



An Anthem Company

# Empire 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 August 1, 2017. For more recent information or other questions, please contact Empire MediBlue Plus (HMO) Customer Service, at **1-800-499-9554** 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.empireblue.com/medicare>.

H8432\_008

Y0114\_18\_31139\_U\_149 CMS Accepted 08/13/2017

Core\_18355\_CG6\_v6\_1801\_1

## **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 Empire BlueCross BlueShield. When it refers to “plan” or “our plan,” it means Empire MediBlue Plus (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of January 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 Empire 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 January 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 66. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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

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

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

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

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Empire 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 Empire 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 66.

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

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

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

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

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

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

**LA – Limited Access:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-800-499-9554, 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)	\$3.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$8.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$15.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$20.00
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)	\$94.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$99.00
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	26%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	26%
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.

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

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

**LA – Limited Access:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-800-499-9554, 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>Anti - Infectives</b>			ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	MO; QLL (180 per 30 days)
<i>abacavir</i>	4	MO; QLL (60 per 30 days)	ALINIA ORAL TABLET	5	MO; QLL (6 per 30 days)
<i>abacavir-lamivudine</i>	5	MO; QLL (30 per 30 days)	<i>amantadine hcl</i>	3	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO; QLL (60 per 30 days)	AMBISOME	5	B/D PAR; MO
ABELCET	5	B/D PAR; MO	AMIKACIN INJECTION SOLUTION 1,000 MG/4 ML	4	MO
<i>acyclovir oral capsule</i>	2	MO	<i>amikacin injection solution 500 mg/2 ml</i>	4	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO	<i>amoxicillin oral capsule</i>	1	MO
<i>acyclovir oral tablet</i>	2	MO	<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	B/D PAR; MO	<i>amoxicillin oral tablet</i>	1	MO
<i>adefovir</i>	5	PAR; MO			
ALBENZA	5	MO			

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



Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral tablet, chewable 125 mg</i>	2	MO
<i>amoxicillin oral tablet, chewable 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	3	MO
<i>amphotericin b</i>	4	B/D PAR; MO
<i>ampicillin oral capsule</i>	1	MO
<i>ampicillin oral suspension for reconstitution</i>	2	MO
<i>ampicillin sodium injection</i>	4	MO
<i>ampicillin sodium intravenous</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
APTIVUS ORAL CAPSULE	5	MO; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (380 per 30 days)
<i>atovaquone</i>	5	PAR; MO
<i>atovaquone-proguanil</i>	4	MO
ATRIPLA	5	MO; QLL (30 per 30 days)
<i>azithromycin intravenous</i>	4	MO
<i>azithromycin oral packet</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	4	MO
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	2	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	MO
<i>azithromycin oral tablet 500 mg, 600 mg</i>	2	MO
<i>aztreonam</i>	4	MO
BARACLUDGE ORAL SOLUTION	5	PAR; MO
BICILLIN C-R	4	MO
BICILLIN L-A	4	MO
CANCIDAS	5	B/D PAR; MO
CAPASTAT	4	
CAYSTON	5	PAR; MO; LA
<i>cefaclor oral capsule</i>	3	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	3	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	MO
<i>cefadroxil oral tablet</i>	4	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	3	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	4	
<i>cefazolin injection recon soln 500 mg</i>	3	MO
<i>cefazolin intravenous</i>	4	
<i>cefdinir oral capsule</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>cefdinir oral suspension for reconstitution</i>	4	MO
<i>cefepime</i>	4	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	4	
<i>cefotaxime injection recon soln 10 gram</i>	4	MO
<i>cefotetan</i>	4	
<i>cefoxitin in dextrose, iso-osm</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i>	4	MO
<i>cefpodoxime oral suspension for reconstitution 50 mg/5 ml</i>	3	MO
<i>cefpodoxime oral tablet 100 mg</i>	3	MO
<i>cefpodoxime oral tablet 200 mg</i>	4	MO
<i>cefprozil oral suspension for reconstitution</i>	3	MO
<i>cefprozil oral tablet 250 mg</i>	2	MO
<i>cefprozil oral tablet 500 mg</i>	3	MO
<b>CEFTAZIDIME IN D5W</b>	4	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO
<i>ceftazidime injection recon soln 6 gram</i>	4	
<i>ceftriaxone in dextrose, iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<b>CEFTRIAAXONE INJECTION RECON SOLN 100 GRAM</b>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ceftriaxone injection recon soln 250 mg</i>	3	MO
<i>ceftriaxone intravenous recon soln 1 gram</i>	3	MO
<i>ceftriaxone intravenous recon soln 2 gram</i>	4	MO
<i>cefuroxime axetil oral tablet 250 mg</i>	1	MO
<i>cefuroxime axetil oral tablet 500 mg</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cephalexin oral suspension for reconstitution 250 mg/5 ml</i>	2	MO
<i>cephalexin oral tablet</i>	1	MO
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO
<i>cidofovir</i>	5	B/D PAR; MO
<i>ciprofloxacin er oral tablet, er multiphase 24 hr 1,000 mg</i>	3	MO
<i>ciprofloxacin er oral tablet, er multiphase 24 hr 500 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	MO
<i>ciprofloxacin lactate intravenous solution 200 mg/ 20 ml</i>	4	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/ 40 ml</i>	4	
<i>ciprofloxacin oral suspension</i>	4	

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

Drug Name	Drug Tier	Requirements /Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml</i>	4	MO
<i>clindamycin in 5 % dextrose intravenous piggyback 900 mg/50 ml</i>	3	MO
<i>clindamycin phosphate injection</i>	4	MO
<i>clindamycin phosphate intravenous solution 300 mg/ 2 ml, 900 mg/6 ml</i>	4	
<i>clindamycin phosphate intravenous solution 600 mg/ 4 ml</i>	4	MO
<i>clotrimazole mucous membrane</i>	3	MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	B/D PAR; MO
COMPLERA	5	MO; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	MO; QLL (180 per 30 days)
CUBICIN	5	MO
<i>dapsone</i>	3	MO
<i>daptomycin</i>	5	MO
DARAPRIM	3	MO
<i>demeclocycline</i>	4	MO
DESCOVY	5	MO; QLL (30 per 30 days)
<i>dicloxacillin</i>	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	3	QLL (90 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	3	MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	3	MO; QLL (30 per 30 days)
DIFICID	5	PAR; MO
DORIBAX INTRAVENOUS RECON SOLN 250 MG	4	
DORIBAX INTRAVENOUS RECON SOLN 500 MG	5	
DORIPENEM	4	
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg e.e.s. 400 oral tablet</i>	3	MO
EDURANT	5	MO; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QLL (850 per 30 days)
<i>entecavir</i>	5	PAR; MO
EPCLUSA	5	PAR; MO; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EPIVIR ORAL SOLUTION	4	MO; QLL (960 per 30 days)
EPZICOM	5	MO; QLL (30 per 30 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/ EC) 500 MG	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	4	MO
<i>ethambutol</i>	4	MO
EVOTAZ	5	MO; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	3	MO; QLL (21 per 7 days)
<i>fluconazole in dextrose(iso-o)</i>	4	
FLUCONAZOLE IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	3	MO
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	4	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 50 mg</i>	2	MO
<i>fluconazole oral tablet 200 mg</i>	3	MO
<i>flucytosine oral capsule 250 mg</i>	4	MO
<i>flucytosine oral capsule 500 mg</i>	5	MO
<i>foscarnet</i>	3	B/D PAR
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QLL (60 per 30 days)
<i>ganciclovir sodium</i>	3	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</i>	3	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/ 50 ml</i>	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/ 50 ml, 80 mg/100 ml, 90 mg/100 ml</i>	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/ 50 ml</i>	4	MO
<i>gentamicin injection solution 20 mg/2 ml</i>	4	MO
<i>gentamicin injection solution 40 mg/ml</i>	3	MO
<i>gentamicin sulfate (ped) (pf)</i>	4	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/ 10 ml</i>	4	MO
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	4	
GENVOYA	5	MO; QLL (30 per 30 days)
GRIS-PEG (ULTRAMICROSIZED) ORAL TABLET 250 MG	4	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
HARVONI	5	PAR; MO; QLL (28 per 28 days)
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	3	MO
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
INTELENCE ORAL TABLET 100 MG	5	MO; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QLL (480 per 30 days)
INVANZ INJECTION	4	MO
INVANZ INTRAVENOUS	4	
INVIRASE ORAL CAPSULE	5	MO; QLL (300 per 30 days)
INVIRASE ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS HD	5	MO; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QLL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO; QLL (720 per 30 days)
<i>isoniazid injection</i>	4	
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet 100 mg</i>	1	MO
<i>isoniazid oral tablet 300 mg</i>	2	MO
<i>itraconazole</i>	4	PAR; MO
<i>ivermectin</i>	3	MO
KALETRA ORAL SOLUTION	4	MO; QLL (480 per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	MO; QLL (120 per 30 days)
<i>ketoconazole oral</i>	3	MO
LAMISIL ORAL TABLET	5	MO
<i>lamivudine oral solution</i>	4	MO; QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	4	MO
<i>lamivudine oral tablet 150 mg</i>	4	MO; QLL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>lamivudine oral tablet 300 mg</i>	4	MO; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	4	MO; QLL (60 per 30 days)
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	1	MO
<i>levofloxacin oral tablet 750 mg</i>	2	MO
LEXIVA ORAL SUSPENSION	4	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	5	MO; QLL (120 per 30 days)
LINCOCIN	4	MO
<i>lincomycin</i>	4	
<i>linezolid intravenous</i>	4	
<i>linezolid oral suspension for reconstitution</i>	4	PAR; MO; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	5	PAR; MO; QLL (56 per 30 days)
<i>linezolid-0.9% sodium chloride</i>	5	
<i>lopinavir-ritonavir</i>	4	MO; QLL (480 per 30 days)
MALARONE	4	MO
<i>mefloquine</i>	2	MO
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	2	MO
<i>metro i.v.</i>	4	MO
<i>metronidazole in nacl (iso-os)</i>	3	MO
<i>metronidazole oral capsule</i>	4	MO
<i>metronidazole oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>morgidox oral capsule 50 mg</i>	4	
<i>moxifloxacin oral</i>	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
MYCAMINE	5	MO
INTRAVENOUS RECON SOLN 100 MG		
MYCAMINE	4	MO
INTRAVENOUS RECON SOLN 50 MG		
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	4	MO
NEBUPENT	3	B/D PAR; MO
<i>neomycin</i>	2	MO
<i>nevirapine oral suspension</i>	4	MO; QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QLL (30 per 30 days)
<i>nitrofurantoin</i>	4	PAR; MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	4	PAR; MO
<i>nitrofurantoin monohyd/m-cryst</i>	4	PAR; MO
NORVIR ORAL CAPSULE	4	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	4	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	3	MO; QLL (360 per 30 days)
NOXAFIL ORAL	5	PAR; MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
ODEFSEY	5	MO; QLL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ofloxacin oral tablet 400 mg</i>	3	MO
<i>oseltamivir</i>	3	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	4	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	5	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	5	
<i>oxacillin injection recon soln 2 gram</i>	4	MO
<i>paromomycin</i>	4	MO
PASER	4	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML		
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	4	MO
<i>penicillin g potassium injection recon soln 20 million unit</i>	5	MO
<i>penicillin g potassium injection recon soln 5 million unit</i>	4	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	MO
<i>penicillin g procaine intramuscular syringe 600, 000 unit/ml</i>	4	
<i>penicillin g sodium</i>	4	MO
<i>penicillin v potassium</i>	1	MO
PENTAM	4	MO
<i>pfizerpen-g</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	MO
<i>polymyxin b sulfate</i>	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PREZCOBIX	5	MO; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QLL (300 per 30 days)
PRIFTIN	4	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	4	PAR; MO
RELENZA DISKHALER	3	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	4	MO; QLL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	MO; QLL (360 per 30 days)
RETROVIR INTRAVENOUS	4	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG	5	MO; QLL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	5	MO; QLL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET	4	MO; QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	4	MO
<i>ribasphere oral tablet 200 mg</i>	4	MO
<i>ribavirin inhalation</i>	5	PAR
<i>ribavirin oral capsule</i>	4	MO
<i>ribavirin oral tablet 200 mg</i>	5	MO
<i>rifabutin</i>	4	MO
<i>rifampin</i>	4	MO
RIFATER	4	MO
<i>rimantadine</i>	3	MO
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SIRTURO	5	PAR; MO; LA
SIVEXTRO INTRAVENOUS	5	PAR
SIVEXTRO ORAL	5	PAR; MO; QLL (6 per 30 days)
<i>stavudine oral capsule 15 mg</i>	3	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 20 mg</i>	4	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 30 mg</i>	3	MO; QLL (60 per 30 days)
<i>stavudine oral capsule 40 mg</i>	4	MO; QLL (60 per 30 days)
STREPTOMYCIN	4	MO
STRIBILD	5	MO; QLL (30 per 30 days)
STROMEKTOL	3	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	3	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
SUSTIVA ORAL CAPSULE 200 MG	4	MO; QLL (120 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)
SUSTIVA ORAL TABLET	5	MO; QLL (30 per 30 days)
SYNAGIS	5	PAR; MO; LA
SYNERCID	5	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG	3	MO
<i>tamiflu oral capsule 75 mg</i>	3	MO
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	MO
TECHNIVIE	5	PAR; MO; QLL (56 per 28 days)
TEFLARO	5	MO
<i>terbinafine hcl oral</i>	2	MO
<i>tetracycline</i>	4	MO
TIGECYCLINE	5	
<i>tinidazole oral tablet 250 mg</i>	2	MO
<i>tinidazole oral tablet 500 mg</i>	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TIVICAY ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QLL (60 per 30 days)
<i>tobramycin in 0.225% nacl for nebulization</i>	5	B/D PAR; MO; QLL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	
<i>tobramycin sulfate injection solution</i>	4	MO
TRECTOR	4	MO
<i>trimethoprim</i>	2	MO
TRIUMEQ	5	MO; QLL (30 per 30 days)
TRUVADA	5	MO; QLL (30 per 30 days)
TYBOST	3	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	3	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	3	MO; QLL (60 per 30 days)
<i>valganciclovir oral tablet</i>	5	MO
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS PIGGYBACK	4	B/D PAR
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/ 200 ML	4	B/D PAR; MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	B/D PAR
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	4	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	4	B/D PAR; MO
<i>vancomycin oral capsule 125 mg</i>	4	PAR; MO; QLL (40 per 10 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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)
VIRACEPT ORAL TABLET 250 MG	5	MO; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	MO; QLL (120 per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO
VIREAD ORAL POWDER	5	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET	5	MO; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	4	MO
<i>voriconazole oral suspension for reconstitution</i>	5	PAR; MO
<i>voriconazole oral tablet 200 mg</i>	5	PAR; MO
<i>voriconazole oral tablet 50 mg</i>	4	PAR; MO
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	4	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	4	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	MO; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	2	MO; QLL (60 per 30 days)
ZITHROMAX ORAL PACKET	4	MO
ZITHROMAX ORAL TABLET 250 MG	4	MO
ZITHROMAX Z-PAK	4	MO
ZMAX	3	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	5	

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>
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	5	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	PAR; MO; QLL (1800 per 30 days)
<b>Antineoplastic / Immunosuppressant Drugs</b>		
ABRAXANE	5	PAR; MO
<i>adriamycin intravenous solution</i>	4	B/D PAR
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PAR
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	4	B/D PAR; MO
AFINITOR	5	PAR; MO
AFINITOR DISPERZ	5	PAR; MO
ALECENSA	5	PAR; MO; QLL (240 per 30 days)
ALIMTA	5	PAR; MO
ALKERAN ORAL	4	B/D PAR; MO
ALUNBRIG	5	PAR; MO; QLL (180 per 30 days)
<i>anastrozole</i>	2	MO; QLL (30 per 30 days)
ARRANON	4	B/D PAR
ARZERRA	5	PAR; MO
AVASTIN	5	PAR; MO
<i>azacitidine</i>	5	PAR; MO
<i>azathioprine</i>	2	B/D PAR; MO
<i>azathioprine sodium</i>	4	B/D PAR
BAVENCIO	5	PAR; MO; LA
BELEODAQ	5	PAR; MO
BENDEKA	5	B/D PAR; MO
<i>bexarotene</i>	5	PAR; MO
<i>bicalutamide</i>	3	MO; QLL (30 per 30 days)
BICNU	5	B/D PAR; MO
<i>bleo 15k</i>	4	B/D PAR
<i>bleomycin</i>	4	B/D PAR; MO
BLINCYTO INTRAVENOUS KIT	5	PAR; MO
BOSULIF ORAL TABLET 100 MG	5	PAR; MO; QLL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BOSULIF ORAL TABLET 500 MG	5	PAR; MO; QLL (30 per 30 days)
<i>busulfan</i>	4	B/D PAR
BUSULFEX	4	B/D PAR
CABOMETYX ORAL TABLET 20 MG	5	PAR; MO; LA; QLL (90 per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PAR; MO; LA; QLL (30 per 30 days)
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>	4	B/D PAR; MO
CELLCEPT INTRAVENOUS	4	B/D PAR; MO
<i>cisplatin</i>	4	B/D PAR; MO
<i>cladribine</i>	5	B/D PAR; MO
<i>clofarabine</i>	5	
CLOLAR	5	B/D PAR
COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1)	5	PAR; MO; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3)	5	PAR; MO; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PAR; MO; QLL (84 per 28 days)
COSMEGEN	5	B/D PAR; MO
COTELLIC	5	PAR; MO; LA; QLL (90 per 30 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	4	B/D PAR; MO
<i>cyclosporine intravenous</i>	4	B/D PAR
<i>cyclosporine modified oral capsule</i>	4	B/D PAR; MO
<i>cyclosporine modified oral solution</i>	5	B/D PAR; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>cyclosporine oral capsule</i>	4	B/D PAR; MO
CYRAMZA	5	PAR; MO
<i>cytarabine</i>	4	B/D PAR; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	4	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PAR
<i>dacarbazine</i>	4	B/D PAR; MO
DARZALEX	5	PAR; MO; LA
<i>daunorubicin intravenous solution</i>	4	B/D PAR
<i>decitabine</i>	5	B/D PAR; MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B/D PAR
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PAR; MO
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PAR
<i>doxorubicin intravenous recon soln</i>	4	B/D PAR
<i>doxorubicin intravenous solution</i>	4	B/D PAR; MO
<i>doxorubicin, peg-liposomal</i>	5	PAR; MO
DROXIA	3	MO
ELITEK	5	PAR; MO
EMCYT	5	MO
EMPLICITI	5	PAR; MO
ENVARUSUS XR	4	B/D PAR; MO
<i>epirubicin intravenous solution</i>	4	B/D PAR; MO
ERBITUX	5	PAR; MO
ERIVEDGE	5	PAR; MO; QLL (30 per 30 days)
ERWINAZE	5	PAR; MO
ETOPOPHOS	5	B/D PAR; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>etoposide intravenous</i>	3	B/D PAR; MO
EVOMELA	5	B/D PAR; MO
<i>exemestane</i>	4	MO; QLL (60 per 30 days)
FARESTON	5	MO; QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PAR; MO; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PAR; MO; QLL (30 per 30 days)
FASLODEX	5	PAR; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PAR; MO; QLL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PAR; MO; QLL (1 per 28 days)
<i>fludarabine intravenous recon soln</i>	4	B/D PAR; MO
<i>fludarabine intravenous solution</i>	4	B/D PAR
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	4	B/D PAR; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	3	B/D PAR; MO
<i>flutamide</i>	4	MO
FOLOTYN	5	B/D PAR; MO
FUSILEV	5	PAR; MO
GAZYVA	5	PAR; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	5	B/D PAR
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	B/D PAR; MO
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	5	B/D PAR
<i>gengraf</i>	4	B/D PAR; MO
GILOTRIF	5	PAR; MO; QLL (30 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
GLEEVEC ORAL TABLET 100 MG	5	PAR; MO; QLL (240 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PAR; MO; QLL (60 per 30 days)
GLEOSTINE	4	PAR; MO
HALAVEN	5	PAR; MO
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	5	B/D PAR; MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PAR; MO; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; MO; QLL (30 per 30 days)
<i>idarubicin</i>	5	B/D PAR
IFEX	4	B/D PAR; MO
<i>ifosfamide intravenous recon soln</i>	4	B/D PAR; MO
<i>ifosfamide intravenous solution</i>	4	B/D PAR
<i>imatinib oral tablet 100 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PAR; MO; QLL (60 per 30 days)
IMBRUVICA	5	PAR; MO; QLL (120 per 30 days)
IMFINZI	5	PAR; MO; LA
INLYTA ORAL TABLET 1 MG	5	PAR; MO; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; MO; QLL (120 per 30 days)
IRESSA	5	MO
<i>irinotecan intravenous solution 100 mg/5 ml</i>	4	B/D PAR; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PAR; MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	B/D PAR
ISTODAX	5	PAR; MO
IXEMPRA	5	PAR; MO
JAKAFI ORAL TABLET 10 MG	5	PAR; MO; QLL (150 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
JAKAFI ORAL TABLET 15 MG	5	PAR; MO; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; MO; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	5	PAR; MO; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	5	PAR; MO; QLL (300 per 30 days)
JEVTANA	5	PAR; MO
KADCYLA	5	PAR; MO
KEYTRUDA	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)
KYPROLIS	5	PAR; MO
LARTRUVO	5	PAR; MO; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY)	5	PAR; MO; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PAR; MO; QLL (60 per 30 days)

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>
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PAR; MO; QLL (90 per 30 days)
<i>letrozole</i>	2	MO; QLL (30 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	4	MO
<i>leucovorin calcium injection recon soln 500 mg</i>	4	
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>	4	MO
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>	2	MO
LEUKERAN	4	MO
<i>leuprolide subcutaneous kit</i>	4	PAR; MO
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	PAR
LONSURF	5	PAR; MO
LUPRON DEPOT	5	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PAR; MO; QLL (1 per 84 days)
LUPRON DEPOT (4 MONTH)	5	PAR; MO; QLL (1 per 112 days)
LUPRON DEPOT (6 MONTH)	5	PAR; MO; QLL (1 per 168 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PAR; MO; QLL (1 per 28 days)
LYNPARZA	5	PAR; MO; QLL (480 per 30 days)
LYSODREN	3	MO
MARQIBO	5	MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PAR
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PAR; MO
<i>megestrol oral suspension 800 mg/20 ml (20 ml)</i>	4	PAR

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>megestrol oral tablet</i>	3	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	5	PAR; MO; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PAR; MO; QLL (30 per 30 days)
<i>melphalan</i>	4	MO
<i>melphalan hcl</i>	3	B/D PAR
<i>mercaptopurine</i>	3	MO
<i>mesna</i>	4	MO
MESNEX ORAL	5	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	2	MO
<i>methotrexate sodium injection</i>	4	MO
<i>methotrexate sodium oral</i>	2	MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	4	B/D PAR; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PAR; MO
<i>mitoxantrone</i>	3	B/D PAR; MO
MUSTARGEN	4	B/D PAR; MO
<i>mycophenolate mofetil hcl</i>	4	B/D PAR
<i>mycophenolate mofetil oral capsule</i>	3	B/D PAR; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PAR; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PAR; MO
<i>mycophenolate sodium</i>	4	B/D PAR; MO
NEXAVAR	5	PAR; MO; LA; QLL (120 per 30 days)
NILANDRON	5	MO; QLL (30 per 30 days)
<i>nilutamide</i>	5	MO; QLL (30 per 30 days)
NINLARO	5	PAR; MO; QLL (3 per 28 days)
NIPENT	5	B/D PAR; MO
NULOJIX	5	PAR; MO
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	5	PAR; MO

