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IDHIFA ORAL TABLET 50 MG	5	PAR; LA; QLL (60 per 30 days)
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	4	B/D PAR
<i>ifosfamide intravenous solution</i>	4	B/D PAR
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	4	B/D PAR
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	4	B/D PAR
<i>imatinib mesylate oral tablet 100 mg</i>	5	PAR; QLL (240 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PAR; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PAR; LA; QLL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PAR; LA; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PAR; LA; QLL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PAR; LA; QLL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 500 MG/ 10ML	5	PAR; LA
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML	4	PAR; MO
IMLYGIC INTRALESIONAL SUSPENSION 100000000 UNIT/ML	5	PAR
INLYTA ORAL TABLET 1 MG	5	PAR; LA; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; LA; QLL (120 per 30 days)
INQOVI	5	PAR; LA; QLL (5 per 28 days)
INREBIC	5	PAR; LA; 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
IRESSA	5	LA
<i>irinotecan hcl intravenous solution 100 mg/5ml, 500 mg/25ml</i>	4	B/D PAR
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	4	B/D PAR; MO
JAKAFI ORAL TABLET 10 MG	5	PAR; LA; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	5	PAR; LA; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; LA; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	5	PAR; LA; QLL (60 per 30 days)
JAKAFI ORAL TABLET 50 MG	5	PAR; LA; QLL (300 per 30 days)
KADCYLA	5	PAR
KISQALI (200 MG DOSE)	5	PAR; QLL (21 per 21 days)
KISQALI (400 MG DOSE)	5	PAR; QLL (42 per 21 days)
KISQALI (600 MG DOSE)	5	PAR; QLL (63 per 21 days)
KISQALI FEMARA (400 MG DOSE)	5	PAR; QLL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE)	5	PAR; QLL (91 per 28 days)
KISQALI FEMARA(200 MG DOSE)	5	PAR; QLL (49 per 28 days)
KOSELUGO	5	PAR
<i>lapatinib ditosylate</i>	5	PAR; QLL (180 per 30 days)
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML	5	PAR; LA
LENVIMA (10 MG DAILY DOSE)	5	PAR; LA; QLL (30 per 30 days)
LENVIMA (12 MG DAILY DOSE)	5	PAR; LA; QLL (90 per 30 days)
LENVIMA (14 MG DAILY DOSE)	5	PAR; LA; QLL (60 per 30 days)
LENVIMA (18 MG DAILY DOSE)	5	PAR; LA; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (20 MG DAILY DOSE)	5	PAR; LA; QLL (60 per 30 days)
LENVIMA (24 MG DAILY DOSE)	5	PAR; LA; QLL (90 per 30 days)
LENVIMA (4 MG DAILY DOSE)	5	PAR; LA; QLL (30 per 30 days)
LENVIMA (8 MG DAILY DOSE)	5	PAR; LA; QLL (60 per 30 days)
<i>letrozole oral</i>	2	MO; CG; QLL (30 per 30 days)
<i>leucovorin calcium injection solution reconstituted</i>	4	B/D PAR; MO
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	3	MO
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	3	MO
<i>leucovorin calcium oral tablet 25 mg</i>	4	MO
<i>leucovorin calcium oral tablet 25 mg</i>	4	MO
LEUKERAN	4	MO
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	5	PAR
LIBTAYO	5	PAR; LA
LONSURF	5	PAR
LORBRENA ORAL TABLET 100 MG	5	PAR; LA; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PAR; LA; QLL (90 per 30 days)
LUMOXITI	5	PAR; LA
LYNPARZA ORAL TABLET	5	PAR; LA; QLL (120 per 30 days)
MATULANE	5	LA
MEKINIST ORAL TABLET 0.5 MG	5	PAR; LA; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PAR; LA; QLL (30 per 30 days)
MEKTOVI	5	PAR; LA; QLL (180 per 30 days)
<i>melphalan</i>	4	B/D PAR
<i>melphalan hcl</i>	3	B/D PAR
<i>mesna</i>	4	MO
MESNEX ORAL	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml</i>	2	MO; CG
<i>methotrexate sodium injection solution 250 mg/10ml</i>	2	MO; CG
<i>methotrexate sodium injection solution reconstituted</i>	4	MO
<i>mitomycin intravenous solution reconstituted 20 mg</i>	4	B/D PAR
<i>mitomycin intravenous solution reconstituted 40 mg</i>	5	B/D PAR
<i>mitoxantrone hcl</i>	3	B/D PAR
<i>mutamycin intravenous solution reconstituted 20 mg</i>	4	B/D PAR
<i>mutamycin intravenous solution reconstituted 40 mg</i>	5	B/D PAR
NERLYNX	5	PAR; LA; QLL (180 per 30 days)
NEXAVAR	5	PAR; LA; QLL (120 per 30 days)
<i>nilutamide</i>	5	MO; QLL (30 per 30 days)
NINLARO	5	PAR; QLL (3 per 28 days)
NUBEQA	5	PAR; LA; QLL (120 per 30 days)
ODOMZO	5	PAR; LA; QLL (30 per 30 days)
OFEV ORAL CAPSULE 150 MG	5	PAR; QLL (60 per 30 days)
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	4	B/D PAR
<i>oxaliplatin intravenous solution reconstituted</i>	5	B/D PAR
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml</i>	4	B/D PAR
<i>paclitaxel intravenous concentrate 300 mg/50ml</i>	4	
PADCEV	5	PAR
PANRETIN	5	
PARAPLATIN	4	B/D PAR; MO
PEMAZYRE	5	PAR; LA; QLL (14 per 21 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PHESGO	5	PAR
PIQRAY (200 MG DAILY DOSE)	5	PAR; QLL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PAR; QLL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PAR; QLL (56 per 28 days)
POLIVY	5	B/D PAR
POMALYST ORAL CAPSULE 1 MG	5	PAR; LA; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; LA; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; LA; QLL (30 per 30 days)
PURIXAN	5	PAR
QINLOCK	5	PAR; QLL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PAR; QLL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PAR; QLL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG	5	PAR; LA; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 25 MG	5	PAR; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PAR; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	PAR; LA; QLL (150 per 30 days)
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML	5	B/D PAR; LA
ROZLYTREK ORAL CAPSULE 100 MG	5	PAR; LA; QLL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PAR; LA; QLL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG	5	PAR; LA; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PAR; LA; QLL (120 per 30 days)
RYDAPT	5	PAR; QLL (240 per 30 days)
SARCLISA	5	PAR
SOLTAMOX	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPRYCEL	5	PAR; QLL (30 per 30 days)	THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; QLL (60 per 30 days)
STIVARGA	5	PAR; LA; QLL (120 per 30 days)	<i>thiotepa injection solution reconstituted 100 mg</i>	4	B/D PAR; MO
SUTENT ORAL CAPSULE 12.5 MG	5	PAR; QLL (90 per 30 days)	<i>thiotepa injection solution reconstituted 15 mg</i>	4	B/D PAR
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PAR; QLL (30 per 30 days)	TIBSOVO	5	PAR; LA; QLL (60 per 30 days)
SYNRIBO	5	PAR	<i>toposar intravenous solution 1 gm/50ml, 500 mg/25ml</i>	4	B/D PAR
TABLOID	4	MO	<i>toposar intravenous solution 100 mg/5ml</i>	3	B/D PAR
TABRECTA	5	PAR; QLL (120 per 30 days)	TOPOTECAN HCL INTRAVENOUS SOLUTION	5	B/D PAR
TAFINLAR	5	PAR; LA; QLL (120 per 30 days)	<i>topotecan hcl intravenous solution reconstituted</i>	5	B/D PAR
TAGRISSO ORAL TABLET 40 MG	5	PAR; LA; QLL (60 per 30 days)	<i>toremifene citrate</i>	5	QLL (30 per 30 days)
TAGRISSO ORAL TABLET 80 MG	5	PAR; LA; QLL (30 per 30 days)	<i>tretinoin external cream</i>	4	PAR; MO; QLL (45 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PAR; LA; QLL (180 per 30 days)	<i>tretinoin external gel 0.01 %</i>	3	PAR; MO; QLL (45 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PAR; LA; QLL (60 per 30 days)	<i>tretinoin external gel 0.025 %</i>	4	PAR; MO; QLL (45 per 30 days)
<i>tamoxifen citrate oral</i>	2	MO; CG	<i>tretinoin oral</i>	5	MO
TARGRETIN EXTERNAL	5	PAR; QLL (60 per 30 days)	TRODELVY	5	PAR
TASIGNA	5	PAR; QLL (112 per 28 days)	TUKYSA	5	PAR; LA; QLL (120 per 30 days)
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/ 4ML	5	B/D PAR	TURALIO	5	PAR; LA; QLL (120 per 30 days)
TAZVERIK	5	PAR; LA; QLL (240 per 30 days)	TYKERB	5	PAR; LA; QLL (180 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/ 20ML	5	PAR; LA; QLL (20 per 21 days)	VALCHLOR	5	PAR; LA
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/ 14ML	5	PAR; LA; QLL (28 per 30 days)	VENCLEXTA ORAL TABLET 10 MG	3	PAR; LA; QLL (60 per 30 days)
<i>temsirolimus</i>	5	PAR	VENCLEXTA ORAL TABLET 100 MG	5	PAR; LA; QLL (180 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; QLL (30 per 30 days)	VENCLEXTA ORAL TABLET 50 MG	3	PAR; LA; QLL (30 per 30 days)
			VENCLEXTA STARTING PACK	5	PAR; LA; NE
			VERZENIO	5	PAR; LA; 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vinblastine sulfate intravenous solution</i>	4	B/D PAR
<i>vincristine sulfate intravenous</i>	4	B/D PAR
<i>vinorelbine tartrate</i>	4	B/D PAR
VITRAKVI ORAL CAPSULE 100 MG	5	PAR; LA; QLL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PAR; LA; QLL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PAR; LA; QLL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG	5	PAR; LA; QLL (90 per 30 days)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	5	PAR; LA; QLL (30 per 30 days)
VOTRIENT	5	PAR; LA; QLL (120 per 30 days)
XALKORI	5	PAR; LA; QLL (60 per 30 days)
XOSPATA	5	PAR; LA; QLL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY)	5	PAR; LA; QLL (20 per 28 days)
XPOVIO (40 MG ONCE WEEKLY)	5	PAR; LA; QLL (8 per 28 days)
XPOVIO (40 MG TWICE WEEKLY)	5	PAR; LA; QLL (16 per 28 days)
XPOVIO (60 MG ONCE WEEKLY)	5	PAR; LA; QLL (12 per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PAR; LA; QLL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY)	5	PAR; LA; QLL (16 per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PAR; LA; QLL (32 per 28 days)
XTANDI	5	PAR; LA; QLL (120 per 30 days)
ZEJULA	5	PAR; LA; QLL (90 per 30 days)
ZELBORAF	5	PAR; LA; QLL (240 per 30 days)
ZOLINZA	5	PAR; QLL (120 per 30 days)
ZYDELIG	5	PAR; LA; QLL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PAR; LA; QLL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYTIGA ORAL TABLET 500 MG	5	PAR; LA; QLL (60 per 30 days)
<b>Antiparasitics</b>		
<i>albendazole oral</i>	4	MO
ALINIA ORAL SUSPENSION RECONSTITUTED	4	MO; QLL (180 per 30 days)
ALINIA ORAL TABLET	4	MO; QLL (6 per 30 days)
<i>atovaquone oral</i>	5	PAR; MO
<i>atovaquone-proguanil hcl</i>	4	MO
<i>chloroquine phosphate oral</i>	1	MO; CG
COARTEM	4	MO
<i>hydroxychloroquine sulfate oral</i>	1	MO; CG
<i>ivermectin oral</i>	3	MO
<i>lindane external shampoo</i>	4	MO
<i>malathion external</i>	4	MO
<i>mefloquine hcl</i>	3	MO
NEBUPENT	3	B/D PAR; MO
PENTAM	4	MO
<i>pentamidine isethionate inhalation</i>	3	B/D PAR; MO
<i>pentamidine isethionate injection</i>	4	MO
<i>permethrin external cream</i>	3	MO
<i>primaquine phosphate oral</i>	3	MO
<i>quinine sulfate oral</i>	4	PAR; MO
<b>Antiparkinson Agents</b>		
<i>amantadine hcl oral capsule</i>	3	MO
<i>amantadine hcl oral syrup</i>	2	MO; CG
<i>amantadine hcl oral tablet</i>	3	MO
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PAR; LA
<i>benztropine mesylate oral</i>	2	PAR; MO; CG
<i>bromocriptine mesylate oral capsule</i>	4	MO
<i>bromocriptine mesylate oral tablet</i>	3	MO
<i>carbidopa oral</i>	4	MO
<i>carbidopa oral</i>	4	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa oral tablet</i>	2	MO; CG
<i>carbidopa-levodopa oral tablet dispersible</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
NEUPRO	4	MO; QLL (30 per 30 days)
<i>pramipexole dihydrochloride</i>	2	MO; CG
<i>rasagiline mesylate oral</i>	4	MO
<i>ropinirole hcl</i>	2	MO; CG
<i>ropinirole hcl er</i>	4	MO
<i>selegiline hcl oral</i>	3	MO
<i>trihexyphenidyl hcl oral solution</i>	3	PAR; MO
<i>trihexyphenidyl hcl oral tablet</i>	2	PAR; MO; CG
<b>Antipsychotics</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	MO; QLL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	MO; QLL (1 per 28 days)
<i>aripiprazole oral solution</i>	4	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	4	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	4	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	MO; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	4	MO; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	MO; QLL (60 per 30 days)
CAPLYTA	5	PAR; QLL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CHLORPROMAZINE HCL INJECTION	4	MO
<i>chlorpromazine hcl oral</i>	4	MO
<i>clozapine oral tablet 100 mg</i>	4	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	MO; QLL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	4	MO; QLL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	MO; QLL (2160 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	MO; QLL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	MO; QLL (120 per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	4	MO; QLL (1080 per 30 days)
FANAPT ORAL TABLET 1 MG	4	MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	4	MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	MO; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	4	MO; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	4	MO; QLL (90 per 30 days)
FANAPT TITRATION PACK	4	MO
<i>fluphenazine decanoate injection</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral concentrate</i>	4	MO
<i>fluphenazine hcl oral elixir</i>	4	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 5 mg</i>	4	MO
<i>fluphenazine hcl oral tablet 2.5 mg</i>	2	MO; CG

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GEODON INTRAMUSCULAR	4	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml 1 ml</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate oral</i>	2	MO; CG
<i>haloperidol oral</i>	3	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	MO; QLL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	MO; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	MO; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	MO; QLL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	MO; QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	4	MO; QLL (0.875 per 90 days); NE
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	4	MO; QLL (1.315 per 90 days); NE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	MO; QLL (1.75 per 90 days); NE
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	4	MO; QLL (2.625 per 90 days); NE
LATUDA ORAL TABLET 120 MG, 60 MG	4	MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	4	MO; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	4	MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QLL (60 per 30 days)
<i>loxapine succinate oral</i>	3	MO
<i>molindone hcl</i>	4	MO
NUPLAZID ORAL CAPSULE	5	PAR; LA; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PAR; LA; QLL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QLL (90 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet dispersible 15 mg</i>	4	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet dispersible 20 mg</i>	4	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet dispersible 5 mg</i>	4	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.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>	4	MO; QLL (240 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 3 mg</i>	4	MO; QLL (120 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	MO; QLL (60 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	4	MO; QLL (30 per 30 days)
<i>perphenazine oral</i>	4	MO
<i>pimozide</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	4	MO
<i>prochlorperazine maleate oral</i>	2	MO; CG
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	MO; QLL (150 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	4	MO; QLL (120 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i>	4	MO; QLL (80 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	MO; QLL (480 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>quetiapine fumarate oral tablet 25 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>quetiapine fumarate oral tablet 300 mg</i>	2	MO; CG; QLL (80 per 30 days)
<i>quetiapine fumarate oral tablet 400 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>quetiapine fumarate oral tablet 50 mg</i>	2	MO; CG; QLL (480 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	4	MO; QLL (60 per 30 days)
REXULTI ORAL TABLET 2 MG	5	MO; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	MO; QLL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	MO; QLL (2 per 28 days)
<i>risperidone oral solution</i>	4	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; CG; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; CG; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg</i>	4	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	4	MO; QLL (960 per 30 days)
<i>risperidone oral tablet dispersible 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>risperidone oral tablet dispersible 2 mg</i>	4	MO; QLL (240 per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>	4	MO; QLL (150 per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	4	MO; QLL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	4	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	4	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	4	MO; QLL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SECUADO	5	QLL (30 per 30 days)
<i>thioridazine hcl oral</i>	3	ST; MO
<i>thiothixene oral</i>	4	MO
<i>trifluoperazine hcl oral</i>	3	MO
VERSACLOZ	5	MO; QLL (600 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	MO
<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	MO; QLL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
ZYPREXA RELPREVV	4	MO; QLL (2 per 28 days)
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO; CG
<i>dantrolene sodium oral</i>	4	MO
<i>tizanidine hcl oral tablet</i>	2	MO; CG
<b>Antivirals</b>		
<i>abacavir sulfate oral solution</i>	4	QLL (960 per 30 days)
<i>abacavir sulfate oral tablet</i>	4	QLL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	4	QLL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	QLL (60 per 30 days)
<i>acyclovir oral capsule</i>	2	MO; CG
<i>acyclovir oral suspension</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO; CG
<i>acyclovir sodium intravenous solution</i>	4	B/D PAR; MO
<i>adefovir dipivoxil</i>	4	PAR
<i>amantadine hcl oral capsule</i>	3	MO
<i>amantadine hcl oral syrup</i>	2	MO; CG
<i>amantadine hcl oral tablet</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APTIVUS ORAL CAPSULE	5	QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (380 per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	5	QLL (60 per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	5	QLL (30 per 30 days)
ATRIPLA	5	QLL (30 per 30 days)
BARACLUDE ORAL SOLUTION	5	PAR
BIKTARVY	5	QLL (30 per 30 days)
CIMDUO	5	QLL (30 per 30 days)
COMPLERA	5	QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QLL (180 per 30 days)
DELSTRIGO	5	QLL (30 per 30 days)
DESCOVY	5	QLL (30 per 30 days)
<i>didanosine oral capsule delayed release 200 mg</i>	4	QLL (60 per 30 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	4	QLL (30 per 30 days)
DOVATO	5	QLL (30 per 30 days)
EDURANT	5	QLL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QLL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	5	QLL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	5	QLL (30 per 30 days)
<i>emtricitabine</i>	4	MO; QLL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir df</i>	5	QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	QLL (850 per 30 days)
<i>entecavir</i>	4	PAR
EPCLUSA ORAL TABLET 400-100 MG	5	PAR; QLL (30 per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PAR; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	3	
EVOTAZ	5	QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	4	MO; QLL (21 per 7 days)
<i>fosamprenavir calcium</i>	5	QLL (120 per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QLL (60 per 30 days)
<i>ganciclovir sodium intravenous solution reconstituted</i>	4	B/D PAR
GENVOYA	5	QLL (30 per 30 days)
HARVONI ORAL PACKET	5	PAR; QLL (28 per 28 days)
HARVONI ORAL TABLET	5	PAR; QLL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PAR; QLL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG	5	QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QLL (480 per 30 days)
INTRON A INJECTION SOLUTION	5	B/D PAR

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	B/D PAR
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	4	B/D PAR
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	4	B/D PAR
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	5	B/D PAR
INVIRASE ORAL TABLET	4	QLL (120 per 30 days)
ISENTRESS HD	5	QLL (60 per 30 days)
ISENTRESS ORAL PACKET	4	QLL (180 per 30 days)
ISENTRESS ORAL TABLET	5	QLL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QLL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QLL (720 per 30 days)
JULUCA	5	QLL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	QLL (120 per 30 days)
<i>lamivudine oral solution</i>	4	QLL (960 per 30 days)
<i>lamivudine oral solution</i>	4	QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	
<i>lamivudine oral tablet 100 mg</i>	3	
<i>lamivudine oral tablet 150 mg</i>	4	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamivudine oral tablet 150 mg</i>	4	QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	QLL (30 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	4	QLL (60 per 30 days)
LEXIVA ORAL SUSPENSION	4	QLL (1800 per 30 days)
<i>lopinavir-ritonavir</i>	4	QLL (480 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QLL (90 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QLL (30 per 30 days)
<i>nevirapine oral suspension</i>	4	QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	3	QLL (60 per 30 days)
NORVIR ORAL PACKET	4	QLL (360 per 30 days)
NORVIR ORAL SOLUTION	4	QLL (480 per 30 days)
ODEFSEY	5	QLL (30 per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg</i>	4	MO
<i>oseltamivir phosphate oral capsule 75 mg</i>	3	MO
<i>oseltamivir phosphate oral suspension reconstituted</i>	4	MO
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	
PEGASYS SUBCUTANEOUS SOLUTION	5	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIFELTRO	5	QLL (30 per 30 days)
PREZCOBIX	5	QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	5	QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QLL (300 per 30 days)
RELENZA DISKHALER	3	MO; QLL (60 per 180 days); NE
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL PACKET	4	QLL (240 per 30 days)
<i>ribavirin inhalation</i>	5	PAR
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	4	
<i>rimantadine hcl</i>	3	MO
<i>ritonavir</i>	3	QLL (360 per 30 days)
RUKOBIA	5	QLL (60 per 30 days)
SELZENTRY ORAL SOLUTION	5	QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	QLL (120 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QLL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	QLL (60 per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	3	QLL (120 per 30 days)
<i>stavudine oral capsule 30 mg</i>	3	QLL (60 per 30 days)
<i>stavudine oral capsule 40 mg</i>	4	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STRIBILD	5	QLL (30 per 30 days)
SYMFI	5	QLL (30 per 30 days)
SYMFI LO	5	QLL (30 per 30 days)
SYMTUZA	5	QLL (30 per 30 days)
TEMIXYS	5	QLL (30 per 30 days); NE
<i>tenofovir disoproxil fumarate</i>	4	QLL (30 per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	QLL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QLL (60 per 30 days)
TIVICAY PD	5	QLL (180 per 30 days)
<i>trifluridine ophthalmic</i>	3	MO
TRIUMEQ	5	QLL (30 per 30 days)
TRUVADA	5	QLL (30 per 30 days)
TYBOST	3	QLL (30 per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	3	MO; QLL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	3	MO; QLL (60 per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	4	
<i>valganciclovir hcl oral tablet</i>	5	
VEMLIDY	5	PAR; QLL (30 per 30 days); NE
VIRACEPT ORAL TABLET 250 MG	5	QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QLL (120 per 30 days)
VIRAZOLE	5	PAR; MO
VIREAD ORAL POWDER	5	QLL (240 per 30 days)
VIREAD ORAL POWDER	5	QLL (240 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QLL (30 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QLL (30 per 30 days)
VOSEVI	5	PAR; QLL (30 per 30 days)
XOFLUZA (40 MG DOSE)	3	MO
XOFLUZA (80 MG DOSE)	3	MO
<i>zidovudine oral capsule</i>	4	QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	4	QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	3	QLL (60 per 30 days)
ZIRGAN	4	MO
<b>Anxiolytics</b>		
<i>alprazolam oral tablet</i>	2	MO; CG; QLL (120 per 30 days)
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	2	MO; CG
<i>bupirone hcl oral tablet 30 mg</i>	4	MO
<i>chlordiazepoxide hcl</i>	3	MO; QLL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg</i>	2	MO; CG; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	MO; CG; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; CG; QLL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	3	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	3	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	3	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	3	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	3	MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC	4	MO
<i>diazepam oral concentrate</i>	3	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	3	MO; QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	MO; CG; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>diazepam rectal</i>	4	MO
<i>doxepin hcl oral capsule</i>	3	PAR; MO
<i>doxepin hcl oral concentrate</i>	4	PAR; MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG	4	MO; QLL (180 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG	4	MO; QLL (120 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	MO; QLL (90 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	MO; QLL (60 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	3	MO; QLL (180 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	3	MO; QLL (120 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	3	MO; QLL (90 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	3	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral solution</i>	4	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; CG; QLL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>hydroxyzine hcl oral syrup</i>	4	PAR; MO
<i>hydroxyzine hcl oral tablet</i>	2	PAR; MO; CG
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	2	PAR; MO; CG
<i>lorazepam oral concentrate 2 mg/ml</i>	4	MO; QLL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	MO; CG; QLL (150 per 30 days)
NAYZILAM	4	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	4	MO; QLL (180 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	4	MO; QLL (90 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	4	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	2	MO; CG; QLL (45 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
<i>sertraline hcl oral concentrate</i>	4	MO; QLL (300 per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>sertraline hcl oral tablet 50 mg</i>	1	MO; CG; QLL (120 per 30 days)
VALTOCO 10 MG DOSE	4	MO
VALTOCO 15 MG DOSE	4	MO
VALTOCO 20 MG DOSE	4	MO
VALTOCO 5 MG DOSE	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg</i>	3	MO; QLL (113 per 30 days)
<i>venlafaxine hcl oral tablet 25 mg</i>	3	MO; QLL (450 per 30 days)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	3	MO; QLL (300 per 30 days)
<i>venlafaxine hcl oral tablet 50 mg</i>	3	MO; QLL (225 per 30 days)
<i>venlafaxine hcl oral tablet 75 mg</i>	3	MO; QLL (150 per 30 days)
<b>Bipolar Agents</b>		
<i>carbamazepine er oral capsule extended release 12 hour</i>	4	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	4	MO
<i>carbamazepine oral suspension</i>	4	MO
<i>carbamazepine oral tablet</i>	3	MO
<i>carbamazepine oral tablet chewable</i>	2	MO; CG
<i>divalproex sodium er oral tablet extended release 24 hour</i>	4	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	4	MO
<i>divalproex sodium oral tablet delayed release</i>	3	MO
<i>epitol</i>	3	MO
GEODON	4	MO
INTRAMUSCULAR		
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	4	MO
<i>lamotrigine oral tablet</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine oral tablet chewable</i>	2	MO; CG
<i>lamotrigine oral tablet dispersible</i>	4	MO
LITHIUM	4	MO
<i>lithium carbonate er</i>	2	MO; CG
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO; CG
<i>lithium carbonate oral capsule 600 mg</i>	2	MO; CG
<i>lithium carbonate oral tablet</i>	2	MO; CG
<i>olanzapine intramuscular</i>	4	MO; QLL (90 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet dispersible 15 mg</i>	4	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet dispersible 20 mg</i>	4	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet dispersible 5 mg</i>	4	MO; QLL (120 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	MO; QLL (150 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	4	MO; QLL (120 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i>	4	MO; QLL (80 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	MO; QLL (480 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine fumarate oral tablet 100 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>quetiapine fumarate oral tablet 25 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>quetiapine fumarate oral tablet 300 mg</i>	2	MO; CG; QLL (80 per 30 days)
<i>quetiapine fumarate oral tablet 400 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>quetiapine fumarate oral tablet 50 mg</i>	2	MO; CG; QLL (480 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	MO; QLL (2 per 28 days)
<i>risperidone oral solution</i>	4	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; CG; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; CG; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg</i>	4	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	4	MO; QLL (960 per 30 days)
<i>risperidone oral tablet dispersible 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>risperidone oral tablet dispersible 2 mg</i>	4	MO; QLL (240 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone oral tablet dispersible 3 mg</i>	4	MO; QLL (150 per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	4	MO; QLL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	4	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	4	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	4	MO; QLL (120 per 30 days)
SECUADO	5	QLL (30 per 30 days)
<i>valproic acid oral capsule</i>	2	MO; CG
<i>valproic acid oral solution</i>	2	MO; CG
VRAYLAR ORAL CAPSULE	4	MO; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	MO
<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	MO; QLL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	MO; QLL (2 per 28 days)
<b>Blood Glucose Regulators</b>		
1ST TIER UNIFINE PENTIPS 29G X 12MM	3	MO; QLL (200 per 30 days)
<i>acarbose oral tablet 100 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; CG; QLL (180 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	MO; QLL (200 per 30 days)
BYDUREON BCISE	3	MO; QLL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	MO; QLL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	MO; QLL (2.4 per 30 days)
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM	3	MO; QLL (200 per 30 days)
CLEVER CHOICE COMFORT EZ 29G X 12MM	3	MO; QLL (200 per 30 days)
<i>colesevelam hcl oral tablet</i>	4	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	MO; QLL (200 per 30 days)
CVS GAUZE STERILE PAD 2"X2"	1	MO; CG; QLL (200 per 30 days)
<i>diazoxide oral</i>	4	MO
DROPLET PEN NEEDLES 30G X 8 MM	3	MO; QLL (200 per 30 days)
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM	3	MO; QLL (200 per 30 days)
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	3	MO; QLL (200 per 30 days)
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	MO; QLL (200 per 30 days)
FARXIGA	3	QLL (30 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; CG; QLL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; CG; QLL (120 per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	3	MO; QLL (200 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY INJECTION KIT	3	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	4	PAR; MO; QLL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	4	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	4	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>glyburide-metformin oral tablet 5-500 mg</i>	3	PAR; MO; QLL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	3	MO; QLL (200 per 30 days)
HUMALOG JUNIOR KWIKPEN	3	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	MO
HUMALOG MIX 50/50 KWIKPEN	3	MO
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMALOG MIX 75/25 KWIKPEN	3	MO
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	MO
HUMULIN 70/30 KWIKPEN	3	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN N KWIKPEN	3	MO
HUMULIN N SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN R	3	MO
INSULIN LISPRO (1 UNIT DIAL)	3	MO
INSULIN LISPRO JUNIOR KWIKPEN	3	MO
INSULIN LISPRO PROT & LISPRO	3	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSUPEN PEN NEEDLES 29G X 12MM	3	MO; QLL (200 per 30 days)
JANUMET	3	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
JARDIANCE	3	MO; QLL (30 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	MO; QLL (30 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	MO; QLL (30 per 30 days)
KORLYM	5	PAR; LA
KROGER PEN NEEDLES 31G X 8 MM	3	MO; QLL (200 per 30 days)
LANTUS	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
MARATHON MEDICAL PENTIPS 29G X 12MM	3	MO; QLL (200 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	MO; CG; QLL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	MO; CG; QLL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	3	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	3	MO; QLL (180 per 30 days)
PC UNIFINE PENTIPS 29G X 12MM	3	MO; QLL (200 per 30 days)
<i>pioglitazone hcl oral tablet 15 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>pioglitazone hcl oral tablet 30 mg</i>	2	MO; CG; QLL (45 per 30 days)
<i>pioglitazone hcl oral tablet 45 mg</i>	2	MO; CG; QLL (30 per 30 days)
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	3	MO; QLL (200 per 30 days)
PROGLYCEM	4	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	MO; QLL (200 per 30 days)
RELION PEN NEEDLES 29G X 12MM	3	MO; QLL (200 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; CG; QLL (240 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY	3	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	MO; QLL (30 per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM	3	MO; QLL (200 per 30 days)
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
TRULICITY	4	MO; QLL (2 per 28 days)
UNIFINE PENTIPS 30G X 5 MM	3	MO; QLL (200 per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO; QLL (9 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QLL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QLL (60 per 30 days)
<b>Blood Products/ Modifiers/ Volume Expanders</b>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	3	MO
<i>anagrelide hcl oral capsule 1 mg</i>	4	MO
<i>aspirin-dipyridamole er</i>	4	ST; MO; QLL (60 per 30 days)
BRILINTA	4	MO; QLL (60 per 30 days)
<i>cilostazol</i>	2	MO; CG

