

# 2022 Part D Formulary

(List of Covered Drugs)



## Register on our website to choose to receive plan communications by email or online.

Anthem Medicare Preferred (PPO) with Senior Rx Plus  
with Select Generics

**Please read:** This document contains information about the drugs we cover in this plan.

This *Formulary* was updated on September 1, 2021.



Pharmacy-related benefits questions:

Pharmacy Member Services

**1-833-360-3662 (TTY: 711)**

24 hours a day, 7 days a week

All other questions:

Member Services

**1-833-848-8730 (TTY: 711)**

Monday through Friday, 8 a.m. to 9 p.m. ET,  
except holidays

[www.anthem.com](http://www.anthem.com)



Note to members:

Please review this document to make sure that it contains the drugs you take.

If this document does not contain the drugs you take, please refer to the “What if my drug is not on the *Part D Formulary*” section for more information.

When this *Formulary (Drug List)* refers to “we,” “us” or “our,” it means Anthem Blue Cross and Blue Shield. When it refers to “plan” or “your plan,” it means your 2022 group retiree drug plan.

This document includes a list of the covered Part D drugs for your plan which is current as of 1/1/2022. For an updated *Formulary*, please review the *Formulary* online at [www.anthem.com](http://www.anthem.com), or call Pharmacy Member Services. Our contact information, along with the date we last updated the *Formulary*, appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your *Formulary* and pharmacy network may change on January 1, 2023, and from time to time during the year. You will receive notice when necessary.

Depending on your group sponsor's renewal date, your benefits, copayments/coinsurance may also change on January 1, 2023. The benefit information provided is not a complete description of benefits. Limitations, copayments and restrictions may apply. Please refer to your *Evidence of Coverage* online at [www.anthem.com](http://www.anthem.com), or call the Pharmacy Member Services number listed on the front and back covers, for information specific to your plan.

This document may be available in an alternate format. Please call the Member Services number listed on the front and back covers for additional information.

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## What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D* Formulary?

A *Formulary* is a list of covered Part D drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be necessary parts of a quality treatment program.

Your plan will generally cover the drugs listed in the *Formulary* as long as you follow these basic rules:

- The drug is medically necessary.
- The prescription is filled at a network pharmacy, and other plan rules are followed.
- The drug is a Medicare Part D eligible drug. Medicare Part D eligible drugs are all approved by the Food and Drug Administration (FDA) and if brand, the drug manufacturer has agreed to provide the Coverage Gap Discount.
- The drugs covered under your retiree drug coverage are listed in this document.

Your plan provides coverage for many Medicare Part D eligible drugs. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. Not all drugs are on your *Formulary*.

Some drugs may be covered under the medical benefits of your plan rather than under the drug benefits of your plan. Some of the drugs that are covered under your medical benefits are marked with a B/D in this *Drug List*.

You may also have coverage for certain additional drugs not covered by Medicare Part D plans. These drugs are referred to as “*Extra Covered Drugs*” and are covered by your Senior Rx Plus supplemental benefits. You can find out which specific drugs are covered by checking your *Extra Covered Drug List* online at [www.anthem.com](http://www.anthem.com), or by calling the Pharmacy Member Services number listed on the front and back covers.

To find out if your plan includes coverage for additional drugs, please check the benefits chart located at the front of your *Evidence of Coverage*. For more information on how to fill your prescriptions, please review your *Evidence of Coverage* online at [www.anthem.com](http://www.anthem.com), or call the Pharmacy Member Services number listed on the front and back covers.

## Can the *Part D* Formulary (*Drug List*) change?

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

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our *Drug List* if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our *Drug List*, but immediately move it to a different cost sharing tier or add new

restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled, “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D Formulary?*”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our *Formulary* to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our *Formulary* and provide notice to members who take the drug.
- **Drugs that are no longer considered Part D eligible.** If CMS changes the Part D status of a drug, CMS will notify us that the drug is no longer deemed eligible for coverage under your Part D plan. If this happens, we will immediately remove the drug from the *Part D Drug List*.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the *Formulary*; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our *Formulary*, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D Formulary?*”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 *Formulary* that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year, except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the *Drug List* for the new benefit year for any changes to drugs.

We evaluate new drugs as they come onto the market. Once we have completed a full evaluation based upon clinical effectiveness and cost relative to other drug therapies, the drug will be assigned to a drug plan tier or non-formulary designation. If a new Part D eligible drug is designated as non-formulary following our review, this drug will not be covered on your *Formulary*. If your provider feels you should use the new drug, you or your provider may request a coverage exception.

This *Formulary* is current as of 1/1/2022. To get updated information about the drugs covered by your plan, please refer to your *Formulary* online at [www.anthem.com](http://www.anthem.com), or call Pharmacy Member Services. Our contact information appears on the front and back covers.

## How do I use the *Part D Formulary*?

There are two ways to find your drug within the *Formulary*:

### Medical Condition

The *Formulary* begins on page 11. 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, and Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 11, then look under the category name for your drug.

Please refer to section "Your plan's *Part D Formulary*" to see an example of how to read your *Drug List*.

### 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 84. 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?

Your 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. If you have any questions on the below restrictions, please contact the Pharmacy Member Services number listed on the front and back covers.

These requirements and limits may include:

- **Prior authorization:** Your plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we cover 30 tablets per 30 days of *irbesartan 75 mg tablets*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, we require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Day supply limits:** Short and long acting opioids are limited to a 7-day supply per fill for members who have not filled an opioid drug in the past 180 days. Members with cancer or members in hospice will be excluded from the 7-day supply limit.



You can find out if your drug has any additional requirements or limits by looking in the *Formulary* that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online at [www.anthem.com](http://www.anthem.com) the 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 covers.

You can ask us to make an exception to these restrictions, or limits, or for a list of other similar drugs that may treat your health condition. See the section, "How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D Formulary*?" on page 5 for information about how to request an exception.

## What if my drug is not on the *Part D Formulary*?

If your drug is not included in this *Formulary (List of Covered Drugs)*, you should first contact Pharmacy Member Services, our contact information appears on the front and back covers, and ask if your drug is covered.

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

- You can ask Pharmacy Member Services for a list of similar drugs that are covered by your 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 your plan.
- You can ask your plan to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus *Part D Formulary*?

You can ask us 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 Part D eligible drug even if it is not on our *Formulary*. If approved, this drug will be covered at a pre-determined 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, **unless** the drug is on the specialty tier.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit 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, your 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 call Pharmacy Member Services to ask us for an initial coverage decision for a *Formulary*, tiering or utilization restriction exception. Our contact information appears on the front and back covers.



**When you request a *Formulary*, tiering or utilization restriction exception, you should submit a statement from your prescribing provider supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing provider'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 prescribing provider.

## 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 your 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 your 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 one-month supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a one-month supply of medication. After your first one-month 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 cover a temporary one-month 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 your 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 your plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a *Formulary* exception.

## For more information

For more detailed information about your plan's prescription drug coverage, please review your *Evidence of Coverage* and other plan materials online at [www.anthem.com](http://www.anthem.com), or call Pharmacy Member Services. Our contact information, along with the date we last updated this *Formulary*, appears on the front and back covers.

If you have questions about your plan, please call Pharmacy Member Services. Our contact information, along with the date we last updated this *Formulary*, appears on the front and back covers.

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, [www.medicare.gov](http://www.medicare.gov).

## Your plan's *Part D Formulary*

The *Formulary* that begins on page 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

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

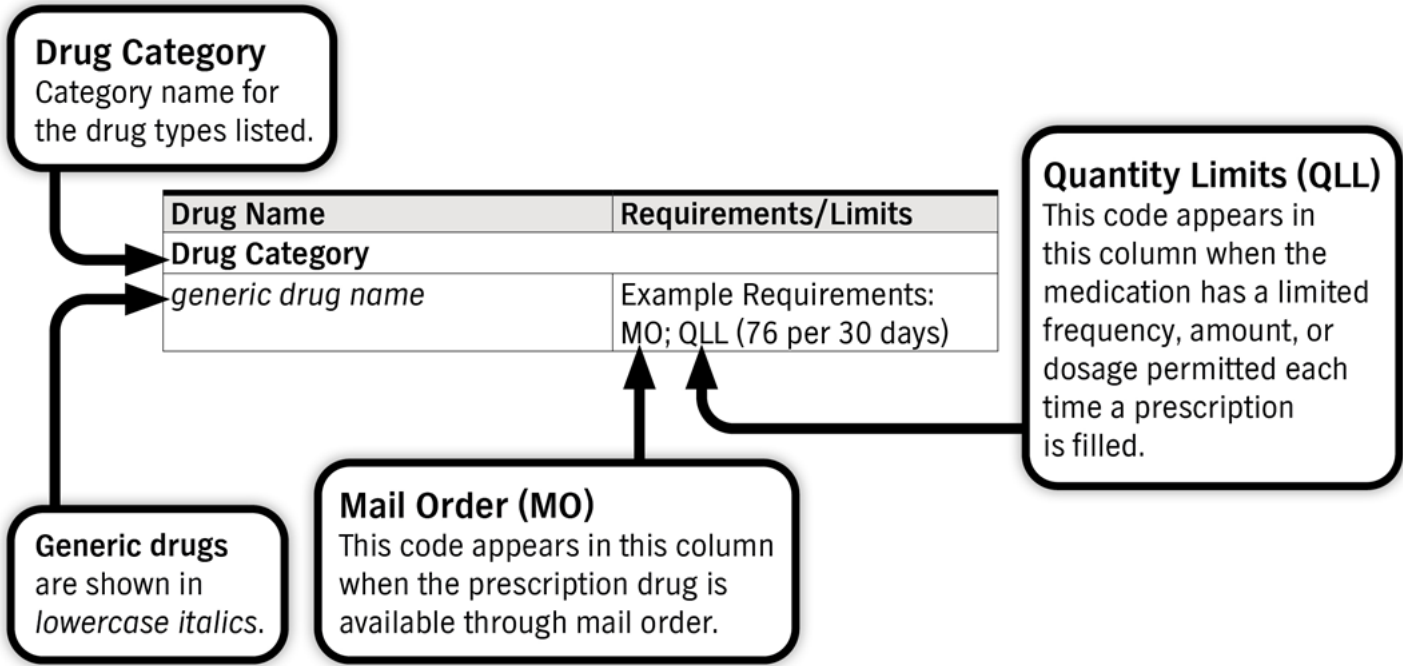
The **second column** of the chart identifies the tier placement of each medication covered in your *Formulary*. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find out what your copayment or coinsurance is for each drug tier, please check the benefits chart located at the front of your *Evidence of Coverage*, which can be found online at [www.anthem.com](http://www.anthem.com), or call the Pharmacy Member Services number listed on the front and back covers. Your drug plan benefits chart uses the following tier labels:

Tier Number	Tier Label
1	Generics
2	Preferred Brands
3	Non-Preferred Drugs, including Specialty Drugs

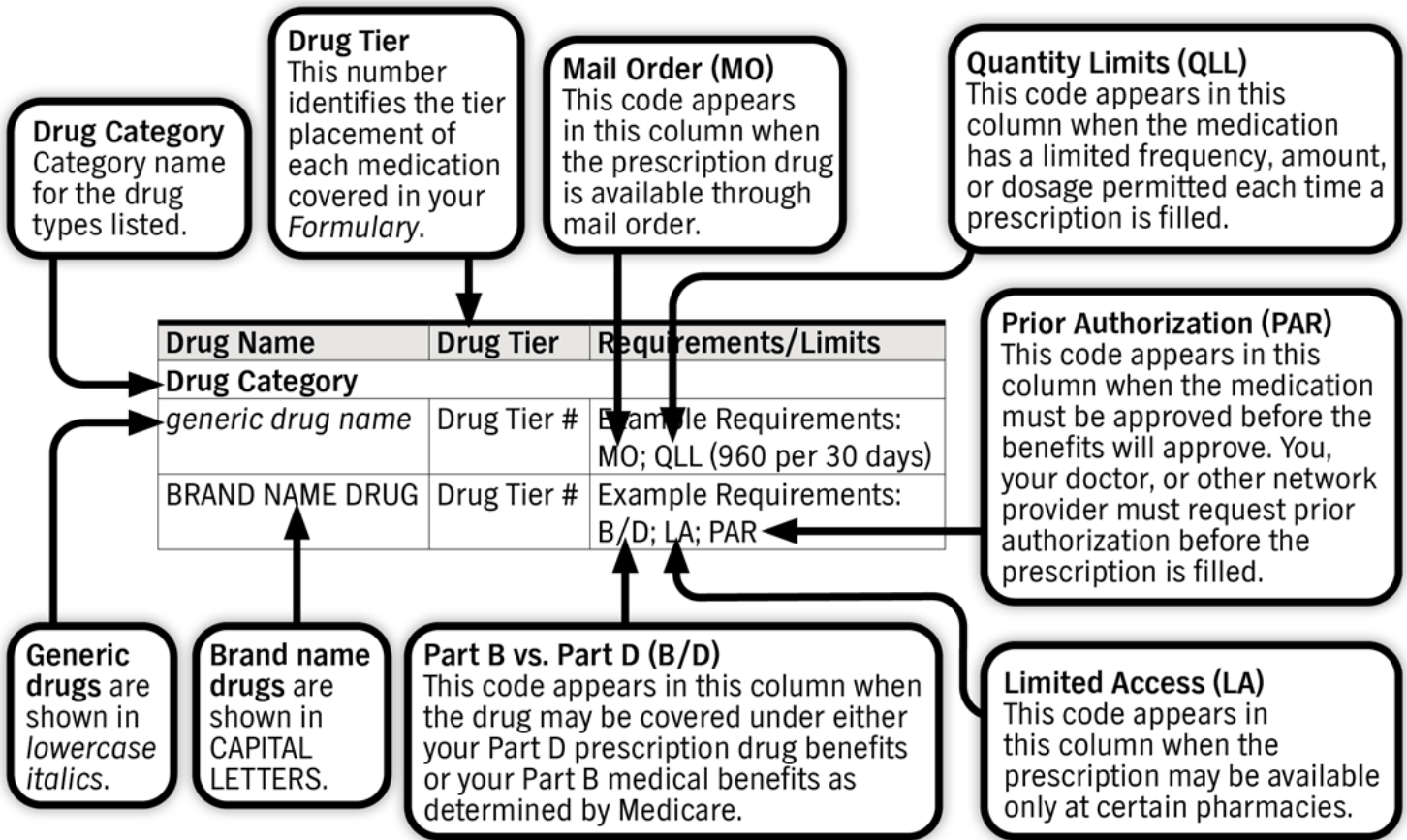
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$4,430. Please check your benefits chart and *Evidence of Coverage* online at [www.anthem.com](http://www.anthem.com), for complete details on the cost you must pay for drugs covered by your drug plan.

The **third column** tells you if your plan has any special requirements for coverage of your drug. The *Formulary* chart legend, located on page 11, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Below you will find an example of how to read the Select Generics List.



Below you will find an example of how to read your *Formulary Drug List*, which has more requirements than the Select Generics List.



## Select Generics for 2022

You may fill up to a 100-day supply of Select Generics if prescribed by your provider. These drugs are covered under your retiree drug plan at a reduced copay (see the benefits chart in your *Evidence of Coverage*).

### Legend

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

**MO - Mail Order:** Prescription drugs available through mail order.

Drug Name	Requirements /Limits	Drug Name	Requirements /Limits
<b>Blood Glucose Regulators</b>		<i>atenolol &amp; chlorthalidone tab 50-25 mg, tab 100-25 mg</i>	MO
<i>glimepiride tab 1 mg</i>	MO; QLL (240 per 30 days)	<i>atenolol tab 25 mg, tab 50 mg, tab 100 mg</i>	MO
<i>glimepiride tab 2 mg</i>	MO; QLL (120 per 30 days)	<i>atorvastatin calcium tab 10 mg equivalent), tab 20 mg equivalent), tab 40 mg equivalent), tab 80 mg equivalent)</i>	MO
<i>glimepiride tab 4 mg</i>	MO; QLL (60 per 30 days)	<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg, tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg</i>	MO
<i>glipizide tab 10 mg</i>	MO; QLL (120 per 30 days)	<i>benazepril hcl tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i>	MO
<i>glipizide tab 5 mg, tab er 24hr 2.5 mg</i>	MO; QLL (240 per 30 days)	<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg, tab 5-6.25 mg, tab 10-6.25 mg</i>	MO
<i>glipizide tab er 24hr 10 mg</i>	MO; QLL (60 per 30 days)	<i>bisoprolol fumarate tab 5 mg, tab 10 mg</i>	MO
<i>glipizide tab er 24hr 5 mg</i>	MO; QLL (120 per 30 days)	<i>carvedilol tab 3.125 mg, tab 6.25 mg, tab 12.5 mg, tab 25 mg</i>	MO
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	MO; QLL (240 per 30 days)	<i>chlorthalidone tab 25 mg, tab 50 mg</i>	MO
<i>glipizide-metformin hcl tab 2.5-500 mg, tab 5-500 mg</i>	MO; QLL (120 per 30 days)	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg, tab 10-25 mg</i>	MO
<i>metformin hcl tab 1000 mg, tab er 24hr 750 mg</i>	MO; QLL (60 per 30 days)	<i>enalapril maleate tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg</i>	MO
<i>metformin hcl tab 500 mg</i>	MO; QLL (150 per 30 days)	<i>fosinopril sodium tab 10 mg, tab 20 mg, tab 40 mg</i>	MO
<i>metformin hcl tab 850 mg</i>	MO; QLL (90 per 30 days)		
<i>metformin hcl tab er 24hr 500 mg</i>	MO; QLL (120 per 30 days)		
<b>Cardiovascular Agents</b>			

<b>Drug Name</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Requirements /Limits</b>
<i>furosemide tab 20 mg, tab 40 mg, tab 80 mg</i>	MO	<i>pravastatin sodium tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg</i>	MO
<i>hydrochlorothiazide cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg</i>	MO	<i>quinapril hcl tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i>	MO
<i>irbesartan tab 75 mg, tab 150 mg, tab 300 mg</i>	MO	<i>ramipril cap 1.25 mg, cap 2.5 mg, cap 5 mg, cap 10 mg</i>	MO
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, tab 300-12.5 mg</i>	MO	<i>rosuvastatin calcium tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i>	MO
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg</i>	MO	<i>simvastatin tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg</i>	MO
<i>lisinopril tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg</i>	MO	<i>trandolapril tab 1 mg, tab 2 mg, tab 4 mg</i>	MO
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, tab 100-12.5 mg, tab 100-25 mg</i>	MO	<i>valsartan tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg</i>	MO
<i>losartan potassium tab 25 mg, tab 50 mg, tab 100 mg</i>	MO	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, tab 160-12.5 mg, tab 160-25 mg, tab 320-12.5 mg, tab 320-25 mg</i>	MO
<i>lovastatin tab 10 mg, tab 20 mg, tab 40 mg</i>	MO	<b>Metabolic Bone Disease Agents</b>	
<i>metoprolol tartrate tab 25 mg, tab 50 mg, tab 100 mg</i>	MO	<i>alendronate sodium tab 35 mg, tab 70 mg</i>	MO; QLL (4 per 28 days)
		<i>alendronate sodium tab 5 mg, tab 10 mg, tab 40 mg</i>	MO; QLL (30 per 30 days)

## Covered Medications by Therapeutic Category - Part D Eligible Drugs

### Legend

Generic drugs are shown in lowercase italics (example: *enalapril*).