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>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 500 mcg/ml</i>	4	PAR; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PAR; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PAR; MO
ODOMZO	5	PAR; MO; LA; QLL (30 per 30 days)
ONCASPAR	5	PAR; MO
OPDIVO	5	PAR; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	5	B/D PAR; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	5	B/D PAR
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	4	B/D PAR; MO
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	5	B/D PAR; MO
<i>paclitaxel</i>	4	B/D PAR; MO
PERJETA	5	PAR; MO
POMALYST ORAL CAPSULE 1 MG	5	PAR; MO; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; MO; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)
PORTRAZZA	5	MO
PROGRAF INTRAVENOUS	4	B/D PAR; MO
PURIXAN	5	PAR; MO
RAPAMUNE ORAL SOLUTION	5	B/D PAR; MO
REVLIMID ORAL CAPSULE 10 MG	5	PAR; MO; LA; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	5	PAR; MO; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	PAR; MO; LA; QLL (150 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
RITUXAN	5	B/D PAR; MO
RUBRACA ORAL TABLET 200 MG	5	PAR; MO; LA; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG	5	PAR; MO; QLL (120 per 30 days)
RUBRACA ORAL TABLET 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
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PAR; MO
SIGNIFOR	5	PAR; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	B/D PAR
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	B/D PAR; MO
<i>sirolimus</i>	4	B/D PAR; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	PAR; MO
SPRYCEL	5	PAR; MO; QLL (30 per 30 days)
STIVARGA	5	PAR; MO; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PAR; MO; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
SYNRIBO	5	PAR; MO
TABLOID	4	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	4	B/D PAR; MO
<i>tacrolimus oral capsule 5 mg</i>	5	B/D PAR; MO
TAFINLAR	5	PAR; MO; QLL (120 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TAGRISSE ORAL TABLET 40 MG	5	PAR; MO; LA; QLL (60 per 30 days)
TAGRISSE ORAL TABLET 80 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PAR; MO; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PAR; MO; QLL (90 per 30 days)
TARGRETIN ORAL	5	PAR; MO; QLL (300 per 30 days)
TARGRETIN TOPICAL	5	PAR; MO; QLL (60 per 30 days)
TASIGNA	5	PAR; MO; QLL (112 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	5	B/D PAR; MO
TECENTRIQ	5	PAR; MO; LA; QLL (20 per 21 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; MO; QLL (60 per 30 days)
<i>thiotepa</i>	4	B/D PAR; MO
<i>toposar</i>	4	B/D PAR; MO
<i>topotecan intravenous recon soln</i>	5	B/D PAR
<i>topotecan intravenous solution</i>	5	B/D PAR; MO
TORISEL	5	PAR; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PAR; MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	PAR; MO; QLL (1 per 84 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	PAR; MO; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	PAR; MO; QLL (1 per 28 days)
<i>tretinoin (chemotherapy)</i>	5	MO
TRISENOX	5	B/D PAR; MO
TYKERB	5	PAR; MO; LA; QLL (180 per 30 days)
UNITUXIN	5	B/D PAR; MO
VECTIBIX	5	PAR; MO
VELCADE	5	PAR; MO
VENCLEXTA ORAL TABLET 10 MG	4	PAR; MO; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PAR; MO; LA; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PAR; MO; LA; QLL (84 per 365 days)
<i>vinblastine intravenous solution</i>	4	B/D PAR; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	4	B/D PAR
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	4	B/D PAR; MO
<i>vincristine intravenous solution 1 mg/ml</i>	3	B/D PAR; MO
<i>vincristine intravenous solution 2 mg/2 ml</i>	4	B/D PAR; MO
<i>vinorelbine</i>	4	B/D PAR; MO
VOTRIENT	5	PAR; MO; QLL (120 per 30 days)
XALKORI	5	PAR; MO; QLL (60 per 30 days)
XATMEP	5	
XGEVA	5	PAR; MO; QLL (1.7 per 28 days)
XTANDI	5	PAR; MO; QLL (120 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
YERVOY	5	PAR; MO
YONDELIS	5	B/D PAR; MO
ZALTRAP	5	PAR; MO
ZANOSAR	4	B/D PAR; MO
ZEJULA	5	PAR; MO; LA; QLL (90 per 30 days)
ZELBORAF	5	PAR; MO; QLL (240 per 30 days)
ZOLINZA	5	PAR; MO; QLL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	4	B/D PAR; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PAR; MO
ZYDELIG	5	PAR; MO; QLL (60 per 30 days)
ZYKADIA	5	PAR; MO; QLL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PAR; MO; QLL (120 per 30 days)
<b>Autonomic / Cns Drugs, Neurology / Psych</b>		
ABILIFY MAINTENA	5	MO; QLL (1 per 28 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg/5 ml (5 ml), 240 mg-24 mg/10 ml (10 ml), 300 mg-30 mg/12.5 ml</i>	3	QLL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QLL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	3	MO; QLL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	3	MO; QLL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QLL (180 per 30 days)
ADASUVE	4	MO; QLL (30 per 30 days)
<i>alprazolam oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr</i>	3	MO; QLL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	MO; QLL (120 per 30 days)
<i>amitriptyline</i>	2	PAR; MO
<i>amoxapine oral tablet 100 mg, 50 mg</i>	3	MO
<i>amoxapine oral tablet 150 mg, 25 mg</i>	2	MO
AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)
APOKYN	5	PAR; MO; LA
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG	5	ST; MO
APTIOM ORAL TABLET 800 MG	4	ST; MO
<i>aripiprazole oral solution</i>	5	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	4	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	4	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	MO; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	5	MO; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	MO; QLL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QLL (3.9 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QLL (1.6 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>
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>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	PAR; MO; QLL (30 per 30 days)
AUBAGIO	5	PAR; MO; QLL (30 per 30 days)
AZILECT	3	MO
<i>baclofen</i>	2	MO
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	5	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	5	PAR; MO; QLL (240 per 30 days)
<i>benztropine injection</i>	4	PAR; MO
<i>benztropine oral</i>	2	PAR; MO
BRIVIACT INTRAVENOUS	4	PAR
BRIVIACT ORAL SOLUTION	4	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	5	PAR; MO; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	5	PAR; MO; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	5	PAR; MO; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	5	PAR; MO; QLL (120 per 30 days)
<i>bromocriptine</i>	4	MO
<i>buprenorphine hcl injection solution</i>	4	MO; QLL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>buprenorphine hcl injection syringe</i>	4	QLL (150 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	3	MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	3	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 12 hr 100 mg</i>	2	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 12 hr 150 mg, 200 mg</i>	2	MO; QLL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QLL (30 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	2	MO
<i>buspirone oral tablet 30 mg</i>	4	MO
<i>buspirone oral tablet 7.5 mg</i>	3	MO
<i>butorphanol tartrate injection</i>	4	MO
<i>butorphanol tartrate nasal</i>	4	MO; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	3	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>carisoprodol oral tablet 350 mg</i>	3	PAR; MO
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	4	PAR; MO
<i>celecoxib oral capsule 50 mg</i>	3	PAR; MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>chlordiazepoxide hcl</i>	3	MO; QLL (120 per 30 days)
<i>chlorpromazine</i>	4	PAR; MO
<i>citalopram oral solution</i>	4	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>clomipramine</i>	4	PAR; MO
<i>clonazepam oral tablet 0.5 mg</i>	2	PAR; MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	PAR; MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	PAR; MO; QLL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	4	PAR; MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	4	PAR; MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	4	PAR; MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	4	PAR; MO; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	PAR; MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	3	MO
<i>clozapine oral tablet 100 mg</i>	3	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	3	MO; QLL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>clozapine oral tablet 25 mg</i>	2	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	MO; QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	4	QLL (2160 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	5	QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	3	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>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PAR; MO
<i>cyclobenzaprine oral tablet 7.5 mg</i>	4	PAR; MO
<i>dantrolene</i>	4	MO
<i>desipramine</i>	4	PAR; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	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>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	MO; QLL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	MO; QLL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	MO; QLL (240 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	4	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	4	MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	PAR; MO; QLL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	3	PAR; MO; QLL (60 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam intensol</i>	2	PAR; MO; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PAR; MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/ 5 ml (1 mg/ml)</i>	2	PAR; MO; QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	PAR; MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>	3	MO
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QLL (1000 per 30 days)
<i>diflunisal</i>	3	MO
<i>dihydroergotamine injection</i>	5	PAR; MO
<i>dihydroergotamine nasal</i>	5	MO; QLL (8 per 28 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	MO
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg</i>	2	MO
<i>divalproex oral tablet, delayed release (drlec) 500 mg</i>	3	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i>	1	MO; QLL (30 per 30 days)
<i>doxepin oral</i>	2	ST; MO
<i>duloxetine oral capsule, delayed release(drlec) 20 mg</i>	4	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 30 mg</i>	4	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	3	MO; QLL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 60 mg</i>	4	MO; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	PAR; MO; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	PAR; QLL (180 per 30 days)
EMSAM	5	PAR; MO; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	4	MO; QLL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>entacapone</i>	4	MO
<i>epitol</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	4	MO; QLL (480 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	4	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	MO; QLL (180 per 30 days)
<i>ergoloid</i>	4	PAR; MO
<i>escitalopram oxalate oral solution</i>	4	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; QLL (120 per 30 days)
<i>eszopiclone</i>	4	PAR; MO; QLL (30 per 30 days)
<i>ethosuximide oral capsule</i>	4	MO
<i>ethosuximide oral solution</i>	3	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	3	MO
FANAPT ORAL TABLET 1 MG	4	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	5	ST; MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	5	ST; MO; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	ST; MO; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	ST; MO; QLL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	ST; MO; QLL (16 per 365 days)
<i>felbamate</i>	4	MO
FELBATOL ORAL TABLET 400 MG	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fenoprofen oral tablet</i>	4	MO
<i>fentanyl citrate</i>	5	PAR; MO; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PAR; MO; QLL (15 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	4	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	4	PAR; MO; QLL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QLL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	4	MO; QLL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	3	MO; QLL (120 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
FYCOMPA ORAL SUSPENSION	4	MO; QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	4	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	5	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	5	MO; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	2	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QLL (2160 per 30 days)
GABAPENTIN ORAL SOLUTION 250 MG/5 ML (5 ML), 300 MG/6 ML (6 ML)	4	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	4	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	4	MO; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG	4	MO
GABITRIL ORAL TABLET 16 MG	5	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO; QLL (30 per 30 days)
<i>galantamine oral solution</i>	3	MO; QLL (180 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QLL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO; QLL (6 per 28 days)
GILENYA	5	PAR; MO; QLL (30 per 30 days)
<i>glatopa</i>	5	PAR; MO; QLL (30 per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	PAR; MO; QLL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>guanidine</i>	4	MO
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	4	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	3	MO
<i>haloperidol lactate injection</i>	3	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PAR; MO; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	3	MO; QLL (50 per 30 days)
<i>hydromorphone (pf)</i>	4	PAR; MO; QLL (120 per 30 days)
HYDROMORPHONE INJECTION SOLUTION 1 MG/ML	4	QLL (180 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO; QLL (180 per 30 days)
HYDROMORPHONE INJECTION SOLUTION 4 MG/ML	4	MO; QLL (60 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	4	
<i>hydromorphone injection syringe 2 mg/ml</i>	4	PAR; QLL (180 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	4	MO
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QLL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	4	MO; QLL (180 per 30 days)
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-oxycodone</i>	4	MO; QLL (28 per 7 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>imipramine hcl</i>	2	PAR; MO
<i>indomethacin oral capsule</i>	2	PAR; MO
<i>indomethacin oral capsule, extended release</i>	3	PAR; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	5	MO; QLL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	5	MO; QLL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	5	MO; QLL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	5	MO; QLL (30 per 30 days)
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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	MO; QLL (2.625 per 90 days)
<i>ketoprofen oral capsule</i>	3	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	ST; MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	ST; MO; QLL (240 per 30 days)
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i>	3	MO
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i>	2	MO
LATUDA ORAL TABLET 120 MG, 60 MG	5	PAR; MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	5	PAR; MO; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	5	PAR; MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	5	PAR; MO; QLL (60 per 30 days)
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	4	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	4	MO
<i>levetiracetam intravenous</i>	4	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	4	
<i>levetiracetam oral tablet 1,000 mg</i>	3	MO
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	3	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	3	MO; QLL (120 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	MO
<i>lorazepam intensol</i>	3	MO
<i>lorazepam oral tablet</i>	2	MO
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>	3	MO
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	4	MO
LYRICA ORAL CAPSULE 100 MG	4	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	4	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	4	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	4	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	4	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	4	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	4	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	4	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	4	MO
MARPLAN	4	MO
<i>meclofenamate</i>	4	MO
<i>meloxicam oral suspension</i>	3	MO
<i>meloxicam oral tablet</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>memantine oral solution</i>	3	PAR; MO; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	2	PAR; MO; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	2	PAR; MO; QLL (90 per 30 days)
MESTINON ORAL SYRUP	5	MO
MESTINON TIMESPAN	5	MO
<i>metadate er</i>	4	PAR; MO; QLL (90 per 30 days)
<i>methadone intensol</i>	3	MO; QLL (30 per 30 days)
<i>methadone oral concentrate</i>	3	MO; QLL (30 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	MO; QLL (900 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	MO; QLL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	MO; QLL (180 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>methadose oral concentrate</i>	3	MO; QLL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	3	PAR; MO; QLL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	3	PAR; MO; QLL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	3	MO; QLL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	4	PAR; MO; QLL (90 per 30 days)
MIRAPEX ORAL TABLET 0.25 MG, 0.75 MG	4	MO
<i>mirtazapine oral tablet 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	3	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	3	MO; QLL (90 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	3	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	3	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	4	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	4	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	3	MO; QLL (270 per 30 days)
<i>morphine intravenous cartridge 10 mg/ml</i>	4	QLL (120 per 30 days)
<i>morphine intravenous cartridge 2 mg/ml, 4 mg/ml</i>	4	QLL (180 per 30 days)
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	4	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	4	MO; QLL (120 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	3	MO; QLL (2700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	3	MO; QLL (1350 per 30 days)
<i>morphine oral tablet 15 mg</i>	3	MO; QLL (360 per 30 days)
<i>morphine oral tablet 30 mg</i>	3	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i>	4	MO; QLL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>morphine oral tablet extended release 15 mg</i>	3	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	4	MO; QLL (60 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	4	MO; QLL (90 per 30 days)
<i>naloxone injection solution</i>	4	MO
<i>naloxone injection syringe 0.4 mg/ml</i>	4	MO
<i>naloxone injection syringe 1 mg/ml</i>	2	MO
<i>naltrexone</i>	2	MO
NAMENDA ORAL SOLUTION	3	PAR; MO; QLL (300 per 30 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PAR; MO; QLL (56 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PAR; MO; QLL (30 per 30 days)
NAMZARIC	3	PAR; MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/lec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naratriptan</i>	4	MO; QLL (9 per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
<i>nefazodone oral tablet 100 mg</i>	3	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	3	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	3	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	3	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	3	MO; QLL (360 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
NEUPRO	3	PAR; MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule 10 mg, 25 mg</i>	1	MO
<i>nortriptyline oral capsule 50 mg, 75 mg</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUEDEXTA	3	MO; QLL (60 per 30 days)
NUPLAZID	5	PAR; MO; QLL (60 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	4	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	4	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	4	MO; QLL (120 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	MO; QLL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i>	4	MO; QLL (90 per 30 days)
ONFI ORAL SUSPENSION	5	PAR; MO; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	5	PAR; MO; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	5	PAR; MO; QLL (60 per 30 days)
ORAP	4	MO
<i>oxaprozin</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>oxazepam</i>	4	PAR; MO; QLL (120 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	3	MO
<i>oxcarbazepine oral tablet 600 mg</i>	4	MO
<i>oxycodone oral capsule</i>	4	MO; QLL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QLL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QLL (1800 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	4	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	3	QLL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	4	MO; QLL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone-aspirin</i>	4	MO; QLL (360 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	5	MO; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	5	MO; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	5	MO; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QLL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QLL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	4	MO; QLL (180 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>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	4	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	4	MO; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
PEGANONE	4	MO
<i>perphenazine</i>	4	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg</i>	4	PAR; MO
<i>perphenazine-amitriptyline oral tablet 4-25 mg</i>	3	PAR; MO
<i>phenelzine</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	2	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	2	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	2	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	2	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	2	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	2	PAR; MO; QLL (123 per 30 days)
PHENYTEK	4	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	3	MO
<i>phenytoin oral tablet, chewable</i>	3	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	4	MO
<i>phenytoin sodium intravenous syringe</i>	4	
<i>pimozide</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>piroxicam</i>	3	MO
<i>pramipexole oral tablet</i>	2	MO
<i>primidone</i>	2	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	MO; QLL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
<i>protriptyline</i>	4	MO
<i>pyridostigmine bromide</i>	3	MO
<i>quetiapine oral tablet 100 mg</i>	2	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QLL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	4	PAR; MO; QLL (150 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	4	PAR; MO; QLL (80 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	4	PAR; MO; QLL (480 per 30 days)
<i>rasagiline</i>	3	MO
RAZADYNE ORAL TABLET 4 MG	4	MO
<i>regonol</i>	4	
REQUIP ORAL TABLET 1 MG, 4 MG, 5 MG	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
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	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QLL (2 per 28 days)
<i>risperidone oral solution</i>	3	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	4	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	4	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	MO; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate</i>	4	MO; QLL (60 per 30 days)
<i>rivastigmine transdermal patch</i>	4	MO; QLL (30 per 30 days)
<i>rizatriptan</i>	4	MO; QLL (12 per 30 days)
<i>ropinirole oral tablet</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
ROZEREM	3	MO; QLL (30 per 30 days)
SABRIL ORAL POWDER IN PACKET	4	PAR; MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	5	PAR; MO; LA; QLL (180 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	5	PAR; MO; QLL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	4	PAR; MO; QLL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	4	PAR; MO; QLL (120 per 30 days)
<i>selegiline hcl</i>	3	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PAR; MO; QLL (150 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	4	PAR; MO; QLL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PAR; MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	PAR; MO; QLL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	PAR; MO; QLL (480 per 30 days)
<i>sertraline oral concentrate</i>	4	MO; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QLL (120 per 30 days)

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>
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG	4	MO
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)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	PAR; MO; QLL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	2	MO
<i>sumatriptan nasal spray</i>	4	MO
<i>sumatriptan succinate oral</i>	2	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO
<i>sumatriptan succinate subcutaneous solution</i>	4	MO
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	MO
SURMONTIL	4	PAR; MO
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-50 MG	4	MO; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG	4	MO; QLL (90 per 30 days)
TECFIDERA	5	PAR; MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	4	MO
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	MO; QLL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PAR; MO; QLL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	2	ST; MO
<i>thioridazine oral tablet 100 mg</i>	3	ST; MO
<i>thiothixene</i>	2	MO
<i>tiagabine</i>	4	MO
<i>tizanidine oral tablet</i>	2	MO
<i>tolcapone</i>	5	PAR; MO; QLL (180 per 30 days)
<i>topiramate oral capsule, sprinkle</i>	4	PAR; MO
<i>topiramate oral tablet 100 mg</i>	2	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	2	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	2	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	3	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	4	MO; QLL (40 per 30 days)
<i>tranylcypromine</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	4	MO
<i>trifluoperazine oral tablet 1 mg, 2 mg</i>	3	MO
<i>trifluoperazine oral tablet 10 mg, 5 mg</i>	4	MO
<i>trihexyphenidyl</i>	2	PAR; MO
<i>trimipramine</i>	4	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	4	ST; MO; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	ST; MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	ST; MO; QLL (120 per 30 days)
TYSABRI	5	PAR; MO; LA
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	3	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO

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

<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	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QLL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	3	MO; QLL (113 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	3	MO; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	3	MO; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	3	MO; QLL (225 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	3	MO; QLL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	4	MO; QLL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	4	MO; QLL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	4	MO; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	4	MO; QLL (90 per 30 days)
VERSACLOZ	4	QLL (600 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; MO; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	4	QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	5	MO; QLL (1200 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)
VOLTAREN TOPICAL	3	MO; QLL (1000 per 30 days)
VRAYLAR ORAL CAPSULE	5	PAR; MO; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PAR; MO; QLL (14 per 365 days)
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	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	PAR; MO; QLL (30 per 30 days)
ZARONTIN ORAL CAPSULE	4	MO
<i>zenzedi oral tablet 10 mg</i>	4	PAR; MO; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	4	PAR; MO; QLL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	MO; QLL (60 per 30 days)
<i>zolpidem oral tablet</i>	2	PAR; MO; QLL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	4	PAR; MO; QLL (30 per 30 days)
<i>zonisamide oral capsule 100 mg, 50 mg</i>	3	MO
<i>zonisamide oral capsule 25 mg</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	QLL (2 per 28 days)
<b>Cardiovascular, Hypertension / Lipids</b>		
ACCUPRIL	4	MO
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG	4	MO
<i>acebutolol</i>	2	MO
ADALAT CC	4	MO
<i>afeditab cr</i>	2	MO
AGGRENOX	4	ST; MO; QLL (60 per 30 days)
ALDACTAZIDE ORAL TABLET 25-25 MG	4	MO
ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	MO
ALTOPREV	4	PAR; MO
<i>amiloride</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone intravenous solution</i>	4	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	4	B/D PAR
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	MO
<i>amlodipine besylate oral tablet</i>	1	MO
<i>amlodipine-atorvastatin</i>	3	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	3	MO
<i>amlodipine-olmesartan</i>	3	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hydrochlorothiazide</i>	4	MO
<i>aspirin-dipyridamole</i>	3	ST; MO; QLL (60 per 30 days)
ATACAND	4	MO
ATACAND HCT	4	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin</i>	6	MO; CG
AVALIDE	4	MO
AVAPRO	4	MO
AZOR	3	MO
<i>benazepril</i>	6	MO; CG
<i>benazepril-hydrochlorothiazide</i>	6	MO; CG
BENICAR	3	MO
BENICAR HCT	3	MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO; QLL (180 per 30 days)
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BRILINTA	3	MO; QLL (60 per 30 days)
<i>bumetanide injection</i>	3	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	MO
<i>bumetanide oral tablet 2 mg</i>	3	MO
BYSTOLIC ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; MO
BYSTOLIC ORAL TABLET 2.5 MG	4	MO
CALAN ORAL TABLET 120 MG	4	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	4	MO
<i>candesartan</i>	3	MO
<i>candesartan-hydrochlorothiazid</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDIZEM LA	4	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide oral tablet 250 mg</i>	1	MO
<i>chlorothiazide oral tablet 500 mg</i>	2	MO
<i>chlorothiazide sodium</i>	4	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>cilostazol</i>	2	MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch</i>	4	MO; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	3	MO; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO; QLL (30 per 30 days)
<i>colestipol</i>	2	MO
CORLANOR	4	PAR; MO; QLL (60 per 30 days)
CORZIDE ORAL TABLET 40-5 MG	4	MO
COUMADIN ORAL	4	MO
COZAAR	4	MO
CRESTOR	3	MO
DEMSEER	5	MO
<i>digitek oral tablet 125 mcg</i>	2	MO
<i>digitek oral tablet 250 mcg</i>	2	PAR; MO
<i>digox oral tablet 125 mcg</i>	3	MO
<i>digoxin injection solution</i>	4	PAR; MO
<i>digoxin oral solution 50 mcg/ml</i>	3	MO
<i>digoxin oral tablet 125 mcg</i>	2	MO
<i>digoxin oral tablet 250 mcg</i>	2	PAR; MO
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule, extended release</i>	2	MO
<i>diltiazem hcl oral capsule, extended release degradable</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	4	MO
<i>diltiazem hcl oral tablet</i>	1	MO
DIOVAN HCT	4	MO
<i>disopyramide phosphate oral capsule</i>	4	PAR; MO
<i>dofetilide</i>	4	MO
<i>doxazosin</i>	2	MO
DYAZIDE	4	MO
EFFIENT	3	MO; QLL (30 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	MO; QLL (74 per 30 days)
<i>enalapril maleate</i>	6	MO; CG
<i>enalapril-hydrochlorothiazide</i>	6	MO; CG
<i>enoxaparin subcutaneous solution</i>	4	MO; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QLL (11.2 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QLL (16.8 per 28 days)
ENTRESTO	4	PAR; MO
<i>eplerenone</i>	4	MO
<i>eprosartan</i>	3	MO
EXFORGE	4	MO
EXFORGE HCT	4	MO
<i>ezetimibe</i>	4	MO
<i>felodipine</i>	2	MO
<i>fenofibrate micronized oral capsule 130 mg</i>	4	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	MO
<i>heparin (porcine) in nacl (pf)</i>	4	B/D PAR
<i>heparin (porcine) injection cartridge</i>	4	B/D PAR; MO
<i>heparin (porcine) injection solution</i>	4	B/D PAR; MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	4	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	4	B/D PAR; MO
<i>heparin, porcine (pf) injection</i>	4	MO
<i>hydralazine injection</i>	4	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	4	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	6	MO; CG
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide dinitrate oral</i>	3	MO
<i>isosorbide mononitrate</i>	2	MO
<i>isradipine</i>	3	MO
<i>jantoven</i>	1	MO
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>	4	MO
<i>labetalol oral tablet 100 mg, 200 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>labetalol oral tablet 300 mg</i>	3	MO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	MO
LIPITOR ORAL TABLET 10 MG	4	MO
<i>lisinopril</i>	6	MO; CG
<i>lisinopril-hydrochlorothiazide</i>	6	MO; CG
LIVALO	4	MO
LOPID	4	MO
<i>losartan</i>	6	MO; CG
<i>losartan-hydrochlorothiazide</i>	6	MO; CG
LOTENSIN ORAL TABLET 20 MG, 40 MG	4	MO
<i>lovastatin</i>	6	MO; CG
<i>matzim la</i>	4	MO
MAXZIDE	4	MO
MAXZIDE-25MG	4	MO
<i>methyclothiazide</i>	3	MO
<i>methyl dopa</i>	2	PAR; MO
<i>metolazone oral tablet 10 mg, 5 mg</i>	3	MO
<i>metolazone oral tablet 2.5 mg</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	4	MO
<i>metoprolol tartrate intravenous syringe</i>	4	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg</i>	3	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet 50-25 mg</i>	2	MO
<i>mexiletine oral capsule 150 mg, 250 mg</i>	3	MO
<i>mexiletine oral capsule 200 mg</i>	4	MO
MICARDIS	4	MO
MICARDIS HCT	4	MO
MICROZIDE	4	MO
MINIPRESS ORAL CAPSULE 2 MG	4	MO
<i>minoxidil oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
MULTAQ	4	MO; QLL (60 per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg</i>	3	MO
<i>nadolol oral tablet 80 mg</i>	4	MO
<i>nadolol-bendroflumethiazide</i>	3	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
NIACOR	2	MO
<i>nicardipine intravenous solution</i>	4	MO
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin intravenous</i>	4	B/D PAR
<i>nitroglycerin sublingual</i>	3	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	4	MO
NITROSTAT	3	MO
NORPACE	4	PAR; MO
NORVASC	4	MO
<i>olmesartan</i>	3	MO
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	3	MO
<i>olmesartan-hydrochlorothiazide</i>	3	MO
<i>omega-3 acid ethyl esters</i>	3	PAR; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PAR; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PAR; MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>pentoxifylline</i>	2	MO

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>perindopril erbumine</i>	1	MO
<i>pindolol oral tablet 10 mg</i>	3	MO
<i>pindolol oral tablet 5 mg</i>	2	MO
PRADAXA	4	MO; QLL (60 per 30 days)
PRALUENT PEN	5	PAR; MO; QLL (2 per 28 days)
PRAVACHOL ORAL TABLET 20 MG	4	MO
<i>pravastatin</i>	6	MO; CG
<i>prazosin oral capsule 1 mg, 2 mg</i>	2	MO
<i>prazosin oral capsule 5 mg</i>	3	MO
<i>prevalite</i>	2	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	4	MO
<i>procainamide injection solution 100 mg/ml</i>	4	MO
<i>procainamide injection solution 500 mg/ml</i>	4	
PROCARDIA	4	PAR; MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	4	MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; MO; LA; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (90 per 30 days)
<i>propafenone oral tablet 150 mg</i>	2	MO
<i>propafenone oral tablet 225 mg</i>	3	MO
<i>propafenone oral tablet 300 mg</i>	4	MO
<i>propranolol intravenous</i>	4	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg</i>	3	MO
<i>propranolol oral capsule, extended release 24 hr 60 mg, 80 mg</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>propranolol oral tablet 60 mg</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	6	MO; CG
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine gluconate injection</i>	4	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>ramipril</i>	6	MO; CG
RANEXA	3	ST; MO
REMODULIN	5	PAR; MO; LA
REPATHA	5	PAR; MO; QLL (3.5 per 28 days)
PUSHTRONEX		
REPATHA SURECLICK	5	PAR; MO; QLL (3 per 28 days)
REPATHA SYRINGE	5	PAR; MO; QLL (3 per 28 days)
<i>rosuvastatin</i>	3	MO
<i>simvastatin</i>	6	MO; CG
<i>sorine oral tablet 120 mg, 160 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sorine oral tablet 80 mg</i>	1	MO
<i>sotalol af oral tablet 120 mg, 160 mg</i>	2	MO
<i>sotalol af oral tablet 80 mg</i>	1	MO
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	2	MO
<i>sotalol oral tablet 80 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>spironolactone</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG	4	MO
<i>taztia xt</i>	2	MO
TEKTURNA	3	MO; QLL (30 per 30 days)
TEKTURNA HCT	3	MO; QLL (30 per 30 days)
<i>telmisartan</i>	3	MO
<i>telmisartan-amlodipine</i>	3	MO
<i>telmisartan-hydrochlorothiazid</i>	3	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>terazosin oral capsule</i>	1	MO
TIAZAC	4	MO
TIKOSYN	4	MO
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	2	MO
<i>timolol maleate oral tablet 20 mg</i>	3	MO
TOPROL XL	4	MO
<i>toremide oral</i>	2	MO
<i>trandolapril</i>	6	MO; CG
<i>trandolapril-verapamil</i>	4	MO
<i>tranexamic acid intravenous</i>	3	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	4	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR	3	MO
TRICOR ORAL TABLET 48 MG	4	MO
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 MG	4	MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	4	MO
UPTRAVI ORAL TABLET	5	PAR; MO; LA; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PAR; MO; LA; QLL (400 per 365 days)
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	6	MO; CG
VASCEPA	4	MO
VASERETIC	4	MO
VASOTEC ORAL TABLET 2.5 MG	4	MO
VECAMYL	4	
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	3	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release 120 mg</i>	2	MO
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1	MO
<i>warfarin</i>	1	MO
WELCHOL	3	MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	MO; QLL (42 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	3	MO; QLL (102 per 365 days)
ZESTORETIC	4	MO
ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	MO
ZETIA	4	MO
ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG	4	MO
ZOCOR ORAL TABLET 10 MG, 5 MG	4	MO
<b>Dermatologicals/Topical Therapy</b>		
<i>acitretin oral capsule 10 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO
<i>acyclovir topical</i>	4	MO; QLL (30 per 30 days)
<i>adapalene topical cream</i>	4	MO
<i>adapalene topical gel 0.1 %</i>	4	MO
<i>ala-cort topical cream 2.5 %</i>	1	MO
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	3	MO
<i>amcinonide</i>	4	MO
<i>ammonium lactate</i>	2	MO
<i>avita topical cream</i>	4	PAR; MO; QLL (45 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>betamethasone dipropionate topical cream</i>	4	MO
<i>betamethasone dipropionate topical lotion</i>	3	MO
<i>betamethasone dipropionate topical ointment</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	4	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>calcipotriene scalp</i>	4	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	4	MO; QLL (120 per 30 days)
<i>calcitriol topical</i>	4	MO
<i>ciclodan topical cream</i>	3	MO
<i>ciclodan topical solution</i>	3	PAR; MO
<i>ciclopirox topical cream</i>	3	MO
<i>ciclopirox topical gel</i>	4	MO
<i>ciclopirox topical shampoo</i>	4	MO
<i>ciclopirox topical solution</i>	2	PAR; MO
<i>ciclopirox topical suspension</i>	3	MO
<i>claravis</i>	4	MO
<i>clindamycin phosphate topical gel</i>	3	MO
<i>clindamycin phosphate topical lotion</i>	3	MO
<i>clindamycin phosphate topical solution</i>	3	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	4	MO
<i>clobetasol scalp</i>	2	MO; QLL (50 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>clobetasol topical cream</i>	2	MO; QLL (120 per 30 days)
<i>clobetasol topical foam</i>	4	MO; QLL (100 per 30 days)
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	4	MO
<i>clobetasol topical ointment</i>	3	MO; QLL (120 per 30 days)
<i>clobetasol topical shampoo</i>	4	MO
<i>clobetasol-emollient topical cream</i>	3	MO; QLL (120 per 30 days)
<i>clobetasol-emollient topical foam</i>	4	MO; QLL (100 per 30 days)
CLOBEX TOPICAL LOTION	4	MO
<i>clotrimazole topical cream</i>	3	MO
<i>clotrimazole topical solution</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	3	MO
<i>clotrimazole-betamethasone topical lotion</i>	4	MO
<i>cormax scalp</i>	2	
DENAVIR	5	MO; QLL (5 per 30 days)
DERMATOP TOPICAL OINTMENT	4	MO
<i>desonide</i>	4	MO
<i>desoximetasone topical cream</i>	4	MO
<i>desoximetasone topical gel</i>	4	MO
<i>desoximetasone topical ointment 0.25 %</i>	4	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PAR; MO; QLL (100 per 30 days)
<i>diflorasone</i>	4	MO
DIPROLENE AF	4	MO
<i>econazole</i>	2	MO
ELIDEL	4	PAR; MO; QLL (100 per 90 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	3	MO
EXELDERM	4	MO
<i>fluocinolone</i>	4	MO; QLL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	2	MO; 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>fluocinonide topical gel</i>	3	MO; QLL (240 per 30 days)
<i>fluocinonide topical ointment</i>	3	MO; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QLL (240 per 30 days)
<i>fluocinonide-e</i>	2	MO; QLL (240 per 30 days)
FLUOCINONIDE-EMOLLIENT	2	QLL (240 per 30 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution 2 %</i>	4	MO
<i>fluorouracil topical solution 5 %</i>	3	MO
<i>fluticasone topical cream</i>	3	MO
<i>fluticasone topical lotion</i>	4	MO
<i>fluticasone topical ointment</i>	3	MO
<i>gentamicin topical</i>	3	MO
<i>halobetasol propionate</i>	4	MO
HALOG	4	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	4	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	3	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	4	MO
<i>hydrocortisone-min oil-wht pet</i>	2	MO
<i>imiquimod</i>	4	MO
<i>ketoconazole topical cream</i>	3	MO
<i>ketoconazole topical shampoo</i>	2	MO
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	3	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO; QLL (300 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>lidocaine hcl mucous membrane jelly</i>	2	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch,medicated</i>	4	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QLL (150 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	4	MO; QLL (30 per 30 days)
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>methoxsalen</i>	5	PAR; MO
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	3	MO
<i>metronidazole topical gel 1 %</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
<i>mometasone topical</i>	2	MO
<i>mupirocin topical cream</i>	4	MO
<i>mupirocin topical ointment</i>	2	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>nyamyc</i>	3	MO
<i>nystatin topical cream</i>	2	MO
<i>nystatin topical ointment</i>	2	MO
<i>nystatin topical powder</i>	3	MO
<i>nystatin-triamcinolone</i>	4	MO
<i>nystop</i>	3	MO
PANRETIN	5	MO
<i>permethrin topical cream</i>	3	MO
PICATO	4	MO
<i>podofilox</i>	4	MO
<i>prednicarbate</i>	4	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
SANTYL	4	MO; QLL (30 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
SILVADENE	3	MO
<i>silver sulfadiazine</i>	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ssd topical cream 1%</i>	3	MO
STELARA SUBCUTANEOUS SYRINGE	5	PAR; MO; QLL (1 per 28 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLLON TOPICAL CREAM	4	MO
<i>tacrolimus topical</i>	4	PAR; MO; QLL (100 per 90 days)
TALTZ SYRINGE	5	PAR; MO
<i>tazarotene</i>	4	PAR; MO
TAZORAC	4	PAR; MO
TEMOVATE TOPICAL CREAM	4	MO; QLL (120 per 30 days)
TEMOVATE TOPICAL OINTMENT	4	MO; QLL (120 per 30 days)
<i>tretinoin topical cream</i>	3	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	3	PAR; MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	MO
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	3	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	5	MO
<i>triderm topical cream</i>	1	MO
UVADEX	4	B/D PAR
VALCHLOR	5	PAR; MO
<i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>zenatane oral capsule 30 mg</i>	3	MO
<b>Diagnostics / Miscellaneous Agents</b>		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>acetylcysteine intravenous</i>	2	MO
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	6	MO; CG; QLL (30 per 30 days)
<i>anagrelide</i>	3	MO
ARALAST NP	5	PAR; MO; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BUPHENYL ORAL TABLET	5	PAR; MO
<i>bupropion hcl (smoking deter)</i>	2	MO; QLL (60 per 30 days)
CARBAGLU	5	PAR; MO; LA
<i>cevimeline</i>	4	MO
CHANTIX	4	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	4	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	4	PAR; MO; QLL (106 per 365 days)
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PAR
CLINIMIX E 2.75%/D10W SUL FREE	4	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	4	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	3	MO
<i>d5 %-0.45 % sodium chloride</i>	3	MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	MO
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 30 % in water (d30w)</i>	4	
<i>dextrose 40 % in water (d40w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	MO
<i>dextrose with sodium chloride</i>	4	
<i>disulfiram</i>	4	MO
<i>etidronate disodium</i>	2	MO
EXJADE	5	PAR; MO; LA
INCRELEX	5	PAR; MO; LA
<i>kionex</i>	3	MO
<i>kionex (with sorbitol)</i>	3	MO
<i>lactated ringers irrigation</i>	4	MO
<i>levocarnitine (with sugar)</i>	3	B/D PAR; MO
<i>levocarnitine oral tablet</i>	3	MO
<i>midodrine</i>	4	MO
<i>neomycin-polymyxin b gu</i>	4	MO
NICOTROL NS	3	MO; QLL (120 per 30 days)
NORTHERA ORAL CAPSULE 100 MG	5	PAR; MO; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	5	PAR; MO; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PAR; MO; QLL (180 per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PAR; LA
ORFADIN ORAL CAPSULE 20 MG	5	PAR; MO; LA
ORFADIN ORAL SUSPENSION	5	PAR; MO; LA
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C	5	PAR; LA
RAVICTI	5	PAR; MO; QLL (525 per 30 days)
RENVELA ORAL TABLET	3	MO; QLL (540 per 30 days)
<i>riluzole</i>	4	MO
<i>ringer's irrigation</i>	4	MO
<i>risedronate oral tablet 30 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	5	MO; QLL (540 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	5	MO; QLL (180 per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	MO
<i>sodium chloride irrigation</i>	3	MO
<i>sodium phenylbutyrate</i>	5	PAR; MO
<i>sodium polystyrene (sorb free)</i>	4	MO
<i>sodium polystyrene sulfonate oral</i>	4	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	4	MO
SODIUMPOLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	4	MO
<i>sps (with sorbitol) oral</i>	4	MO
<i>sps (with sorbitol) rectal</i>	4	MO
SYPRINE	5	MO
THIOLA	5	PAR; MO
<i>water for irrigation, sterile</i>	3	MO
<i>zoledronic acid-mannitol-water 5 mg/100 ml</i>	4	PAR; MO
<b>Ear, Nose / Throat Medications</b>		
<i>acetazol hc</i>	4	MO
<i>acetic acid otic</i>	1	MO
<i>acetic acid-aluminum acetate</i>	2	MO
<i>azelastine nasal aerosol,spray</i>	3	MO; QLL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol</i>	4	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluocinolone acetamide oil otic</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ipratropium bromide nasal</i>	2	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic</i>	2	MO
<i>ofloxacin otic</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	1	MO
<i>sf 5000 plus</i>	2	MO
<i>triamcinolone acetonide dental</i>	3	MO
<b>Endocrine/Diabetes</b>		
<i>a-hydrocort</i>	4	MO
<i>acarbose oral tablet 100 mg</i>	3	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	3	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	3	MO; QLL (180 per 30 days)
ACTHAR H.P.	5	PAR; MO
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	4	MO; QLL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	4	MO; QLL (45 per 30 days)
<i>alcohol pads</i>	1	MO
ALDURAZYME	5	PAR; MO
AMARYL ORAL TABLET 1 MG	4	MO; QLL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	4	MO; QLL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	4	MO; QLL (60 per 30 days)
ANADROL-50	5	PAR; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PAR; MO; QLL (150 per 30 days)
<i>androxy</i>	4	PAR; MO
<i>armour thyroid</i>	2	PAR; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
AVANDIA ORAL TABLET 2 MG	4	PAR; MO; QLL (120 per 30 days)
AVANDIA ORAL TABLET 4 MG	4	PAR; MO; QLL (60 per 30 days)
BYDUREON	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>	3	MO
<i>calcitonin (salmon)</i>	3	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	3	B/D PAR; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; MO
<i>cortisone</i>	4	MO
CYCLOSET	4	ST; MO; QLL (180 per 30 days)
CYTOMEL	4	MO
<i>danazol</i>	3	MO
<i>desmopressin injection</i>	4	MO
<i>desmopressin nasal aerosol, spray</i>	4	MO
<i>desmopressin nasal solution</i>	3	
<i>desmopressin nasal spray, non-aerosol</i>	4	MO
<i>desmopressin oral</i>	4	MO
<i>dexamethasone intensol</i>	4	MO
<i>dexamethasone oral elixir</i>	4	MO
<i>dexamethasone oral solution</i>	4	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>dexamethasone sodium phos (pf)</i>	4	MO
<i>dexamethasone sodium phosphate injection solution</i>	3	MO
<i>dexamethasone sodium phosphate injection syringe</i>	4	MO
<i>doxercalciferol intravenous</i>	4	
<i>doxercalciferol oral capsule 0.5 mcg</i>	4	B/D PAR; MO
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	5	MO
DUETACT ORAL TABLET 30-4 MG	4	MO; QLL (30 per 30 days)
ELAPRASE	5	PAR; MO
FABRAZYME	5	PAR; MO
<i>fludrocortisone</i>	3	MO
<i>gauze pads 2 x 2</i>	1	MO; QLL (200 per 30 days)
<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)	4	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	4	MO; QLL (60 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	4	MO; QLL (150 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
GLUCOPHAGE ORAL TABLET 850 MG	4	MO; QLL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	4	MO; QLL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	4	MO; QLL (60 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	4	MO; QLL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	4	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	4	MO; QLL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	4	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4	MO; QLL (120 per 30 days)
GLUCOVANCE	4	PAR; MO; QLL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	5	MO; QLL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	5	MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	2	PAR; MO; QLL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	2	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	2	PAR; MO; QLL (120 per 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	PAR; MO; QLL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
HUMALOG	3	MO
HUMALOG KWIKPEN	3	MO
HUMALOG MIX 50-50	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMULIN 70/30	3	MO
HUMULIN 70/30 KWIKPEN	3	MO
HUMULIN N	3	MO
HUMULIN N KWIKPEN	3	MO
HUMULIN R U-100	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
HUMULIN R U-500 (CONCENTRATED)	3	MO
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	3	MO
<i>hydrocortisone oral tablet 20 mg</i>	2	MO
<i>insulin pen needle</i>	2	MO; QLL (200 per 30 days)
<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml</i>	2	MO; QLL (200 per 30 days)
JANUMET	3	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
JARDIANCE	3	PAR; MO; QLL (30 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QLL (30 per 30 days)
KORLYM	5	PAR; MO
KUVAN ORAL TABLET, SOLUBLE	5	PAR; MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
<i>levothyroxine oral</i>	1	MO
<i>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</i>	3	MO
<i>liothyronine intravenous</i>	5	MO
<i>liothyronine oral</i>	2	MO
<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)