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clopidogrel bisulfate oral tablet 300 mg</i>	4	MO; QLL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>dipyridamole oral ELIQUIS</i>	4	PAR; MO
ELIQUIS	3	MO; QLL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	MO; QLL (74 per 180 days); NE
<i>enoxaparin sodium injection</i>	4	MO; QLL (168 per 28 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	4	MO; QLL (56 per 28 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	4	MO; QLL (44.8 per 28 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	4	MO; QLL (16.8 per 28 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	4	MO; QLL (22.4 per 28 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	4	MO; QLL (33.6 per 28 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	MO; QLL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	MO; QLL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	MO; QLL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	MO; QLL (18 per 30 days)
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	4	B/D PAR; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%	4	MO
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%	4	MO
<i>heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%</i>	4	MO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	B/D PAR; MO
<i>jantoven</i>	1	MO; CG
PRADAXA	4	MO; QLL (60 per 30 days)
<i>prasugrel hcl</i>	4	MO; QLL (30 per 30 days)
PROCRIPT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PAR
PROCRIPT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PAR
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; LA; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PAR; LA; QLL (90 per 30 days)
<i>tranexamic acid oral</i>	3	MO
<i>warfarin sodium oral</i>	1	MO; CG
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	MO; QLL (60 per 30 days)
XARELTO STARTER PACK	3	MO; NE
ZARXIO	5	PAR
<b>Cardiovascular Agents</b>		
<i>acebutolol hcl oral</i>	2	MO; CG

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
acetazolamide er	4	MO
acetazolamide oral	3	MO
acetazolamide sodium	4	MO
afeditab cr oral tablet extended release 24 hour 30 mg	2	MO; CG
afeditab cr oral tablet extended release 24 hour 60 mg	3	
aliskiren fumarate	4	MO
amiloride hcl oral	3	MO
amiloride-hydrochlorothiazide	2	MO; CG
amiodarone hcl oral tablet 100 mg, 400 mg	4	MO
amiodarone hcl oral tablet 200 mg	2	MO; CG
amlodipine besy-benazepril hcl	2	MO; CG
amlodipine besylate oral	1	MO; CG
amlodipine besylate-valsartan	2	MO; CG
amlodipine-olmesartan oral tablet 10-20 mg	4	MO
amlodipine-valsartan-hctz	2	MO; CG
atenolol oral	1	MO; CG
atenolol-chlorthalidone	2	MO; CG
atorvastatin calcium oral	1	MO; CG
benazepril hcl oral	1	MO; CG
benazepril-hydrochlorothiazide	2	MO; CG
betaxolol hcl oral	3	MO
bisoprolol fumarate	2	MO; CG
bisoprolol-hydrochlorothiazide	1	MO; CG
bumetanide injection	4	MO
bumetanide oral	3	MO
BYSTOLIC	4	MO
candesartan cilexetil	3	MO
candesartan cilexetil-hctz	3	MO
captopril oral	3	MO
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg	2	MO; CG
captopril-hydrochlorothiazide oral tablet 50-15 mg, 50-25 mg	4	MO
cartia xt	3	MO

Drug Name	Drug Tier	Requirements/Limits
carvedilol	1	MO; CG
chlorthalidone oral tablet 25 mg, 50 mg	2	MO; CG
cholestyramine light	4	MO
cholestyramine oral	4	MO
clonidine	4	MO; QLL (4 per 28 days)
clonidine hcl oral	1	MO; CG
colesevelam hcl oral tablet	4	MO
colestipol hcl oral granules	3	MO
colestipol hcl oral packet	4	MO
colestipol hcl oral tablet	3	MO
CORLANOR ORAL SOLUTION	4	PAR; MO; QLL (560 per 28 days)
CORLANOR ORAL TABLET	4	PAR; MO; QLL (60 per 30 days)
DEMSER	5	MO
digitek oral tablet 125 mcg	3	MO
digitek oral tablet 250 mcg	3	PAR; MO
digox oral tablet 125 mcg	3	MO
digox oral tablet 250 mcg	3	PAR; MO
digoxin injection	4	PAR; MO
digoxin oral solution	4	MO
digoxin oral tablet 125 mcg	3	MO
digoxin oral tablet 250 mcg	3	PAR; MO
dilt-xr	2	MO; CG
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	3	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	3	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	3	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	4	MO
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	4	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	MO; CG
<i>diltiazem hcl oral</i>	2	MO; CG
<i>disopyramide phosphate oral</i>	4	PAR; MO
<i>dofetilide</i>	4	
<i>doxazosin mesylate oral</i>	2	MO; CG
<i>enalapril maleate oral</i>	2	MO; CG
<i>enalapril-hydrochlorothiazide</i>	1	MO; CG
ENTRESTO	3	PAR; MO
<i>eplerenone</i>	4	MO
<i>ezetimibe</i>	4	MO
<i>ezetimibe-simvastatin</i>	4	PAR; MO; QLL (30 per 30 days)
<i>felodipine er</i>	2	MO; CG
<i>fenofibrate micronized oral capsule 130 mg</i>	4	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	MO
<i>fenofibrate micronized oral capsule 43 mg</i>	2	MO; CG
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	3	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	3	MO
<i>fenofibric acid oral capsule delayed release</i>	4	MO
<i>flecainide acetate</i>	3	MO
<i>fluvastatin sodium</i>	4	MO
<i>fluvastatin sodium er</i>	4	MO
<i>fosinopril sodium</i>	1	MO; CG
<i>fosinopril sodium-hctz</i>	2	MO; CG
<i>furosemide injection solution 10 mg/ml</i>	4	MO
<i>furosemide injection solution 10 mg/ml (4ml syringe)</i>	4	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	MO; CG
<i>furosemide oral tablet</i>	1	MO; CG
<i>gemfibrozil oral</i>	2	MO; CG
<i>hydralazine hcl injection</i>	4	MO
<i>hydralazine hcl oral</i>	2	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral</i>	1	MO; CG
<i>indapamide oral</i>	2	MO; CG
<i>irbesartan oral tablet 150 mg, 75 mg</i>	1	MO; CG
<i>irbesartan oral tablet 300 mg</i>	2	MO; CG
<i>irbesartan-hydrochlorothiazide</i>	2	MO; CG
<i>irbesartan-hydrochlorothiazide</i>	2	MO; CG
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	4	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	3	MO
<i>isosorbide mononitrate</i>	2	MO; CG
<i>isosorbide mononitrate er</i>	2	MO; CG
<i>isradipine</i>	4	MO
<i>labetalol hcl intravenous solution</i>	4	MO
<i>labetalol hcl oral</i>	3	MO
<i>lisinopril oral</i>	1	MO; CG
<i>lisinopril-hydrochlorothiazide</i>	1	MO; CG
<i>losartan potassium oral</i>	1	MO; CG
<i>losartan potassium-hctz</i>	1	MO; CG
<i>lovastatin</i>	1	MO; CG
<i>matzim la</i>	3	MO
<i>methazolamide oral</i>	4	MO
<i>methyldopa oral</i>	2	PAR; MO; CG
<i>metolazone</i>	3	MO
<i>metoprolol succinate er</i>	2	MO; CG
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	4	MO
<i>metoprolol tartrate oral</i>	1	MO; CG
<i>metoprolol-hydrochlorothiazide</i>	3	MO
<i>metyrosine</i>	5	
<i>mexiletine hcl oral</i>	4	MO
<i>midodrine hcl oral tablet 10 mg</i>	4	MO
<i>midodrine hcl oral tablet 2.5 mg, 5 mg</i>	3	MO
<i>minitran</i>	3	MO
<i>minoxidil oral</i>	2	MO; CG
<i>moexipril hcl</i>	2	MO; CG

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Drug Name	Drug Tier	Requirements/Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	4	MO
<i>niacin (antihyperlipidemic)</i>	3	MO
<i>niacin er (antihyperlipidemic)</i>	4	MO
<i>niacor</i>	3	MO
<i>nicardipine hcl oral</i>	4	MO
<i>nifedipine er</i>	3	MO
<i>nifedipine er osmotic release</i>	3	MO
<i>nimodipine oral</i>	4	MO
<i>nisoldipine er</i>	4	MO
NITRO-BID	3	MO
NITROGLYCERIN INTRAVENOUS	4	B/D PAR; MO
<i>nitroglycerin sublingual</i>	3	MO
<i>nitroglycerin transdermal patch 24 hour</i>	3	MO
NORTHERA ORAL CAPSULE 100 MG	5	PAR; LA; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	5	PAR; LA; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PAR; LA; QLL (180 per 30 days)
<i>olmesartan medoxomil oral</i>	4	MO
<i>olmesartan medoxomil-hctz</i>	4	MO
<i>olmesartan medoxomil-hctz</i>	4	MO
<i>olmesartan-amlodipine-hctz oral tablet 40-5-25 mg</i>	4	MO
<i>omega-3-acid ethyl esters</i>	4	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO; CG
<i>pentoxifylline er</i>	2	MO; CG
<i>perindopril erbumine</i>	2	MO; CG
<i>pindolol</i>	4	MO
<i>pravastatin sodium</i>	1	MO; CG
<i>prazosin hcl oral</i>	3	MO
<i>prevalite</i>	4	MO
<i>propafenone hcl</i>	3	MO
<i>propafenone hcl er</i>	4	MO
<i>propranolol hcl er</i>	4	MO
<i>propranolol hcl intravenous</i>	4	MO
<i>propranolol hcl oral solution</i>	4	MO
<i>propranolol hcl oral tablet</i>	2	MO; CG
<i>propranolol-hctz</i>	3	MO
<i>quinapril hcl</i>	1	MO; CG

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide</i>	2	MO; CG
<i>quinidine sulfate oral</i>	2	MO; CG
<i>ramipril</i>	1	MO; CG
RANEXA	4	ST; MO
<i>ranolazine er</i>	4	ST; MO
RECTIV	4	MO; QLL (30 per 30 days)
REPATHA	3	PAR; QLL (3 per 28 days)
REPATHA	3	PAR; QLL (3.5 per 28 days)
PUSHTRONEX SYSTEM	3	PAR; QLL (3 per 28 days)
REPATHA SURECLICK	3	PAR; QLL (3 per 28 days)
<i>rosuvastatin calcium</i>	2	MO; CG
<i>simvastatin oral tablet</i>	1	MO; CG
<i>sorine</i>	2	MO; CG
<i>sotalol hcl (af)</i>	2	MO; CG
<i>sotalol hcl oral</i>	2	MO; CG
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO; CG
<i>spironolactone oral tablet 25 mg</i>	1	MO; CG
<i>spironolactone-hctz</i>	3	MO
<i>taztia xt</i>	3	MO
<i>telmisartan</i>	2	MO; CG
<i>telmisartan-amlodipine</i>	4	MO
<i>telmisartan-hctz</i>	2	MO; CG
<i>terazosin hcl oral</i>	1	MO; CG
<i>tiadylt er</i>	3	MO
<i>timolol maleate oral</i>	4	MO
<i>torse mide oral</i>	2	MO; CG
<i>trandolapril</i>	2	MO; CG
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO; CG
<i>triamterene-hctz oral tablet</i>	1	MO; CG
<i>valsartan</i>	2	MO; CG
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 320-25 mg</i>	1	MO; CG
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 80-12.5 mg</i>	2	MO; CG
VASCEPA	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	2	MO; CG
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	4	MO
<i>verapamil hcl er oral tablet extended release</i>	2	MO; CG
<i>verapamil hcl intravenous</i>	4	MO
<i>verapamil hcl oral</i>	1	MO; CG
<b>Central Nervous System Agents</b>		
<i>acetylcysteine intravenous</i>	4	
<i>amphetamine-dextroamphetamine er</i>	4	PAR; MO; QLL (30 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QLL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QLL (30 per 30 days)
BETASERON SUBCUTANEOUS KIT	5	PAR; QLL (15 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PAR; QLL (30 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PAR; QLL (12 per 28 days)
<i>dalfampridine er</i>	5	PAR; QLL (60 per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg</i>	4	MO; QLL (60 per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	MO; QLL (180 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	MO; QLL (90 per 30 days)
<i>diazepam intensol</i>	3	MO; QLL (240 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	3	MO; QLL (180 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	3	MO; QLL (120 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	3	MO; QLL (90 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	3	MO; QLL (60 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PAR; QLL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PAR; QLL (12 per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PAR; QLL (30 per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PAR; QLL (12 per 28 days)
<i>guanfacine hcl er</i>	3	PAR; MO; QLL (30 per 30 days)
<i>hydroxyzine hcl intramuscular</i>	4	PAR; MO
<i>lorazepam intensol</i>	4	MO; QLL (150 per 30 days)
<i>metadate er oral tablet extended release 20 mg</i>	4	PAR; MO; QLL (90 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	4	PAR; MO; QLL (90 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	4	PAR; MO; QLL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	4	PAR; MO; QLL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	3	PAR; MO; QLL (90 per 30 days)
NUEDEXTA	3	PAR; MO; QLL (60 per 30 days)
<i>pregabalin oral capsule 100 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>pregabalin oral capsule 150 mg</i>	2	MO; CG; QLL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin oral capsule 200 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>pregabalin oral capsule 25 mg</i>	2	MO; CG; QLL (720 per 30 days)
<i>pregabalin oral capsule 50 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>pregabalin oral capsule 75 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>pregabalin oral solution</i>	2	MO; CG; QLL (900 per 30 days)
<i>riluzole</i>	4	
<b>SAVELLA TITRATION PACK</b>	4	MO
<b>TECFIDERA</b>	5	PAR; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PAR; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PAR; QLL (120 per 30 days)
<i>zenzedi oral tablet 10 mg</i>	4	MO; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	4	MO; QLL (90 per 30 days)
<b>ZULRESSO</b>	5	PAR; MO
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl</i>	4	MO
<i>chlorhexidine gluconate mouth/throat</i>	1	MO; CG
<i>denta 5000 plus</i>	2	MO; CG
<i>dentagel</i>	2	MO; CG
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	3	MO
<i>minocycline hcl oral capsule</i>	2	MO; CG
<i>minocycline hcl oral tablet 75 mg</i>	2	MO; CG
<i>oralone</i>	4	MO
<i>paroex</i>	1	MO; CG
<i>periogard</i>	1	MO; CG
<i>pilocarpine hcl oral</i>	4	MO
<i>sf</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sf 5000 plus</i>	2	MO; CG
<i>sodium fluoride 5000 plus</i>	2	MO; CG
<i>sodium fluoride 5000 ppm dental cream</i>	2	MO; CG
<i>sodium fluoride dental cream</i>	2	MO; CG
<i>sodium fluoride dental gel 1.1 %</i>	2	MO; CG
<i>triamcinolone acetonide mouth/throat</i>	4	MO
<b>Dermatological Agents</b>		
<i>acitretin</i>	4	MO
<i>ammonium lactate external</i>	3	MO
<i>amnesteem</i>	4	MO
<i>avita</i>	4	PAR; MO; QLL (45 per 30 days)
<i>benzoyl peroxide-erythromycin</i>	4	MO
<i>betamethasone dipropionate external lotion</i>	3	MO
<i>calcipotriene external cream</i>	4	MO; QLL (120 per 30 days)
<i>calcipotriene external ointment</i>	3	MO; QLL (120 per 30 days)
<i>calcipotriene external solution</i>	4	MO; QLL (60 per 30 days)
<i>calcitrene</i>	4	MO; QLL (120 per 30 days)
<i>ciclodan external solution</i>	4	MO
<i>claravis</i>	4	MO
<i>clindacin etz external swab</i>	3	MO
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	4	MO
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	4	MO
<i>clobetasol propionate external liquid</i>	4	MO
<i>clotrimazole-betamethasone external cream</i>	3	MO
<i>clotrimazole-betamethasone external lotion</i>	4	MO
<i>diclofenac sodium transdermal gel 1 %</i>	3	MO; QLL (1000 per 30 days)
<i>doxycycline hyclate oral capsule 50 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO; CG

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	MO; CG
<i>doxycycline monohydrate oral tablet 50 mg</i>	3	MO
<i>fluocinonide external cream 0.05 %</i>	2	MO; CG; QLL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	4	MO
<i>fluorouracil external solution</i>	3	MO
<i>fluticasone propionate external cream</i>	3	MO
<i>fluticasone propionate external ointment</i>	3	MO
<i>hydrocortisone butyr lipo base</i>	4	MO
<i>imiquimod external</i>	4	MO
<i>isotretinoin oral</i>	4	MO
<i>methoxsalen rapid</i>	5	
<i>myorisan</i>	4	MO
<i>nystatin-triamcinolone</i>	4	MO
<i>podofilox external</i>	4	MO
<i>prednicarbate external cream</i>	4	MO
REGRANEX	4	PAR; MO
<i>rosadan external cream</i>	4	MO
<i>rosadan external gel</i>	4	MO
SANTYL	4	MO; QLL (30 per 30 days); NE
<i>selenium sulfide external lotion</i>	2	MO; CG
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PAR; QLL (1 per 28 days)
<i>tacrolimus external ointment 0.03 %</i>	4	PAR; MO; QLL (100 per 90 days); NE
<i>tazarotene external</i>	4	PAR; MO
TAZORAC EXTERNAL CREAM 0.05 %	4	PAR; MO
TAZORAC EXTERNAL GEL 0.05 %	4	PAR; MO
<i>tretinoin external cream</i>	4	PAR; MO; QLL (45 per 30 days)
<i>tretinoin external gel 0.01 %</i>	3	PAR; MO; QLL (45 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin external gel 0.025 %</i>	4	PAR; MO; QLL (45 per 30 days)
VALCHLOR	5	PAR; LA
<i>zenatane</i>	4	MO
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	4	B/D PAR; MO
AMINOSYN-PF	4	B/D PAR; MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	MO
CARBAGLU	5	PAR; LA
CHEMET	4	MO
<i>clinimix e/dextrose (8/10)</i>	4	B/D PAR; MO
<i>clinimix e/dextrose (8/14)</i>	4	B/D PAR; MO
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (5/15)	4	B/D PAR; MO
CLINIMIX/DEXTROSE (5/20)	4	B/D PAR; MO
<i>clinimix/dextrose (6/5)</i>	4	B/D PAR; MO
<i>clinimix/dextrose (8/10)</i>	4	B/D PAR; MO
<i>clinimix/dextrose (8/14)</i>	4	B/D PAR; MO
CLINOLIPID	4	B/D PAR; MO
<i>clovique</i>	5	
<i>deferasirox oral tablet soluble</i>	5	PAR
DEPEN TITRATABS	5	MO
<i>dextrose in lactated ringers</i>	4	MO
<i>dextrose intravenous solution 10 %, 5 %</i>	2	MO; CG
<i>dextrose intravenous solution 250 mg/ml, 30 %, 70 %</i>	4	MO
DEXTROSE INTRAVENOUS SOLUTION 40 %	4	MO
<i>dextrose intravenous solution 50 %</i>	4	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.9 %</i>	2	MO; CG
<i>dextrose-nacl intravenous solution 5-0.45 %</i>	4	MO
<i>doxercalciferol oral</i>	4	B/D PAR; MO
<i>effek oral tablet effervescent 25 meq</i>	2	MO; CG
<i>elite-ob</i>	2	MO; CG
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg</i>	2	MO; CG
<i>fluoritab oral tablet chewable 2.2 (1 f) mg</i>	4	
FREAMINE HBC	4	B/D PAR; MO
FREAMINE III INTRAVENOUS SOLUTION 10 %	4	B/D PAR; MO
<i>hepatamine</i>	4	B/D PAR; MO
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PAR; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PAR; MO
IONOSOL-MB IN D5W	4	MO
ISOLYTE-P IN D5W	4	MO
ISOLYTE-S	4	MO
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	2	MO; CG
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%	3	MO
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	4	MO
KCL-LACTATED RINGERS-D5W	4	MO
<i>kionex oral suspension</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 10</i>	2	MO; CG
<i>klor-con 10</i>	2	MO; CG
<i>klor-con m10</i>	2	MO; CG
<i>klor-con m10</i>	2	MO; CG
<i>klor-con m15</i>	3	MO
<i>klor-con m15</i>	3	MO
<i>klor-con m20</i>	2	MO; CG
<i>klor-con m20</i>	2	MO; CG
<i>klor-con oral packet 20 meq</i>	4	MO
<i>klor-con oral tablet extended release</i>	2	MO; CG
<i>klor-con oral tablet extended release</i>	2	MO; CG
<i>klor-con sprinkle</i>	3	MO
<i>klor-con/ef</i>	2	MO; CG
<i>lactated ringers intravenous</i>	4	MO
<i>lactated ringers irrigation</i>	4	MO
<i>levocarnitine oral solution</i>	4	B/D PAR; MO
LEVOCARNITINE ORAL TABLET	3	B/D PAR; MO
<i>levocarnitine sf</i>	4	B/D PAR; MO
<i>magnesium sulfate injection solution 50 %</i>	4	MO
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	4	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML	4	MO
MOZOBIL	5	PAR
NEPHRAMINE	4	B/D PAR; MO
NORMOSOL-M IN D5W	4	MO
NORMOSOL-R IN D5W	4	MO
NORMOSOL-R PH 7.4	4	MO
<i>nutrilipid</i>	4	B/D PAR; MO
<i>penicillamine oral tablet</i>	5	
PLASMA-LYTE 148	4	MO
PLASMA-LYTE A	4	MO
<i>pnv-dba</i>	2	MO; CG
<i>pnv-select</i>	2	MO; CG
<i>potassium bicarbonate oral</i>	2	MO; CG
<i>potassium chloride crys er</i>	2	MO; CG

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride er oral capsule extended release</i>	3	MO
<i>potassium chloride er oral tablet extended release</i>	2	MO; CG
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	MO; CG
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	MO; CG
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	2	MO; CG
<i>potassium chloride intravenous solution 10 meq/50ml, 20 meq/50ml</i>	4	MO
<i>potassium chloride intravenous solution 2 meq/ml</i>	4	MO
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	4	
<i>potassium chloride oral packet</i>	4	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	MO
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D PAR; MO
PROCALAMINE	4	B/D PAR; MO
PROSOL	4	B/D PAR; MO
<i>ringers</i>	4	MO
<i>ringers irrigation</i>	4	MO
<i>sodium bicarbonate intravenous solution 7.5 %, 8.4 %</i>	4	MO
<i>sodium chloride injection solution 2.5 meq/ml</i>	2	MO; CG
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i>	2	MO; CG
<i>sodium chloride intravenous solution 0.9 %</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium chloride intravenous solution 4 meq/ml</i>	4	MO
<i>sodium chloride irrigation solution 0.9 %</i>	2	MO; CG
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	2	CG
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	CG
<i>sodium polystyrene sulfonate oral suspension</i>	3	MO
<i>sodium polystyrene sulfonate rectal</i>	2	MO; CG
<i>sps</i>	3	MO
<i>sterile water for irrigation</i>	4	MO
SUPREP BOWEL PREP KIT	3	MO
<i>tis-u-sol</i>	4	MO
TRAVASOL	4	B/D PAR; MO
<i>trientine hcl</i>	5	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PAR; MO
<b>Gastrointestinal Agents</b>		
<i>alosetron hcl</i>	5	PAR; MO; QLL (60 per 30 days)
AMITIZA	3	MO; QLL (60 per 30 days)
<i>budesonide oral</i>	4	MO
<i>constulose</i>	2	MO; CG
DEXILANT	4	ST; MO; QLL (30 per 30 days)
<i>dicyclomine hcl oral capsule</i>	2	MO; CG
<i>dicyclomine hcl oral solution</i>	4	MO
<i>dicyclomine hcl oral tablet</i>	2	MO; CG
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>enulose</i>	2	MO; CG
<i>esomeprazole magnesium oral capsule delayed release</i>	4	MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine intravenous solution 20 mg/2ml</i>	4	MO
<i>famotidine oral suspension reconstituted</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO; CG
<i>famotidine premixed</i>	4	MO
GATTEX	5	PAR; LA
<i>gavilyte-c</i>	2	MO; CG
<i>gavilyte-g</i>	2	MO; CG
<i>gavilyte-h</i>	3	MO
<i>gavilyte-n with flavor pack</i>	2	MO; CG
<i>generlac</i>	2	MO; CG
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	4	MO
<i>lactulose encephalopathy</i>	2	MO; CG
<i>lactulose oral solution</i>	2	MO; CG
<i>lansoprazole oral capsule delayed release 15 mg</i>	4	MO
LINZESS	3	MO; QLL (30 per 30 days)
<i>loperamide hcl oral capsule</i>	2	MO; CG
<i>metoclopramide hcl injection</i>	4	MO
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	2	MO; CG
<i>metoclopramide hcl oral tablet</i>	2	MO; CG
<i>misoprostol oral</i>	3	MO
MOVANTIK	3	MO; QLL (30 per 30 days)
MOVIPREP	4	MO
<i>omeprazole oral capsule delayed release</i>	1	MO; CG
<i>opium</i>	4	MO
<i>pantoprazole sodium intravenous</i>	4	MO
<i>pantoprazole sodium oral tablet delayed release</i>	2	MO; CG
<i>peg 3350-kcl-na bicarb-nacl</i>	2	MO; CG
<i>peg-3350/electrolytes</i>	2	MO; CG
<i>peg-3350/electrolytes/ascorbat</i>	4	MO
<i>peg-kcl-nacl-nasulf-na asc-c</i>	4	MO
<i>polyethylene glycol 3350 oral packet</i>	2	CG

Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 oral powder</i>	2	MO; CG
<i>proctozone-hc external</i>	3	MO
<i>rabeprazole sodium oral tablet delayed release</i>	3	MO; QLL (30 per 30 days)
REMICADE	5	PAR
<i>scopolamine</i>	4	MO; QLL (10 per 28 days)
<i>sucralfate oral tablet</i>	2	MO; CG
<i>trilyte</i>	2	MO; CG
<i>ursodiol oral capsule</i>	4	MO
<i>ursodiol oral tablet 250 mg</i>	3	MO
<i>ursodiol oral tablet 500 mg</i>	4	MO
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
CERDELGA	5	PAR
CREON	3	MO
CYSTADANE	5	LA
CYSTAGON	4	LA
KUVAN ORAL TABLET SOLUBLE	5	PAR; LA
<i>miglustat</i>	5	PAR; LA
<i>nitisinone</i>	5	PAR
ORFADIN	5	PAR; LA
<i>sodium phenylbutyrate oral tablet</i>	5	PAR
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT	4	
<b>Genitourinary Agents</b>		
<i>acetic acid irrigation</i>	2	MO; CG
<i>alfuzosin hcl er</i>	2	MO; CG
<i>bethanechol chloride oral</i>	3	MO
<i>calcium acetate (phos binder)</i>	3	MO
<i>calcium acetate oral tablet 667 mg</i>	3	MO
<i>clovique</i>	5	
<i>darifenacin hydrobromide er</i>	4	MO; QLL (30 per 30 days)
DEPEN TITRATABS	5	MO
<i>doxazosin mesylate oral</i>	2	MO; CG
<i>dutasteride oral</i>	3	MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl</i>	4	MO; QLL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	2	MO; CG
<i>methenamine mandelate oral</i>	2	MO; CG
MYRBETRIQ	4	MO; QLL (30 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	3	MO; QLL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	3	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	2	MO; CG; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	2	MO; CG; QLL (120 per 30 days)
<i>penicillamine oral tablet</i>	5	
<i>potassium citrate er</i>	4	MO
<i>prazosin hcl oral</i>	3	MO
<i>sevelamer carbonate oral packet 0.8 gm</i>	4	MO; QLL (540 per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	4	MO; QLL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QLL (540 per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PAR
<i>solifenacin succinate</i>	4	MO; QLL (30 per 30 days)
<i>tamsulosin hcl</i>	2	MO; CG
<i>terazosin hcl oral</i>	1	MO; CG
<i>tolterodine tartrate</i>	4	MO; QLL (60 per 30 days)
<i>tolterodine tartrate er</i>	4	MO; QLL (30 per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	4	MO; QLL (30 per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG	4	QLL (30 per 30 days)
<i>tropium chloride</i>	3	MO; QLL (60 per 30 days)
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>ala-cort external cream 1 %</i>	1	MO; CG
<i>ala-cort external cream 2.5 %</i>	2	MO; CG
<i>alclometasone dipropionate</i>	2	MO; CG
AMCINONIDE EXTERNAL OINTMENT	4	MO
<i>betamethasone dipropionate aug external cream</i>	3	MO
<i>betamethasone dipropionate aug external gel</i>	4	MO
<i>betamethasone dipropionate aug external lotion</i>	4	MO
<i>betamethasone dipropionate aug external ointment</i>	4	MO
<i>betamethasone dipropionate external cream</i>	3	MO
<i>betamethasone dipropionate external ointment</i>	4	MO
<i>betamethasone valerate external cream</i>	3	MO
<i>betamethasone valerate external lotion</i>	3	MO
<i>betamethasone valerate external ointment</i>	3	MO
<i>clobetasol prop emollient base</i>	4	MO; QLL (120 per 30 days)
<i>clobetasol propionate e</i>	4	MO; QLL (120 per 30 days)
<i>clobetasol propionate external cream</i>	4	MO; QLL (120 per 30 days)
<i>clobetasol propionate external gel</i>	4	MO
<i>clobetasol propionate external lotion</i>	4	MO
<i>clobetasol propionate external shampoo</i>	4	MO
<i>clobetasol propionate external solution</i>	4	MO
<i>clodan external shampoo</i>	4	MO
<i>cortisone acetate oral</i>	4	MO
<i>desonide external cream</i>	4	MO
<i>desonide external lotion</i>	4	MO
<i>desonide external ointment</i>	4	MO
<i>desoximetasone external cream 0.25 %</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone oral elixir</i>	3	MO
<i>dexamethasone oral tablet</i>	2	MO; CG
<i>fludrocortisone acetate oral</i>	2	MO; CG
<i>fluocinolone acetonide external</i>	4	MO; QLL (120 per 30 days)
<i>fluocinolone acetonide otic</i>	4	MO
<i>fluocinolone acetonide scalp</i>	4	MO; QLL (120 per 30 days)
<i>fluocinonide emulsified base</i>	4	MO; QLL (240 per 30 days)
<i>fluocinonide external gel</i>	4	MO; QLL (240 per 30 days)
<i>fluocinonide external ointment</i>	4	MO; QLL (240 per 30 days)
<i>fluocinonide external solution</i>	3	MO; QLL (240 per 30 days)
<i>fluticasone propionate external cream</i>	3	MO
<i>fluticasone propionate external ointment</i>	3	MO
<i>halobetasol propionate external cream</i>	4	MO
<i>halobetasol propionate external ointment</i>	4	MO
HEMADY	5	
<i>hydrocortisone (perianal)</i>	3	MO
<i>hydrocortisone butyrate external cream</i>	4	MO
<i>hydrocortisone butyrate external ointment</i>	4	MO
<i>hydrocortisone external cream 1 %</i>	1	MO; CG
<i>hydrocortisone external cream 2.5 %</i>	2	MO; CG
<i>hydrocortisone external lotion 2.5 %</i>	3	MO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	MO; CG
<i>hydrocortisone oral</i>	3	MO
<i>hydrocortisone valerate</i>	4	MO
<i>methylprednisolone oral tablet</i>	3	MO
<i>methylprednisolone oral tablet therapy pack</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mometasone furoate external cream</i>	2	MO; CG
<i>mometasone furoate external ointment</i>	3	MO
<i>mometasone furoate external solution</i>	3	MO
<i>prednicarbate external ointment</i>	4	MO
<i>prednisolone oral solution</i>	2	MO; CG
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	MO
PREDNISONO INTENSOL	4	MO
<i>prednisone oral solution</i>	4	MO
<i>prednisone oral tablet</i>	1	MO; CG
<i>prednisone oral tablet therapy pack</i>	2	MO; CG
<i>procto-pak external</i>	3	MO
<i>proctozone-hc external</i>	3	MO
<i>triamcinolone acetonide external cream</i>	2	MO; CG
<i>triamcinolone acetonide external lotion</i>	3	MO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO; CG
<i>triderm external cream</i>	2	MO; CG
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>desmopressin ace spray refrag</i>	4	MO
<i>desmopressin acetate injection</i>	4	MO
<i>desmopressin acetate oral</i>	3	MO
<i>desmopressin acetate spray</i>	4	MO
INCRELEX	5	PAR; LA
NORDITROPIN	5	PAR
FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
<i>misoprostol oral tablet 200 mcg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<i>afirmelle</i>	3	MO
<i>altavera</i>	3	MO
<i>alyacen 1/35</i>	3	MO
<i>alyacen 7/7/7</i>	3	MO
<i>amabelz</i>	3	PAR; MO
<i>amethia</i>	3	MO
<i>amethia lo</i>	4	MO
ANADROL-50	5	PAR; MO
<i>apri</i>	3	MO
<i>aranelle</i>	3	MO
<i>ashlyna</i>	3	MO
<i>aubra</i>	3	MO
<i>aubra eq</i>	3	MO
<i>aurovela 1.5/30</i>	3	MO
<i>aurovela 1/20</i>	3	MO
<i>aurovela fe 1.5/30</i>	2	MO; CG
<i>aurovela fe 1/20</i>	3	MO
<i>aviane</i>	3	MO
<i>ayuna</i>	3	MO
<i>azurette</i>	3	MO
<i>balziva</i>	3	MO
<i>bekyree</i>	3	MO
<i>blisovi fe 1.5/30</i>	2	MO; CG
<i>blisovi fe 1/20</i>	3	MO
<i>briellyn</i>	3	MO
<i>budesonide oral</i>	4	MO
<i>camila</i>	3	MO
<i>camrese</i>	3	MO
<i>camrese lo</i>	4	MO
<i>caziant</i>	3	MO
<i>chateal</i>	3	MO
<i>chateal eq</i>	3	MO
<i>cryselle-28</i>	3	MO
<i>cyclafem 1/35</i>	3	MO
<i>cyclafem 7/7/7</i>	3	MO
<i>cyred</i>	3	MO
<i>cyred eq</i>	3	
<i>danazol oral</i>	4	MO
<i>dasetta 1/35</i>	3	MO
<i>dasetta 7/7/7</i>	3	MO
<i>daysee</i>	3	MO
<i>deblitane</i>	3	MO
<i>delyla</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA	4	MO
INTRAMUSCULAR SUSPENSION 400 MG/ ML		
<i>desogestrel-ethinyl estradiol</i>	3	MO
<i>drosiprenone-ethinyl estradiol</i>	3	MO
<i>elinest</i>	3	MO
ELLA	3	
<i>eluryng</i>	4	MO
<i>emoquette</i>	3	MO
<i>enpresse-28</i>	3	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	3	MO
<i>errin</i>	3	MO
<i>estarylla</i>	3	MO
<i>estradiol oral</i>	2	PAR; MO; CG
<i>estradiol transdermal patch twice weekly</i>	3	PAR; MO; QLL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	PAR; MO; QLL (4 per 28 days)
<i>estradiol vaginal cream</i>	4	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	4	MO
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	PAR; MO
<i>ethynodiol diac-eth estradiol</i>	3	MO
<i>etonogestrel-ethinyl estradiol</i>	4	MO
<i>falmina</i>	3	MO
<i>femynor</i>	3	MO
<i>fyavolv</i>	3	PAR; MO
<i>gianvi</i>	3	MO
<i>hailey 1.5/30</i>	3	MO
HAILEY FE 1.5/30	2	MO; CG
<i>hailey fe 1/20</i>	3	MO
<i>heather</i>	3	MO
<i>incassia</i>	3	MO
<i>introvale</i>	3	MO
<i>isibloom</i>	3	MO
<i>jaimiess</i>	3	MO
<i>jasmiel</i>	3	MO
<i>jencycla</i>	3	MO
<i>jinteli</i>	3	PAR; MO

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Drug Name	Drug Tier	Requirements/Limits
jolessa	3	MO
juleber	3	MO
junel 1.5/30	3	MO
junel 1/20	3	MO
junel fe 1.5/30	2	MO; CG
junel fe 1/20	3	MO
kalliga	3	MO
kariva	3	MO
kelnor 1/35	3	MO
kelnor 1/50	3	MO
kurvelo	3	MO
larin 1.5/30	3	MO
larin 1/20	3	MO
larin fe 1.5/30	2	MO; CG
larin fe 1/20	3	MO
larissia	3	MO
leena	3	MO
lessina	3	MO
levonest	3	MO
levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg	3	MO
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	4	MO
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	3	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	3	MO
levora 0.15/30 (28)	3	MO
lillow	3	MO
lo-zumandimine	3	MO
lojaimiess	4	MO
lopreeza oral tablet 1-0.5 mg	3	PAR; MO
loryna	3	MO
low-ogestrel	3	MO
lutura	3	MO
lyza	3	MO
marlissa	3	MO
marlissa	3	MO
marlissa	3	MO
medroxyprogesterone acetate intramuscular	4	MO

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate oral	2	MO; CG
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	3	PAR; MO
megestrol acetate oral tablet	3	PAR; MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PAR; MO
microgestin 1.5/30	3	MO
microgestin 1/20	3	MO
microgestin fe 1.5/30	2	MO; CG
microgestin fe 1/20	3	MO
mili	3	MO
mimvey	3	PAR; MO
mono-linyah	3	MO
mononessa	3	MO
necon 0.5/35 (28)	3	MO
nikki	3	MO
nora-be	3	MO
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	3	MO
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	2	MO; CG
norethindrone acet-ethinyl est oral tablet	3	MO
norethindrone acetate oral	3	MO
norethindrone oral	3	MO
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	4	PAR; MO
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	3	PAR; MO
norgestim-eth estrad triphasic	3	MO
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	3	MO
norlyda	3	MO
norlyroc	3	MO
nortrel 0.5/35 (28)	3	MO
nortrel 1/35 (21)	3	MO
nortrel 1/35 (28)	3	MO
nortrel 7/7/7	3	MO
NUVARING	4	MO
ocella	3	MO
orsythia	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
oxandrolone oral tablet 10 mg	4	PAR; MO; QLL (60 per 30 days)
oxandrolone oral tablet 2.5 mg	3	PAR; MO; QLL (240 per 30 days)
philith	3	MO
pimtreea	3	MO
pirmella 1/35	3	MO
pirmella 7/7/7	3	MO
portia-28	3	MO
PREMARIN VAGINAL	4	MO
PREMPRO ORAL TABLET 0.625-2.5 MG	4	PAR; MO
previfem	3	MO
progesterone micronized oral	3	MO
raloxifene hcl	3	MO; QLL (30 per 30 days)
reclipsen	3	MO
setlakin	3	MO
sharobel	3	MO
simliya	3	MO
simpesse	3	MO
sprintec 28	3	MO
sronyx	3	MO
syeda	3	MO
tarina fe 1/20	3	MO
tarina fe 1/20 eq	3	MO
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	4	PAR; MO
testosterone enanthate intramuscular solution	4	PAR; MO
testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)	3	PAR; MO; QLL (150 per 30 days)
testosterone transdermal gel 12.5 mg/lact (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	4	PAR; MO; QLL (300 per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	3	PAR; MO; QLL (112.5 per 30 days)
tilia fe	3	MO
tri femynor	3	MO
tri-estarylla	3	MO
tri-legest fe	3	MO

Drug Name	Drug Tier	Requirements/Limits
tri-linyah	3	MO
tri-lo-estarylla	3	MO
tri-lo-marzia	3	MO
tri-lo-mili	3	MO
tri-lo-sprintec	3	MO
tri-mili	3	MO
tri-previfem	3	MO
tri-sprintec	3	MO
tri-vylibra	3	MO
tri-vylibra lo	3	MO
trinessa (28)	3	MO
trivora (28)	3	MO
tulana	3	MO
velivet	3	MO
vienna	3	MO
viorele	3	MO
volnea	3	MO
vyfemla	3	MO
vylibra	3	MO
wera	3	MO
xulane	4	MO
yuvafem	3	MO
zarah	3	MO
zovia 1/35e (28)	3	MO
zumandimine	3	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
euthyrox	1	MO; CG
levo-t	1	MO; CG
levothyroxine sodium oral	1	MO; CG
levoxyl	1	MO; CG
liothyronine sodium oral	3	MO
SYNTHROID	4	MO
unithroid	1	MO; CG
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	3	MO
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
bromocriptine mesylate oral capsule	4	MO
bromocriptine mesylate oral tablet	3	MO
cabergoline	4	MO
FIRMAGON (240 MG DOSE)	5	PAR; QLL (4 per 365 days); NE

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PAR; QLL (1 per 28 days)
<i>leuprolide acetate injection</i>	4	PAR
LUPRON DEPOT (1- MONTH)	5	PAR; QLL (1 per 28 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PAR; QLL (1 per 28 days)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ ml, 500 mcg/ml</i>	4	PAR
SANDOSTATIN LAR DEPOT	5	PAR
SIGNIFOR	5	PAR; LA
SOMATULINE DEPOT	5	PAR
SOMAVERT	5	PAR; LA
SYNAREL	5	PAR
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	5	PAR; QLL (1 per 84 days); NE
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PAR; QLL (1 per 168 days); NE
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	5	PAR; QLL (1 per 28 days)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole oral</i>	2	MO; CG
<i>propylthiouracil oral</i>	3	MO
<b>Immunological Agents</b>		
ACTHIB	3	MO
ACTIMMUNE	5	PAR; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (REFILLED SYRINGE)	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	MO
AFINITOR DISPERZ	5	PAR
AFINITOR ORAL TABLET 2.5 MG	5	PAR
ARCALYST	5	PAR
<i>azathioprine oral</i>	3	B/D PAR; MO
AZATHIOPRINE SODIUM	4	B/D PAR; MO
BCG VACCINE	3	MO
BENLYSTA SUBCUTANEOUS	5	PAR
BEXSERO	3	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 (0.5ML SYRINGE)	3	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 LF-MCG/0.5	3	MO
<i>cyclosporine intravenous</i>	4	B/D PAR
<i>cyclosporine modified</i>	4	B/D PAR
<i>cyclosporine oral capsule</i>	4	B/D PAR
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	MO
DEPEN TITRATABS	5	MO
DIPHThERIA-TETANUS TOXOIDS DT	3	MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PAR; QLL (4.08 per 28 days)
ENGERIX-B INJECTION	3	B/D PAR; MO
<i>everolimus oral tablet 0.25 mg</i>	4	B/D PAR; MO
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	5	B/D PAR

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PAR
FIRAZYR	5	PAR
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/ 100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/ 50ML	5	PAR
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML	4	PAR
GARDASIL 9	3	MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PAR
<i>gengraf oral solution</i>	4	B/D PAR
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ ML 1 ML	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ ML, 720 EL U/0.5ML	3	MO
HIBERIX INJECTION	3	MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PAR; QLL (6 per 365 days); NE
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PAR; QLL (12 per 365 days); NE
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT	5	PAR; QLL (4 per 28 days)
HUMIRA PEN-CD/UC/ HS STARTER SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/ 0.8ML	5	PAR; QLL (12 per 365 days); NE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN-CD/UC/ HS STARTER SUBCUTANEOUS PEN- INJECTOR KIT 80 MG/ 0.8ML	5	PAR; QLL (6 per 365 days); NE
HUMIRA PEN-PS/UV/ ADOL HS START SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/ 0.8ML	5	PAR; QLL (8 per 365 days); NE
HUMIRA PEN-PS/UV/ ADOL HS START SUBCUTANEOUS PEN- INJECTOR KIT 80 MG/ 0.8ML & 40MG/0.4ML	5	PAR; QLL (6 per 365 days); NE
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/ 0.2ML, 20 MG/0.4ML	5	PAR; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PAR; QLL (4 per 28 days)
HYPERRAB	5	
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML	3	B/D PAR; MO
HYPERRAB S/D INJECTION SOLUTION 300 UNIT/2ML	3	
<i>icatibant acetate</i>	5	PAR
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	
IMOVAX RABIES	3	MO
INFANRIX	3	MO
IPOL	3	MO
IXIARO	3	MO
KEDRAB INJECTION SOLUTION 1500 UNIT/ 10ML	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KEDRAB INJECTION SOLUTION 300 UNIT/2ML	3	
KEYTRUDA INTRAVENOUS SOLUTION	5	PAR
KINRIX INTRAMUSCULAR SUSPENSION	3	MO
KINRIX INTRAMUSCULAR SUSPENSION INJECTION 0.5 ML	3	
<i>leflunomide oral</i>	3	MO
<i>leflunomide oral</i>	3	MO
M-M-R II INJECTION	3	MO
MENACTRA	3	MO
MENVEO	3	MO
<i>mercaptopurine oral</i>	4	MO
<i>methotrexate oral</i>	3	MO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	MO; CG
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	MO; CG
<i>methotrexate sodium oral</i>	3	MO
<i>mycophenolate mofetil hcl</i>	4	B/D PAR
<i>mycophenolate mofetil oral capsule</i>	4	B/D PAR
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D PAR
<i>mycophenolate mofetil oral tablet</i>	4	B/D PAR
<i>mycophenolate sodium</i>	4	B/D PAR
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML	5	PAR
PEDIARIX	3	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	MO
PENTACEL	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROGRAF ORAL PACKET	4	B/D PAR
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	MO
QUADRACEL	3	MO
RABAVERT	4	MO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML (1ML SYRINGE)	3	B/D PAR
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	B/D PAR; MO
ROTARIX	3	MO
ROTATEQ ORAL SOLUTION	3	MO
RUCONEST	5	PAR
SANDIMMUNE ORAL SOLUTION	4	B/D PAR
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	MO
<i>sirolimus oral solution</i>	5	B/D PAR
<i>sirolimus oral tablet</i>	4	B/D PAR
STAMARIL	3	MO
SYNAGIS	5	PAR
<i>tacrolimus oral</i>	4	B/D PAR
TDVAX	3	MO
TENIVAC	3	MO
TRUMENBA	3	MO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/ 0.5ML (0.5ML SYRINGE)	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/ 0.5ML 0.5 ML, 50 UNIT/ ML 1 ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/ 0.5ML, 50 UNIT/ML	3	MO
VARIVAX	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	
XATMEP	4	
XELJANZ	5	PAR; QLL (60 per 30 days)
XELJANZ XR	5	PAR; QLL (30 per 30 days)
YF-VAX	3	MO
ZORTRESS	5	B/D PAR
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	3	MO
<i>balsalazide disodium</i>	4	MO
<i>budesonide oral</i>	4	MO
<i>cortisone acetate oral</i>	4	MO
<i>dexamethasone oral elixir</i>	3	MO
<i>dexamethasone oral tablet</i>	2	MO; CG
<i>hydrocortisone oral</i>	3	MO
<i>hydrocortisone rectal enema</i>	4	MO
<i>mesalamine er</i>	3	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	3	MO
<i>mesalamine rectal</i>	4	MO
<i>methylprednisolone oral tablet</i>	3	MO
<i>methylprednisolone oral tablet therapy pack</i>	2	MO; CG
<i>prednisolone acetate ophthalmic</i>	3	MO
<i>prednisolone oral solution</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	4	MO
PREDNISONE INTENSOL	4	MO
<i>prednisone oral solution</i>	4	MO
<i>prednisone oral tablet</i>	1	MO; CG
<i>procto-med hc external</i>	3	MO
<i>proctosol hc external</i>	3	MO
<i>sulfasalazine oral tablet</i>	2	MO; CG
<i>sulfasalazine oral tablet delayed release</i>	3	MO
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral solution</i>	4	MO; QLL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	MO; CG; QLL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; CG; QLL (4 per 28 days)
<i>calcitonin (salmon)</i>	3	MO; QLL (4 per 30 days)
<i>calcitriol oral capsule</i>	2	B/D PAR; MO; CG
<i>calcitriol oral solution</i>	4	B/D PAR; MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	5	B/D PAR; QLL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	B/D PAR; QLL (120 per 30 days)
<i>doxercalciferol oral</i>	4	B/D PAR; MO
<i>ibandronate sodium intravenous</i>	4	B/D PAR
<i>ibandronate sodium oral</i>	3	MO; QLL (1 per 28 days)
MIACALCIN INJECTION	4	B/D PAR; MO
NATPARA	5	PAR; QLL (2 per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/ 10ml, 90 mg/10ml</i>	4	
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	4	B/D PAR

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>pamidronate disodium intravenous solution reconstituted</i>	4	
<i>paricalcitol oral</i>	4	B/D PAR; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PAR; QLL (2 per 365 days); NE
<i>risedronate sodium oral tablet 150 mg</i>	4	MO; QLL (1 per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	4	MO; QLL (30 per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	4	MO; QLL (4 per 28 days)
TYMLOS	5	PAR; QLL (1.56 per 28 days)
XGEVA	5	PAR; QLL (5.1 per 28 days)
<i>zoledronic acid intravenous concentrate</i>	4	PAR
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	4	PAR
<b>Ophthalmic Agents</b>		
<i>acetazolamide oral</i>	3	MO
<i>ak-poly-bac</i>	2	MO; CG
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	MO
<i>apraclonidine hcl</i>	3	MO
ATROPINE SULFATE OPHTHALMIC OINTMENT	4	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	4	MO
<i>azelastine hcl ophthalmic</i>	4	MO
AZOPT	4	MO
<i>bacitra-neomycin-polymyxin-hc</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	MO; CG
<i>betaxolol hcl ophthalmic</i>	3	MO
BETIMOL	4	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	MO; CG
<i>carteolol hcl</i>	2	MO; CG
COMBIGAN	3	MO
<i>cromolyn sodium ophthalmic</i>	2	MO; CG
CYSTARAN	5	LA
<i>dexamethasone sodium phosphate ophthalmic</i>	3	MO
<i>diclofenac sodium ophthalmic</i>	2	MO; CG
<i>dorzolamide hcl ophthalmic</i>	2	MO; CG
<i>dorzolamide hcl-timolol mal</i>	2	MO; CG
DUREZOL	3	MO
<i>epinastine hcl</i>	3	MO
<i>fluorometholone ophthalmic</i>	3	MO
<i>flurbiprofen sodium</i>	2	MO; CG
ILEVRO	3	MO
ISOPTO ATROPINE	4	MO
<i>ketorolac tromethamine ophthalmic</i>	2	MO; CG
LACRISERT	4	MO; QLL (60 per 30 days)
<i>latanoprost ophthalmic</i>	2	MO; CG
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	MO; CG
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
<i>methazolamide oral</i>	4	MO
<i>neo-polycin</i>	3	MO
<i>neo-polycin hc</i>	2	MO; CG
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3	MO
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	MO; CG
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	MO; CG
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	4	MO
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	4	MO
<i>polycin</i>	2	MO; CG
<i>polymyxin b-trimethoprim</i>	2	MO; CG
<i>prednisolone acetate ophthalmic</i>	3	MO
PREDNISOLONE	3	MO
SODIUM PHOSPHATE OPTHALMIC		
<i>proparacaine hcl ophthalmic</i>	3	MO
SIMBRINZA	4	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	3	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	3	MO
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	MO; CG
<i>timolol maleate ophthalmic gel forming solution</i>	4	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	MO; CG
TOBRADEX ST	3	MO
<i>tobramycin-dexamethasone</i>	4	MO
TRAVATAN Z	3	MO
<i>travoprost (bak free)</i>	3	MO
XIIDRA	3	MO; QLL (60 per 30 days)
<b>Otic Agents</b>		
CIPRODEX	4	MO
<i>ciprofloxacin-dexamethasone flac</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %</i>	2	MO; CG
<i>neomycin-polymyxin-hc otic</i>	4	MO
<b>Respiratory Tract/ Pulmonary Agents</b>		
<i>acetylcysteine inhalation</i>	4	B/D PAR; MO
ADEMPAS	5	PAR; LA

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate er</i>	4	MO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	3	MO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact (nda020503), 108 (90 base) mcg/lact (nda020983)</i>	3	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D PAR; MO; CG; QLL (360 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	2	B/D PAR; MO; CG; QLL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	2	MO; CG
<i>albuterol sulfate oral tablet</i>	4	MO
<i>ambriasantan</i>	5	PAR; LA; QLL (30 per 30 days)
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QLL (30 per 30 days)
ATROVENT HFA	4	MO; QLL (26 per 30 days)
<i>azelastine hcl nasal</i>	4	MO; QLL (30 per 25 days)
BROVANA	4	B/D PAR; MO; QLL (120 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	4	B/D PAR; MO; QLL (120 per 30 days)
CAYSTON	5	PAR; LA
<i>cetirizine hcl allergy child</i>	2	MO; CG
<i>cetirizine hcl oral solution</i>	2	MO; CG
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)
<i>cromolyn sodium inhalation</i>	3	B/D PAR; MO; QLL (240 per 30 days)
<i>cromolyn sodium oral</i>	4	MO
<i>cyproheptadine hcl oral tablet</i>	3	PAR; MO

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Drug Name	Drug Tier	Requirements/Limits
DALIRESP	4	PAR; MO; QLL (30 per 30 days)
<i>desloratadine oral tablet</i>	4	MO
<i>diphenhydramine hcl injection</i>	4	MO
DULERA	3	MO; QLL (13 per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	MO; QLL (2 per 28 days)
<i>epinephrine injection solution prefilled syringe 1 mg/10ml</i>	4	MO
ESBRIET ORAL CAPSULE	5	PAR; QLL (270 per 30 days)
ESBRIET ORAL CAPSULE	5	PAR; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PAR; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PAR; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PAR; QLL (90 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PAR; QLL (90 per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	3	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	3	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	3	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	3	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	MO; QLL (11 per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	3	MO; QLL (75 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal</i>	2	MO; CG; QLL (16 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	MO; QLL (60 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	MO; QLL (60 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	MO; QLL (60 per 30 days)
<i>hydroxyzine hcl oral syrup</i>	4	PAR; MO
<i>hydroxyzine hcl oral tablet</i>	2	PAR; MO; CG
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	2	PAR; MO; CG
<i>ipratropium bromide inhalation</i>	2	B/D PAR; MO; CG
<i>ipratropium bromide nasal</i>	2	MO; CG; QLL (30 per 30 days)
<i>ipratropium-albuterol</i>	2	B/D PAR; MO; CG; QLL (540 per 30 days)
KALYDECO ORAL TABLET	5	PAR; QLL (60 per 30 days)
LETAIRIS	5	PAR; LA; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	4	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol tartrate</i>	3	MO; QLL (45 per 30 days)
<i>levocetirizine dihydrochloride oral solution</i>	4	MO
<i>levocetirizine dihydrochloride oral tablet</i>	2	MO; CG
<i>metaproterenol sulfate oral syrup</i>	2	MO; CG
<i>mometasone furoate nasal</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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>montelukast sodium oral packet</i>	4	MO
<i>montelukast sodium oral tablet</i>	2	MO; CG
<i>montelukast sodium oral tablet chewable</i>	2	MO; CG
OFEV ORAL CAPSULE 150 MG	5	PAR; QLL (60 per 30 days)
OFEV ORAL CAPSULE 150 MG	5	PAR; QLL (60 per 30 days)
<i>olopatadine hcl nasal</i>	4	MO; QLL (31 per 30 days)
ORKAMBI ORAL TABLET	5	PAR; QLL (120 per 30 days)
PERFOROMIST	5	B/D PAR; MO; QLL (120 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PAR; LA
<i>promethazine hcl injection</i>	4	PAR; MO
<i>promethazine hcl oral</i>	2	PAR; MO; CG
PULMOZYME	5	B/D PAR
PULMOZYME	5	B/D PAR
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PAR; QLL (90 per 30 days)
SPIRIVA HANDIHALER	3	MO; QLL (30 per 30 days)
SPIRIVA RESPIMAT	3	MO; QLL (4 per 30 days)
<i>terbutaline sulfate oral</i>	4	MO
<i>theophylline</i>	4	MO
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	3	MO
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	4	MO
<i>theophylline er oral tablet extended release 24 hour</i>	3	MO
VENTAVIS	5	PAR; QLL (270 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>wixela inhub</i>	3	MO; QLL (60 per 30 days)
<i>wixela inhub</i>	3	MO; QLL (60 per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PAR; LA; QLL (6 per 28 days)
<i>zafirlukast</i>	3	MO
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PAR; MO; CG
<i>tizanidine hcl oral tablet</i>	2	MO; CG
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet 150 mg</i>	3	PAR; MO; QLL (30 per 30 days)
<i>armodafinil oral tablet 200 mg, 250 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	3	PAR; MO
<i>doxepin hcl oral concentrate</i>	4	PAR; MO
<i>eszopiclone</i>	4	MO; QLL (30 per 30 days)
HETLIOZ	5	PAR; LA; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PAR; MO
<i>ramelteon</i>	4	MO; QLL (30 per 30 days)
ROZEREM	4	MO; QLL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	MO; QLL (30 per 30 days)
XYREM	5	PAR; LA; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>zolpidem tartrate oral</i>	2	PAR; MO; CG; 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*.