Brand name drugs are shown in capital letters (example: HUMALOG).

**QLL - Quantity Limits:** Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled. This is 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 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 Pharmacy Member Services. The phone numbers are listed on the front and back covers.

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

**MO - Mail Order:** Prescription drugs available through mail order.

**NE - Non-extended Day Supply:** Drugs that will be limited to a 30-day supply per fill. This day supply is different from a Quantity Limit.

**S - Specialty:** Specialty drugs cost \$830 or more for a 30-day supply. Most plans limit Specialty drug fills to a 30-day supply. You can find out if Specialty drug fills are limited to a 30-day supply by checking the benefits chart in the front of your *Evidence of Coverage* which can be found online at [www.anthem.com](http://www.anthem.com), or call the Pharmacy Member Services number listed on the front and back covers.

### Part D Eligible Drugs

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<b>Analgesics</b>			<i>acetaminophen-codeine #4</i>	1	QL (180 per 30 days); MO; NEDS
ABSTRAL	3	PA; QL (120 per 30 days); MO; NEDS; S	<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	1	QL (900 per 30 days); MO; NEDS
<i>acetaminophen-codeine #2</i>	1	QL (180 per 30 days); MO; NEDS	<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	1	QL (180 per 30 days); MO; NEDS
<i>acetaminophen-codeine #3</i>	1	QL (180 per 30 days); MO; NEDS			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ACTIQ	3	PA; QL (120 per 30 days); MO; NEDS; S	DEMEROL 25 MG/ML SOLUTION, 50 MG/ML SOLUTION	3	PA; QL (120 per 30 days); MO; NEDS
<i>ascomp-codeine</i>	1	PA; QL (180 per 30 days); MO; NEDS	<i>diclofenac potassium 50 mg tab</i>	1	MO
<i>buprenorphine 10 mcg/hr patch wk, 15 mcg/hr patch wk</i>	3	PA; QL (4 per 28 days); MO; NEDS	<i>diclofenac sodium 1 % gel</i>	1	QL (1000 per 30 days); MO
<i>buprenorphine 5 mcg/hr patch wk, 20 mcg/hr patch wk</i>	1	PA; QL (4 per 28 days); MO; NEDS	<i>diclofenac sodium 1.5 % solution</i>	1	QL (300 per 30 days); MO
<i>buprenorphine 7.5 mcg/hr patch wk</i>	3	PA; MO	<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	MO
<i>butalbital-apap-caff-cod</i>	1	PA; QL (180 per 30 days); MO; NEDS	<i>diclofenac sodium er</i>	1	MO
<i>butalbital-asa-caff-codeine</i>	1	PA; QL (180 per 30 days); MO; NEDS	<i>diclofenac-misoprostol</i>	1	MO
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	PA; QL (180 per 30 days); MO	<i>diflunisal</i>	1	MO
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	2	PA; QL (180 per 30 days); MO	DILAUDID 1 MG/ML LIQUID	3	QL (720 per 30 days); MO; NEDS
<i>butorphanol tartrate 1 mg/ml solution</i>	1	QL (240 per 30 days); MO; NEDS	DILAUDID 2 MG TAB, 4 MG TAB	3	QL (180 per 30 days); MO; NEDS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	QL (5 per 30 days); MO; NEDS	<i>duramorph</i>	1	QL (180 per 30 days); MO; NEDS
<i>butorphanol tartrate 2 mg/ml solution</i>	1	QL (120 per 30 days); MO; NEDS	<i>ec-naproxen</i>	1	MO
BUTRANS 5 MCG/HR PATCH WK	3	PA; QL (4 per 28 days); MO; NEDS	<i>endocet</i>	1	QL (180 per 30 days); MO; NEDS
BUTRANS 7.5 MCG/HR PATCH WK	3	PA; MO	<i>etodolac</i>	1	MO
CELEBREX	3	MO	<i>etodolac er</i>	1	MO
<i>celecoxib</i>	1	MO	FELDENE	3	MO
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	2	QL (180 per 30 days); MO; NEDS	<i>fenoprofen calcium 600 mg tab</i>	1	MO
CONZIP	3	PA; QL (30 per 30 days); MO; NEDS	<i>fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr</i>	1	PA; QL (15 per 30 days); MO; NEDS
DAYPRO	3	MO	<i>fentanyl citrate 100 mcg tab, 200 mcg tab, 400 mcg loz handle, 400 mcg tab, 600 mcg loz handle, 600 mcg tab, 800 mcg loz handle, 800 mcg tab, 1200 mcg loz handle, 1600 mcg loz handle</i>	3	PA; QL (120 per 30 days); MO; NEDS; S

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate 200 mcg loz handle</i>	3	PA; QL (120 per 30 days); MO; NEDS
FENTORA	3	PA; QL (120 per 30 days); MO; NEDS; S
FLECTOR	3	PA; QL (60 per 30 days); MO
<i>flurbiprofen</i>	1	MO
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution</i>	1	QL (2700 per 30 days); MO; NEDS
<i>hydrocodone-acetaminophen 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab</i>	1	QL (180 per 30 days); MO; NEDS
<i>hydrocodone-ibuprofen</i>	1	QL (50 per 10 days); MO; NEDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL (720 per 30 days); MO; NEDS
<i>hydromorphone hcl 1 mg/ml solution, 2 mg tab, 2 mg/ml solution, 4 mg tab, 8 mg tab</i>	1	QL (180 per 30 days); MO; NEDS
<i>hydromorphone hcl 4 mg/ml solution</i>	1	QL (60 per 30 days); MO; NEDS
HYDROMORPHONE HCL PF 1 MG/ML SOLUTION	2	QL (180 per 30 days); MO; NEDS
<i>hydromorphone hcl pf 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution</i>	1	QL (120 per 30 days); MO; NEDS
<i>hydromorphone hcl pf 2 mg/ml solution</i>	1	QL (180 per 30 days); MO; NEDS
HYDROMORPHONE HCL PF 4 MG/ML SOLUTION	2	QL (60 per 30 days); MO; NEDS
<i>ibu</i>	1	MO
<i>ibuprofen 100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>indomethacin</i>	1	PA; MO
<i>indomethacin er</i>	1	PA; MO
<i>ketoprofen 25 mg cap</i>	3	MO; S
<i>ketoprofen 50 mg cap, 75 mg cap</i>	1	MO
<i>ketoprofen er</i>	1	MO
<i>ketorolac tromethamine 10 mg tab, 15 mg/ml solution, 30 mg/ml solution, 60 mg/2ml solution</i>	1	PA; MO
LAZANDA	3	PA; QL (30 per 30 days); MO; NEDS; S
<i>levorphanol tartrate 2 mg tab</i>	3	QL (180 per 30 days); MO; NEDS; S
<i>meclofenamate sodium</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	MO
<i>methadone hcl 10 mg/ml conc</i>	1	QL (180 per 30 days); NEDS
<i>methadone hcl 10 mg/ml solution</i>	1	QL (20 per 30 days); MO; NEDS
<i>methadone hcl 5 mg tab, 10 mg tab</i>	1	PA; QL (180 per 30 days); MO; NEDS
<i>methadone hcl 5 mg/5ml solution, 10 mg/5ml solution</i>	1	QL (900 per 30 days); MO; NEDS
<i>methadone hcl intensol</i>	1	QL (180 per 30 days); NEDS
METHADOSE	2	QL (180 per 30 days); NEDS
METHADOSE SUGAR-FREE	2	QL (180 per 30 days); NEDS
<i>morphine sulfate (concentrate)</i>	1	QL (180 per 30 days); MO; NEDS
<i>morphine sulfate (pf) 0.5 mg/ml solution, 1 mg/ml solution</i>	1	QL (180 per 30 days); MO; NEDS