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>metformin oral tablet extended release 24 hrs osm-tab 500mg</i>	4	MO; QLL (150 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	4	MO; QLL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	5	MO; QLL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	5	MO; QLL (120 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>methylprednisolone acetate</i>	3	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg</i>	3	MO
<i>methylprednisolone oral tablet 8 mg</i>	4	MO
<i>methylprednisolone oral tablets,dose pack</i>	3	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	MO
<i>methylprednisolone sodium succ intravenous</i>	4	MO
MIACALCIN INJECTION	5	B/D PAR; MO
<i>miglitol oral tablet 100 mg</i>	4	MO; QLL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	4	MO; QLL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	4	MO; QLL (180 per 30 days)
NAGLAZYME	5	PAR; MO; LA
<i>nateglinide oral tablet 120 mg</i>	4	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	4	MO; QLL (180 per 30 days)
NATPARA	5	PAR; MO; LA; QLL (2 per 28 days)
<i>needles, insulin disp.,safety</i>	2	MO; QLL (200 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PAR; MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pamidronate intravenous recon soln</i>	4	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	2	B/D PAR; MO
<i>paricalcitol oral</i>	4	MO
<i>pioglitazone oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	4	MO; QLL (30 per 30 days)
<i>pioglitazone-metformin</i>	4	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	3	MO
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	4	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	3	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
PROGLYCEM	5	MO
<i>propylthiouracil</i>	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	4	MO; QLL (960 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>repaglinide oral tablet 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	4	MO; QLL (240 per 30 days)
RIOMET	4	MO; QLL (780 per 30 days)
SAMSCA ORAL TABLET 15 MG	5	PAR; MO; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	MO; QLL (120 per 30 days)
SOMAVERT	5	PAR; MO
STIMATE	5	MO
SYMLINPEN 120	5	PAR; MO; QLL (11 per 30 days)
SYMLINPEN 60	5	PAR; MO; QLL (6 per 30 days)
SYNAREL	5	PAR; MO
SYNJARDY	3	PAR; 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	PAR; MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	PAR; MO; QLL (30 per 30 days)
SYNTHROID	3	MO
TANZEUM	4	MO; QLL (4 per 28 days)
TAPAZOLE	3	MO
<i>testosterone cypionate</i>	2	PAR; MO
<i>testosterone enanthate</i>	4	PAR; MO
TESTOSTERONE TRANSDERMAL GEL	3	PAR; MO; QLL (300 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM / ACTUATION	3	PAR; MO; QLL (120 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	3	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PAR; MO; QLL (300 per 30 days)
<i>tolazamide oral tablet 250 mg</i>	1	MO; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QLL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QLL (180 per 30 days)
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	4	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
TRULICITY	3	MO; QLL (2 per 28 days)
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO
<i>unithroid oral tablet 137 mcg</i>	1	MO
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QLL (9 per 30 days)
VPRIV	5	PAR; MO
ZAVESCA	5	PAR; MO; LA
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	PAR; MO

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>
ZOMETA	5	PAR; MO
INTRAVENOUS PIGGYBACK		
<b>Gastroenterology</b>		
<i>alosetron</i>	5	PAR; MO; QLL (60 per 30 days)
AMITIZA	3	MO; QLL (60 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	3	B/D PAR; MO; QLL (10 per 30 days)
<i>aprepitant oral capsule, dose pack</i>	3	B/D PAR; MO; QLL (15 per 30 days)
APRISO	3	MO
ASACOL HD	3	MO
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	4	
<i>balsalazide</i>	4	MO
<i>budesonide oral</i>	5	MO
CANASA	5	MO
<i>carafate oral suspension</i>	4	MO
<i>cimetidine</i>	3	MO
<i>cimetidine hcl oral</i>	3	MO
<i>compro</i>	4	PAR; MO
<i>constulose</i>	2	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 36,000-114,000- 180,000 UNIT	5	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
DEXILANT	4	ST; MO; QLL (30 per 30 days)
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>dicyclomine oral tablet</i>	2	MO
DIPENTUM	5	MO
<i>diphenoxylate-atropine oral liquid</i>	1	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PAR; MO; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PAR; MO; QLL (120 per 30 days)
EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (5 per 30 days)
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 28 days)
EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (10 per 30 days)
EMEND ORAL CAPSULE, DOSE PACK	3	B/D PAR; MO; QLL (15 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PAR; QLL (15 per 30 days)
<i>enulose</i>	2	MO
<i>esomeprazole sodium</i>	4	
<i>famotidine (pf)</i>	3	MO
<i>famotidine (pf)-nacl (iso-os)</i>	3	MO
<i>famotidine intravenous</i>	4	MO
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
GATTEX 30-VIAL	5	PAR; MO
GATTEX ONE-VIAL	5	PAR; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>glycopyrrolate injection</i>	4	MO
<i>glycopyrrolate oral</i>	3	MO
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	4	MO
<i>granisetron hcl intravenous</i>	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>granisetron hcl oral</i>	4	B/D PAR; MO; QLL (30 per 30 days)
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	MO
<i>lactulose</i>	2	MO
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	4	MO; QLL (30 per 30 days)
LIALDA	3	MO
LINZESS	3	MO; QLL (30 per 30 days)
<i>loperamide oral capsule</i>	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	MO
<i>mesalamine rectal</i>	3	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>methscopolamine</i>	4	MO
<i>metoclopramide hcl injection solution</i>	3	MO
<i>metoclopramide hcl injection syringe</i>	4	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>misoprostol oral tablet 100 mcg</i>	3	MO
<i>misoprostol oral tablet 200 mcg</i>	4	MO
MOVANTIK	3	MO; QLL (30 per 30 days)
MOVIPREP	4	MO
<i>nizatidine oral capsule</i>	3	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	MO; QLL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	4	MO
<i>ondansetron hcl (pf) injection syringe</i>	3	MO
<i>ondansetron hcl intravenous</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ondansetron hcl oral solution</i>	4	B/D PAR; MO; QLL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	4	B/D PAR; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	3	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg</i>	4	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating 8 mg</i>	3	B/D PAR; MO; QLL (90 per 30 days)
<i>opium tincture</i>	2	MO
OSMOPREP	4	MO
<i>pantoprazole intravenous</i>	4	MO
<i>pantoprazole oral</i>	1	MO; QLL (30 per 30 days)
<i>paregoric</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 - 5.84 gram</i>	2	
<i>peg-electrolyte soln</i>	2	
PENTASA	3	MO
<i>polyethylene glycol 3350</i>	2	MO
<i>prochlorperazine</i>	4	PAR; MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	PAR; MO
<i>prochlorperazine maleate</i>	2	PAR; MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	1	MO
<i>propantheline</i>	4	MO
<i>ranitidine hcl injection</i>	4	MO
<i>ranitidine hcl oral capsule</i>	3	MO
<i>ranitidine hcl oral syrup</i>	4	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
RELISTOR	5	PAR; MO; QLL (18 per 30 days)
SUBCUTANEOUS SOLUTION		

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>
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PAR; MO; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PAR; MO; QLL (12 per 30 days)
REMICADE	5	PAR; MO
SUCRAID	5	MO
<i>sucralfate oral tablet</i>	2	MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
<i>transderm-scop</i>	4	MO; QLL (10 per 30 days)
<i>trilyte with flavor packets</i>	2	MO
UCERIS ORAL	5	MO
<i>ursodiol</i>	3	MO
<b>Immunology, Vaccines / Biotechnology</b>		
ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR; MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PAR; MO
ARCALYST	5	PAR; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
AVONEX (WITH ALBUMIN)	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PAR; MO; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	4	MO
BETASERON SUBCUTANEOUS KIT	5	PAR; MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PAR; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
DYSPOURT	4	PAR; MO
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PAR; MO
ENGERIX-B (PF)	3	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PAR; MO
<i>fomepizole</i>	5	MO
GAMUNEX-C	5	PAR; MO
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
HIBERIX (PF)	5	PAR; MO; LA
ILARIS (PF) SUBCUTANEOUS RECON SOLN	5	PAR; MO; LA

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>
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PAR; MO
IMOVAX RABIES VACCINE (PF)	3	B/D PAR; MO
INFANRIX (DTAP) (PF)	3	MO
INTRON A INJECTION	5	PAR; MO
IPOL	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
M-M-R II (PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENHIBRIX (PF)	3	
MENOMUNE - A/C/Y/W- 135 (PF)	3	MO
MENVEO A-C-Y-W-135- DIP (PF)	3	MO
MOZOBIL	5	PAR; MO
NEULASTA	5	PAR; MO; QLL (1.2 per 28 days)
NEUPOGEN	5	PAR; MO
NORDITROPIN FLEXPRO	5	PAR; MO
OCTAGAM	5	PAR; MO
OMNITROPE	5	PAR; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PEGASYS	5	PAR; MO
PEGASYS PROCLICK	5	PAR; MO
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PAR; MO
PLEGRIDY	5	PAR; MO; QLL (1 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PAR; MO; QLL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PAR; MO; QLL (24 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PAR; MO; QLL (12 per 28 days)
PROLEUKIN	5	B/D PAR; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	
RABAVERT (PF)	4	B/D PAR; 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
STAMARIL (PF)	3	
SYLATRON	5	PAR; MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	4	MO
TETANUS,DIPHThERIA TOX PED(PF)	3	MO
TETANUS-DIPHThERIA TOXOIDS-TD	3	MO
THYMOGLOBULIN	5	B/D PAR
TICE BCG	4	B/D PAR; MO
TRUMENBA	3	MO
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PAR; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	5	PAR; MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO
<b>Musculoskeletal / Rheumatology</b>		
<i>alendronate oral solution</i>	3	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	6	MO; CG; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	6	MO; CG; QLL (4 per 28 days)
<i>allopurinol</i>	1	MO
<i>allopurinol sodium intravenous</i>	4	
<i>aloprim</i>	4	
BENLYSTA INTRAVENOUS	5	PAR; MO
BONIVA INTRAVENOUS	4	B/D PAR; MO
COLCRYS	3	MO
DEPEN TITRATABS	5	MO
ENBREL SUBCUTANEOUS RECON SOLN	5	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PAR; MO; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PAR; MO; QLL (8 per 28 days)
ENBREL SURECLICK	5	PAR; MO; QLL (8 per 28 days)
FORTEO	5	PAR; MO; QLL (3 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
FOSAMAX ORAL TABLET 70 MG	4	ST; MO; QLL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QLL (4 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PAR; MO; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PAR; MO; QLL (12 per 365 days)
HUMIRA PEN	5	PAR; MO; QLL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	5	PAR; MO; QLL (12 per 365 days)
HUMIRA PEN PSORIASIS-UVEITIS	5	PAR; MO; QLL (4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PAR; MO; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PAR; MO; QLL (4 per 28 days)
<i>ibandronate intravenous solution</i>	4	B/D PAR; MO
<i>ibandronate intravenous syringe</i>	4	MO
<i>ibandronate oral</i>	3	MO; QLL (1 per 28 days)
<i>leflunomide oral tablet 10 mg</i>	4	MO
<i>leflunomide oral tablet 20 mg</i>	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO
PROLIA	4	PAR; MO; QLL (2 per 365 days)
<i>raloxifene</i>	3	MO; QLL (30 per 30 days)
RIDAURA	5	MO
<i>risedronate oral tablet 150 mg</i>	4	ST; MO; QLL (1 per 28 days)

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



Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	ST; MO; QLL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QLL (4 per 28 days)
SAVELLA ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	3	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK	3	MO; QLL (110 per 365 days)
ULORIC	3	ST; MO
XELJANZ	5	PAR; MO; QLL (60 per 30 days)
<b>Obstetrics / Gynecology</b>		
<i>altavera (28)</i>	4	MO
<i>alyacen 1/35 (28)</i>	4	MO
<i>alyacen 7/7/7 (28)</i>	4	MO
<i>amethia</i>	4	MO
<i>apri</i>	3	MO
<i>aranelle (28)</i>	4	MO
<i>aubra</i>	4	MO
<i>aviane</i>	3	MO
<i>azurette (28)</i>	4	MO
<i>balziva (28)</i>	4	MO
<i>blisovi fe 1.5/30 (28)</i>	4	MO
<i>briellyn</i>	4	MO
<i>camila</i>	3	MO
CAZIANZ (28)	4	MO
<i>clindamycin phosphate vaginal</i>	4	MO
<i>cryselle (28)</i>	3	MO
<i>cyclafem 1/35 (28)</i>	3	MO
<i>cyclafem 7/7/7 (28)</i>	3	MO
<i>dasetta 1/35 (28)</i>	4	MO
<i>dasetta 7/7/7 (28)</i>	4	MO
DELESTROGEN	4	MO
DEPO-ESTRADIOL	3	MO

Drug Name	Drug Tier	Requirements /Limits
DEPO-PROVERA	4	MO
INTRAMUSCULAR SOLUTION		
<i>drosiprone-ethinyl estradiol</i>	4	MO
ELESTRIN	4	PAR; MO
<i>elinest</i>	4	MO
ELLA	3	
<i>emoquette</i>	3	MO
<i>enpresse</i>	3	MO
<i>errin</i>	3	MO
<i>estarylla</i>	4	MO
ESTRACE VAGINAL	4	MO
<i>estradiol oral</i>	1	PAR; MO
<i>estradiol transdermal patch semiweekly</i>	4	PAR; MO; QLL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	4	PAR; MO; QLL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	MO
<i>estradiol-norethindrone acet</i>	4	PAR; MO
ESTRING	4	MO; QLL (1 per 90 days)
<i>estropipate</i>	2	PAR; MO
EVAMIST	4	PAR; MO
<i>falmina (28)</i>	3	MO
FEMRING	4	MO; QLL (1 per 90 days)
<i>gianvi (28)</i>	4	MO
<i>gildagia</i>	4	MO
<i>heather</i>	4	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>introvale</i>	3	MO
<i>jinteli</i>	4	PAR; MO
<i>jolessa</i>	4	MO
<i>jolivette</i>	3	MO
<i>junel 1.5/30 (21)</i>	3	MO
<i>junel 1/20 (21)</i>	3	MO
<i>junel fe 1.5/30 (28)</i>	3	MO
<i>junel fe 1/20 (28)</i>	3	MO
<i>junel fe 24</i>	4	MO
<i>kariva (28)</i>	4	MO
<i>kelnor 1/35 (28)</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>l norgest/le.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	MO
<i>larin 1/20 (21)</i>	4	MO
<i>larin fe 1.5/30 (28)</i>	4	MO
<i>larin fe 1/20 (28)</i>	3	MO
<i>leena 28</i>	3	MO
<i>lessina</i>	4	MO
<i>levonest (28)</i>	3	MO
<i>levonorg-eth estrad triphasic</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	3	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	4	MO
<i>levora-28</i>	3	MO
LO LOESTRIN FE	4	MO
<i>loryna (28)</i>	4	MO
<i>low-ogestrel (28)</i>	4	MO
<i>lutera (28)</i>	3	MO
<i>lyza</i>	4	MO
<i>marlissa</i>	3	MO
<i>medroxyprogesterone intramuscular suspension</i>	3	MO
<i>medroxyprogesterone intramuscular syringe</i>	4	MO
<i>medroxyprogesterone oral</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PAR; MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	3	MO
<i>microgestin 1.5/30 (21)</i>	3	MO
<i>microgestin 1/20 (21)</i>	3	MO
<i>microgestin fe 1.5/30 (28)</i>	3	MO
<i>microgestin fe 1/20 (28)</i>	3	MO
<i>mimvey</i>	4	PAR; MO
<i>mimvey lo</i>	4	PAR; MO
<i>mono-linyah</i>	4	MO
<i>mononessa (28)</i>	3	MO
MYZILRA	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>necon 0.5/35 (28)</i>	3	MO
<i>necon 1/50 (28)</i>	3	MO
<i>necon 10/11 (28)</i>	4	
<i>necon 7/7/7 (28)</i>	3	MO
<i>nikki (28)</i>	4	MO
<i>nora-be</i>	3	MO
<i>norethindrone (contraceptive)</i>	3	MO
<i>norethindrone acetate</i>	3	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	4	MO
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35 (21)</i>	4	MO
<i>nortrel 1/35 (28)</i>	4	MO
<i>nortrel 7/7/7 (28)</i>	3	MO
NUVARING	4	MO
<i>ocella</i>	4	MO
<i>ogestrel (28)</i>	4	MO
<i>orsythia</i>	3	MO
ORTHO MICRONOR	4	MO
<i>philith</i>	4	MO
<i>pimtrea (28)</i>	4	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	3	MO
<i>portia</i>	3	MO
PREMARIN ORAL	3	PAR; MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	PAR; MO
PREMPRO	3	PAR; MO
<i>previfem</i>	3	MO
<i>progesterone micronized</i>	3	MO
<i>quasense</i>	4	MO
<i>reclipsen (28)</i>	3	MO
<i>sharobel</i>	3	MO
<i>sprintec (28)</i>	3	MO
<i>sronyx</i>	3	MO
<i>syeda</i>	4	MO
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	4	MO
<i>tilia fe</i>	4	MO
<i>tranexamic acid oral</i>	4	MO
<i>tri-estarylla</i>	4	MO
<i>tri-legest fe</i>	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>tri-lynyah</i>	4	MO
<i>tri-previfem (28)</i>	3	MO
<i>tri-sprintec (28)</i>	3	MO
<i>trinessa (28)</i>	3	MO
<i>trivora (28)</i>	3	MO
VAGIFEM	4	MO
<i>vandazole</i>	3	MO
<i>velivet triphasic regimen (28)</i>	3	MO
<i>vestura (28)</i>	4	MO
<i>violele (28)</i>	4	MO
VIVELLE-DOT	4	PAR; MO; QLL (8 per 28 days)
<i>vyfemla (28)</i>	4	MO
<i>xulane</i>	4	MO
<i>yuwafem</i>	4	MO
ZARAH	4	MO
<i>zenchent (28)</i>	3	MO
<i>zenchent fe</i>	4	MO
<i>zovia 1/35e (28)</i>	3	MO
<i>zovia 1/50e (28)</i>	4	MO
<b>Ophthalmology</b>		
<i>acetazolamide oral capsule, extended release</i>	4	MO
<i>acetazolamide oral tablet 125 mg</i>	2	MO
<i>acetazolamide oral tablet 250 mg</i>	3	MO
<i>acetazolamide sodium solution for injection</i>	4	MO
ALPHAGAN P OPTHALMIC DROPS 0.1 %	3	MO
ALPHAGAN P OPTHALMIC DROPS 0.15 %	4	MO
<i>apraclonidine</i>	3	MO
<i>atropine ophthalmic drops</i>	3	MO
<i>azelastine ophthalmic</i>	3	MO
AZOPT	4	MO
<i>bacitracin ophthalmic</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic</i>	2	MO
BESIVANCE	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BETAGAN OPTHALMIC DROPS 0.5 %	4	MO
<i>betaxolol ophthalmic</i>	3	MO
BETIMOL	4	MO
BETOPTIC S	4	MO
<i>bimatoprost ophthalmic</i>	3	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine ophthalmic drops 0.15 %</i>	3	MO
<i>brimonidine ophthalmic drops 0.2 %</i>	2	MO
<i>bromfenac</i>	4	MO
<i>carteolol</i>	1	MO
<i>ciprofloxacin hcl ophthalmic</i>	2	MO
COMBIGAN	3	MO
COSOPT	4	MO
<i>cromolyn ophthalmic</i>	2	MO
CYSTARAN	5	MO
<i>dexamethasone sodium phosphate ophthalmic</i>	2	MO
<i>diclofenac sodium ophthalmic</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
DUREZOL	3	MO
<i>epinastine</i>	3	MO
<i>erythromycin ophthalmic</i>	2	MO
<i>fluorometholone</i>	2	MO
<i>flurbiprofen ophthalmic drops</i>	1	MO
<i>gatifloxacin</i>	4	MO
<i>gentak ophthalmic ointment</i>	2	MO
<i>gentamicin ophthalmic</i>	2	MO
ILEVRO	3	MO
IOPIDINE OPTHALMIC DROPS	4	MO
ISOPTO CARPINE	4	MO
<i>ketorolac ophthalmic</i>	2	MO
LACRISERT	3	MO; QLL (60 per 30 days)
<i>latanoprost</i>	1	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic</i>	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
LUMIGAN OPTHALMIC DROPS 0.01 %	3	MO
<i>methazolamide</i>	4	MO
<i>metipranolol</i>	2	
MOXEZA	3	MO
NATACYN	4	MO
<i>neo-polycin</i>	2	MO
<i>neo-polycin hc</i>	2	MO
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neomycin-polymyxin-hc ophthalmic</i>	3	MO
NEVANAC	3	MO
<i>ofloxacin ophthalmic</i>	2	MO
<i>olopatadine ophthalmic drops 0.2 %</i>	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	3	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic</i>	2	MO
SIMBRINZA	4	MO
<i>sulfacetamide sodium ophthalmic drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	3	MO
<i>sulfacetamide-prednisolone</i>	2	MO
<i>timolol maleate ophthalmic drops</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	3	MO
TIMOPTIC OCUDOSE (PF) OPTHALMIC DROPPERETTE 0.25 %	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TIMOPTIC OPTHALMIC DROPS 0.25 %	4	MO
TIMOPTIC-XE	4	MO
TOBRADEX OPTHALMIC OINTMENT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin</i>	2	MO
<i>tobramycin-dexamethasone ophthalmic suspension</i>	3	MO
TRAVATAN Z	3	MO
<i>trifluridine</i>	3	MO
VIGAMOX	3	MO
XALATAN	4	MO
XIIDRA	3	PAR; MO; QLL (60 per 30 days)
ZIOPTAN (PF)	4	MO
ZIRGAN	4	MO
<b>Respiratory And Allergy</b>		
<i>acetylcysteine solution 100 mg/ml (10 %)</i>	2	B/D PAR; MO
<i>acetylcysteine solution 200 mg/ml (20 %)</i>	3	B/D PAR; MO
ADEMPAS	5	PAR; MO; LA
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
AEROSPAN	4	MO; QLL (18 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>	3	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	2	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	2	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i>	3	MO
<i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i>	4	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>aminophylline intravenous</i>	4	
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)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES)	3	QLL (4 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES)	3	QLL (2 per 30 days)
ATROVENT HFA	4	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>	4	B/D PAR; MO; QLL (120 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
CINRYZE	5	PAR; MO
<i>clemastine oral tablet 2.68 mg</i>	2	PAR; MO
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PAR; MO; QLL (240 per 30 days)
<i>cyproheptadine</i>	3	PAR; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
DALIRESP	4	PAR; MO; QLL (30 per 30 days)
<i>desloratadine</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	3	PAR; MO
<i>diphenhydramine hcl injection syringe</i>	4	PAR; MO
DULERA	3	MO; QLL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	3	MO; QLL (2 per 28 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	MO; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	5	PAR; MO; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PAR; MO; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PAR; MO; QLL (90 per 30 days)
FIRAZYR	5	PAR; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QLL (11 per 30 days)

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>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QLL (75 per 30 days)
<i>fluticasone nasal</i>	1	MO; QLL (16 per 30 days)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	4	PAR; MO
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	3	PAR; MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	3	PAR; MO
<i>hydroxyzine hcl oral tablet</i>	3	PAR; MO
<i>hydroxyzine pamoate</i>	3	PAR; MO
<i>ipratropium bromide inhalation</i>	2	B/D PAR; MO
<i>ipratropium-albuterol inhalation</i>	2	B/D PAR; MO; QLL (540 per 30 days)
KALYDECO ORAL TABLET	5	PAR; MO; QLL (60 per 30 days)
LETAIRIS	5	PAR; MO; LA; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	4	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	4	B/D PAR; MO; QLL (540 per 30 days)
LEVALBUTEROL TARTRATE	4	MO; QLL (45 per 30 days)
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO
<i>metaproterenol</i>	2	MO
<i>mometasone nasal</i>	3	MO
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet, chewable</i>	3	MO
NASONEX	3	MO
OFEV	5	PAR; MO; QLL (60 per 30 days)
ORKAMBI	5	PAR; MO; QLL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PERFOROMIST	5	B/D PAR; MO; QLL (120 per 30 days)
PROAIR HFA	3	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	3	MO; QLL (2 per 30 days)
<i>promethazine injection solution 25 mg/ml</i>	3	PAR; MO
<i>promethazine injection solution 50 mg/ml</i>	4	PAR; MO
<i>promethazine oral</i>	2	PAR; MO
PULMOZYME	5	B/D PAR; MO
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	3	MO; QLL (9 per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	3	MO; QLL (18 per 30 days)
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)
<i>sildenafil oral</i>	5	PAR; MO; QLL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QLL (30 per 30 days)
STIOLTO RESPIMAT	3	MO; QLL (4 per 30 days)
SYMBICORT	4	MO; QLL (11 per 30 days)
<i>terbutaline oral</i>	3	MO
<i>terbutaline subcutaneous</i>	4	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>triamcinolone acetonide nasal</i>	4	MO; QLL (34 per 30 days)
VENTAVIS	5	PAR; MO; QLL (270 per 30 days)
VENTOLIN HFA	3	MO; QLL (36 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>
XOLAIR	5	PAR; MO; LA; QLL (6 per 28 days)
XYZAL ORAL TABLET	4	MO
<i>zafirlukast</i>	4	MO
<b>Urologicals</b>		
<i>alfuzosin</i>	2	MO
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	3	MO
<i>bethanechol chloride oral tablet 50 mg</i>	4	MO
CYSTAGON	3	MO; LA
<i>dutasteride</i>	4	MO; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	3	MO; QLL (30 per 30 days)
ELMIRON	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>flavoxate</i>	3	MO
MYRBETRIQ	4	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	2	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	3	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	3	MO; QLL (30 per 30 days)
<i>potassium citrate oral tablet extended release 10 meq (1, 080 mg), 15 meq</i>	4	MO
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	3	MO
<i>tamsulosin</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	4	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	4	MO; QLL (60 per 30 days)
TOVIAZ	4	MO; QLL (30 per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	4	MO; QLL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>trospium oral tablet</i>	4	MO; QLL (60 per 30 days)
VESICARE	4	MO; QLL (30 per 30 days)
<b>Vitamins, Hematinics / Electrolytes</b>		
AMINOSYN 10 %	4	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	4	B/D PAR
AMINOSYN 8.5 %	4	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN II 10 %	4	B/D PAR
AMINOSYN II 15 %	4	B/D PAR
AMINOSYN II 7 %	4	B/D PAR
AMINOSYN II 8.5 %	4	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN M 3.5 %	4	B/D PAR
AMINOSYN-HBC 7%	4	B/D PAR
AMINOSYN-PF 10 %	4	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PAR
AMINOSYN-RF 5.2 %	4	B/D PAR
<i>calcium acetate oral capsule</i>	2	MO
CLINIMIX 5%/D15W	4	B/D PAR
SULFITE FREE		
CLINIMIX 5%/D25W	4	B/D PAR
SULFITE-FREE		
CLINIMIX 2.75%/D5W	4	B/D PAR
SULFIT FREE		
CLINIMIX 4.25%-D20W	4	B/D PAR
SULF-FREE		
CLINIMIX 4.25%-D25W	4	B/D PAR
SULF-FREE		
CLINIMIX 4.25%/D10W	4	B/D PAR
SULF FREE		
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D25W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D5W	4	B/D PAR
SULF FREE		
CLINIMIX E 5%/D15W	4	B/D PAR
SULFIT FREE		

