



BlueCross BlueShield  
Healthcare Plan of Georgia

# BCBSHP MediBlue Plus (HMO) 2018 Formulary (List of Covered Drugs)

Please read:

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



This formulary was updated on October 1, 2018. For more recent information or other questions, please contact BCBSHP MediBlue Plus (HMO) Customer Service, at **1-855-690-7797** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30., or visit <https://shop.bcbsga.com/medicare>.

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## **Note to existing members:**

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.. When it refers to “plan” or “our plan,” it means BCBSHP MediBlue Plus (HMO).

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

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

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

## What is the BCBSHP MediBlue Plus (HMO) formulary?

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

## Can the formulary (drug list) change?

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

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

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

## How do I use the formulary?

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

### Medical Condition

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 58. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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

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

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

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

## What if my drug is not on the formulary?

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

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

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

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

## How do I request an exception to the BCBSHP MediBlue Plus (HMO)'s formulary?

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

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

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

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

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

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

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

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

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

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

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

## For more information

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

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

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

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

## Our plan's formulary

The formulary on page 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 58.

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

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

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

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

**B/D – 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 1-855-690-7797, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

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

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

**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) or Mail-Order Pharmacy** (30-day supply)	\$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$5.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$12.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$17.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$42.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$47.00
Cost-Sharing Tier 4: Nonpreferred Drugs	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$95.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$100.00
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	33%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	33%
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00

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

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

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

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

## Covered Medications by Therapeutic Category

### Legend

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

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

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

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

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

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**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>Anti - Infectives</b>			ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	MO; QLL (180 per 30 days)
<i>abacavir oral solution</i>	3	MO; QLL (960 per 30 days)	ALINIA ORAL TABLET	4	MO; QLL (6 per 30 days)
<i>abacavir oral tablet</i>	2	MO; CG; QLL (60 per 30 days)	<i>amantadine hcl oral capsule</i>	2	MO; CG
<i>abacavir-lamivudine</i>	2	MO; CG; QLL (30 per 30 days)	<i>amantadine hcl oral tablet</i>	2	MO; CG
<i>abacavir-lamivudine-zidovudine</i>	2	MO; CG; QLL (60 per 30 days)	AMBISOME	5	B/D PAR; MO
ABELCET	5	B/D PAR; MO; HI	<i>amikacin injection solution 1,000 mg/4 ml</i>	2	MO; CG
<i>acyclovir oral capsule</i>	2	MO; CG	<i>amikacin injection solution 500 mg/2 ml</i>	2	MO; HI; CG
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO; CG	<i>amoxicillin oral capsule</i>	2	MO; CG
<i>acyclovir oral tablet</i>	2	MO; CG	<i>amoxicillin oral suspension for reconstitution</i>	2	MO; CG
<i>acyclovir sodium intravenous solution</i>	2	B/D PAR; MO; HI; CG	<i>amoxicillin oral tablet</i>	2	MO; CG
<i>adefovir</i>	5	PAR; MO	<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO; CG
ALBENZA	3	MO	<i>amoxicillin-pot clavulanate</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>amphotericin b</i>	2	B/D PAR; MO; CG
<i>ampicillin oral capsule 500 mg</i>	2	MO; CG
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	MO; HI; CG
<i>ampicillin sodium injection recon soln 2 gram, 250 mg, 500 mg</i>	2	MO; CG
<i>ampicillin sodium intravenous</i>	2	CG
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO; HI; CG
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	HI; CG
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	CG
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	MO; CG
APTIVUS ORAL CAPSULE	4	MO; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	4	QLL (390 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	3	MO; QLL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	3	MO; QLL (30 per 30 days)
<i>atovaquone</i>	5	PAR; MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	2	MO; CG
ATRIPLA	4	MO; QLL (30 per 30 days)
AZACTAM	3	MO; HI
AZACTAM IN DEXTROSE (ISO-OSM)	3	
<i>azithromycin intravenous</i>	2	MO; HI; CG
<i>azithromycin oral</i>	2	MO; CG
<i>aztreonam injection recon soln 1 gram</i>	2	MO; CG
<i>baciim</i>	2	CG
<i>bacitracin intramuscular</i>	2	MO; CG
BARACLUDE ORAL SOLUTION	5	PAR; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K)	4	MO
BIKTARVY	5	MO; QLL (30 per 30 days)
BILTRICIDE	4	MO
CANCIDAS	5	B/D PAR; MO
CAPASTAT	4	
CASPOFUNGIN INTRAVENOUS RECON SOLN 50 MG	5	B/D PAR
CASPOFUNGIN INTRAVENOUS RECON SOLN 70 MG	4	B/D PAR
CAYSTON	5	PAR; MO; LA
<i>ceftazidime oral capsule</i>	2	MO; CG
<i>ceftazidime oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO; CG
<i>ceftazidime oral suspension for reconstitution 375 mg/5 ml</i>	2	CG
<i>ceftazidime oral tablet extended release 12 hr</i>	2	MO; CG
<i>cefadroxil oral capsule</i>	2	MO; CG
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO; CG
<i>cefadroxil oral tablet</i>	2	MO; CG
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	2	MO; CG
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO; HI; CG
<i>cefazolin injection recon soln 10 gram</i>	2	HI; CG
<i>cefazolin injection recon soln 100 gram, 20 gram, 300 g</i>	2	CG
<i>cefazolin intravenous</i>	2	CG
<i>cefepime</i>	2	MO; CG
<i>cefepime</i>	2	MO; HI; CG
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	2	CG

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>clindamycin hcl</i>	2	MO; CG
<i>clindamycin phosphate injection</i>	2	MO; CG
<i>clindamycin phosphate intravenous solution 300 mg/ 2 ml, 900 mg/6 ml</i>	2	CG
<i>clindamycin phosphate intravenous solution 600 mg/ 4 ml</i>	2	HI; CG
<i>clotrimazole mucous membrane</i>	2	MO; CG
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	2	MO; HI; CG
COMPLERA	5	MO; QLL (30 per 30 days)
CRIVAN ORAL CAPSULE 200 MG	3	MO; QLL (360 per 30 days)
CRIVAN ORAL CAPSULE 400 MG	3	MO; QLL (180 per 30 days)
<i>dapsone oral</i>	2	MO; CG
DAPTOMYCIN INTRAVENOUS RECON SOLN 500 MG	5	MO
DARAPRIM	4	MO
<i>demeclocycline</i>	2	MO; CG
DESCOVY	5	MO; QLL (30 per 30 days)
<i>dicloxacillin</i>	2	MO; CG
<i>didanosine oral capsule, delayed release(drlec) 200 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>doxy-100</i>	2	MO; CG
<i>doxycycline hyclate intravenous</i>	2	CG
<i>doxycycline hyclate oral capsule</i>	2	MO; CG
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO; CG
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	2	MO; CG
EDURANT	5	MO; QLL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>efavirenz oral capsule 200 mg</i>	3	MO; QLL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	3	MO; QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	3	MO; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QLL (870 per 30 days)
<i>entecavir</i>	5	PAR; MO
EPCLUSA	5	PAR; MO; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	PAR; MO; HI
<i>ertapenem</i>	4	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG	4	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	3	MO
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral tablet 250 mg</i>	4	MO
ERYTHROMYCIN ORAL TABLET 500 MG	4	MO
<i>ethambutol</i>	2	MO; CG
EVOTAZ	5	MO; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	MO; CG; QLL (21 per 7 days)
<i>fluconazole</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fluconazole in dextrose(iso-o)</i>	2	CG
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>	2	CG
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO; HI; CG
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	HI; CG
<i>flucytosine</i>	5	MO
<i>fosamprenavir</i>	3	MO; QLL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QLL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PAR; MO; CG
<i>gentamicin injection solution 20 mg/2 ml</i>	2	MO; CG
<i>gentamicin injection solution 40 mg/ml</i>	2	MO; HI; CG
<i>gentamicin sulfate (ped) (pf)</i>	2	MO; CG
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	2	MO; CG
<i>gentamicin sulfate (pf) intravenous solution 60 mg/6 ml</i>	2	CG
GENVOYA	5	MO; QLL (30 per 30 days)
<i>griseofulvin microsize oral suspension</i>	2	MO; CG
<i>griseofulvin ultramicrosize</i>	2	MO; CG
HARVONI	5	PAR; MO; QLL (28 per 28 days)
<i>hydroxychloroquine</i>	2	MO; CG
<i>imipenem-cilastatin</i>	2	MO; HI; CG
INTELENCE ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	4	MO; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QLL (480 per 30 days)
INVANZ INJECTION	4	MO; HI

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>
INVANZ INTRAVENOUS	4	
INVIRASE ORAL CAPSULE	4	QLL (300 per 30 days)
INVIRASE ORAL TABLET	4	MO; QLL (120 per 30 days)
ISENTRESS HD	5	MO; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QLL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	MO; QLL (720 per 30 days)
<i>isoniazid oral</i>	2	MO; CG
<i>itraconazole oral capsule</i>	2	MO; CG
<i>ivermectin</i>	4	MO
JULUCA	5	MO; QLL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	MO; QLL (120 per 30 days)
<i>ketoconazole oral</i>	2	MO; CG
<i>lamivudine oral solution</i>	2	MO; CG; QLL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	MO; CG
<i>lamivudine oral tablet 150 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	2	MO; CG; QLL (60 per 30 days)
<i>levofloxacin intravenous</i>	2	MO; CG
<i>levofloxacin oral</i>	2	MO; CG
LEXIVA ORAL SUSPENSION	3	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	3	MO; QLL (120 per 30 days)
<i>linezolid in dextrose 5%</i>	2	PAR; HI; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>linezolid oral suspension for reconstitution</i>	2	PAR; MO; CG; QLL (1680 per 30 days)
<i>linezolid oral tablet</i>	2	PAR; MO; CG; QLL (56 per 30 days)
<i>linezolid-0.9% sodium chloride</i>	2	PAR; CG
<i>lopinavir-ritonavir</i>	2	MO; CG; QLL (480 per 30 days)
MACRODANTIN ORAL CAPSULE 25 MG, 50 MG	4	MO
<i>mefloquine</i>	2	MO; CG
<i>meropenem intravenous recon soln 1 gram</i>	2	MO; CG
<i>meropenem intravenous recon soln 500 mg</i>	2	MO; HI; CG
<i>meropenem-0.9% sodium chloride intravenous piggyback 500 mg/50 ml</i>	2	CG
<i>methenamine hippurate</i>	2	MO; CG
<i>methenamine mandelate oral tablet 1 gram</i>	2	MO; CG
<i>metro i.v.</i>	2	MO; CG
<i>metronidazole in nacl (iso-os)</i>	2	MO; HI; CG
<i>metronidazole oral</i>	2	MO; CG
<i>minocycline oral capsule</i>	2	MO; CG
<i>minocycline oral tablet</i>	2	MO; CG
<i>moderiba</i>	2	MO; CG
<i>morgidox</i>	2	MO; CG
MYCOBUTIN	4	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	CG
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	2	MO; HI; CG
<i>nafcillin injection recon soln 2 gram</i>	2	MO; CG
<i>nafcillin intravenous</i>	2	MO; CG
NEBUPENT	4	B/D PAR; MO
<i>neomycin</i>	2	MO; CG
<i>nevirapine oral suspension</i>	2	CG; QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; CG; 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>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	MO; CG
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	MO; CG
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO; CG
NORVIR ORAL CAPSULE	4	QLL (360 per 30 days)
NORVIR ORAL POWDER IN PACKET	4	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	4	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	4	MO; QLL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	5	MO; QLL (600 per 30 days)
<i>nystatin oral suspension</i>	2	MO; CG
<i>nystatin oral tablet</i>	2	MO; CG
ODEFSEY	5	MO; QLL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg</i>	2	CG
<i>ofloxacin oral tablet 400 mg</i>	2	MO; CG
<i>oseltamivir</i>	2	MO; CG
<i>oxacillin injection recon soln 1 gram</i>	2	CG
<i>oxacillin injection recon soln 10 gram</i>	2	HI; CG
<i>paromomycin</i>	2	MO; CG
<i>paser</i>	2	MO; CG
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	4	HI

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	4	MO; HI
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	MO; HI; CG
<i>penicillin g potassium injection recon soln 5 million unit</i>	2	MO; CG
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO; CG
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	CG
<i>penicillin g sodium</i>	2	MO; HI; CG
<i>penicillin v potassium</i>	2	MO; CG
PENTAM	4	MO
<i>pfizerpen-g injection recon soln 5 million unit</i>	2	CG
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	2	CG
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram</i>	2	MO; CG
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram</i>	2	MO; HI; CG
<i>praziquantel</i>	4	MO
PREZCOBIX	5	MO; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QLL (420 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QLL (300 per 30 days)
PRIFTIN	4	MO
<i>primaquine</i>	4	MO
<i>pyrazinamide</i>	2	MO; CG

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>sulfamethoxazole-trimethoprim</i>	2	MO; CG
SUSTIVA ORAL CAPSULE 200 MG	3	MO; QLL (120 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	3	MO; QLL (360 per 30 days)
SUSTIVA ORAL TABLET	3	MO; QLL (30 per 30 days)
SYMFI	5	MO; QLL (30 per 30 days)
SYMFI LO	5	MO; QLL (30 per 30 days)
SYNAGIS	5	PAR; MO; LA
SYNERCID	5	
TAMIFLU	3	MO
<i>tazicef injection recon soln 1 gram</i>	2	CG
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	MO; CG
TECHNIVIE	5	PAR; MO; QLL (56 per 28 days)
TEFLARO INTRAVENOUS RECON SOLN 400 MG	4	MO
TEFLARO INTRAVENOUS RECON SOLN 600 MG	5	MO
<i>tenofovir disoproxil fumarate</i>	4	MO; QLL (30 per 30 days)
<i>terbinafine hcl oral</i>	2	MO; CG; QLL (30 per 30 days)
<i>tetracycline</i>	2	MO; CG
TIGECYCLINE	5	
TIVICAY ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QLL (60 per 30 days)
<i>tobramycin sulfate injection recon soln</i>	2	CG
<i>tobramycin sulfate injection solution</i>	2	MO; HI; CG
TRECTOR	4	MO
<i>trimethoprim</i>	2	MO; CG
TRIUMEQ	5	MO; QLL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TROGARZO	5	MO; QLL (10.64 per 28 days)
TRUVADA	3	MO; QLL (30 per 30 days)
TYBOST	3	MO; QLL (30 per 30 days)
<i>valacyclovir</i>	2	MO; CG; QLL (30 per 30 days)
<i>valganciclovir</i>	2	MO; CG
<i>vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml</i>	2	CG
<i>vancomycin in 0.9 % sodium chl intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	B/D PAR; CG
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml</i>	2	B/D PAR; MO; CG
<i>vancomycin in dextrose 5 % intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	CG
<i>vancomycin injection</i>	2	CG
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	2	MO; HI; CG
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	2	CG
<i>vancomycin intravenous recon soln 5 gram, 750 mg</i>	2	MO; CG
<i>vancomycin oral capsule 125 mg</i>	5	PAR; MO; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 10 days)
VIDEX 2 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	4	MO; QLL (90 per 30 days)
VIRACEPT ORAL TABLET 250 MG	4	MO; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	MO; QLL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VIRAMUNE ORAL SUSPENSION	4	MO; QLL (1200 per 30 days)
VIREAD ORAL POWDER	4	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET	4	MO; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	2	MO; CG
<i>voriconazole oral suspension for reconstitution</i>	5	PAR; MO; QLL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	5	PAR; MO; QLL (120 per 30 days)
VOSEVI	5	PAR; MO; QLL (30 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PAR; MO; QLL (84 per 28 days)
ZERIT ORAL RECON SOLN	4	MO; QLL (2400 per 30 days)
ZIAGEN ORAL SOLUTION	3	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	2	MO; CG; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	MO; CG; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	2	MO; CG; QLL (60 per 30 days)
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/ 50 ML	4	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	4	MO
<b>Antineoplastic / Immunosuppressant Drugs</b>		
ABRAXANE	5	MO
ADAGEN	5	MO; LA
<i>adriamycin intravenous recon soln 10 mg</i>	2	CG
<i>adriamycin intravenous solution</i>	2	CG

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PAR; CG
<i>adrucil intravenous solution 500 mg/10 ml</i>	2	B/D PAR; MO; CG
AFINITOR	5	PAR; MO
AFINITOR DISPERZ	5	PAR; MO
ALECENSA	5	MO; LA
ALIMTA	5	MO
ALIQOPA	5	PAR; MO; LA
ALUNBRIG ORAL TABLET 180 MG	5	MO; QLL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	MO; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	MO; QLL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	MO; QLL (30 per 180 days)
<i>anastrozole</i>	2	MO; CG; QLL (30 per 30 days)
ARRANON	5	
ARZERRA	5	MO
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	B/D PAR; MO
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	5	B/D PAR; MO
AVASTIN	5	PAR; MO; LA
<i>azacitidine</i>	5	MO
<i>azasan</i>	2	B/D PAR; MO; CG
<i>azathioprine</i>	2	B/D PAR; MO; CG
<i>azathioprine sodium</i>	2	B/D PAR; CG
BAVENCIO	5	PAR; MO; LA
BELEODAQ	5	PAR; MO
BENDEKA	5	MO
BESPONSA	5	B/D PAR; MO
<i>bexarotene</i>	5	PAR; MO
<i>bicalutamide</i>	2	MO; CG; QLL (30 per 30 days)
BICNU	4	MO
<i>bleomycin</i>	2	B/D PAR; MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BLINCYTO INTRAVENOUS KIT	5	PAR; MO
BORTEZOMIB	5	MO
BOSULIF ORAL TABLET 100 MG	5	PAR; MO; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PAR; MO; QLL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PAR; MO; QLL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PAR; MO; QLL (180 per 30 days)
BUSULFEX	4	B/D PAR
CABOMETYX ORAL TABLET 20 MG	5	PAR; MO; LA; QLL (90 per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PAR; MO; LA; QLL (30 per 30 days)
CALQUENCE	5	PAR; MO; LA
CAPRELSA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	MO; CG
CELLCEPT INTRAVENOUS	4	B/D PAR; MO
<i>cisplatin</i>	2	MO; CG
<i>cladribine</i>	5	B/D PAR; MO
<i>clofarabine</i>	5	
CLOLAR	5	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PAR; MO; LA; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PAR; MO; LA; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PAR; MO; LA; QLL (84 per 28 days)
COSMEGEN	5	MO