# 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.

<b>Drug Name</b>	<b>Page</b>
1ST TIER UNIFINE PENTIPS 29G X 12MM.....	40
<i>abacavir sulfate oral solution</i> .....	34
<i>abacavir sulfate oral tablet</i> .....	34
<i>abacavir sulfate-lamivudine</i> .....	34
<i>abacavir-lamivudine-zidovudine</i> .....	34
ABELCET.....	22
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE.....	19
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE.....	31
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER.....	19
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER.....	31
<i>abiraterone acetate</i> .....	24
<i>acamprosate calcium</i> .....	10
<i>acarbose oral tablet 100 mg</i> .....	40
<i>acarbose oral tablet 25 mg</i> .....	40
<i>acarbose oral tablet 50 mg</i> .....	40
<i>acebutolol hcl oral</i> .....	44
<i>acetaminophen-codeine #2</i> .....	8
<i>acetaminophen-codeine #3</i> .....	8
<i>acetaminophen-codeine #4</i> .....	8
<i>acetaminophen-codeine oral solution</i> .....	8
<i>acetaminophen-codeine oral tablet</i> .....	8
<i>acetazolamide er</i> .....	45
<i>acetazolamide oral</i> .....	45
<i>acetazolamide oral</i> .....	63
<i>acetazolamide sodium</i> .....	45
<i>acetic acid irrigation</i> .....	53
<i>acetic acid otic</i> .....	12
<i>acetylcysteine inhalation</i> .....	64
<i>acetylcysteine intravenous</i> .....	48
<i>acitretin</i> .....	49
ACTHIB.....	59
ACTIMMUNE.....	59
<i>acyclovir oral capsule</i> .....	34
<i>acyclovir oral suspension</i> .....	34
<i>acyclovir oral tablet</i> .....	34
<i>acyclovir sodium intravenous solution</i> .....	34
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE).....	59
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5.....	59
<i>adefovir dipivoxil</i> .....	34
ADEMPAS.....	64
<i>adriamycin intravenous solution</i> .....	24
<i>adriamycin intravenous solution reconstituted 10 mg, 50 mg</i> .....	24
<i>afeditab cr oral tablet extended release 24 hour 30 mg</i> .....	45
<i>afeditab cr oral tablet extended release 24 hour 60 mg</i> .....	45
AFINITOR.....	24
AFINITOR DISPERZ.....	59
AFINITOR ORAL TABLET 2.5 MG.....	59
<i>afirmelle</i> .....	56
<i>ak-poly-bac</i> .....	63
<i>ala-cort external cream 1 %</i> .....	54
<i>ala-cort external cream 2.5 %</i> .....	54
<i>albendazole oral</i> .....	30
<i>albuterol sulfate er</i> .....	64
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcglact</i> .....	64
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcglact (nda020503), 108 (90 base) mcglact (nda020983)</i> .....	64
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/ 3ml</i> .....	64

<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i> .....	64	<i>amiodarone hcl oral tablet 200 mg</i> .....	45
<i>albuterol sulfate oral syrup</i> .....	64	AMITIZA.....	52
<i>albuterol sulfate oral tablet</i> .....	64	<i>amitriptyline hcl oral</i> .....	19
<i>alclometasone dipropionate</i> .....	54	<i>amlodipine besy-benazepril hcl</i> .....	45
ALECENSA.....	24	<i>amlodipine besylate oral</i> .....	45
<i>alendronate sodium oral solution</i> .....	62	<i>amlodipine besylate-valsartan</i> .....	45
<i>alendronate sodium oral tablet 10 mg, 5 mg</i> .....	62	<i>amlodipine-olmesartan oral tablet 10-20 mg</i> .....	45
<i>alendronate sodium oral tablet 35 mg, 70 mg</i> .....	62	<i>amlodipine-valsartan-hctz</i> .....	45
<i>alfuzosin hcl er</i> .....	53	<i>ammonium lactate external</i> .....	49
ALINIA ORAL SUSPENSION		<i>amnesteam</i> .....	49
RECONSTITUTED.....	30	<i>amoxapine</i> .....	19
ALINIA ORAL TABLET.....	30	<i>amoxicillin oral capsule</i> .....	12
<i>aliskiren fumarate</i> .....	45	<i>amoxicillin oral suspension reconstituted</i> .....	12
<i>allopurinol oral</i> .....	23	<i>amoxicillin oral tablet</i> .....	12
<i>alosetron hcl</i> .....	52	<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> .....	12
ALPHAGAN P OPHTHALMIC SOLUTION		<i>amoxicillin-pot clavulanate er</i> .....	12
0.1 %.....	63	<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml</i> .....	12
<i>alprazolam oral tablet</i> .....	37	<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i> .....	12
<i>altavera</i> .....	56	<i>amoxicillin-pot clavulanate oral suspension reconstituted 400-57 mg/5ml, 600-42.9 mg/5ml</i> .....	12
ALUNBRIG ORAL TABLET 180 MG.....	24	<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i> .....	12
ALUNBRIG ORAL TABLET 30 MG.....	24	<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> .....	12
ALUNBRIG ORAL TABLET 90 MG.....	24	<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i> .....	12
ALUNBRIG ORAL TABLET THERAPY		<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i> .....	12
PACK.....	24	<i>amphetamine-dextroamphet er</i> .....	48
<i>alyacen 1/35</i> .....	56	<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> .....	48
<i>alyacen 7/7/7</i> .....	56	<i>amphetamine-dextroamphetamine oral tablet 30 mg</i> .....	48
<i>amabelz</i> .....	56	<i>amphotericin b intravenous</i> .....	22
<i>amantadine hcl oral capsule</i> .....	30	<i>ampicillin oral capsule 500 mg</i> .....	12
<i>amantadine hcl oral capsule</i> .....	34	<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i> .....	12
<i>amantadine hcl oral syrup</i> .....	30	<i>ampicillin sodium intravenous</i> .....	12
<i>amantadine hcl oral syrup</i> .....	34	<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> .....	12
<i>amantadine hcl oral tablet</i> .....	30	<i>ampicillin-sulbactam sodium intravenous</i> .....	12
<i>amantadine hcl oral tablet</i> .....	34	ANADROL-50.....	56
AMBISOME.....	22	<i>anagrelide hcl oral capsule 0.5 mg</i> .....	43
<i>ambrisentan</i> .....	64	<i>anagrelide hcl oral capsule 1 mg</i> .....	43
AMCINONIDE EXTERNAL			
OINTMENT.....	54		
<i>amethia</i> .....	56		
<i>amethia lo</i> .....	56		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i> .....	12		
<i>amiloride hcl oral</i> .....	45		
<i>amiloride-hydrochlorothiazide</i> .....	45		
AMINOSYN II INTRAVENOUS SOLUTION			
10 %, 15 %.....	50		
AMINOSYN-PF.....	50		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i> .....	45		

<i>anastrozole oral</i> .....	24	<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80</i>	
ANORO ELLIPTA.....	64	<i>mg</i> .....	48
APOKYN SUBCUTANEOUS SOLUTION		<i>atorvastatin calcium oral</i> .....	45
CARTRIDGE.....	30	<i>atovaquone oral</i> .....	30
<i>apraclonidine hcl</i> .....	63	<i>atovaquone-proguanil hcl</i> .....	30
<i>aprepitant oral capsule 125 mg</i> .....	22	ATRIPLA.....	34
<i>aprepitant oral capsule 40 mg</i> .....	22	ATROPINE SULFATE OPHTHALMIC	
<i>aprepitant oral capsule 80 &amp; 125 mg</i> .....	22	OINTMENT.....	63
<i>apri</i> .....	56	<i>atropine sulfate ophthalmic solution 1 %</i> .....	63
APRISO.....	62	ATROVENT HFA.....	64
APTIOM.....	16	<i>aubra</i> .....	56
APTIVUS ORAL CAPSULE.....	34	<i>aubra eq</i> .....	56
APTIVUS ORAL SOLUTION.....	34	AUGMENTIN ORAL SUSPENSION	
<i>aranelle</i> .....	56	RECONSTITUTED 125-31.25 MG/ 5ML.....	12
ARCALYST.....	59	<i>aurovela 1.5/30</i> .....	56
<i>aripiprazole oral solution</i> .....	19	<i>aurovela 1/20</i> .....	56
<i>aripiprazole oral solution</i> .....	31	<i>aurovela fe 1.5/30</i> .....	56
<i>aripiprazole oral tablet 10 mg</i> .....	19	<i>aurovela fe 1/20</i> .....	56
<i>aripiprazole oral tablet 10 mg</i> .....	31	AVASTIN INTRAVENOUS SOLUTION 400	
<i>aripiprazole oral tablet 15 mg</i> .....	19	MG/16ML.....	24
<i>aripiprazole oral tablet 15 mg</i> .....	31	<i>aviane</i> .....	56
<i>aripiprazole oral tablet 2 mg</i> .....	19	<i>avita</i> .....	24
<i>aripiprazole oral tablet 2 mg</i> .....	31	<i>avita</i> .....	49
<i>aripiprazole oral tablet 20 mg, 30 mg</i> .....	19	<i>ayuna</i> .....	56
<i>aripiprazole oral tablet 20 mg, 30 mg</i> .....	31	AYVAKIT.....	24
<i>aripiprazole oral tablet 5 mg</i> .....	19	<i>azacitidine</i> .....	24
<i>aripiprazole oral tablet 5 mg</i> .....	31	<i>azathioprine oral</i> .....	59
<i>aripiprazole oral tablet dispersible 10 mg</i> .....	19	AZATHIOPRINE SODIUM.....	59
<i>aripiprazole oral tablet dispersible 10 mg</i> .....	31	<i>azelastine hcl nasal</i> .....	64
<i>aripiprazole oral tablet dispersible 15 mg</i> .....	19	<i>azelastine hcl ophthalmic</i> .....	63
<i>aripiprazole oral tablet dispersible 15 mg</i> .....	31	<i>azithromycin intravenous</i> .....	12
<i>armodafinil oral tablet 150 mg</i> .....	66	<i>azithromycin oral packet</i> .....	12
<i>armodafinil oral tablet 200 mg, 250 mg</i> .....	66	<i>azithromycin oral suspension reconstituted</i> .....	12
<i>armodafinil oral tablet 50 mg</i> .....	66	<i>azithromycin oral tablet 250 mg (6 pack), 500 mg</i> <i>(3 pack)</i> .....	12
ARNUITY ELLIPTA.....	64	<i>azithromycin oral tablet 250 mg, 500 mg, 600</i> <i>mg</i> .....	12
<i>arsenic trioxide intravenous solution 10 mg/   10ml</i> .....	24	AZOPT.....	63
<i>ashlyna</i> .....	56	<i>aztreonam injection solution reconstituted 1 gm</i> .....	12
<i>aspirin-dipyridamole er</i> .....	43	<i>aztreonam injection solution reconstituted 2 gm</i> .....	12
ASSURE ID INSULIN SAFETY SYR 29G X 1/ 2" 1 ML.....	41	<i>azurette</i> .....	56
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i> .....	34	<i>bacitra-neomycin-polymyxin-hc</i> .....	63
<i>atazanavir sulfate oral capsule 300 mg</i> .....	34	<i>bacitracin ophthalmic</i> .....	12
<i>atenolol oral</i> .....	45	<i>bacitracin-polymyxin b ophthalmic ointment 500-</i> <i>10000 unit/gm</i> .....	63
<i>atenolol-chlorthalidone</i> .....	45	<i>baclofen oral tablet 10 mg, 20 mg</i> .....	34
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg,   40 mg</i> .....	48	<i>balsalazide disodium</i> .....	62

BALVERSA ORAL TABLET 3 MG.....	24	BICILLIN L-A.....	12
BALVERSA ORAL TABLET 4 MG.....	24	BIKTARVY.....	34
BALVERSA ORAL TABLET 5 MG.....	24	<i>bisoprolol fumarate</i> .....	45
<i>balziva</i> .....	56	<i>bisoprolol-hydrochlorothiazide</i> .....	45
BANZEL ORAL SUSPENSION.....	16	<i>bleomycin sulfate</i> .....	24
BANZEL ORAL TABLET 200 MG.....	16	<i>blisovi fe 1.5/30</i> .....	56
BANZEL ORAL TABLET 400 MG.....	16	<i>blisovi fe 1/20</i> .....	56
BARACLUDE ORAL SOLUTION.....	34	BOOSTRIX INTRAMUSCULAR	
BAVENCIO.....	24	SUSPENSION 5-2.5-18.5 (0.5ML	
BCG VACCINE.....	59	SYRINGE).....	59
<i>bekyree</i> .....	56	BOOSTRIX INTRAMUSCULAR	
<i>benazepril hcl oral</i> .....	45	SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 LF-	
<i>benazepril-hydrochlorothiazide</i> .....	45	MCG/0.5.....	59
BENLYSTA SUBCUTANEOUS.....	59	BOSULIF ORAL TABLET 100 MG.....	24
<i>benzoyl peroxide-erythromycin</i> .....	49	BOSULIF ORAL TABLET 400 MG, 500	
<i>benztropine mesylate oral</i> .....	30	MG.....	24
<i>betamethasone dipropionate aug external cream</i> .....	11	BRAFTOVI ORAL CAPSULE 75 MG.....	24
<i>betamethasone dipropionate aug external cream</i> .....	54	<i>briellyn</i> .....	56
<i>betamethasone dipropionate aug external gel</i> .....	11	BRILINTA.....	43
<i>betamethasone dipropionate aug external gel</i> .....	54	<i>brimonidine tartrate ophthalmic solution 0.15</i>	
<i>betamethasone dipropionate aug external lotion</i> .....	11	%.....	63
<i>betamethasone dipropionate aug external lotion</i> .....	54	<i>brimonidine tartrate ophthalmic solution 0.2</i>	
<i>betamethasone dipropionate aug external</i>		%.....	63
<i>ointment</i> .....	11	BRIVIACT ORAL SOLUTION.....	16
<i>betamethasone dipropionate aug external</i>		BRIVIACT ORAL TABLET 10 MG.....	16
<i>ointment</i> .....	54	BRIVIACT ORAL TABLET 100 MG, 75	
<i>betamethasone dipropionate external cream</i> .....	11	MG.....	16
<i>betamethasone dipropionate external cream</i> .....	54	BRIVIACT ORAL TABLET 25 MG.....	16
<i>betamethasone dipropionate external lotion</i> .....	11	BRIVIACT ORAL TABLET 50 MG.....	16
<i>betamethasone dipropionate external lotion</i> .....	49	<i>bromocriptine mesylate oral capsule</i> .....	30
<i>betamethasone dipropionate external ointment</i> .....	11	<i>bromocriptine mesylate oral capsule</i> .....	58
<i>betamethasone dipropionate external ointment</i> .....	54	<i>bromocriptine mesylate oral tablet</i> .....	30
<i>betamethasone valerate external cream</i> .....	11	<i>bromocriptine mesylate oral tablet</i> .....	58
<i>betamethasone valerate external cream</i> .....	54	BROVANA.....	64
<i>betamethasone valerate external lotion</i> .....	11	BRUKINSA.....	24
<i>betamethasone valerate external lotion</i> .....	54	<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5</i>	
<i>betamethasone valerate external ointment</i> .....	11	<i>mg/2ml</i> .....	64
<i>betamethasone valerate external ointment</i> .....	54	<i>budesonide oral</i> .....	52
BETASERON SUBCUTANEOUS KIT.....	48	<i>budesonide oral</i> .....	56
<i>betaxolol hcl ophthalmic</i> .....	63	<i>budesonide oral</i> .....	62
<i>betaxolol hcl oral</i> .....	45	<i>bumetanide injection</i> .....	45
<i>bethanechol chloride oral</i> .....	53	<i>bumetanide oral</i> .....	45
BETIMOL.....	63	<i>buprenorphine hcl injection</i> .....	8
<i>bexarotene</i> .....	24	<i>buprenorphine hcl sublingual tablet sublingual 2</i>	
BEXSERO.....	59	<i>mg</i> .....	8
<i>bicalutamide</i> .....	24	<i>buprenorphine hcl sublingual tablet sublingual 2</i>	
BICILLIN C-R.....	12	<i>mg</i> .....	10
BICILLIN C-R 900/300.....	12		

<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i> .....	8	CAPLYTA.....	31
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i> .....	10	CAPRELSA ORAL TABLET 100 MG.....	25
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> .....	10	CAPRELSA ORAL TABLET 300 MG.....	25
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i> .....	10	<i>captopril oral</i> .....	45
<i>bupropion hcl er (smoking det)</i> .....	10	<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg</i> .....	45
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i> .....	19	<i>captopril-hydrochlorothiazide oral tablet 50-15 mg, 50-25 mg</i> .....	45
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i> .....	19	CARBAGLU.....	50
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i> .....	19	<i>carbamazepine er oral capsule extended release 12 hour</i> .....	39
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i> .....	19	<i>carbamazepine er oral tablet extended release 12 hour</i> .....	16
<i>bupropion hcl oral tablet 100 mg</i> .....	19	<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i> .....	39
<i>bupropion hcl oral tablet 75 mg</i> .....	19	<i>carbamazepine oral suspension</i> .....	16
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i> .....	37	<i>carbamazepine oral suspension</i> .....	39
<i>bupirone hcl oral tablet 30 mg</i> .....	37	<i>carbamazepine oral tablet</i> .....	16
<i>busulfan</i> .....	24	<i>carbamazepine oral tablet</i> .....	39
BYDUREON BCISE.....	41	<i>carbamazepine oral tablet chewable</i> .....	16
BYDUREON SUBCUTANEOUS PEN-INJECTOR.....	41	<i>carbamazepine oral tablet chewable</i> .....	39
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR.....	41	<i>carbidopa oral</i> .....	30
BYSTOLIC.....	45	<i>carbidopa oral</i> .....	30
<i>cabergoline</i> .....	58	<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> .....	30
CABOMETYX.....	25	<i>carbidopa-levodopa oral tablet</i> .....	31
<i>calcipotriene external cream</i> .....	49	<i>carbidopa-levodopa oral tablet dispersible</i> .....	31
<i>calcipotriene external ointment</i> .....	49	<i>carbidopa-levodopa-entacapone</i> .....	31
<i>calcipotriene external solution</i> .....	49	<i>carbidopa-levodopa-entacapone</i> .....	31
<i>calcitonin (salmon)</i> .....	62	<i>carboplatin intravenous solution</i> .....	25
<i>calcitrene</i> .....	49	CAREONE UNIFINE PENTIPS PLUS 29G X 12MM.....	41
<i>calcitriol intravenous solution 1 mcg/ml</i> .....	50	<i>carmustine</i> .....	25
<i>calcitriol oral capsule</i> .....	62	<i>carteolol hcl</i> .....	63
<i>calcitriol oral solution</i> .....	62	<i>cartia xt</i> .....	45
<i>calcium acetate (phos binder)</i> .....	53	<i>carvedilol</i> .....	45
<i>calcium acetate oral tablet 667 mg</i> .....	53	CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG.....	22
CALQUENCE.....	25	<i>casprofungin acetate intravenous solution reconstituted 70 mg</i> .....	22
<i>camila</i> .....	56	CAYSTON.....	12
<i>camrese</i> .....	56	CAYSTON.....	64
<i>camrese lo</i> .....	56	<i>caziant</i> .....	56
<i>candesartan cilexetil</i> .....	45	<i>cefaclor oral capsule</i> .....	12
<i>candesartan cilexetil-hctz</i> .....	45	<i>cefaclor oral suspension reconstituted</i> .....	12
CAPASTAT SULFATE.....	24	<i>cefadroxil oral capsule</i> .....	12
		<i>cefadroxil oral suspension reconstituted</i> .....	12



<i>cefadroxil oral tablet</i> .....	12
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i> .....	12
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM.....	13
<i>cefazolin sodium intravenous solution reconstituted</i> .....	13
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/ 50ML-%.....	13
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-(50ML), 2-3 GM-(50ML).....	13
<i>cefdinir</i> .....	13
<i>cefepime hcl injection</i> .....	13
CEFEPIME HCL INTRAVENOUS SOLUTION.....	13
<i>cefepime hcl intravenous solution reconstituted</i> .....	13
<i>cefixime oral suspension reconstituted</i> .....	13
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i> .....	13
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i> .....	13
<i>cefoxitin sodium</i> .....	13
<i>cefpodoxime proxetil</i> .....	13
<i>cefprozil oral suspension reconstituted 125 mg/ 5ml</i> .....	13
<i>cefprozil oral suspension reconstituted 250 mg/ 5ml</i> .....	13
<i>cefprozil oral tablet</i> .....	13
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i> .....	13
<i>ceftriaxone sodium in dextrose</i> .....	13
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> .....	13
CEFTRIAZONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM.....	13
<i>ceftriaxone sodium intravenous</i> .....	13
CEFTRIAZONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-(50ML), 2-2.22 GM-(50ML).....	13
<i>cefuroxime axetil oral tablet</i> .....	13
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i> .....	13

<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i> .....	13
<i>celecoxib oral</i> .....	8
<i>celecoxib oral</i> .....	11
CELONTIN.....	16
<i>cephalexin oral capsule 250 mg, 500 mg</i> .....	13
<i>cephalexin oral suspension reconstituted</i> .....	13
<i>cephalexin oral tablet 250 mg</i> .....	13
<i>cephalexin oral tablet 500 mg</i> .....	13
CERDELGA.....	53
<i>cetirizine hcl allergy child</i> .....	64
<i>cetirizine hcl oral solution</i> .....	64
<i>cevimeline hcl</i> .....	49
CHANTIX CONTINUING MONTH PAK.....	10
CHANTIX ORAL TABLET 0.5 MG.....	10
CHANTIX ORAL TABLET 1 MG.....	10
CHANTIX STARTING MONTH PAK.....	10
<i>chateal</i> .....	56
<i>chateal eq</i> .....	56
CHEMET.....	50
<i>chloramphenicol sod succinate</i> .....	13
<i>chlordiazepoxide hcl</i> .....	37
<i>chlorhexidine gluconate mouth/throat</i> .....	49
<i>chloroquine phosphate oral</i> .....	30
CHLORPROMAZINE HCL INJECTION.....	31
<i>chlorpromazine hcl oral</i> .....	22
<i>chlorpromazine hcl oral</i> .....	31
<i>chlorthalidone oral tablet 25 mg, 50 mg</i> .....	45
<i>cholestyramine light</i> .....	45
<i>cholestyramine oral</i> .....	45
<i>ciclodan external solution</i> .....	49
<i>ciclopirox external solution</i> .....	22
<i>ciclopirox olamine external cream</i> .....	22
<i>ciclopirox olamine external suspension</i> .....	22
<i>cilostazol</i> .....	43
CIMDUO.....	34
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i> .....	62
<i>cinacalcet hcl oral tablet 90 mg</i> .....	62
CIPRODEX.....	64
<i>ciprofloxacin hcl ophthalmic</i> .....	13
<i>ciprofloxacin hcl oral tablet 100 mg</i> .....	13
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> .....	13
<i>ciprofloxacin hcl oral tablet 750 mg</i> .....	13
<i>ciprofloxacin in d5w</i> .....	13
<i>ciprofloxacin-dexamethasone</i> .....	64
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i> .....	25

<i>citalopram hydrobromide oral solution</i> .....	19	<i>clomipramine hcl oral</i> .....	19
<i>citalopram hydrobromide oral tablet 10 mg</i> .....	19	<i>clonazepam oral tablet 0.5 mg</i> .....	16
<i>citalopram hydrobromide oral tablet 20 mg</i> .....	19	<i>clonazepam oral tablet 0.5 mg</i> .....	37
<i>citalopram hydrobromide oral tablet 40 mg</i> .....	19	<i>clonazepam oral tablet 1 mg</i> .....	16
<i>cladribine intravenous solution 10 mg/10ml</i> .....	25	<i>clonazepam oral tablet 1 mg</i> .....	37
<i>claravis</i> .....	49	<i>clonazepam oral tablet 2 mg</i> .....	16
<i>clarithromycin er</i> .....	13	<i>clonazepam oral tablet 2 mg</i> .....	37
<i>clarithromycin oral suspension reconstituted</i> .....	13	<i>clonazepam oral tablet dispersible 0.125 mg</i> .....	16
<i>clarithromycin oral tablet</i> .....	13	<i>clonazepam oral tablet dispersible 0.125 mg</i> .....	37
CLEVER CHOICE COMFORT EZ 29G X		<i>clonazepam oral tablet dispersible 0.25 mg</i> .....	16
12MM.....	41	<i>clonazepam oral tablet dispersible 0.25 mg</i> .....	37
<i>clindacin etz external swab</i> .....	49	<i>clonazepam oral tablet dispersible 0.5 mg</i> .....	16
<i>clindacin-p</i> .....	13	<i>clonazepam oral tablet dispersible 0.5 mg</i> .....	37
<i>clindamycin hcl oral</i> .....	13	<i>clonazepam oral tablet dispersible 1 mg</i> .....	16
<i>clindamycin phos-benzoyl perox external gel 1-5</i>		<i>clonazepam oral tablet dispersible 1 mg</i> .....	37
%.....	49	<i>clonazepam oral tablet dispersible 2 mg</i> .....	16
<i>clindamycin phos-benzoyl perox external gel 1.2-5</i>		<i>clonazepam oral tablet dispersible 2 mg</i> .....	37
%.....	49	<i>clonidine</i> .....	45
<i>clindamycin phosphate external gel</i> .....	14	<i>clonidine hcl oral</i> .....	45
<i>clindamycin phosphate external lotion</i> .....	14	<i>clopidogrel bisulfate oral tablet 300 mg</i> .....	44
<i>clindamycin phosphate external solution</i> .....	14	<i>clopidogrel bisulfate oral tablet 75 mg</i> .....	44
<i>clindamycin phosphate external swab</i> .....	14	<i>clorazepate dipotassium</i> .....	16
<i>clindamycin phosphate in d5w</i> .....	14	<i>clorazepate dipotassium</i> .....	37
<i>clindamycin phosphate injection</i> .....	14	<i>clotrimazole external cream</i> .....	22
<i>clindamycin phosphate vaginal</i> .....	14	<i>clotrimazole external solution</i> .....	22
<i>clinimix el/dextrose (8/10)</i> .....	50	<i>clotrimazole mouth/throat troche</i> .....	23
<i>clinimix el/dextrose (8/14)</i> .....	50	<i>clotrimazole-betamethasone external cream</i> .....	49
CLINIMIX/DEXTROSE (4.25/10).....	50	<i>clotrimazole-betamethasone external lotion</i> .....	49
CLINIMIX/DEXTROSE (4.25/5).....	50	<i>clovique</i> .....	50
CLINIMIX/DEXTROSE (5/15).....	50	<i>clovique</i> .....	53
CLINIMIX/DEXTROSE (5/20).....	50	<i>clozapine oral tablet 100 mg</i> .....	31
<i>clinimix/dextrose (6/5)</i> .....	50	<i>clozapine oral tablet 200 mg</i> .....	31
<i>clinimix/dextrose (8/10)</i> .....	50	<i>clozapine oral tablet 25 mg</i> .....	31
<i>clinimix/dextrose (8/14)</i> .....	50	<i>clozapine oral tablet 50 mg</i> .....	31
CLINOLIPID.....	50	<i>clozapine oral tablet dispersible 100 mg</i> .....	31
<i>clobazam oral suspension</i> .....	16	<i>clozapine oral tablet dispersible 12.5 mg</i> .....	31
<i>clobazam oral tablet 10 mg</i> .....	16	<i>clozapine oral tablet dispersible 150 mg</i> .....	31
<i>clobazam oral tablet 20 mg</i> .....	16	<i>clozapine oral tablet dispersible 200 mg</i> .....	31
<i>clobetasol prop emollient base</i> .....	54	<i>clozapine oral tablet dispersible 25 mg</i> .....	31
<i>clobetasol propionate e</i> .....	54	COARTEM.....	30
<i>clobetasol propionate external cream</i> .....	54	CODEINE SULFATE ORAL TABLET 60	
<i>clobetasol propionate external gel</i> .....	54	MG.....	8
<i>clobetasol propionate external liquid</i> .....	49	<i>colchicine oral tablet</i> .....	23
<i>clobetasol propionate external lotion</i> .....	54	<i>colchicine-probenecid</i> .....	23
<i>clobetasol propionate external shampoo</i> .....	54	<i>colesevelam hcl oral tablet</i> .....	41
<i>clobetasol propionate external solution</i> .....	54	<i>colesevelam hcl oral tablet</i> .....	45
<i>clodan external shampoo</i> .....	54	<i>colestipol hcl oral granules</i> .....	45
<i>clofarabine</i> .....	25	<i>colestipol hcl oral packet</i> .....	45

<i>colestipol hcl oral tablet</i> .....	45	<i>cytarabine (pf)</i> .....	25
<i>colistimethate sodium (cba)</i> .....	14	<i>cytarabine injection solution</i> .....	25
<i>colistimethate sodium (cba)</i> .....	14	<i>dacarbazine intravenous</i> .....	25
COMBIGAN.....	63	<i>dactinomycin</i> .....	25
COMBIVENT RESPIMAT.....	64	<i>dalfampridine er</i> .....	48
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG.....	25	DALIRESP.....	65
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG.....	25	<i>danazol oral</i> .....	56
COMETRIQ (60 MG DAILY DOSE).....	25	<i>dantrolene sodium oral</i> .....	34
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML.....	41	<i>dapsone oral</i> .....	24
COMPLERA.....	34	DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5.....	59
<i>compro</i> .....	22	<i>daptomycin intravenous solution reconstituted 500 mg</i> .....	14
<i>constulose</i> .....	52	<i>darifenacin hydrobromide er</i> .....	53
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML.....	48	DARZALEX FASPRO.....	25
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML.....	48	DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML.....	25
COPIKTRA.....	25	<i>dasetta 1/35</i> .....	56
CORLANOR ORAL SOLUTION.....	45	<i>dasetta 7/7/7</i> .....	56
CORLANOR ORAL TABLET.....	45	<i>daunorubicin hcl intravenous solution 20 mg/ 4ml</i> .....	25
<i>cortisone acetate oral</i> .....	11	DAUNORUBICIN HCL INTRAVENOUS SOLUTION 50 MG/10ML.....	25
<i>cortisone acetate oral</i> .....	54	DAURISMO ORAL TABLET 100 MG.....	25
<i>cortisone acetate oral</i> .....	62	DAURISMO ORAL TABLET 25 MG.....	25
COTELLIC.....	25	<i>daysee</i> .....	56
CREON.....	53	<i>deblitane</i> .....	56
CRIVIVAN ORAL CAPSULE 200 MG.....	34	<i>decadron oral tablet</i> .....	11
CRIVIVAN ORAL CAPSULE 400 MG.....	34	<i>decitabine</i> .....	25
<i>cromolyn sodium inhalation</i> .....	64	<i>deferasirox oral tablet soluble</i> .....	50
<i>cromolyn sodium ophthalmic</i> .....	63	DELSTRIGO.....	34
<i>cromolyn sodium oral</i> .....	64	<i>delyla</i> .....	56
<i>cryselle-28</i> .....	56	DEMSEER.....	45
CVS GAUZE STERILE PAD 2"X2".....	41	<i>denta 5000 plus</i> .....	49
<i>cyclafem 1/35</i> .....	56	<i>dentagel</i> .....	49
<i>cyclafem 7/7/7</i> .....	56	DEPEN TITRATABS.....	50
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i> .....	66	DEPEN TITRATABS.....	53
<i>cyclophosphamide oral capsule</i> .....	25	DEPEN TITRATABS.....	59
<i>cyclosporine intravenous</i> .....	59	DEPO-ESTRADIOL.....	56
<i>cyclosporine modified</i> .....	59	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML.....	56
<i>cyclosporine oral capsule</i> .....	59	DESCOVY.....	34
<i>cyproheptadine hcl oral tablet</i> .....	64	<i>desipramine hcl oral</i> .....	19
CYRAMZA.....	25	<i>desloratadine oral tablet</i> .....	65
<i>cyred</i> .....	56	<i>desmopressin ace spray refrig</i> .....	55
<i>cyred eq</i> .....	56	<i>desmopressin acetate injection</i> .....	55
CYSTADANE.....	53	<i>desmopressin acetate oral</i> .....	55
CYSTAGON.....	53	<i>desmopressin acetate spray</i> .....	55
CYSTARAN.....	63		