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Drug Name	Drug Tier	Requirements /Limits
MORPHINE SULFATE (PF) 2 MG/ML SOLUTION IV	2	QL (180 per 30 days); MO; NEDS
MORPHINE SULFATE (PF) 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/ML SOLUTION	2	QL (180 per 30 days); MO; NEDS
MORPHINE SULFATE (PF) 8 MG/ML SOLUTION	3	QL (180 per 30 days); MO; NEDS
<i>morphine sulfate 1 mg/ml solution, 15 mg tab, 30 mg tab</i>	1	QL (180 per 30 days); MO; NEDS
<i>morphine sulfate 10 mg/5ml solution, 20 mg/5ml solution</i>	1	QL (900 per 30 days); MO; NEDS
<i>morphine sulfate 2 mg/ml solution, 4 mg/ml solution</i>	2	QL (180 per 30 days); MO; NEDS
<i>morphine sulfate 50 mg/ml solution</i>	1	QL (60 per 30 days); MO; NEDS
<i>morphine sulfate 8 mg/ml solution</i>	3	QL (180 per 30 days); MO; NEDS
<i>morphine sulfate er 10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h</i>	3	PA; QL (60 per 30 days); MO; NEDS
<i>morphine sulfate er 100 mg tab er, 200 mg tab er</i>	1	PA; QL (60 per 30 days); MO; NEDS
<i>morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	PA; QL (90 per 30 days); MO; NEDS
<i>morphine sulfate er 40 mg cap er 24h, 100 mg cap er 24h</i>	3	PA; QL (60 per 30 days); MO; NEDS; S
<i>morphine sulfate iv soln pf 10 mg/ml</i>	1	QL (180 per 30 days); MO; NEDS
MS CONTIN 15 MG TAB ER, 30 MG TAB ER	3	PA; QL (90 per 30 days); MO; NEDS
<i>nabumetone</i>	1	MO
<i>nalbuphine hcl 10 mg/ml solution</i>	1	QL (60 per 30 days); MO; NEDS
<i>nalbuphine hcl 20 mg/ml solution</i>	1	QL (90 per 30 days); MO; NEDS

Drug Name	Drug Tier	Requirements /Limits
NALFON 600 MG TAB	3	MO
<i>naproxen 125 mg/5ml suspension</i>	1	MO
<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	MO
<i>naproxen sodium</i>	1	MO
<i>oxaprozin</i>	1	MO
<i>oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc</i>	1	QL (180 per 30 days); MO; NEDS
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL (900 per 30 days); MO; NEDS
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab</i>	1	QL (180 per 30 days); MO; NEDS
<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days); MO; NEDS
PERCOCET 2.5-325 MG TAB	3	QL (180 per 30 days); MO; NEDS
<i>piroxicam</i>	1	MO
<i>relafen</i>	1	MO
ROXICODONE 5 MG TAB, 15 MG TAB	3	QL (180 per 30 days); MO; NEDS
<i>salsalate</i>	1	MO
SUBSYS	3	PA; QL (120 per 30 days); MO; NEDS; S
<i>sulindac 150 mg tab</i>	1	MO
<i>sulindac 200 mg tab</i>	1	MO
<i>tramadol hcl 50 mg tab</i>	1	QL (240 per 30 days); MO; NEDS
<i>tramadol hcl er (biphasic)</i>	1	PA; QL (30 per 30 days); MO; NEDS
<i>tramadol hcl er 100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h</i>	1	PA; QL (30 per 30 days); MO; NEDS

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Drug Name	Drug Tier	Requirements /Limits
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days); MO; NEDS
VOLTAREN	3	QL (1000 per 30 days); MO
<b>Anesthetics</b>		
<i>bupivacaine hcl (pf) 0.5 % solution</i>	1	MO
<i>bupivacaine hcl 0.5 % solution</i>	1	MO
<i>glydo</i>	1	MO
<i>lidocaine 5 % ointment</i>	1	PA; QL (150 per 30 days); MO
<i>lidocaine 5 % patch</i>	1	PA; QL (90 per 30 days); MO
<i>lidocaine hcl (cardiac) 50 mg/5ml soln prsyr</i>	1	MO
LIDOCAINE HCL (CARDIAC) PF 100 MG/5ML SOLUTION	2	MO
<i>lidocaine hcl (cardiac) pf 50 mg/5ml soln prsyr</i>	1	MO
<i>lidocaine hcl (pf) 1 % solution, 1.5 % solution</i>	1	MO
<i>lidocaine hcl 0.5 % solution, 1 % solution, 2 % solution</i>	1	MO
<i>lidocaine hcl 4 % solution</i>	1	PA; QL (300 per 30 days); MO
<i>lidocaine hcl urethral/mucosal</i>	1	MO
<i>lidocaine viscous hcl</i>	1	MO
<i>lidocaine-prilocaine</i>	1	QL (30 per 30 days); MO
LIDODERM	3	PA; QL (90 per 30 days); MO
<i>midazolam hcl (pf)</i>	1	MO
<i>midazolam hcl 2 mg/2ml solution, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution, 10 mg/2ml solution, 25 mg/5ml solution, 50 mg/10ml solution</i>	1	MO
NAYZILAM	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sensorcaine 0.5 % solution</i>	1	MO
<i>sensorcaine-mpf 0.5 % solution</i>	1	MO
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium</i>	1	MO
APO-VARENICLINE 0.5 MG TAB	3	PA; QL (60 per 30 days); MO
APO-VARENICLINE 1 MG TAB	3	PA; QL (56 per 28 days); MO
<i>buprenorphine hcl 0.3 mg/ml solution</i>	1	QL (90 per 30 days); MO; NEDS
<i>buprenorphine hcl 2 mg sl tab</i>	1	QL (240 per 30 days); MO; NEDS
<i>buprenorphine hcl 8 mg sl tab</i>	1	QL (60 per 30 days); MO; NEDS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL (60 per 30 days); MO; NEDS
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film, 2-0.5 mg sl tab</i>	1	QL (360 per 30 days); MO; NEDS
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	1	QL (180 per 30 days); MO; NEDS
<i>buprenorphine hcl-naloxone hcl 8-2 mg film, 8-2 mg sl tab</i>	1	QL (90 per 30 days); MO; NEDS
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days); MO
CHANTIX 0.5 MG TAB	3	PA; QL (60 per 30 days); MO
CHANTIX 1 MG TAB	3	PA; QL (56 per 28 days); MO
CHANTIX CONTINUING MONTH PAK	3	PA; QL (56 per 28 days); MO
CHANTIX STARTING MONTH PAK	3	PA; MO
<i>disulfiram</i>	1	MO
<i>naloxone hcl 0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution</i>	1	MO
<i>naltrexone hcl</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NARCAN	2	MO
NICOTROL	3	MO
NICOTROL NS	3	QL (120 per 30 days); MO
SUBOXONE 12-3 MG FILM	3	QL (60 per 30 days); MO; NEDS
<b>Antibacterials</b>		
<i>acetic acid</i>	1	MO
ACTICLATE	3	MO
<i>amikacin sulfate</i>	1	MO
<i>amoxicillin 125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	MO
<i>amoxicillin-pot clavulanate 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab</i>	1	MO
<i>amoxicillin-pot clavulanate er</i>	1	MO
<i>ampicillin</i>	1	MO
<i>ampicillin sodium 1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln</i>	1	MO
<i>ampicillin sodium 2 gm recon soln for inj</i>	1	MO
<i>ampicillin sodium 2 gm recon soln for iv</i>	1	MO
<i>ampicillin-sulbactam sodium</i>	1	MO
AZACTAM	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin 1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 500 mg recon soln, 500 mg tab, 600 mg tab</i>	1	MO
<i>azithromycin 250 mg tab</i>	1	MO
<i>aztreonam</i>	1	MO
<i>bacitracin 50000 unit recon soln</i>	1	MO
BACTRIM	3	MO
BACTRIM DS	3	MO
BICILLIN C-R	2	MO
BICILLIN C-R 900/300	2	MO
BICILLIN L-A	3	MO
<i>cefaclor 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap</i>	1	MO
CEFACLOR ER	2	MO
<i>cefadroxil 1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp</i>	1	MO
<i>cefazolin sodium 1 gm recon soln, 10 gm recon soln, 500 mg recon soln</i>	1	MO
CEFAZOLIN SODIUM 100 GM RECON SOLN, 300 GM RECON SOLN	2	MO
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION	2	MO
<i>cefdinir 125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap</i>	1	MO
<i>cefepime hcl 1 gm recon soln, 2 gm recon soln</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CEFEPIME HCL 1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION, 100 GM RECON SOLN	2	MO	<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab</i>	1	MO
<i>cefixime 100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap</i>	1	MO	<i>cephalexin 250 mg/5ml recon susp, 750 mg cap</i>	1	MO
<i>cefotetan disodium</i>	1	MO	<i>chloramphenicol sod succinate</i>	1	MO
<i>cefoxitin sodium</i>	1	MO	CILOXAN 0.3 % SOLUTION	3	MO
CEFOXITIN SODIUM-DEXTROSE	2	MO	CIPRO 250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP	3	MO
<i>cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab</i>	1	MO	<i>ciprofloxacin hcl 0.3 % solution, 100 mg tab, 750 mg tab</i>	1	MO
<i>cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i>	1	MO	<i>ciprofloxacin hcl 250 mg tab, 500 mg tab</i>	1	MO
<i>ceftazidime</i>	1	MO	<i>ciprofloxacin in d5w</i>	1	MO
CEFTAZIDIME AND DEXTROSE	2	MO	<i>clarithromycin 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i>	1	MO
<i>ceftriaxone sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln</i>	1	MO	<i>clarithromycin er</i>	1	MO
CEFTRIAXONE SODIUM 100 GM RECON SOLN	2	MO	CLEOCIN 2 % CREAM, 75 MG CAP, 75 MG/5ML RECON SOLN, 100 MG SUPPOS, 300 MG CAP	3	MO
<i>ceftriaxone sodium for inj 1 gm</i>	1	MO	CLEOCIN PHOSPHATE 900 MG/6ML SOLUTION	3	MO
<i>ceftriaxone sodium for inj 2 gm</i>	1	MO	<i>clindacin etz</i>	1	MO
<i>ceftriaxone sodium in dextrose</i>	1	MO	<i>clindacin-p</i>	1	MO
CEFTRIAXONE SODIUM-DEXTROSE	2	MO	<i>clindamycin hcl</i>	1	MO
<i>cefuroxime axetil 250 mg tab</i>	1	MO	<i>clindamycin palmitate hcl</i>	1	MO
<i>cefuroxime axetil 500 mg tab</i>	1	MO	<i>clindamycin phosphate 1 % swab, 2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 9000 mg/60ml solution</i>	1	MO
<i>cefuroxime sodium</i>	1	MO	<i>clindamycin phosphate in d5w</i>	1	MO
			<i>colistimethate sodium (cba)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
CUBICIN	3	MO; S
CUBICIN RF	3	MO; S
DAPTOMYCIN , 350 MG RECON SOLN	3	MO; S
DAPTOMYCIN 500 MG RECON SOLN	3	S
<i>demeclocycline hcl</i>	1	MO
<i>dicloxacillin sodium</i>	1	MO
DIFICID 40 MG/ML RECON SUSP, 200 MG TAB	3	PA; MO; S
<i>doxy 100</i>	1	MO
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 50 mg tab dr, 75 mg tab dr, 100 mg cap, 100 mg recon soln, 100 mg tab</i>	1	MO
<i>doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab</i>	1	MO
<i>e.e.s. 400</i>	1	MO
E.E.S. GRANULES	3	MO; S
<i>ertapenem sodium</i>	3	MO
<i>ery-tab</i>	1	MO
ERYPED 200	3	MO; S
ERYPED 400	3	MO; S
ERYTHROCIN LACTOBIONATE	3	MO
<i>erythrocin stearate</i>	1	MO
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp</i>	1	MO
<i>erythromycin stearate</i>	1	MO
FIRVANQ	3	QL (1200 per 30 days); MO
FLAGYL 375 MG CAP	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fosfomycin tromethamine</i>	1	MO
<i>gentamicin in saline 0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution</i>	1	MO
<i>gentamicin in saline 2-0.9 mg/ml-% solution</i>	2	MO
<i>gentamicin sulfate 0.1 % cream, 0.1 % ointment</i>	1	QL (30 per 30 days); MO
<i>gentamicin sulfate 10 mg/ml solution, 40 mg/ml solution</i>	1	MO
HIPREX	3	MO
<i>imipenem-cilastatin</i>	1	MO
KLARON	3	MO
<i>levofloxacin 25 mg/ml solution iv</i>	1	MO
<i>levofloxacin 25 mg/ml solution oral</i>	1	MO
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	MO
<i>levofloxacin in d5w</i>	1	MO
LINCOCIN	3	MO
<i>lincomycin hcl</i>	1	MO
<i>linezolid 100 mg/5ml recon susp</i>	3	PA; QL (1800 per 30 days); MO; S
<i>linezolid 600 mg tab</i>	3	PA; QL (56 per 28 days); MO
<i>linezolid 600 mg/300ml solution</i>	1	MO
<i>linezolid in sodium chloride</i>	3	MO
MACRODANTIN	3	MO
<i>meropenem</i>	1	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
METROCREAM	3	MO
METROGEL	3	MO
METROLOTION	3	MO