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

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	4	B/D PAR
FLUOR-A-DAY (WITH XYLITOL) ORAL TABLET,CHEWABLE 1 MG F (2.2 MG)-236.79 MG	2	MO
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable</i>	2	MO
<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
FREAMINE HBC 6.9 %	4	B/D PAR
<i>freamine iii 10 %</i>	4	B/D PAR
HEPATAMINE 8%	4	B/D PAR
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PAR
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PAR
IONOSOL-B IN D5W	4	
IONOSOL-MB IN D5W	4	
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
<i>k-effervescent</i>	1	MO
<i>k-tab oral tablet extended release 8 meq</i>	3	MO
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	3	MO
<i>ludent fluoride</i>	2	MO
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	4	MO
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	4	
NEPHRAMINE 5.4 %	4	B/D PAR
NORMOSOL-M IN 5 % DEXTROSE	4	
NORMOSOL-R	4	
NORMOSOL-R IN 5 % DEXTROSE	4	
NORMOSOL-R PH 7.4	4	
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
<i>potassium bicarb and chloride</i>	2	MO
<i>potassium bicarb-citric acid</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	3	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	4	
<i>potassium chloride intravenous piggyback 10 meq/100 ml</i>	3	MO
<i>potassium chloride intravenous piggyback 10 meq/50 ml</i>	4	MO

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>potassium chloride intravenous piggyback 20 meq/100 ml</i>	3	
<i>potassium chloride intravenous piggyback 30 meq/100 ml</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	4	
<i>premasol 10 %</i>	4	B/D PAR; MO
<i>PREMASOL 6 %</i>	4	B/D PAR
<i>prenatal vitamin oral tablet</i>	2	MO
<i>PROCALAMINE 3%</i>	4	B/D PAR
<i>PROSOL 20 %</i>	4	B/D PAR; MO
<i>ringer's intravenous</i>	4	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	4	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	4	
<i>sodium chloride 3 %</i>	4	MO
<i>sodium chloride 5 %</i>	4	
<i>sodium chloride intravenous</i>	4	MO
<i>sodium lactate</i>	4	
<i>travasol 10 %</i>	4	B/D PAR; MO
<i>TROPHAMINE 10 %</i>	4	B/D PAR; MO
<i>TROPHAMINE 6%</i>	4	B/D PAR

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

# Index of Drugs

## Legend

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

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

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

<b>Drug Name</b>	<b>Page</b>
<i>a-hydrocort</i> .....	47
<i>abacavir</i> .....	8
<i>abacavir-lamivudine</i> .....	8
<i>abacavir-lamivudine-zidovudine</i> .....	8
ABELCET.....	8
ABILIFY MAINTENA.....	23
ABRAXANE.....	17
<i>acamprosate</i> .....	45
<i>acarbose oral tablet 100 mg</i> .....	47
<i>acarbose oral tablet 25 mg</i> .....	47
<i>acarbose oral tablet 50 mg</i> .....	47
ACCUPRIL.....	37
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG.....	37
<i>acebutolol</i> .....	37
<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> .....	23
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> .....	23
<i>acetaminophen-codeine oral tablet 300-15 mg</i> .....	23
<i>acetaminophen-codeine oral tablet 300-30 mg</i> .....	23
<i>acetaminophen-codeine oral tablet 300-60 mg</i> .....	23
<i>acetazol hc</i> .....	46
<i>acetazolamide oral capsule, extended release</i> .....	59
<i>acetazolamide oral tablet 125 mg</i> .....	59
<i>acetazolamide oral tablet 250 mg</i> .....	59
<i>acetazolamide sodium solution for injection</i> .....	59
<i>acetic acid irrigation</i> .....	45
<i>acetic acid otic</i> .....	46
<i>acetic acid-aluminum acetate</i> .....	46
<i>acetylcysteine intravenous</i> .....	45
<i>acetylcysteine solution 100 mg/ml (10 %)</i> .....	60
<i>acetylcysteine solution 200 mg/ml (20 %)</i> .....	60
<i>acitretin oral capsule 10 mg</i> .....	42
<i>acitretin oral capsule 17.5 mg, 25 mg</i> .....	42
ACTHAR H.P.....	47
ACTHIB (PF).....	54
ACTIMMUNE.....	54
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG.....	47
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG.....	47
<i>acyclovir oral capsule</i> .....	8
<i>acyclovir oral suspension 200 mg/5 ml</i> .....	8
<i>acyclovir oral tablet</i> .....	8
<i>acyclovir sodium intravenous solution 50 mg/ml</i> .....	8
<i>acyclovir topical</i> .....	42
ADACEL(TDAP ADOLESN/ADULT)(PF).....	54
ADAGEN.....	45
ADALAT CC.....	37
<i>adapalene topical cream</i> .....	42
<i>adapalene topical gel 0.1 %</i> .....	42
ADASUVE.....	23
<i>adefovir</i> .....	8
ADEMPAS.....	60
<i>adriamycin intravenous solution</i> .....	17
<i>adrucil intravenous solution 2.5 gram/50 ml</i> .....	17
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> .....	17
ADVAIR DISKUS.....	60
ADVAIR HFA.....	60
AEROSPAN.....	60
<i>afeditab cr</i> .....	37
AFINITOR.....	17
AFINITOR DISPERZ.....	17
AGGRENOLX.....	37
<i>ala-cort topical cream 2.5 %</i> .....	42
ALBENZA.....	8
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i> .....	60

<i>albuterol sulfate inhalation solution for nebulization</i>		AMARYL ORAL TABLET 2 MG.....	47
2.5 mg /3 ml (0.083 %)	60	AMARYL ORAL TABLET 4 MG.....	47
<i>albuterol sulfate inhalation solution for nebulization</i>		AMBISOME.....	8
2.5 mg/0.5 ml, 5 mg/ml.....	60	<i>amcinonide</i> .....	42
<i>albuterol sulfate oral syrup</i> .....	60	<i>amethia</i> .....	57
<i>albuterol sulfate oral tablet</i> .....	60	AMIKACIN INJECTION SOLUTION 1,000	
<i>albuterol sulfate oral tablet extended release 12 hr 4</i>		MG/4 ML.....	8
mg.....	60	<i>amikacin injection solution 500 mg/2 ml</i> .....	8
<i>albuterol sulfate oral tablet extended release 12 hr 8</i>		<i>amiloride</i> .....	37
mg.....	60	<i>amiloride-hydrochlorothiazide</i> .....	37
<i>alclometasone topical cream</i> .....	42	<i>aminophylline intravenous</i> .....	61
<i>alclometasone topical ointment</i> .....	42	AMINOSYN 10 %.....	63
<i>alcohol pads</i> .....	47	AMINOSYN 7 % WITH	
ALDACTAZIDE ORAL TABLET 25-25		ELECTROLYTES.....	63
MG.....	37	AMINOSYN 8.5 %.....	63
ALDURAZYME.....	47	AMINOSYN 8.5 %-ELECTROLYTES.....	63
ALECENSA.....	17	AMINOSYN II 10 %.....	63
<i>alendronate oral solution</i> .....	56	AMINOSYN II 15 %.....	63
<i>alendronate oral tablet 10 mg, 5 mg</i> .....	56	AMINOSYN II 7 %.....	63
<i>alendronate oral tablet 35 mg, 70 mg</i> .....	56	AMINOSYN II 8.5 %.....	63
<i>alendronate oral tablet 40 mg</i> .....	45	AMINOSYN II 8.5 %-ELECTROLYTES.....	63
<i>alfuzosin</i> .....	63	AMINOSYN M 3.5 %.....	63
ALIMTA.....	17	AMINOSYN-HBC 7%.....	63
ALINIA ORAL SUSPENSION FOR		AMINOSYN-PF 10 %.....	63
RECONSTITUTION.....	8	AMINOSYN-PF 7 % (SULFITE-FREE).....	63
ALINIA ORAL TABLET.....	8	AMINOSYN-RF 5.2 %.....	63
ALKERAN ORAL.....	17	<i>amiodarone intravenous solution</i> .....	37
<i>allopurinol</i> .....	56	<i>amiodarone intravenous syringe</i> .....	37
<i>allopurinol sodium intravenous</i> .....	56	<i>amiodarone oral tablet 100 mg, 200 mg</i> .....	37
<i>aloprim</i> .....	56	<i>amiodarone oral tablet 400 mg</i> .....	37
<i>alosetron</i> .....	52	AMITIZA.....	52
ALPHAGAN P OPHTHALMIC DROPS 0.1		<i>amitriptyline</i> .....	23
%.....	59	<i>amlodipine besylate oral tablet</i> .....	37
ALPHAGAN P OPHTHALMIC DROPS 0.15		<i>amlodipine-atorvastatin</i> .....	37
%.....	59	<i>amlodipine-benazepril oral capsule 10-20 mg, 10-</i>	
<i>alprazolam oral tablet</i> .....	23	40 mg, 5-10 mg, 5-20 mg, 5-40 mg.....	37
<i>alprazolam oral tablet extended release 24 hr</i> .....	23	<i>amlodipine-benazepril oral capsule 2.5-10 mg</i> .....	37
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5</i>		<i>amlodipine-olmesartan</i> .....	37
mg, 1 mg.....	23	<i>amlodipine-valsartan</i> .....	37
ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5		<i>amlodipine-valsartan-hydrochlorothiazide</i> .....	37
MG.....	37	<i>ammonium lactate</i> .....	42
<i>altavera (28)</i> .....	57	<i>amoxapine oral tablet 100 mg, 50 mg</i> .....	23
ALTOPREV.....	37	<i>amoxapine oral tablet 150 mg, 25 mg</i> .....	23
ALUNBRIG.....	17	<i>amoxicillin oral capsule</i> .....	8
<i>alyacen 1/35 (28)</i> .....	57	<i>amoxicillin oral suspension for reconstitution</i> .....	8
<i>alyacen 7/7 (28)</i> .....	57	<i>amoxicillin oral tablet</i> .....	8
<i>amantadine hcl</i> .....	8	<i>amoxicillin oral tablet, chewable 125 mg</i> .....	9
AMARYL ORAL TABLET 1 MG.....	47	<i>amoxicillin oral tablet, chewable 250 mg</i> .....	9

<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> .....	9	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML.....	54
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> .....	9	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML.....	54
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i> .....	9	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML.....	54
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> .....	9	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML.....	54
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> .....	9	ARCALYST.....	54
<i>amoxicillin-pot clavulanate oral tablet, chewable</i> .....	9	<i>aripiprazole oral solution</i> .....	23
<i>amphotericin b</i> .....	9	<i>aripiprazole oral tablet 10 mg</i> .....	23
<i>ampicillin oral capsule</i> .....	9	<i>aripiprazole oral tablet 15 mg</i> .....	23
<i>ampicillin oral suspension for reconstitution</i> .....	9	<i>aripiprazole oral tablet 2 mg</i> .....	23
<i>ampicillin sodium injection</i> .....	9	<i>aripiprazole oral tablet 20 mg, 30 mg</i> .....	23
<i>ampicillin sodium intravenous</i> .....	9	<i>aripiprazole oral tablet 5 mg</i> .....	23
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i> .....	9	<i>aripiprazole oral tablet, disintegrating 10 mg</i> .....	23
<i>ampicillin-sulbactam injection recon soln 15 gram</i> .....	9	<i>aripiprazole oral tablet, disintegrating 15 mg</i> .....	23
AMPYRA.....	23	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML.....	23
ANADROL-50.....	47	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML.....	23
<i>anagrelide</i> .....	45	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML.....	24
<i>anastrozole</i> .....	17	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML.....	24
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %).....	47	<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> .....	24
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM).....	47	<i>armodafinil oral tablet 50 mg</i> .....	24
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM).....	47	<i>armour thyroid</i> .....	47
<i>androxy</i> .....	47	ARNUITY ELLIPTA.....	61
ANORO ELLIPTA.....	61	ARRANON.....	17
APOKYN.....	23	ARZERRA.....	17
<i>apraclonidine</i> .....	59	ASACOL HD.....	52
<i>aprepitant oral capsule 80 mg</i> .....	52	ASMANEX HFA.....	61
<i>aprepitant oral capsule, dose pack</i> .....	52	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES).....	61
<i>apri</i> .....	57		
APRISO.....	52		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG.....	23		
APTIOM ORAL TABLET 800 MG.....	23		
APTIVUS ORAL CAPSULE.....	9		
APTIVUS ORAL SOLUTION.....	9		
ARALAST NP.....	45		
<i>aranelle (28)</i> .....	57		

ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES).....	61	<i>azithromycin oral suspension for reconstitution 200 mg/5 ml.....</i>	9
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES).....	61	<i>azithromycin oral tablet 250 mg, 250 mg (6 pack).....</i>	9
<i>aspirin-dipyridamole.....</i>	37	<i>azithromycin oral tablet 500 mg, 600 mg.....</i>	9
ATACAND.....	37	AZOPT.....	59
ATACAND HCT.....	37	AZOR.....	37
<i>atenolol.....</i>	37	<i>aztreonam.....</i>	9
<i>atenolol-chlorthalidone.....</i>	37	<i>azurette (28).....</i>	57
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg.....</i>	24	<i>bacitracin ophthalmic.....</i>	59
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg.....</i>	24	<i>bacitracin-polymyxin b ophthalmic.....</i>	59
<i>atorvastatin.....</i>	37	<i>baclofen.....</i>	24
<i>atovaquone.....</i>	9	<i>balsalazide.....</i>	52
<i>atovaquone-proguanil.....</i>	9	<i>balziva (28).....</i>	57
ATRIPLA.....	9	BANZEL ORAL SUSPENSION.....	24
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ ml.....</i>	52	BANZEL ORAL TABLET 200 MG.....	24
<i>atropine ophthalmic drops.....</i>	59	BANZEL ORAL TABLET 400 MG.....	24
ATROVENT HFA.....	61	BARACLUDGE ORAL SOLUTION.....	9
AUBAGIO.....	24	BAVENCIO.....	17
<i>aubra.....</i>	57	BCG VACCINE, LIVE (PF).....	54
AVALIDE.....	37	BELEODAQ.....	17
AVANDIA ORAL TABLET 2 MG.....	47	<i>benazepril.....</i>	37
AVANDIA ORAL TABLET 4 MG.....	47	<i>benazepril-hydrochlorothiazide.....</i>	37
AVAPRO.....	37	BENDEKA.....	17
AVASTIN.....	17	BENICAR.....	37
<i>aviane.....</i>	57	BENICAR HCT.....	37
<i>avita topical cream.....</i>	42	BENLYSTA INTRAVENOUS.....	56
AVONEX (WITH ALBUMIN).....	54	<i>benztropine injection.....</i>	24
AVONEX INTRAMUSCULAR PEN INJECTOR KIT.....	54	<i>benztropine oral.....</i>	24
AVONEX INTRAMUSCULAR SYRINGE KIT.....	54	BESIVANCE.....	59
<i>azacitidine.....</i>	17	BETAGAN OPHTHALMIC DROPS 0.5 %.....	59
<i>azathioprine.....</i>	17	<i>betamethasone dipropionate topical cream.....</i>	43
<i>azathioprine sodium.....</i>	17	<i>betamethasone dipropionate topical lotion.....</i>	43
<i>azelastine nasal aerosol,spray.....</i>	46	<i>betamethasone dipropionate topical ointment.....</i>	43
<i>azelastine nasal spray,non-aerosol.....</i>	46	<i>betamethasone valerate topical cream.....</i>	43
<i>azelastine ophthalmic.....</i>	59	<i>betamethasone valerate topical lotion.....</i>	43
AZILECT.....	24	<i>betamethasone valerate topical ointment.....</i>	43
<i>azithromycin intravenous.....</i>	9	<i>betamethasone, augmented topical cream.....</i>	43
<i>azithromycin oral packet.....</i>	9	<i>betamethasone, augmented topical gel.....</i>	43
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml.....</i>	9	<i>betamethasone, augmented topical lotion.....</i>	43
		<i>betamethasone, augmented topical ointment.....</i>	43
		BETASERON SUBCUTANEOUS KIT.....	54
		<i>betaxolol ophthalmic.....</i>	59
		<i>betaxolol oral.....</i>	37
		<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg.....</i>	63
		<i>bethanechol chloride oral tablet 50 mg.....</i>	63

BETIMOL.....	59	<i>buprenorphine-naloxone sublingual tablet 2-0.5</i>	
BETOPTIC S.....	59	<i>mg.....</i>	24
<i>bexarotene.....</i>	17	<i>buprenorphine-naloxone sublingual tablet 8-2</i>	
BEXSERO.....	54	<i>mg.....</i>	24
<i>bicalutamide.....</i>	17	<i>bupropion hcl (smoking deter).....</i>	45
BICILLIN C-R.....	9	<i>bupropion hcl oral tablet 100 mg.....</i>	24
BICILLIN L-A.....	9	<i>bupropion hcl oral tablet 75 mg.....</i>	24
BICNU.....	17	<i>bupropion hcl oral tablet extended release 12 hr 100</i>	
BIDIL.....	37	<i>mg.....</i>	24
<i>bimatoprost ophthalmic.....</i>	59	<i>bupropion hcl oral tablet extended release 12 hr 150</i>	
<i>bisoprolol fumarate.....</i>	37	<i>mg, 200 mg.....</i>	24
<i>bisoprolol-hydrochlorothiazide.....</i>	37	<i>bupropion hcl oral tablet extended release 24 hr 150</i>	
<i>bleo 15k.....</i>	17	<i>mg.....</i>	24
<i>bleomycin.....</i>	17	<i>bupropion hcl oral tablet extended release 24 hr 300</i>	
BLEPHAMIDE S.O.P.....	59	<i>mg.....</i>	24
BLINCYTO INTRAVENOUS KIT.....	17	<i>bupirone oral tablet 10 mg, 15 mg, 5 mg.....</i>	24
<i>blisovi fe 1.5/30 (28).....</i>	57	<i>bupirone oral tablet 30 mg.....</i>	24
BONIVA INTRAVENOUS.....	56	<i>bupirone oral tablet 7.5 mg.....</i>	24
BOOSTRIX TDAP.....	54	<i>busulfan.....</i>	17
BOSULIF ORAL TABLET 100 MG.....	17	BUSULFEX.....	17
BOSULIF ORAL TABLET 500 MG.....	17	<i>butorphanol tartrate injection.....</i>	24
BOTOX.....	54	<i>butorphanol tartrate nasal.....</i>	24
BREO ELLIPTA.....	61	BYDUREON.....	47
<i>briellyn.....</i>	57	BYETTA SUBCUTANEOUS PEN INJECTOR	
BRILINTA.....	37	10 MCG/DOSE(250 MCG/ML) 2.4 ML.....	47
<i>brimonidine ophthalmic drops 0.15 %.....</i>	59	BYETTA SUBCUTANEOUS PEN INJECTOR	
<i>brimonidine ophthalmic drops 0.2 %.....</i>	59	5 MCG/DOSE (250 MCG/ML) 1.2 ML.....	47
BRIVIACT INTRAVENOUS.....	24	BYSTOLIC ORAL TABLET 10 MG, 20 MG,	
BRIVIACT ORAL SOLUTION.....	24	5 MG.....	37
BRIVIACT ORAL TABLET 10 MG.....	24	BYSTOLIC ORAL TABLET 2.5 MG.....	37
BRIVIACT ORAL TABLET 100 MG, 75		<i>cabergoline.....</i>	47
MG.....	24	CABOMETYX ORAL TABLET 20 MG.....	17
BRIVIACT ORAL TABLET 25 MG.....	24	CABOMETYX ORAL TABLET 40 MG, 60	
BRIVIACT ORAL TABLET 50 MG.....	24	MG.....	17
<i>bromfenac.....</i>	59	CALAN ORAL TABLET 120 MG.....	37
<i>bromocriptine.....</i>	24	CALAN SR ORAL TABLET EXTENDED	
<i>budesonide inhalation suspension for nebulization</i>		RELEASE 120 MG.....	37
0.25 mg/2 ml, 0.5 mg/2 ml.....	61	<i>calcipotriene scalp.....</i>	43
<i>budesonide oral.....</i>	52	<i>calcipotriene topical.....</i>	43
<i>bumetanide injection.....</i>	37	<i>calcitonin (salmon).....</i>	47
<i>bumetanide oral tablet 0.5 mg, 1 mg.....</i>	37	<i>calcitriol intravenous solution 1 mcg/ml.....</i>	47
<i>bumetanide oral tablet 2 mg.....</i>	37	<i>calcitriol oral capsule.....</i>	47
BUPHENYL ORAL TABLET.....	45	<i>calcitriol oral solution.....</i>	47
<i>buprenorphine hcl injection solution.....</i>	24	<i>calcitriol topical.....</i>	43
<i>buprenorphine hcl injection syringe.....</i>	24	<i>calcium acetate oral capsule.....</i>	63
<i>buprenorphine hcl sublingual tablet 2 mg.....</i>	24	<i>camila.....</i>	57
<i>buprenorphine hcl sublingual tablet 8 mg.....</i>	24	CANASA.....	52
		CANCIDAS.....	9

<i>candesartan</i> .....	37	<i>cefdinir oral capsule</i> .....	9
<i>candesartan-hydrochlorothiazid</i> .....	37	<i>cefdinir oral suspension for reconstitution</i> .....	10
CAPASTAT.....	9	<i>cefepime</i> .....	10
CAPRELSA ORAL TABLET 100 MG.....	17	<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	
CAPRELSA ORAL TABLET 300 MG.....	17	1 gram/50 ml.....	10
<i>captopril</i> .....	38	<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	
<i>captopril-hydrochlorothiazide</i> .....	38	2 gram/100 ml.....	10
<i>carafate oral suspension</i> .....	52	<i>cefotaxime injection recon soln 1 gram, 2 gram, 500</i>	
CARBAGLU.....	45	mg.....	10
<i>carbamazepine oral capsule, er multiphase 12</i>		<i>cefotaxime injection recon soln 10 gram</i> .....	10
<i>hr</i> .....	24	<i>cefotetan</i> .....	10
<i>carbamazepine oral suspension 100 mg/5 ml</i> .....	24	<i>cefoxitin in dextrose, iso-osm</i> .....	10
<i>carbamazepine oral suspension 200 mg/10 ml</i> .....	24	<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i> .....	10
<i>carbamazepine oral tablet</i> .....	24	<i>cefoxitin intravenous recon soln 10 gram</i> .....	10
<i>carbamazepine oral tablet extended release 12</i>		<i>cefpodoxime oral suspension for reconstitution 100</i>	
<i>hr</i> .....	24	mg/5 ml.....	10
<i>carbamazepine oral tablet, chewable</i> .....	24	<i>cefpodoxime oral suspension for reconstitution 50</i>	
<i>carbidopa-levodopa oral tablet</i> .....	24	mg/5 ml.....	10
<i>carbidopa-levodopa oral tablet extended release</i> .....	25	<i>cefpodoxime oral tablet 100 mg</i> .....	10
<i>carbidopa-levodopa oral tablet, disintegrating</i> .....	25	<i>cefpodoxime oral tablet 200 mg</i> .....	10
<i>carbidopa-levodopa-entacapone</i> .....	25	<i>cefprozil oral suspension for reconstitution</i> .....	10
<i>carboplatin intravenous solution</i> .....	17	<i>cefprozil oral tablet 250 mg</i> .....	10
CARDIZEM LA.....	38	<i>cefprozil oral tablet 500 mg</i> .....	10
<i>carisoprodol oral tablet 350 mg</i> .....	25	CEFTAZIDIME IN D5W.....	10
<i>carteolol</i> .....	59	<i>ceftazidime injection recon soln 1 gram, 2 gram</i> .....	10
<i>cartia xt</i> .....	38	<i>ceftazidime injection recon soln 6 gram</i> .....	10
<i>carvedilol</i> .....	38	<i>ceftriaxone in dextrose, iso-os</i> .....	10
CAYSTON.....	9	<i>ceftriaxone injection recon soln 1 gram, 2 gram, 500</i>	
CAZIAN T (28).....	57	mg.....	10
<i>cefaclor oral capsule</i> .....	9	<i>ceftriaxone injection recon soln 10 gram</i> .....	10
<i>cefaclor oral suspension for reconstitution 125 mg/5</i>		CEFTRIAXONE INJECTION RECON SOLN	
<i>ml, 250 mg/5 ml</i> .....	9	100 GRAM.....	10
<i>cefaclor oral suspension for reconstitution 375 mg/5</i>		<i>ceftriaxone injection recon soln 250 mg</i> .....	10
<i>ml</i> .....	9	<i>ceftriaxone intravenous recon soln 1 gram</i> .....	10
<i>cefaclor oral tablet extended release 12 hr</i> .....	9	<i>ceftriaxone intravenous recon soln 2 gram</i> .....	10
<i>cefadroxil oral capsule</i> .....	9	<i>cefuroxime axetil oral tablet 250 mg</i> .....	10
<i>cefadroxil oral suspension for reconstitution 250 mg/</i>		<i>cefuroxime axetil oral tablet 500 mg</i> .....	10
<i>5 ml, 500 mg/5 ml</i> .....	9	<i>cefuroxime sodium injection recon soln 750 mg</i> .....	10
<i>cefadroxil oral tablet</i> .....	9	<i>cefuroxime sodium intravenous recon soln 1.5</i>	
<i>cefazolin in dextrose (iso-os) intravenous piggyback</i>		<i>gram</i> .....	10
1 gram/50 ml.....	9	<i>cefuroxime sodium intravenous recon soln 7.5</i>	
<i>cefazolin in dextrose (iso-os) intravenous piggyback</i>		<i>gram</i> .....	10
2 gram/50 ml.....	9	<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i> .....	25
<i>cefazolin injection recon soln 1 gram</i> .....	9	<i>celecoxib oral capsule 50 mg</i> .....	25
<i>cefazolin injection recon soln 10 gram, 100 gram,</i>		CELLCEPT INTRAVENOUS.....	17
20 gram, 300 g.....	9	CELONTIN ORAL CAPSULE 300 MG.....	25
<i>cefazolin injection recon soln 500 mg</i> .....	9	<i>cephalexin oral capsule 250 mg, 500 mg</i> .....	10
<i>cefazolin intravenous</i> .....	9		

<i>cephalexin oral suspension for reconstitution 125 mg/</i>		<i>ciprofloxacin lactate intravenous solution 400 mg/</i>	
5 ml.....	10	40 ml.....	10
<i>cephalexin oral suspension for reconstitution 250 mg/</i>		<i>ciprofloxacin oral suspension.....</i>	10
5 ml.....	10	<i>cisplatin.....</i>	17
<i>cephalexin oral tablet.....</i>	10	<i>citalopram oral solution.....</i>	25
CEREZYME INTRAVENOUS RECON SOLN		<i>citalopram oral tablet 10 mg.....</i>	25
400 UNIT.....	47	<i>citalopram oral tablet 20 mg.....</i>	25
<i>cetirizine oral solution 1 mg/ml.....</i>	61	<i>citalopram oral tablet 40 mg.....</i>	25
<i>cevimeline.....</i>	45	<i>cladribine.....</i>	17
CHANTIX.....	45	<i>claravis.....</i>	43
CHANTIX CONTINUING MONTH		<i>clarithromycin oral suspension for reconstitution 125</i>	
BOX.....	45	mg/5 ml.....	11
CHANTIX STARTING MONTH BOX.....	45	<i>clarithromycin oral suspension for reconstitution 250</i>	
<i>chloramphenicol sod succinate.....</i>	10	mg/5 ml.....	11
<i>chlordiazepoxide hcl.....</i>	25	<i>clarithromycin oral tablet.....</i>	11
<i>chlorhexidine gluconate mucous membrane.....</i>	46	<i>clarithromycin oral tablet extended release 24</i>	
<i>chloroquine phosphate.....</i>	10	hr.....	11
<i>chlorothiazide oral tablet 250 mg.....</i>	38	<i>clemastine oral tablet 2.68 mg.....</i>	61
<i>chlorothiazide oral tablet 500 mg.....</i>	38	<i>clindamycin hcl.....</i>	11
<i>chlorothiazide sodium.....</i>	38	<i>clindamycin in 5 % dextrose intravenous piggyback</i>	
<i>chlorpromazine.....</i>	25	300 mg/50 ml, 600 mg/50 ml.....	11
<i>chlorthalidone oral tablet 25 mg, 50 mg.....</i>	38	<i>clindamycin in 5 % dextrose intravenous piggyback</i>	
<i>cholestyramine (with sugar).....</i>	38	900 mg/50 ml.....	11
<i>cholestyramine light.....</i>	38	<i>clindamycin phosphate injection.....</i>	11
<i>ciclodan topical cream.....</i>	43	<i>clindamycin phosphate intravenous solution 300 mg/</i>	
<i>ciclodan topical solution.....</i>	43	2 ml, 900 mg/6 ml.....	11
<i>ciclopirox topical cream.....</i>	43	<i>clindamycin phosphate intravenous solution 600 mg/</i>	
<i>ciclopirox topical gel.....</i>	43	4 ml.....	11
<i>ciclopirox topical shampoo.....</i>	43	<i>clindamycin phosphate topical gel.....</i>	43
<i>ciclopirox topical solution.....</i>	43	<i>clindamycin phosphate topical lotion.....</i>	43
<i>ciclopirox topical suspension.....</i>	43	<i>clindamycin phosphate topical solution.....</i>	43
<i>cidofovir.....</i>	10	<i>clindamycin phosphate topical swab.....</i>	43
<i>cilostazol.....</i>	38	<i>clindamycin phosphate vaginal.....</i>	57
<i>cimetidine.....</i>	52	<i>clindamycin-benzoyl peroxide topical gel.....</i>	43
<i>cimetidine hcl oral.....</i>	52	CLINIMIX 2.75%/D5W SULFIT FREE.....	63
CINRYZE.....	61	CLINIMIX 4.25%-D20W SULF-FREE.....	63
CIPRODEX.....	46	CLINIMIX 4.25%-D25W SULF-FREE.....	63
<i>ciprofloxacin er oral tablet, er multiphase 24 hr 1,</i>		CLINIMIX 4.25%/D10W SULF FREE.....	63
000 mg.....	10	CLINIMIX 4.25%/D5W SULFIT FREE.....	45
<i>ciprofloxacin er oral tablet, er multiphase 24 hr 500</i>		CLINIMIX 5%-D20W(SULFITE-FREE).....	63
mg.....	10	CLINIMIX 5%/D15W SULFITE FREE.....	63
<i>ciprofloxacin hcl ophthalmic.....</i>	59	CLINIMIX 5%/D25W SULFITE-FREE.....	63
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg.....</i>	10	CLINIMIX E 2.75%/D10W SUL FREE.....	45
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg.....</i>	10	CLINIMIX E 2.75%/D5W SULF FREE.....	45
<i>ciprofloxacin in 5 % dextrose.....</i>	10	CLINIMIX E 4.25%/D10W SUL FREE.....	63
<i>ciprofloxacin lactate intravenous solution 200 mg/</i>		CLINIMIX E 4.25%/D25W SUL FREE.....	63
20 ml.....	10	CLINIMIX E 4.25%/D5W SULF FREE.....	63
		CLINIMIX E 5%/D15W SULFIT FREE.....	63