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
COTELLIC	5	PAR; MO; LA; QLL (90 per 30 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	4	B/D PAR; MO
<i>cyclosporine intravenous</i>	2	B/D PAR; CG
<i>cyclosporine modified</i>	2	B/D PAR; MO; CG
<i>cyclosporine oral capsule</i>	2	B/D PAR; MO; CG
CYRAMZA	5	PAR; MO; LA
<i>cytarabine</i>	2	B/D PAR; MO; CG
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PAR; MO; CG
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PAR; CG
<i>dacarbazine</i>	2	MO; CG
DACOGEN	5	MO
<i>dactinomycin</i>	5	B/D PAR
DARZALEX	5	MO; LA
<i>daunorubicin intravenous solution</i>	2	CG
<i>decitabine</i>	5	MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	2	CG
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	2	MO; CG
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PAR
<i>doxorubicin intravenous recon soln 10 mg</i>	2	CG
<i>doxorubicin intravenous recon soln 50 mg</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>doxorubicin intravenous solution</i>	2	MO; CG
<i>doxorubicin, peg-liposomal</i>	5	MO
DROXIA	4	MO
ELITEK	5	PAR; MO
EMCYT	4	MO
EMPLICITI	5	B/D PAR; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PAR; MO; CG
<i>epirubicin intravenous solution 50 mg/25 ml</i>	2	MO; CG
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	5	PAR; MO
ERBITUX INTRAVENOUS SOLUTION 200 MG/100 ML	4	PAR; MO
ERIVEDGE	5	PAR; MO; LA; QLL (30 per 30 days)
ERLEADA	5	PAR; MO
ERWINAZE	5	MO
ETOPOPHOS	4	MO
<i>etoposide intravenous</i>	2	MO; CG
EVOMELA	5	MO
<i>exemestane</i>	2	MO; CG; QLL (60 per 30 days)
FARESTON	5	MO; QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PAR; MO; LA; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PAR; MO; LA; QLL (30 per 30 days)
FASLODEX	5	PAR; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	MO; QLL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	MO; QLL (1 per 28 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fludarabine intravenous recon soln</i>	2	MO; CG
<i>fludarabine intravenous solution</i>	2	CG
<i>fluorouracil intravenous</i>	2	B/D PAR; MO; CG
<i>flutamide</i>	2	MO; CG
FOLOTYN	5	MO
FUSILEV	5	MO
GAZYVA	5	PAR; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	MO; CG
<i>gemcitabine intravenous recon soln 2 gram</i>	2	CG
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	MO; CG
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	CG
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	CG
<i>genraf oral capsule 100 mg, 25 mg</i>	2	B/D PAR; MO; CG
<i>genraf oral solution</i>	2	B/D PAR; MO; CG
GILOTRIF	5	PAR; MO; LA; QLL (30 per 30 days)
GLEOSTINE	4	MO
HALAVEN	5	MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	MO
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	5	MO; LA
HEXALEN	5	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>hydroxyurea</i>	2	MO; CG
IBRANCE	5	PAR; MO; LA; QLL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ICLUSIG ORAL TABLET 15 MG	5	PAR; MO; LA; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>idarubicin</i>	2	CG
IDHIFA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (60 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	MO; CG
<i>ifosfamide intravenous solution</i>	2	CG
<i>imatinib oral tablet 100 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PAR; MO; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PAR; MO; LA; QLL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PAR; MO; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PAR; MO; QLL (30 per 30 days)
IMFINZI	5	PAR; MO
INLYTA ORAL TABLET 1 MG	5	PAR; MO; LA; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; MO; LA; QLL (120 per 30 days)
IRESSA	5	MO; LA
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	2	MO; CG
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	CG
ISTODAX	5	MO
IXEMPRA	5	MO
JAKAFI ORAL TABLET 10 MG	5	PAR; MO; LA; QLL (150 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>
JAKAFI ORAL TABLET 15 MG	5	PAR; MO; LA; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; MO; LA; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	5	PAR; MO; LA; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	5	PAR; MO; LA; QLL (300 per 30 days)
JEVTANA	5	MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	5	PAR; MO; LA
KADCYLA INTRAVENOUS RECON SOLN 160 MG	5	PAR; MO
KEPIVANCE	4	MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PAR; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PAR; MO; QLL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PAR; MO; QLL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PAR; MO; QLL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PAR; MO; QLL (21 per 21 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PAR; MO; QLL (42 per 21 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PAR; MO; QLL (63 per 21 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
KYPROLIS INTRAVENOUS RECON SOLN 10 MG	5	MO
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	5	MO; LA
LARTRUVO	5	MO; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	5	PAR; MO; LA; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	5	PAR; MO; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PAR; MO; LA; QLL (60 per 30 days)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PAR; MO; LA; QLL (90 per 30 days)
<i>letrozole</i>	2	MO; CG; QLL (30 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	MO; CG
<i>leucovorin calcium injection recon soln 500 mg</i>	2	CG
<i>leucovorin calcium oral</i>	2	MO; CG
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	4	MO
<i>levoleucovorin intravenous recon soln 50 mg</i>	4	
<i>levoleucovorin intravenous solution</i>	5	
LONSURF	5	PAR; MO
LUPRON DEPOT	5	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PAR; MO; QLL (1 per 84 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PAR; MO; QLL (1 per 84 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PAR; MO; QLL (1 per 28 days)
LYNPARZA ORAL CAPSULE	5	PAR; MO; LA; QLL (480 per 30 days)
LYNPARZA ORAL TABLET	5	PAR; MO; QLL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	5	MO
MATULANE	5	MO; LA
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	2	CG
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	MO; CG
<i>megestrol oral tablet</i>	2	MO; CG
MEKINIST ORAL TABLET 0.5 MG	5	PAR; MO; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PAR; MO; QLL (30 per 30 days)
MEKTOVI	5	PAR; MO; QLL (180 per 30 days)
<i>melphalan hcl</i>	2	CG
<i>mercaptopurine</i>	2	MO; CG
<i>mesna</i>	2	MO; CG
MESNEX ORAL	5	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	CG
<i>methotrexate sodium (pf) injection solution</i>	2	MO; CG
<i>methotrexate sodium injection</i>	4	MO
<i>methotrexate sodium oral</i>	2	MO; CG
<i>mitomycin intravenous</i>	2	MO; CG
<i>mitoxantrone</i>	2	MO; CG
MUSTARGEN	4	MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PAR; MO; CG
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PAR; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PAR; MO; CG
<i>mycophenolate sodium</i>	2	B/D PAR; MO; CG
MYLOTARG	5	PAR; MO; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
NERLYNX	5	PAR; MO; LA; QLL (180 per 30 days)
NEXAVAR	5	PAR; MO; LA; QLL (120 per 30 days)
NILANDRON	5	MO; QLL (30 per 30 days)
NINLARO	5	PAR; MO; QLL (3 per 28 days)
NIPENT	5	MO
NULOJIX	5	MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PAR; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PAR; MO; CG
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	PAR; MO; CG
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PAR; MO
ODOMZO	5	PAR; MO; LA; QLL (30 per 30 days)
OPDIVO	5	PAR; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	MO; CG
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	CG
<i>oxaliplatin intravenous solution</i>	2	MO; CG
<i>paclitaxel</i>	2	MO; CG
PERJETA	5	MO; LA
POMALYST ORAL CAPSULE 1 MG	5	PAR; MO; LA; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; MO; LA; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; MO; LA; QLL (30 per 30 days)
PORTRAZZA	5	MO

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>
PROGRAF INTRAVENOUS	4	B/D PAR; MO
PURIXAN	5	PAR; MO; LA
RAPAMUNE ORAL SOLUTION	4	B/D PAR; MO
REVLIMID ORAL CAPSULE 10 MG	5	MO; LA; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	5	MO; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	MO; LA; QLL (150 per 30 days)
RITUXAN HYCELA	5	B/D PAR; MO
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ ML	5	MO; LA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ ML (10 ML)	5	B/D PAR; MO
ROMIDEPSIN	5	
RUBRACA ORAL TABLET 200 MG	5	PAR; MO; LA; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PAR; MO; LA; QLL (120 per 30 days)
RYDAPT	5	PAR; MO; QLL (240 per 30 days)
SANDIMMUNE ORAL SOLUTION	4	B/D PAR; MO
SIGNIFOR	5	MO; LA
SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	B/D PAR
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	B/D PAR; MO
<i>sirolimus</i>	2	B/D PAR; MO; CG
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	MO
SPRYCEL	5	MO; QLL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
STIVARGA	5	PAR; MO; LA; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	5	MO; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	MO; QLL (30 per 30 days)
SYNRIBO	5	MO
TABLOID	4	MO
<i>tacrolimus oral</i>	2	B/D PAR; MO; CG
TAFINLAR	5	PAR; MO; QLL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	5	PAR; MO; LA; QLL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>tamoxifen</i>	2	MO; CG
TARCEVA ORAL TABLET 100 MG, 150 MG	5	MO; LA; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	MO; LA; QLL (90 per 30 days)
TARGRETIN ORAL	5	PAR; MO
TARGRETIN TOPICAL	5	PAR; MO; QLL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	MO; QLL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	MO; QLL (56 per 28 days)
TECENTRIQ	5	MO; LA; QLL (20 per 21 days)
<i>temsirolimus</i>	5	MO
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	MO; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	MO; QLL (60 per 30 days)
<i>thiotepa</i>	2	MO; CG
<i>toposar</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>topotecan intravenous recon soln</i>	5	
<i>topotecan intravenous solution</i>	5	MO
TORISEL	5	MO
TREANDA INTRAVENOUS RECON SOLN	5	MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	MO; QLL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	MO; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	MO; QLL (1 per 28 days)
<i>tretinoin (chemotherapy)</i>	5	MO
<i>trexall</i>	2	MO; CG
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	MO
TYKERB	5	MO; QLL (180 per 30 days)
UNITUXIN	5	MO
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	4	PAR; MO
VECTIBIX INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML)	3	PAR; MO
VELCADE	5	MO
VENCLEXTA ORAL TABLET 10 MG	4	PAR; MO; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PAR; MO; LA; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PAR; MO; LA; QLL (84 per 365 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VERZENIO	5	PAR; MO; LA; QLL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PAR; MO; CG
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B/D PAR; CG
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	2	B/D PAR; MO; CG
<i>vincristine</i>	2	B/D PAR; MO; CG
<i>vinorelbine</i>	2	MO; CG
VOTRIENT	5	MO; QLL (120 per 30 days)
VYXEOS	5	B/D PAR; MO
XALKORI	5	PAR; MO; LA; QLL (60 per 30 days)
XATMEP	4	MO
XGEVA	5	PAR; MO; QLL (1.7 per 28 days)
XTANDI	5	PAR; MO; LA; QLL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML)	5	MO
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	5	MO; LA
<i>yondelis</i>	5	B/D PAR; MO; LA
YONSA	5	PAR; MO; QLL (120 per 30 days)
ZALTRAP	5	PAR; MO
ZANOSAR	4	MO
ZEJULA	5	PAR; MO; QLL (90 per 30 days)
ZELBORAF	5	PAR; MO; LA; QLL (240 per 30 days)
ZOLINZA	5	MO; QLL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	4	B/D PAR; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PAR; MO
ZYDELIG	5	PAR; MO; LA; QLL (60 per 30 days)
ZYKADIA	5	PAR; MO; LA; QLL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PAR; MO; LA; QLL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PAR; MO; QLL (60 per 30 days)
<b>Autonomic / Cns Drugs, Neurology / Psych</b>		
ABILIFY MAINTENA	5	MO; QLL (1 per 28 days)
ABSTRAL SUBLINGUAL TABLET 100 MCG	4	PAR; MO; QLL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	5	PAR; MO; QLL (120 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg / 12.5 ml</i>	2	CG; QLL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; CG; QLL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	MO; CG; QLL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; CG; QLL (180 per 30 days)
ADASUVE	4	
<i>alprazolam oral tablet</i>	2	MO; CG; QLL (120 per 30 days)
<i>amitriptyline</i>	2	MO; CG
<i>amoxapine</i>	2	MO; CG
AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)
AMRIX	5	PAR; MO
APOKYN	5	PAR; MO; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
APTIOM	4	MO
<i>aripiprazole oral solution</i>	5	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	MO; CG; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	2	MO; CG; QLL (60 per 30 days)
ARISTADA INITIO	5	QLL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QLL (1.6 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QLL (2.4 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QLL (3.2 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QLL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QLL (30 per 30 days)
<i>baclofen</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>
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	5	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	5	PAR; MO; QLL (240 per 30 days)
<i>benztropine oral</i>	2	MO; CG
BRIVIACT INTRAVENOUS	4	PAR
BRIVIACT ORAL SOLUTION	4	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	5	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	5	PAR; MO; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	5	PAR; MO; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	5	PAR; MO; QLL (120 per 30 days)
<i>bromocriptine</i>	2	MO; CG
<i>buprenorphine hcl injection solution</i>	2	MO; CG; QLL (90 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	CG; QLL (150 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	MO; CG; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	MO; CG; QLL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>buspirone</i>	2	MO; CG
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>butorphanol tartrate injection</i>	2	MO; CG
<i>butorphanol tartrate nasal</i>	2	MO; CG; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO; CG
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO; CG
<i>carbamazepine oral suspension 200 mg/10 ml</i>	2	CG
<i>carbamazepine oral tablet</i>	2	MO; CG
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO; CG
<i>carbamazepine oral tablet, chewable</i>	2	MO; CG
<i>carbidopa-levodopa</i>	2	MO; CG
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	4	MO; QLL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	4	MO; QLL (30 per 30 days)
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>chlorpromazine</i>	2	MO; CG
<i>citalopram oral solution</i>	2	MO; CG; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>clomipramine</i>	2	MO; CG
<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, disintegrating 0.125 mg</i>	2	MO; CG; QLL (4800 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>clonazepam oral tablet, disintegrating 0.25 mg</i>	2	MO; CG; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	2	MO; CG; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	2	MO; CG; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; CG; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	2	MO; CG
<i>clozapine oral tablet 100 mg</i>	2	MO; CG; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	MO; CG; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	MO; CG; QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	2	CG; QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	2	CG; QLL (2160 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	4	QLL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	4	QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	2	CG; QLL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PAR; MO; QLL (12 per 28 days)
<i>dalfampridine</i>	5	PAR; MO; QLL (60 per 30 days)
<i>dantrolene</i>	2	MO; CG
<i>desipramine</i>	2	MO; CG
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg</i>	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	MO; QLL (240 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	MO; QLL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	MO; QLL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	MO; QLL (240 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	2	PAR; MO; CG; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	2	PAR; MO; CG; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	MO; CG; QLL (60 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	3	MO
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	4	MO
<i>diazepam injection solution</i>	2	CG
<i>diazepam injection syringe</i>	2	MO; CG
<i>diazepam intensol</i>	2	MO; CG; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	MO; CG; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/ 5 ml (1 mg/ml)</i>	2	MO; CG; QLL (1200 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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 kit 12.5-15-17.5-20 mg</i>	2	MO; CG
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	4	MO
<i>diclofenac potassium</i>	2	MO; CG
<i>diclofenac sodium oral</i>	2	MO; CG
<i>diclofenac sodium topical gel 1 %</i>	2	MO; CG; QLL (1000 per 30 days)
<i>diflunisal</i>	2	MO; CG
DILANTIN	3	MO
DILANTIN EXTENDED	3	MO
DILANTIN INFATABS	3	MO
<i>divalproex</i>	2	MO; CG
<i>donepezil oral tablet 10 mg</i>	2	MO; CG
<i>donepezil oral tablet 5 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>doxepin oral</i>	2	MO; CG
<i>duloxetine oral capsule, delayed release(dr/lec) 20 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 30 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 40 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/lec) 60 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	3	MO; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	3	QLL (180 per 30 days)
EMSAM	5	MO; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>entacapone</i>	2	MO; CG
<i>epitol</i>	2	MO; CG
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	4	MO; QLL (480 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	4	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	MO; QLL (180 per 30 days)
<i>ergoloid</i>	2	MO; CG
<i>ergomar</i>	2	MO; CG
<i>escitalopram oxalate oral solution</i>	2	MO; CG; 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)
<i>eszopiclone</i>	4	MO; QLL (30 per 30 days)
<i>ethosuximide</i>	2	MO; CG
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 ORAL TABLETS,DOSE PACK	4	MO; QLL (16 per 365 days)
FAZACLO ORAL TABLET, DISINTEGRATING 100 MG	4	QLL (270 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 12.5 MG	4	QLL (2160 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
FAZACLO ORAL TABLET, DISINTEGRATING 25 MG	4	QLL (1080 per 30 days)
<i>felbamate</i>	2	MO; CG
<i>fenopropfen oral tablet</i>	2	MO; CG
<i>fentanyl citrate</i>	5	PAR; MO; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MO; CG; QLL (15 per 30 days)
FENTORA	5	PAR; MO; QLL (120 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	4	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	4	PAR; MO; QLL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO; CG; QLL (600 per 30 days)
<i>fluphenazine decanoate</i>	2	MO; CG
<i>fluphenazine hcl</i>	2	MO; CG
<i>flurbiprofen</i>	2	MO; CG
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>fosphephenytoin</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
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 250 mg/5 ml</i>	2	MO; CG; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	CG; 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)
GABITRIL ORAL TABLET 12 MG, 16 MG	4	MO
GEODON INTRAMUSCULAR	4	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PAR; MO; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PAR; MO; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PAR; MO; QLL (12 per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PAR; MO; QLL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	PAR; MO; QLL (30 per 30 days)
GUANIDINE	3	MO
<i>haloperidol</i>	2	MO; CG