<i>desogestrel-ethinyl estradiol</i> .....	56	<i>diazepam intensol</i> .....	48
<i>desonide external cream</i> .....	54	<i>diazepam oral concentrate</i> .....	16
<i>desonide external lotion</i> .....	54	<i>diazepam oral concentrate</i> .....	16
<i>desonide external ointment</i> .....	54	<i>diazepam oral concentrate</i> .....	38
<i>desoximetasone external cream 0.25 %</i> .....	54	<i>diazepam oral solution 5 mg/5ml</i> .....	16
<i>desvenlafaxine succinate er oral tablet extended</i>		<i>diazepam oral solution 5 mg/5ml</i> .....	16
<i>release 24 hour 100 mg</i> .....	19	<i>diazepam oral solution 5 mg/5ml</i> .....	38
<i>desvenlafaxine succinate er oral tablet extended</i>		<i>diazepam oral tablet 10 mg</i> .....	16
<i>release 24 hour 25 mg</i> .....	19	<i>diazepam oral tablet 10 mg</i> .....	16
<i>desvenlafaxine succinate er oral tablet extended</i>		<i>diazepam oral tablet 10 mg</i> .....	38
<i>release 24 hour 50 mg</i> .....	19	<i>diazepam oral tablet 2 mg</i> .....	16
DEXAMETHASONE INTENSOL.....	55	<i>diazepam oral tablet 2 mg</i> .....	16
<i>dexamethasone oral elixir</i> .....	11	<i>diazepam oral tablet 2 mg</i> .....	38
<i>dexamethasone oral elixir</i> .....	55	<i>diazepam oral tablet 5 mg</i> .....	16
<i>dexamethasone oral elixir</i> .....	62	<i>diazepam oral tablet 5 mg</i> .....	16
<i>dexamethasone oral solution</i> .....	11	<i>diazepam oral tablet 5 mg</i> .....	38
<i>dexamethasone oral tablet</i> .....	11	<i>diazepam rectal</i> .....	16
<i>dexamethasone oral tablet</i> .....	55	<i>diazepam rectal</i> .....	16
<i>dexamethasone oral tablet</i> .....	62	<i>diazepam rectal</i> .....	38
DEXAMETHASONE SOD PHOSPHATE PF		<i>diazoxide oral</i> .....	41
INJECTION SOLUTION.....	11	<i>diclofenac potassium</i> .....	8
<i>dexamethasone sodium phosphate injection</i> .....	11	<i>diclofenac potassium</i> .....	11
<i>dexamethasone sodium phosphate ophthalmic</i> .....	63	<i>diclofenac sodium er</i> .....	8
DEXILANT.....	52	<i>diclofenac sodium er</i> .....	11
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5</i>		<i>diclofenac sodium ophthalmic</i> .....	63
<i>mg</i> .....	48	<i>diclofenac sodium oral</i> .....	8
<i>dexmethylphenidate hcl oral tablet 5 mg</i> .....	48	<i>diclofenac sodium oral</i> .....	11
<i>dexrazoxane hcl</i> .....	25	<i>diclofenac sodium transdermal gel 1 %</i> .....	49
<i>dextroamphetamine sulfate oral tablet 10 mg</i> .....	48	<i>diclofenac sodium transdermal solution</i> .....	8
<i>dextroamphetamine sulfate oral tablet 5 mg</i> .....	48	<i>diclofenac-misoprostol oral tablet delayed release</i> .....	8
<i>dextrose in lactated ringers</i> .....	50	<i>dicloxacillin sodium</i> .....	14
<i>dextrose intravenous solution 10 %, 5 %</i> .....	50	<i>dicyclomine hcl oral capsule</i> .....	52
<i>dextrose intravenous solution 250 mg/ml, 30 %, 70</i>		<i>dicyclomine hcl oral solution</i> .....	52
<i>%</i> .....	50	<i>dicyclomine hcl oral tablet</i> .....	52
DEXTROSE INTRAVENOUS SOLUTION 40		<i>didanosine oral capsule delayed release 200 mg</i> .....	34
<i>%</i> .....	50	<i>didanosine oral capsule delayed release 250 mg, 400</i>	
<i>dextrose intravenous solution 50 %</i> .....	50	<i>mg</i> .....	34
DEXTROSE-NACL INTRAVENOUS		<i>diflunisal oral</i> .....	8
SOLUTION 10-0.2 %.....	50	<i>diflunisal oral</i> .....	11
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-</i>		<i>digitek oral tablet 125 mcg</i> .....	45
<i>0.45 %, 5-0.2 %, 5-0.33 %, 5-0.9 %</i> .....	51	<i>digitek oral tablet 250 mcg</i> .....	45
<i>dextrose-nacl intravenous solution 5-0.45 %</i> .....	51	<i>digox oral tablet 125 mcg</i> .....	45
DIASTAT ACUDIAL.....	16	<i>digox oral tablet 250 mcg</i> .....	45
DIASTAT ACUDIAL.....	16	<i>digoxin injection</i> .....	45
DIASTAT ACUDIAL.....	38	<i>digoxin oral solution</i> .....	45
DIASTAT PEDIATRIC.....	16	<i>digoxin oral tablet 125 mcg</i> .....	45
DIASTAT PEDIATRIC.....	16	<i>digoxin oral tablet 250 mcg</i> .....	45
DIASTAT PEDIATRIC.....	38	<i>dihydroergotamine mesylate nasal</i> .....	23

DILANTIN ORAL CAPSULE 30 MG.....	16	<i>dofetilide</i> .....	46
<i>dilt-xr</i> .....	45	<i>donepezil hcl oral tablet 10 mg, 5 mg</i> .....	19
<i>diltiazem hcl er beads oral capsule extended release</i>		<i>donepezil hcl oral tablet dispersible</i> .....	19
24 hour 120 mg, 180 mg, 240 mg, 300 mg.....	45	<i>dorzolamide hcl ophthalmic</i> .....	63
<i>diltiazem hcl er beads oral capsule extended release</i>		<i>dorzolamide hcl-timolol mal</i> .....	63
24 hour 360 mg, 420 mg.....	45	DOVATO.....	34
<i>diltiazem hcl er coated beads oral capsule extended</i>		<i>doxazosin mesylate oral</i> .....	46
release 24 hour 120 mg, 180 mg, 240 mg, 300		<i>doxazosin mesylate oral</i> .....	53
mg.....	45	<i>doxepin hcl oral capsule</i> .....	19
<i>diltiazem hcl er coated beads oral capsule extended</i>		<i>doxepin hcl oral capsule</i> .....	38
release 24 hour 360 mg.....	45	<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50</i>	
<i>diltiazem hcl er coated beads oral tablet extended</i>		<i>mg, 75 mg</i> .....	66
release 24 hour 180 mg, 240 mg, 300 mg, 360		<i>doxepin hcl oral concentrate</i> .....	19
mg, 420 mg.....	45	<i>doxepin hcl oral concentrate</i> .....	38
<i>diltiazem hcl er oral capsule extended release 12</i>		<i>doxepin hcl oral concentrate</i> .....	66
hour.....	46	<i>doxercalciferol oral</i> .....	51
<i>diltiazem hcl er oral capsule extended release 24 hour</i>		<i>doxercalciferol oral</i> .....	62
120 mg, 180 mg, 240 mg.....	46	<i>doxorubicin hcl intravenous solution</i> .....	25
<i>diltiazem hcl oral</i> .....	46	<i>doxorubicin hcl liposomal</i> .....	25
<i>diphenhydramine hcl injection</i> .....	65	<i>doxy 100</i> .....	14
<i>diphenoxylate-atropine oral liquid</i> .....	52	<i>doxycycline hyclate intravenous</i> .....	14
<i>diphenoxylate-atropine oral tablet</i> .....	52	<i>doxycycline hyclate oral capsule</i> .....	14
DIPHTHERIA-TETANUS TOXOIDS DT.....	59	<i>doxycycline hyclate oral capsule</i> .....	49
<i>dipyridamole oral</i> .....	44	<i>doxycycline hyclate oral capsule 50 mg</i> .....	49
<i>disopyramide phosphate oral</i> .....	46	<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> .....	14
<i>disulfiram oral</i> .....	10	<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> .....	49
<i>divalproex sodium er oral tablet extended release 24</i>		<i>doxycycline monohydrate oral capsule 100 mg, 50</i>	
hour.....	16	mg.....	14
<i>divalproex sodium er oral tablet extended release 24</i>		<i>doxycycline monohydrate oral capsule 100 mg, 50</i>	
hour.....	23	mg.....	49
<i>divalproex sodium er oral tablet extended release 24</i>		<i>doxycycline monohydrate oral tablet 100 mg</i> .....	14
hour.....	39	<i>doxycycline monohydrate oral tablet 100 mg</i> .....	50
<i>divalproex sodium oral capsule delayed release</i>		<i>doxycycline monohydrate oral tablet 150 mg, 50 mg,</i>	
sprinkle.....	17	75 mg.....	14
<i>divalproex sodium oral capsule delayed release</i>		<i>doxycycline monohydrate oral tablet 150 mg, 50 mg,</i>	
sprinkle.....	23	75 mg.....	49
<i>divalproex sodium oral capsule delayed release</i>		<i>doxycycline monohydrate oral tablet 50 mg</i> .....	50
sprinkle.....	39	DRIZALMA SPRINKLE ORAL CAPSULE	
<i>divalproex sodium oral tablet delayed release</i> .....	17	DELAYED RELEASE SPRINKLE 20 MG.....	20
<i>divalproex sodium oral tablet delayed release</i> .....	23	DRIZALMA SPRINKLE ORAL CAPSULE	
<i>divalproex sodium oral tablet delayed release</i> .....	39	DELAYED RELEASE SPRINKLE 20 MG.....	38
DOCETAXEL INTRAVENOUS		DRIZALMA SPRINKLE ORAL CAPSULE	
CONCENTRATE 160 MG/8ML, 20 MG/		DELAYED RELEASE SPRINKLE 30 MG.....	20
ML, 80 MG/4ML.....	25	DRIZALMA SPRINKLE ORAL CAPSULE	
DOCETAXEL INTRAVENOUS SOLUTION		DELAYED RELEASE SPRINKLE 30 MG.....	38
160 MG/16ML.....	25	DRIZALMA SPRINKLE ORAL CAPSULE	
DOCETAXEL INTRAVENOUS SOLUTION		DELAYED RELEASE SPRINKLE 40 MG.....	20
20 MG/2ML, 80 MG/8ML.....	25		

DRIZALMA SPRINKLE ORAL CAPSULE	
DELAYED RELEASE SPRINKLE 40 MG.....	38
DRIZALMA SPRINKLE ORAL CAPSULE	
DELAYED RELEASE SPRINKLE 60 MG.....	20
DRIZALMA SPRINKLE ORAL CAPSULE	
DELAYED RELEASE SPRINKLE 60 MG.....	38
<i>dronabinol</i> .....	22
DROPLET PEN NEEDLES 30G X 8 MM.....	41
<i>drospirenone-ethinyl estradiol</i> .....	56
DROXIA.....	25
DULERA.....	65
<i>duloxetine hcl oral capsule delayed release particles</i>	
20 mg.....	20
<i>duloxetine hcl oral capsule delayed release particles</i>	
20 mg.....	38
<i>duloxetine hcl oral capsule delayed release particles</i>	
20 mg.....	48
<i>duloxetine hcl oral capsule delayed release particles</i>	
30 mg.....	20
<i>duloxetine hcl oral capsule delayed release particles</i>	
30 mg.....	38
<i>duloxetine hcl oral capsule delayed release particles</i>	
30 mg.....	48
<i>duloxetine hcl oral capsule delayed release particles</i>	
40 mg.....	20
<i>duloxetine hcl oral capsule delayed release particles</i>	
40 mg.....	38
<i>duloxetine hcl oral capsule delayed release particles</i>	
40 mg.....	48
<i>duloxetine hcl oral capsule delayed release particles</i>	
60 mg.....	20
<i>duloxetine hcl oral capsule delayed release particles</i>	
60 mg.....	38
<i>duloxetine hcl oral capsule delayed release particles</i>	
60 mg.....	48
<i>duramorph</i> .....	8
DUREZOL.....	63
<i>dutasteride oral</i> .....	53
<i>dutasteride-tamsulosin hcl</i> .....	54
<i>e.e.s. 400 oral tablet</i> .....	14
EASY TOUCH PEN NEEDLES 29G X 12MM	
, 30G X 5 MM.....	41
EASY TOUCH SAFETY PEN NEEDLES 30G	
X 8 MM.....	41
EC-NAPROXEN.....	8
<i>econazole nitrate external</i> .....	23
EDURANT.....	34
<i>efavirenz oral capsule 200 mg</i> .....	34
<i>efavirenz oral capsule 50 mg</i> .....	34
<i>efavirenz oral tablet</i> .....	34
<i>efavirenz-lamivudine-tenofovir</i> .....	34
<i>effer-k oral tablet effervescent 25 meq</i> .....	51
<i>elinest</i> .....	56
ELIQUIS.....	44
ELIQUIS DVT/PE STARTER PACK ORAL	
TABLET THERAPY PACK.....	44
<i>elite-ob</i> .....	51
ELLA.....	56
<i>eluryng</i> .....	56
EMCYT.....	25
<i>emoquette</i> .....	56
EMSAM.....	20
<i>emtricitabine</i> .....	34
<i>emtricitabine-tenofovir df</i> .....	35
EMTRIVA ORAL CAPSULE.....	35
EMTRIVA ORAL SOLUTION.....	35
<i>enalapril maleate oral</i> .....	46
<i>enalapril-hydrochlorothiazide</i> .....	46
ENBREL SUBCUTANEOUS SOLUTION	
PREFILLED SYRINGE 25 MG/0.5ML.....	59
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325</i>	
<i>mg</i> .....	8
<i>endocet oral tablet 2.5-325 mg</i> .....	8
ENGERIX-B INJECTION.....	59
ENHERTU.....	25
<i>enoxaparin sodium injection</i> .....	44
<i>enoxaparin sodium subcutaneous solution 100 mg/</i>	
<i>ml, 150 mg/ml</i> .....	44
<i>enoxaparin sodium subcutaneous solution 120 mg/</i>	
<i>0.8ml, 80 mg/0.8ml</i> .....	44
<i>enoxaparin sodium subcutaneous solution 30 mg/</i>	
<i>0.3ml</i> .....	44
<i>enoxaparin sodium subcutaneous solution 40 mg/</i>	
<i>0.4ml</i> .....	44
<i>enoxaparin sodium subcutaneous solution 60 mg/</i>	
<i>0.6ml</i> .....	44
<i>enpresse-28</i> .....	56
<i>enskyce oral tablet 0.15-30 mg-mcg</i> .....	56
entacapone.....	31
<i>entecavir</i> .....	35
ENTRESTO.....	46
<i>enulose</i> .....	52
EPCLUSA ORAL TABLET 400-100 MG.....	35
EPCLUSA ORAL TABLET 400-100 MG.....	35
EPIDIOLEX.....	17
<i>epinastine hcl</i> .....	63

<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> .....	65	<i>estradiol transdermal patch twice weekly</i> .....	56
<i>epinephrine injection solution prefilled syringe 1 mg/10ml</i> .....	65	<i>estradiol transdermal patch weekly</i> .....	56
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i> .....	25	<i>estradiol vaginal cream</i> .....	56
<i>epitol</i> .....	17	<i>estradiol vaginal tablet</i> .....	56
<i>epitol</i> .....	39	<i>estradiol valerate intramuscular oil 20 mg/ml</i> .....	56
EPIVIR HBV ORAL SOLUTION.....	35	<i>estradiol valerate intramuscular oil 40 mg/ml</i> .....	56
<i>eplerenone</i> .....	46	<i>estradiol-norethindrone acet</i> .....	56
ERGOMAR.....	23	<i>eszopiclone</i> .....	66
<i>ergotamine-caffeine</i> .....	23	<i>ethambutol hcl oral</i> .....	24
ERIVEDGE.....	25	<i>ethosuximide oral</i> .....	17
ERLEADA.....	25	<i>ethynodiol diac-eth estradiol</i> .....	56
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i> .....	25	<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i> .....	9
<i>erlotinib hcl oral tablet 25 mg</i> .....	25	<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i> .....	11
<i>errin</i> .....	56	<i>etodolac oral capsule</i> .....	9
<i>ery</i> .....	14	<i>etodolac oral capsule 200 mg</i> .....	11
<i>ery-tab</i> .....	14	<i>etodolac oral tablet</i> .....	9
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG.....	14	<i>etodolac oral tablet</i> .....	11
<i>erythrocine stearate oral tablet 250 mg</i> .....	14	<i>etonogestrel-ethinyl estradiol</i> .....	56
<i>erythromycin base oral</i> .....	14	<i>etoposide intravenous solution 1 gm/50ml</i> .....	25
<i>erythromycin ethylsuccinate oral tablet</i> .....	14	<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i> .....	25
<i>erythromycin external gel</i> .....	14	<i>euthyrox</i> .....	58
<i>erythromycin external solution</i> .....	14	<i>everolimus oral tablet 0.25 mg</i> .....	25
<i>erythromycin ophthalmic</i> .....	14	<i>everolimus oral tablet 0.25 mg</i> .....	59
<i>erythromycin oral</i> .....	14	<i>everolimus oral tablet 0.5 mg, 0.75 mg</i> .....	25
<i>erythromycin stearate oral tablet 250 mg</i> .....	14	<i>everolimus oral tablet 0.5 mg, 0.75 mg</i> .....	59
ESBRIET ORAL CAPSULE.....	65	<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i> .....	25
ESBRIET ORAL CAPSULE.....	65	<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i> .....	60
ESBRIET ORAL TABLET 267 MG.....	65	EVOTAZ.....	35
ESBRIET ORAL TABLET 267 MG.....	65	EXEL COMFORT POINT PEN NEEDLE 29G X 12MM.....	41
ESBRIET ORAL TABLET 801 MG.....	65	<i>exemestane</i> .....	26
ESBRIET ORAL TABLET 801 MG.....	65	<i>ezetimibe</i> .....	46
<i>escitalopram oxalate oral solution</i> .....	20	<i>ezetimibe-simvastatin</i> .....	46
<i>escitalopram oxalate oral solution</i> .....	38	<i>falmina</i> .....	56
<i>escitalopram oxalate oral tablet 10 mg</i> .....	20	<i>famciclovir oral tablet 125 mg, 250 mg</i> .....	35
<i>escitalopram oxalate oral tablet 10 mg</i> .....	38	<i>famciclovir oral tablet 500 mg</i> .....	35
<i>escitalopram oxalate oral tablet 20 mg</i> .....	20	<i>famotidine intravenous solution 20 mg/2ml</i> .....	53
<i>escitalopram oxalate oral tablet 20 mg</i> .....	38	<i>famotidine oral suspension reconstituted</i> .....	53
<i>escitalopram oxalate oral tablet 5 mg</i> .....	20	<i>famotidine oral tablet 20 mg, 40 mg</i> .....	53
<i>escitalopram oxalate oral tablet 5 mg</i> .....	38	<i>famotidine premixed</i> .....	53
<i>esomeprazole magnesium oral capsule delayed release</i> .....	52	FANAPT ORAL TABLET 1 MG.....	31
<i>estarylla</i> .....	56	FANAPT ORAL TABLET 10 MG, 12 MG.....	31
<i>estradiol oral</i> .....	56	FANAPT ORAL TABLET 2 MG.....	31
		FANAPT ORAL TABLET 4 MG.....	31
		FANAPT ORAL TABLET 6 MG.....	31

FANAPT ORAL TABLET 8 MG.....	31	FLOVENT HFA INHALATION AEROSOL	
FANAPT TITRATION PACK.....	31	110 MCG/ACT.....	65
FARXIGA.....	41	FLOVENT HFA INHALATION AEROSOL	
FARYDAK ORAL CAPSULE 10 MG.....	26	220 MCG/ACT.....	65
FARYDAK ORAL CAPSULE 20 MG.....	26	FLOVENT HFA INHALATION AEROSOL	
FASLODEX INTRAMUSCULAR SOLUTION		44 MCG/ACT.....	65
250 MG/5ML.....	26	<i>fluconazole in sodium chloride intravenous solution</i>	
<i>febuxostat oral tablet 80 mg.</i> .....	23	200-0.9 mg/100ml-%, 400-0.9 mg/200ml-	
<i>felbamate</i> .....	17	%.....	23
<i>felodipine er</i> .....	46	<i>fluconazole oral suspension reconstituted</i> .....	23
<i>femynor</i> .....	56	<i>fluconazole oral tablet</i> .....	23
<i>fenofibrate micronized oral capsule 130 mg.</i> .....	46	<i>flucytosine oral capsule 250 mg.</i> .....	23
<i>fenofibrate micronized oral capsule 134 mg, 200</i>		<i>flucytosine oral capsule 500 mg.</i> .....	23
<i>mg, 67 mg.</i> .....	46	<i>fludarabine phosphate</i> .....	26
<i>fenofibrate micronized oral capsule 43 mg.</i> .....	46	<i>fludrocortisone acetate oral</i> .....	55
<i>fenofibrate oral capsule 134 mg, 200 mg, 67</i>		<i>flunisolide nasal solution 25 mcg/act (0.025%)</i> .....	65
<i>mg.</i> .....	46	<i>fluocinolone acetonide external</i> .....	55
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54</i>		<i>fluocinolone acetonide otic</i> .....	55
<i>mg.</i> .....	46	<i>fluocinolone acetonide scalp</i> .....	55
<i>fenofibric acid oral capsule delayed release</i> .....	46	<i>fluocinonide emulsified base</i> .....	55
<i>fentanyl citrate buccal lozenge on a handle</i> .....	9	<i>fluocinonide external cream 0.05 %</i> .....	50
<i>fentanyl citrate buccal lozenge on a handle</i> .....	9	<i>fluocinonide external gel</i> .....	55
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12</i>		<i>fluocinonide external ointment</i> .....	55
<i>mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> .....	9	<i>fluocinonide external solution</i> .....	55
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12</i>		<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg.</i> .....	51
<i>mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> .....	9	<i>fluoritab oral tablet chewable 2.2 (1 f) mg.</i> .....	51
FETZIMA ORAL CAPSULE EXTENDED		<i>fluorometholone ophthalmic</i> .....	63
RELEASE 24 HOUR 120 MG, 80 MG.....	20	<i>fluorouracil external cream 5 %</i> .....	50
FETZIMA ORAL CAPSULE EXTENDED		<i>fluorouracil external solution</i> .....	50
RELEASE 24 HOUR 20 MG.....	20	<i>fluorouracil intravenous</i> .....	26
FETZIMA ORAL CAPSULE EXTENDED		<i>fluoxetine hcl oral capsule 10 mg.</i> .....	20
RELEASE 24 HOUR 40 MG.....	20	<i>fluoxetine hcl oral capsule 20 mg.</i> .....	20
FETZIMA TITRATION.....	20	<i>fluoxetine hcl oral capsule 40 mg.</i> .....	20
<i>finasteride oral tablet 5 mg.</i> .....	54	<i>fluoxetine hcl oral solution</i> .....	20
FINTEPLA.....	17	<i>fluoxetine hcl oral tablet 10 mg.</i> .....	20
FIRAZYR.....	60	<i>fluoxetine hcl oral tablet 20 mg.</i> .....	20
FIRMAGON (240 MG DOSE).....	58	<i>fluphenazine decanoate injection</i> .....	31
FIRMAGON SUBCUTANEOUS SOLUTION		<i>fluphenazine hcl injection</i> .....	31
RECONSTITUTED 80 MG.....	59	<i>fluphenazine hcl oral concentrate</i> .....	31
<i>flac</i> .....	64	<i>fluphenazine hcl oral elixir</i> .....	31
<i>flecainide acetate</i> .....	46	<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 5 mg.</i> .....	31
FLOVENT DISKUS INHALATION AEROSOL		<i>fluphenazine hcl oral tablet 2.5 mg.</i> .....	31
POWDER BREATH ACTIVATED 100		<i>flurbiprofen oral</i> .....	9
MCG/BLIST, 50 MCG/BLIST.....	65	<i>flurbiprofen oral tablet 100 mg.</i> .....	11
FLOVENT DISKUS INHALATION AEROSOL		<i>flurbiprofen sodium</i> .....	63
POWDER BREATH ACTIVATED 250		<i>flutamide</i> .....	26
MCG/BLIST.....	65	<i>fluticasone propionate external cream</i> .....	50
		<i>fluticasone propionate external cream</i> .....	55



<i>fluticasone propionate external ointment</i> .....	50	<i>gabapentin oral capsule 100 mg</i> .....	17
<i>fluticasone propionate external ointment</i> .....	55	<i>gabapentin oral capsule 300 mg</i> .....	17
<i>fluticasone propionate nasal</i> .....	65	<i>gabapentin oral capsule 400 mg</i> .....	17
<i>fluticasone-salmeterol inhalation aerosol powder</i> <i>breath activated 100-50 mcg/dose, 250-50 mcg/</i> <i>dose, 500-50 mcg/dose</i> .....	65	<i>gabapentin oral solution</i> .....	17
<i>fluticasone-salmeterol inhalation aerosol powder</i> <i>breath activated 100-50 mcg/dose, 250-50 mcg/</i> <i>dose, 500-50 mcg/dose</i> .....	65	<i>gabapentin oral tablet 600 mg</i> .....	17
<i>fluticasone-salmeterol inhalation aerosol powder</i> <i>breath activated 100-50 mcg/dose, 250-50 mcg/</i> <i>dose, 500-50 mcg/dose</i> .....	65	<i>gabapentin oral tablet 800 mg</i> .....	17
<i>fluvastatin sodium</i> .....	46	<i>galantamine hydrobromide er</i> .....	19
<i>fluvastatin sodium er</i> .....	46	<i>galantamine hydrobromide oral solution</i> .....	19
<i>fluvoxamine maleate oral tablet 100 mg</i> .....	20	<i>galantamine hydrobromide oral tablet</i> .....	19
<i>fluvoxamine maleate oral tablet 25 mg</i> .....	20	GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML.....	60
<i>fluvoxamine maleate oral tablet 50 mg</i> .....	20	GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML.....	60
<i>fondaparinux sodium subcutaneous solution 10 mg/</i> <i>0.8ml</i> .....	44	<i>ganciclovir sodium intravenous solution</i> <i>reconstituted</i> .....	35
<i>fondaparinux sodium subcutaneous solution 2.5 mg/</i> <i>0.5ml</i> .....	44	GARDASIL 9.....	60
<i>fondaparinux sodium subcutaneous solution 5 mg/</i> <i>0.4ml</i> .....	44	<i>gatifloxacin ophthalmic</i> .....	14
<i>fondaparinux sodium subcutaneous solution 7.5 mg/</i> <i>0.6ml</i> .....	44	GATTEX.....	53
<i>fosamprenavir calcium</i> .....	35	<i>gavilyte-c</i> .....	53
<i>fosinopril sodium</i> .....	46	<i>gavilyte-g</i> .....	53
<i>fosinopril sodium-hctz</i> .....	46	<i>gavilyte-h</i> .....	53
<i>fosphenytoin sodium</i> .....	17	<i>gavilyte-n with flavor pack</i> .....	53
FREAMINE HBC.....	51	GAVRETO.....	26
FREAMINE III INTRAVENOUS SOLUTION 10 %.....	51	GAZYVA.....	26
<i>fulvestrant</i> .....	26	<i>gemcitabine hcl intravenous solution 1 gm/26.3ml,</i> <i>200 mg/5.26ml</i> .....	26
<i>furosemide injection solution 10 mg/ml</i> .....	46	<i>gemcitabine hcl intravenous solution 2 gm/</i> <i>52.6ml</i> .....	26
<i>furosemide injection solution 10 mg/ml (4ml</i> <i>syringe)</i> .....	46	<i>gemcitabine hcl intravenous solution reconstituted</i> <i>1 gm, 200 mg</i> .....	26
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> .....	46	<i>gemcitabine hcl intravenous solution reconstituted</i> <i>2 gm</i> .....	26
<i>furosemide oral tablet</i> .....	46	<i>gemfibrozil oral</i> .....	46
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED.....	35	<i>generlac</i> .....	53
<i>fyavolv</i> .....	56	<i>gengraf oral capsule 100 mg, 25 mg</i> .....	60
FYCOMPA ORAL SUSPENSION.....	17	<i>gengraf oral solution</i> .....	60
FYCOMPA ORAL TABLET 10 MG, 12 MG.....	17	<i>gentak ophthalmic ointment</i> .....	14
FYCOMPA ORAL TABLET 2 MG.....	17	<i>gentamicin in saline intravenous solution 0.8-0.9</i> <i>mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%,</i> <i>1.6-0.9 mg/ml-%</i> .....	14
FYCOMPA ORAL TABLET 4 MG.....	17	<i>gentamicin sulfate external</i> .....	14
FYCOMPA ORAL TABLET 6 MG.....	17	<i>gentamicin sulfate injection</i> .....	14
FYCOMPA ORAL TABLET 8 MG.....	17	<i>gentamicin sulfate ophthalmic solution</i> .....	14
		GENVOYA.....	35
		GEODON INTRAMUSCULAR.....	32
		GEODON INTRAMUSCULAR.....	39
		<i>gianvi</i> .....	56

GILOTRIF.....	26	<i>granisetron hcl oral</i> .....	22
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> .....	48	<i>griseofulvin microsize oral</i> .....	23
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> .....	48	<i>griseofulvin ultramicrosize</i> .....	23
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i> .....	48	<i>guanfacine hcl er</i> .....	48
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i> .....	48	GUANIDINE HCL ORAL.....	24
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG.....	26	H-E-B INCONTROL PEN NEEDLES 29G X 12MM.....	42
<i>glimepiride oral tablet 1 mg</i> .....	41	<i>hailey 1.5/30</i> .....	56
<i>glimepiride oral tablet 2 mg</i> .....	41	HAILEY FE 1.5/30.....	56
<i>glimepiride oral tablet 4 mg</i> .....	41	<i>hailey fe 1/20</i> .....	56
<i>glipizide er oral tablet extended release 24 hour 10 mg</i> .....	41	<i>halobetasol propionate external cream</i> .....	55
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i> .....	41	<i>halobetasol propionate external ointment</i> .....	55
<i>glipizide er oral tablet extended release 24 hour 5 mg</i> .....	41	<i>haloperidol decanoate intramuscular solution 100 mg/ml 1 ml</i> .....	32
<i>glipizide oral tablet 10 mg</i> .....	41	<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> .....	32
<i>glipizide oral tablet 5 mg</i> .....	41	<i>haloperidol lactate injection</i> .....	32
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i> .....	41	<i>haloperidol lactate oral</i> .....	32
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i> .....	41	<i>haloperidol oral</i> .....	32
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i> .....	41	HARVONI ORAL PACKET.....	35
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> .....	41	HARVONI ORAL TABLET.....	35
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> .....	41	HARVONI ORAL TABLET 90-400 MG.....	35
GLOBAL ALCOHOL PREP EASE.....	14	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML 1 ML.....	60
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML.....	41	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML.....	60
GLUCAGEN HYPOKIT.....	41	<i>heather</i> .....	56
GLUCAGON EMERGENCY INJECTION KIT.....	41	HEMADY.....	55
<i>glyburide micronized oral tablet 1.5 mg</i> .....	41	HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%.....	44
<i>glyburide micronized oral tablet 3 mg</i> .....	41	HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%.....	44
<i>glyburide micronized oral tablet 6 mg</i> .....	41	HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%.....	44
<i>glyburide oral tablet 1.25 mg</i> .....	41	<i>heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%</i> .....	44
<i>glyburide oral tablet 2.5 mg</i> .....	41	<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> .....	44
<i>glyburide oral tablet 5 mg</i> .....	41	<i>hepatamine</i> .....	51
<i>glyburide-metformin oral tablet 5-500 mg</i> .....	41	HERCEPTIN HYLECTA.....	26
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i> .....	53	HETLIOZ.....	66
<i>glydo external prefilled syringe</i> .....	10	HIBERIX INJECTION.....	60
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i> .....	22	HUMALOG JUNIOR KWIKPEN.....	42

HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML.....	42	<i>hydrochlorothiazide oral</i> .....	46
HUMALOG MIX 50/50.....	42	<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i> .....	9
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR.....	42	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> .....	9
HUMALOG MIX 75/25.....	42	<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> .....	9
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR.....	42	<i>hydrocortisone (perianal)</i> .....	55
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE.....	42	<i>hydrocortisone butyr lipo base</i> .....	50
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	60	<i>hydrocortisone butyrate external cream</i> .....	55
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML.....	60	<i>hydrocortisone butyrate external ointment</i> .....	55
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT.....	60	<i>hydrocortisone external cream 1 %</i> .....	55
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML.....	60	<i>hydrocortisone external cream 2.5 %</i> .....	55
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML.....	60	<i>hydrocortisone external lotion 2.5 %</i> .....	55
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML.....	60	<i>hydrocortisone external ointment 1 %, 2.5 %</i> .....	55
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML.....	60	<i>hydrocortisone oral</i> .....	55
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML.....	60	<i>hydrocortisone oral</i> .....	62
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML.....	60	<i>hydrocortisone oral tablet 20 mg, 5 mg</i> .....	11
HUMULIN 70/30.....	42	<i>hydrocortisone rectal enema</i> .....	62
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR.....	42	<i>hydrocortisone valerate</i> .....	55
HUMULIN N.....	42	<i>hydrocortisone-acetic acid</i> .....	64
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR.....	42	<i>hydromorphone hcl injection solution 2 mg/ml</i> .....	9
HUMULIN R.....	42	<i>hydromorphone hcl oral liquid</i> .....	9
<i>hydralazine hcl injection</i> .....	46	<i>hydromorphone hcl oral tablet</i> .....	9
<i>hydralazine hcl oral</i> .....	46	<b>HYDROMORPHONE HCL PF INJECTION SOLUTION 10 MG/ML</b> .....	9
		<i>hydromorphone hcl pf injection solution 50 mg/5ml</i> .....	9
		<i>hydromorphone hcl pf injection solution 500 mg/50ml</i> .....	9
		<i>hydroxychloroquine sulfate oral</i> .....	30
		<i>hydroxyprogesterone caproate intramuscular solution</i> .....	26
		<i>hydroxyurea oral</i> .....	26
		<i>hydroxyzine hcl intramuscular</i> .....	48
		<i>hydroxyzine hcl oral syrup</i> .....	22
		<i>hydroxyzine hcl oral syrup</i> .....	38
		<i>hydroxyzine hcl oral syrup</i> .....	65
		<i>hydroxyzine hcl oral tablet</i> .....	22
		<i>hydroxyzine hcl oral tablet</i> .....	38
		<i>hydroxyzine hcl oral tablet</i> .....	65
		<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> .....	22
		<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> .....	38
		<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> .....	65
		<b>HYPERRAB</b> .....	60

HYPERRAB S/D INJECTION SOLUTION		<i>indapamide oral</i> .....	46
1500 UNIT/10ML.....	60	INFANRIX.....	60
HYPERRAB S/D INJECTION SOLUTION		INLYTA ORAL TABLET 1 MG.....	26
300 UNIT/2ML.....	60	INLYTA ORAL TABLET 5 MG.....	26
<i>ibandronate sodium intravenous</i> .....	62	INQOVI.....	26
<i>ibandronate sodium oral</i> .....	62	INREBIC.....	26
IBRANCE.....	26	INSULIN LISPRO (1 UNIT DIAL).....	42
<i>ibu</i> .....	11	INSULIN LISPRO JUNIOR KWIKPEN.....	42
<i>ibu oral tablet 600 mg, 800 mg</i> .....	9	INSULIN LISPRO PROT & LISPRO.....	42
<i>ibuprofen oral suspension</i> .....	9	INSULIN LISPRO SUBCUTANEOUS	
<i>ibuprofen oral suspension</i> .....	11	SOLUTION.....	42
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> .....	9	INSUPEN PEN NEEDLES 29G X 12MM.....	42
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> .....	11	INTELENCE ORAL TABLET 100 MG.....	35
<i>icatibant acetate</i> .....	60	INTELENCE ORAL TABLET 200 MG.....	35
ICLUSIG ORAL TABLET 15 MG.....	26	INTELENCE ORAL TABLET 25 MG.....	35
ICLUSIG ORAL TABLET 45 MG.....	26	<i>intralipid intravenous emulsion 20 %</i> .....	51
<i>idarubicin hcl</i> .....	26	INTRALIPID INTRAVENOUS EMULSION	
IDHIFA ORAL TABLET 100 MG.....	26	30 %.....	51
IDHIFA ORAL TABLET 50 MG.....	26	INTRON A INJECTION SOLUTION.....	35
IFEX INTRAVENOUS SOLUTION		INTRON A INJECTION SOLUTION 6000000	
RECONSTITUTED 3 GM.....	26	UNIT/ML.....	35
<i>ifosfamide intravenous solution</i> .....	26	INTRON A INJECTION SOLUTION	
<i>ifosfamide intravenous solution reconstituted 1</i>		RECONSTITUTED 10000000 UNIT.....	35
<i>gm</i> .....	26	INTRON A INJECTION SOLUTION	
IFOSFAMIDE INTRAVENOUS SOLUTION		RECONSTITUTED 10000000 UNIT,	
RECONSTITUTED 3 GM.....	26	18000000 UNIT.....	35
ILEVRO.....	63	INTRON A INJECTION SOLUTION	
<i>imatinib mesylate oral tablet 100 mg</i> .....	26	RECONSTITUTED 50000000 UNIT.....	35
<i>imatinib mesylate oral tablet 400 mg</i> .....	26	<i>introvale</i> .....	56
IMBRUVICA ORAL CAPSULE 140 MG.....	26	INVEGA SUSTENNA INTRAMUSCULAR	
IMBRUVICA ORAL CAPSULE 70 MG.....	26	SUSPENSION PREFILLED SYRINGE 117	
IMBRUVICA ORAL TABLET 140 MG.....	26	MG/0.75ML.....	32
IMBRUVICA ORAL TABLET 280 MG, 420		INVEGA SUSTENNA INTRAMUSCULAR	
MG, 560 MG.....	26	SUSPENSION PREFILLED SYRINGE 156	
IMFINZI INTRAVENOUS SOLUTION 500		MG/ML.....	32
MG/10ML.....	26	INVEGA SUSTENNA INTRAMUSCULAR	
<i>imipenem-cilastatin</i> .....	14	SUSPENSION PREFILLED SYRINGE 234	
<i>imipramine hcl oral</i> .....	20	MG/1.5ML.....	32
<i>imiquimod external</i> .....	50	INVEGA SUSTENNA INTRAMUSCULAR	
IMLYGIC INTRALESIONAL SUSPENSION		SUSPENSION PREFILLED SYRINGE 39	
1000000 UNIT/ML.....	26	MG/0.25ML.....	32
IMLYGIC INTRALESIONAL SUSPENSION		INVEGA SUSTENNA INTRAMUSCULAR	
100000000 UNIT/ML.....	26	SUSPENSION PREFILLED SYRINGE 78	
IMOGAM RABIES-HT INJECTION		MG/0.5ML.....	32
SOLUTION 300 UNIT/2ML.....	60	INVEGA TRINZA INTRAMUSCULAR	
IMOVAX RABIES.....	60	SUSPENSION PREFILLED SYRINGE 273	
<i>incassia</i> .....	56	MG/0.875ML.....	32
INCRELEX.....	55		

INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML.....	32	JAKAFI ORAL TABLET 10 MG.....	27
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML.....	32	JAKAFI ORAL TABLET 15 MG.....	27
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML.....	32	JAKAFI ORAL TABLET 20 MG.....	27
INVIRASE ORAL TABLET.....	35	JAKAFI ORAL TABLET 25 MG.....	27
IONOSOL-MB IN D5W.....	51	JAKAFI ORAL TABLET 5 MG.....	27
IPOL.....	60	<i>jantoven</i> .....	44
<i>ipratropium bromide inhalation</i> .....	65	JANUMET.....	42
<i>ipratropium bromide nasal</i> .....	65	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG.....	42
<i>ipratropium-albuterol</i> .....	65	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG.....	42
<i>irbesartan oral tablet 150 mg, 75 mg</i> .....	46	JANUVIA ORAL TABLET 100 MG.....	42
<i>irbesartan oral tablet 300 mg</i> .....	46	JANUVIA ORAL TABLET 25 MG.....	42
<i>irbesartan-hydrochlorothiazide</i> .....	46	JANUVIA ORAL TABLET 50 MG.....	42
<i>irbesartan-hydrochlorothiazide</i> .....	46	JARDIANCE.....	42
IRESSA.....	27	<i>jasmiel</i> .....	56
<i>irinotecan hcl intravenous solution 100 mg/5ml, 500 mg/25ml</i> .....	27	<i>jencycla</i> .....	56
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i> .....	27	JENTADUETO.....	42
ISENTRESS HD.....	35	JENTADUETO.....	42
ISENTRESS ORAL PACKET.....	35	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG.....	42
ISENTRESS ORAL TABLET.....	35	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG.....	42
ISENTRESS ORAL TABLET CHEWABLE 100 MG.....	35	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG.....	42
ISENTRESS ORAL TABLET CHEWABLE 25 MG.....	35	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG.....	42
<i>isibloom</i> .....	56	<i>jinteli</i> .....	56
ISOLYTE-P IN D5W.....	51	<i>jolessa</i> .....	57
ISOLYTE-S.....	51	<i>juleber</i> .....	57
<i>isoniazid oral syrup</i> .....	24	JULUCA.....	35
<i>isoniazid oral tablet</i> .....	24	<i>junel 1.5/30</i> .....	57
ISOPTO ATROPINE.....	63	<i>junel 1/20</i> .....	57
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i> .....	46	<i>junel fe 1.5/30</i> .....	57
<i>isosorbide dinitrate oral tablet 30 mg</i> .....	46	<i>junel fe 1/20</i> .....	57
<i>isosorbide mononitrate</i> .....	46	KADCYLA.....	27
<i>isosorbide mononitrate er</i> .....	46	KALETRA ORAL TABLET 100-25 MG.....	35
<i>isotretinoin oral</i> .....	50	KALETRA ORAL TABLET 200-50 MG.....	35
<i>isradipine</i> .....	46	<i>kalliga</i> .....	57
<i>itraconazole oral capsule</i> .....	23	KALYDECO ORAL TABLET.....	65
<i>ivermectin oral</i> .....	30	<i>kariva</i> .....	57
IXIARO.....	60	<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45</i>	
<i>jaimiess</i> .....	56		

<i>meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45</i>	
<i>meq/l-%-%, 40-5-0.45 meq/l-%-%</i> .....	51
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%	51
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	51
KCL-LACTATED RINGERS-D5W	51
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML	60
KEDRAB INJECTION SOLUTION 300 UNIT/2ML	61
<i>kelnor 1/35</i> .....	57
<i>kelnor 1/50</i> .....	57
<i>ketoconazole external cream</i> .....	23
<i>ketoconazole external shampoo 2 %</i> .....	23
<i>ketoconazole oral</i> .....	23
<i>ketoprofen oral</i> .....	9
<i>ketoprofen oral capsule 50 mg, 75 mg</i> .....	11
<i>ketorolac tromethamine ophthalmic</i> .....	63
<i>ketorolac tromethamine oral</i> .....	9
<i>ketorolac tromethamine oral</i> .....	11
KEYTRUDA INTRAVENOUS SOLUTION	61
KINRIX INTRAMUSCULAR SUSPENSION	61
KINRIX INTRAMUSCULAR SUSPENSION INJECTION 0.5 ML	61
<i>kionex oral suspension</i> .....	51
KISQALI (200 MG DOSE)	27
KISQALI (400 MG DOSE)	27
KISQALI (600 MG DOSE)	27
KISQALI FEMARA (400 MG DOSE)	27
KISQALI FEMARA (600 MG DOSE)	27
KISQALI FEMARA(200 MG DOSE)	27
<i>klor-con 10</i> .....	51
<i>klor-con 10</i> .....	51
<i>klor-con m10</i> .....	51
<i>klor-con m10</i> .....	51
<i>klor-con m15</i> .....	51
<i>klor-con m15</i> .....	51
<i>klor-con m20</i> .....	51
<i>klor-con m20</i> .....	51
<i>klor-con oral packet 20 meq</i> .....	51
<i>klor-con oral tablet extended release</i> .....	51
<i>klor-con oral tablet extended release</i> .....	51
<i>klor-con sprinkle</i> .....	51
<i>klor-con/ef</i> .....	51
KORLYM	42

KOSELUGO	27
KROGER PEN NEEDLES 31G X 8 MM	42
<i>kurvelo</i> .....	57
KUVAN ORAL TABLET SOLUBLE	53
<i>labetalol hcl intravenous solution</i> .....	46
<i>labetalol hcl oral</i> .....	46
LACRISERT	63
<i>lactated ringers intravenous</i> .....	51
<i>lactated ringers irrigation</i> .....	51
<i>lactulose encephalopathy</i> .....	53
<i>lactulose oral solution</i> .....	53
<i>lamivudine oral solution</i> .....	35
<i>lamivudine oral solution</i> .....	35
<i>lamivudine oral tablet 100 mg</i> .....	35
<i>lamivudine oral tablet 100 mg</i> .....	35
<i>lamivudine oral tablet 150 mg</i> .....	35
<i>lamivudine oral tablet 150 mg</i> .....	36
<i>lamivudine oral tablet 300 mg</i> .....	36
<i>lamivudine oral tablet 300 mg</i> .....	36
<i>lamivudine-zidovudine</i> .....	36
<i>lamotrigine er</i> .....	17
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i> .....	39
<i>lamotrigine oral tablet</i> .....	17
<i>lamotrigine oral tablet</i> .....	39
<i>lamotrigine oral tablet chewable</i> .....	17
<i>lamotrigine oral tablet chewable</i> .....	39
<i>lamotrigine oral tablet dispersible</i> .....	17
<i>lamotrigine oral tablet dispersible</i> .....	39
<i>lansoprazole oral capsule delayed release 15 mg</i> .....	53
LANTUS	42
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	43
<i>lapatinib ditosylate</i> .....	27
<i>larin 1.5/30</i> .....	57
<i>larin 1/20</i> .....	57
<i>larin fe 1.5/30</i> .....	57
<i>larin fe 1/20</i> .....	57
<i>larissia</i> .....	57
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML	27
<i>latanoprost ophthalmic</i> .....	63
LATUDA ORAL TABLET 120 MG, 60 MG	32
LATUDA ORAL TABLET 20 MG	32
LATUDA ORAL TABLET 40 MG	32
LATUDA ORAL TABLET 80 MG	32
<i>leena</i> .....	57

<i>leflunomide oral</i> .....	61	<i>levoleucovorin calcium intravenous solution</i>	
<i>leflunomide oral</i> .....	61	<i>reconstituted 50 mg</i> .....	27
LENVIMA (10 MG DAILY DOSE).....	27	<i>levonest</i> .....	57
LENVIMA (12 MG DAILY DOSE).....	27	<i>levonorg-eth estrad triphasic oral tablet 50-30/75-</i>	
LENVIMA (14 MG DAILY DOSE).....	27	<i>40/ 125-30 mcg</i> .....	57
LENVIMA (18 MG DAILY DOSE).....	27	<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02</i>	
LENVIMA (20 MG DAILY DOSE).....	27	& 0.01 mg.....	57
LENVIMA (24 MG DAILY DOSE).....	27	<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03</i>	
LENVIMA (4 MG DAILY DOSE).....	27	& 0.01 mg, 0.15-0.03 mg.....	57
LENVIMA (8 MG DAILY DOSE).....	27	<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-</i>	
<i>lessina</i> .....	57	<i>mcg, 0.15-30 mg-mcg</i> .....	57
LETAIRIS.....	65	<i>levora 0.15/30 (28)</i> .....	57
<i>letrozole oral</i> .....	27	<i>levothyroxine sodium oral</i> .....	58
<i>leucovorin calcium injection solution</i>		<i>levoxyl</i> .....	58
<i>reconstituted</i> .....	27	LEXIVA ORAL SUSPENSION.....	36
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5</i>		LIBTAYO.....	27
<i>mg</i> .....	27	<i>lidocaine external patch 5 %</i> .....	10
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5</i>		<i>lidocaine hcl external solution</i> .....	10
<i>mg</i> .....	27	<i>lidocaine hcl urethral/mucosal</i> .....	10
<i>leucovorin calcium oral tablet 25 mg</i> .....	27	<i>lidocaine viscous hcl</i> .....	10
<i>leucovorin calcium oral tablet 25 mg</i> .....	27	<i>lidocaine-prilocaine external cream</i> .....	10
LEUKERAN.....	27	<i>lillow</i> .....	57
<i>leuprolide acetate injection</i> .....	59	<i>lindane external shampoo</i> .....	30
<i>levalbuterol hcl inhalation nebulization solution</i>		<i>linezolid in sodium chloride</i> .....	14
<i>1.25 mg/3ml</i> .....	65	<i>linezolid intravenous solution 600 mg/300ml</i> .....	14
<i>levalbuterol tartrate</i> .....	65	<i>linezolid oral suspension reconstituted</i> .....	14
<i>levetiracetam er oral tablet extended release 24 hour</i>		<i>linezolid oral tablet</i> .....	14
<i>500 mg</i> .....	17	LINZESS.....	53
<i>levetiracetam er oral tablet extended release 24 hour</i>		<i>liothyronine sodium oral</i> .....	58
<i>750 mg</i> .....	17	<i>lisinopril oral</i> .....	46
<i>levetiracetam intravenous</i> .....	17	<i>lisinopril-hydrochlorothiazide</i> .....	46
<i>levetiracetam oral solution</i> .....	17	LITHIUM.....	39
<i>levetiracetam oral tablet 1000 mg</i> .....	17	<i>lithium carbonate er</i> .....	39
<i>levetiracetam oral tablet 250 mg, 500 mg, 750</i>		<i>lithium carbonate oral capsule 150 mg, 300 mg</i> .....	39
<i>mg</i> .....	17	<i>lithium carbonate oral capsule 600 mg</i> .....	39
<i>levo-t</i> .....	58	<i>lithium carbonate oral tablet</i> .....	39
<i>levobunolol hcl ophthalmic solution 0.5 %</i> .....	63	<i>lo-zumandimine</i> .....	57
<i>levocarnitine oral solution</i> .....	51	<i>lojaimiess</i> .....	57
LEVOCARNITINE ORAL TABLET.....	51	LONSURF.....	27
<i>levocarnitine sf</i> .....	51	<i>loperamide hcl oral capsule</i> .....	53
<i>levocetirizine dihydrochloride oral solution</i> .....	65	<i>lopinavir-ritonavir</i> .....	36
<i>levocetirizine dihydrochloride oral tablet</i> .....	65	<i>lopreeza oral tablet 1-0.5 mg</i> .....	57
<i>levofloxacin in d5w</i> .....	14	<i>lorazepam intensol</i> .....	48
<i>levofloxacin intravenous</i> .....	14	<i>lorazepam oral concentrate 1 mg/0.5ml</i> .....	17
<i>levofloxacin ophthalmic</i> .....	14	<i>lorazepam oral concentrate 2 mg/ml</i> .....	17
<i>levofloxacin oral solution</i> .....	14	<i>lorazepam oral concentrate 2 mg/ml</i> .....	38
<i>levofloxacin oral tablet</i> .....	14	<i>lorazepam oral tablet 0.5 mg, 1 mg</i> .....	17
		<i>lorazepam oral tablet 0.5 mg, 1 mg</i> .....	38

<i>lorazepam oral tablet 2 mg</i> .....	17	MEKINIST ORAL TABLET 2 MG.....	27
<i>lorazepam oral tablet 2 mg</i> .....	38	MEKTOVI.....	27
LORBRENA ORAL TABLET 100 MG.....	27	<i>meloxicam oral tablet</i> .....	9
LORBRENA ORAL TABLET 25 MG.....	27	<i>meloxicam oral tablet</i> .....	11
<i>loryna</i> .....	57	<i>melphalan</i> .....	27
<i>losartan potassium oral</i> .....	46	<i>melphalan hcl</i> .....	27
<i>losartan potassium-hctz</i> .....	46	<i>memantine hcl er</i> .....	19
<i>lovastatin</i> .....	46	<i>memantine hcl oral solution 10 mg/5ml</i> .....	19
<i>low-ogestrel</i> .....	57	<i>memantine hcl oral solution 2 mg/ml</i> .....	19
<i>loxapine succinate oral</i> .....	32	<i>memantine hcl oral tablet 10 mg</i> .....	19
LUMIGAN OPHTHALMIC SOLUTION 0.01 %.....	63	<i>memantine hcl oral tablet 5 mg</i> .....	19
LUMOXITI.....	27	MENACTRA.....	61
LUPRON DEPOT (1-MONTH).....	59	MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG.....	57
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG.....	59	MENVEO.....	61
<i>lutera</i> .....	57	<i>mercaptopurine oral</i> .....	61
LYNPARZA ORAL TABLET.....	27	<i>meropenem</i> .....	14
LYSODREN.....	58	<i>mesalamine er</i> .....	62
<i>lyza</i> .....	57	<i>mesalamine oral tablet delayed release 1.2 gm</i> .....	62
M-M-R II INJECTION.....	61	<i>mesalamine rectal</i> .....	62
<i>magnesium sulfate injection solution 50 %</i> .....	51	<i>mesna</i> .....	27
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i> .....	51	MESNEX ORAL.....	27
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/ 1000ML.....	51	<i>metadate er oral tablet extended release 20 mg</i> .....	48
<i>malathion external</i> .....	30	<i>metaproterenol sulfate oral syrup</i> .....	65
<i>maprotiline hcl oral tablet 25 mg</i> .....	20	<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> .....	43
<i>maprotiline hcl oral tablet 50 mg</i> .....	20	<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> .....	43
<i>maprotiline hcl oral tablet 75 mg</i> .....	20	<i>metformin hcl oral tablet 1000 mg</i> .....	43
MARATHON MEDICAL PENTIPS 29G X 12MM.....	43	<i>metformin hcl oral tablet 500 mg</i> .....	43
<i>marlissa</i> .....	57	<i>metformin hcl oral tablet 850 mg</i> .....	43
<i>marlissa</i> .....	57	<i>methadone hcl intensol</i> .....	9
<i>marlissa</i> .....	57	<i>methadone hcl oral concentrate</i> .....	9
MARPLAN.....	20	<i>methadone hcl oral solution</i> .....	9
MATULANE.....	27	<i>methadone hcl oral tablet</i> .....	9
<i>matzim la</i> .....	46	METHADOSE ORAL CONCENTRATE 10 MG/ML.....	9
<i>meclizine hcl oral tablet</i> .....	22	METHADOSE SUGAR-FREE.....	9
<i>medroxyprogesterone acetate intramuscular</i> .....	57	<i>methazolamide oral</i> .....	46
<i>medroxyprogesterone acetate oral</i> .....	57	<i>methazolamide oral</i> .....	63
<i>mefloquine hcl</i> .....	30	<i>methenamine hippurate</i> .....	14
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/ 10ml</i> .....	57	<i>methenamine mandelate oral</i> .....	54
<i>megestrol acetate oral tablet</i> .....	57	<i>methimazole oral</i> .....	59
MEKINIST ORAL TABLET 0.5 MG.....	27	<i>methotrexate oral</i> .....	61
		<i>methotrexate sodium (pf) injection solution 1 gm/ 40ml, 250 mg/10ml</i> .....	28
		<i>methotrexate sodium (pf) injection solution 50 mg/ 2ml</i> .....	61



<i>methotrexate sodium injection solution 250 mg/</i>	
10ml.....	28
<i>methotrexate sodium injection solution 50 mg/</i>	
2ml.....	61
<i>methotrexate sodium injection solution</i>	
reconstituted.....	28
<i>methotrexate sodium oral.....</i>	61
<i>methoxsalen rapid.....</i>	50
<i>methyl dopa oral.....</i>	46
<i>methylphenidate hcl er oral tablet extended release</i>	
10 mg, 20 mg.....	48
<i>methylphenidate hcl oral solution 10 mg/5ml.....</i>	48
<i>methylphenidate hcl oral solution 5 mg/5ml.....</i>	48
<i>methylphenidate hcl oral tablet.....</i>	48
<i>methylprednisolone acetate injection suspension 40</i>	
mg/ml.....	11
<b>METHYLPREDNISOLONE ACETATE</b>	
<b>INJECTION SUSPENSION 80 MG/ML.....</b>	11
<i>methylprednisolone oral tablet.....</i>	11
<i>methylprednisolone oral tablet.....</i>	55
<i>methylprednisolone oral tablet.....</i>	62
<i>methylprednisolone oral tablet therapy pack.....</i>	55
<i>methylprednisolone oral tablet therapy pack.....</i>	62
<i>methylprednisolone sodium succ injection solution</i>	
reconstituted 1000 mg, 125 mg, 40 mg.....	11
<i>metoclopramide hcl injection.....</i>	53
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/</i>	
5ml.....	22
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/</i>	
5ml.....	53
<i>metoclopramide hcl oral tablet.....</i>	22
<i>metoclopramide hcl oral tablet.....</i>	53
<i>metolazone.....</i>	46
<i>metoprolol succinate er.....</i>	46
<i>metoprolol tartrate intravenous solution 5 mg/</i>	
5ml.....	46
<i>metoprolol tartrate oral.....</i>	46
<i>metoprolol-hydrochlorothiazide.....</i>	46
<i>metronidazole external cream.....</i>	14
<i>metronidazole external gel 0.75 %.....</i>	14
<i>metronidazole external lotion.....</i>	14
<i>metronidazole in nacl intravenous solution 5-0.79</i>	
mg/ml-%, 500-0.79 mg/100ml-%.....	14
<b>METRONIDAZOLE IN NAACL</b>	
<b>INTRAVENOUS SOLUTION 500-0.74 MG/</b>	
<b>100ML-%.....</b>	15
<i>metronidazole oral tablet.....</i>	15
<i>metronidazole vaginal.....</i>	15

<i>metyrosine.....</i>	46
<i>mexiletine hcl oral.....</i>	46
<b>MIACALCIN INJECTION.....</b>	62
<i>microgestin 1.5/30.....</i>	57
<i>microgestin 1/20.....</i>	57
<i>microgestin fe 1.5/30.....</i>	57
<i>microgestin fe 1/20.....</i>	57
<i>midodrine hcl oral tablet 10 mg.....</i>	46
<i>midodrine hcl oral tablet 2.5 mg, 5 mg.....</i>	46
<i>miglustat.....</i>	53
<i>mili.....</i>	57
<i>mimvey.....</i>	57
<i>minitran.....</i>	46
<i>minocycline hcl oral capsule.....</i>	15
<i>minocycline hcl oral capsule.....</i>	49
<i>minocycline hcl oral tablet 75 mg.....</i>	15
<i>minocycline hcl oral tablet 75 mg.....</i>	49
<i>minoxidil oral.....</i>	46
<i>mirtazapine oral tablet 15 mg.....</i>	20
<i>mirtazapine oral tablet 30 mg.....</i>	20
<i>mirtazapine oral tablet 45 mg.....</i>	20
<i>mirtazapine oral tablet 7.5 mg.....</i>	20
<i>mirtazapine oral tablet dispersible 15 mg.....</i>	20
<i>mirtazapine oral tablet dispersible 30 mg.....</i>	20
<i>mirtazapine oral tablet dispersible 45 mg.....</i>	20
<i>misoprostol oral.....</i>	53
<i>misoprostol oral tablet 200 mcg.....</i>	55
<i>mitomycin intravenous solution reconstituted 20</i>	
mg.....	28
<i>mitomycin intravenous solution reconstituted 40</i>	
mg.....	28
<i>mitoxantrone hcl.....</i>	28
<i>modafinil oral tablet 100 mg.....</i>	66
<i>moexipril hcl.....</i>	46
<i>molindone hcl.....</i>	32
<i>mometasone furoate external cream.....</i>	55
<i>mometasone furoate external ointment.....</i>	55
<i>mometasone furoate external solution.....</i>	55
<i>mometasone furoate nasal.....</i>	65
<i>mono-lyyah.....</i>	57
<i>mononessa.....</i>	57
<i>montelukast sodium oral packet.....</i>	66
<i>montelukast sodium oral tablet.....</i>	66
<i>montelukast sodium oral tablet chewable.....</i>	66
<i>morgidox oral capsule 100 mg.....</i>	15
<i>morphine sulfate (concentrate) oral solution 100 mg/</i>	
5ml.....	9

<i>morphine sulfate (concentrate) oral solution 100 mg/</i>	
<i>5ml, 20 mg/ml.....</i>	9
<i>morphine sulfate (pf) injection solution 0.5 mg/ml,</i>	
<i>1 mg/ml.....</i>	9
MORPHINE SULFATE (PF) INJECTION	
SOLUTION 8 MG/ML.....	9
MORPHINE SULFATE (PF) INTRAVENOUS	
SOLUTION 2 MG/ML, 4 MG/ML, 8 MG/	
ML.....	9
<i>morphine sulfate er oral tablet extended release 100</i>	
<i>mg, 200 mg.....</i>	9
<i>morphine sulfate er oral tablet extended release 15</i>	
<i>mg, 30 mg, 60 mg.....</i>	9
MORPHINE SULFATE INJECTION	
SOLUTION 2 MG/ML, 4 MG/ML.....	9
MORPHINE SULFATE INJECTION	
SOLUTION 5 MG/ML.....	10
<i>morphine sulfate intravenous solution 1 mg/ml.....</i>	10
<i>morphine sulfate intravenous solution 50 mg/ml.....</i>	10
<i>morphine sulfate oral solution.....</i>	10
<i>morphine sulfate oral solution.....</i>	10
<i>morphine sulfate oral tablet.....</i>	10
<i>morphine sulfate oral tablet.....</i>	10
MOVANTIK.....	53
MOVIPREP.....	53
<i>moxifloxacin hcl in nacl.....</i>	15
<i>moxifloxacin hcl ophthalmic.....</i>	15
<i>moxifloxacin hcl oral.....</i>	15
MOZOBIL.....	51
<i>mupirocin calcium.....</i>	15
<i>mupirocin external.....</i>	15
<i>mutamycin intravenous solution reconstituted 20</i>	
<i>mg.....</i>	28
<i>mutamycin intravenous solution reconstituted 40</i>	
<i>mg.....</i>	28
<i>mycophenolate mofetil hcl.....</i>	61
<i>mycophenolate mofetil oral capsule.....</i>	61
<i>mycophenolate mofetil oral suspension</i>	
<i>reconstituted.....</i>	61
<i>mycophenolate mofetil oral tablet.....</i>	61
<i>mycophenolate sodium.....</i>	61
<i>myorisan.....</i>	50
MYRBETRIQ.....	54
<i>nabumetone oral.....</i>	10
<i>nabumetone oral.....</i>	11
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg.....</i>	47
<i>nafacillin sodium injection solution reconstituted 1</i>	
<i>gm.....</i>	15