CLINIMIX E 5%/D20W SULFIT FREE.....	64	COLY-MYCIN S.....	46
CLINIMIX E 5%/D25W SULFIT FREE.....	64	COMBIGAN.....	59
<i>clobetasol scalp</i> .....	43	COMBIVENT RESPIMAT.....	61
<i>clobetasol topical cream</i> .....	43	COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1).....	17
<i>clobetasol topical foam</i> .....	43	COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3).....	17
<i>clobetasol topical gel</i> .....	43	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY).....	17
<i>clobetasol topical lotion</i> .....	43	COMPLERA.....	11
<i>clobetasol topical ointment</i> .....	43	<i>compro</i> .....	52
<i>clobetasol topical shampoo</i> .....	43	<i>constulose</i> .....	52
<i>clobetasol-emollient topical cream</i> .....	43	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML.....	25
<i>clobetasol-emollient topical foam</i> .....	43	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML.....	25
CLOBEX TOPICAL LOTION.....	43	CORLANOR.....	38
<i>clofarabine</i> .....	17	<i>cormax scalp</i> .....	43
CLOLAR.....	17	<i>cortisone</i> .....	47
<i>clomipramine</i> .....	25	CORZIDE ORAL TABLET 40-5 MG.....	38
<i>clonazepam oral tablet 0.5 mg</i> .....	25	COSMEGEN.....	17
<i>clonazepam oral tablet 1 mg</i> .....	25	COSOPT.....	59
<i>clonazepam oral tablet 2 mg</i> .....	25	COTELLIC.....	17
<i>clonazepam oral tablet,disintegrating 0.125 mg</i> .....	25	COUMADIN ORAL.....	38
<i>clonazepam oral tablet,disintegrating 0.25 mg</i> .....	25	COZAAR.....	38
<i>clonazepam oral tablet,disintegrating 0.5 mg</i> .....	25	CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000- 9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT.....	52
<i>clonazepam oral tablet,disintegrating 1 mg</i> .....	25	CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 36,000-114,000- 180,000 UNIT.....	52
<i>clonazepam oral tablet,disintegrating 2 mg</i> .....	25	CRESTOR.....	38
<i>clonidine hcl oral tablet</i> .....	38	CRIVIVAN ORAL CAPSULE 200 MG.....	11
<i>clonidine transdermal patch</i> .....	38	CRIVIVAN ORAL CAPSULE 400 MG.....	11
<i>clopidogrel oral tablet 300 mg</i> .....	38	<i>cromolyn inhalation</i> .....	61
<i>clopidogrel oral tablet 75 mg</i> .....	38	<i>cromolyn ophthalmic</i> .....	59
<i>clorazepate dipotassium</i> .....	25	<i>cromolyn oral</i> .....	52
<i>clotrimazole mucous membrane</i> .....	11	<i>cryselle (28)</i> .....	57
<i>clotrimazole topical cream</i> .....	43	CUBICIN.....	11
<i>clotrimazole topical solution</i> .....	43	<i>cyclafem 1/35 (28)</i> .....	57
<i>clotrimazole-betamethasone topical cream</i> .....	43	<i>cyclafem 7/7/7 (28)</i> .....	57
<i>clotrimazole-betamethasone topical lotion</i> .....	43	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> .....	25
<i>clozapine oral tablet 100 mg</i> .....	25	<i>cyclobenzaprine oral tablet 7.5 mg</i> .....	25
<i>clozapine oral tablet 200 mg</i> .....	25	CYCLOPHOSPHAMIDE ORAL CAPSULE.....	17
<i>clozapine oral tablet 25 mg</i> .....	25	CYCLOSET.....	47
<i>clozapine oral tablet 50 mg</i> .....	25		
<i>clozapine oral tablet,disintegrating 100 mg</i> .....	25		
<i>clozapine oral tablet,disintegrating 12.5 mg</i> .....	25		
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG.....	25		
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG.....	25		
<i>clozapine oral tablet,disintegrating 25 mg</i> .....	25		
COARTEM.....	11		
COLCRYS.....	56		
<i>colestipol</i> .....	38		
<i>colistin (colistimethate na)</i> .....	11		

<i>cyclosporine intravenous</i> .....	17	<i>desmopressin nasal aerosol,spray</i> .....	47
<i>cyclosporine modified oral capsule</i> .....	17	<i>desmopressin nasal solution</i> .....	47
<i>cyclosporine modified oral solution</i> .....	17	<i>desmopressin nasal spray,non-aerosol</i> .....	47
<i>cyclosporine oral capsule</i> .....	18	<i>desmopressin oral</i> .....	47
<i>cyproheptadine</i> .....	61	<i>desonide</i> .....	43
CYRAMZA.....	18	<i>desoximetasone topical cream</i> .....	43
CYSTADANE.....	52	<i>desoximetasone topical gel</i> .....	43
CYSTAGON.....	63	<i>desoximetasone topical ointment 0.25 %</i> .....	43
CYSTARAN.....	59	DESVENLAFAXINE ORAL TABLET	
<i>cytarabine</i> .....	18	EXTENDED RELEASE 24 HR 100 MG.....	25
<i>cytarabine (pf) injection solution 100 mg/5 ml (20</i> <i>mg/ml), 2 gram/20 ml (100 mg/ml)</i> .....	18	DESVENLAFAXINE ORAL TABLET	
<i>cytarabine (pf) injection solution 20 mg/ml</i> .....	18	EXTENDED RELEASE 24 HR 50 MG.....	25
CYTOMEL.....	47	DESVENLAFAXINE ORAL TABLET	
<i>d10 %-0.45 % sodium chloride</i> .....	45	EXTENDED RELEASE 24HR 100 MG.....	25
<i>d2.5 %-0.45 % sodium chloride</i> .....	45	DESVENLAFAXINE ORAL TABLET	
<i>d5 % and 0.9 % sodium chloride</i> .....	45	EXTENDED RELEASE 24HR 50 MG.....	25
<i>d5 %-0.45 % sodium chloride</i> .....	45	<i>desvenlafaxine succinate oral tablet extended release</i>	
<i>dacarbazine</i> .....	18	24 hr 100 mg.....	26
DALIRESP.....	61	<i>desvenlafaxine succinate oral tablet extended release</i>	
<i>danazol</i> .....	47	24 hr 25 mg.....	26
<i>dantrolene</i> .....	25	<i>desvenlafaxine succinate oral tablet extended release</i>	
<i>dapsone</i> .....	11	24 hr 50 mg.....	26
DAPTACEL (DTAP PEDIATRIC) (PF).....	54	<i>dexamethasone intensol</i> .....	47
<i>daptomycin</i> .....	11	<i>dexamethasone oral elixir</i> .....	47
DARAPRIM.....	11	<i>dexamethasone oral solution</i> .....	47
DARZALEX.....	18	<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg,</i>	
<i>dasetta 1/35 (28)</i> .....	57	1.5 mg.....	47
<i>dasetta 7/7/7 (28)</i> .....	57	<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i> .....	47
<i>daunorubicin intravenous solution</i> .....	18	<i>dexamethasone sodium phos (pf)</i> .....	48
<i>decitabine</i> .....	18	<i>dexamethasone sodium phosphate injection</i>	
DELESTROGEN.....	57	solution.....	48
DELZICOL ORAL CAPSULE (WITH DEL		<i>dexamethasone sodium phosphate injection</i>	
REL TABLETS).....	52	syringe.....	48
<i>demeclocycline</i> .....	11	<i>dexamethasone sodium phosphate ophthalmic</i> .....	59
DEMSEER.....	38	DEXILANT.....	52
DENAVIR.....	43	<i>dexrazoxane hcl intravenous recon soln 250 mg</i> .....	18
<i>denta 5000 plus</i> .....	46	<i>dexrazoxane hcl intravenous recon soln 500 mg</i> .....	18
<i>dentagel</i> .....	46	<i>dextroamphetamine oral tablet 10 mg</i> .....	26
DEPEN TITRATABS.....	56	<i>dextroamphetamine oral tablet 5 mg</i> .....	26
DEPO-ESTRADIOL.....	57	<i>dextroamphetamine-amphetamine oral capsule,</i>	
DEPO-PROVERA INTRAMUSCULAR		extended release 24hr.....	26
SOLUTION.....	57	<i>dextroamphetamine-amphetamine oral tablet 10</i>	
DERMATOP TOPICAL OINTMENT.....	43	mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg.....	26
DESCOVY.....	11	<i>dextroamphetamine-amphetamine oral tablet 30</i>	
<i>desipramine</i> .....	25	mg.....	26
<i>desloratadine</i> .....	61	<i>dextrose 10 % and 0.2 % nacl</i> .....	45
<i>desmopressin injection</i> .....	47	<i>dextrose 10 % in water (d10w)</i> .....	45
		<i>dextrose 25 % in water (d25w)</i> .....	45

<i>dextrose 30 % in water (d30w)</i> .....	45	<i>digoxin injection solution</i> .....	38
<i>dextrose 40 % in water (d40w)</i> .....	45	<i>digoxin oral solution 50 mcg/ml</i> .....	38
<i>dextrose 5 % in water (d5w)</i> .....	45	<i>digoxin oral tablet 125 mcg</i> .....	38
<i>dextrose 5 %-lactated ringers</i> .....	45	<i>digoxin oral tablet 250 mcg</i> .....	38
<i>dextrose 5%-0.2 % sod chloride</i> .....	45	<i>dihydroergotamine injection</i> .....	26
<i>dextrose 5%-0.3 % sod.chloride</i> .....	45	<i>dihydroergotamine nasal</i> .....	26
<i>dextrose 50 % in water (d50w) intravenous</i>		<b>DILANTIN EXTENDED ORAL CAPSULE</b>	
<i>parenteral solution</i> .....	45	100 MG.....	26
<i>dextrose 50 % in water (d50w) intravenous</i>		<b>DILANTIN INFATABS</b> .....	26
<i>syringe</i> .....	46	<b>DILANTIN ORAL CAPSULE 30 MG</b> .....	26
<i>dextrose 70 % in water (d70w)</i> .....	46	<i>dilt-xr</i> .....	38
<i>dextrose with sodium chloride</i> .....	46	<i>diltiazem hcl intravenous</i> .....	38
<b>DIASTAT</b> .....	26	<i>diltiazem hcl oral capsule, extended release</i> .....	38
<b>DIASTAT ACUDIAL</b> .....	26	<i>diltiazem hcl oral capsule,ext release degradable</i> .....	38
<i>diazepam intensol</i> .....	26	<i>diltiazem hcl oral capsule,extended release 12 hr</i> .....	38
<i>diazepam oral concentrate</i> .....	26	<i>diltiazem hcl oral capsule,extended release 24hr 120</i>	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> .....	26	<i>mg, 180 mg, 240 mg, 300 mg</i> .....	38
<i>diazepam oral tablet 10 mg</i> .....	26	<i>diltiazem hcl oral capsule,extended release 24hr 360</i>	
<i>diazepam oral tablet 2 mg</i> .....	26	<i>mg</i> .....	38
<i>diazepam oral tablet 5 mg</i> .....	26	<i>diltiazem hcl oral tablet</i> .....	38
<i>diclofenac potassium</i> .....	26	<b>DIOVAN HCT</b> .....	38
<i>diclofenac sodium ophthalmic</i> .....	59	<b>DIPENTUM</b> .....	52
<i>diclofenac sodium oral tablet extended release 24</i>		<i>diphenhydramine hcl injection solution 50 mg/</i>	
<i>hr</i> .....	26	<i>ml</i> .....	61
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>		<i>diphenhydramine hcl injection syringe</i> .....	61
25 mg.....	26	<i>diphenoxylate-atropine oral liquid</i> .....	52
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>		<i>diphenoxylate-atropine oral tablet</i> .....	52
50 mg.....	26	<b>DIPROLENE AF</b> .....	43
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>		<i>disopyramide phosphate oral capsule</i> .....	38
75 mg.....	26	<i>disulfiram</i> .....	46
<i>diclofenac sodium topical gel 1 %</i> .....	26	<i>divalproex oral capsule, delayed rel sprinkle</i> .....	26
<i>diclofenac sodium topical gel 3 %</i> .....	43	<i>divalproex oral tablet extended release 24 hr</i> .....	26
<i>dicloxacillin</i> .....	11	<i>divalproex oral tablet,delayed release (dr/ec) 125 mg,</i>	
<i>dicyclomine oral capsule</i> .....	52	250 mg.....	26
<i>dicyclomine oral solution</i> .....	52	<i>divalproex oral tablet,delayed release (dr/ec) 500</i>	
<i>dicyclomine oral tablet</i> .....	52	<i>mg</i> .....	26
<i>didanosine oral capsule,delayed release(dr/ec) 125</i>		<i>docetaxel intravenous solution 160 mg/16 ml (10</i>	
<i>mg</i> .....	11	<i>mg/ml), 20 mg/2 ml (10 mg/ml)</i> .....	18
<i>didanosine oral capsule,delayed release(dr/ec) 200</i>		<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/</i>	
<i>mg</i> .....	11	<i>ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml),</i>	
<i>didanosine oral capsule,delayed release(dr/ec) 250</i>		80 mg/8 ml (10 mg/ml).....	18
<i>mg, 400 mg</i> .....	11	<b>DOCETAXEL INTRAVENOUS SOLUTION</b>	
<b>DIFICID</b> .....	11	20 MG/ML.....	18
<i>diflorasone</i> .....	43	<i>dofetilide</i> .....	38
<i>diflunisal</i> .....	26	<i>donepezil oral tablet 10 mg, 5 mg</i> .....	26
<i>digitek oral tablet 125 mcg</i> .....	38	<i>donepezil oral tablet,disintegrating</i> .....	26
<i>digitek oral tablet 250 mcg</i> .....	38	<b>DORIBAX INTRAVENOUS RECON SOLN</b>	
<i>digox oral tablet 125 mcg</i> .....	38	250 MG.....	11

DORIBAX INTRAVENOUS RECON SOLN	
500 MG.....	11
DORIPENEM.....	11
<i>dorzolamide</i> .....	59
<i>dorzolamide-timolol</i> .....	59
<i>doxazosin</i> .....	38
<i>doxepin oral</i> .....	26
<i>doxercalciferol intravenous</i> .....	48
<i>doxercalciferol oral capsule 0.5 mcg</i> .....	48
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i> .....	48
<i>doxorubicin intravenous recon soln</i> .....	18
<i>doxorubicin intravenous solution</i> .....	18
<i>doxorubicin, peg-liposomal</i> .....	18
<i>doxy-100</i> .....	11
<i>doxycycline hyclate oral capsule</i> .....	11
<i>doxycycline hyclate oral tablet</i> .....	11
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> .....	11
<i>doxycycline monohydrate oral suspension for reconstitution</i> .....	11
<i>doxycycline monohydrate oral tablet 100 mg</i> .....	11
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i> .....	11
<i>dronabinol oral capsule 10 mg</i> .....	52
<i>dronabinol oral capsule 2.5 mg, 5 mg</i> .....	52
<i>drospirenone-ethinyl estradiol</i> .....	57
DROXIA.....	18
DUETACT ORAL TABLET 30-4 MG.....	48
DULERA.....	61
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i> .....	26
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i> .....	26
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i> .....	26
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i> .....	26
<i>duramorph (pf) injection solution 0.5 mg/ml</i> .....	26
<i>duramorph (pf) injection solution 1 mg/ml</i> .....	26
DUREZOL.....	59
<i>dutasteride</i> .....	63
<i>dutasteride-tamsulosin</i> .....	63
DYAZIDE.....	38
DYSPORT.....	54
<i>e.e.s. 400 oral tablet</i> .....	11
<i>econazole</i> .....	43
EDURANT.....	11
EFFIENT.....	38

EGRIFTA SUBCUTANEOUS RECON SOLN	
1 MG.....	54
ELAPRASE.....	48
ELESTRIN.....	57
ELIDEL.....	43
<i>elinest</i> .....	57
ELIQUIS ORAL TABLET 2.5 MG.....	38
ELIQUIS ORAL TABLET 5 MG.....	38
ELITEK.....	18
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML.....	61
ELLA.....	57
ELMIRON.....	63
EMCYT.....	18
EMEND ORAL CAPSULE 125 MG.....	52
EMEND ORAL CAPSULE 40 MG.....	52
EMEND ORAL CAPSULE 80 MG.....	52
EMEND ORAL CAPSULE, DOSE PACK.....	52
EMEND ORAL SUSPENSION FOR RECONSTITUTION.....	52
<i>emoquette</i> .....	57
EMPLICITI.....	18
EMSAM.....	26
EMTRIVA ORAL CAPSULE.....	11
EMTRIVA ORAL SOLUTION.....	11
<i>enalapril maleate</i> .....	38
<i>enalapril-hydrochlorothiazide</i> .....	38
ENBREL SUBCUTANEOUS RECON SOLN.....	56
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51).....	56
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML).....	56
ENBREL SURECLICK.....	56
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i> .....	26
<i>endocet oral tablet 5-325 mg</i> .....	26
ENGERIX-B (PF).....	54
ENGERIX-B PEDIATRIC (PF).....	54
<i>enoxaparin subcutaneous solution</i> .....	38
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> .....	38
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> .....	38
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> .....	38
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> .....	38
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> .....	38
<i>enpresse</i> .....	57
<i>entacapone</i> .....	26

<i>entecavir</i> .....	11	<i>escitalopram oxalate oral tablet 5 mg</i> .....	27
ENTRESTO.....	38	<i>esomeprazole sodium</i> .....	52
<i>enulose</i> .....	52	<i>estarylla</i> .....	57
ENVARBUS XR.....	18	ESTRACE VAGINAL.....	57
EPCLUSA.....	11	<i>estradiol oral</i> .....	57
<i>epinastine</i> .....	59	<i>estradiol transdermal patch semiweekly</i> .....	57
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> .....	61	<i>estradiol transdermal patch weekly</i> .....	57
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML.....	61	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> .....	57
<i>epirubicin intravenous solution</i> .....	18	<i>estradiol-norethindrone acet</i> .....	57
<i>epitol</i> .....	26	ESTRING.....	57
EPIVIR HBV ORAL SOLUTION.....	11	<i>estropipate</i> .....	57
EPIVIR ORAL SOLUTION.....	11	<i>eszopiclone</i> .....	27
<i>eplerenone</i> .....	38	<i>ethambutol</i> .....	12
<i>eprosartan</i> .....	38	<i>ethosuximide oral capsule</i> .....	27
EPZICOM.....	11	<i>ethosuximide oral solution</i> .....	27
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG.....	27	<i>etidronate disodium</i> .....	46
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG.....	27	<i>etodolac oral capsule</i> .....	27
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG.....	27	<i>etodolac oral tablet</i> .....	27
ERBITUX.....	18	<i>etodolac oral tablet extended release 24 hr</i> .....	27
<i>ergoloid</i> .....	27	ETOPOPHOS.....	18
ERIVEDGE.....	18	<i>etoposide intravenous</i> .....	18
<i>errin</i> .....	57	EVAMIST.....	57
ERWINAZE.....	18	EVOMELA.....	18
<i>ery pads</i> .....	43	EVOTAZ.....	12
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i> .....	11	EXELDERM.....	43
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG.....	11	<i>exemestane</i> .....	18
<i>erythrocin (as stearate) oral tablet 250 mg</i> .....	12	EXFORGE.....	38
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG.....	12	EXFORGE HCT.....	38
<i>erythromycin ethylsuccinate oral tablet</i> .....	12	EXJADE.....	46
<i>erythromycin ophthalmic</i> .....	59	<i>ezetimibe</i> .....	38
<i>erythromycin oral capsule, delayed release (dr/ec)</i> .....	12	FABRAZYME.....	48
<i>erythromycin oral tablet</i> .....	12	<i>falmina (28)</i> .....	57
<i>erythromycin with ethanol</i> .....	43	<i>famciclovir oral tablet 125 mg, 250 mg</i> .....	12
<i>erythromycin-benzoyl peroxide</i> .....	43	<i>famciclovir oral tablet 500 mg</i> .....	12
ESBRIET ORAL CAPSULE.....	61	<i>famotidine (pf)</i> .....	52
ESBRIET ORAL TABLET 267 MG.....	61	<i>famotidine (pf)-nacl (iso-os)</i> .....	52
ESBRIET ORAL TABLET 801 MG.....	61	<i>famotidine intravenous</i> .....	52
<i>escitalopram oxalate oral solution</i> .....	27	<i>famotidine oral suspension</i> .....	52
<i>escitalopram oxalate oral tablet 10 mg</i> .....	27	<i>famotidine oral tablet 20 mg, 40 mg</i> .....	52
<i>escitalopram oxalate oral tablet 20 mg</i> .....	27	FANAPT ORAL TABLET 1 MG.....	27
		FANAPT ORAL TABLET 10 MG, 12 MG.....	27
		FANAPT ORAL TABLET 2 MG.....	27
		FANAPT ORAL TABLET 4 MG.....	27
		FANAPT ORAL TABLET 6 MG.....	27
		FANAPT ORAL TABLET 8 MG.....	27
		FANAPT ORAL TABLETS, DOSE PACK.....	27
		FARESTON.....	18

FARYDAK ORAL CAPSULE 10 MG.....	18	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION.....	61
FARYDAK ORAL CAPSULE 15 MG, 20 MG.....	18	FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ ACTUATION.....	61
FASLODEX.....	18	FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ ACTUATION.....	61
<i>felbamate</i> .....	27	FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ ACTUATION.....	61
FELBATOL ORAL TABLET 400 MG.....	27	<i>fluconazole in dextrose(iso-o)</i> .....	12
<i>felodipine</i> .....	38	FLUCONAZOLE IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML.....	12
FEMRING.....	57	<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i> .....	12
<i>fenofibrate micronized oral capsule 130 mg</i> .....	38	<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i> .....	12
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i> .....	39	<i>fluconazole oral suspension for reconstitution 10 mg/ ml</i> .....	12
<i>fenofibrate micronized oral capsule 200 mg, 43 mg</i> .....	39	<i>fluconazole oral suspension for reconstitution 40 mg/ ml</i> .....	12
<i>fenofibrate nanocrystallized oral tablet 145 mg</i> .....	39	<i>fluconazole oral tablet 100 mg, 150 mg, 50 mg</i> .....	12
<i>fenofibrate nanocrystallized oral tablet 48 mg</i> .....	39	<i>fluconazole oral tablet 200 mg</i> .....	12
<i>fenofibrate oral tablet 160 mg</i> .....	39	<i>flucytosine oral capsule 250 mg</i> .....	12
<i>fenofibrate oral tablet 54 mg</i> .....	39	<i>flucytosine oral capsule 500 mg</i> .....	12
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg</i> .....	39	<i>fludarabine intravenous recon soln</i> .....	18
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 45 mg</i> .....	39	<i>fludarabine intravenous solution</i> .....	18
<i>fenopropfen oral tablet</i> .....	27	<i>fludrocortisone</i> .....	48
<i>fentanyl citrate</i> .....	27	<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i> .....	62
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> .....	27	<i>fluocinolone</i> .....	43
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK.....	27	<i>fluocinolone acetonide oil otic</i> .....	46
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG.....	27	<i>fluocinonide topical cream 0.05 %</i> .....	43
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG.....	27	<i>fluocinonide topical gel</i> .....	44
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG.....	27	<i>fluocinonide topical ointment</i> .....	44
<i>finasteride oral tablet 5 mg</i> .....	63	<i>fluocinonide topical solution</i> .....	44
FIRAZYR.....	61	<i>fluocinonide-e</i> .....	44
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.....	18	FLUOCINONIDE-EMOLLIENT.....	44
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG.....	18	FLUOR-A-DAY (WITH XYLITOL) ORAL TABLET,CHEWABLE 1 MG F (2.2 MG)- 236.79 MG.....	64
<i>flavoxate</i> .....	63	<i>fluoride (sodium) oral tablet</i> .....	64
<i>flecainide</i> .....	39	<i>fluoride (sodium) oral tablet, chewable</i> .....	64
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION.....	61	<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i> .....	64

<i>fluorometholone</i> .....	59	<i>furosemide injection</i> .....	39
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> .....	18	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> .....	39
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i> .....	18	<i>furosemide oral tablet</i> .....	39
<i>fluorouracil topical cream 5 %</i> .....	44	FUSILEV.....	18
<i>fluorouracil topical solution 2 %</i> .....	44	FUZEON SUBCUTANEOUS RECON SOLN.....	12
<i>fluorouracil topical solution 5 %</i> .....	44	FYCOMPA ORAL SUSPENSION.....	28
<i>fluoxetine oral capsule 10 mg</i> .....	27	FYCOMPA ORAL TABLET 10 MG, 12 MG.....	28
<i>fluoxetine oral capsule 20 mg</i> .....	27	FYCOMPA ORAL TABLET 2 MG.....	28
<i>fluoxetine oral capsule 40 mg</i> .....	27	FYCOMPA ORAL TABLET 4 MG.....	28
<i>fluoxetine oral capsule, delayed release(dr/ec)</i> .....	27	FYCOMPA ORAL TABLET 6 MG.....	28
<i>fluoxetine oral solution</i> .....	27	FYCOMPA ORAL TABLET 8 MG.....	28
<i>fluoxetine oral tablet 10 mg</i> .....	27	<i>gabapentin oral capsule 100 mg</i> .....	28
<i>fluoxetine oral tablet 20 mg</i> .....	27	<i>gabapentin oral capsule 300 mg</i> .....	28
<i>fluphenazine decanoate</i> .....	27	<i>gabapentin oral capsule 400 mg</i> .....	28
<i>fluphenazine hcl injection</i> .....	27	<i>gabapentin oral solution 250 mg/5 ml</i> .....	28
<i>fluphenazine hcl oral</i> .....	27	GABAPENTIN ORAL SOLUTION 250 MG/ 5 ML (5 ML), 300 MG/6 ML (6 ML).....	28
<i>flurbiprofen</i> .....	27	<i>gabapentin oral tablet 600 mg</i> .....	28
<i>flurbiprofen ophthalmic drops</i> .....	59	<i>gabapentin oral tablet 800 mg</i> .....	28
<i>flutamide</i> .....	18	GABITRIL ORAL TABLET 12 MG.....	28
<i>fluticasone nasal</i> .....	62	GABITRIL ORAL TABLET 16 MG.....	28
<i>fluticasone topical cream</i> .....	44	<i>galantamine oral capsule, ext rel. pellets 24 hr</i> .....	28
<i>fluticasone topical lotion</i> .....	44	<i>galantamine oral solution</i> .....	28
<i>fluticasone topical ointment</i> .....	44	<i>galantamine oral tablet</i> .....	28
<i>fluvastatin oral capsule 20 mg</i> .....	39	GAMUNEX-C.....	54
<i>fluvastatin oral capsule 40 mg</i> .....	39	<i>ganciclovir sodium</i> .....	12
<i>fluvoxamine oral tablet 100 mg</i> .....	27	GARDASIL (PF) INTRAMUSCULAR SUSPENSION.....	54
<i>fluvoxamine oral tablet 25 mg</i> .....	27	GARDASIL 9 (PF).....	54
<i>fluvoxamine oral tablet 50 mg</i> .....	27	<i>gatifloxacin</i> .....	59
FOLOTYN.....	18	GATTEX 30-VIAL.....	52
<i>fomepizole</i> .....	54	GATTEX ONE-VIAL.....	52
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> .....	39	<i>gauze pads 2 x 2</i> .....	48
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> .....	39	<i>gavilyte-c</i> .....	52
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> .....	39	<i>gavilyte-g</i> .....	52
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> .....	39	<i>gavilyte-n</i> .....	52
FORTEO.....	56	GAZYVA.....	18
FOSAMAX ORAL TABLET 70 MG.....	56	<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i> .....	18
FOSAMAX PLUS D.....	56	<i>gemcitabine intravenous recon soln 2 gram</i> .....	18
<i>foscarnet</i> .....	12	<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> .....	18
<i>fosinopril</i> .....	39	<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i> .....	18
<i>fosinopril-hydrochlorothiazide</i> .....	39	<i>gemfibrozil</i> .....	39
<i>fosphenytoin</i> .....	27		
FREAMINE HBC 6.9 %.....	64		
<i>freamine iii 10 %</i> .....	64		