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Drug Name	Drug Tier	Requirements /Limits
metronidazole 0.75 % cream, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab	1	MO
metronidazole 0.75 % gel (topical)	1	MO
metronidazole 0.75 % gel vaginal	1	MO
metronidazole in nacl	1	MO
minocycline hcl	1	MO
mondoxyne nl	1	MO
MONUROL	3	MO
morgidox	1	MO
moxifloxacin hcl 400 mg tab	1	MO
moxifloxacin hcl in nacl	1	MO
nafcillin sodium 1 gm recon soln for inj	3	MO
nafcillin sodium 1 gm recon soln for iv	3	MO
nafcillin sodium 10 gm recon soln	3	MO; S
nafcillin sodium 2 gm recon soln	3	MO
NAFCILLIN SODIUM IN DEXTROSE	3	MO; S
neomycin sulfate	1	MO
neomycin-polymyxin b gu	1	MO
nitrofurantoin	3	MO; S
nitrofurantoin macrocrystal	1	MO
nitrofurantoin monohyd macro	1	MO
ofloxacin 300 mg tab, 400 mg tab	1	MO
okebo	1	MO
ORACEA	3	MO
oxacillin sodium 1 gm recon soln, 2 gm recon soln	1	MO
oxacillin sodium 10 gm recon soln	3	MO
OXACILLIN SODIUM IN DEXTROSE	2	MO

Drug Name	Drug Tier	Requirements /Limits
paromomycin sulfate	1	MO
PENICILLIN G POT IN DEXTROSE	3	MO
penicillin g potassium	1	MO
PENICILLIN G PROCAINE	2	MO
penicillin g sodium	1	MO
penicillin v potassium 125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab	1	MO
pfizerpen	1	MO
piperacillin sod-tazobactam so	1	MO
polymyxin b sulfate	1	MO
PRIMAXIN IV	3	MO
rosadan	1	MO
SOLODYN 55 MG TAB ER 24H, 65 MG TAB ER 24H	3	MO
streptomycin sulfate	3	MO; S
sulfacetamide sodium (acne)	1	MO
SULFADIAZINE	2	MO
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, 400-80 mg/5ml solution	1	MO
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	MO
SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	3	MO
SYNERCID	3	MO; S
tazicef 1 gm inj recon soln	1	MO
tazicef 2 gm inj recon soln	1	MO
tazicef 2 gm iv recon soln	1	MO
tazicef 6 gm inj recon soln	1	MO
TEFLARO	3	MO; S

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements /Limits
<i>tetracycline hcl</i>	1	MO
TIGECYCLINE	3	MO; S
<i>tinidazole</i>	1	MO
<i>tobramycin sulfate 1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution</i>	1	MO
<i>trimethoprim</i>	1	MO
UNASYN 3 (2-1) GM RECON SOLN, 15 (10-5) GM RECON SOLN	3	MO
<i>vancomycin hcl 1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 500 mg recon soln, 1000 mg recon soln</i>	1	MO
VANCOMYCIN HCL 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 250 MG RECON SOLN, 500 MG/100ML SOLUTION, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION	2	MO
<i>vancomycin hcl 100 gm recon soln</i>	1	B/D PA; MO
<i>vancomycin hcl 125 mg cap</i>	1	PA; QL (240 per 30 days); MO
<i>vancomycin hcl 250 mg cap</i>	3	PA; QL (240 per 30 days); MO
<i>vancomycin hcl 750 mg recon soln</i>	2	B/D PA; MO
VANCOMYCIN HCL IN DEXTROSE	2	MO
VANCOMYCIN HCL IN NAACL	2	MO
<i>vandazole</i>	1	MO
VIBATIV	3	PA; MO; S
VIBRAMYCIN 100 MG CAP	3	MO
VIBRAMYCIN 25 MG/5ML RECON SUSP	3	MO; S