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>haloperidol decanoate</i>	2	MO; CG
<i>haloperidol lactate injection</i>	2	MO; CG
<i>haloperidol lactate intramuscular</i>	2	CG
<i>haloperidol lactate oral</i>	2	MO; CG
HETLIOZ	5	PAR; MO; LA; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; CG; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	MO; CG; QLL (50 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	2	MO; CG
<i>ibuprofen oral suspension</i>	2	MO; CG
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO; CG
<i>imipramine hcl</i>	2	MO; CG
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QLL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QLL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	MO; QLL (0.875 per 90 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	MO; QLL (2.625 per 90 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 per 30 days)
<i>lamotrigine oral tablet</i>	2	MO; CG
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO; CG
LATUDA ORAL TABLET 120 MG, 60 MG	5	MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	5	MO; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	5	MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QLL (60 per 30 days)
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	CG
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO; CG
<i>levetiracetam intravenous</i>	2	MO; CG
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO; CG
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	CG
<i>levetiracetam oral tablet</i>	2	MO; CG
<i>levetiracetam oral tablet extended release 24 hr 500 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>
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>levorphanol tartrate</i>	2	MO; CG; QLL (180 per 30 days)
<i>lithium carbonate</i>	2	MO; CG
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	MO
LODOSYN	4	MO
<i>lorazepam intensol</i>	2	MO; CG
<i>lorazepam oral</i>	2	MO; CG
<i>lorcet (hydrocodone)</i>	2	MO; CG; QLL (360 per 30 days)
<i>lorcet hd</i>	2	MO; CG; QLL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>loxapine succinate</i>	2	MO; CG
LUNESTA	4	MO; QLL (30 per 30 days)
LYRICA ORAL CAPSULE 100 MG	3	MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	3	MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	3	MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	3	MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	3	MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	3	MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	2	MO; CG; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	2	MO; CG; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	2	MO; CG
MARPLAN	4	MO
<i>meclofenamate</i>	2	MO; CG
<i>meloxicam oral tablet</i>	1	MO; CG; QLL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	MO; QLL (30 per 30 days)
<i>memantine oral solution</i>	2	MO; CG; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	2	MO; CG; QLL (90 per 30 days)
MESTINON ORAL SYRUP	4	MO
<i>metadate er</i>	2	MO; CG; QLL (90 per 30 days)
<i>methadone injection solution</i>	4	QLL (150 per 30 days)
<i>methadone intensol</i>	2	MO; CG; QLL (30 per 30 days)
<i>methadone oral concentrate</i>	2	MO; CG; QLL (30 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	MO; CG; QLL (900 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	MO; CG; QLL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>methylphenidate hcl oral tablet</i>	2	MO; CG; QLL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	2	MO; CG; QLL (90 per 30 days)
MIGRANAL	4	MO; QLL (8 per 28 days)
<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, disintegrating 15 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	2	MO; CG; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	2	MO; CG; QLL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>modafinil oral tablet 100 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	CG; QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; CG; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	2	MO; CG; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	2	B/D PAR; CG; QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; CG; QLL (270 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	2	CG; QLL (180 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	CG; QLL (180 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	2	MO; CG; QLL (120 per 30 days)
<i>morphine injection syringe 2 mg/ml, 4 mg/ml</i>	3	MO; QLL (180 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	3	QLL (180 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	2	CG; QLL (180 per 30 days)
<i>morphine intravenous cartridge 2 mg/ml, 8 mg/ml</i>	2	CG; QLL (180 per 30 days)
<i>morphine intravenous cartridge 4 mg/ml</i>	3	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; CG; QLL (120 per 30 days)
<i>morphine intravenous solution 4 mg/ml, 8 mg/ml</i>	2	MO; CG; QLL (180 per 30 days)
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	3	QLL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	4	MO; QLL (2700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	4	MO; QLL (1350 per 30 days)
<i>morphine oral tablet 15 mg</i>	3	MO; QLL (360 per 30 days)
<i>morphine oral tablet 30 mg</i>	3	MO; QLL (180 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>nabumetone</i>	2	MO; CG
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; CG; QLL (180 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; CG; QLL (90 per 30 days)
<i>naloxone</i>	1	MO; CG
<i>naltrexone</i>	2	MO; CG
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	MO; QLL (56 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	4	MO; QLL (30 per 30 days)
<i>naproxen oral tablet</i>	2	MO; CG
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
<i>nefazodone oral tablet 100 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	2	MO; CG; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	2	MO; CG; QLL (360 per 30 days)
NEUPRO	4	PAR; MO; QLL (30 per 30 days)
<i>norco</i>	2	MO; CG; QLL (360 per 30 days)
<i>norriptyline oral capsule</i>	2	MO; CG
NORTRIPTYLINE ORAL SOLUTION	2	MO; CG
NUEDEXTA	3	MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	5	PAR; MO; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PAR; MO; QLL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
NUPLAZID ORAL TABLET 17 MG	5	PAR; MO; LA; QLL (60 per 30 days)
<i>olanzapine intramuscular</i>	2	MO; CG; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	2	MO; CG; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	2	MO; CG; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	2	MO; CG; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	2	MO; CG; QLL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PAR; MO; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	4	PAR; MO; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	4	PAR; MO; QLL (60 per 30 days)
ORAP	4	MO
<i>oxaprozin</i>	2	MO; CG
<i>oxcarbazepine oral tablet</i>	2	MO; CG
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QLL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QLL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	MO; QLL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; CG; QLL (360 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>oxycodone oral concentrate</i>	2	MO; CG; QLL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; CG; QLL (1800 per 30 days)
<i>oxycodone oral syringe</i>	2	CG; QLL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; CG; QLL (360 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	2	MO; CG; QLL (30 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)
PEGANONE	4	MO
<i>perphenazine</i>	2	MO; CG
<i>phenelzine</i>	2	MO; CG
<i>phenobarbital oral elixir</i>	2	MO; CG; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	2	MO; CG; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	2	MO; CG; QLL (741 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>phenobarbital oral tablet 30 mg</i>	2	MO; CG; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	2	MO; CG; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	2	MO; CG; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	2	MO; CG; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	2	MO; CG; QLL (123 per 30 days)
<i>phenytek</i>	2	MO; CG
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	CG
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO; CG
<i>phenytoin oral tablet, chewable</i>	2	MO; CG
<i>phenytoin sodium extended</i>	2	MO; CG
<i>phenytoin sodium intravenous solution</i>	2	MO; CG
<i>phenytoin sodium intravenous syringe</i>	2	CG
<i>piroxicam</i>	2	MO; CG
<i>pramipexole oral tablet</i>	2	MO; CG
<i>primidone</i>	2	MO; CG
<i>protriptyline</i>	2	MO; CG
<i>pyridostigmine bromide oral tablet</i>	2	MO; CG
<i>quetiapine oral tablet 100 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; CG; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	4	MO; QLL (150 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	4	MO; QLL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	4	MO; QLL (80 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	4	MO; QLL (480 per 30 days)
<i>rasagiline</i>	3	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	PAR; MO; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML	5	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO; CG; 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, disintegrating 0.25 mg</i>	2	MO; CG; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	2	MO; CG; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	2	MO; CG; QLL (240 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>risperidone oral tablet, disintegrating 3 mg</i>	2	MO; CG; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>rivastigmine patch</i>	4	MO; QLL (30 per 30 days)
<i>rivastigmine tartrate</i>	2	MO; CG; QLL (60 per 30 days)
<i>rizatriptan</i>	2	MO; CG; QLL (12 per 30 days)
<i>ropinirole oral tablet</i>	2	MO; CG
<i>roweepra oral tablet 500 mg</i>	2	MO; CG
ROZEREM	3	MO; QLL (30 per 30 days)
SABRIL ORAL POWDER IN PACKET	4	MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	5	MO; LA; QLL (180 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	4	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	4	MO; QLL (120 per 30 days)
<i>selegiline hcl</i>	2	MO; CG
<i>sertraline oral concentrate</i>	2	MO; CG; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	2	MO; CG; QLL (120 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	4	PAR; MO; QLL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PAR; MO; QLL (120 per 30 days)
<i>sulindac</i>	2	MO; CG
<i>sumatriptan nasal spray</i>	4	MO
<i>sumatriptan succinate oral</i>	2	MO; CG; QLL (9 per 30 days)
SURMONTIL	4	PAR; MO
TECFIDERA	5	PAR; MO; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PAR; MO; QLL (120 per 30 days)
<i>thioridazine</i>	2	MO; CG
<i>thiothixene</i>	2	MO; CG
<i>tiagabine</i>	2	MO; CG
<i>tizanidine oral tablet</i>	2	MO; CG
<i>tolcapone</i>	5	MO; QLL (180 per 30 days)
<i>topiramate oral capsule, sprinkle</i>	2	MO; CG
<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>tramadol oral tablet</i>	2	MO; CG; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; CG; QLL (40 per 30 days)
<i>tranylcypromine</i>	2	MO; CG
<i>trazodone</i>	2	MO; CG
<i>trifluoperazine</i>	2	MO; CG
<i>trihexyphenidyl</i>	2	MO; CG
TRILEPTAL ORAL SUSPENSION	4	MO
<i>trimipramine</i>	4	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	MO; QLL (120 per 30 days)
TYSABRI	5	PAR; MO; LA
<i>valproate sodium</i>	2	MO; CG
<i>valproic acid</i>	2	MO; CG
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO; CG

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	CG
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	2	MO; CG; QLL (113 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	2	MO; CG; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; CG; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; CG; QLL (225 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	2	MO; CG; QLL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	MO; CG; QLL (90 per 30 days)
VERSACLOZ	4	QLL (600 per 30 days)
<i>vigabatrin</i>	5	MO; LA; QLL (180 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	MO; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	4	QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	MO; QLL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	4	PAR; MO; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	PAR; MO; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PAR; MO; QLL (14 per 365 days)
XENAZINE ORAL TABLET 12.5 MG	5	PAR; MO; LA; QLL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	5	PAR; MO; LA; QLL (120 per 30 days)
XYREM	5	PAR; MO; LA; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>zenzedi oral tablet 10 mg</i>	2	PAR; MO; CG; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	2	PAR; MO; CG; QLL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>zolmitriptan</i>	2	MO; CG; QLL (9 per 30 days)
<i>zonisamide</i>	2	MO; CG
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO; QLL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO; LA; QLL (2 per 28 days)
<b>Cardiovascular, Hypertension / Lipids</b>		
<i>acebutolol</i>	2	MO; CG
<i>afeditab cr</i>	2	MO; CG
<i>amiloride</i>	2	MO; CG
<i>amiloride-hydrochlorothiazide</i>	2	MO; CG
<i>amiodarone intravenous solution</i>	2	B/D PAR; MO; CG
<i>amiodarone intravenous syringe</i>	2	B/D PAR; CG
<i>amiodarone oral</i>	2	MO; CG
<i>amlodipine</i>	1	MO; CG
<i>amlodipine-benazepril</i>	6	MO; CG
<i>aspirin-dipyridamole</i>	4	MO; QLL (60 per 30 days)
<i>atenolol</i>	1	MO; CG
<i>atenolol-chlorthalidone</i>	1	MO; CG
<i>atorvastatin</i>	6	MO; CG
<i>benazepril</i>	6	MO; CG
<i>benazepril-hydrochlorothiazide</i>	6	MO; CG
<i>betaxolol oral</i>	2	MO; CG
<i>bisoprolol fumarate</i>	2	MO; CG
<i>bisoprolol-hydrochlorothiazide</i>	2	MO; CG
BRILINTA	4	MO; QLL (60 per 30 days)
<i>bumetanide</i>	2	MO; CG
BYSTOLIC	4	MO
<i>cartia xt</i>	2	MO; CG
<i>carvedilol</i>	1	MO; CG
<i>chlorothiazide</i>	2	MO; CG
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO; CG
<i>cholestyramine (with sugar)</i>	2	MO; CG
<i>cholestyramine light</i>	2	MO; CG
<i>cilostazol</i>	2	MO; CG
<i>clonidine hcl oral tablet</i>	2	MO; CG
<i>clonidine patch</i>	2	MO; CG; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	2	MO; CG; QLL (1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clopidogrel oral tablet 75 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>colestipol</i>	2	MO; CG
CORLANOR	4	PAR; MO; QLL (60 per 30 days)
DEMSER	4	MO
<i>digitek oral tablet 125 mcg</i>	2	MO; CG
<i>digox oral tablet 125 mcg</i>	2	MO; CG
<i>digoxin injection solution</i>	2	MO; CG
<i>digoxin oral solution 50 mcg/ml</i>	3	MO
<i>digoxin oral tablet 125 mcg</i>	2	MO; CG
<i>dilt-xr</i>	2	MO; CG
<i>diltiazem hcl intravenous solution</i>	2	CG
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	MO; CG
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	MO; CG
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	MO; CG
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	MO; CG
<i>diltiazem hcl oral tablet</i>	2	MO; CG
<i>dofetilide</i>	4	MO
<i>doxazosin</i>	2	MO; CG
ELIQUIS ORAL TABLET 2.5 MG	4	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	4	MO; QLL (74 per 30 days)
<i>enalapril maleate</i>	6	MO; CG
<i>enalapril-hydrochlorothiazide</i>	6	MO; CG
<i>enoxaparin subcutaneous solution</i>	2	MO; CG; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	MO; CG; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	MO; CG; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	MO; CG; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	MO; CG; QLL (11.2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	MO; CG; QLL (16.8 per 28 days)
ENTRESTO	4	PAR; MO
<i>eplerenone</i>	2	MO; CG
<i>eprosartan</i>	2	MO; CG
<i>ezetimibe</i>	2	MO; CG
<i>felodipine</i>	2	MO; CG
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	2	MO; CG
<i>fenofibrate nanocrystallized</i>	2	MO; CG
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO; CG
<i>flecainide</i>	2	MO; CG
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; QLL (18 per 30 days)
<i>fosinopril</i>	6	MO; CG
<i>fosinopril-hydrochlorothiazide</i>	6	MO; CG
FRAGMIN	4	MO
SUBCUTANEOUS		
SYRINGE 2,500 ANTI-XA		
UNIT/0.2 ML, 5,000		
ANTI-XA UNIT/0.2 ML		
<i>furosemide injection solution</i>	2	MO; CG
<i>furosemide oral solution 10 mg/ml</i>	1	MO; CG
FUROSEMIDE ORAL	1	MO; CG
SOLUTION 40 MG/5 ML		
(8 MG/ML)		
<i>furosemide oral tablet</i>	1	MO; CG
<i>gemfibrozil</i>	2	MO; CG
HEPARIN (PORCINE) IN	3	B/D PAR; MO; HI
5 % DEX		
INTRAVENOUS		
PARENTERAL		
SOLUTION 25,000		
UNIT/250 ML(100 UNIT/		
ML)		

Drug Name	Drug Tier	Requirements /Limits
HEPARIN (PORCINE) IN	4	B/D PAR; MO; HI
5 % DEX		
INTRAVENOUS		
PARENTERAL		
SOLUTION 25,000		
UNIT/500 ML (50 UNIT/		
ML)		
<i>heparin (porcine) injection solution</i>	2	B/D PAR; MO; HI; CG
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	B/D PAR; MO; CG
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	3	B/D PAR; MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	4	B/D PAR; MO
<i>hydralazine</i>	2	MO; CG
<i>hydrochlorothiazide oral capsule</i>	1	MO; CG
HYDROCHLOROTHIAZIDE	1	MO; CG
ORAL TABLET 12.5 MG		
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	1	MO; CG
<i>indapamide</i>	2	MO; CG
<i>irbesartan</i>	6	MO; CG
<i>isosorbide dinitrate oral tablet</i>	2	MO; CG
<i>isosorbide mononitrate</i>	2	MO; CG
JANTOVEN	1	MO; CG
JUXTAPID	5	PAR; MO; LA; QLL (30 per 30 days)
KYNAMRO	5	PAR; MO; LA; QLL (4 per 28 days)
<i>labetalol intravenous solution</i>	2	MO; CG
<i>labetalol oral</i>	2	MO; CG
LANOXIN ORAL	3	MO
TABLET 62.5 MCG		
<i>lidocaine (pf) intravenous solution</i>	2	MO; CG
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	2	CG
<i>lisinopril</i>	6	MO; CG
<i>lisinopril-hydrochlorothiazide</i>	6	MO; CG
<i>losartan</i>	6	MO; CG