<i>nafacillin sodium intravenous solution reconstituted</i>	
<i>10 gm.....</i>	15
<i>naftifine hcl external cream 2 %.....</i>	23
<i>nalbuphine hcl injection solution 10 mg/ml.....</i>	10
<i>nalbuphine hcl injection solution 20 mg/ml.....</i>	10
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/</i>	
<i>10ml.....</i>	10
<i>naloxone hcl injection solution cartridge.....</i>	10
<i>naloxone hcl injection solution prefilled syringe.....</i>	10
<i>naltrexone hcl oral.....</i>	10
<i>naltrexone hcl oral.....</i>	10
<i>naproxen dr.....</i>	10
<i>naproxen dr.....</i>	11
<i>naproxen oral tablet.....</i>	10
<i>naproxen oral tablet.....</i>	11
<i>naproxen sodium oral tablet 275 mg, 550 mg.....</i>	10
<i>naproxen sodium oral tablet 275 mg, 550 mg.....</i>	11
<i>naratriptan hcl oral tablet 1 mg.....</i>	23
<i>naratriptan hcl oral tablet 2.5 mg.....</i>	23
NARCAN.....	11
NATACYN.....	23
<i>nateglinide oral tablet 120 mg.....</i>	43
<i>nateglinide oral tablet 60 mg.....</i>	43
NATPARA.....	62
NAYZILAM.....	17
NAYZILAM.....	38
NEBUPENT.....	30
<i>necon 0.5/35 (28).....</i>	57
<i>nefazodone hcl oral tablet 100 mg.....</i>	20
<i>nefazodone hcl oral tablet 150 mg.....</i>	20
<i>nefazodone hcl oral tablet 200 mg.....</i>	21
<i>nefazodone hcl oral tablet 250 mg.....</i>	21
<i>nefazodone hcl oral tablet 50 mg.....</i>	21
<i>neo-polycin.....</i>	63
<i>neo-polycin hc.....</i>	63
<i>neomycin sulfate oral.....</i>	15
<i>neomycin-bacitracin zn-polymyx ophthalmic</i>	
<i>ointment 5-400-10000.....</i>	63
<i>neomycin-polymyxin-dexameth ophthalmic</i>	
<i>ointment.....</i>	63
<i>neomycin-polymyxin-dexameth ophthalmic</i>	
<i>suspension 0.1 %.....</i>	64
<i>neomycin-polymyxin-dexameth ophthalmic</i>	
<i>suspension 3.5-10000-0.1.....</i>	63
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	
<i>1.75-10000-.025.....</i>	63
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-</i>	
<i>10000-1.....</i>	63

<i>neomycin-polymyxin-hc otic</i> .....	64
NEPHRAMINE.....	51
NERLYNX.....	28
NEUPRO.....	31
<i>nevirapine er oral tablet extended release 24 hour</i> 100 mg.....	36
<i>nevirapine er oral tablet extended release 24 hour</i> 400 mg.....	36
<i>nevirapine oral suspension</i> .....	36
<i>nevirapine oral tablet</i> .....	36
NEXAVAR.....	28
<i>niacin (antihyperlipidemic)</i> .....	47
<i>niacin er (antihyperlipidemic)</i> .....	47
<i>niacor</i> .....	47
<i>nicardipine hcl oral</i> .....	47
NICOTROL.....	11
NICOTROL NS.....	11
<i>nifedipine er</i> .....	47
<i>nifedipine er osmotic release</i> .....	47
<i>nikki</i> .....	57
<i>nilutamide</i> .....	28
<i>nimodipine oral</i> .....	47
NINLARO.....	28
<i>nisoldipine er</i> .....	47
<i>nitisinone</i> .....	53
NITRO-BID.....	47
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50</i> <i>mg</i> .....	15
<i>nitrofurantoin monohyd macro</i> .....	15
NITROGLYCERIN INTRAVENOUS.....	47
<i>nitroglycerin sublingual</i> .....	47
<i>nitroglycerin transdermal patch 24 hour</i> .....	47
<i>nora-be</i> .....	57
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR.....	55
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-</i> <i>mcg</i> .....	57
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-</i> <i>mcg</i> .....	57
<i>norethindrone acet-ethinyl est oral tablet</i> .....	57
<i>norethindrone acetate oral</i> .....	57
<i>norethindrone oral</i> .....	57
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-</i> <i>mcg</i> .....	57
<i>norethindrone-eth estradiol oral tablet 1-5 mg-</i> <i>mcg</i> .....	57
<i>norgestim-eth estrad triphasic</i> .....	57

<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-</i> <i>mcg</i> .....	57
<i>norlyda</i> .....	57
<i>norlyroc</i> .....	57
NORMOSOL-M IN D5W.....	51
NORMOSOL-R IN D5W.....	51
NORMOSOL-R PH 7.4.....	51
NORTHERA ORAL CAPSULE 100 MG.....	47
NORTHERA ORAL CAPSULE 200 MG.....	47
NORTHERA ORAL CAPSULE 300 MG.....	47
<i>nortrel 0.5/35 (28)</i> .....	57
<i>nortrel 1/35 (21)</i> .....	57
<i>nortrel 1/35 (28)</i> .....	57
<i>nortrel 7/7/7</i> .....	57
<i>nortriptyline hcl oral capsule</i> .....	21
<i>nortriptyline hcl oral solution</i> .....	21
NORVIR ORAL PACKET.....	36
NORVIR ORAL SOLUTION.....	36
NOXAFIL ORAL SUSPENSION.....	23
NUBEQA.....	28
NUEDEXTA.....	48
NUPLAZID ORAL CAPSULE.....	32
NUPLAZID ORAL TABLET 10 MG.....	32
<i>nutrilipid</i> .....	51
NUVARING.....	57
<i>nyamyc</i> .....	23
<i>nystatin external cream</i> .....	23
<i>nystatin external ointment</i> .....	23
<i>nystatin external powder</i> .....	23
<i>nystatin mouth/throat</i> .....	23
<i>nystatin oral tablet</i> .....	23
<i>nystatin-triamcinolone</i> .....	50
<i>nystop</i> .....	23
<i>ocella</i> .....	57
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 25 GM/500ML, 30 GM/300ML, 5 GM/ 100ML.....	61
<i>octreotide acetate injection solution 100 mcg/ml,</i> <i>1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/</i> <i>ml</i> .....	59
ODEFSEY.....	36
ODOMZO.....	28
OFEV ORAL CAPSULE 150 MG.....	28
OFEV ORAL CAPSULE 150 MG.....	66
OFEV ORAL CAPSULE 150 MG.....	66
<i>ofloxacin ophthalmic</i> .....	15
<i>ofloxacin otic</i> .....	15

<i>olanzapine intramuscular</i> .....	32
<i>olanzapine intramuscular</i> .....	39
<i>olanzapine oral tablet 10 mg</i> .....	32
<i>olanzapine oral tablet 10 mg</i> .....	39
<i>olanzapine oral tablet 15 mg</i> .....	32
<i>olanzapine oral tablet 15 mg</i> .....	39
<i>olanzapine oral tablet 2.5 mg</i> .....	32
<i>olanzapine oral tablet 2.5 mg</i> .....	39
<i>olanzapine oral tablet 20 mg</i> .....	32
<i>olanzapine oral tablet 20 mg</i> .....	39
<i>olanzapine oral tablet 5 mg</i> .....	32
<i>olanzapine oral tablet 5 mg</i> .....	39
<i>olanzapine oral tablet 7.5 mg</i> .....	32
<i>olanzapine oral tablet 7.5 mg</i> .....	39
<i>olanzapine oral tablet dispersible 10 mg</i> .....	32
<i>olanzapine oral tablet dispersible 10 mg</i> .....	39
<i>olanzapine oral tablet dispersible 15 mg</i> .....	32
<i>olanzapine oral tablet dispersible 15 mg</i> .....	39
<i>olanzapine oral tablet dispersible 20 mg</i> .....	32
<i>olanzapine oral tablet dispersible 20 mg</i> .....	39
<i>olanzapine oral tablet dispersible 5 mg</i> .....	32
<i>olanzapine oral tablet dispersible 5 mg</i> .....	39
<i>olmesartan medoxomil oral</i> .....	47
<i>olmesartan medoxomil-hctz</i> .....	47
<i>olmesartan medoxomil-hctz</i> .....	47
<i>olmesartan-amlodipine-hctz oral tablet 40-5-25</i> <i>mg</i> .....	47
<i>olopatadine hcl nasal</i> .....	66
<i>olopatadine hcl ophthalmic solution 0.1 %</i> .....	64
<i>olopatadine hcl ophthalmic solution 0.2 %</i> .....	64
<i>omega-3-acid ethyl esters</i> .....	47
<i>omeprazole oral capsule delayed release</i> .....	53
<i>ondansetron</i> .....	22
<i>ondansetron hcl injection</i> .....	22
<i>ondansetron hcl oral solution</i> .....	22
<i>ondansetron hcl oral tablet 24 mg</i> .....	22
<i>ondansetron hcl oral tablet 4 mg</i> .....	22
<i>ondansetron hcl oral tablet 8 mg</i> .....	22
<i>opium</i> .....	53
<i>oralone</i> .....	49
<b>ORFADIN</b> .....	53
<b>ORKAMBI ORAL TABLET</b> .....	66
<i>orsythia</i> .....	57
<i>oseltamivir phosphate oral capsule 30 mg, 45</i> <i>mg</i> .....	36
<i>oseltamivir phosphate oral capsule 75 mg</i> .....	36
<i>oseltamivir phosphate oral suspension</i> <i>reconstituted</i> .....	36

<b>OXACILLIN SODIUM IN DEXTROSE</b> <b>INTRAVENOUS SOLUTION 1 GM/</b> <b>50ML</b> .....	15
<i>oxacillin sodium injection solution reconstituted 1</i> <i>gm, 2 gm</i> .....	15
<i>oxacillin sodium intravenous</i> .....	15
<i>oxaliplatin intravenous solution 100 mg/20ml, 50</i> <i>mg/10ml</i> .....	28
<i>oxaliplatin intravenous solution reconstituted</i> .....	28
<i>oxandrolone oral tablet 10 mg</i> .....	58
<i>oxandrolone oral tablet 2.5 mg</i> .....	58
<i>oxaprozin</i> .....	10
<i>oxaprozin</i> .....	11
<i>oxcarbazepine oral suspension</i> .....	17
<i>oxcarbazepine oral tablet</i> .....	17
<i>oxybutynin chloride er oral tablet extended release</i> <i>24 hour 10 mg, 15 mg</i> .....	54
<i>oxybutynin chloride er oral tablet extended release</i> <i>24 hour 5 mg</i> .....	54
<i>oxybutynin chloride oral syrup</i> .....	54
<i>oxybutynin chloride oral tablet</i> .....	54
<i>oxycodone hcl oral concentrate 10 mg/0.5ml</i> .....	10
<i>oxycodone hcl oral concentrate 100 mg/5ml</i> .....	10
<i>oxycodone hcl oral solution</i> .....	10
<i>oxycodone hcl oral tablet</i> .....	10
<i>oxycodone-acetaminophen oral tablet 10-325 mg,</i> <i>2.5-325 mg, 5-325 mg, 7.5-325 mg</i> .....	10
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i> .....	10
<i>pacerone oral tablet 100 mg, 400 mg</i> .....	47
<i>pacerone oral tablet 200 mg</i> .....	47
<i>paclitaxel intravenous concentrate 100 mg/16.7ml,</i> <i>150 mg/25ml, 30 mg/5ml</i> .....	28
<i>paclitaxel intravenous concentrate 300 mg/</i> <i>50ml</i> .....	28
<b>PADCEV</b> .....	28
<i>paliperidone er oral tablet extended release 24 hour</i> <i>1.5 mg</i> .....	33
<i>paliperidone er oral tablet extended release 24 hour</i> <i>3 mg</i> .....	33
<i>paliperidone er oral tablet extended release 24 hour</i> <i>6 mg</i> .....	33
<i>paliperidone er oral tablet extended release 24 hour</i> <i>9 mg</i> .....	33
<i>pamidronate disodium intravenous solution 30 mg/</i> <i>10ml, 90 mg/10ml</i> .....	62
<b>PAMIDRONATE DISODIUM</b> <b>INTRAVENOUS SOLUTION 6 MG/</b> <b>ML</b> .....	62

<i>pamidronate disodium intravenous solution</i>		<i>penicillamine oral tablet</i> .....	51
<i>reconstituted</i> .....	63	<i>penicillamine oral tablet</i> .....	54
PANRETIN.....	28	<i>penicillin g potassium</i> .....	15
<i>pantoprazole sodium intravenous</i> .....	53	PENICILLIN G PROCAINE.....	15
<i>pantoprazole sodium oral tablet delayed release</i> .....	53	<i>penicillin g sodium</i> .....	15
PARAPLATIN.....	28	<i>penicillin v potassium oral solution</i>	
<i>paricalcitol oral</i> .....	63	<i>reconstituted</i> .....	15
<i>paroex</i> .....	49	<i>penicillin v potassium oral tablet 250 mg</i> .....	15
<i>paromomycin sulfate oral</i> .....	15	<i>penicillin v potassium oral tablet 500 mg</i> .....	15
<i>paroxetine hcl er oral tablet extended release 24 hour</i>		PENTACEL.....	61
12.5 mg.....	21	PENTAM.....	30
<i>paroxetine hcl er oral tablet extended release 24 hour</i>		<i>pentamidine isethionate inhalation</i> .....	30
12.5 mg.....	38	<i>pentamidine isethionate injection</i> .....	30
<i>paroxetine hcl er oral tablet extended release 24 hour</i>		<i>pentoxifylline er</i> .....	47
25 mg.....	21	PERFOROMIST.....	66
<i>paroxetine hcl er oral tablet extended release 24 hour</i>		<i>perindopril erbumine</i> .....	47
25 mg.....	38	<i>periogard</i> .....	49
<i>paroxetine hcl er oral tablet extended release 24 hour</i>		<i>permethrin external cream</i> .....	30
37.5 mg.....	21	<i>perphenazine oral</i> .....	22
<i>paroxetine hcl er oral tablet extended release 24 hour</i>		<i>perphenazine oral</i> .....	33
37.5 mg.....	38	<i>pfizerpen</i> .....	15
<i>paroxetine hcl oral tablet 10 mg</i> .....	21	<i>phenelzine sulfate oral</i> .....	21
<i>paroxetine hcl oral tablet 10 mg</i> .....	38	<i>phenobarbital oral elixir</i> .....	17
<i>paroxetine hcl oral tablet 20 mg</i> .....	21	<i>phenobarbital oral solution</i> .....	17
<i>paroxetine hcl oral tablet 20 mg</i> .....	38	<i>phenobarbital oral tablet 100 mg</i> .....	17
<i>paroxetine hcl oral tablet 30 mg</i> .....	21	<i>phenobarbital oral tablet 15 mg</i> .....	17
<i>paroxetine hcl oral tablet 30 mg</i> .....	38	<i>phenobarbital oral tablet 16.2 mg</i> .....	17
<i>paroxetine hcl oral tablet 40 mg</i> .....	21	<i>phenobarbital oral tablet 30 mg</i> .....	17
<i>paroxetine hcl oral tablet 40 mg</i> .....	38	<i>phenobarbital oral tablet 32.4 mg</i> .....	17
PASER.....	24	<i>phenobarbital oral tablet 60 mg</i> .....	17
PAXIL ORAL SUSPENSION.....	21	<i>phenobarbital oral tablet 64.8 mg</i> .....	17
PAXIL ORAL SUSPENSION.....	38	<i>phenobarbital oral tablet 97.2 mg</i> .....	17
PAZEO.....	64	<i>phenytoin infatabs</i> .....	17
PC UNIFINE PENTIPS 29G X 12MM.....	43	<i>phenytoin oral suspension 125 mg/5ml</i> .....	17
PEDIARIX.....	61	<i>phenytoin oral tablet chewable</i> .....	18
PEDVAX HIB INTRAMUSCULAR		<i>phenytoin sodium extended</i> .....	18
SUSPENSION.....	61	<i>phenytoin sodium injection</i> .....	18
<i>peg 3350-kcl-na bicarb-nacl</i> .....	53	PHESGO.....	28
<i>peg-3350/electrolytes</i> .....	53	<i>philith</i> .....	58
<i>peg-3350/electrolytes/ascorbat</i> .....	53	PHOSPHOLINE IODIDE.....	64
<i>peg-kcl-nacl-nasulf-na asc-c</i> .....	53	PIFELTRO.....	36
PEGANONE.....	17	<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4</i>	
PEGASYS PROCLICK SUBCUTANEOUS		%.....	64
SOLUTION 180 MCG/0.5ML.....	36	<i>pilocarpine hcl oral</i> .....	49
PEGASYS SUBCUTANEOUS SOLUTION.....	36	<i>pimozide</i> .....	33
PEGINTRON SUBCUTANEOUS KIT 50		<i>pimtrea</i> .....	58
MCG/0.5ML.....	36	<i>pindolol</i> .....	47
PEMAZYRE.....	28	<i>pioglitazone hcl oral tablet 15 mg</i> .....	43

<i>pioglitazone hcl oral tablet 30 mg</i> .....	43	<i>potassium chloride oral solution 20 meq/15ml</i> (10%), 40 meq/15ml (20%).....	52
<i>pioglitazone hcl oral tablet 45 mg</i> .....	43	<i>potassium citrate er</i> .....	54
<i>piperacillin sod-tazobactam so intravenous solution</i> <i>reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375)</i> <i>gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i> .....	15	PRADAXA.....	44
PIQRAY (200 MG DAILY DOSE).....	28	<i>pramipexole dihydrochloride</i> .....	31
PIQRAY (250 MG DAILY DOSE).....	28	<i>prasugrel hcl</i> .....	44
PIQRAY (300 MG DAILY DOSE).....	28	<i>pravastatin sodium</i> .....	47
<i>pirmella 1/35</i> .....	58	<i>prazosin hcl oral</i> .....	47
<i>pirmella 7/7/7</i> .....	58	<i>prazosin hcl oral</i> .....	54
<i>piroxicam oral</i> .....	10	<i>prednicarbate external cream</i> .....	50
<i>piroxicam oral</i> .....	11	<i>prednicarbate external ointment</i> .....	55
PLASMA-LYTE 148.....	51	<i>prednisolone acetate ophthalmic</i> .....	11
PLASMA-LYTE A.....	51	<i>prednisolone acetate ophthalmic</i> .....	62
<i>pnv-dha</i> .....	51	<i>prednisolone acetate ophthalmic</i> .....	64
<i>pnv-select</i> .....	51	<i>prednisolone oral solution</i> .....	11
<i>podofilox external</i> .....	50	<i>prednisolone oral solution</i> .....	55
POLIVY.....	28	<i>prednisolone oral solution</i> .....	62
<i>polycin</i> .....	64	<i>prednisolone oral syrup 15 mg/5ml</i> .....	11
<i>polyethylene glycol 3350 oral packet</i> .....	53	PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC.....	11
<i>polyethylene glycol 3350 oral powder</i> .....	53	PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC.....	64
<i>polymyxin b-trimethoprim</i> .....	64	<i>prednisolone sodium phosphate oral solution 15 mg/</i> <i>5ml</i> .....	11
POMALYST ORAL CAPSULE 1 MG.....	28	<i>prednisolone sodium phosphate oral solution 25 mg/</i> <i>5ml, 6.7 (5 base) mg/5ml</i> .....	11
POMALYST ORAL CAPSULE 2 MG.....	28	<i>prednisolone sodium phosphate oral solution 25 mg/</i> <i>5ml, 6.7 (5 base) mg/5ml</i> .....	55
POMALYST ORAL CAPSULE 3 MG, 4 MG.....	28	<i>prednisolone sodium phosphate oral solution 6.7 (5</i> <i>base) mg/5ml</i> .....	62
<i>portia-28</i> .....	58	PREDNISONE INTENSOL.....	11
<i>potassium bicarbonate oral</i> .....	51	PREDNISONE INTENSOL.....	55
<i>potassium chloride crys er</i> .....	51	PREDNISONE INTENSOL.....	62
<i>potassium chloride er oral capsule extended</i> <i>release</i> .....	52	<i>prednisone oral solution</i> .....	12
<i>potassium chloride er oral tablet extended</i> <i>release</i> .....	52	<i>prednisone oral solution</i> .....	55
<i>potassium chloride in dextrose intravenous solution</i> <i>20-5 meq/l-%</i> .....	52	<i>prednisone oral solution</i> .....	62
<i>potassium chloride in nacl intravenous solution 20-</i> <i>0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-</i> <i>%</i> .....	52	<i>prednisone oral tablet</i> .....	12
<i>potassium chloride intravenous solution 10 meq/</i> <i>100ml, 20 meq/100ml, 40 meq/100ml</i> .....	52	<i>prednisone oral tablet</i> .....	55
<i>potassium chloride intravenous solution 10 meq/</i> <i>50ml, 20 meq/50ml</i> .....	52	<i>prednisone oral tablet</i> .....	62
<i>potassium chloride intravenous solution 2 meq/</i> <i>ml</i> .....	52	<i>prednisone oral tablet therapy pack</i> .....	12
<i>potassium chloride intravenous solution 2 meq/ml</i> <i>(20 ml)</i> .....	52	<i>prednisone oral tablet therapy pack</i> .....	55
<i>potassium chloride oral packet</i> .....	52	PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML.....	43
		<i>pregabalin oral capsule 100 mg</i> .....	18
		<i>pregabalin oral capsule 100 mg</i> .....	48
		<i>pregabalin oral capsule 150 mg</i> .....	18
		<i>pregabalin oral capsule 150 mg</i> .....	48
		<i>pregabalin oral capsule 200 mg</i> .....	18

<i>pregabalin oral capsule 200 mg</i> .....	49
<i>pregabalin oral capsule 225 mg, 300 mg</i> .....	18
<i>pregabalin oral capsule 225 mg, 300 mg</i> .....	49
<i>pregabalin oral capsule 25 mg</i> .....	18
<i>pregabalin oral capsule 25 mg</i> .....	49
<i>pregabalin oral capsule 50 mg</i> .....	18
<i>pregabalin oral capsule 50 mg</i> .....	49
<i>pregabalin oral capsule 75 mg</i> .....	18
<i>pregabalin oral capsule 75 mg</i> .....	49
<i>pregabalin oral solution</i> .....	18
<i>pregabalin oral solution</i> .....	49
PREMARIN VAGINAL.....	58
PREMASOL INTRAVENOUS SOLUTION 10 %.....	52
PREMPRO ORAL TABLET 0.625-2.5 MG.....	58
<i>prevalite</i> .....	47
<i>previfem</i> .....	58
PREZCOBIX.....	36
PREZISTA ORAL SUSPENSION.....	36
PREZISTA ORAL TABLET 150 MG.....	36
PREZISTA ORAL TABLET 600 MG, 800 MG.....	36
PREZISTA ORAL TABLET 75 MG.....	36
PRIFTIN.....	24
<i>primaquine phosphate oral</i> .....	30
<i>primidone oral</i> .....	18
<i>probenecid oral</i> .....	23
PROCALAMINE.....	52
<i>prochlorperazine</i> .....	22
<i>prochlorperazine edisylate injection solution 10 mg/ 2ml, 50 mg/10ml</i> .....	33
<i>prochlorperazine maleate oral</i> .....	22
<i>prochlorperazine maleate oral</i> .....	33
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML.....	44
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML.....	44
<i>procto-med hc external</i> .....	62
<i>procto-pak external</i> .....	55
<i>proctosol hc external</i> .....	62
<i>proctozone-hc external</i> .....	53
<i>proctozone-hc external</i> .....	55
<i>progesterone micronized oral</i> .....	58
PROGLYCEM.....	43
PROGRAF ORAL PACKET.....	61
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED.....	66

PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	63
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG.....	44
PROMACTA ORAL TABLET 50 MG.....	44
<i>promethazine hcl injection</i> .....	66
<i>promethazine hcl oral</i> .....	66
<i>promethazine hcl oral syrup</i> .....	22
<i>promethazine hcl oral tablet</i> .....	22
<i>propafenone hcl</i> .....	47
<i>propafenone hcl er</i> .....	47
<i>proparacaine hcl ophthalmic</i> .....	64
<i>propranolol hcl er</i> .....	47
<i>propranolol hcl intravenous</i> .....	47
<i>propranolol hcl oral solution</i> .....	47
<i>propranolol hcl oral tablet</i> .....	47
<i>propranolol-hctz</i> .....	47
<i>propylthiouracil oral</i> .....	59
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED.....	61
PROSOL.....	52
<i>protriptyline hcl</i> .....	21
PULMOZYME.....	66
PULMOZYME.....	66
PURIXAN.....	28
<i>pyrazinamide oral</i> .....	24
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG.....	24
<i>pyridostigmine bromide oral tablet 60 mg</i> .....	24
QINLOCK.....	28
QUADRACEL.....	61
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i> .....	21
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i> .....	33
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i> .....	39
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i> .....	21
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i> .....	33
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i> .....	39
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i> .....	21
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i> .....	33

<i>quetiapine fumarate er oral tablet extended release</i>	
24 hour 300 mg.....	39
<i>quetiapine fumarate er oral tablet extended release</i>	
24 hour 50 mg.....	21
<i>quetiapine fumarate er oral tablet extended release</i>	
24 hour 50 mg.....	33
<i>quetiapine fumarate er oral tablet extended release</i>	
24 hour 50 mg.....	39
<i>quetiapine fumarate oral tablet 100 mg.....</i>	21
<i>quetiapine fumarate oral tablet 100 mg.....</i>	33
<i>quetiapine fumarate oral tablet 100 mg.....</i>	40
<i>quetiapine fumarate oral tablet 200 mg.....</i>	21
<i>quetiapine fumarate oral tablet 200 mg.....</i>	33
<i>quetiapine fumarate oral tablet 200 mg.....</i>	40
<i>quetiapine fumarate oral tablet 25 mg.....</i>	21
<i>quetiapine fumarate oral tablet 25 mg.....</i>	33
<i>quetiapine fumarate oral tablet 25 mg.....</i>	40
<i>quetiapine fumarate oral tablet 300 mg.....</i>	21
<i>quetiapine fumarate oral tablet 300 mg.....</i>	33
<i>quetiapine fumarate oral tablet 300 mg.....</i>	40
<i>quetiapine fumarate oral tablet 400 mg.....</i>	21
<i>quetiapine fumarate oral tablet 400 mg.....</i>	33
<i>quetiapine fumarate oral tablet 400 mg.....</i>	40
<i>quetiapine fumarate oral tablet 50 mg.....</i>	21
<i>quetiapine fumarate oral tablet 50 mg.....</i>	33
<i>quetiapine fumarate oral tablet 50 mg.....</i>	40
<i>quinapril hcl.....</i>	47
<i>quinapril-hydrochlorothiazide.....</i>	47
<i>quinidine sulfate oral.....</i>	47
<i>quinine sulfate oral.....</i>	30
RABAVERT.....	61
<i>rabeprazole sodium oral tablet delayed release.....</i>	53
<i>raloxifene hcl.....</i>	58
<i>ramelteon.....</i>	66
<i>ramipril.....</i>	47
RANEXA.....	47
<i>ranolazine er.....</i>	47
<i>rasagiline mesylate oral.....</i>	31
<i>reclipsen.....</i>	58
RECOMBIVAX HB INJECTION	
SUSPENSION 10 MCG/ML (1ML	
SYRINGE).....	61
RECOMBIVAX HB INJECTION	
SUSPENSION 10 MCG/ML, 40 MCG/ML,	
5 MCG/0.5ML.....	61
RECTIV.....	47
REGANEX.....	50
RELAFEN.....	10

RELENZA DISKHALER.....	36
RELI-ON INSULIN SYRINGE 29G 0.3	
ML.....	43
RELION PEN NEEDLES 29G X 12MM.....	43
REMICADE.....	53
<i>repaglinide oral tablet 0.5 mg.....</i>	43
<i>repaglinide oral tablet 1 mg.....</i>	43
<i>repaglinide oral tablet 2 mg.....</i>	43
REPATHA.....	47
REPATHA PUSHTRONEX SYSTEM.....	47
REPATHA SURECLICK.....	47
RETEVMO ORAL CAPSULE 40 MG.....	28
RETEVMO ORAL CAPSULE 80 MG.....	28
RETROVIR INTRAVENOUS.....	36
REVLIMID ORAL CAPSULE 10 MG.....	28
REVLIMID ORAL CAPSULE 15 MG, 25	
MG.....	28
REVLIMID ORAL CAPSULE 2.5 MG, 20	
MG.....	28
REVLIMID ORAL CAPSULE 5 MG.....	28
REXULTI ORAL TABLET 0.25 MG, 0.5 MG,	
1 MG.....	33
REXULTI ORAL TABLET 2 MG.....	33
REXULTI ORAL TABLET 3 MG, 4 MG.....	33
REYATAZ ORAL PACKET.....	36
<i>ribavirin inhalation.....</i>	36
<i>ribavirin oral capsule.....</i>	36
<i>ribavirin oral capsule.....</i>	36
<i>ribavirin oral tablet 200 mg.....</i>	36
<i>ribavirin oral tablet 200 mg.....</i>	36
<i>rifabutin.....</i>	24
<i>rifampin intravenous.....</i>	24
<i>rifampin oral.....</i>	24
<i>riluzole.....</i>	49
<i>rimantadine hcl.....</i>	36
<i>ringers.....</i>	52
<i>ringers irrigation.....</i>	52
<i>risedronate sodium oral tablet 150 mg.....</i>	63
<i>risedronate sodium oral tablet 30 mg, 5 mg.....</i>	63
<i>risedronate sodium oral tablet delayed release.....</i>	63
RISPERDAL CONSTA INTRAMUSCULAR	
SUSPENSION RECONSTITUTED ER 12.5	
MG, 25 MG.....	33
RISPERDAL CONSTA INTRAMUSCULAR	
SUSPENSION RECONSTITUTED ER 12.5	
MG, 25 MG.....	40



RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG.....	33
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG.....	40
<i>risperidone oral solution</i> .....	33
<i>risperidone oral solution</i> .....	40
<i>risperidone oral tablet 0.25 mg</i> .....	33
<i>risperidone oral tablet 0.25 mg</i> .....	40
<i>risperidone oral tablet 0.5 mg</i> .....	33
<i>risperidone oral tablet 0.5 mg</i> .....	40
<i>risperidone oral tablet 1 mg</i> .....	33
<i>risperidone oral tablet 1 mg</i> .....	40
<i>risperidone oral tablet 2 mg</i> .....	33
<i>risperidone oral tablet 2 mg</i> .....	40
<i>risperidone oral tablet 3 mg</i> .....	33
<i>risperidone oral tablet 3 mg</i> .....	40
<i>risperidone oral tablet 4 mg</i> .....	33
<i>risperidone oral tablet 4 mg</i> .....	40
<i>risperidone oral tablet dispersible 0.25 mg</i> .....	33
<i>risperidone oral tablet dispersible 0.25 mg</i> .....	40
<i>risperidone oral tablet dispersible 0.5 mg</i> .....	33
<i>risperidone oral tablet dispersible 0.5 mg</i> .....	40
<i>risperidone oral tablet dispersible 1 mg</i> .....	33
<i>risperidone oral tablet dispersible 1 mg</i> .....	40
<i>risperidone oral tablet dispersible 2 mg</i> .....	33
<i>risperidone oral tablet dispersible 2 mg</i> .....	40
<i>risperidone oral tablet dispersible 3 mg</i> .....	33
<i>risperidone oral tablet dispersible 3 mg</i> .....	40
<i>risperidone oral tablet dispersible 4 mg</i> .....	33
<i>risperidone oral tablet dispersible 4 mg</i> .....	40
<i>ritonavir</i> .....	36
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML.....	28
<i>rivastigmine</i> .....	19
<i>rivastigmine tartrate</i> .....	19
<i>rizatriptan benzoate</i> .....	23
<i>ropinirole hcl</i> .....	31
<i>ropinirole hcl er</i> .....	31
<i>rosadan external cream</i> .....	50
<i>rosadan external gel</i> .....	50
<i>rosuvastatin calcium</i> .....	47
ROTARIX.....	61
ROTATEQ ORAL SOLUTION.....	61
<i>roweepra oral tablet 1000 mg</i> .....	18
<i>roweepra oral tablet 500 mg, 750 mg</i> .....	18

<i>roweepra xr oral tablet extended release 24 hour 500 mg</i> .....	18
<i>roweepra xr oral tablet extended release 24 hour 750 mg</i> .....	18
ROZEREM.....	66
ROZLYTREK ORAL CAPSULE 100 MG.....	28
ROZLYTREK ORAL CAPSULE 200 MG.....	28
RUBRACA ORAL TABLET 200 MG.....	28
RUBRACA ORAL TABLET 250 MG, 300 MG.....	28
RUCONEST.....	61
RUKOBIA.....	36
RYDAPT.....	28
SANDIMMUNE ORAL SOLUTION.....	61
SANDOSTATIN LAR DEPOT.....	59
SANTYL.....	50
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG.....	33
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG.....	40
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG.....	33
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG.....	40
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG.....	33
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG.....	40
SARCLISA.....	28
SAVELLA TITRATION PACK.....	49
<i>scopolamine</i> .....	22
<i>scopolamine</i> .....	53
SECUADO.....	34
SECUADO.....	40
<i>selegiline hcl oral</i> .....	31
<i>selenium sulfide external lotion</i> .....	50
SELZENTRY ORAL SOLUTION.....	36
SELZENTRY ORAL TABLET 150 MG, 300 MG.....	36
SELZENTRY ORAL TABLET 25 MG.....	36
SELZENTRY ORAL TABLET 75 MG.....	36
SEREVENT DISKUS.....	66
<i>sertraline hcl oral concentrate</i> .....	21
<i>sertraline hcl oral concentrate</i> .....	38
<i>sertraline hcl oral tablet 100 mg</i> .....	21
<i>sertraline hcl oral tablet 100 mg</i> .....	38
<i>sertraline hcl oral tablet 25 mg</i> .....	21
<i>sertraline hcl oral tablet 25 mg</i> .....	38

<i>sertraline hcl oral tablet 50 mg</i> .....	21	SOMATULINE DEPOT.....	59
<i>sertraline hcl oral tablet 50 mg</i> .....	38	SOMAVERT.....	59
<i>setlakin</i> .....	58	<i>sorine</i> .....	47
<i>sevelamer carbonate oral packet 0.8 gm</i> .....	54	<i>sotalol hcl (af)</i> .....	47
<i>sevelamer carbonate oral packet 2.4 gm</i> .....	54	<i>sotalol hcl oral</i> .....	47
<i>sevelamer carbonate oral tablet</i> .....	54	SPIRIVA HANDIHALER.....	66
<i>sf</i> .....	49	SPIRIVA RESPIMAT.....	66
<i>sf 5000 plus</i> .....	49	<i>spironolactone oral tablet 100 mg, 50 mg</i> .....	47
<i>sharobel</i> .....	58	<i>spironolactone oral tablet 25 mg</i> .....	47
SHINGRIX INTRAMUSCULAR		<i>spironolactone-hctz</i> .....	47
SUSPENSION RECONSTITUTED 50 MCG/ 0.5ML.....	61	SPRAVATO (56 MG DOSE).....	21
SIGNIFOR.....	59	SPRAVATO (84 MG DOSE).....	21
<i>sildenafil citrate oral tablet 20 mg</i> .....	66	<i>sprintec 28</i> .....	58
<i>silver sulfadiazine external</i> .....	15	SPRITAM ORAL TABLET	
SIMBRINZA.....	64	DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG.....	18
<i>simliya</i> .....	58	SPRITAM ORAL TABLET	
<i>simpesse</i> .....	58	DISINTEGRATING SOLUBLE 750 MG.....	18
<i>simvastatin oral tablet</i> .....	47	SPRYCEL.....	29
<i>sirolimus oral solution</i> .....	61	<i>sps</i> .....	52
<i>sirolimus oral tablet</i> .....	61	<i>sronyx</i> .....	58
SIRTURO ORAL TABLET 100 MG.....	15	<i>ssd</i> .....	15
SIRTURO ORAL TABLET 100 MG.....	24	STAMARIL.....	61
SIRTURO ORAL TABLET 20 MG.....	15	<i>stavudine oral capsule 15 mg, 20 mg</i> .....	36
SIRTURO ORAL TABLET 20 MG.....	24	<i>stavudine oral capsule 30 mg</i> .....	36
<i>sodium bicarbonate intravenous solution 7.5 %, 8.4     %</i> .....	52	<i>stavudine oral capsule 40 mg</i> .....	36
<i>sodium chloride injection solution 2.5 meq/ml</i> .....	52	STELARA SUBCUTANEOUS SOLUTION	
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5     %</i> .....	52	PREFILLED SYRINGE 45 MG/0.5ML.....	50
<i>sodium chloride intravenous solution 0.9 %</i> .....	52	<i>sterile water for irrigation</i> .....	52
<i>sodium chloride intravenous solution 4 meq/ml</i> .....	52	STIVARGA.....	29
<i>sodium chloride irrigation solution 0.9 %</i> .....	52	<i>streptomycin sulfate intramuscular</i> .....	15
<i>sodium fluoride 5000 plus</i> .....	49	STRIBILD.....	37
<i>sodium fluoride 5000 ppm dental cream</i> .....	49	<i>subvenite</i> .....	18
<i>sodium fluoride dental cream</i> .....	49	<i>sucrafate oral tablet</i> .....	53
<i>sodium fluoride dental gel 1.1 %</i> .....	49	<i>sulfacetamide sodium (acne)</i> .....	15
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f)     mg, 1.1 (0.5 f) mg</i> .....	52	<i>sulfacetamide sodium ophthalmic</i> .....	15
<i>sodium fluoride oral tablet chewable 2.2 (1 f)     mg</i> .....	52	<i>sulfacetamide sodium ophthalmic ointment</i> .....	64
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i> .....	54	<i>sulfacetamide sodium ophthalmic ointment</i> .....	64
<i>sodium phenylbutyrate oral tablet</i> .....	53	<i>sulfacetamide-prednisolone ophthalmic solution</i> .....	12
<i>sodium polystyrene sulfonate oral powder</i> .....	52	<i>sulfacetamide-prednisolone ophthalmic solution</i> .....	64
<i>sodium polystyrene sulfonate oral suspension</i> .....	52	SULFADIAZINE ORAL.....	15
<i>sodium polystyrene sulfonate rectal</i> .....	52	<i>sulfamethoxazole-trimethoprim intravenous</i> .....	15
<i>solifenacin succinate</i> .....	54	<i>sulfamethoxazole-trimethoprim oral suspension 200-     40 mg/5ml</i> .....	15
SOLTAMOX.....	28	<i>sulfamethoxazole-trimethoprim oral tablet</i> .....	15
		SULFAMYLON EXTERNAL CREAM.....	15
		<i>sulfasalazine oral tablet</i> .....	62
		<i>sulfasalazine oral tablet delayed release</i> .....	62

<i>sulindac oral</i> .....	10
<i>sulindac oral</i> .....	12
<i>sumatriptan nasal</i> .....	23
<i>sumatriptan succinate oral</i> .....	23
<i>sumatriptan succinate refill subcutaneous solution cartridge</i> .....	23
<i>sumatriptan succinate subcutaneous solution 6 mg/ 0.5ml</i> .....	23
<i>sumatriptan succinate subcutaneous solution auto- injector</i> .....	23
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i> .....	23
SUPREP BOWEL PREP KIT.....	52
SUTENT ORAL CAPSULE 12.5 MG.....	29
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG.....	29
<i>syeda</i> .....	58
SYMFI.....	37
SYMFI LO.....	37
SYMPAZAN ORAL FILM 10 MG, 20 MG.....	18
SYMPAZAN ORAL FILM 5 MG.....	18
SYMTUZA.....	37
SYNAGIS.....	61
SYNAREL.....	59
SYNJARDY.....	43
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG.....	43
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG.....	43
SYNRIBO.....	29
SYNTHROID.....	58
TABLOID.....	29
TABRECTA.....	29
<i>tacrolimus external ointment 0.03 %</i> .....	50
<i>tacrolimus oral</i> .....	61
TAFINLAR.....	29
TAGRISO ORAL TABLET 40 MG.....	29
TAGRISO ORAL TABLET 80 MG.....	29
TALZENNA ORAL CAPSULE 0.25 MG.....	29
TALZENNA ORAL CAPSULE 1 MG.....	29
<i>tamoxifen citrate oral</i> .....	29
<i>tamsulosin hcl</i> .....	54
TARGRETIN EXTERNAL.....	29
<i>tarina fe 1/20</i> .....	58
<i>tarina fe 1/20 eq</i> .....	58
TASIGNA.....	29

TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/4ML.....	29
<i>tazarotene external</i> .....	50
<i>tazicef injection</i> .....	15
TAZORAC EXTERNAL CREAM 0.05 %.....	50
TAZORAC EXTERNAL GEL 0.05 %.....	50
<i>taztia xt</i> .....	47
TAZVERIK.....	29
TDVAX.....	61
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML.....	29
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML.....	29
TECFIDERA.....	49
TECHLITE PEN NEEDLES 29G X 12MM.....	43
TEFLARO.....	15
<i>telmisartan</i> .....	47
<i>telmisartan-amlodipine</i> .....	47
<i>telmisartan-hctz</i> .....	47
<i>temazepam oral capsule 15 mg, 30 mg</i> .....	66
<i>temazepam oral capsule 7.5 mg</i> .....	66
TEMIXYS.....	37
<i>temsirolimus</i> .....	29
TENIVAC.....	61
<i>tenofovir disoproxil fumarate</i> .....	37
<i>tenofovir disoproxil fumarate</i> .....	37
<i>terazosin hcl oral</i> .....	47
<i>terazosin hcl oral</i> .....	54
<i>terbinafine hcl oral</i> .....	23
<i>terbutaline sulfate oral</i> .....	66
<i>terconazole</i> .....	23
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> .....	58
<i>testosterone enanthate intramuscular solution</i> .....	58
<i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i> .....	58
<i>testosterone transdermal gel 12.5 mg/lact (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i> .....	58
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i> .....	58
<i>tetrabenazine oral tablet 12.5 mg</i> .....	49
<i>tetrabenazine oral tablet 25 mg</i> .....	49
<i>tetracycline hcl oral</i> .....	15
THALOMID ORAL CAPSULE 100 MG, 50 MG.....	29
THALOMID ORAL CAPSULE 150 MG, 200 MG.....	29
<i>theophylline</i> .....	66

<i>theophylline er oral tablet extended release 12 hour</i>		<i>topiramate oral tablet 50 mg</i> .....	18
300 mg.....	66	<i>topiramate oral tablet 50 mg</i> .....	24
<i>theophylline er oral tablet extended release 12 hour</i>		<i>toposar intravenous solution 1 gm/50ml, 500 mg/</i>	
450 mg.....	66	25ml.....	29
<i>theophylline er oral tablet extended release 24</i>		<i>toposar intravenous solution 100 mg/5ml</i> .....	29
hour.....	66	TOPOTECAN HCL INTRAVENOUS	
<i>thioridazine hcl oral</i> .....	34	SOLUTION.....	29
<i>thiotepa injection solution reconstituted 100 mg</i> .....	29	<i>topotecan hcl intravenous solution reconstituted</i> .....	29
<i>thiotepa injection solution reconstituted 15 mg</i> .....	29	<i>toremifene citrate</i> .....	29
<i>thiothixene oral</i> .....	34	<i>toremide oral</i> .....	47
<i>tiadylt er</i> .....	47	TOUJEO MAX SOLOSTAR.....	43
<i>tiagabine hcl</i> .....	18	TOUJEO SOLOSTAR.....	43
TIBSOVO.....	29	TOVIAZ ORAL TABLET EXTENDED	
<i>tilia fe</i> .....	58	RELEASE 24 HOUR 4 MG.....	54
<i>timolol maleate ophthalmic gel forming solution</i> .....	64	TOVIAZ ORAL TABLET EXTENDED	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5</i>		RELEASE 24 HOUR 8 MG.....	54
%.....	64	TRADJENTA.....	43
<i>timolol maleate oral</i> .....	23	<i>tramadol hcl oral tablet 50 mg</i> .....	10
<i>timolol maleate oral</i> .....	47	<i>tramadol-acetaminophen</i> .....	10
<i>tis-u-sol</i> .....	52	<i>trandolapril</i> .....	47
TIVICAY ORAL TABLET 10 MG.....	37	<i>tranexamic acid oral</i> .....	44
TIVICAY ORAL TABLET 25 MG, 50 MG.....	37	<i>tranylcypromine sulfate</i> .....	21
TIVICAY PD.....	37	TRAVASOL.....	52
<i>tizanidine hcl oral tablet</i> .....	34	TRAVATAN Z.....	64
<i>tizanidine hcl oral tablet</i> .....	66	<i>travoprost (bak free)</i> .....	64
TOBRADEX OPHTHALMIC		<i>trazodone hcl oral tablet 100 mg, 150 mg, 50</i>	
OINTMENT.....	15	mg.....	21
TOBRADEX ST.....	64	<i>trazodone hcl oral tablet 300 mg</i> .....	21
<i>tobramycin inhalation nebulization solution 300</i>		TRECTOR.....	24
mg/5ml.....	15	TRELSTAR MIXJECT INTRAMUSCULAR	
<i>tobramycin ophthalmic</i> .....	15	SUSPENSION RECONSTITUTED 11.25	
<i>tobramycin sulfate injection solution 10 mg/ml, 2</i>		MG.....	59
gm/50ml, 80 mg/2ml.....	15	TRELSTAR MIXJECT INTRAMUSCULAR	
<i>tobramycin sulfate injection solution</i>		SUSPENSION RECONSTITUTED 22.5	
reconstituted.....	15	MG.....	59
<i>tobramycin-dexamethasone</i> .....	64	TRELSTAR MIXJECT INTRAMUSCULAR	
<i>tolterodine tartrate</i> .....	54	SUSPENSION RECONSTITUTED 3.75	
<i>tolterodine tartrate er</i> .....	54	MG.....	59
<i>topiramate oral capsule sprinkle 15 mg</i> .....	18	<i>tretinoin external cream</i> .....	29
<i>topiramate oral capsule sprinkle 15 mg</i> .....	23	<i>tretinoin external cream</i> .....	50
<i>topiramate oral capsule sprinkle 25 mg</i> .....	18	<i>tretinoin external gel 0.01 %</i> .....	29
<i>topiramate oral capsule sprinkle 25 mg</i> .....	24	<i>tretinoin external gel 0.01 %</i> .....	50
<i>topiramate oral tablet 100 mg</i> .....	18	<i>tretinoin external gel 0.025 %</i> .....	29
<i>topiramate oral tablet 100 mg</i> .....	24	<i>tretinoin external gel 0.025 %</i> .....	50
<i>topiramate oral tablet 200 mg</i> .....	18	<i>tretinoin oral</i> .....	29
<i>topiramate oral tablet 200 mg</i> .....	24	<i>tri femynor</i> .....	58
<i>topiramate oral tablet 25 mg</i> .....	18	<i>tri-estarylla</i> .....	58
<i>topiramate oral tablet 25 mg</i> .....	24	<i>tri-legest fe</i> .....	58

<i>tri-lynyah</i> .....	58	TYMLOS.....	63
<i>tri-lo-estarylla</i> .....	58	TYPHIM VI INTRAMUSCULAR SOLUTION	
<i>tri-lo-marzia</i> .....	58	25 MCG/0.5ML.....	61
<i>tri-lo-mili</i> .....	58	TYPHIM VI INTRAMUSCULAR SOLUTION	
<i>tri-lo-sprintec</i> .....	58	25 MCG/0.5ML (0.5ML SYRINGE).....	62
<i>tri-mili</i> .....	58	ULORIC ORAL TABLET 80 MG.....	23
<i>tri-previfem</i> .....	58	UNIFINE PENTIPS 30G X 5 MM.....	43
<i>tri-sprintec</i> .....	58	<i>unithroid</i> .....	58
<i>tri-vylibra</i> .....	58	<i>ursodiol oral capsule</i> .....	53
<i>tri-vylibra lo</i> .....	58	<i>ursodiol oral tablet 250 mg</i> .....	53
<i>triamcinolone acetonide external cream</i> .....	55	<i>ursodiol oral tablet 500 mg</i> .....	53
<i>triamcinolone acetonide external lotion</i> .....	55	<i>valacyclovir hcl oral tablet 1 gm</i> .....	37
<i>triamcinolone acetonide external ointment 0.025</i>		<i>valacyclovir hcl oral tablet 500 mg</i> .....	37
%, 0.1 %, 0.5 %.....	55	VALCHLOR.....	29
<i>triamcinolone acetonide injection suspension 40 mg/</i>		VALCHLOR.....	50
<i>ml</i> .....	12	<i>valganciclovir hcl oral solution reconstituted</i> .....	37
<i>triamcinolone acetonide mouth/throat</i> .....	49	<i>valganciclovir hcl oral tablet</i> .....	37
<i>triamterene-hctz oral capsule 37.5-25 mg</i> .....	47	<i>valproate sodium intravenous</i> .....	18
<i>triamterene-hctz oral tablet</i> .....	47	<i>valproic acid oral capsule</i> .....	18
<i>triderm external cream</i> .....	55	<i>valproic acid oral capsule</i> .....	24
<i>trientine hcl</i> .....	52	<i>valproic acid oral capsule</i> .....	40
<i>trifluoperazine hcl oral</i> .....	34	<i>valproic acid oral solution</i> .....	18
<i>trifluridine ophthalmic</i> .....	37	<i>valproic acid oral solution</i> .....	24
<i>trihexyphenidyl hcl oral solution</i> .....	31	<i>valproic acid oral solution</i> .....	40
<i>trihexyphenidyl hcl oral tablet</i> .....	31	<i>valsartan</i> .....	47
<i>trilyte</i> .....	53	<i>valsartan-hydrochlorothiazide oral tablet 160-12.5</i>	
<i>trimethoprim oral</i> .....	15	<i>mg, 320-25 mg</i> .....	47
<i>trimipramine maleate oral</i> .....	21	<i>valsartan-hydrochlorothiazide oral tablet 160-25</i>	
<i>trinessa (28)</i> .....	58	<i>mg, 320-12.5 mg, 80-12.5 mg</i> .....	47
TRINTELLIX ORAL TABLET 10 MG.....	21	VALTOCO 10 MG DOSE.....	18
TRINTELLIX ORAL TABLET 20 MG.....	21	VALTOCO 10 MG DOSE.....	38
TRINTELLIX ORAL TABLET 5 MG.....	21	VALTOCO 15 MG DOSE.....	18
TRIUMEQ.....	37	VALTOCO 15 MG DOSE.....	38
<i>trivora (28)</i> .....	58	VALTOCO 20 MG DOSE.....	18
TRODELVY.....	29	VALTOCO 20 MG DOSE.....	38
TROPHAMINE INTRAVENOUS SOLUTION		VALTOCO 5 MG DOSE.....	18
10 %.....	52	VALTOCO 5 MG DOSE.....	38
<i>trospium chloride</i> .....	54	<i>vancomycin hcl intravenous solution reconstituted 1</i>	
TRULICITY.....	43	<i>gm, 10 gm, 5 gm, 500 mg</i> .....	16
TRUMENBA.....	61	<i>vancomycin hcl oral capsule 125 mg</i> .....	16
TRUVADA.....	37	<i>vancomycin hcl oral capsule 250 mg</i> .....	16
TUKYSA.....	29	<i>vandazole</i> .....	16
<i>tulana</i> .....	58	VAQTA INTRAMUSCULAR SUSPENSION	
TURALIO.....	29	25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML 1	
TWINRIX INTRAMUSCULAR SUSPENSION		ML.....	62
PREFILLED SYRINGE.....	61	VAQTA INTRAMUSCULAR SUSPENSION	
TYBOST.....	37	25 UNIT/0.5ML, 50 UNIT/ML.....	62
TYKERB.....	29	VARIVAX.....	62

VARIZIG INTRAMUSCULAR	
SOLUTION.....	62
VASCEPA.....	47
<i>velivet</i> .....	58
VEMLIDY.....	37
VENCLEXTA ORAL TABLET 10 MG.....	29
VENCLEXTA ORAL TABLET 100 MG.....	29
VENCLEXTA ORAL TABLET 50 MG.....	29
VENCLEXTA STARTING PACK.....	29
<i>venlafaxine hcl er oral capsule extended release 24</i> <i>hour 150 mg</i> .....	21
<i>venlafaxine hcl er oral capsule extended release 24</i> <i>hour 150 mg</i> .....	39
<i>venlafaxine hcl er oral capsule extended release 24</i> <i>hour 37.5 mg</i> .....	21
<i>venlafaxine hcl er oral capsule extended release 24</i> <i>hour 37.5 mg</i> .....	39
<i>venlafaxine hcl er oral capsule extended release 24</i> <i>hour 75 mg</i> .....	21
<i>venlafaxine hcl er oral capsule extended release 24</i> <i>hour 75 mg</i> .....	39
<i>venlafaxine hcl oral tablet 100 mg</i> .....	21
<i>venlafaxine hcl oral tablet 100 mg</i> .....	39
<i>venlafaxine hcl oral tablet 25 mg</i> .....	21
<i>venlafaxine hcl oral tablet 25 mg</i> .....	39
<i>venlafaxine hcl oral tablet 37.5 mg</i> .....	22
<i>venlafaxine hcl oral tablet 37.5 mg</i> .....	39
<i>venlafaxine hcl oral tablet 50 mg</i> .....	22
<i>venlafaxine hcl oral tablet 50 mg</i> .....	39
<i>venlafaxine hcl oral tablet 75 mg</i> .....	22
<i>venlafaxine hcl oral tablet 75 mg</i> .....	39
VENTAVIS.....	66
<i>verapamil hcl er oral capsule extended release 24</i> <i>hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg,</i> <i>300 mg</i> .....	48
<i>verapamil hcl er oral capsule extended release 24</i> <i>hour 360 mg</i> .....	48
<i>verapamil hcl er oral tablet extended release</i> .....	48
<i>verapamil hcl intravenous</i> .....	48
<i>verapamil hcl oral</i> .....	48
VERSACLOZ.....	34
VERZENIO.....	29
VICTOZA SUBCUTANEOUS SOLUTION	
PEN-INJECTOR.....	43
<i>vienna</i> .....	58
<i>vigabatrin</i> .....	18
<i>vigadrone</i> .....	18
VIIBRYD ORAL TABLET 10 MG.....	22

VIIBRYD ORAL TABLET 20 MG.....	22
VIIBRYD ORAL TABLET 40 MG.....	22
VIIBRYD STARTER PACK.....	22
VIMPAT ORAL SOLUTION.....	18
VIMPAT ORAL TABLET 100 MG.....	18
VIMPAT ORAL TABLET 150 MG, 200	
MG.....	18
VIMPAT ORAL TABLET 50 MG.....	18
<i>vinblastine sulfate intravenous solution</i> .....	30
<i>vincristine sulfate intravenous</i> .....	30
<i>vinorelbine tartrate</i> .....	30
<i>viorele</i> .....	58
VIRACEPT ORAL TABLET 250 MG.....	37
VIRACEPT ORAL TABLET 625 MG.....	37
VIRAZOLE.....	37
VIREAD ORAL POWDER.....	37
VIREAD ORAL POWDER.....	37
VIREAD ORAL TABLET 150 MG, 200 MG,	
250 MG.....	37
VIREAD ORAL TABLET 150 MG, 200 MG,	
250 MG.....	37
VITRAKVI ORAL CAPSULE 100 MG.....	30
VITRAKVI ORAL CAPSULE 25 MG.....	30
VITRAKVI ORAL SOLUTION.....	30
VIZIMPRO ORAL TABLET 15 MG.....	30
VIZIMPRO ORAL TABLET 30 MG, 45	
MG.....	30
<i>volnea</i> .....	58
<i>voriconazole intravenous</i> .....	23
<i>voriconazole oral suspension reconstituted</i> .....	23
<i>voriconazole oral tablet 200 mg</i> .....	23
<i>voriconazole oral tablet 50 mg</i> .....	23
VOSEVI.....	37
VOTRIENT.....	30
VRAYLAR ORAL CAPSULE.....	34
VRAYLAR ORAL CAPSULE.....	40
VRAYLAR ORAL CAPSULE THERAPY	
PACK.....	34
VRAYLAR ORAL CAPSULE THERAPY	
PACK.....	40
<i>vyfemla</i> .....	58
<i>vylibra</i> .....	58
<i>warfarin sodium oral</i> .....	44
<i>wera</i> .....	58
<i>wixela inhub</i> .....	66
<i>wixela inhub</i> .....	66
XALKORI.....	30

XARELTO ORAL TABLET 10 MG, 20 MG.....	44	<i>zaleplon oral capsule 10 mg</i> .....	66
XARELTO ORAL TABLET 15 MG, 2.5 MG.....	44	<i>zaleplon oral capsule 5 mg</i> .....	66
XARELTO STARTER PACK.....	44	<i>zarah</i> .....	58
XATMEP.....	62	ZARXIO.....	44
XCOPRI (250 MG DAILY DOSE).....	18	ZEJULA.....	30
XCOPRI (350 MG DAILY DOSE).....	18	ZELBORAF.....	30
XCOPRI ORAL TABLET 100 MG, 50 MG.....	18	<i>zenatane</i> .....	50
XCOPRI ORAL TABLET 150 MG, 200 MG.....	18	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT.....	53
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG.....	18	<i>zenzedi oral tablet 10 mg</i> .....	49
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG.....	18	<i>zenzedi oral tablet 5 mg</i> .....	49
XELJANZ.....	62	<i>zidovudine oral capsule</i> .....	37
XELJANZ XR.....	62	<i>zidovudine oral syrup</i> .....	37
XGEVA.....	63	<i>zidovudine oral tablet</i> .....	37
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG.....	43	<i>ziprasidone hcl oral capsule 20 mg</i> .....	34
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG.....	43	<i>ziprasidone hcl oral capsule 20 mg</i> .....	40
XIIDRA.....	64	<i>ziprasidone hcl oral capsule 40 mg</i> .....	34
XOFLUZA (40 MG DOSE).....	37	<i>ziprasidone hcl oral capsule 40 mg</i> .....	40
XOFLUZA (80 MG DOSE).....	37	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> .....	34
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.....	66	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> .....	40
XOSPATA.....	30	<i>ziprasidone mesylate</i> .....	34
XPOVIO (100 MG ONCE WEEKLY).....	30	<i>ziprasidone mesylate</i> .....	40
XPOVIO (40 MG ONCE WEEKLY).....	30	ZIRGAN.....	37
XPOVIO (40 MG TWICE WEEKLY).....	30	<i>zoledronic acid intravenous concentrate</i> .....	63
XPOVIO (60 MG ONCE WEEKLY).....	30	<i>zoledronic acid intravenous solution 5 mg/ 100ml</i> .....	63
XPOVIO (60 MG TWICE WEEKLY).....	30	ZOLINZA.....	23
XPOVIO (80 MG ONCE WEEKLY).....	30	ZOLINZA.....	30
XPOVIO (80 MG TWICE WEEKLY).....	30	<i>zolpidem tartrate oral</i> .....	67
XTANDI.....	30	<i>zonisamide oral capsule 100 mg, 50 mg</i> .....	18
<i>xulane</i> .....	58	<i>zonisamide oral capsule 25 mg</i> .....	19
XYREM.....	66	ZORTRESS.....	62
YF-VAX.....	62	<i>zovia 1/35e (28)</i> .....	58
<i>yuvafem</i> .....	58	ZULRESSO.....	49
<i>zafirlukast</i> .....	66	<i>zumandimine</i> .....	58
		ZYDELIG.....	30
		ZYKADIA ORAL TABLET.....	30
		ZYPREXA RELPREVV.....	34
		ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG.....	40
		ZYTIGA ORAL TABLET 500 MG.....	30



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