Drug Name	Drug Tier	Requirements /Limits
XIFAXAN 550 MG TAB	3	PA; QL (84 per 28 days); MO; S
ZITHROMAX 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG RECON SOLN, 500 MG TAB	3	MO
ZYVOX 100 MG/5ML RECON SUSP	3	PA; QL (1800 per 30 days); MO; S
ZYVOX 200 MG/100ML SOLUTION	3	MO; S
ZYVOX 600 MG/300ML SOLUTION	3	MO
<b>Anticonvulsants</b>		
APTIOM	3	ST; MO; S
BANZEL 200 MG TAB	3	PA; QL (480 per 30 days); MO; S
BANZEL 40 MG/ML SUSPENSION	3	PA; QL (2400 per 30 days); MO; S
BANZEL 400 MG TAB	3	PA; QL (240 per 30 days); MO; S
BRIVIACT 10 MG TAB	3	PA; QL (60 per 30 days); MO
BRIVIACT 10 MG/ML SOLUTION	3	PA; QL (600 per 30 days); MO; S
BRIVIACT 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	3	PA; QL (60 per 30 days); MO; S
BRIVIACT 50 MG/5ML SOLUTION	3	PA; MO
<i>carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab</i>	1	MO
<i>carbamazepine er</i>	1	MO
CARBATROL 100 MG CAP ER 12H, 200 MG CAP ER 12H	3	MO
CELONTIN	3	MO
<i>clobazam 10 mg tab</i>	1	PA; QL (120 per 30 days); MO
<i>clobazam 2.5 mg/ml suspension</i>	1	PA; QL (480 per 30 days); MO
<i>clobazam 20 mg tab</i>	1	PA; QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT 250 MG CAP, 250 MG PACKET	3	PA; LA; QL (360 per 30 days); S
DIACOMIT 500 MG CAP, 500 MG PACKET	3	PA; LA; QL (180 per 30 days); S
DIASTAT ACUDIAL	3	MO
DIASTAT PEDIATRIC	3	MO
<i>diazepam 2.5 mg gel, 10 mg gel, 20 mg gel</i>	1	MO
DILANTIN 30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION	3	MO
DILANTIN INFATABS	3	MO
<i>divalproex sodium</i>	1	MO
<i>divalproex sodium er</i>	1	MO
EPIDIOLEX	3	PA; LA; S
<i>epitol</i>	1	MO
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	1	MO
<i>felbamate 400 mg tab, 600 mg tab, 600 mg/5ml suspension</i>	1	MO
FELBATOL 400 MG TAB, 600 MG TAB	3	MO; S
FELBATOL 600 MG/5ML SUSPENSION	3	MO
FINTEPLA	3	PA; LA; S
<i>fosphenytoin sodium</i>	1	MO
FYCOMPA 0.5 MG/ML SUSPENSION	3	QL (720 per 30 days); MO
FYCOMPA 2 MG TAB	3	QL (30 per 30 days); MO
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	3	QL (30 per 30 days); MO; S
<i>gabapentin 100 mg cap</i>	1	QL (1080 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin 250 mg/5ml solution, 300 mg/6ml solution</i>	1	QL (2160 per 30 days); MO
<i>gabapentin 300 mg cap</i>	1	QL (360 per 30 days); MO
<i>gabapentin 400 mg cap</i>	1	QL (270 per 30 days); MO
<i>gabapentin 600 mg tab</i>	1	QL (180 per 30 days); MO
<i>gabapentin 800 mg tab</i>	1	QL (120 per 30 days); MO
GABITRIL	3	MO
LAMICTAL 5 MG CHEW TAB, 25 MG CHEW TAB	3	MO
LAMICTAL ODT 25 MG TAB DISP, 50 MG TAB DISP, 100 MG TAB DISP, 200 MG TAB DISP	3	MO
LAMICTAL STARTER 35 X 25 MG KIT, 42 X 25 MG & 7 X 100 MG KIT	3	MO
LAMICTAL XR 50 & 100 & 200 MG KIT	3	MO; S
<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp</i>	1	MO
<i>lamotrigine er</i>	3	MO
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	1	MO
<i>levetiracetam er 500 mg tab er 24h</i>	1	QL (180 per 30 days); MO
<i>levetiracetam er 750 mg tab er 24h</i>	1	QL (120 per 30 days); MO
<i>levetiracetam in nacl 1000 mg/100ml solution, 1500 mg/100ml solution</i>	1	MO
<i>levetiracetam in nacl 500 mg/100ml solution</i>	3	MO; S

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NEURONTIN 250 MG/5ML SOLUTION	3	QL (2160 per 30 days); MO	QUDEXY XR 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	3	MO
ONFI 10 MG TAB	3	PA; QL (120 per 30 days); MO; S	<i>roweepra</i>	1	MO
ONFI 2.5 MG/ML SUSPENSION	3	PA; QL (480 per 30 days); MO; S	<i>rufinamide 200 mg tab</i>	3	PA; QL (480 per 30 days); MO; S
ONFI 20 MG TAB	3	PA; QL (60 per 30 days); MO; S	<i>rufinamide 40 mg/ml suspension</i>	3	PA; QL (2400 per 30 days); MO; S
<i>oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab</i>	1	MO	<i>rufinamide 400 mg tab</i>	3	PA; QL (240 per 30 days); MO; S
<i>phenobarbital 100 mg tab</i>	1	PA; QL (120 per 30 days); MO	SABRIL 500 MG PACKET	3	PA; LA; QL (180 per 30 days)
<i>phenobarbital 15 mg tab</i>	1	PA; QL (800 per 30 days); MO	SABRIL 500 MG TAB	3	PA; LA; QL (180 per 30 days); S
<i>phenobarbital 16.2 mg tab</i>	1	PA; QL (741 per 30 days); MO	SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB	3	PA; QL (60 per 30 days); MO
<i>phenobarbital 20 mg/5ml elixir</i>	1	PA; QL (3000 per 30 days); MO	SPRITAM 750 MG TAB	3	PA; QL (120 per 30 days); MO
<i>phenobarbital 30 mg tab</i>	1	PA; QL (400 per 30 days); MO	<i>subvenite</i>	1	MO
<i>phenobarbital 32.4 mg tab</i>	1	PA; QL (370 per 30 days); MO	SYMPAZAN 10 MG FILM, 20 MG FILM	3	PA; QL (60 per 30 days); MO; S
<i>phenobarbital 60 mg tab</i>	1	PA; QL (200 per 30 days); MO	SYMPAZAN 5 MG FILM	3	PA; QL (30 per 30 days); MO
<i>phenobarbital 64.8 mg tab</i>	1	PA; QL (185 per 30 days); MO	TEGRETOL 100 MG/5ML SUSPENSION	3	MO
<i>phenobarbital 97.2 mg tab</i>	1	PA; QL (123 per 30 days); MO	TEGRETOL-XR	3	MO
<i>phenobarbital sodium 130 mg/ml solution</i>	1	PA; MO	<i>tiagabine hcl</i>	1	MO
<i>phenobarbital sodium 65 mg/ml solution</i>	2	PA; MO	<i>topiramate 15 mg cap sprink, 25 mg cap sprink</i>	1	MO
PHENYTEK	3	MO	<i>topiramate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	1	QL (60 per 30 days); MO
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	1	MO	TRILEPTAL 150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION	3	MO
<i>phenytoin infatabs</i>	1	MO	TROKENDI XR 100 MG CAP ER 24H	3	QL (30 per 30 days); MO; S
<i>phenytoin sodium</i>	1	MO	TROKENDI XR 200 MG CAP ER 24H	3	QL (60 per 30 days); MO; S
<i>phenytoin sodium extended</i>	1	MO	TROKENDI XR 25 MG CAP ER 24H, 50 MG CAP ER 24H	3	QL (30 per 30 days); MO
<i>primidone</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>valproate sodium</i>	1	MO
<i>valproic acid 250 mg cap, 250 mg/5ml solution</i>	1	MO
VALTOCO 10 MG DOSE	3	MO; S
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	MO
<i>vigabatrin</i>	3	PA; LA; QL (180 per 30 days); S
<i>vigadrone</i>	3	PA; LA; QL (180 per 30 days); S
VIMPAT 10 MG/ML SOLUTION, 200 MG/20ML SOLUTION	3	QL (1200 per 30 days); MO; S
VIMPAT 100 MG TAB, 150 MG TAB, 200 MG TAB	3	QL (60 per 30 days); MO; S
VIMPAT 50 MG TAB	3	QL (60 per 30 days); MO
XCOPRI (250 MG DAILY DOSE)	3	QL (56 per 28 days); MO; S
XCOPRI (350 MG DAILY DOSE)	3	QL (56 per 28 days); MO; S
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	QL (56 per 365 over time); MO; NEDS
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK	3	QL (56 per 365 over time); MO; NEDS; S
XCOPRI 150 MG TAB, 200 MG TAB	3	QL (60 per 30 days); MO; S
XCOPRI 50 MG TAB, 100 MG TAB	3	QL (30 per 30 days); MO; S
ZARONTIN 250 MG CAP, 250 MG/5ML SOLUTION	3	MO
<i>zonisamide</i>	1	MO
<b>Antidementia Agents</b>		
ARICEPT 23 MG TAB	3	ST; QL (30 per 30 days); MO
ARICEPT 5 MG TAB	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>donepezil hcl 23 mg tab</i>	1	ST; QL (30 per 30 days); MO
<i>donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp</i>	1	QL (30 per 30 days); MO
<i>ergoloid mesylates</i>	1	PA; MO
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	1	QL (60 per 30 days); MO
<i>galantamine hydrobromide 4 mg/ml solution</i>	1	QL (200 per 30 days); MO
<i>galantamine hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>memantine hcl 10 mg tab, 28 x 5 mg &amp; 21 x 10 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>memantine hcl 2 mg/ml solution, 10 mg/5ml solution</i>	1	PA; QL (300 per 30 days); MO
<i>memantine hcl 5 mg tab</i>	1	PA; QL (90 per 30 days); MO
<i>memantine hcl er</i>	1	PA; QL (30 per 30 days); MO
NAMENDA XR	3	PA; QL (30 per 30 days); MO
NAMZARIC	3	MO
RAZADYNE ER	3	QL (30 per 30 days); MO
<i>rivastigmine</i>	1	QL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	1	QL (60 per 30 days); MO
<b>Antidepressants</b>		
<i>amitriptyline hcl</i>	1	MO
<i>amoxapine</i>	1	PA; MO
<i>bupropion hcl 100 mg tab</i>	1	QL (135 per 30 days); MO
<i>bupropion hcl 75 mg tab</i>	1	QL (180 per 30 days); MO
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	QL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl er (sr) 150 mg tab er 12h, 200 mg tab er 12h</i>	1	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) 300 mg tab er 24h, 450 mg tab er 24h</i>	1	QL (30 per 30 days); MO
<i>chlordiazepoxide-amitriptyline</i>	1	PA; MO
<i>citalopram hydrobromide 10 mg tab</i>	1	QL (120 per 30 days); MO
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1	QL (600 per 30 days); MO
<i>citalopram hydrobromide 20 mg tab</i>	1	QL (60 per 30 days); MO
<i>citalopram hydrobromide 40 mg tab</i>	1	QL (30 per 30 days); MO
<i>clomipramine hcl</i>	1	PA; MO
<i>desipramine hcl</i>	1	PA; MO
DESVENLAFAXINE ER	3	QL (30 per 30 days); MO
<i>desvenlafaxine succinate er</i>	1	QL (30 per 30 days); MO
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	1	PA; MO
EMSAM	3	PA; QL (30 per 30 days); MO; S
<i>escitalopram oxalate 10 mg tab</i>	1	QL (60 per 30 days); MO
<i>escitalopram oxalate 20 mg tab</i>	1	QL (30 per 30 days); MO
<i>escitalopram oxalate 5 mg tab</i>	1	QL (120 per 30 days); MO
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	QL (600 per 30 days); MO
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine hcl (pmdd) 10 mg tab</i>	1	QL (45 per 30 days); MO
<i>fluoxetine hcl (pmdd) 20 mg tab</i>	3	QL (120 per 30 days); MO
<i>fluoxetine hcl 10 mg cap</i>	1	QL (30 per 30 days); MO
<i>fluoxetine hcl 10 mg tab</i>	1	QL (45 per 30 days); MO
<i>fluoxetine hcl 20 mg cap</i>	1	QL (120 per 30 days); MO
<i>fluoxetine hcl 20 mg tab</i>	1	QL (120 per 30 days); MO
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	QL (600 per 30 days); MO
<i>fluoxetine hcl 40 mg cap</i>	1	QL (60 per 30 days); MO
FLUOXETINE HCL 60 MG TAB	3	QL (30 per 30 days); MO
<i>fluoxetine hcl 90 mg cap dr</i>	1	QL (4 per 28 days); MO
<i>fluvoxamine maleate 100 mg tab</i>	1	QL (90 per 30 days); MO
<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i>	1	QL (45 per 30 days); MO
<i>fluvoxamine maleate er 100 mg cap er 24h</i>	1	QL (90 per 30 days); MO
<i>fluvoxamine maleate er 150 mg cap er 24h</i>	1	QL (60 per 30 days); MO
<i>imipramine hcl</i>	1	PA; MO
<i>imipramine pamoate 125 mg cap, 150 mg cap</i>	1	PA; MO
MARPLAN	3	MO
<i>mirtazapine</i>	1	QL (30 per 30 days); MO
<i>nefazodone hcl 200 mg tab</i>	1	QL (90 per 30 days); MO
<i>nefazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 250 mg tab</i>	1	QL (60 per 30 days); MO
NORPRAMIN	3	PA; MO
<i>nortriptyline hcl 10 mg cap, 25 mg cap</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements /Limits
<i>nortriptyline hcl 10 mg/5ml solution, 50 mg cap, 75 mg cap</i>	1	MO
<i>olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap</i>	1	QL (90 per 30 days); MO
<i>olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap</i>	1	QL (30 per 30 days); MO
PAMELOR	3	MO; S
<i>paroxetine hcl 10 mg tab</i>	1	QL (45 per 30 days); MO
<i>paroxetine hcl 20 mg tab</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl 30 mg tab</i>	1	QL (60 per 30 days); MO
<i>paroxetine hcl 40 mg tab</i>	1	QL (45 per 30 days); MO
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl er 25 mg tab er 24h, 37.5 mg tab er 24h</i>	1	QL (60 per 30 days); MO
PAXIL 10 MG TAB	3	QL (45 per 30 days); MO
PAXIL 10 MG/5ML SUSPENSION	3	QL (900 per 30 days); MO
<i>perphenazine-amitriptyline</i>	1	PA; MO
PEXEVA 10 MG TAB, 40 MG TAB	3	QL (45 per 30 days); MO
PEXEVA 20 MG TAB	3	QL (30 per 30 days); MO
PEXEVA 30 MG TAB	3	QL (60 per 30 days); MO
<i>phenelzine sulfate</i>	1	MO
<i>protriptyline hcl</i>	1	PA; MO
PROZAC 20 MG CAP	3	QL (120 per 30 days); MO
REMERON SOLTAB	3	QL (30 per 30 days); MO
<i>sertraline hcl 100 mg tab</i>	1	QL (60 per 30 days); MO
<i>sertraline hcl 20 mg/ml conc</i>	1	QL (300 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>sertraline hcl 25 mg tab</i>	1	QL (240 per 30 days); MO
<i>sertraline hcl 50 mg tab</i>	1	QL (120 per 30 days); MO
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days); S
SPRAVATO (84 MG DOSE)	3	PA; QL (24 per 28 days); S
SYMBYAX	3	QL (90 per 30 days); MO
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hcl 300 mg tab</i>	1	MO
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab</i>	1	MO
<i>trimipramine maleate</i>	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
<i>venlafaxine hcl</i>	1	QL (90 per 30 days); MO
<i>venlafaxine hcl er</i>	1	QL (30 per 30 days); MO
VIIBRYD	3	ST; QL (30 per 30 days); MO
VIIBRYD STARTER PACK	3	ST; MO
WELLBUTRIN SR 100 MG TAB ER 12H	3	QL (120 per 30 days); MO
ZOLOFT 20 MG/ML CONC	3	QL (300 per 30 days); MO
ZULRESSO	3	PA; S