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PRADAXA	4	MO; QLL (60 per 30 days)
PRALUENT PEN	5	PAR; MO; QLL (2 per 28 days)
<i>prasugrel</i>	3	MO; QLL (30 per 30 days)
<i>pravastatin</i>	2	MO; CG
<i>prazosin</i>	2	MO; CG
<i>prevalite</i>	2	MO; CG
<i>procainamide injection solution 100 mg/ml</i>	2	MO; CG
<i>procainamide injection solution 500 mg/ml</i>	2	CG
<i>procainamide intravenous</i>	2	CG
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; MO; LA; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (60 per 30 days)
<i>propafenone oral tablet</i>	2	MO; CG
<i>propranolol intravenous</i>	2	CG
<i>propranolol oral</i>	2	MO; CG
<i>quinapril</i>	6	MO; CG
<i>quinapril-hydrochlorothiazide</i>	6	MO; CG
<i>quinidine sulfate oral tablet</i>	2	MO; CG
<i>ramipril</i>	6	MO; CG
RANEXA	3	MO
REPATHA	5	PAR; MO; QLL (3.5 per 28 days)
PUSHTRONEX	5	PAR; MO; QLL (3 per 28 days)
REPATHA SURECLICK	5	PAR; MO; QLL (3 per 28 days)
REPATHA SYRINGE	5	PAR; MO; QLL (3 per 28 days)
<i>rosuvastatin</i>	6	MO; CG
<i>simvastatin</i>	6	MO; CG
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO; CG
<i>sorine oral tablet 240 mg</i>	2	CG
<i>sotalol af</i>	2	MO; CG
<i>sotalol oral</i>	2	MO; CG
<i>spironolacton-hydrochlorothiaz</i>	2	MO; CG
<i>spironolactone</i>	2	MO; CG
<i>taztia xt</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>telmisartan</i>	2	MO; CG
<i>terazosin</i>	2	MO; CG
<i>timolol maleate oral</i>	2	MO; CG
<i>toremide oral</i>	2	MO; CG
<i>trandolapril</i>	6	MO; CG
<i>tranexamic acid intravenous</i>	2	MO; CG
<i>triamterene-hydrochlorothiazid</i>	2	MO; CG
UPTRAVI ORAL TABLET	5	PAR; MO; LA; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PAR; MO; LA; QLL (400 per 365 days)
<i>valsartan</i>	6	MO; CG
<i>valsartan-hydrochlorothiazide</i>	6	MO; CG
VECAMYL	4	
<i>verapamil intravenous solution</i>	2	MO; CG
<i>verapamil intravenous syringe</i>	2	CG
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO; CG
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	3	MO
<i>verapamil oral tablet</i>	2	MO; CG
<i>verapamil oral tablet extended release</i>	2	MO; CG
<i>warfarin</i>	1	MO; CG
XARELTO ORAL TABLET 10 MG, 20 MG	4	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	4	MO; QLL (42 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	4	MO; QLL (102 per 365 days)
ZETIA	4	MO
<b>Dermatologicals/Topical Therapy</b>		
<i>acyclovir topical</i>	2	MO; CG; QLL (30 per 30 days)
<i>adapalene topical gel 0.3 %</i>	2	MO; CG
<i>ala-cort topical cream</i>	2	MO; CG
<i>alclometasone</i>	2	MO; CG
<i>amcinonide topical cream</i>	2	MO; CG
<i>amcinonide topical lotion</i>	2	MO; CG
<i>amcinonide topical ointment</i>	2	CG
<i>ammonium lactate</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>betamethasone dipropionate</i>	2	MO; CG
<i>betamethasone valerate topical cream</i>	2	MO; CG
<i>betamethasone valerate topical lotion</i>	2	MO; CG
<i>betamethasone valerate topical ointment</i>	2	MO; CG
<i>betamethasone, augmented topical cream</i>	2	MO; CG
<i>betamethasone, augmented topical lotion</i>	2	MO; CG
<i>betamethasone, augmented topical ointment</i>	2	MO; CG
<i>calcipotriene scalp</i>	2	MO; CG; QLL (60 per 30 days)
<i>calcipotriene topical</i>	2	MO; CG; QLL (120 per 30 days)
<i>calcitriol topical</i>	4	MO
CAPEX	4	MO
<i>ciclodan topical solution</i>	2	MO; CG
<i>ciclopirox</i>	2	MO; CG
CLARAVIS	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO; CG
<i>clindamycin phosphate topical lotion</i>	2	MO; CG
<i>clindamycin phosphate topical solution</i>	2	MO; CG
<i>clindamycin phosphate topical swab</i>	2	MO; CG
<i>clobetasol scalp</i>	2	MO; CG
<i>clobetasol topical cream</i>	2	MO; CG
<i>clobetasol topical gel</i>	2	MO; CG
<i>clobetasol-emollient topical cream</i>	2	MO; CG
<i>clotrimazole topical</i>	2	MO; CG
<i>clotrimazole-betamethasone topical cream</i>	2	MO; CG
DENAVIR	4	MO; QLL (5 per 30 days)
<i>desonide</i>	2	MO; CG
<i>desoximetasone topical cream</i>	2	MO; CG
<i>desoximetasone topical gel</i>	2	MO; CG
<i>diclofenac sodium topical gel 3 %</i>	5	PAR; MO; QLL (100 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ELIDEL	4	PAR; MO; QLL (100 per 90 days)
<i>ery pads</i>	2	MO; CG
<i>erythromycin with ethanol</i>	2	MO; CG
<i>erythromycin-benzoyl peroxide</i>	2	MO; CG
<i>fluocinolone</i>	2	MO; CG
<i>fluocinolone and shower cap</i>	2	MO; CG
<i>fluocinonide topical cream 0.05 %</i>	2	MO; CG
<i>fluocinonide topical gel</i>	2	MO; CG
<i>fluocinonide topical ointment</i>	2	MO; CG
<i>fluocinonide topical solution</i>	2	MO; CG
<i>fluocinonide-e</i>	2	MO; CG
FLUOCINONIDE-EMOLLIENT	2	CG
<i>fluorouracil topical cream 5 %</i>	2	MO; CG
<i>fluticasone topical cream</i>	2	MO; CG
<i>fluticasone topical ointment</i>	2	MO; CG
<i>gentamicin topical</i>	2	MO; CG
<i>halobetasol propionate</i>	2	MO; CG
HALOG	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO; CG
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO; CG
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO; CG
<i>hydrocortisone valerate</i>	2	MO; CG
<i>hydrocortisone-min oil-wht pet</i>	2	MO; CG
<i>imiquimod topical cream in packet</i>	2	MO; CG
<i>ketoconazole topical</i>	2	MO; CG
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	CG
<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO; CG
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	2	MO; CG
<i>lidocaine hcl laryngotracheal</i>	2	MO; CG
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; CG
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO; CG
<i>lidocaine topical adhesive patch, medicated</i>	2	PAR; MO; CG; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO
<i>lidocaine viscous</i>	2	MO; CG
<i>lidocaine-prilocaine topical cream</i>	2	MO; CG
<i>lindane topical shampoo</i>	2	MO; CG
<i>mafenide acetate</i>	4	MO
<i>methoxsalen</i>	5	PAR; MO
<i>metronidazole topical cream</i>	2	MO; CG
<i>metronidazole topical gel 0.75 %</i>	2	MO; CG
<i>metronidazole topical lotion</i>	2	MO; CG
<i>mometasone topical</i>	2	MO; CG
<i>mupirocin</i>	2	MO; CG
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	MO
MYORISAN ORAL CAPSULE 30 MG	4	
<i>nyamyc</i>	2	MO; CG
<i>nystatin topical</i>	2	MO; CG
<i>nystatin-triamcinolone topical cream</i>	4	MO
<i>nystop</i>	2	MO; CG
PANRETIN	5	MO
<i>permethrin topical cream</i>	2	MO; CG
PICATO	4	MO
<i>podofilox</i>	2	MO; CG
<i>rosadan topical cream</i>	2	MO; CG
<i>rosadan topical gel</i>	2	MO; CG
SANTYL	4	MO; QLL (30 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO; CG
<i>silver sulfadiazine</i>	3	MO
SORIATANE ORAL CAPSULE 10 MG, 25 MG	5	MO
<i>ssd</i>	3	MO
<i>sulfacetamide sodium (acne)</i>	2	MO; CG

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SULFAMYLON	4	MO
<i>tacrolimus topical</i>	4	PAR; MO; QLL (100 per 90 days)
<i>tazarotene</i>	4	MO
TAZORAC	4	MO
<i>topicort topical cream 0.05 %</i>	2	MO; CG
<i>tretinoin topical cream</i>	2	MO; CG; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	MO; CG; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream</i>	2	MO; CG
<i>triamcinolone acetonide topical lotion</i>	2	MO; CG
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO; CG
<i>triderm topical cream</i>	2	MO; CG
UVADEX	4	
VALCHLOR	5	MO
ZENATANE	4	MO
<b>Diagnostics / Miscellaneous Agents</b>		
<i>acamprosate</i>	2	MO; CG
<i>acetylcysteine intravenous</i>	2	MO; CG
<i>alendronate oral tablet 40 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>anagrelide</i>	2	MO; CG
ARALAST NP	5	PAR; MO; LA
BUPHENYL ORAL TABLET	5	PAR; MO; LA
<i>bupropion hcl (smoking deter)</i>	2	MO; CG; QLL (60 per 30 days)
CARBAGLU	5	PAR; MO; LA
<i>cevimeline</i>	2	MO; CG
CHANTIX	6	MO; CG; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	6	MO; CG; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	6	MO; CG
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PAR; HI
CLINIMIX E 2.75%/D10W SUL FREE	4	B/D PAR; HI

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
CLINIMIX E 2.75%/D5W SULF FREE	4	B/D PAR; HI
CLINIMIX N9G20E 2.75%-D10W(SF)	4	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	4	HI
<i>d2.5 %-0.45 % sodium chloride</i>	2	HI; CG
<i>d5 % and 0.9 % sodium chloride</i>	2	MO; HI; CG
<i>d5 %-0.45 % sodium chloride</i>	2	MO; HI; CG
DEXTROSE 10 % AND 0.2 % NAACL	4	HI
<i>dextrose 10 % in water (d10w)</i>	2	MO; HI; CG
<i>dextrose 25 % in water (d25w)</i>	2	CG
<i>dextrose 30 % in water (d30w)</i>	2	CG
<i>dextrose 40 % in water (d40w)</i>	2	CG
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO; HI; CG
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	MO; CG
<i>dextrose 5 %-lactated ringers</i>	3	MO; HI
<i>dextrose 5%-0.2 % sod chloride</i>	2	HI; CG
<i>dextrose 5%-0.3 % sod.chloride</i>	2	HI; CG
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	MO; CG
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	CG
<i>dextrose 70 % in water (d70w)</i>	2	MO; CG
<i>dextrose with sodium chloride disulfiram</i>	2	HI; CG
<i>disulfiram</i>	2	MO; CG
EXJADE	5	PAR; MO; LA
FERRIPROX ORAL SOLUTION	5	PAR; LA
FERRIPROX ORAL TABLET	5	PAR; MO; LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
INCRELEX	5	PAR; MO; LA
<i>kionex (with sorbitol)</i>	2	MO; CG
<i>lactated ringers irrigation</i>	3	MO
<i>levocarnitine (with sugar)</i>	3	B/D PAR; MO
<i>levocarnitine oral tablet</i>	3	MO
<i>midodrine</i>	2	MO; CG
<i>neomycin-polymyxin b gu</i>	2	MO; CG
NICOTROL NS	3	MO; QLL (120 per 30 days)
NORTHERA ORAL CAPSULE 100 MG	5	PAR; MO; LA; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	5	PAR; MO; LA; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PAR; MO; LA; QLL (180 per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
ORFADIN ORAL CAPSULE 20 MG	5	MO; LA
ORFADIN ORAL SUSPENSION	5	MO; LA
<i>pilocarpine hcl oral</i>	2	MO; CG
RAVICTI	5	PAR; MO; LA; QLL (525 per 30 days)
RENVELA ORAL TABLET	3	MO; QLL (540 per 30 days)
<i>riluzole</i>	2	MO; CG
<i>ringer's irrigation</i>	3	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	3	MO; QLL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	3	MO; QLL (90 per 30 days)
<i>sevelamer carbonate oral tablet</i>	3	MO; QLL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO; CG
<i>sodium chloride irrigation</i>	3	MO
<i>sodium phenylbutyrate oral tablet</i>	5	PAR; MO
<i>sodium polystyrene (sorb free)</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>sodium polystyrene sulfonate oral</i>	2	MO; CG
<i>sodium polystyrene sulfonate rectal</i>	2	CG
<i>sps (with sorbitol) oral</i>	2	MO; CG
<i>sps (with sorbitol) rectal</i>	2	CG
SYPRINE	5	MO
<i>tis-u-sol pentalyte</i>	2	MO; CG
<i>trientine</i>	5	MO
VELPHORO	4	MO; QLL (180 per 30 days)
<i>water for irrigation, sterile</i>	3	MO
ZEMAIRA	5	PAR; MO; LA
<i>zoledronic acid-mannitol-water</i>	2	MO; CG
<b>Ear, Nose / Throat Medications</b>		
<i>acetic acid otic (ear)</i>	2	MO; CG
<i>azelastine nasal</i>	2	MO; CG; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO; CG
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; CG; QLL (75 per 30 days)
<i>fluocinolone acetone oil</i>	2	MO; CG
<i>fluticasone nasal</i>	2	MO; CG; QLL (16 per 30 days)
<i>hydrocortisone-acetic acid</i>	2	MO; CG
<i>ipratropium bromide nasal</i>	2	MO; CG; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO; CG
<i>ofloxacin otic (ear)</i>	2	MO; CG
<i>oralone</i>	2	MO; CG
<i>paroex oral rinse</i>	2	MO; CG
<i>perio gard</i>	2	MO; CG
<i>triamcinolone acetone dental</i>	2	MO; CG
<b>Endocrine/Diabetes</b>		
<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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>acarbose oral tablet 50 mg</i>	2	MO; CG; QLL (180 per 30 days)
ACTHAR H.P.	5	PAR; MO; LA
<i>alcohol pads</i>	6	MO; CG
ALDURAZYME	5	PAR; MO
ANADROL-50	5	PAR; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	4	MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	4	MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	4	MO; QLL (150 per 30 days)
BYDUREON	3	MO; QLL (4 per 28 days)
BYDUREON BCISE	3	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/ DOSE(250 MCG/ML) 2.4 ML	3	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/ DOSE (250 MCG/ML) 1.2 ML	3	MO; QLL (1.2 per 30 days)
<i>cabergoline</i>	2	MO; CG
<i>calcitonin (salmon)</i>	2	MO; CG; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	B/D PAR; MO; CG
<i>calcitriol oral capsule</i>	2	MO; CG
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; MO
<i>cortisone</i>	2	MO; CG
CYCLOSET	4	MO; QLL (180 per 30 days)
<i>danazol</i>	2	MO; CG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>depo-testosterone</i>	2	MO; CG
<i>desmopressin injection</i>	2	MO; CG
<i>desmopressin nasal spray with pump</i>	2	MO; CG
<i>desmopressin nasal spray,non- aerosol</i>	2	MO; CG
<i>desmopressin oral</i>	2	MO; CG
<i>dexamethasone oral elixir</i>	2	MO; CG
<i>dexamethasone oral solution</i>	2	MO; CG
<i>dexamethasone oral tablet</i>	2	MO; CG
<i>dexamethasone sodium phos (pf)</i>	2	MO; CG
<i>dexamethasone sodium phosphate injection</i>	2	MO; CG
ELAPRASE	5	PAR; MO
FABRAZYME	5	PAR; MO
<i>fludrocortisone</i>	2	MO; CG
GAUZE PADS 2 X 2	6	MO; CG
<i>glimepiride oral tablet 1 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	MO; CG; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
HUMALOG JUNIOR	3	MO
KWIKPEN U-100		
HUMALOG KWIKPEN	3	MO
INSULIN		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	6	MO; CG
HUMULIN 70/30 U-100 KWIKPEN	6	MO; CG
HUMULIN N NPH INSULIN KWIKPEN	6	MO; CG
HUMULIN N NPH U-100 INSULIN	6	MO; CG
HUMULIN R REGULAR U-100 INSULN	6	MO; CG
HUMULIN R U-500 (CONC) INSULIN	5	MO
HUMULIN R U-500 (CONC) KWIKPEN	5	MO
<i>hydrocortisone oral</i>	2	MO; CG
INSULIN PEN NEEDLE	6	MO; CG
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	6	MO; CG
JANUMET	3	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
JARDIANCE	3	MO; QLL (30 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QLL (30 per 30 days)
KORLYM	5	PAR; MO; LA
KUVAN ORAL TABLET, SOLUBLE	5	PAR; MO; LA
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULN	3	MO
LEVEMIR U-100 INSULIN	3	MO
<i>levothyroxine oral</i>	2	MO; CG
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	MO
<i>liothyronine oral</i>	2	MO; CG
<i>metformin oral tablet 1,000 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; CG; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; CG; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO; CG
<i>methylprednisolone</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>methylprednisolone acetate</i>	2	MO; CG
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO; CG
MIACALCIN INJECTION	4	B/D PAR; MO
<i>miglustat</i>	5	PAR; MO; LA
NAGLAZYME	5	PAR; MO; LA
NATPARA	5	PAR; MO; LA; QLL (2 per 28 days)
<i>needles, insulin disp.,safety</i>	6	MO; CG
<i>oxandrolone oral tablet 10 mg</i>	5	MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	2	MO; CG; QLL (120 per 30 days)
OZEMPIC	3	MO
<i>pamidronate</i>	2	B/D PAR; MO; CG
<i>pioglitazone oral tablet 15 mg</i>	6	MO; CG; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	6	MO; CG; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	6	MO; CG; QLL (30 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO; CG
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO; CG
<i>prednisone</i>	2	MO; CG
<i>prednisone intensol</i>	2	MO; CG
PROGLYCEM	4	MO
<i>propylthiouracil</i>	2	MO; CG
<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)
SENSIPAR ORAL TABLET 30 MG	3	B/D PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	B/D PAR; MO; QLL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SENSIPAR ORAL TABLET 90 MG	5	B/D PAR; MO; QLL (120 per 30 days)
SOMAVERT	5	PAR; MO; LA
STIMATE	4	MO
SYMLINPEN 120	4	MO; QLL (11 per 30 days)
SYMLINPEN 60	4	MO; QLL (6 per 30 days)
SYNAREL	5	PAR; MO
SYNJARDY	3	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QLL (30 per 30 days)
SYNTHROID	3	MO
TESTIM	4	MO; QLL (300 per 30 days)
<i>testosterone cypionate</i>	2	MO; CG
<i>testosterone enanthate</i>	2	MO; CG
TESTOSTERONE TRANSDERMAL GEL	4	MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>	4	MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in packet</i>	4	MO; QLL (300 per 30 days)
TOUJEO MAX U-300	3	MO
SOLOSTAR		
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection</i>	2	MO; CG
TRULICITY	3	MO; QLL (2 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	MO
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QLL (9 per 30 days)
VPRIV	5	PAR; MO
ZAVESCA	5	PAR; MO; LA
zoledronic acid intravenous solution	2	MO; CG
ZOMETA	5	MO
<b>INTRAVENOUS PIGGYBACK</b>		
<b>Gastroenterology</b>		
alosetron	5	MO; QLL (60 per 30 days)
AMITIZA	3	MO
aprepitant oral capsule 125 mg	4	B/D PAR; MO; QLL (5 per 30 days)
aprepitant oral capsule 40 mg	4	B/D PAR; MO; QLL (1 per 28 days)
aprepitant oral capsule 80 mg	4	B/D PAR; MO; QLL (10 per 30 days)
aprepitant oral capsule, dose pack	4	B/D PAR; MO; QLL (15 per 30 days)
APRISO	3	MO
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	3	
balsalazide	2	MO; CG
budesonide oral capsule, delayed, extend. release	5	MO
CANASA	4	MO
colocort	2	MO; CG
compro	2	MO; CG
constulose	2	MO; CG
CREON	3	MO
CYSTADANE	5	MO; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
DEXILANT	4	MO; QLL (30 per 30 days)
dicyclomine oral capsule	2	MO; CG
dicyclomine oral tablet	2	MO; CG
DIPENTUM	5	MO
diphenoxylate-atropine oral tablet	2	MO; CG
dronabinol oral capsule 10 mg	5	B/D PAR; MO; QLL (120 per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	4	B/D PAR; MO; QLL (120 per 30 days)
enulose	2	MO; CG
esomeprazole magnesium	4	MO; QLL (30 per 30 days)
famotidine (pf)	2	MO; CG
famotidine (pf)-nacl (iso-os)	2	MO; CG
famotidine intravenous solution	2	MO; CG
famotidine oral tablet 20 mg, 40 mg	2	MO; CG
GATTEX 30-VIAL	5	MO; LA
GATTEX ONE-VIAL	5	MO
gavilyte-c	2	MO; CG
gavilyte-g	2	MO; CG
gavilyte-n	2	MO; CG
generlac	2	MO; CG
glycopyrrolate oral tablet 1 mg, 2 mg	2	MO; CG
hydrocortisone rectal	2	MO; CG
hydrocortisone topical cream with perineal applicator	2	MO; CG
INFLECTRA	5	PAR; MO
lactulose oral solution	2	MO; CG
lansoprazole oral capsule, delayed release (dr/ec)	2	MO; CG; QLL (30 per 30 days)
LINZESS	3	MO
loperamide oral capsule	2	MO; CG
meclizine oral tablet 12.5 mg, 25 mg	2	MO; CG
mesalamine oral tablet, delayed release (dr/ec) 800 mg	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine rectal</i>	2	MO; CG
<i>mesalamine with cleansing wipe</i>	2	MO; CG
<i>metoclopramide hcl injection solution</i>	2	MO; CG
<i>metoclopramide hcl injection syringe</i>	2	CG
<i>metoclopramide hcl oral solution</i>	2	MO; CG
<i>metoclopramide hcl oral tablet</i>	2	MO; CG
<i>misoprostol</i>	2	MO; CG
MOVANTIK	3	MO; QLL (30 per 30 days)
MOVIPREP	3	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	MO; CG; QLL (30 per 30 days)
<i>ondansetron</i>	2	B/D PAR; MO; CG; QLL (90 per 30 days)
<i>ondansetron hcl (pf)</i>	2	MO; CG
<i>ondansetron hcl intravenous</i>	2	MO; CG
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PAR; CG; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PAR; MO; CG; QLL (90 per 30 days)
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16, 800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	MO
<i>pantoprazole intravenous</i>	2	MO; CG
<i>pantoprazole oral</i>	2	MO; CG; QLL (30 per 30 days)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	2	MO; CG
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 - 5.84 gram</i>	2	CG
<i>peg-electrolyte soln</i>	2	CG