<i>generlac</i> .....	52	GLUCAGON EMERGENCY KIT	
<i>gengraf</i> .....	18	(HUMAN).....	48
<i>gentak ophthalmic ointment</i> .....	59	GLUCOPHAGE ORAL TABLET 1,000	
<i>gentamicin in nacl (iso-osm) intravenous piggyback</i>		MG.....	48
100 mg/100 ml.....	12	GLUCOPHAGE ORAL TABLET 500 MG.....	48
GENTAMICIN IN NAACL (ISO-OSM)		GLUCOPHAGE ORAL TABLET 850 MG.....	48
INTRAVENOUS PIGGYBACK 100 MG/50		GLUCOPHAGE XR ORAL TABLET	
ML, 120 MG/100 ML.....	12	EXTENDED RELEASE 24 HR 500 MG.....	48
<i>gentamicin in nacl (iso-osm) intravenous piggyback</i>		GLUCOPHAGE XR ORAL TABLET	
60 mg/50 ml.....	12	EXTENDED RELEASE 24 HR 750 MG.....	48
<i>gentamicin in nacl (iso-osm) intravenous piggyback</i>		GLUCOTROL ORAL TABLET 10 MG.....	48
70 mg/50 ml, 80 mg/100 ml, 90 mg/100 ml.....	12	GLUCOTROL ORAL TABLET 5 MG.....	48
<i>gentamicin in nacl (iso-osm) intravenous piggyback</i>		GLUCOTROL XL ORAL TABLET	
80 mg/50 ml.....	12	EXTENDED RELEASE 24HR 10 MG.....	48
<i>gentamicin injection solution 20 mg/2 ml</i> .....	12	GLUCOTROL XL ORAL TABLET	
<i>gentamicin injection solution 40 mg/ml</i> .....	12	EXTENDED RELEASE 24HR 2.5 MG.....	48
<i>gentamicin ophthalmic</i> .....	59	GLUCOTROL XL ORAL TABLET	
<i>gentamicin sulfate (ped) (pf)</i> .....	12	EXTENDED RELEASE 24HR 5 MG.....	48
<i>gentamicin sulfate (pf) intravenous solution 100 mg/</i>		GLUCOVANCE.....	48
10 ml.....	12	GLUMETZA ORAL TABLET,ER	
GENTAMICIN SULFATE (PF)		GAST.RETENTION 24 HR 1,000 MG.....	48
INTRAVENOUS SOLUTION 60 MG/6		GLUMETZA ORAL TABLET,ER	
ML.....	12	GAST.RETENTION 24 HR 500 MG.....	48
<i>gentamicin topical</i> .....	44	<i>glyburide micronized oral tablet 1.5 mg</i> .....	48
GENVOYA.....	12	<i>glyburide micronized oral tablet 3 mg</i> .....	48
GEODON INTRAMUSCULAR.....	28	<i>glyburide micronized oral tablet 6 mg</i> .....	48
<i>gianvi (28)</i> .....	57	<i>glyburide oral tablet 1.25 mg</i> .....	48
<i>gildagia</i> .....	57	<i>glyburide oral tablet 2.5 mg</i> .....	48
GILENYA.....	28	<i>glyburide oral tablet 5 mg</i> .....	48
GILOTRIF.....	18	<i>glyburide-metformin oral tablet 1.25-250 mg</i> .....	49
<i>glatopa</i> .....	28	<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500</i>	
GLEEVEC ORAL TABLET 100 MG.....	19	mg.....	49
GLEEVEC ORAL TABLET 400 MG.....	19	<i>glycopyrrolate injection</i> .....	52
GLEOSTINE.....	19	<i>glycopyrrolate oral</i> .....	52
<i>glimepiride oral tablet 1 mg</i> .....	48	GLYSET ORAL TABLET 100 MG.....	49
<i>glimepiride oral tablet 2 mg</i> .....	48	GLYSET ORAL TABLET 25 MG.....	49
<i>glimepiride oral tablet 4 mg</i> .....	48	GLYSET ORAL TABLET 50 MG.....	49
<i>glipizide oral tablet 10 mg</i> .....	48	<i>granisetron (pf) intravenous solution 100 mcg/</i>	
<i>glipizide oral tablet 5 mg</i> .....	48	ml.....	52
<i>glipizide oral tablet extended release 24hr 10</i>		<i>granisetron hcl intravenous</i> .....	52
mg.....	48	<i>granisetron hcl oral</i> .....	53
<i>glipizide oral tablet extended release 24hr 2.5</i>		GRIS-PEG (ULTRAMICROSIZED) ORAL	
mg.....	48	TABLET 250 MG.....	12
<i>glipizide oral tablet extended release 24hr 5 mg</i> .....	48	<i>griseofulvin microsize</i> .....	12
<i>glipizide-metformin oral tablet 2.5-250 mg</i> .....	48	<i>griseofulvin ultramicrosize</i> .....	12
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500</i>		<i>guanfacine oral tablet</i> .....	39
mg.....	48	<i>guanfacine oral tablet extended release 24 hr</i> .....	28
GLUCAGEN HYPOKIT.....	48	<i>guanidine</i> .....	28



HALAVEN.....	19	HUMALOG MIX 75-25.....	49
<i>halobetasol propionate</i> .....	44	HUMALOG MIX 75-25 KWIKPEN.....	49
HALOG.....	44	HUMIRA PEDIATRIC CROHN'S START	
<i>haloperidol</i> .....	28	SUBCUTANEOUS SYRINGE KIT 40 MG/	
<i>haloperidol decanoate intramuscular solution 100</i>		0.8 ML.....	56
<i>mg/ml</i> .....	28	HUMIRA PEDIATRIC CROHN'S START	
<i>haloperidol decanoate intramuscular solution 50 mg/</i>		SUBCUTANEOUS SYRINGE KIT 40 MG/	
<i>ml</i> .....	28	0.8 ML (6 PACK).....	56
<i>haloperidol lactate injection</i> .....	28	HUMIRA PEN.....	56
<i>haloperidol lactate oral</i> .....	28	HUMIRA PEN CROHN'S-UC-HS START.....	56
HARVONI.....	12	HUMIRA PEN PSORIASIS-UVEITIS.....	56
HAVRIX (PF) INTRAMUSCULAR		HUMIRA SUBCUTANEOUS SYRINGE KIT	
SUSPENSION.....	54	10 MG/0.2 ML, 20 MG/0.4 ML.....	56
HAVRIX (PF) INTRAMUSCULAR SYRINGE		HUMIRA SUBCUTANEOUS SYRINGE KIT	
1,440 ELISA UNIT/ML.....	54	40 MG/0.8 ML.....	56
HAVRIX (PF) INTRAMUSCULAR SYRINGE		HUMULIN 70/30.....	49
720 ELISA UNIT/0.5 ML.....	54	HUMULIN 70/30 KWIKPEN.....	49
<i>heather</i> .....	57	HUMULIN N.....	49
<i>heparin (porcine) in 5 % dex intravenous parenteral</i>		HUMULIN N KWIKPEN.....	49
<i>solution 12,500 unit/250 ml</i> .....	39	HUMULIN R U-100.....	49
<i>heparin (porcine) in 5 % dex intravenous parenteral</i>		HUMULIN R U-500 (CONC) KWIKPEN.....	49
<i>solution 20,000 unit/500 ml (40 unit/ml)</i> .....	39	HUMULIN R U-500	
<i>heparin (porcine) in 5 % dex intravenous parenteral</i>		(CONCENTRATED).....	49
<i>solution 25,000 unit/250 ml(100 unit/ml), 25,</i>		<i>hydralazine injection</i> .....	39
<i>000 unit/500 ml (50 unit/ml)</i> .....	39	<i>hydralazine oral</i> .....	39
<i>heparin (porcine) in nacl (pf)</i> .....	39	<i>hydrochlorothiazide</i> .....	39
<i>heparin (porcine) injection cartridge</i> .....	39	<i>hydrocodone-acetaminophen oral solution 7.5-325</i>	
<i>heparin (porcine) injection solution</i> .....	39	<i>mg/15 ml</i> .....	28
<i>heparin (porcine) injection syringe 5,000 unit/</i>		<i>hydrocodone-acetaminophen oral tablet 10-325 mg,</i>	
<i>ml</i> .....	39	5-325 mg, 7.5-325 mg.....	28
HEPARIN(PORCINE) IN 0.45% NACL		<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-</i>	
INTRAVENOUS PARENTERAL		200 mg, 7.5-200 mg.....	28
SOLUTION 12,500 UNIT/250 ML.....	39	<i>hydrocortisone butyrate topical cream</i> .....	44
<i>heparin(porcine) in 0.45% nacl intravenous</i>		<i>hydrocortisone butyrate topical ointment</i> .....	44
<i>parenteral solution 25,000 unit/250 ml</i> .....	39	<i>hydrocortisone butyrate topical solution</i> .....	44
<i>heparin(porcine) in 0.45% nacl intravenous</i>		<i>hydrocortisone oral tablet 10 mg, 5 mg</i> .....	49
<i>parenteral solution 25,000 unit/500 ml</i> .....	39	<i>hydrocortisone oral tablet 20 mg</i> .....	49
<i>heparin, porcine (pf) injection</i> .....	39	<i>hydrocortisone rectal</i> .....	53
HEPATAMINE 8%.....	64	<i>hydrocortisone topical cream 1 %, 2.5 %</i> .....	44
HERCEPTIN INTRAVENOUS RECON SOLN		<i>hydrocortisone topical cream with perineal applicator</i>	
440 MG.....	19	2.5 %.....	53
HETLIOZ.....	28	<i>hydrocortisone topical lotion 2.5 %</i> .....	44
HEXALEN.....	19	<i>hydrocortisone topical ointment 1 %, 2.5 %</i> .....	44
HIBERIX (PF).....	54	<i>hydrocortisone valerate</i> .....	44
HUMALOG.....	49	<i>hydrocortisone-acetic acid</i> .....	46
HUMALOG KWIKPEN.....	49	<i>hydrocortisone-min oil-wht pet</i> .....	44
HUMALOG MIX 50-50.....	49	<i>hydromorphone (pf)</i> .....	28
HUMALOG MIX 50-50 KWIKPEN.....	49		

HYDROMORPHONE INJECTION		<i>imiquimod</i> .....	44
SOLUTION 1 MG/ML.....	28	IMOVAX RABIES VACCINE (PF).....	55
<i>hydromorphone injection solution 2 mg/ml</i> .....	28	INCRELEX.....	46
HYDROMORPHONE INJECTION		<i>indapamide</i> .....	39
SOLUTION 4 MG/ML.....	28	<i>indomethacin oral capsule</i> .....	29
<i>hydromorphone injection syringe 1 mg/ml</i> .....	28	<i>indomethacin oral capsule, extended release</i> .....	29
<i>hydromorphone injection syringe 2 mg/ml</i> .....	28	INFANRIX (DTAP) (PF).....	55
<i>hydromorphone injection syringe 4 mg/ml</i> .....	28	INLYTA ORAL TABLET 1 MG.....	19
<i>hydromorphone oral tablet 2 mg, 4 mg</i> .....	28	INLYTA ORAL TABLET 5 MG.....	19
<i>hydromorphone oral tablet 8 mg</i> .....	28	<i>insulin pen needle</i> .....	49
<i>hydroxychloroquine</i> .....	12	<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2</i>	
<i>hydroxyprogesterone caproate</i> .....	57	<i>ml</i> .....	49
<i>hydroxyurea</i> .....	19	INTELENCE ORAL TABLET 100 MG.....	13
<i>hydroxyzine hcl intramuscular solution 25 mg/</i>		INTELENCE ORAL TABLET 200 MG.....	13
<i>ml</i> .....	62	INTELENCE ORAL TABLET 25 MG.....	13
<i>hydroxyzine hcl intramuscular solution 50 mg/</i>		<i>intralipid intravenous emulsion 20 %</i> .....	64
<i>ml</i> .....	62	INTRALIPID INTRAVENOUS EMULSION	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i> .....	62	30 %.....	64
<i>hydroxyzine hcl oral tablet</i> .....	62	INTRON A INJECTION.....	55
<i>hydroxyzine pamoate</i> .....	62	<i>introvale</i> .....	57
HYZAAR.....	39	INVANZ INJECTION.....	13
<i>ibandronate intravenous solution</i> .....	56	INVANZ INTRAVENOUS.....	13
<i>ibandronate intravenous syringe</i> .....	56	INVEGA ORAL TABLET EXTENDED	
<i>ibandronate oral</i> .....	56	RELEASE 24HR 1.5 MG.....	29
IBRANCE.....	19	INVEGA ORAL TABLET EXTENDED	
<i>ibuprofen oral suspension</i> .....	28	RELEASE 24HR 3 MG.....	29
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> .....	28	INVEGA ORAL TABLET EXTENDED	
<i>ibuprofen-oxycodone</i> .....	28	RELEASE 24HR 6 MG.....	29
ICLUSIG ORAL TABLET 15 MG.....	19	INVEGA ORAL TABLET EXTENDED	
ICLUSIG ORAL TABLET 45 MG.....	19	RELEASE 24HR 9 MG.....	29
<i>idarubicin</i> .....	19	INVEGA SUSTENNA INTRAMUSCULAR	
IFEX.....	19	SYRINGE 117 MG/0.75 ML.....	29
<i>ifosfamide intravenous recon soln</i> .....	19	INVEGA SUSTENNA INTRAMUSCULAR	
<i>ifosfamide intravenous solution</i> .....	19	SYRINGE 156 MG/ML.....	29
ILARIS (PF) SUBCUTANEOUS RECON		INVEGA SUSTENNA INTRAMUSCULAR	
SOLN.....	54	SYRINGE 234 MG/1.5 ML.....	29
ILARIS (PF) SUBCUTANEOUS		INVEGA SUSTENNA INTRAMUSCULAR	
SOLUTION.....	55	SYRINGE 39 MG/0.25 ML.....	29
ILEVRO.....	59	INVEGA SUSTENNA INTRAMUSCULAR	
<i>imatinib oral tablet 100 mg</i> .....	19	SYRINGE 78 MG/0.5 ML.....	29
<i>imatinib oral tablet 400 mg</i> .....	19	INVEGA TRINZA INTRAMUSCULAR	
IMBRUVICA.....	19	SYRINGE 273 MG/0.875 ML.....	29
IMFINZI.....	19	INVEGA TRINZA INTRAMUSCULAR	
<i>imipenem-cilastatin intravenous recon soln 250</i>		SYRINGE 410 MG/1.315 ML.....	29
<i>mg</i> .....	12	INVEGA TRINZA INTRAMUSCULAR	
<i>imipenem-cilastatin intravenous recon soln 500</i>		SYRINGE 546 MG/1.75 ML.....	29
<i>mg</i> .....	12	INVEGA TRINZA INTRAMUSCULAR	
<i>imipramine hcl</i> .....	29	SYRINGE 819 MG/2.625 ML.....	29
		INVIRASE ORAL CAPSULE.....	13

INVIRASE ORAL TABLET.....	13	JANUMET XR ORAL TABLET, ER	
IONOSOL-B IN D5W.....	64	MULTIPHASE 24 HR 50-1,000 MG, 50-500	
IONOSOL-MB IN D5W.....	64	MG.....	49
IOPIDINE OPHTHALMIC DROPS.....	59	JANUVIA ORAL TABLET 100 MG.....	49
IPOL.....	55	JANUVIA ORAL TABLET 25 MG.....	49
<i>ipratropium bromide inhalation</i> .....	62	JANUVIA ORAL TABLET 50 MG.....	49
<i>ipratropium bromide nasal</i> .....	46	JARDIANCE.....	49
<i>ipratropium-albuterol inhalation</i> .....	62	JENTADUETO.....	49
<i>irbesartan</i> .....	39	JENTADUETO XR ORAL TABLET, IR - ER,	
<i>irbesartan-hydrochlorothiazide</i> .....	39	BIPHASIC 24HR 2.5-1,000 MG.....	49
IRESSA.....	19	JENTADUETO XR ORAL TABLET, IR - ER,	
<i>irinotecan intravenous solution 100 mg/5 ml</i> .....	19	BIPHASIC 24HR 5-1,000 MG.....	49
<i>irinotecan intravenous solution 40 mg/2 ml</i> .....	19	JEVTANA.....	19
<i>irinotecan intravenous solution 500 mg/25 ml</i> .....	19	<i>jinteli</i> .....	57
ISENTRESS HD.....	13	<i>jolessa</i> .....	57
ISENTRESS ORAL POWDER IN		<i>jolivette</i> .....	57
PACKET.....	13	<i>junel 1.5/30 (21)</i> .....	57
ISENTRESS ORAL TABLET.....	13	<i>junel 1/20 (21)</i> .....	57
ISENTRESS ORAL TABLET,CHEWABLE 100		<i>junel fe 1.5/30 (28)</i> .....	57
MG.....	13	<i>junel fe 1/20 (28)</i> .....	57
ISENTRESS ORAL TABLET,CHEWABLE 25		<i>junel fe 24</i> .....	57
MG.....	13	JUXTAPID.....	39
ISOLYTE S PH 7.4.....	64	<i>k-effervescent</i> .....	64
ISOLYTE-P IN 5 % DEXTROSE.....	64	<i>k-tab oral tablet extended release 8 meq</i> .....	64
ISOLYTE-S.....	64	KADCYLA.....	19
<i>isoniazid injection</i> .....	13	KALETRA ORAL SOLUTION.....	13
<i>isoniazid oral solution</i> .....	13	KALETRA ORAL TABLET 100-25 MG.....	13
<i>isoniazid oral tablet 100 mg</i> .....	13	KALETRA ORAL TABLET 200-50 MG.....	13
<i>isoniazid oral tablet 300 mg</i> .....	13	KALYDECO ORAL TABLET.....	62
ISOPTO CARPINE.....	59	<i>kariva (28)</i> .....	57
<i>isosorbide dinitrate oral</i> .....	39	<i>kelnor 1/35 (28)</i> .....	57
<i>isosorbide mononitrate</i> .....	39	<i>ketoconazole oral</i> .....	13
<i>isradipine</i> .....	39	<i>ketoconazole topical cream</i> .....	44
ISTODAX.....	19	<i>ketoconazole topical shampoo</i> .....	44
<i>itraconazole</i> .....	13	<i>ketoprofen oral capsule</i> .....	29
<i>ivermectin</i> .....	13	<i>ketorolac ophthalmic</i> .....	59
IXEMPRA.....	19	KEYTRUDA.....	19
IXIARO (PF).....	55	KHEDEZLA ORAL TABLET EXTENDED	
JAKAFI ORAL TABLET 10 MG.....	19	RELEASE 24HR 100 MG.....	29
JAKAFI ORAL TABLET 15 MG.....	19	KHEDEZLA ORAL TABLET EXTENDED	
JAKAFI ORAL TABLET 20 MG.....	19	RELEASE 24HR 50 MG.....	29
JAKAFI ORAL TABLET 25 MG.....	19	KINRIX (PF) INTRAMUSCULAR	
JAKAFI ORAL TABLET 5 MG.....	19	SUSPENSION.....	55
<i>jantoven</i> .....	39	KINRIX (PF) INTRAMUSCULAR	
JANUMET.....	49	SYRINGE.....	55
JANUMET XR ORAL TABLET, ER		<i>kionex</i> .....	46
MULTIPHASE 24 HR 100-1,000 MG.....	49	<i>kionex (with sorbitol)</i> .....	46

KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG.....	19	<i>larin fe 1.5/30 (28)</i> .....	58
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG.....	19	<i>larin fe 1/20 (28)</i> .....	58
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG.....	19	LARTRUVO.....	19
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1).....	19	<i>latanoprost</i> .....	59
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2).....	19	LATUDA ORAL TABLET 120 MG, 60 MG.....	29
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3).....	19	LATUDA ORAL TABLET 20 MG.....	29
<i>klor-con 10</i> .....	64	LATUDA ORAL TABLET 40 MG.....	29
<i>klor-con 8</i> .....	64	LATUDA ORAL TABLET 80 MG.....	29
<i>klor-con m10</i> .....	64	<i>leena 28</i> .....	58
<i>klor-con m15</i> .....	64	<i>leflunomide oral tablet 10 mg</i> .....	56
<i>klor-con m20</i> .....	64	<i>leflunomide oral tablet 20 mg</i> .....	56
<i>klor-con/ef</i> .....	64	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY).....	19
KORLYM.....	49	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
KUVAN ORAL TABLET,SOLUBLE.....	49	LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1).....	20
KYNAMRO.....	39	<i>lessina</i> .....	58
KYPROLIS.....	19	LETAIRIS.....	62
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> .....	58	<i>letrozole</i> .....	20
<i>labetalol intravenous solution</i> .....	39	<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i> .....	20
<i>labetalol oral tablet 100 mg, 200 mg</i> .....	39	<i>leucovorin calcium injection recon soln 500 mg</i> .....	20
<i>labetalol oral tablet 300 mg</i> .....	40	<i>leucovorin calcium oral tablet 10 mg, 25 mg</i> .....	20
LACRISERT.....	59	<i>leucovorin calcium oral tablet 15 mg, 5 mg</i> .....	20
<i>lactated ringers intravenous</i> .....	64	LEUKERAN.....	20
<i>lactated ringers irrigation</i> .....	46	<i>leuprolide subcutaneous kit</i> .....	20
<i>lactulose</i> .....	53	<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> .....	62
LAMISIL ORAL TABLET.....	13	<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i> .....	62
<i>lamivudine oral solution</i> .....	13	LEVALBUTEROL TARTRATE.....	62
<i>lamivudine oral tablet 100 mg</i> .....	13	LEVEMIR.....	49
<i>lamivudine oral tablet 150 mg</i> .....	13	LEVEMIR FLEXTOUCH.....	49
<i>lamivudine oral tablet 300 mg</i> .....	13	LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/ 100 ML, 1,500 MG/100 ML.....	29
<i>lamivudine-zidovudine</i> .....	13	LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML.....	29
<i>lamotrigine oral tablet</i> .....	29	<i>levetiracetam intravenous</i> .....	29
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i> .....	29	<i>levetiracetam oral solution 100 mg/ml</i> .....	29
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i> .....	29	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i> .....	29
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG.....	40	<i>levetiracetam oral tablet 1,000 mg</i> .....	29
<i>lansoprazole oral capsule, delayed release(dr/ec)</i> .....	53		
LANTUS.....	49		
LANTUS SOLOSTAR.....	49		
<i>larin 1/20 (21)</i> .....	58		

<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i> .....	29	<i>lidocaine viscous</i> .....	44
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i> .....	30	<i>lidocaine-prilocaine topical cream</i> .....	44
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i> .....	30	LINCOCIN.....	13
<i>levobunolol ophthalmic drops 0.5 %</i> .....	59	<i>lincomycin</i> .....	13
<i>levocarnitine (with sugar)</i> .....	46	<i>lindane topical shampoo</i> .....	44
<i>levocarnitine oral tablet</i> .....	46	<i>linezolid intravenous</i> .....	13
<i>levocetirizine oral solution</i> .....	62	<i>linezolid oral suspension for reconstitution</i> .....	13
<i>levocetirizine oral tablet</i> .....	62	<i>linezolid oral tablet</i> .....	13
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i> .....	13	<i>linezolid-0.9% sodium chloride</i> .....	13
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> .....	13	LINZESS.....	53
<i>levofloxacin intravenous</i> .....	13	<i>liothyronine intravenous</i> .....	49
<i>levofloxacin ophthalmic</i> .....	59	<i>liothyronine oral</i> .....	49
<i>levofloxacin oral solution</i> .....	13	LIPITOR ORAL TABLET 10 MG.....	40
<i>levofloxacin oral tablet 250 mg, 500 mg</i> .....	13	<i>lisinopril</i> .....	40
<i>levofloxacin oral tablet 750 mg</i> .....	13	<i>lisinopril-hydrochlorothiazide</i> .....	40
<i>levoleucovorin intravenous recon soln 50 mg</i> .....	20	<i>lithium carbonate oral capsule 150 mg, 300 mg</i> .....	30
<i>levonest (28)</i> .....	58	<i>lithium carbonate oral capsule 600 mg</i> .....	30
<i>levonorg-eth estrad triphasic</i> .....	58	<i>lithium carbonate oral tablet</i> .....	30
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mcg, 90-20 mcg</i> .....	58	<i>lithium carbonate oral tablet extended release</i> .....	30
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> .....	58	<i>lithium citrate oral solution 8 meq/5 ml</i> .....	30
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i> .....	58	LIVALO.....	40
<i>levora-28</i> .....	58	LO LOESTRIN FE.....	58
<i>levothyroxine oral</i> .....	49	LONSURF.....	20
<i>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</i> .....	49	<i>loperamide oral capsule</i> .....	53
LEXIVA ORAL SUSPENSION.....	13	LOPID.....	40
LEXIVA ORAL TABLET.....	13	<i>lopinavir-ritonavir</i> .....	13
LIALDA.....	53	<i>lorazepam intensol</i> .....	30
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i> .....	44	<i>lorazepam oral tablet</i> .....	30
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i> .....	44	<i>loryna (28)</i> .....	58
<i>lidocaine hcl laryngotracheal</i> .....	44	<i>losartan</i> .....	40
<i>lidocaine hcl mucous membrane jelly</i> .....	44	<i>losartan-hydrochlorothiazide</i> .....	40
<i>lidocaine hcl mucous membrane jelly in applicator</i> .....	44	LOTENSIN ORAL TABLET 20 MG, 40 MG.....	40
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> .....	44	<i>lovastatin</i> .....	40
<i>lidocaine topical adhesive patch, medicated</i> .....	44	<i>low-ogestrel (28)</i> .....	58
<i>lidocaine topical ointment</i> .....	44	<i>loxapine succinate oral capsule 10 mg, 5 mg</i> .....	30
		<i>loxapine succinate oral capsule 25 mg, 50 mg</i> .....	30
		<i>ludent fluoride</i> .....	64
		LUMIGAN OPHTHALMIC DROPS 0.01 %.....	60
		LUPRON DEPOT.....	20
		LUPRON DEPOT (3 MONTH).....	20
		LUPRON DEPOT (4 MONTH).....	20
		LUPRON DEPOT (6 MONTH).....	20
		LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG.....	20
		LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED).....	20

<i>lutera</i> (28).....	58	MEKINIST ORAL TABLET 2 MG.....	20
LYNPARZA.....	20	<i>meloxicam oral suspension</i> .....	30
LYRICA ORAL CAPSULE 100 MG.....	30	<i>meloxicam oral tablet</i> .....	30
LYRICA ORAL CAPSULE 150 MG.....	30	<i>melphalan</i> .....	20
LYRICA ORAL CAPSULE 200 MG.....	30	<i>melphalan hcl</i> .....	20
LYRICA ORAL CAPSULE 225 MG, 300		<i>memantine oral solution</i> .....	30
MG.....	30	<i>memantine oral tablet 10 mg</i> .....	30
LYRICA ORAL CAPSULE 25 MG.....	30	<i>memantine oral tablet 5 mg</i> .....	30
LYRICA ORAL CAPSULE 50 MG.....	30	MENACTRA (PF) INTRAMUSCULAR	
LYRICA ORAL CAPSULE 75 MG.....	30	SOLUTION.....	55
LYRICA ORAL SOLUTION.....	30	MENEST ORAL TABLET 0.3 MG, 0.625 MG,	
LYSODREN.....	20	1.25 MG.....	58
<i>lyza</i> .....	58	MENHIBRIX (PF).....	55
M-M-R II (PF).....	55	MENOMUNE - A/C/Y/W-135 (PF).....	55
<i>magnesium sulfate in water intravenous parenteral</i>		MENVEO A-C-Y-W-135-DIP (PF).....	55
<i>solution</i> .....	64	<i>mercaptopurine</i> .....	20
<i>magnesium sulfate in water intravenous piggyback</i>		<i>meropenem</i> .....	13
<i>2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i> .....	64	MESALAMINE ORAL TABLET, DELAYED	
<i>magnesium sulfate in water intravenous piggyback</i>		RELEASE (DR/EC) 800 MG.....	53
<i>4 gram/100 ml (4 %)</i> .....	64	<i>mesalamine rectal</i> .....	53
<i>magnesium sulfate injection solution</i> .....	64	<i>mesalamine with cleansing wipe</i> .....	53
<i>magnesium sulfate injection syringe</i> .....	64	<i>mesna</i> .....	20
MALARONE.....	13	MESNEX ORAL.....	20
<i>malathion</i> .....	44	MESTINON ORAL SYRUP.....	30
<i>maprotiline oral tablet 25 mg</i> .....	30	MESTINON TIMESPAN.....	30
<i>maprotiline oral tablet 50 mg</i> .....	30	<i>metadate er</i> .....	30
<i>maprotiline oral tablet 75 mg</i> .....	30	<i>metaproterenol</i> .....	62
<i>marlissa</i> .....	58	<i>metformin oral tablet 1,000 mg</i> .....	49
MARPLAN.....	30	<i>metformin oral tablet 500 mg</i> .....	49
MARQIBO.....	20	<i>metformin oral tablet 850 mg</i> .....	49
MATULANE.....	20	<i>metformin oral tablet extended release 24 hr 500</i>	
<i>matzim la</i> .....	40	<i>mg</i> .....	49
MAXZIDE.....	40	<i>metformin oral tablet extended release 24 hr 750</i>	
MAXZIDE-25MG.....	40	<i>mg</i> .....	49
<i>meclizine oral tablet 12.5 mg, 25 mg</i> .....	53	<i>metformin oral tablet extended release 24 hrs osm-</i>	
<i>meclofenamate</i> .....	30	<i>tab 500mg</i> .....	50
<i>medroxyprogesterone intramuscular suspension</i> .....	58	<i>metformin oral tablet extended release 24hr 1,000</i>	
<i>medroxyprogesterone intramuscular syringe</i> .....	58	<i>mg</i> .....	50
<i>medroxyprogesterone oral</i> .....	58	<i>metformin oral tablet, er gast.retention 24 hr 1,000</i>	
<i>mefloquine</i> .....	13	<i>mg</i> .....	50
<i>megestrol oral suspension 400 mg/10 ml (10</i>		<i>metformin oral tablet, er gast.retention 24 hr 500</i>	
<i>ml)</i> .....	20	<i>mg</i> .....	50
<i>megestrol oral suspension 400 mg/10 ml (40 mg/</i>		<i>methadone intensol</i> .....	30
<i>ml)</i> .....	20	<i>methadone oral concentrate</i> .....	30
<i>megestrol oral suspension 800 mg/20 ml (20</i>		<i>methadone oral solution 10 mg/5 ml</i> .....	30
<i>ml)</i> .....	20	<i>methadone oral solution 5 mg/5 ml</i> .....	30
<i>megestrol oral tablet</i> .....	20	<i>methadone oral tablet 10 mg</i> .....	30
MEKINIST ORAL TABLET 0.5 MG.....	20	<i>methadone oral tablet 5 mg</i> .....	30