### Antiemetics

<i>aprepitant 125 mg cap</i>	1	B/D PA; QL (5 per 30 days); MO
<i>aprepitant 40 mg cap</i>	1	B/D PA; QL (1 per 28 days); MO
<i>aprepitant 80 &amp; 125 mg cap, 80 &amp; 125 mg misc</i>	1	B/D PA; QL (15 per 30 days); MO
<i>aprepitant 80 mg cap</i>	1	B/D PA; QL (10 per 30 days); MO
<i>compro</i>	1	MO
DICLEGIS	3	PA; QL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dronabinol</i>	1	B/D PA; QL (120 per 30 days); MO
EMEND 125 MG/5ML RECON SUSP	3	B/D PA; QL (15 per 30 days); MO
EMEND 80 MG CAP	3	B/D PA; QL (10 per 30 days); MO
EMEND TRI-PACK	3	B/D PA; QL (15 per 30 days); MO; S
<i>granisetron hcl 1 mg tab</i>	1	B/D PA; QL (30 per 30 days); MO
<i>granisetron hcl 1 mg/ml solution, 4 mg/4ml solution</i>	1	MO
<i>meclizine hcl</i>	1	MO
<i>metoclopramide hcl 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution</i>	1	MO
<i>metoclopramide hcl 5 mg tab, 10 mg tab</i>	1	MO
<i>ondansetron</i>	1	B/D PA; QL (90 per 30 days); MO
<i>ondansetron hcl 24 mg tab</i>	1	B/D PA; QL (30 per 30 days); MO
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	B/D PA; QL (90 per 30 days); MO
<i>ondansetron hcl 4 mg/2ml solution, 40 mg/20ml solution</i>	1	MO
<i>ondansetron hcl 4 mg/5ml solution</i>	1	B/D PA; QL (450 per 30 days); MO
<i>perphenazine</i>	1	MO
<i>phenadoz</i>	1	PA; MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate</i>	1	MO
<i>promethazine hcl 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab</i>	1	PA; MO
<i>promethegan</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
REGLAN	3	MO
SANCUSO	3	PA; QL (4 per 28 days); MO; S
<i>scopolamine</i>	1	QL (10 per 28 days); MO
TRANSDERM SCOP (1.5 MG)	2	QL (10 per 28 days); MO
TRANSDERM-SCOP (1.5 MG)	2	QL (10 per 28 days); MO
<i>trimethobenzamide hcl</i>	1	MO
<b>Antifungals</b>		
ABELCET	3	B/D PA; MO
AMBISOME	3	B/D PA; MO; S
<i>amphotericin b</i>	1	B/D PA; MO
ANCOBON	3	MO
<i>ciclopirox olamine 0.77 % cream</i>	1	QL (90 per 30 days); MO
<i>ciclopirox olamine 0.77 % suspension</i>	1	MO
<i>clotrimazole 1 % cream, 1 % solution</i>	1	MO
<i>clotrimazole 10 mg troche</i>	1	QL (150 per 30 days); MO
DIFLUCAN 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB	3	MO
<i>econazole nitrate</i>	1	QL (90 per 30 days); MO
EXTINA	3	QL (100 per 30 days); MO
<i>fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	1	MO
<i>fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution</i>	1	MO
<i>flucytosine</i>	3	MO; S

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements /Limits
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole 100 mg cap</i>	1	PA; MO
<i>ketoconazole 2 % cream, 2 % shampoo</i>	1	QL (120 per 30 days); MO
<i>ketoconazole 200 mg tab</i>	1	MO
<i>ketodan</i>	1	QL (100 per 30 days); MO
LOPROX 0.77 % CREAM	3	QL (90 per 30 days); MO
LUZU	3	MO
<i>micafungin sodium</i>	3	MO; S
<i>miconazole 3</i>	1	MO
MYCAMINE	3	MO; S
<i>naftifine hcl</i>	1	MO
NAFTIN	3	MO
NOXAFIL 40 MG/ML SUSPENSION	3	PA; MO; S
<i>nyamyc</i>	1	MO
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole nitrate</i>	3	QL (60 per 30 days); MO; S
OXISTAT 1 % LOTION	3	MO
<i>posaconazole</i>	3	PA; MO; S
<i>terbinafine hcl</i>	1	MO
<i>terconazole 0.4 % cream, 0.8 % cream, 80 mg suppos</i>	1	MO
VFEND 40 MG/ML RECON SUSP	3	PA; QL (300 per 30 days); MO; S
VFEND 50 MG TAB	3	PA; MO
VFEND IV	3	PA; MO
<i>voriconazole 200 mg recon soln</i>	3	PA; MO; S