Drug Name	Drug Tier	Requirements /Limits
PENTASA	4	MO
<i>polyethylene glycol 3350</i>	2	MO; CG
<i>prochlorperazine</i>	2	MO; CG
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO; CG
<i>prochlorperazine maleate</i>	2	MO; CG
<i>procto-med hc</i>	2	MO; CG
<i>procto-pak</i>	2	MO; CG
<i>proctosol hc topical</i>	2	MO; CG
<i>proctozone-hc</i>	2	MO; CG
PROTONIX INTRAVENOUS	4	MO
<i>ranitidine hcl injection</i>	2	MO; CG
<i>ranitidine hcl oral syrup</i>	2	MO; CG
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	MO; CG
RELISTOR SUBCUTANEOUS SOLUTION	4	PAR; MO
REMICADE	5	PAR; MO
<i>scopolamine base</i>	4	MO; QLL (10 per 30 days)
STELARA INTRAVENOUS	5	PAR; MO
STELARA SUBCUTANEOUS SYRINGE	5	PAR; MO; QLL (1 per 28 days)
<i>sucralfate oral tablet</i>	2	MO; CG
<i>sulfasalazine</i>	2	MO; CG
SUPREP BOWEL PREP KIT	3	MO
TRANSDERM-SCOP	4	MO; QLL (10 per 30 days)
<i>trilyte with flavor packets</i>	2	MO; CG
<i>ursodiol</i>	2	MO; CG
<b>Immunology, Vaccines / Biotechnology</b>		
ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR; MO; LA
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
ARCALYST	5	PAR; MO; LA
ATGAM	5	B/D PAR
AVONEX (WITH ALBUMIN)	5	PAR; MO; QLL (4 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PAR; MO; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	3	MO
BETASERON SUBCUTANEOUS KIT	5	PAR; MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PAR; MO
GAMUNEX-C	5	PAR; MO
GARDASIL 9 (PF)	3	MO
GENOTROPIN	5	PAR; MO
GENOTROPIN MINIQUICK	4	PAR; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
HIBERIX (PF)	3	MO
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT)	5	PAR; MO
HYPERRAB (PF)	5	PAR; MO; QLL (2 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PAR; MO; LA
IMOGAM RABIES-HT (PF)	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
INTRON A INJECTION RECON SOLN	5	PAR; MO; LA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	5	PAR; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	PAR; MO; LA
IPOL	3	MO
IXIARO (PF)	3	MO
KEDRAB (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
LEUKINE INJECTION RECON SOLN	5	MO
M-M-R II (PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
MOZOBIL	5	PAR; MO
NEULASTA	5	PAR; MO; QLL (2 per 28 days)
NEUPOGEN	5	PAR; MO
NORDITROPIN FLEXPLO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PAR; MO
OCTAGAM	5	PAR; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PEGASYS	5	PAR; MO
PEGASYS PROCLICK	5	PAR; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PAR; MO
PENTACEL (PF)	3	MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ ML	3	PAR; MO; QLL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	3	PAR; MO; QLL (24 per 28 days)
PROLEUKIN	5	MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PAR
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
SYLATRON	5	PAR; MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHThERIA TOX PED(PF)	3	MO
<i>tetanus-diphtheria toxoids-td</i>	3	MO
THYMOGLOBULIN	5	B/D PAR
TICE BCG	3	MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	5	MO
YF-VAX (PF)	3	MO
ZORBTIVE	5	PAR; MO
ZOSTAVAX (PF)	3	MO
<b>Musculoskeletal / Rheumatology</b>		
<i>alendronate oral tablet 10 mg, 5 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	MO; CG; QLL (4 per 28 days)
<i>allopurinol</i>	2	MO; CG
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	5	PAR; MO; LA
<i>benlysta intravenous recon soln 400 mg</i>	5	PAR; MO; LA
BENLYSTA SUBCUTANEOUS	5	PAR; MO
BONIVA INTRAVENOUS	4	B/D PAR; MO
<i>colchicine</i>	4	MO
<i>cuprimine</i>	5	MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PAR; MO; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PAR; MO; QLL (8 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ENBREL SURECLICK	5	PAR; MO; QLL (8 per 28 days)
FORTEO	5	PAR; MO; QLL (3 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PAR; MO; LA; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PAR; MO; LA; QLL (12 per 365 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PAR; MO; QLL (4 per 365 days)
HUMIRA PEN	5	PAR; MO; QLL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PAR; MO; QLL (12 per 365 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PAR; MO; QLL (8 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PAR; MO; QLL (6 per 365 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML	5	PAR; MO; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PAR; MO; QLL (4 per 28 days)
<i>ibandronate oral</i>	2	MO; CG; QLL (1 per 28 days)
<i>leflunomide</i>	2	MO; CG
<i>probenecid</i>	2	MO; CG
<i>probenecid-colchicine</i>	2	MO; CG
PROLIA	4	PAR; MO; QLL (2 per 365 days)
<i>raloxifene</i>	2	MO; CG; QLL (30 per 30 days)
RIDAURA	4	MO
SAVELLA ORAL TABLET 100 MG	4	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	4	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	4	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	4	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	4	MO; QLL (110 per 365 days)
XELJANZ	5	PAR; MO; QLL (60 per 30 days)
<b>Obstetrics / Gynecology</b>		
<i>altavera (28)</i>	2	MO; CG
<i>alyacen 1/35 (28)</i>	2	MO; CG
<i>alyacen 7/7/7 (28)</i>	2	MO; CG
<i>apri</i>	2	MO; CG
<i>aranelle (28)</i>	2	MO; CG
<i>aubra</i>	2	MO; CG
<i>aviane</i>	2	MO; CG
<i>azurette (28)</i>	2	MO; CG
<i>balziva (28)</i>	2	MO; CG
<i>bekyree (28)</i>	2	MO; CG
<i>blisovi 24 fe</i>	2	MO; CG
<i>blisovi fe 1.5/30 (28)</i>	2	MO; CG
<i>blisovi fe 1/20 (28)</i>	2	MO; CG

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Drug Name	Drug Tier	Requirements /Limits
<i>briellyn</i>	2	MO; CG
<i>camila</i>	2	MO; CG
<i>caziant (28)</i>	2	MO; CG
<i>clindamycin phosphate vaginal</i>	2	MO; CG
<i>cryselle (28)</i>	2	MO; CG
<i>cyclafem 1/35 (28)</i>	2	MO; CG
<i>cyclafem 7/7/7 (28)</i>	2	MO; CG
<i>dasetta 1/35 (28)</i>	2	MO; CG
<i>dasetta 7/7/7 (28)</i>	2	MO; CG
<i>deblitane</i>	2	MO; CG
<i>delyla (28)</i>	2	CG
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ ML	4	MO
<i>desog-e.estradiol/e.estradiol</i>	2	MO; CG
DESOGESTREL- ETHINYL ESTRADIOL	2	CG
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	MO; CG
<i>elinest</i>	2	MO; CG
ELLA	3	
<i>emoquette</i>	2	MO; CG
<i>enpresse</i>	2	MO; CG
<i>errin</i>	2	MO; CG
ESTRACE VAGINAL	4	MO
<i>estradiol oral</i>	2	MO; CG
<i>estradiol vaginal cream</i>	4	MO
ESTRING	4	MO; QLL (1 per 90 days)
<i>ethynodiol diac-eth estradiol</i>	2	CG
<i>falmina (28)</i>	2	MO; CG
<i>femynor</i>	2	MO; CG
<i>heather</i>	2	MO; CG
<i>introvale</i>	2	MO; CG
ISIBLOOM	2	MO; CG
<i>jencycla</i>	2	MO; CG
<i>jolessa</i>	2	MO; CG
<i>jolivette</i>	3	MO
<i>juleber</i>	2	MO; CG
<i>junel 1.5/30 (21)</i>	2	MO; CG
<i>junel 1/20 (21)</i>	2	MO; CG
<i>junel fe 1.5/30 (28)</i>	2	MO; CG
<i>junel fe 1/20 (28)</i>	2	MO; CG

Drug Name	Drug Tier	Requirements /Limits
<i>junel fe 24</i>	2	MO; CG
<i>kariva (28)</i>	2	MO; CG
<i>kelnor 1/35 (28)</i>	2	MO; CG
<i>kimidess (28)</i>	2	MO; CG
<i>kurvelo</i>	2	MO; CG
<i>larin 1.5/30 (21)</i>	2	MO; CG
<i>larin 1/20 (21)</i>	2	MO; CG
<i>larin fe 1.5/30 (28)</i>	2	MO; CG
<i>larin fe 1/20 (28)</i>	2	MO; CG
<i>larissia</i>	2	MO; CG
<i>lessina</i>	2	MO; CG
<i>levonest (28)</i>	2	MO; CG
<i>levonorg-eth estrad triphasic</i>	2	MO; CG
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	MO; CG
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	2	MO; CG
<i>levora-28</i>	2	MO; CG
<i>low-ogestrel (28)</i>	2	MO; CG
<i>lutura (28)</i>	2	MO; CG
<i>lyza</i>	2	MO; CG
<i>marlissa</i>	2	MO; CG
<i>medroxyprogesterone</i>	2	MO; CG
<i>menest</i>	2	MO; CG
<i>metronidazole vaginal</i>	2	MO; CG
<i>miconazole-3 vaginal suppository</i>	2	MO; CG
<i>microgestin 1.5/30 (21)</i>	2	MO; CG
<i>microgestin 1/20 (21)</i>	2	MO; CG
<i>microgestin fe 1.5/30 (28)</i>	2	MO; CG
<i>microgestin fe 1/20 (28)</i>	2	MO; CG
<i>mircette (28)</i>	2	MO; CG
<i>mono-linyah</i>	2	MO; CG
MONONESSA (28)	4	MO
<i>myzilra</i>	2	MO; CG
<i>necon 0.5/35 (28)</i>	2	MO; CG
NECON 7/7/7 (28)	4	MO
<i>nora-be</i>	2	MO; CG
<i>norethindrone (contraceptive)</i>	2	MO; CG
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO; CG
<i>norethindrone acetate</i>	2	MO; CG
<i>norethindrone-e.estradiol-iron oral tablet</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>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	MO; CG
<i>norlyroc</i>	2	CG
<i>nortrel 0.5/35 (28)</i>	2	MO; CG
<i>nortrel 1/35 (21)</i>	2	MO; CG
<i>nortrel 1/35 (28)</i>	2	MO; CG
<i>nortrel 7/7/7 (28)</i>	2	MO; CG
NUVARING	4	MO
<i>ocella</i>	2	MO; CG
<i>ogestrel (28)</i>	2	MO; CG
<i>orsythia</i>	2	MO; CG
<i>philith</i>	2	MO; CG
<i>pimtreea (28)</i>	2	MO; CG
<i>pirmella</i>	2	MO; CG
<i>portia</i>	2	MO; CG
PREMARIN INJECTION	4	MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>previfem</i>	2	MO; CG
<i>quasense</i>	2	MO; CG
<i>reclipsen (28)</i>	2	MO; CG
SETLAKIN	2	MO; CG
<i>sharobel</i>	2	MO; CG
<i>sprintec (28)</i>	2	MO; CG
<i>sronyx</i>	2	MO; CG
<i>syeda</i>	2	MO; CG
<i>tarina fe 1/20 (28)</i>	2	MO; CG
<i>terconazole</i>	2	MO; CG
<i>tranexamic acid oral</i>	2	MO; CG
<i>tri femynor</i>	2	MO; CG
<i>tri-estarylla</i>	2	MO; CG
<i>tri-linyah</i>	2	MO; CG
<i>tri-previfem (28)</i>	2	MO; CG
<i>tri-sprintec (28)</i>	2	MO; CG
<i>trinessa (28)</i>	3	MO
<i>trivora (28)</i>	2	MO; CG
VAGIFEM	4	MO
<i>velivet triphasic regimen (28)</i>	2	MO; CG
<i>vienva</i>	2	MO; CG
<i>viorele (28)</i>	2	MO; CG

Drug Name	Drug Tier	Requirements /Limits
VIVELLE-DOT	4	MO; QLL (8 per 28 days)
<i>vyfemla (28)</i>	2	MO; CG
<i>zarah</i>	2	MO; CG
<i>zenchent (28)</i>	2	MO; CG
<i>zovia 1/35e (28)</i>	2	MO; CG
<b>Ophthalmology</b>		
<i>acetazolamide</i>	2	MO; CG
<i>acetazolamide sodium</i>	2	MO; CG
<i>ak-poly-bac</i>	2	MO; CG
ALPHAGAN P	3	MO
OPHTHALMIC (EYE) DROPS 0.1 %		
<i>apraclonidine</i>	2	MO; CG
<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	2	MO; CG
AZOPT	4	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO; CG
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO; CG
<i>betaxolol ophthalmic (eye)</i>	2	MO; CG
BETIMOL	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO; CG
<i>carteolol</i>	2	MO; CG
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO; CG
COMBIGAN	3	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO; CG
CYSTARAN	5	MO; LA
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO; CG
<i>dorzolamide</i>	2	MO; CG
<i>dorzolamide-timolol</i>	2	MO; CG
DUREZOL	3	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; CG
<i>fluorometholone</i>	2	MO; CG
<i>flurbiprofen sodium</i>	2	MO; CG
<i>gentak ophthalmic (eye) ointment</i>	2	MO; CG
<i>gentamicin ophthalmic (eye) drops</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>gentamicin ophthalmic (eye) ointment</i>	2	CG
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO; CG
<i>latanoprost</i>	2	MO; CG
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO; CG
LUMIGAN	3	MO
OPHTHALMIC (EYE) DROPS 0.01 %		
<i>methazolamide</i>	4	MO
<i>metipranolol</i>	2	CG
<i>moxifloxacin ophthalmic (eye)</i>	3	MO
NATACYN	4	MO
<i>neo-polycin</i>	2	MO; CG
<i>neo-polycin hc</i>	2	MO; CG
<i>neomycin-bacitracin-poly-hc</i>	2	MO; CG
<i>neomycin-bacitracin-polymyxin</i>	2	MO; CG
<i>neomycin-polymyxin b-dexameth</i>	2	MO; CG
<i>neomycin-polymyxin-gramicidin</i>	2	MO; CG
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO; CG
NEVANAC	3	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO; CG
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	MO; CG
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>polycin</i>	2	MO; CG
<i>polymyxin b sulf-trimethoprim</i>	2	MO; CG
<i>prednisolone acetate</i>	2	MO; CG
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO; CG
RESTASIS	4	MO
RESTASIS MULTIDOSE	4	MO
SIMBRINZA	4	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO; CG
<i>sulfacetamide-prednisolone</i>	2	MO; CG