<i>methadose oral concentrate</i> .....	30	<i>metronidazole vaginal</i> .....	58
<i>methazolamide</i> .....	60	<i>mexiletine oral capsule 150 mg, 250 mg</i> .....	40
<i>methenamine hippurate</i> .....	13	<i>mexiletine oral capsule 200 mg</i> .....	40
<i>methenamine mandelate</i> .....	13	MIACALCIN INJECTION.....	50
<i>methimazole oral tablet 10 mg, 5 mg</i> .....	50	MICARDIS.....	40
<i>methotrexate sodium (pf) injection recon soln</i> .....	20	MICARDIS HCT.....	40
<i>methotrexate sodium (pf) injection solution</i> .....	20	<i>miconazole-3 vaginal suppository</i> .....	58
<i>methotrexate sodium injection</i> .....	20	<i>microgestin 1.5/30 (21)</i> .....	58
<i>methotrexate sodium oral</i> .....	20	<i>microgestin 1/20 (21)</i> .....	58
<i>methoxsalen</i> .....	44	<i>microgestin fe 1.5/30 (28)</i> .....	58
<i>methscopolamine</i> .....	53	<i>microgestin fe 1/20 (28)</i> .....	58
<i>methyclothiazide</i> .....	40	MICROZIDE.....	40
<i>methylropa</i> .....	40	<i>midodrine</i> .....	46
<i>methylphenidate hcl oral solution 10 mg/5 ml</i> .....	30	<i>miglitol oral tablet 100 mg</i> .....	50
<i>methylphenidate hcl oral solution 5 mg/5 ml</i> .....	30	<i>miglitol oral tablet 25 mg</i> .....	50
<i>methylphenidate hcl oral tablet</i> .....	30	<i>miglitol oral tablet 50 mg</i> .....	50
<i>methylphenidate hcl oral tablet extended release</i> .....	30	<i>mimvey</i> .....	58
<i>methylprednisolone acetate</i> .....	50	<i>mimvey lo</i> .....	58
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg</i> .....	50	MINIPRESS ORAL CAPSULE 2 MG.....	40
<i>methylprednisolone oral tablet 8 mg</i> .....	50	<i>minocycline oral capsule</i> .....	13
<i>methylprednisolone oral tablets, dose pack</i> .....	50	<i>minocycline oral tablet</i> .....	13
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> .....	50	<i>minoxidil oral</i> .....	40
<i>methylprednisolone sodium succ intravenous</i> .....	50	MIRAPEX ORAL TABLET 0.25 MG, 0.75 MG.....	30
<i>metipranolol</i> .....	60	<i>mirtazapine oral tablet 15 mg</i> .....	30
<i>metoclopramide hcl injection solution</i> .....	53	<i>mirtazapine oral tablet 30 mg</i> .....	30
<i>metoclopramide hcl injection syringe</i> .....	53	<i>mirtazapine oral tablet 45 mg</i> .....	30
<i>metoclopramide hcl oral solution</i> .....	53	<i>mirtazapine oral tablet 7.5 mg</i> .....	30
<i>metoclopramide hcl oral tablet</i> .....	53	<i>mirtazapine oral tablet, disintegrating 15 mg</i> .....	30
<i>metolazone oral tablet 10 mg, 5 mg</i> .....	40	<i>mirtazapine oral tablet, disintegrating 30 mg</i> .....	31
<i>metolazone oral tablet 2.5 mg</i> .....	40	<i>mirtazapine oral tablet, disintegrating 45 mg</i> .....	31
<i>metoprolol succinate</i> .....	40	<i>misoprostol oral tablet 100 mcg</i> .....	53
<i>metoprolol tartrate intravenous solution</i> .....	40	<i>misoprostol oral tablet 200 mcg</i> .....	53
<i>metoprolol tartrate intravenous syringe</i> .....	40	<i>mitomycin intravenous recon soln 20 mg, 5 mg</i> .....	20
<i>metoprolol tartrate oral</i> .....	40	<i>mitomycin intravenous recon soln 40 mg</i> .....	20
<i>metoprolol tartrate-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg</i> .....	40	<i>mitoxantrone</i> .....	20
<i>metoprolol tartrate-hydrochlorothiazide oral tablet 50-25 mg</i> .....	40	<i>modafinil oral tablet 100 mg</i> .....	31
<i>metro i.v.</i> .....	13	<i>modafinil oral tablet 200 mg</i> .....	31
<i>metronidazole in nacl (iso-os)</i> .....	13	<i>moexipril</i> .....	40
<i>metronidazole oral capsule</i> .....	13	<i>moexipril-hydrochlorothiazide</i> .....	40
<i>metronidazole oral tablet</i> .....	13	<i>mometasone nasal</i> .....	62
<i>metronidazole topical cream</i> .....	44	<i>mometasone topical</i> .....	44
<i>metronidazole topical gel 0.75 %</i> .....	44	<i>mono-lynyah</i> .....	58
<i>metronidazole topical gel 1 %</i> .....	44	<i>mononessa (28)</i> .....	58
<i>metronidazole topical lotion</i> .....	44	<i>montelukast oral granules in packet</i> .....	62
		<i>montelukast oral tablet</i> .....	62
		<i>montelukast oral tablet, chewable</i> .....	62
		<i>morgidox oral capsule 50 mg</i> .....	13

<i>morphine (pf) injection solution 0.5 mg/ml</i> .....	31	<i>nadolol oral tablet 20 mg, 40 mg</i> .....	40
<i>morphine (pf) injection solution 1 mg/ml</i> .....	31	<i>nadolol oral tablet 80 mg</i> .....	40
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i> .....	31	<i>nadolol-bendroflumethiazide</i> .....	40
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i> .....	31	<i>nafcellin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i> .....	14
<i>morphine concentrate oral solution</i> .....	31	<i>nafcellin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i> .....	14
<i>morphine intravenous cartridge 10 mg/ml</i> .....	31	<i>nafcellin injection recon soln 1 gram, 2 gram</i> .....	14
<i>morphine intravenous cartridge 2 mg/ml, 4 mg/ml</i> .....	31	<i>nafcellin injection recon soln 10 gram</i> .....	14
MORPHINE INTRAVENOUS CARTRIDGE		<i>nafcellin intravenous</i> .....	14
8 MG/ML.....	31	NAGLAZYME.....	50
<i>morphine intravenous solution 10 mg/ml</i> .....	31	<i>nalbuphine injection solution 10 mg/ml</i> .....	31
MORPHINE INTRAVENOUS SOLUTION 4		<i>nalbuphine injection solution 20 mg/ml</i> .....	31
MG/ML, 8 MG/ML.....	31	<i>naloxone injection solution</i> .....	31
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i> .....	31	<i>naloxone injection syringe 0.4 mg/ml</i> .....	31
<i>morphine oral solution 10 mg/5 ml</i> .....	31	<i>naloxone injection syringe 1 mg/ml</i> .....	31
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> .....	31	<i>naltrexone</i> .....	31
<i>morphine oral tablet 15 mg</i> .....	31	NAMENDA ORAL SOLUTION.....	31
<i>morphine oral tablet 30 mg</i> .....	31	NAMENDA XR ORAL CAP,SPRINKLE,ER	
<i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i> .....	31	24HR DOSE PACK.....	31
<i>morphine oral tablet extended release 15 mg</i> .....	31	NAMENDA XR ORAL CAPSULE,SPRINKLE,ER	
<i>morphine oral tablet extended release 200 mg</i> .....	31	ER 24HR.....	31
MOVANTIK.....	53	NAMZARIC.....	31
MOVIPREP.....	53	<i>naproxen oral suspension</i> .....	31
MOXEZA.....	60	<i>naproxen oral tablet</i> .....	31
<i>moxifloxacin oral</i> .....	13	<i>naproxen oral tablet,delayed release (dr/ec)</i> .....	31
MOZOBIL.....	55	<i>naproxen sodium oral tablet 275 mg, 550 mg</i> .....	31
MULTAQ.....	40	<i>naratriptan</i> .....	31
<i>mupirocin topical cream</i> .....	44	NARCAN NASAL SPRAY,NON-AEROSOL 4	
<i>mupirocin topical ointment</i> .....	44	MG/ACTUATION.....	31
MUSTARGEN.....	20	NASONEX.....	62
MYCAMINE INTRAVENOUS RECON SOLN		NATACYN.....	60
100 MG.....	14	<i>nateglinide oral tablet 120 mg</i> .....	50
MYCAMINE INTRAVENOUS RECON SOLN		<i>nateglinide oral tablet 60 mg</i> .....	50
50 MG.....	14	NATPARA.....	50
<i>mycophenolate mofetil hcl</i> .....	20	NEBUPENT.....	14
<i>mycophenolate mofetil oral capsule</i> .....	20	<i>necon 0.5/35 (28)</i> .....	58
<i>mycophenolate mofetil oral suspension for reconstitution</i> .....	20	<i>necon 1/50 (28)</i> .....	58
<i>mycophenolate mofetil oral tablet</i> .....	20	<i>necon 10/11 (28)</i> .....	58
<i>mycophenolate sodium</i> .....	20	<i>necon 7/7/7 (28)</i> .....	58
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i> .....	44	<i>needles, insulin disp.,safety</i> .....	50
MYRBETRIQ.....	63	<i>nefazodone oral tablet 100 mg</i> .....	31
MYZILRA.....	58	<i>nefazodone oral tablet 150 mg</i> .....	31
<i>nabumetone</i> .....	31	<i>nefazodone oral tablet 200 mg</i> .....	31
		<i>nefazodone oral tablet 250 mg</i> .....	31
		<i>nefazodone oral tablet 50 mg</i> .....	31
		<i>neo-polycin</i> .....	60
		<i>neo-polycin hc</i> .....	60



<i>neomycin</i> .....	14	<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/ 0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i> .....	58
<i>neomycin-bacitracin-poly-hc</i> .....	60	NORMOSOL-M IN 5 % DEXTROSE.....	64
<i>neomycin-bacitracin-polymyxin</i> .....	60	NORMOSOL-R.....	64
<i>neomycin-polymyxin b gu</i> .....	46	NORMOSOL-R IN 5 % DEXTROSE.....	64
<i>neomycin-polymyxin b-dexameth</i> .....	60	NORMOSOL-R PH 7.4.....	64
<i>neomycin-polymyxin-gramicidin</i> .....	60	NORPACE.....	40
<i>neomycin-polymyxin-hc ophthalmic</i> .....	60	NORTHERA ORAL CAPSULE 100 MG.....	46
<i>neomycin-polymyxin-hc otic</i> .....	46	NORTHERA ORAL CAPSULE 200 MG.....	46
NEPHRAMINE 5.4 %.....	64	NORTHERA ORAL CAPSULE 300 MG.....	46
NEULASTA.....	55	<i>nortrel 0.5/35 (28)</i> .....	58
NEUPOGEN.....	55	<i>nortrel 1/35 (21)</i> .....	58
NEUPRO.....	32	<i>nortrel 1/35 (28)</i> .....	58
NEVANAC.....	60	<i>nortrel 7/7/7 (28)</i> .....	58
<i>nevirapine oral suspension</i> .....	14	<i>nortriptyline oral capsule 10 mg, 25 mg</i> .....	32
<i>nevirapine oral tablet</i> .....	14	<i>nortriptyline oral capsule 50 mg, 75 mg</i> .....	32
<i>nevirapine oral tablet extended release 24 hr 100 mg</i> .....	14	<i>nortriptyline oral solution</i> .....	32
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> .....	14	NORVASC.....	40
NEXAVAR.....	20	NORVIR ORAL CAPSULE.....	14
<i>niacin oral tablet extended release 24 hr</i> .....	40	NORVIR ORAL SOLUTION.....	14
NIACOR.....	40	NORVIR ORAL TABLET.....	14
<i>nicardipine intravenous solution</i> .....	40	NOXAFIL ORAL.....	14
<i>nicardipine oral</i> .....	40	NUEDEXTA.....	32
NICOTROL NS.....	46	NULOJIX.....	20
<i>nifedipine oral tablet extended release</i> .....	40	NUPLAZID.....	32
<i>nifedipine oral tablet extended release 24hr</i> .....	40	NUVARING.....	58
<i>nikki (28)</i> .....	58	<i>nyamyc</i> .....	44
NILANDRON.....	20	<i>nystatin oral suspension</i> .....	14
<i>nilutamide</i> .....	20	<i>nystatin oral tablet</i> .....	14
<i>nimodipine</i> .....	40	<i>nystatin topical cream</i> .....	44
NINLARO.....	20	<i>nystatin topical ointment</i> .....	44
NIPENT.....	20	<i>nystatin topical powder</i> .....	44
<i>nitro-bid</i> .....	40	<i>nystatin-triamcinolone</i> .....	44
<i>nitrofurantoin</i> .....	14	<i>nystop</i> .....	44
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> .....	14	<i>ocella</i> .....	58
<i>nitrofurantoin monohyd/m-cryst</i> .....	14	OCTAGAM.....	55
<i>nitroglycerin intravenous</i> .....	40	<i>octreotide acetate injection solution 1,000 mcg/ ml</i> .....	20
<i>nitroglycerin sublingual</i> .....	40	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> .....	21
<i>nitroglycerin transdermal patch 24 hour</i> .....	40	<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i> .....	21
<i>nitroglycerin translingual spray, non-aerosol</i> .....	40	<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i> .....	21
NITROSTAT.....	40	ODEFSEY.....	14
<i>nizatidine oral capsule</i> .....	53	ODOMZO.....	21
<i>nora-be</i> .....	58	OFEV.....	62
NORDITROPIN FLEXPRO.....	55	<i>ofloxacin ophthalmic</i> .....	60
<i>norethindrone (contraceptive)</i> .....	58		
<i>norethindrone acetate</i> .....	58		

<i>ofloxacin oral tablet 300 mg</i> .....	14	ORFADIN ORAL CAPSULE 20 MG.....	46
<i>ofloxacin oral tablet 400 mg</i> .....	14	ORFADIN ORAL SUSPENSION.....	46
<i>ofloxacin otic</i> .....	46	ORKAMBI.....	62
<i>ogestrel (28)</i> .....	58	<i>orsythia</i> .....	58
<i>olanzapine intramuscular</i> .....	32	ORTHO MICRONOR.....	58
<i>olanzapine oral tablet 10 mg</i> .....	32	<i>oseltamivir</i> .....	14
<i>olanzapine oral tablet 15 mg</i> .....	32	OSMOPREP.....	53
<i>olanzapine oral tablet 2.5 mg</i> .....	32	<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	
<i>olanzapine oral tablet 20 mg</i> .....	32	1 gram/50 ml.....	14
<i>olanzapine oral tablet 5 mg</i> .....	32	<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	
<i>olanzapine oral tablet 7.5 mg</i> .....	32	2 gram/50 ml.....	14
<i>olanzapine oral tablet, disintegrating 10 mg</i> .....	32	<i>oxacillin injection recon soln 1 gram, 10 gram</i> .....	14
<i>olanzapine oral tablet, disintegrating 15 mg</i> .....	32	<i>oxacillin injection recon soln 2 gram</i> .....	14
<i>olanzapine oral tablet, disintegrating 20 mg</i> .....	32	<i>oxaliplatin intravenous recon soln 100 mg</i> .....	21
<i>olanzapine oral tablet, disintegrating 5 mg</i> .....	32	<i>oxaliplatin intravenous recon soln 50 mg</i> .....	21
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50</i>		<i>oxaliplatin intravenous solution 100 mg/20 ml</i> .....	21
<i>mg, 6-50 mg</i> .....	32	<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/</i>	
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25</i>		<i>ml)</i> .....	21
<i>mg</i> .....	32	<i>oxandrolone oral tablet 10 mg</i> .....	50
<i>olmesartan</i> .....	40	<i>oxandrolone oral tablet 2.5 mg</i> .....	50
<i>olmesartan-amlodipine-hydrochlorothiazide</i> .....	40	<i>oxaprozin</i> .....	32
<i>olmesartan-hydrochlorothiazide</i> .....	40	<i>oxazepam</i> .....	32
<i>olopatadine ophthalmic drops 0.2 %</i> .....	60	<i>oxcarbazepine oral suspension</i> .....	32
<i>omega-3 acid ethyl esters</i> .....	40	<i>oxcarbazepine oral tablet 150 mg, 300 mg</i> .....	32
<i>omeprazole oral capsule, delayed release(dr/lec)</i> .....	53	<i>oxcarbazepine oral tablet 600 mg</i> .....	32
OMNITROPE.....	55	<i>oxybutynin chloride oral syrup</i> .....	63
ONCASPAN.....	21	<i>oxybutynin chloride oral tablet</i> .....	63
<i>ondansetron hcl (pf) injection solution</i> .....	53	<i>oxybutynin chloride oral tablet extended release 24hr</i>	
<i>ondansetron hcl (pf) injection syringe</i> .....	53	10 mg, 15 mg.....	63
<i>ondansetron hcl intravenous</i> .....	53	<i>oxybutynin chloride oral tablet extended release 24hr</i>	
<i>ondansetron hcl oral solution</i> .....	53	5 mg.....	63
<i>ondansetron hcl oral tablet 24 mg</i> .....	53	<i>oxycodone oral capsule</i> .....	32
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> .....	53	<i>oxycodone oral concentrate</i> .....	32
<i>ondansetron oral tablet, disintegrating 4 mg</i> .....	53	<i>oxycodone oral solution</i> .....	32
<i>ondansetron oral tablet, disintegrating 8 mg</i> .....	53	<i>oxycodone oral tablet 10 mg, 5 mg</i> .....	32
ONFI ORAL SUSPENSION.....	32	<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i> .....	32
ONFI ORAL TABLET 10 MG.....	32	<i>oxycodone-acetaminophen oral solution</i> .....	32
ONFI ORAL TABLET 20 MG.....	32	<i>oxycodone-acetaminophen oral tablet 10-325 mg,</i>	
OPDIVO.....	21	2.5-325 mg, 7.5-325 mg.....	32
<i>opium tincture</i> .....	53	<i>oxycodone-acetaminophen oral tablet 5-325 mg</i> .....	32
ORAP.....	32	<i>oxycodone-aspirin</i> .....	32
ORENITRAM ORAL TABLET EXTENDED		<i>pacerone oral tablet 100 mg, 400 mg</i> .....	40
RELEASE 0.125 MG.....	40	<i>pacerone oral tablet 200 mg</i> .....	40
ORENITRAM ORAL TABLET EXTENDED		<i>paclitaxel</i> .....	21
RELEASE 0.25 MG, 1 MG, 2.5 MG, 5		<i>paliperidone oral tablet extended release 24hr 1.5</i>	
MG.....	40	mg.....	32
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5		<i>paliperidone oral tablet extended release 24hr 3</i>	
MG.....	46	mg.....	32

<i>paliperidone oral tablet extended release 24hr 6 mg</i> .....	32	<i>penicillin g potassium injection recon soln 20 million unit</i> .....	14
<i>paliperidone oral tablet extended release 24hr 9 mg</i> .....	32	<i>penicillin g potassium injection recon soln 5 million unit</i> .....	14
<i>pamidronate intravenous recon soln</i> .....	50	<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i> .....	14
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i> .....	50	<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i> .....	14
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i> .....	50	<i>penicillin g sodium</i> .....	14
PANRETIN.....	44	<i>penicillin v potassium</i> .....	14
<i>pantoprazole intravenous</i> .....	53	PENTAM.....	14
<i>pantoprazole oral</i> .....	53	PENTASA.....	53
<i>paregoric</i> .....	53	<i>pentoxifylline</i> .....	40
<i>paricalcitol oral</i> .....	50	PERFOROMIST.....	62
<i>paroex oral rinse</i> .....	47	<i>perindopril erbumine</i> .....	41
<i>paromomycin</i> .....	14	<i>periogard</i> .....	47
<i>paroxetine hcl oral tablet 10 mg</i> .....	32	PERJETA.....	21
<i>paroxetine hcl oral tablet 20 mg</i> .....	32	<i>permethrin topical cream</i> .....	44
<i>paroxetine hcl oral tablet 30 mg</i> .....	32	<i>perphenazine</i> .....	33
<i>paroxetine hcl oral tablet 40 mg</i> .....	32	<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg</i> .....	33
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i> .....	32	<i>perphenazine-amitriptyline oral tablet 4-25 mg</i> .....	33
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i> .....	33	<i>pfizerpen-g</i> .....	14
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i> .....	33	<i>phenelzine</i> .....	33
PASER.....	14	<i>phenobarbital oral elixir</i> .....	33
PAXIL ORAL SUSPENSION.....	33	<i>phenobarbital oral tablet 100 mg</i> .....	33
PAZEO.....	60	<i>phenobarbital oral tablet 15 mg</i> .....	33
PEDIARIX (PF).....	55	<i>phenobarbital oral tablet 16.2 mg</i> .....	33
PEDVAX HIB (PF).....	55	<i>phenobarbital oral tablet 30 mg</i> .....	33
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> .....	53	<i>phenobarbital oral tablet 32.4 mg</i> .....	33
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> .....	53	<i>phenobarbital oral tablet 60 mg</i> .....	33
<i>peg-electrolyte soln</i> .....	53	<i>phenobarbital oral tablet 64.8 mg</i> .....	33
PEGANONE.....	33	<i>phenobarbital oral tablet 97.2 mg</i> .....	33
PEGASYS.....	55	PHENYTEK.....	33
PEGASYS PROCLICK.....	55	<i>phenytoin oral suspension 100 mg/4 ml</i> .....	33
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML.....	55	<i>phenytoin oral suspension 125 mg/5 ml</i> .....	33
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML.....	14	<i>phenytoin oral tablet, chewable</i> .....	33
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML.....	14	<i>phenytoin sodium extended</i> .....	33
		<i>phenytoin sodium intravenous solution</i> .....	33
		<i>phenytoin sodium intravenous syringe</i> .....	33
		<i>philith</i> .....	58
		PHOSPHOLINE IODIDE.....	60
		PHYSIOLYTE.....	46
		PHYSIOSOL IRRIGATION.....	46
		PICATO.....	44
		<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i> .....	60
		<i>pilocarpine hcl oral</i> .....	46

<i>pimozide</i> .....	33	<i>potassium chloride intravenous piggyback 30 meq/ 100 ml</i> .....	65
<i>pimtrex (28)</i> .....	58	<i>potassium chloride oral capsule, extended release</i> .....	65
<i>pindolol oral tablet 10 mg</i> .....	41	<i>potassium chloride oral liquid</i> .....	65
<i>pindolol oral tablet 5 mg</i> .....	41	<i>potassium chloride oral tablet extended release</i> .....	65
<i>pioglitazone oral tablet 15 mg</i> .....	50	<i>potassium chloride oral tablet, er particles/ crystals</i> .....	65
<i>pioglitazone oral tablet 30 mg</i> .....	50	<i>potassium chloride-0.45 % nacl</i> .....	65
<i>pioglitazone oral tablet 45 mg</i> .....	50	<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i> .....	65
<i>pioglitazone-glimepiride</i> .....	50	<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i> .....	65
<i>pioglitazone-metformin</i> .....	50	<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i> .....	65
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> .....	14	<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i> .....	65
<i>pirmella oral tablet 1-35 mg-mcg</i> .....	58	<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i> .....	65
<i>piroxicam</i> .....	33	<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq</i> .....	63
PLASMA-LYTE 148.....	64	<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> .....	63
PLASMA-LYTE A.....	64	PRADAXA.....	41
PLEGRIDY.....	55	PRALUENT PEN.....	41
<i>podofilox</i> .....	44	<i>pramipexole oral tablet</i> .....	33
<i>polycin</i> .....	60	PRAVACHOL ORAL TABLET 20 MG.....	41
<i>polyethylene glycol 3350</i> .....	53	<i>pravastatin</i> .....	41
<i>polymyxin b sulf-trimethoprim</i> .....	60	<i>prazosin oral capsule 1 mg, 2 mg</i> .....	41
<i>polymyxin b sulfate</i> .....	14	<i>prazosin oral capsule 5 mg</i> .....	41
POMALYST ORAL CAPSULE 1 MG.....	21	PRECOSE ORAL TABLET 100 MG.....	50
POMALYST ORAL CAPSULE 2 MG.....	21	PRECOSE ORAL TABLET 25 MG.....	50
POMALYST ORAL CAPSULE 3 MG, 4 MG.....	21	PRECOSE ORAL TABLET 50 MG.....	50
<i>portia</i> .....	58	<i>prednicarbate</i> .....	44
PORTRAZZA.....	21	<i>prednisolone acetate</i> .....	60
<i>potassium bicarb and chloride</i> .....	64	<i>prednisolone oral solution 15 mg/5 ml</i> .....	50
<i>potassium bicarb-citric acid</i> .....	64	<i>prednisolone sodium phosphate ophthalmic</i> .....	60
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/ l</i> .....	64	<i>prednisolone sodium phosphate oral solution 15 mg/ 5 ml (3 mg/ml)</i> .....	50
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i> .....	64	<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> .....	50
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> .....	64	<i>prednisolone sodium phosphate oral tablet, disintegrating</i> .....	50
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i> .....	64	<i>prednisone intensol</i> .....	50
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> .....	64	<i>prednisone oral solution</i> .....	50
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i> .....	64	<i>prednisone oral tablet</i> .....	50
<i>potassium chloride intravenous piggyback 10 meq/ 100 ml</i> .....	64	<i>prednisone oral tablets, dose pack</i> .....	50
<i>potassium chloride intravenous piggyback 10 meq/ 50 ml</i> .....	64	PREMARIN ORAL.....	58
<i>potassium chloride intravenous piggyback 20 meq/ 100 ml</i> .....	65	PREMARIN VAGINAL.....	58

<i>premasol 10 %</i> .....	65	<i>progesterone micronized</i> .....	58
PREMASOL 6 %.....	65	PROGLYCEM.....	50
PREMPHASE.....	58	PROGRAF INTRAVENOUS.....	21
PREMPRO.....	58	PROLASTIN-C.....	46
<i>prenatal vitamin oral tablet</i> .....	65	PROLEUKIN.....	55
<i>prevalite</i> .....	41	PROLIA.....	56
<i>previfem</i> .....	58	PROMACTA ORAL TABLET 12.5 MG, 25	
PREZCOBIX.....	15	MG, 75 MG.....	41
PREZISTA ORAL SUSPENSION.....	15	PROMACTA ORAL TABLET 50 MG.....	41
PREZISTA ORAL TABLET 150 MG.....	15	<i>promethazine injection solution 25 mg/ml</i> .....	62
PREZISTA ORAL TABLET 600 MG, 800		<i>promethazine injection solution 50 mg/ml</i> .....	62
MG.....	15	<i>promethazine oral</i> .....	62
PREZISTA ORAL TABLET 75 MG.....	15	<i>propafenone oral tablet 150 mg</i> .....	41
PRIFTIN.....	15	<i>propafenone oral tablet 225 mg</i> .....	41
PRIMAQUINE.....	15	<i>propafenone oral tablet 300 mg</i> .....	41
<i>primidone</i> .....	33	<i>propantheline</i> .....	53
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5		<i>propranolol intravenous</i> .....	41
MG.....	41	<i>propranolol oral capsule, extended release 24 hr 120</i>	
PRISTIQ ORAL TABLET EXTENDED		<i>mg, 160 mg</i> .....	41
RELEASE 24 HR 100 MG.....	33	<i>propranolol oral capsule, extended release 24 hr 60</i>	
PRISTIQ ORAL TABLET EXTENDED		<i>mg, 80 mg</i> .....	41
RELEASE 24 HR 25 MG.....	33	<i>propranolol oral solution</i> .....	41
PRISTIQ ORAL TABLET EXTENDED		<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80</i>	
RELEASE 24 HR 50 MG.....	33	<i>mg</i> .....	41
PROAIR HFA.....	62	<i>propranolol oral tablet 60 mg</i> .....	41
PROAIR RESPICLICK.....	62	<i>propranolol-hydrochlorothiazid</i> .....	41
<i>probenecid</i> .....	56	<i>propylthiouracil</i> .....	50
<i>probenecid-colchicine</i> .....	56	PROQUAD (PF).....	55
<i>procainamide injection solution 100 mg/ml</i> .....	41	PROSOL 20 %.....	65
<i>procainamide injection solution 500 mg/ml</i> .....	41	<i>protriptyline</i> .....	33
PROCALAMINE 3%.....	65	PULMOZYME.....	62
PROCARDIA.....	41	PURIXAN.....	21
PROCARDIA XL ORAL TABLET EXTENDED		<i>pyrazinamide</i> .....	15
RELEASE 24HR 30 MG.....	41	<i>pyridostigmine bromide</i> .....	33
<i>prochlorperazine</i> .....	53	QUADRACEL (PF).....	55
<i>prochlorperazine edisylate injection solution 10 mg/</i>		<i>quasense</i> .....	58
<i>2 ml (5 mg/ml)</i> .....	53	<i>quetiapine oral tablet 100 mg</i> .....	33
<i>prochlorperazine maleate</i> .....	53	<i>quetiapine oral tablet 200 mg</i> .....	33
PROCRIT INJECTION SOLUTION 10,000		<i>quetiapine oral tablet 25 mg</i> .....	33
UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/		<i>quetiapine oral tablet 300 mg</i> .....	33
2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML.....	55	<i>quetiapine oral tablet 400 mg</i> .....	33
PROCRIT INJECTION SOLUTION 20,000		<i>quetiapine oral tablet 50 mg</i> .....	33
UNIT/ML.....	55	<i>quetiapine oral tablet extended release 24 hr 150</i>	
PROCRIT INJECTION SOLUTION 40,000		<i>mg</i> .....	33
UNIT/ML.....	55	<i>quetiapine oral tablet extended release 24 hr 200</i>	
<i>procto-pak</i> .....	53	<i>mg</i> .....	33
<i>proctosol hc topical</i> .....	53	<i>quetiapine oral tablet extended release 24 hr 300</i>	
<i>proctozone-hc</i> .....	53	<i>mg</i> .....	33

<i>quetiapine oral tablet extended release 24 hr 400 mg</i> .....	33	REPATHA SYRINGE.....	41
<i>quetiapine oral tablet extended release 24 hr 50 mg</i> .....	33	REQUIP ORAL TABLET 1 MG, 4 MG, 5 MG.....	33
<i>quinapril</i> .....	41	RESCRIPTOR ORAL TABLET.....	15
<i>quinapril-hydrochlorothiazide</i> .....	41	RESCRIPTOR ORAL TABLET, DISPERSIBLE.....	15
<i>quinidine gluconate injection</i> .....	41	RETROVIR INTRAVENOUS.....	15
<i>quinidine sulfate oral tablet</i> .....	41	REVLIMID ORAL CAPSULE 10 MG.....	21
<i>quinine sulfate</i> .....	15	REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG.....	21
QVAR INHALATION AEROSOL 40 MCG/ACTUATION.....	62	REVLIMID ORAL CAPSULE 5 MG.....	21
QVAR INHALATION AEROSOL 80 MCG/ACTUATION.....	62	REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG.....	34
RABAVERT (PF).....	55	REXULTI ORAL TABLET 3 MG, 4 MG.....	34
<i>raloxifene</i> .....	56	REYATAZ ORAL CAPSULE 150 MG, 200 MG.....	15
<i>ramipril</i> .....	41	REYATAZ ORAL CAPSULE 300 MG.....	15
RANEXA.....	41	REYATAZ ORAL POWDER IN PACKET.....	15
<i>ranitidine hcl injection</i> .....	53	<i>ribasphere oral capsule</i> .....	15
<i>ranitidine hcl oral capsule</i> .....	53	<i>ribasphere oral tablet 200 mg</i> .....	15
<i>ranitidine hcl oral syrup</i> .....	53	<i>ribavirin inhalation</i> .....	15
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i> .....	53	<i>ribavirin oral capsule</i> .....	15
RAPAMUNE ORAL SOLUTION.....	21	<i>ribavirin oral tablet 200 mg</i> .....	15
<i>rasagiline</i> .....	33	RIDAURA.....	56
RAVICTI.....	46	<i>rifabutin</i> .....	15
RAZADYNE ORAL TABLET 4 MG.....	33	<i>rifampin</i> .....	15
<i>reclipsen (28)</i> .....	58	RIFATER.....	15
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION.....	55	<i>riluzole</i> .....	46
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML.....	55	<i>rimantadine</i> .....	15
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML.....	55	<i>ringer's intravenous</i> .....	65
<i>regonol</i> .....	33	<i>ringer's irrigation</i> .....	46
RELENZA DISKHALER.....	15	RIOMET.....	51
RELISTOR SUBCUTANEOUS SOLUTION.....	53	<i>risedronate oral tablet 150 mg</i> .....	56
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML.....	54	<i>risedronate oral tablet 30 mg</i> .....	46
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML.....	54	<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> .....	57
REMICADE.....	54	<i>risedronate oral tablet 5 mg</i> .....	57
REMODULIN.....	41	<i>risedronate oral tablet, delayed release (dr/ec)</i> .....	57
RENVELA ORAL TABLET.....	46	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML.....	34
<i>repaglinide oral tablet 0.5 mg</i> .....	50	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML.....	34
<i>repaglinide oral tablet 1 mg</i> .....	51	<i>risperidone oral solution</i> .....	34
<i>repaglinide oral tablet 2 mg</i> .....	51	<i>risperidone oral tablet 0.25 mg</i> .....	34
REPATHA PUSHTRONEX.....	41	<i>risperidone oral tablet 0.5 mg</i> .....	34
REPATHA SURECLICK.....	41	<i>risperidone oral tablet 1 mg</i> .....	34
		<i>risperidone oral tablet 2 mg</i> .....	34