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate ophthalmic (eye) drops</i>	2	MO; CG
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO; CG
<i>tobramycin</i>	2	MO; CG
<i>tobramycin-dexamethasone</i>	2	MO; CG
TRAVATAN Z	3	MO
<i>trifluridine</i>	2	MO; CG
VIGAMOX	3	MO
ZIOPTAN (PF)	4	MO
ZIRGAN	4	MO
<b>Respiratory And Allergy</b>		
<i>acetylcysteine</i>	2	B/D PAR; MO; CG
ADEMPAS	5	PAR; MO; LA
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	B/D PAR; MO; CG; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D PAR; MO; CG; QLL (60 per 30 days)
<i>albuterol sulfate oral</i>	2	MO; CG
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QLL (30 per 30 days)
ASMANEX HFA	3	MO; QLL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QLL (1 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>
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES)	3	QLL (2 per 30 days)
ATROVENT HFA	3	MO; QLL (26 per 30 days)
BREO ELLIPTA	3	MO; QLL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	B/D PAR; MO; CG; QLL (120 per 30 days)
<i>carbinoxamine maleate oral liquid</i>	2	MO; CG
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	MO; CG
CINRYZE	5	PAR; MO; LA
<i>clemastine oral tablet 2.68 mg</i>	2	MO; CG
COMBIVENT RESPIMAT	3	MO; QLL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PAR; MO; CG; QLL (240 per 30 days)
<i>cyproheptadine oral tablet</i>	2	MO; CG
DALIRESP	4	PAR; MO; QLL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO; CG
<i>diphenhydramine hcl injection syringe</i>	2	MO; CG
DULERA	3	MO; QLL (13 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml</i>	3	MO; QLL (2 per 28 days)
EPINEPHRINE INJECTION AUTO- INJECTOR 0.3 MG/0.3 ML	3	MO; QLL (2 per 28 days)
EPIPEN	4	MO; QLL (2 per 28 days)
EPIPEN 2-PAK	4	MO; QLL (2 per 28 days)
EPIPEN JR	4	MO; QLL (2 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
EPIPEN JR 2-PAK	4	MO; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	5	PAR; MO; LA; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PAR; MO; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PAR; MO; QLL (90 per 30 days)
FIRAZYR	5	MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QLL (11 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	4	PAR; MO
<i>ipratropium bromide inhalation</i>	2	B/D PAR; MO; CG
<i>ipratropium-albuterol</i>	2	B/D PAR; MO; CG; QLL (540 per 30 days)
KALYDECO ORAL TABLET	5	PAR; MO; QLL (60 per 30 days)
LETAIRIS	5	PAR; MO; LA; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D PAR; MO; CG; QLL (270 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	2	B/D PAR; MO; CG; QLL (540 per 30 days)
<i>levocetirizine oral tablet</i>	2	MO; CG
<i>metaproterenol</i>	2	MO; CG
<i>montelukast</i>	2	MO; CG
OFEV	5	PAR; MO; LA; QLL (60 per 30 days)
<i>orkambi oral tablet 100-125 mg</i>	5	PAR; MO; LA; QLL (120 per 30 days)
ORKAMBI ORAL TABLET 200-125 MG	5	PAR; MO; LA; QLL (120 per 30 days)
<i>phenadoz</i>	2	MO; CG
<i>phenergan rectal suppository 12.5 mg</i>	2	CG
PROAIR HFA	3	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	3	MO; QLL (2 per 30 days)
<i>promethazine oral tablet</i>	2	PAR; MO; CG
<i>promethazine rectal suppository 12.5 mg</i>	2	MO; CG
<i>promethegan rectal suppository 12.5 mg</i>	2	MO; CG
PULMOZYME	5	B/D PAR; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QLL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QLL (22 per 30 days)
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
<i>sildenafil (antihypertensive) oral</i>	2	PAR; MO; CG; QLL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QLL (4 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SPIRIVA WITH HANDIHALER	3	MO; QLL (30 per 30 days)
STIOLTO RESPIMAT	3	MO; QLL (4 per 30 days)
<i>terbutaline</i>	2	MO; CG
<i>theophylline oral tablet extended release 12 hr</i>	2	MO; CG
<i>theophylline oral tablet extended release 24 hr</i>	2	MO; CG
<i>tobramycin in 0.225 % nacl</i>	5	PAR; MO; QLL (280 per 28 days)
TRACLEER ORAL TABLET	5	PAR; MO; LA; QLL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	5	PAR; MO; LA; QLL (120 per 30 days)
TUDORZA PRESSAIR	3	MO; QLL (1 per 30 days)
VENTAVIS	5	PAR; MO; LA; QLL (270 per 30 days)
VENTOLIN HFA	3	MO; QLL (36 per 30 days)
XOLAIR	5	PAR; MO; LA; QLL (6 per 28 days)
<i>zafirlukast</i>	2	MO; CG
<b>Urologicals</b>		
<i>alfuzosin</i>	2	MO; CG
<i>bethanechol chloride</i>	2	MO; CG
CYSTAGON	4	MO; LA
<i>darifenacin</i>	4	MO; QLL (30 per 30 days)
<i>dutasteride</i>	2	MO; CG; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	2	MO; CG
<i>finasteride oral tablet 5 mg</i>	2	MO; CG
MYRBETRIQ	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)

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>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>potassium citrate oral tablet extended release 10 meq (1, 080 mg), 5 meq (540 mg)</i>	2	MO; CG
<i>tamsulosin</i>	2	MO; CG
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO; CG; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	2	MO; CG; QLL (60 per 30 days)
TOVIAZ	3	MO; QLL (30 per 30 days)
VESICARE	4	MO; QLL (30 per 30 days)
<b>Vitamins, Hematinics / Electrolytes</b>		
AMINOSYN 10 %	4	B/D PAR
AMINOSYN 8.5 %	4	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	4	B/D PAR; HI
AMINOSYN II 10 %	4	B/D PAR; HI
AMINOSYN II 7 %	4	B/D PAR
AMINOSYN II 8.5 %	4	B/D PAR; HI
AMINOSYN II 8.5 %-ELECTROLYTES	4	B/D PAR; HI
AMINOSYN M 3.5 %	4	B/D PAR
AMINOSYN-HBC 7%	4	B/D PAR; HI
AMINOSYN-PF 10 %	4	B/D PAR; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PAR; HI
<i>calcium acetate oral capsule</i>	2	MO; CG
<i>calcium acetate oral tablet 667 mg</i>	2	MO; CG
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PAR; HI
CLINIMIX 5%/D25W SULFITE-FREE	4	B/D PAR; HI
CLINIMIX 2.75%/D5W SULFIT FREE	4	B/D PAR; HI
CLINIMIX 4.25%-D20W SULF-FREE	3	B/D PAR; HI
CLINIMIX 4.25%-D25W SULF-FREE	3	B/D PAR; HI

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PAR; HI
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PAR; HI
CLINIMIX E 4.25%/D25W SUL FREE	3	B/D PAR; HI
CLINIMIX E 4.25%/D5W SULF FREE	4	B/D PAR; HI
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D PAR; HI
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PAR; HI
CLINIMIX E 5%/D25W SULFIT FREE	4	B/D PAR; HI
CLINIMIX N14G30E 4.25%-D15W SF	4	B/D PAR
CLINIMIX N9G15E 2.75%-D7.5W SF	4	B/D PAR
CLINISOL SF 15 % fluoride (sodium) oral tablet	4	B/D PAR; MO; HI
fluoride (sodium) oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	2	MO; CG
fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	2	MO; CG
freamine iii 10 %	4	B/D PAR
HEPATAMINE 8%	4	B/D PAR; HI
intralipid intravenous emulsion 20 %	3	B/D PAR; HI
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO
<i>klor-con m10</i>	2	MO; CG
<i>klor-con m15</i>	2	MO; CG
<i>klor-con m20</i>	2	MO; CG
<i>klor-con sprinkle</i>	2	MO; CG
<i>lactated ringers intravenous</i>	3	MO; HI
<i>ludent fluoride oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	2	MO; CG
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	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>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	CG
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO; CG
<i>magnesium sulfate injection solution</i>	3	MO; HI
<i>magnesium sulfate injection syringe</i>	2	HI; CG
NORMOSOL-M IN 5 % DEXTROSE	4	HI
NORMOSOL-R	4	MO
NORMOSOL-R IN 5 % DEXTROSE	4	HI
NORMOSOL-R PH 7.4	4	HI
<i>nutrilipid</i>	2	B/D PAR; CG
PLASMA-LYTE 148	3	HI
<i>plenamine</i>	4	B/D PAR
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	3	HI
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO; HI; CG
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l</i>	3	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l</i>	2	CG
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	MO; HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	3	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	3	MO; HI

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml</i>	2	MO; CG
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	2	HI; CG
<i>potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml</i>	2	CG
<i>potassium chloride intravenous solution</i>	2	MO; CG
<i>potassium chloride oral capsule, extended release</i>	2	MO; CG
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral tablet extended release</i>	2	MO; CG
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO; CG
<i>potassium chloride-0.45 % nacl</i>	2	HI; CG
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO; HI; CG
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 40 meq/l</i>	2	CG
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	HI; CG
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	3	MO; HI
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	3	HI
<i>prenatal vitamin plus low iron</i>	2	MO; CG
<i>ringer's intravenous</i>	3	HI
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO; HI; CG
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	CG
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO; HI; 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>sodium chloride 3 %</i>	3	MO; HI
<i>sodium chloride 5 %</i>	3	HI
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	MO; HI; CG
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	2	MO; CG
<i>tpn electrolytes</i>	3	HI
TRAVASOL 10 %	4	B/D PAR; MO; HI
TROPHAMINE 10 %	4	B/D PAR; MO; HI
TROPHAMINE 6%	4	B/D PAR; HI

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

# Index of Drugs

## Legend

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

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

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

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<i>clindamycin phosphate topical lotion</i> .....	38	<i>clotrimazole-betamethasone topical cream</i> .....	38
<i>clindamycin phosphate topical solution</i> .....	38	<i>clozapine oral tablet 100 mg</i> .....	25
<i>clindamycin phosphate topical swab</i> .....	38	<i>clozapine oral tablet 200 mg</i> .....	25
<i>clindamycin phosphate vaginal</i> .....	50	<i>clozapine oral tablet 25 mg</i> .....	25
CLINIMIX 2.75%/D5W SULFIT FREE.....	55	<i>clozapine oral tablet 50 mg</i> .....	25
CLINIMIX 4.25%-D20W SULF-FREE.....	55	<i>clozapine oral tablet, disintegrating 100 mg</i> .....	25
CLINIMIX 4.25%-D25W SULF-FREE.....	55	<i>clozapine oral tablet, disintegrating 12.5 mg</i> .....	25
CLINIMIX 4.25%/D10W SULF FREE.....	55	<i>clozapine oral tablet, disintegrating 150 mg</i> .....	25
CLINIMIX 4.25%/D5W SULFIT FREE.....	40	<i>clozapine oral tablet, disintegrating 200 mg</i> .....	25
CLINIMIX 5%-D20W(SULFITE-FREE).....	55	<i>clozapine oral tablet, disintegrating 25 mg</i> .....	25
CLINIMIX 5%/D15W SULFITE FREE.....	55	COARTEM.....	10
CLINIMIX 5%/D25W SULFITE-FREE.....	55	<i>colchicine</i> .....	48
CLINIMIX E 2.75%/D10W SUL FREE.....	40	<i>colestipol</i> .....	35
CLINIMIX E 2.75%/D5W SULF FREE.....	40	<i>colistin (colistimethate na)</i> .....	10
CLINIMIX E 4.25%/D25W SUL FREE.....	55	<i>colocort</i> .....	45
CLINIMIX E 4.25%/D5W SULF FREE.....	55	COLY-MYCIN S.....	41
CLINIMIX E 5%/D15W SULFIT FREE.....	55	COMBIGAN.....	51
		COMBIVENT RESPIMAT.....	53
		COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1).....	16

COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3).....	16	<i>danazol</i> .....	42
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY).....	16	<i>dantrolene</i> .....	25
COMPLERA.....	10	<i>dapsone oral</i> .....	10
<i>compro</i> .....	45	DAPTACEL (DTAP PEDIATRIC) (PF).....	47
<i>constulose</i> .....	45	DAPTOMYCIN INTRAVENOUS RECON SOLN 500 MG.....	10
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML.....	25	DARAPRIM.....	10
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML.....	25	<i>darifenacin</i> .....	54
CORLANOR.....	35	DARZALEX.....	17
<i>cortisone</i> .....	42	<i>dasetta 1/35 (28)</i> .....	50
COSMEGEN.....	16	<i>dasetta 7/7/7 (28)</i> .....	50
COTELLIC.....	17	<i>daunorubicin intravenous solution</i> .....	17
CREON.....	45	<i>deblitane</i> .....	50
CRIVIVAN ORAL CAPSULE 200 MG.....	10	<i>decitabine</i> .....	17
CRIVIVAN ORAL CAPSULE 400 MG.....	10	<i>delyla (28)</i> .....	50
<i>cromolyn inhalation</i> .....	53	DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS).....	45
<i>cromolyn ophthalmic (eye)</i> .....	51	<i>demeclocycline</i> .....	10
<i>cryselle (28)</i> .....	50	DEMSEER.....	35
<i>cuprimine</i> .....	48	DENAVIR.....	38
<i>cyclafem 1/35 (28)</i> .....	50	DEPEN TITRATABS.....	48
<i>cyclafem 7/7/7 (28)</i> .....	50	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML.....	50
CYCLOPHOSPHAMIDE ORAL CAPSULE.....	17	<i>depo-testosterone</i> .....	42
CYCLOSET.....	42	DESCOVY.....	10
<i>cyclosporine intravenous</i> .....	17	<i>desipramine</i> .....	25
<i>cyclosporine modified</i> .....	17	<i>desmopressin injection</i> .....	42
<i>cyclosporine oral capsule</i> .....	17	<i>desmopressin nasal spray with pump</i> .....	42
<i>cyproheptadine oral tablet</i> .....	53	<i>desmopressin nasal spray,non-aerosol</i> .....	42
CYRAMZA.....	17	<i>desmopressin oral</i> .....	42
CYSTADANE.....	45	<i>desog-e.estradiolle.estradiol</i> .....	50
CYSTAGON.....	54	DESOGESTREL-ETHINYL ESTRADIOL.....	50
CYSTARAN.....	51	<i>desonide</i> .....	38
<i>cytarabine</i> .....	17	<i>desoximetasone topical cream</i> .....	38
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i> .....	17	<i>desoximetasone topical gel</i> .....	38
<i>cytarabine (pf) injection solution 20 mg/ml</i> .....	17	<i>desvenlafaxine oral tablet extended release 24 hr 100 mg</i> .....	25
<i>d10 %-0.45 % sodium chloride</i> .....	40	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG.....	25
<i>d2.5 %-0.45 % sodium chloride</i> .....	40	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG.....	25
<i>d5 % and 0.9 % sodium chloride</i> .....	40	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG.....	25
<i>d5 %-0.45 % sodium chloride</i> .....	40	<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i> .....	25
<i>dacarbazine</i> .....	17	<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i> .....	25
DACOGEN.....	17		
<i>dactinomycin</i> .....	17		
<i>dalfampridine</i> .....	25		
DALIRESP.....	53		



<i>desvenlafaxine succinate oral tablet extended release</i>		<i>diazepam oral tablet 5 mg</i> .....	26
24 hr 50 mg.....	25	<i>diazepam rectal kit 12.5-15-17.5-20 mg</i> .....	26
<i>dexamethasone oral elixir</i> .....	42	<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i> .....	26
<i>dexamethasone oral solution</i> .....	42	<i>diclofenac potassium</i> .....	26
<i>dexamethasone oral tablet</i> .....	42	<i>diclofenac sodium oral</i> .....	26
<i>dexamethasone sodium phos (pf)</i> .....	42	<i>diclofenac sodium topical gel 1 %</i> .....	26
<i>dexamethasone sodium phosphate injection</i> .....	42	<i>diclofenac sodium topical gel 3 %</i> .....	38
<i>dexamethasone sodium phosphate ophthalmic</i>		<i>dicloxacillin</i> .....	10
(eye).....	51	<i>dicyclomine oral capsule</i> .....	45
DEXILANT.....	45	<i>dicyclomine oral tablet</i> .....	45
<i>dexrazoxane hcl intravenous recon soln 250 mg</i> .....	17	<i>didanosine oral capsule, delayed release(drlec) 200</i>	
<i>dexrazoxane hcl intravenous recon soln 500 mg</i> .....	17	mg.....	10
<i>dextroamphetamine oral tablet 10 mg</i> .....	25	<i>didanosine oral capsule, delayed release(drlec) 250</i>	
<i>dextroamphetamine oral tablet 5 mg</i> .....	25	mg, 400 mg.....	10
<i>dextroamphetamine-amphetamine oral tablet 10</i>		<i>diflunisal</i> .....	26
mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg.....	25	<i>digitek oral tablet 125 mcg</i> .....	35
<i>dextroamphetamine-amphetamine oral tablet 30</i>		<i>digox oral tablet 125 mcg</i> .....	35
mg.....	25	<i>digoxin injection solution</i> .....	35
DEXTROSE 10 % AND 0.2 % NAACL.....	40	<i>digoxin oral solution 50 mcg/ml</i> .....	35
<i>dextrose 10 % in water (d10w)</i> .....	40	<i>digoxin oral tablet 125 mcg</i> .....	35
<i>dextrose 25 % in water (d25w)</i> .....	40	DILANTIN.....	26
<i>dextrose 30 % in water (d30w)</i> .....	40	DILANTIN EXTENDED.....	26
<i>dextrose 40 % in water (d40w)</i> .....	40	DILANTIN INFATABS.....	26
<i>dextrose 5 % in water (d5w) intravenous parenteral</i>		<i>dilt-xr</i> .....	35
solution.....	40	<i>diltiazem hcl intravenous solution</i> .....	35
<i>dextrose 5 % in water (d5w) intravenous</i>		<i>diltiazem hcl oral capsule, ext. rel 24h</i>	
piggyback.....	40	degradable.....	35
<i>dextrose 5 %-lactated ringers</i> .....	40	<i>diltiazem hcl oral capsule, extended release 12 hr</i> .....	35
<i>dextrose 5%-0.2 % sod chloride</i> .....	40	<i>diltiazem hcl oral capsule, extended release 24 hr 120</i>	
<i>dextrose 5%-0.3 % sod.chloride</i> .....	40	mg, 180 mg, 240 mg, 300 mg, 360 mg.....	35
<i>dextrose 50 % in water (d50w) intravenous</i>		<i>diltiazem hcl oral capsule, extended release 24hr</i> .....	35
parenteral solution.....	40	<i>diltiazem hcl oral tablet</i> .....	35
<i>dextrose 50 % in water (d50w) intravenous</i>		DIPENTUM.....	45
syringe.....	40	<i>diphenhydramine hcl injection solution 50 mg/</i>	
<i>dextrose 70 % in water (d70w)</i> .....	40	ml.....	53
<i>dextrose with sodium chloride</i> .....	40	<i>diphenhydramine hcl injection syringe</i> .....	53
DIASTAT.....	25	<i>diphenoxylate-atropine oral tablet</i> .....	45
DIASTAT ACUDIAL RECTAL KIT 12.5-15-		<i>disulfiram</i> .....	40
17.5-20 MG.....	25	<i>divalproex</i> .....	26
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10		<i>docetaxel intravenous solution 160 mg/16 ml (10</i>	
MG.....	25	mg/ml), 20 mg/2 ml (10 mg/ml).....	17
<i>diazepam injection solution</i> .....	25	<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/</i>	
<i>diazepam injection syringe</i> .....	25	ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml),	
<i>diazepam intensol</i> .....	25	80 mg/8 ml (10 mg/ml).....	17
<i>diazepam oral concentrate</i> .....	25	DOCETAXEL INTRAVENOUS SOLUTION	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> .....	25	20 MG/ML.....	17
<i>diazepam oral tablet 10 mg</i> .....	26	<i>dofetilide</i> .....	35
<i>diazepam oral tablet 2 mg</i> .....	26	<i>donepezil oral tablet 10 mg</i> .....	26

<i>donepezil oral tablet 5 mg</i> .....	26	EMSAM.....	26
<i>dorzolamide</i> .....	51	EMTRIVA ORAL CAPSULE.....	11
<i>dorzolamide-timolol</i> .....	51	EMTRIVA ORAL SOLUTION.....	11
<i>doxazosin</i> .....	35	<i>enalapril maleate</i> .....	35
<i>doxepin oral</i> .....	26	<i>enalapril-hydrochlorothiazide</i> .....	35
<i>doxorubicin intravenous recon soln 10 mg</i> .....	17	ENBREL MINI.....	48
<i>doxorubicin intravenous recon soln 50 mg</i> .....	17	ENBREL SUBCUTANEOUS RECON	
<i>doxorubicin intravenous solution</i> .....	17	SOLN.....	48
<i>doxorubicin, peg-liposomal</i> .....	17	ENBREL SUBCUTANEOUS SYRINGE 25	
<i>doxy-100</i> .....	10	MG/0.5ML (0.51).....	48
<i>doxycycline hyclate intravenous</i> .....	10	ENBREL SUBCUTANEOUS SYRINGE 50	
<i>doxycycline hyclate oral capsule</i> .....	10	MG/ML (0.98 ML).....	48
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> .....	10	ENBREL SURECLICK.....	49
<i>doxycycline monohydrate oral capsule 100 mg, 50</i>		<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325</i>	
<i>mg, 75 mg</i> .....	10	<i>mg</i> .....	26
<i>dronabinol oral capsule 10 mg</i> .....	45	ENGERIX-B (PF).....	47
<i>dronabinol oral capsule 2.5 mg, 5 mg</i> .....	45	ENGERIX-B PEDIATRIC (PF)	
<i>drosiprone-ethinyl estradiol oral tablet 3-0.03</i>		INTRAMUSCULAR SYRINGE.....	47
<i>mg</i> .....	50	<i>enoxaparin subcutaneous solution</i> .....	35
DROXIA.....	17	<i>enoxaparin subcutaneous syringe 100 mg/ml, 150</i>	
DULERA.....	53	<i>mg/ml</i> .....	35
<i>duloxetine oral capsule, delayed release(dr/ec) 20</i>		<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80</i>	
<i>mg</i> .....	26	<i>mg/0.8 ml</i> .....	35
<i>duloxetine oral capsule, delayed release(dr/ec) 30</i>		<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> .....	35
<i>mg</i> .....	26	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> .....	35
<i>duloxetine oral capsule, delayed release(dr/ec) 40</i>		<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> .....	36
<i>mg</i> .....	26	<i>enpresse</i> .....	50
<i>duloxetine oral capsule, delayed release(dr/ec) 60</i>		<i>entacapone</i> .....	26
<i>mg</i> .....	26	<i>entecavir</i> .....	11
<i>duramorph (pf) injection solution 0.5 mg/ml</i> .....	26	ENTRESTO.....	36
<i>duramorph (pf) injection solution 1 mg/ml</i> .....	26	<i>enulose</i> .....	45
DUREZOL.....	51	EPCLUSA.....	11
<i>dutasteride</i> .....	54	<i>epinephrine injection auto-injector 0.15 mg/0.15</i>	
<i>dutasteride-tamsulosin</i> .....	54	<i>ml, 0.15 mg/0.3 ml</i> .....	53
EDURANT.....	10	EPINEPHRINE INJECTION AUTO-	
<i>efavirenz oral capsule 200 mg</i> .....	11	INJECTOR 0.3 MG/0.3 ML.....	53
<i>efavirenz oral capsule 50 mg</i> .....	11	EPIPEN.....	53
<i>efavirenz oral tablet</i> .....	11	EPIPEN 2-PAK.....	53
ELAPRASE.....	42	EPIPEN JR.....	53
ELIDEL.....	39	EPIPEN JR 2-PAK.....	53
<i>elinest</i> .....	50	<i>epirubicin intravenous solution 200 mg/100 ml</i> .....	17
ELIQUIS ORAL TABLET 2.5 MG.....	35	<i>epirubicin intravenous solution 50 mg/25 ml</i> .....	17
ELIQUIS ORAL TABLET 5 MG.....	35	<i>epitol</i> .....	26
ELITEK.....	17	EPIVIR HBV ORAL SOLUTION.....	11
ELLA.....	50	<i>eplerenone</i> .....	36
EMCYT.....	17	<i>eprosartan</i> .....	36
<i>emoquette</i> .....	50	EQUETRO ORAL CAPSULE, ER	
EMPLICITI.....	17	MULTIPHASE 12 HR 100 MG.....	26

EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG.....	26	<i>ethynodiol diac-eth estradiol</i> .....	50
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG.....	26	ETOPOPHOS.....	17
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG.....	11	<i>etoposide intravenous</i> .....	17
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML.....	17	EVOMELA.....	17
ERBITUX INTRAVENOUS SOLUTION 200 MG/100 ML.....	17	EVOTAZ.....	11
<i>ergoloid</i> .....	26	<i>exemestane</i> .....	17
<i>ergomar</i> .....	26	EXJADE.....	40
ERIVEDGE.....	17	<i>ezetimibe</i> .....	36
ERLEADA.....	17	FABRAZYME.....	42
<i>errin</i> .....	50	<i>falmina (28)</i> .....	50
<i>ertapenem</i> .....	11	<i>famciclovir oral tablet 125 mg, 250 mg</i> .....	11
ERWINAZE.....	17	<i>famciclovir oral tablet 500 mg</i> .....	11
<i>ery pads</i> .....	39	<i>famotidine (pf)</i> .....	45
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG.....	11	<i>famotidine (pf)-nacl (iso-os)</i> .....	45
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG.....	11	<i>famotidine intravenous solution</i> .....	45
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG.....	11	<i>famotidine oral tablet 20 mg, 40 mg</i> .....	45
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG.....	11	FANAPT ORAL TABLET 1 MG.....	26
<i>erythromycin ethylsuccinate oral tablet</i> .....	11	FANAPT ORAL TABLET 10 MG, 12 MG.....	26
<i>erythromycin ophthalmic (eye)</i> .....	51	FANAPT ORAL TABLET 2 MG.....	26
<i>erythromycin oral tablet 250 mg</i> .....	11	FANAPT ORAL TABLET 4 MG.....	26
ERYTHROMYCIN ORAL TABLET 500 MG.....	11	FANAPT ORAL TABLET 6 MG.....	26
<i>erythromycin with ethanol</i> .....	39	FANAPT ORAL TABLET 8 MG.....	26
<i>erythromycin-benzoyl peroxide</i> .....	39	FANAPT ORAL TABLETS,DOSE PACK.....	26
ESBRIET ORAL CAPSULE.....	53	FARESTON.....	17
ESBRIET ORAL TABLET 267 MG.....	53	FARYDAK ORAL CAPSULE 10 MG.....	17
ESBRIET ORAL TABLET 801 MG.....	53	FARYDAK ORAL CAPSULE 15 MG, 20 MG.....	17
<i>escitalopram oxalate oral solution</i> .....	26	FASLODEX.....	17
<i>escitalopram oxalate oral tablet 10 mg</i> .....	26	FAZACLO ORAL TABLET, DISINTEGRATING 100 MG.....	26
<i>escitalopram oxalate oral tablet 20 mg</i> .....	26	FAZACLO ORAL TABLET, DISINTEGRATING 12.5 MG.....	26
<i>escitalopram oxalate oral tablet 5 mg</i> .....	26	FAZACLO ORAL TABLET, DISINTEGRATING 25 MG.....	27
<i>esomeprazole magnesium</i> .....	45	<i>felbamate</i> .....	27
ESTRACE VAGINAL.....	50	<i>felodipine</i> .....	36
<i>estradiol oral</i> .....	50	<i>femynor</i> .....	50
<i>estradiol vaginal cream</i> .....	50	<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i> .....	36
ESTRING.....	50	<i>fenofibrate nanocrystallized</i> .....	36
<i>eszopiclone</i> .....	26	<i>fenofibrate oral tablet 160 mg, 54 mg</i> .....	36
<i>ethambutol</i> .....	11	<i>fenopropfen oral tablet</i> .....	27
<i>ethosuximide</i> .....	26	<i>fentanyl citrate</i> .....	27
		<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> .....	27
		FENTORA.....	27
		FERRIPROX ORAL SOLUTION.....	40
		FERRIPROX ORAL TABLET.....	40

FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK.....	27	<i>fluocinolone and shower cap</i> .....	39
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG.....	27	<i>fluocinonide topical cream 0.05 %</i> .....	39
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG.....	27	<i>fluocinonide topical gel</i> .....	39
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG.....	27	<i>fluocinonide topical ointment</i> .....	39
<i>finasteride oral tablet 5 mg</i> .....	54	<i>fluocinonide topical solution</i> .....	39
FIRAZYR.....	53	<i>fluocinonide-e</i> .....	39
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.....	17	FLUOCINONIDE-EMOLLIENT.....	39
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG.....	17	<i>fluoride (sodium) oral tablet</i> .....	55
<i>flecainide</i> .....	36	<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> .....	55
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION.....	53	<i>fluoritab oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i> .....	55
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION.....	53	<i>fluorometholone</i> .....	51
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION.....	53	<i>fluorouracil intravenous</i> .....	18
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION.....	53	<i>fluorouracil topical cream 5 %</i> .....	39
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION.....	53	<i>fluoxetine oral capsule 10 mg</i> .....	27
<i>fluconazole</i> .....	11	<i>fluoxetine oral capsule 20 mg</i> .....	27
<i>fluconazole in dextrose(iso-o)</i> .....	11	<i>fluoxetine oral capsule 40 mg</i> .....	27
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i> .....	11	<i>fluoxetine oral solution</i> .....	27
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i> .....	11	<i>fluphenazine decanoate</i> .....	27
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i> .....	11	<i>fluphenazine hcl</i> .....	27
<i>flucytosine</i> .....	11	<i>flurbiprofen</i> .....	27
<i>fludarabine intravenous recon soln</i> .....	18	<i>flurbiprofen sodium</i> .....	51
<i>fludarabine intravenous solution</i> .....	18	<i>flutamide</i> .....	18
<i>fludrocortisone</i> .....	42	<i>fluticasone nasal</i> .....	41
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> .....	41	<i>fluticasone topical cream</i> .....	39
<i>fluocinolone</i> .....	39	<i>fluticasone topical ointment</i> .....	39
<i>fluocinolone acetone oil</i> .....	41	<i>fluvoxamine oral tablet 100 mg</i> .....	27
		<i>fluvoxamine oral tablet 25 mg</i> .....	27
		<i>fluvoxamine oral tablet 50 mg</i> .....	27
		FOLOTYN.....	18
		<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> .....	36
		<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> .....	36
		<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> .....	36
		<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> .....	36
		FORTEO.....	49
		<i>fosamprenavir</i> .....	11
		<i>fosinopril</i> .....	36
		<i>fosinopril-hydrochlorothiazide</i> .....	36
		<i>fosphenytoin</i> .....	27
		FRAGMIN SUBCUTANEOUS SYRINGE 2, 500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML.....	36
		<i>freamine iii 10 %</i> .....	55

<i>furosemide injection solution</i> .....	36	GENOTROPIN.....	47
<i>furosemide oral solution 10 mg/ml</i> .....	36	GENOTROPIN MINIQUICK.....	47
FUROSEMIDE ORAL SOLUTION 40 MG/5		<i>gentak ophthalmic (eye) ointment</i> .....	51
ML (8 MG/ML).....	36	<i>gentamicin injection solution 20 mg/2 ml</i> .....	11
<i>furosemide oral tablet</i> .....	36	<i>gentamicin injection solution 40 mg/ml</i> .....	11
FUSILEV.....	18	<i>gentamicin ophthalmic (eye) drops</i> .....	51
FUZEON SUBCUTANEOUS RECON		<i>gentamicin ophthalmic (eye) ointment</i> .....	52
SOLN.....	11	<i>gentamicin sulfate (ped) (pf)</i> .....	11
FYCOMPA ORAL SUSPENSION.....	27	<i>gentamicin sulfate (pf) intravenous solution 100 mg/</i>	
FYCOMPA ORAL TABLET 10 MG, 12		<i>10 ml</i> .....	11
MG.....	27	<i>gentamicin sulfate (pf) intravenous solution 60 mg/</i>	
FYCOMPA ORAL TABLET 2 MG.....	27	<i>6 ml</i> .....	11
FYCOMPA ORAL TABLET 4 MG.....	27	<i>gentamicin topical</i> .....	39
FYCOMPA ORAL TABLET 6 MG.....	27	GENVOYA.....	11
FYCOMPA ORAL TABLET 8 MG.....	27	GEODON INTRAMUSCULAR.....	27
<i>gabapentin oral capsule 100 mg</i> .....	27	GILENYA ORAL CAPSULE 0.5 MG.....	27
<i>gabapentin oral capsule 300 mg</i> .....	27	GILOTRIF.....	18
<i>gabapentin oral capsule 400 mg</i> .....	27	<i>glatiramer subcutaneous syringe 20 mg/ml</i> .....	27
<i>gabapentin oral solution 250 mg/5 ml</i> .....	27	<i>glatiramer subcutaneous syringe 40 mg/ml</i> .....	27
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300</i>		GLATOPA SUBCUTANEOUS SYRINGE 20	
<i>mg/6 ml (6 ml)</i> .....	27	MG/ML.....	27
<i>gabapentin oral tablet 600 mg</i> .....	27	<i>glatopa subcutaneous syringe 40 mg/ml</i> .....	27
<i>gabapentin oral tablet 800 mg</i> .....	27	GLEOSTINE.....	18
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MG.....	27	<i>glimepiride oral tablet 2 mg</i> .....	42
GAMUNEX-C.....	47	<i>glimepiride oral tablet 4 mg</i> .....	42
<i>ganciclovir sodium intravenous recon soln</i> .....	11	<i>glipizide oral tablet 10 mg</i> .....	42
GARDASIL 9 (PF).....	47	<i>glipizide oral tablet 5 mg</i> .....	42
GATTEX 30-VIAL.....	45	<i>glipizide oral tablet extended release 24hr 10</i>	
GATTEX ONE-VIAL.....	45	<i>mg</i> .....	42
GAUZE PADS 2 X 2.....	42	<i>glipizide oral tablet extended release 24hr 2.5</i>	
<i>gavilyte-c</i> .....	45	<i>mg</i> .....	42
<i>gavilyte-g</i> .....	45	<i>glipizide oral tablet extended release 24hr 5 mg</i> .....	42
<i>gavilyte-n</i> .....	45	<i>glipizide-metformin oral tablet 2.5-250 mg</i> .....	42
GAZYVA.....	18	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500</i>	
<i>gemcitabine intravenous recon soln 1 gram, 200</i>		<i>mg</i> .....	42
<i>mg</i> .....	18	GLUCAGEN HYPOKIT.....	42
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<i>gemcitabine intravenous solution 1 gram/26.3 ml</i>		(HUMAN).....	42
<i>(38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> .....	18	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i> .....	45
GEMCITABINE INTRAVENOUS SOLUTION		<i>griseofulvin microsize oral suspension</i> .....	11
100 MG/ML.....	18	<i>griseofulvin ultramicrosize</i> .....	11
<i>gemcitabine intravenous solution 2 gram/52.6 ml</i>		<i>guanfacine oral tablet extended release 24 hr</i> .....	27
<i>(38 mg/ml)</i> .....	18	GUANIDINE.....	27
<i>gemfibrozil</i> .....	36	HALAVEN.....	18
<i>generlac</i> .....	45	<i>halobetasol propionate</i> .....	39
<i>gengraf oral capsule 100 mg, 25 mg</i> .....	18	HALOG.....	39
<i>gengraf oral solution</i> .....	18	<i>haloperidol</i> .....	27