<i>risperidone oral tablet 3 mg</i> .....	34	SELZENTRY ORAL TABLET 150 MG, 300	
<i>risperidone oral tablet 4 mg</i> .....	34	MG.....	15
<i>risperidone oral tablet, disintegrating 0.25 mg</i> .....	34	SELZENTRY ORAL TABLET 25 MG.....	15
<i>risperidone oral tablet, disintegrating 0.5 mg</i> .....	34	SELZENTRY ORAL TABLET 75 MG.....	15
<i>risperidone oral tablet, disintegrating 1 mg</i> .....	34	SENSIPAR ORAL TABLET 30 MG.....	51
<i>risperidone oral tablet, disintegrating 2 mg</i> .....	34	SENSIPAR ORAL TABLET 60 MG.....	51
<i>risperidone oral tablet, disintegrating 3 mg</i> .....	34	SENSIPAR ORAL TABLET 90 MG.....	51
<i>risperidone oral tablet, disintegrating 4 mg</i> .....	34	SEREVENT DISKUS.....	62
RITUXAN.....	21	SEROQUEL XR ORAL TABLET EXTENDED	
<i>rivastigmine tartrate</i> .....	34	RELEASE 24 HR 150 MG.....	34
<i>rivastigmine transdermal patch</i> .....	34	SEROQUEL XR ORAL TABLET EXTENDED	
<i>rizatriptan</i> .....	34	RELEASE 24 HR 200 MG.....	34
<i>ropinirole oral tablet</i> .....	34	SEROQUEL XR ORAL TABLET EXTENDED	
<i>ropinirole oral tablet extended release 24 hr</i> .....	34	RELEASE 24 HR 300 MG.....	34
<i>rosadan topical cream</i> .....	44	SEROQUEL XR ORAL TABLET EXTENDED	
<i>rosadan topical gel</i> .....	44	RELEASE 24 HR 400 MG.....	34
<i>rosuvastatin</i> .....	41	SEROQUEL XR ORAL TABLET EXTENDED	
ROTARIX.....	55	RELEASE 24 HR 50 MG.....	34
ROTATEQ VACCINE.....	55	<i>sertraline oral concentrate</i> .....	34
<i>roweepira oral tablet 500 mg</i> .....	34	<i>sertraline oral tablet 100 mg</i> .....	34
ROZEREM.....	34	<i>sertraline oral tablet 25 mg</i> .....	34
RUBRACA ORAL TABLET 200 MG.....	21	<i>sertraline oral tablet 50 mg</i> .....	34
RUBRACA ORAL TABLET 250 MG.....	21	<i>sevelamer carbonate oral powder in packet 0.8</i>	
RUBRACA ORAL TABLET 300 MG.....	21	<i>gram</i> .....	46
RYDAPT.....	21	<i>sevelamer carbonate oral powder in packet 2.4</i>	
SABRIL ORAL POWDER IN PACKET.....	34	<i>gram</i> .....	46
SABRIL ORAL TABLET.....	34	<i>sf 5000 plus</i> .....	47
SAMSCA ORAL TABLET 15 MG.....	51	<i>sharobel</i> .....	58
SAMSCA ORAL TABLET 30 MG.....	51	SIGNIFOR.....	21
SANDIMMUNE ORAL SOLUTION.....	21	<i>sildenafil oral</i> .....	62
SANDOSTATIN LAR DEPOT		SILVADENE.....	44
INTRAMUSCULAR SUSPENSION,		<i>silver sulfadiazine</i> .....	44
EXTENDED REL RECON.....	21	SIMBRINZA.....	60
SANTYL.....	44	SIMULECT INTRAVENOUS RECON SOLN	
SAPHRIS (BLACK CHERRY) SUBLINGUAL		10 MG.....	21
TABLET 10 MG.....	34	SIMULECT INTRAVENOUS RECON SOLN	
SAPHRIS (BLACK CHERRY) SUBLINGUAL		20 MG.....	21
TABLET 2.5 MG.....	34	<i>simvastatin</i> .....	41
SAPHRIS (BLACK CHERRY) SUBLINGUAL		SINEMET CR ORAL TABLET EXTENDED	
TABLET 5 MG.....	34	RELEASE 25-100 MG.....	35
SAVELLA ORAL TABLET 100 MG.....	57	<i>sirolimus</i> .....	21
SAVELLA ORAL TABLET 12.5 MG.....	57	SIRTURO.....	15
SAVELLA ORAL TABLET 25 MG.....	57	SIVEXTRO INTRAVENOUS.....	15
SAVELLA ORAL TABLET 50 MG.....	57	SIVEXTRO ORAL.....	15
SAVELLA ORAL TABLETS, DOSE PACK.....	57	<i>sodium bicarbonate intravenous solution 1 meq/ml</i>	
<i>selegiline hcl</i> .....	34	(8.4 %), 4.2 %.....	65
<i>selenium sulfide topical lotion</i> .....	44	<i>sodium bicarbonate intravenous syringe 10 meq/10</i>	
		<i>ml (8.4 %), 7.5 % (0.9 meq/ml)</i> .....	65

<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)</i> .....	65	<i>stavudine oral capsule 40 mg</i> .....	15
<i>sodium chloride 0.45 % intravenous parenteral solution</i> .....	65	STELARA SUBCUTANEOUS SYRINGE.....	45
<i>sodium chloride 0.45 % intravenous piggyback</i> .....	65	STIMATE.....	51
<i>sodium chloride 0.9 % intravenous parenteral solution</i> .....	46	STIOLTO RESPIMAT.....	62
<i>sodium chloride 0.9 % intravenous piggyback</i> .....	46	STIVARGA.....	21
<i>sodium chloride 3 %</i> .....	65	STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG.....	35
<i>sodium chloride 5 %</i> .....	65	STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG.....	35
<i>sodium chloride intravenous</i> .....	65	STREPTOMYCIN.....	15
<i>sodium chloride irrigation</i> .....	46	STRIBILD.....	15
<i>sodium lactate</i> .....	65	STROMECTOL.....	15
<i>sodium phenylbutyrate</i> .....	46	SUCRAID.....	54
<i>sodium polystyrene (sorb free)</i> .....	46	<i>sucrafate oral tablet</i> .....	54
<i>sodium polystyrene sulfonate oral</i> .....	46	SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG.....	41
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i> .....	46	<i>sulfacetamide sodium (acne)</i> .....	45
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML.....	46	<i>sulfacetamide sodium ophthalmic drops</i> .....	60
SOLTAMOX.....	21	<i>sulfacetamide sodium ophthalmic ointment</i> .....	60
SOMATULINE DEPOT.....	21	<i>sulfacetamide-prednisolone</i> .....	60
SOMAVERT.....	51	<i>sulfadiazine</i> .....	15
<i>sorine oral tablet 120 mg, 160 mg</i> .....	41	<i>sulfamethoxazole-trimethoprim intravenous</i> .....	15
<i>sorine oral tablet 240 mg</i> .....	41	<i>sulfamethoxazole-trimethoprim oral suspension</i> .....	15
<i>sorine oral tablet 80 mg</i> .....	41	<i>sulfamethoxazole-trimethoprim oral tablet</i> .....	15
<i>sotalol af oral tablet 120 mg, 160 mg</i> .....	41	SULFAMYLON TOPICAL CREAM.....	45
<i>sotalol af oral tablet 80 mg</i> .....	41	<i>sulfasalazine</i> .....	54
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i> .....	41	<i>sulindac oral tablet 150 mg</i> .....	35
<i>sotalol oral tablet 80 mg</i> .....	41	<i>sulindac oral tablet 200 mg</i> .....	35
SPIRIVA RESPIMAT.....	62	<i>sumatriptan nasal spray</i> .....	35
SPIRIVA WITH HANDIHALER.....	62	<i>sumatriptan succinate oral</i> .....	35
<i>spironolacton-hydrochlorothiaz</i> .....	41	<i>sumatriptan succinate subcutaneous cartridge</i> .....	35
<i>spironolactone</i> .....	41	<i>sumatriptan succinate subcutaneous pen injector</i> .....	35
<i>sprintec (28)</i> .....	58	<i>sumatriptan succinate subcutaneous solution</i> .....	35
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG.....	35	<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> .....	35
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG.....	35	SUPREP BOWEL PREP KIT.....	54
SPRYCEL.....	21	SURMONTIL.....	35
<i>sps (with sorbitol) oral</i> .....	46	SUSTIVA ORAL CAPSULE 200 MG.....	15
<i>sps (with sorbitol) rectal</i> .....	46	SUSTIVA ORAL CAPSULE 50 MG.....	15
<i>sronyx</i> .....	58	SUSTIVA ORAL TABLET.....	15
<i>ssd topical cream 1%</i> .....	45	SUTENT ORAL CAPSULE 12.5 MG.....	21
STAMARIL (PF).....	55	SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG.....	21
<i>stavudine oral capsule 15 mg</i> .....	15	<i>syeda</i> .....	58
<i>stavudine oral capsule 20 mg</i> .....	15	SYLATRON.....	55
<i>stavudine oral capsule 30 mg</i> .....	15	SYMBICORT.....	62
		SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-50 MG.....	35



SYMBYAX ORAL CAPSULE 3-25 MG.....	35	TEGRETOL XR ORAL TABLET EXTENDED	
SYMLINPEN 120.....	51	RELEASE 12 HR 100 MG.....	35
SYMLINPEN 60.....	51	TEKTURNA.....	41
SYNAGIS.....	15	TEKTURNA HCT.....	41
SYNAREL.....	51	<i>telmisartan</i> .....	41
SYNERCID.....	15	<i>telmisartan-amlodipine</i> .....	41
SYNJARDY.....	51	<i>telmisartan-hydrochlorothiazid</i> .....	41
SYNJARDY XR ORAL TABLET, IR - ER,		<i>temazepam oral capsule 15 mg, 30 mg</i> .....	35
BIPHASIC 24HR 10-1,000 MG, 12.5-1,000		TEMOVATE TOPICAL CREAM.....	45
MG, 5-1,000 MG.....	51	TEMOVATE TOPICAL OINTMENT.....	45
SYNJARDY XR ORAL TABLET, IR - ER,		TENIVAC (PF) INTRAMUSCULAR	
BIPHASIC 24HR 25-1,000 MG.....	51	SYRINGE.....	55
SYNRIBO.....	21	TENORETIC 100.....	41
SYNTHROID.....	51	TENORETIC 50.....	41
SYPRINE.....	46	<i>terazosin oral capsule</i> .....	42
TABLOID.....	21	<i>terbinafine hcl oral</i> .....	15
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i> .....	21	<i>terbutaline oral</i> .....	62
<i>tacrolimus oral capsule 5 mg</i> .....	21	<i>terbutaline subcutaneous</i> .....	62
<i>tacrolimus topical</i> .....	45	<i>terconazole vaginal cream</i> .....	58
TAFINLAR.....	21	<i>terconazole vaginal suppository</i> .....	58
TAGRISSO ORAL TABLET 40 MG.....	22	<i>testosterone cypionate</i> .....	51
TAGRISSO ORAL TABLET 80 MG.....	22	<i>testosterone enanthate</i> .....	51
TALTZ SYRINGE.....	45	TESTOSTERONE TRANSDERMAL GEL.....	51
TAMIFLU ORAL CAPSULE 30 MG, 45		TESTOSTERONE TRANSDERMAL GEL IN	
MG.....	15	METERED-DOSE PUMP 10 MG/0.5 GRAM	
<i>tamiflu oral capsule 75 mg</i> .....	15	/ACTUATION.....	51
TAMIFLU ORAL SUSPENSION FOR		TESTOSTERONE TRANSDERMAL GEL IN	
RECONSTITUTION.....	15	METERED-DOSE PUMP 12.5 MG/ 1.25	
<i>tamoxifen</i> .....	22	GRAM (1 % ).....	51
<i>tamsulosin</i> .....	63	<i>testosterone transdermal gel in packet 1 % (25 mg/</i>	
TANZEUM.....	51	<i>2.5gram)</i> .....	51
TAPAZOLE.....	51	TESTOSTERONE TRANSDERMAL GEL IN	
TARCEVA ORAL TABLET 100 MG, 150		PACKET 1 % (50 MG/5 GRAM).....	51
MG.....	22	TETANUS,DIPHThERIA TOX PED(PF).....	55
TARCEVA ORAL TABLET 25 MG.....	22	TETANUS-DIPHThERIA TOXOIDS-TD.....	55
TARGRETIN ORAL.....	22	<i>tetrabenazine oral tablet 12.5 mg</i> .....	35
TARGRETIN TOPICAL.....	22	<i>tetrabenazine oral tablet 25 mg</i> .....	35
TASIGNA.....	22	<i>tetracycline</i> .....	15
TAXOTERE INTRAVENOUS SOLUTION 20		THALOMID ORAL CAPSULE 100 MG, 50	
MG/ML (1 ML), 80 MG/4 ML (20 MG/		MG.....	22
ML).....	22	THALOMID ORAL CAPSULE 150 MG, 200	
<i>tazarotene</i> .....	45	MG.....	22
TAZORAC.....	45	<i>theophylline oral elixir</i> .....	62
<i>taztia xt</i> .....	41	<i>theophylline oral solution</i> .....	62
TECENTRIQ.....	22	<i>theophylline oral tablet extended release 12 hr</i> .....	62
TECFIDERA.....	35	<i>theophylline oral tablet extended release 24 hr</i> .....	62
TECHNIVIE.....	15	THIOLA.....	46
TEFLARO.....	15	<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i> .....	35

<i>thioridazine oral tablet 100 mg</i> .....	35	TORISEL.....	22
<i>thiotepa</i> .....	22	<i>toremide oral</i> .....	42
<i>thiothixene</i> .....	35	TOUJEO SOLOSTAR.....	51
THYMOGLOBULIN.....	55	TOVIAZ.....	63
<i>tiagabine</i> .....	35	TRADJENTA.....	51
TIAZAC.....	42	<i>tramadol oral tablet</i> .....	35
TICE BCG.....	55	<i>tramadol-acetaminophen</i> .....	35
TIGECYCLINE.....	15	<i>trandolapril</i> .....	42
TIKOSYN.....	42	<i>trandolapril-verapamil</i> .....	42
<i>tilia fe</i> .....	58	<i>tranexamic acid intravenous</i> .....	42
<i>timolol maleate ophthalmic drops</i> .....	60	<i>tranexamic acid oral</i> .....	58
<i>timolol maleate ophthalmic gel forming solution</i> .....	60	<i>transderm-scop</i> .....	54
<i>timolol maleate oral tablet 10 mg, 5 mg</i> .....	42	<i>tranylcypromine</i> .....	35
<i>timolol maleate oral tablet 20 mg</i> .....	42	<i>travasol 10 %</i> .....	65
TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE 0.25 %.....	60	TRAVATAN Z.....	60
TIMOPTIC OPHTHALMIC DROPS 0.25 %.....	60	<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i> .....	35
TIMOPTIC-XE.....	60	<i>trazodone oral tablet 300 mg</i> .....	35
<i>tinidazole oral tablet 250 mg</i> .....	15	TREANDA INTRAVENOUS RECON SOLN.....	22
<i>tinidazole oral tablet 500 mg</i> .....	15	TRECATOR.....	16
TIVICAY ORAL TABLET 10 MG.....	16	TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML.....	22
TIVICAY ORAL TABLET 25 MG, 50 MG.....	16	TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML.....	22
<i>tizanidine oral tablet</i> .....	35	TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML.....	22
TOBRADEX OPHTHALMIC OINTMENT.....	60	<i>tretinoin (chemotherapy)</i> .....	22
TOBRADEX ST.....	60	<i>tretinoin topical cream</i> .....	45
<i>tobramycin</i> .....	60	<i>tretinoin topical gel 0.01 %, 0.025 %</i> .....	45
<i>tobramycin in 0.225% nacl for nebulization</i> .....	16	<i>tri-estarylla</i> .....	58
<i>tobramycin sulfate injection recon soln</i> .....	16	<i>tri-legest fe</i> .....	58
<i>tobramycin sulfate injection solution</i> .....	16	<i>tri-linyah</i> .....	59
<i>tobramycin-dexamethasone ophthalmic suspension</i> .....	60	<i>tri-previfem (28)</i> .....	59
<i>tolazamide oral tablet 250 mg</i> .....	51	<i>tri-sprintec (28)</i> .....	59
<i>tolazamide oral tablet 500 mg</i> .....	51	<i>triamcinolone acetonide dental</i> .....	47
<i>tolbutamide</i> .....	51	<i>triamcinolone acetonide injection suspension 10 mg/ ml</i> .....	51
<i>tolcapone</i> .....	35	<i>triamcinolone acetonide injection suspension 40 mg/ ml</i> .....	51
<i>tolterodine oral capsule, extended release 24hr</i> .....	63	<i>triamcinolone acetonide nasal</i> .....	62
<i>tolterodine oral tablet</i> .....	63	<i>triamcinolone acetonide topical cream 0.025 %</i> .....	45
<i>topiramate oral capsule, sprinkle</i> .....	35	<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> .....	45
<i>topiramate oral tablet 100 mg</i> .....	35	<i>triamcinolone acetonide topical lotion</i> .....	45
<i>topiramate oral tablet 200 mg</i> .....	35	<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> .....	45
<i>topiramate oral tablet 25 mg</i> .....	35	<i>triamterene-hydrochlorothiazid oral capsule 37.5- 25 mg</i> .....	42
<i>topiramate oral tablet 50 mg</i> .....	35		
<i>toposar</i> .....	22		
<i>topotecan intravenous recon soln</i> .....	22		
<i>topotecan intravenous solution</i> .....	22		
TOPROL XL.....	42		

<i>triamterene-hydrochlorothiazid oral capsule 50-25</i>	UPTRAVI ORAL TABLETS,DOSE PACK.....	42	42
<i>mg</i> .....	<i>ursodiol</i> .....	42	54
<i>triamterene-hydrochlorothiazid oral tablet</i> .....	UVADEX.....	42	45
<i>trianex</i> .....	VAGIFEM.....	45	59
TRIBENZOR.....	<i>valacyclovir oral tablet 1 gram</i> .....	42	16
TRICOR ORAL TABLET 48 MG.....	<i>valacyclovir oral tablet 500 mg</i> .....	42	16
<i>triderm topical cream</i> .....	VALCHLOR.....	45	45
<i>trifluoperazine oral tablet 1 mg, 2 mg</i> .....	<i>valganciclovir oral tablet</i> .....	35	16
<i>trifluoperazine oral tablet 10 mg, 5 mg</i> .....	<i>valproate sodium</i> .....	35	35
<i>trifluridine</i> .....	<i>valproic acid</i> .....	60	35
<i>trihexyphenidyl</i> .....	<i>valproic acid (as sodium salt) oral solution 250 mg/</i>	35	35
TRILIPIX ORAL CAPSULE,DELAYED	<i>5 ml</i> .....	42	35
RELEASE(DR/EC) 45 MG.....	<i>valproic acid (as sodium salt) oral solution 250 mg/</i>	42	36
<i>trilyte with flavor packets</i> .....	<i>5 ml (5 ml), 500 mg/10 ml (10 ml)</i> .....	54	36
<i>trimethoprim</i> .....	<i>valsartan</i> .....	16	42
<i>trimipramine</i> .....	<i>valsartan-hydrochlorothiazide</i> .....	35	42
<i>trinessa (28)</i> .....	VANCOMYCIN IN 0.9% SODIUM CL	59	
TRINTELLIX ORAL TABLET 10 MG.....	INTRAVENOUS PIGGYBACK.....	35	16
TRINTELLIX ORAL TABLET 20 MG.....	VANCOMYCIN IN DEXTROSE 5 %	35	
TRINTELLIX ORAL TABLET 5 MG.....	INTRAVENOUS PIGGYBACK 1 GRAM/200	35	
TRISENOX.....	ML.....	22	16
TRIUMEQ.....	VANCOMYCIN IN DEXTROSE 5 %	16	
<i>trivora (28)</i> .....	INTRAVENOUS PIGGYBACK 500 MG/100	59	
TROPHAMINE 10 %.....	ML, 750 MG/150 ML.....	65	16
TROPHAMINE 6%.....	<i>vancomycin intravenous recon soln 1,000 mg, 10</i>	65	16
<i>tropium oral capsule,extended release 24hr</i> .....	<i>gram, 5 gram, 500 mg</i> .....	63	16
<i>tropium oral tablet</i> .....	VANCOMYCIN INTRAVENOUS RECON	63	
TRULICITY.....	SOLN 750 MG.....	51	16
TRUMENBA.....	<i>vancomycin oral capsule 125 mg</i> .....	55	16
TRUVADA.....	<i>vancomycin oral capsule 250 mg</i> .....	16	16
TWINRIX (PF).....	<i>vandazole</i> .....	55	59
TWYNSTA ORAL TABLET 40-10 MG, 40-5	VAQTA (PF).....	55	56
MG, 80-5 MG.....	VARIVAX (PF).....	42	56
TYBOST.....	VARIZIG INTRAMUSCULAR	16	
TYKERB.....	SOLUTION.....	22	56
TYPHIM VI INTRAMUSCULAR	VASCEPA.....	55	42
SOLUTION.....	VASERETIC.....	55	42
TYPHIM VI INTRAMUSCULAR	VASOTEC ORAL TABLET 2.5 MG.....	55	42
SYRINGE.....	VECAMYL.....	55	42
TYSABRI.....	VECTIBIX.....	35	22
UCERIS ORAL.....	VELCADE.....	54	22
ULORIC.....	<i>velivet triphasic regimen (28)</i> .....	57	59
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg,</i>	VENCLEXTA ORAL TABLET 10 MG.....		22
<i>150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg,</i>	VENCLEXTA ORAL TABLET 100 MG.....		22
<i>50 mcg, 75 mcg, 88 mcg</i> .....	VENCLEXTA ORAL TABLET 50 MG.....		22
<i>unithroid oral tablet 137 mcg</i> .....	VENCLEXTA STARTING PACK.....		22
UNITUXIN.....	<i>venlafaxine oral capsule,extended release 24hr 150</i>		
UPTRAVI ORAL TABLET.....	<i>mg</i> .....		36

<i>venlafaxine oral capsule,extended release 24hr 37.5</i> <i>mg.....</i>	36	VIMPAT ORAL TABLET 50 MG.....	36
<i>venlafaxine oral capsule,extended release 24hr 75</i> <i>mg.....</i>	36	<i>vinblastine intravenous solution.....</i>	22
<i>venlafaxine oral tablet 100 mg.....</i>	36	<i>vincasar pfs intravenous solution 1 mg/ml.....</i>	22
<i>venlafaxine oral tablet 25 mg.....</i>	36	<i>vincasar pfs intravenous solution 2 mg/2 ml.....</i>	22
<i>venlafaxine oral tablet 37.5 mg.....</i>	36	<i>vincristine intravenous solution 1 mg/ml.....</i>	22
<i>venlafaxine oral tablet 50 mg.....</i>	36	<i>vincristine intravenous solution 2 mg/2 ml.....</i>	22
<i>venlafaxine oral tablet 75 mg.....</i>	36	<i>vinorelbine.....</i>	22
<i>venlafaxine oral tablet extended release 24hr 150</i> <i>mg.....</i>	36	<i>viorele (28).....</i>	59
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG.....	36	VIRACEPT ORAL TABLET 250 MG.....	16
<i>venlafaxine oral tablet extended release 24hr 37.5</i> <i>mg.....</i>	36	VIRACEPT ORAL TABLET 625 MG.....	16
<i>venlafaxine oral tablet extended release 24hr 75</i> <i>mg.....</i>	36	VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG.....	16
VENTAVIS.....	62	VIREAD ORAL POWDER.....	16
VENTOLIN HFA.....	62	VIREAD ORAL TABLET.....	16
<i>verapamil intravenous solution.....</i>	42	VIVELLE-DOT.....	59
<i>verapamil intravenous syringe.....</i>	42	VOLTAREN TOPICAL.....	36
<i>verapamil oral capsule, 24 hr er pellet ct.....</i>	42	<i>voriconazole intravenous.....</i>	16
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg,</i> <i>180 mg, 240 mg.....</i>	42	<i>voriconazole oral suspension for reconstitution.....</i>	16
<i>verapamil oral capsule,ext rel. pellets 24 hr 360</i> <i>mg.....</i>	42	<i>voriconazole oral tablet 200 mg.....</i>	16
<i>verapamil oral tablet.....</i>	42	<i>voriconazole oral tablet 50 mg.....</i>	16
<i>verapamil oral tablet extended release 120 mg.....</i>	42	VOTRIENT.....	22
<i>verapamil oral tablet extended release 180 mg, 240</i> <i>mg.....</i>	42	VPRIV.....	51
VERSACLOZ.....	36	VRAYLAR ORAL CAPSULE.....	36
VESICARE.....	63	VRAYLAR ORAL CAPSULE,DOSE PACK.....	36
<i>vestura (28).....</i>	59	<i>vyfemla (28).....</i>	59
VICTOZA 2-PAK.....	51	<i>warfarin.....</i>	42
VICTOZA 3-PAK.....	51	<i>water for irrigation, sterile.....</i>	46
VIDEX 2 GRAM PEDIATRIC.....	16	WELCHOL.....	42
VIDEX 4 GRAM PEDIATRIC.....	16	XALATAN.....	60
VIGAMOX.....	60	XALKORI.....	22
VIIBRYD ORAL TABLET 10 MG.....	36	XARELTO ORAL TABLET 10 MG, 20 MG.....	42
VIIBRYD ORAL TABLET 20 MG.....	36	XARELTO ORAL TABLET 15 MG.....	42
VIIBRYD ORAL TABLET 40 MG.....	36	XARELTO ORAL TABLETS,DOSE PACK.....	42
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23).....	36	XATMEP.....	22
VIMPAT INTRAVENOUS.....	36	XELJANZ.....	57
VIMPAT ORAL SOLUTION.....	36	XENAZINE ORAL TABLET 12.5 MG.....	36
VIMPAT ORAL TABLET 100 MG.....	36	XENAZINE ORAL TABLET 25 MG.....	36
VIMPAT ORAL TABLET 150 MG, 200 MG.....	36	XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT.....	56
		XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT.....	56
		XGEVA.....	22
		XIFAXAN ORAL TABLET 550 MG.....	16
		XIIDRA.....	60
		XOLAIR.....	63
		XTANDI.....	22
		<i>xulane.....</i>	59

XYREM.....	36	ZITHROMAX ORAL PACKET.....	16
XYZAL ORAL TABLET.....	63	ZITHROMAX ORAL TABLET 250 MG.....	16
YERVOY.....	23	ZITHROMAX Z-PAK.....	16
YF-VAX (PF).....	56	ZMAX.....	16
YONDELIS.....	23	ZOCOR ORAL TABLET 10 MG, 5 MG.....	42
<i>yuvafem</i> .....	59	<i>zoledronic acid intravenous solution 4 mg/5 ml</i> .....	51
<i>zafirlukast</i> .....	63	<i>zoledronic acid-mannitol-water 5 mg/100 ml</i> .....	46
<i>zaleplon oral capsule 10 mg</i> .....	36	ZOLINZA.....	23
<i>zaleplon oral capsule 5 mg</i> .....	36	<i>zolpidem oral tablet</i> .....	36
ZALTRAP.....	23	<i>zolpidem oral tablet, ext release multiphase</i> .....	36
ZANOSAR.....	23	ZOMETA INTRAVENOUS PIGGYBACK.....	52
ZARAH.....	59	<i>zonisamide oral capsule 100 mg, 50 mg</i> .....	36
ZARONTIN ORAL CAPSULE.....	36	<i>zonisamide oral capsule 25 mg</i> .....	36
ZAVESCA.....	51	ZORTRESS ORAL TABLET 0.25 MG.....	23
ZEJULA.....	23	ZORTRESS ORAL TABLET 0.5 MG, 0.75	
ZELBORAF.....	23	MG.....	23
<i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i> .....	45	ZOSTAVAX (PF).....	56
<i>zenatane oral capsule 30 mg</i> .....	45	<i>zovia 1/35e (28)</i> .....	59
<i>zenchent (28)</i> .....	59	<i>zovia 1/50e (28)</i> .....	59
<i>zenchent fe</i> .....	59	ZYDELIG.....	23
<i>zenzedi oral tablet 10 mg</i> .....	36	ZYKADIA.....	23
<i>zenzedi oral tablet 5 mg</i> .....	36	ZYPREXA RELPREVV INTRAMUSCULAR	
ZERIT ORAL RECON SOLN.....	16	SUSPENSION FOR RECONSTITUTION	
ZESTORETIC.....	42	210 MG.....	37
ZESTRIL ORAL TABLET 10 MG, 20 MG, 40		ZYPREXA RELPREVV INTRAMUSCULAR	
MG, 5 MG.....	42	SUSPENSION FOR RECONSTITUTION	
ZETIA.....	42	300 MG.....	37
ZIAC ORAL TABLET 10-6.25 MG, 5-6.25		ZYPREXA RELPREVV INTRAMUSCULAR	
MG.....	42	SUSPENSION FOR RECONSTITUTION	
ZIAGEN ORAL SOLUTION.....	16	405 MG.....	37
<i>zidovudine oral capsule</i> .....	16	ZYTIGA ORAL TABLET 250 MG.....	23
<i>zidovudine oral syrup</i> .....	16	ZYVOX INTRAVENOUS PARENTERAL	
<i>zidovudine oral tablet</i> .....	16	SOLUTION 200 MG/100 ML.....	16
ZIOPTAN (PF).....	60	ZYVOX INTRAVENOUS PARENTERAL	
<i>ziprasidone hcl oral capsule 20 mg</i> .....	36	SOLUTION 600 MG/300 ML.....	17
<i>ziprasidone hcl oral capsule 40 mg</i> .....	36	ZYVOX ORAL SUSPENSION FOR	
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> .....	36	RECONSTITUTION.....	17
ZIRGAN.....	60		







---

An **Anthem** Company

Empire BlueCross BlueShield is an HMO plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield depends on contract renewal.

Empire HealthChoice HMO, Inc. (Empire) is the legal entity that has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the HMO plan noted above or herein. Empire is the risk-bearing entity licensed under applicable state law to offer the HMO plan(s) noted. Empire has retained the services of its related companies and the authorized agents/brokers/producers to provide administrative services and/or to make the HMO plan(s) available in this region. Services provided by Empire HealthChoice HMO, Inc. licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATENCIÓN: Si usted habla español, servicios de asistencia en español, de forma gratuita, están disponibles para usted. Llame al 1-800-499-9554 (TTY: 711)

注意：如果您提供免費的中文語言服務，您可以使用。撥打1-800-499-9554(TTY: 711)。

This formulary was updated on August 1, 2017. For more recent information or other questions, please contact Empire MediBlue Plus (HMO) Customer Service, at 1-800-499-9554 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.empireblue.com/medicare>.