<i>haloperidol decanoate</i> .....	28	HUMIRA PEDIATRIC CROHN'S START	
<i>haloperidol lactate injection</i> .....	28	SUBCUTANEOUS SYRINGE KIT 40 MG/	
<i>haloperidol lactate intramuscular</i> .....	28	0.8 ML (6 PACK).....	49
<i>haloperidol lactate oral</i> .....	28	HUMIRA PEDIATRIC CROHN'S START	
HARVONI.....	11	SUBCUTANEOUS SYRINGE KIT 80 MG/	
HAVRIX (PF) INTRAMUSCULAR		0.8 ML.....	49
SUSPENSION.....	47	HUMIRA PEDIATRIC CROHN'S START	
HAVRIX (PF) INTRAMUSCULAR SYRINGE		SUBCUTANEOUS SYRINGE KIT 80 MG/	
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HAVRIX (PF) INTRAMUSCULAR SYRINGE		HUMIRA PEN.....	49
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SOLUTION 25,000 UNIT/250 ML(100		SUBCUTANEOUS PEN INJECTOR KIT 80	
UNIT/ML).....	36	MG/0.8 ML.....	49
HEPARIN (PORCINE) IN 5 % DEX		HUMIRA PEN PSORIASIS-UVEITIS	
INTRAVENOUS PARENTERAL		SUBCUTANEOUS PEN INJECTOR KIT 40	
SOLUTION 25,000 UNIT/500 ML (50		MG/0.8 ML.....	49
UNIT/ML).....	36	HUMIRA PEN PSORIASIS-UVEITIS	
<i>heparin (porcine) injection solution</i> .....	36	SUBCUTANEOUS PEN INJECTOR KIT 80	
<i>heparin (porcine) injection syringe 5,000 unit/</i>		MG/0.8 ML-40 MG/0.4 ML.....	49
<i>ml</i> .....	36	HUMIRA SUBCUTANEOUS SYRINGE KIT	
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<i>parenteral solution 25,000 unit/250 ml</i> .....	36	ML, 20 MG/0.4 ML.....	49
<i>heparin(porcine) in 0.45% nacl intravenous</i>		HUMIRA SUBCUTANEOUS SYRINGE KIT	
<i>parenteral solution 25,000 unit/500 ml</i> .....	36	40 MG/0.4 ML, 40 MG/0.8 ML.....	49
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HUMALOG MIX 50-50 INSULN U-100.....	43	12.5 MG.....	36
HUMALOG MIX 50-50 KWIKPEN.....	43	<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i> .....	36
HUMALOG MIX 75-25 KWIKPEN.....	43	<i>hydrocodone-acetaminophen oral solution 7.5-325</i>	
HUMALOG MIX 75-25(U-100)INSULN.....	43	<i>mg/15 ml</i> .....	28
HUMALOG U-100 INSULIN.....	43	<i>hydrocodone-acetaminophen oral tablet 10-325 mg,</i>	
HUMATROPE INJECTION CARTRIDGE 12		<i>5-325 mg, 7.5-325 mg</i> .....	28
MG (36 UNIT), 24 MG (72 UNIT).....	47	<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> .....	28
HUMIRA PEDIATRIC CROHN'S START		<i>hydrocortisone oral</i> .....	43
SUBCUTANEOUS SYRINGE KIT 40 MG/		<i>hydrocortisone rectal</i> .....	45
0.8 ML.....	49	<i>hydrocortisone topical cream 1 %, 2.5 %</i> .....	39

<i>hydrocortisone topical cream with perineal applicator</i> .....	45	INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML.....	43
<i>hydrocortisone topical lotion 2.5 %</i> .....	39	INTELENCE ORAL TABLET 100 MG.....	11
<i>hydrocortisone topical ointment 1 %, 2.5 %</i> .....	39	INTELENCE ORAL TABLET 200 MG.....	11
<i>hydrocortisone valerate</i> .....	39	INTELENCE ORAL TABLET 25 MG.....	11
<i>hydrocortisone-acetic acid</i> .....	41	<i>intralipid intravenous emulsion 20 %</i> .....	55
<i>hydrocortisone-min oil-wht pet</i> .....	39	INTRON A INJECTION RECON SOLN.....	47
<i>hydromorphone oral tablet 2 mg, 4 mg</i> .....	28	INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML.....	47
<i>hydromorphone oral tablet 8 mg</i> .....	28	INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML.....	47
<i>hydroxychloroquine</i> .....	11	<i>introvale</i> .....	50
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<i>hydroxyurea</i> .....	18	INVANZ INTRAVENOUS.....	12
<i>hydroxyzine hcl oral tablet</i> .....	53	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML.....	28
HYPERRAB (PF).....	47	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML.....	28
<i>ibandronate oral</i> .....	49	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML.....	28
IBRANCE.....	18	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML.....	28
<i>ibu oral tablet 600 mg, 800 mg</i> .....	28	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML.....	28
<i>ibuprofen oral suspension</i> .....	28	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML.....	28
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> .....	28	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML.....	28
ICLUSIG ORAL TABLET 15 MG.....	18	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML.....	28
ICLUSIG ORAL TABLET 45 MG.....	18	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML.....	28
<i>idarubicin</i> .....	18	INVIRASE ORAL CAPSULE.....	12
IDHIFA ORAL TABLET 100 MG.....	18	INVIRASE ORAL TABLET.....	12
IDHIFA ORAL TABLET 50 MG.....	18	IPOL.....	47
<i>ifosfamide intravenous recon soln</i> .....	18	<i>ipratropium bromide inhalation</i> .....	53
<i>ifosfamide intravenous solution</i> .....	18	<i>ipratropium bromide nasal</i> .....	41
ILARIS (PF) SUBCUTANEOUS SOLUTION.....	47	<i>ipratropium-albuterol</i> .....	53
ILEVRO.....	52	<i>irbesartan</i> .....	36
<i>imatinib oral tablet 100 mg</i> .....	18	IRESSA.....	18
<i>imatinib oral tablet 400 mg</i> .....	18	<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> .....	18
IMBRUVICA ORAL CAPSULE 140 MG.....	18	<i>irinotecan intravenous solution 500 mg/25 ml</i> .....	18
IMBRUVICA ORAL CAPSULE 70 MG.....	18	ISENTRESS HD.....	12
IMBRUVICA ORAL TABLET.....	18	ISENTRESS ORAL POWDER IN PACKET.....	12
IMFINZI.....	18	ISENTRESS ORAL TABLET.....	12
<i>imipenem-cilastatin</i> .....	11	ISENTRESS ORAL TABLET,CHEWABLE 100 MG.....	12
<i>imipramine hcl</i> .....	28		
<i>imiquimod topical cream in packet</i> .....	39		
IMOGAM RABIES-HT (PF).....	47		
IMOVAX RABIES VACCINE (PF).....	47		
INCRELEX.....	41		
<i>indapamide</i> .....	36		
INFANRIX (DTAP) (PF).....	47		
INFLECTRA.....	45		
INLYTA ORAL TABLET 1 MG.....	18		
INLYTA ORAL TABLET 5 MG.....	18		
INSULIN PEN NEEDLE.....	43		

ISENTRESS ORAL TABLET,CHEWABLE 25 MG.....	12	KALETRA ORAL TABLET 100-25 MG.....	12
ISIBLOOM.....	50	KALETRA ORAL TABLET 200-50 MG.....	12
<i>isoniazid oral</i> .....	12	KALYDECO ORAL TABLET.....	53
<i>isosorbide dinitrate oral tablet</i> .....	36	<i>kariva (28)</i> .....	50
<i>isosorbide mononitrate</i> .....	36	KEDRAB (PF).....	47
ISTODAX.....	18	<i>kelnor 1/35 (28)</i> .....	50
<i>itraconazole oral capsule</i> .....	12	KEPIVANCE.....	19
<i>ivermectin</i> .....	12	<i>ketoconazole oral</i> .....	12
IXEMPRA.....	18	<i>ketoconazole topical</i> .....	39
IXIARO (PF).....	47	<i>ketorolac ophthalmic (eye)</i> .....	52
JAKAFI ORAL TABLET 10 MG.....	18	KEYTRUDA INTRAVENOUS SOLUTION.....	19
JAKAFI ORAL TABLET 15 MG.....	19	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG.....	28
JAKAFI ORAL TABLET 20 MG.....	19	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG.....	28
JAKAFI ORAL TABLET 25 MG.....	19	<i>kimidess (28)</i> .....	50
JAKAFI ORAL TABLET 5 MG.....	19	KINRIX (PF) INTRAMUSCULAR SUSPENSION.....	47
JANTOVEN.....	36	KINRIX (PF) INTRAMUSCULAR SYRINGE.....	47
JANUMET.....	43	<i>kionex (with sorbitol)</i> .....	41
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG.....	43	KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG.....	19
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG.....	43	KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG.....	19
JANUVIA ORAL TABLET 100 MG.....	43	KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG.....	19
JANUVIA ORAL TABLET 25 MG.....	43	KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1).....	19
JANUVIA ORAL TABLET 50 MG.....	43	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2).....	19
JARDIANCE.....	43	KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3).....	19
<i>jencycla</i> .....	50	<i>klor-con 10</i> .....	55
JENTADUETO.....	43	<i>klor-con 8</i> .....	55
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG.....	43	<i>klor-con m10</i> .....	55
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG.....	43	<i>klor-con m15</i> .....	55
JEVTANA.....	19	<i>klor-con m20</i> .....	55
<i>jolessa</i> .....	50	<i>klor-con sprinkle</i> .....	55
<i>jolivette</i> .....	50	KORLYM.....	43
<i>juleber</i> .....	50	<i>kurvelo</i> .....	50
JULUCA.....	12	KUVAN ORAL TABLET,SOLUBLE.....	43
<i>junel 1.5/30 (21)</i> .....	50	KYNAMRO.....	36
<i>junel 1/20 (21)</i> .....	50	KYPROLIS INTRAVENOUS RECON SOLN 10 MG.....	19
<i>junel fe 1.5/30 (28)</i> .....	50	KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG.....	19
<i>junel fe 1/20 (28)</i> .....	50		
<i>junel fe 24</i> .....	50		
JUXTAPID.....	36		
KADCYLA INTRAVENOUS RECON SOLN 100 MG.....	19		
KADCYLA INTRAVENOUS RECON SOLN 160 MG.....	19		



<i>labetalol intravenous solution</i> .....	36	<i>leuprolide subcutaneous kit</i> .....	19
<i>labetalol oral</i> .....	36	<i>levabuterol hcl inhalation solution for nebulization</i> 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml.....	53
<i>lactated ringers intravenous</i> .....	55	<i>levabuterol hcl inhalation solution for nebulization</i> 0.63 mg/3 ml.....	54
<i>lactated ringers irrigation</i> .....	41	LEVEMIR FLEXTOUCH U-100 INSULN.....	43
<i>lactulose oral solution</i> .....	45	LEVEMIR U-100 INSULIN.....	43
<i>lamivudine oral solution</i> .....	12	<i>levetiracetam in nacl (iso-os) intravenous piggyback</i> 1,000 mg/100 ml, 1,500 mg/100 ml.....	28
<i>lamivudine oral tablet 100 mg</i> .....	12	<i>levetiracetam in nacl (iso-os) intravenous piggyback</i> 500 mg/100 ml.....	28
<i>lamivudine oral tablet 150 mg</i> .....	12	<i>levetiracetam intravenous</i> .....	28
<i>lamivudine oral tablet 300 mg</i> .....	12	<i>levetiracetam oral solution 100 mg/ml</i> .....	28
<i>lamivudine-zidovudine</i> .....	12	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i> .....	28
<i>lamotrigine oral tablet</i> .....	28	<i>levetiracetam oral tablet</i> .....	28
<i>lamotrigine oral tablet, chewable dispersible</i> .....	28	<i>levetiracetam oral tablet extended release 24 hr 500</i> mg.....	28
LANOXIN ORAL TABLET 62.5 MCG.....	36	<i>levetiracetam oral tablet extended release 24 hr 750</i> mg.....	29
<i>lansoprazole oral capsule, delayed release(dr/ec)</i> .....	45	<i>levobunolol ophthalmic (eye) drops 0.5 %</i> .....	52
LANTUS SOLOSTAR U-100 INSULIN.....	43	<i>levocarnitine (with sugar)</i> .....	41
LANTUS U-100 INSULIN.....	43	<i>levocarnitine oral tablet</i> .....	41
<i>larin 1.5/30 (21)</i> .....	50	<i>levocetirizine oral tablet</i> .....	54
<i>larin 1/20 (21)</i> .....	50	<i>levofloxacin intravenous</i> .....	12
<i>larin fe 1.5/30 (28)</i> .....	50	<i>levofloxacin oral</i> .....	12
<i>larin fe 1/20 (28)</i> .....	50	<i>levoleucovorin intravenous recon soln 50 mg</i> .....	19
<i>larissia</i> .....	50	<i>levoleucovorin intravenous solution</i> .....	19
LARTRUVO.....	19	<i>levonest (28)</i> .....	50
<i>latanoprost</i> .....	52	<i>levonorg-eth estrad triphasic</i> .....	50
LATUDA ORAL TABLET 120 MG, 60 MG.....	28	<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-</i> <i>mcg, 0.15-0.03 mg</i> .....	50
LATUDA ORAL TABLET 20 MG.....	28	<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3</i> <i>month</i> .....	50
LATUDA ORAL TABLET 40 MG.....	28	<i>levora-28</i> .....	50
LATUDA ORAL TABLET 80 MG.....	28	<i>levorphanol tartrate</i> .....	29
<i>leflunomide</i> .....	49	<i>levothyroxine oral</i> .....	43
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1).....	19	LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG.....	43
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG.....	19	LEXIVA ORAL SUSPENSION.....	12
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2).....	19	LEXIVA ORAL TABLET.....	12
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1).....	19	<i>lidocaine (pf) injection solution 15 mg/ml (1.5</i> <i>%)</i> .....	39
<i>lessina</i> .....	50	<i>lidocaine (pf) injection solution 20 mg/ml (2 %),</i> <i>40 mg/ml (4 %), 5 mg/ml (0.5 %)</i> .....	39
LETAIRIS.....	53	<i>lidocaine (pf) intravenous solution</i> .....	36
<i>letrozole</i> .....	19		
<i>leucovorin calcium injection recon soln 100 mg, 200</i> <i>mg, 350 mg, 50 mg</i> .....	19		
<i>leucovorin calcium injection recon soln 500 mg</i> .....	19		
<i>leucovorin calcium oral</i> .....	19		
LEUKERAN.....	19		
LEUKINE INJECTION RECON SOLN.....	47		

<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i> .....	36
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> .....	39
<i>lidocaine hcl laryngotracheal</i> .....	39
<i>lidocaine hcl mucous membrane jelly</i> .....	39
<i>lidocaine hcl mucous membrane jelly in applicator</i> .....	39
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> .....	39
<i>lidocaine topical adhesive patch, medicated</i> .....	39
<i>lidocaine topical ointment</i> .....	39
<i>lidocaine viscous</i> .....	39
<i>lidocaine-prilocaine topical cream</i> .....	39
<i>lindane topical shampoo</i> .....	39
<i>linezolid in dextrose 5%</i> .....	12
<i>linezolid oral suspension for reconstitution</i> .....	12
<i>linezolid oral tablet</i> .....	12
<i>linezolid-0.9% sodium chloride</i> .....	12
LINZESS.....	45
<i>liothyronine oral</i> .....	43
<i>lisinopril</i> .....	36
<i>lisinopril-hydrochlorothiazide</i> .....	36
<i>lithium carbonate</i> .....	29
<i>lithium citrate oral solution 8 meq/5 ml</i> .....	29
LODOSYN.....	29
LONSURF.....	19
<i>loperamide oral capsule</i> .....	45
<i>lopinavir-ritonavir</i> .....	12
<i>lorazepam intensol</i> .....	29
<i>lorazepam oral</i> .....	29
<i>lorcet (hydrocodone)</i> .....	29
<i>lorcet hd</i> .....	29
<i>lorcet plus oral tablet 7.5-325 mg</i> .....	29
<i>losartan</i> .....	36
<i>losartan-hydrochlorothiazide</i> .....	37
<i>lovastatin</i> .....	37
<i>low-ogestrel (28)</i> .....	50
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