Drug Name	Drug Tier	Requirements /Limits
<i>voriconazole 200 mg tab</i>	3	PA; QL (60 per 30 days); MO; S
<i>voriconazole 40 mg/ml recon susp</i>	3	PA; QL (300 per 30 days); MO; S
<i>voriconazole 50 mg tab</i>	1	PA; MO
<b>Antigout Agents</b>		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	MO
<i>colchicine</i>	1	MO
<i>colchicine-probenecid</i>	1	MO
COLCRYS	3	MO
<i>febuxostat</i>	1	ST; MO
MITIGARE	3	MO
<i>probenecid</i>	1	MO
ULORIC	3	ST; MO
ZYLOPRIM	3	MO
<b>Antimigraine Agents</b>		
AIMOVIG 140 MG/ML SOLN A-INJ	2	PA; QL (1 per 28 days); MO
AIMOVIG 70 MG/ML SOLN A-INJ	2	PA; QL (2 per 28 days); MO
<i>almotriptan malate</i>	1	QL (9 per 30 days); MO
AMERGE 1 MG TAB	3	QL (9 per 30 days); MO
AMERGE 2.5 MG TAB	3	QL (9 per 30 days); MO; S
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	3	PA; MO; S
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	QL (8 per 28 days); MO; S
<i>eletriptan hydrobromide</i>	1	QL (9 per 30 days); MO
EMGALITY	2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO
ERGOMAR	3	MO; S
<i>ergotamine-caffeine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>frovatriptan succinate</i>	1	QL (12 per 30 days); MO
IMITREX 25 MG TAB	3	QL (9 per 30 days); MO
IMITREX 5 MG/ACT SOLUTION	3	MO
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART	3	QL (6 per 30 days); MO
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	3	QL (6 per 30 days); MO
MAXALT	3	QL (12 per 30 days); MO
MAXALT-MLT	3	QL (12 per 30 days); MO
<i>migergot</i>	3	MO; S
<i>naratriptan hcl</i>	1	QL (9 per 30 days); MO
RELPAX	3	QL (9 per 30 days); MO
<i>rizatriptan benzoate</i>	1	QL (12 per 30 days); MO
<i>sumatriptan</i>	1	MO
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (9 per 30 days); MO
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	1	QL (6 per 30 days); MO
<i>sumatriptan succinate refill</i>	1	QL (6 per 30 days); MO
UBRELVY	3	PA; QL (16 per 30 days); MO; S
<i>zolmitriptan 2.5 mg solution, 5 mg solution</i>	1	MO
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp</i>	1	QL (9 per 30 days); MO
ZOMIG 2.5 MG SOLUTION, 5 MG SOLUTION	3	MO
ZOMIG 2.5 MG TAB	3	QL (9 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
ZOMIG 5 MG TAB	3	QL (9 per 30 days); MO; S
ZOMIG ZMT 2.5 MG TAB DISP	3	QL (9 per 30 days); MO
ZOMIG ZMT 5 MG TAB DISP	3	QL (9 per 30 days); MO; S
<b>Antimyasthenic Agents</b>		
GUANIDINE HCL	2	MO
MESTINON 60 MG/5ML SOLUTION, 180 MG TAB ER	3	MO; S
<i>pyridostigmine bromide 30 mg tab, 60 mg tab, 60 mg/5ml solution</i>	1	MO
<i>pyridostigmine bromide er</i>	1	MO
REGONOL	2	MO
<b>Antimycobacterials</b>		
CAPASTAT SULFATE	2	MO
<i>dapsone 25 mg tab, 100 mg tab</i>	1	MO
<i>ethambutol hcl</i>	1	MO
<i>isoniazid 100 mg tab, 300 mg tab</i>	1	MO
<i>isoniazid 50 mg/5ml syrup, 100 mg/ml solution</i>	1	MO
MYAMBUTOL	3	MO
MYCOBUTIN	3	MO; S
PASER	3	MO
PRIFTIN	2	MO
<i>pyrazinamide</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO	3	PA; LA; S
TRECTOR	3	MO
<b>Antineoplastics</b>		
<i>abiraterone acetate 250 mg tab</i>	3	PA; QL (120 per 30 days); S
<i>abiraterone acetate 500 mg tab</i>	3	PA; QL (60 per 30 days); S
ABRAXANE	3	PA; S

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Drug Name	Drug Tier	Requirements /Limits
<i>adriamycin 2 mg/ml solution, 10 mg recon soln, 50 mg recon soln</i>	1	B/D PA
AFINITOR	3	PA; S
AFINITOR DISPERZ	3	PA; S
ALECENSA	3	PA; LA; QL (240 per 30 days); S
ALIMTA	3	PA; S
ALIQOPA	3	PA; LA; S
ALUNBRIG 180 MG TAB	3	PA; LA; QL (30 per 30 days); S
ALUNBRIG 30 MG TAB	3	PA; LA; QL (180 per 30 days); S
ALUNBRIG 90 & 180 MG TAB THPK	3	PA; LA; QL (30 per 180 over time); NEDS; S
ALUNBRIG 90 MG TAB	3	PA; LA; QL (60 per 30 days); S
<i>anastrozole</i>	1	QL (30 per 30 days); MO
ARRANON	2	B/D PA
<i>arsenic trioxide</i>	3	B/D PA; S
ARZERRA	3	PA; S
ASPARLAS	3	PA; S
AVASTIN	3	PA; LA; S
AYVAKIT	3	PA; LA; QL (30 per 30 days); S
<i>azacitidine</i>	3	PA; LA; S
BALVERSA 3 MG TAB	3	PA; LA; QL (90 per 30 days); S
BALVERSA 4 MG TAB	3	PA; LA; QL (60 per 30 days); S
BALVERSA 5 MG TAB	3	PA; LA; QL (30 per 30 days); S
BAVENCIO	3	PA; LA; S
BELEODAQ	3	PA; S
BENDEKA	3	B/D PA; S
BESPONSA	3	B/D PA; LA; S
<i>bexarotene</i>	3	PA; QL (300 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
<i>bicalutamide</i>	1	QL (30 per 30 days); MO
BLNREP	3	PA; S
<i>bleomycin sulfate</i>	1	B/D PA
BLINCYTO	3	PA; S
BORTEZOMIB	3	PA; S
BOSULIF 100 MG TAB	3	PA; QL (120 per 30 days); S
BOSULIF 400 MG TAB, 500 MG TAB	3	PA; QL (30 per 30 days); S
BRAFTOVI	3	PA; LA; QL (180 per 30 days); S
BRUKINSA	3	PA; LA; QL (120 per 30 days); S
<i>busulfan</i>	1	B/D PA
CABOMETYX	3	PA; LA; QL (30 per 30 days); S
CALQUENCE	3	PA; LA; S
CAPRELSA 100 MG TAB	3	PA; LA; QL (90 per 30 days); S
CAPRELSA 300 MG TAB	3	PA; LA; QL (30 per 30 days); S
<i>carboplatin</i>	1	B/D PA
<i>carmustine</i>	3	B/D PA; S
<i>cisplatin</i>	1	B/D PA
<i>cladribine</i>	3	B/D PA; S
<i>clofarabine</i>	3	B/D PA; S
COMETRIQ (100 MG DAILY DOSE)	3	PA; LA; QL (56 per 28 days); S
COMETRIQ (140 MG DAILY DOSE)	3	PA; LA; QL (112 per 28 days); S
COMETRIQ (60 MG DAILY DOSE)	3	PA; LA; QL (84 per 28 days); S
COPIKTRA	3	PA; LA; QL (60 per 30 days); S
COTELLIC	3	PA; LA; QL (90 per 30 days); S
CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 500 MG/2.5ML SOLUTION	3	S

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	2	B/D PA
CYRAMZA	3	PA; LA; S
<i>cytarabine</i>	1	B/D PA
<i>cytarabine (pf)</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA
<i>dactinomycin</i>	3	B/D PA; S
DARZALEX	3	PA; LA; S
DARZALEX FASPRO	3	PA; S
<i>daunorubicin hcl 20 mg/4ml solution, 50 mg/10ml solution</i>	2	B/D PA
DAURISMO 100 MG TAB	3	PA; LA; QL (30 per 30 days); S
DAURISMO 25 MG TAB	3	PA; LA; QL (60 per 30 days); S
<i>decitabine</i>	3	B/D PA; S
<i>dexrazoxane hcl</i>	3	B/D PA; S
<i>docetaxel 160 mg/16ml solution</i>	3	B/D PA
<i>docetaxel 20 mg/2ml solution, 20 mg/ml conc, 80 mg/8ml solution, 160 mg/8ml conc</i>	3	B/D PA; S
DOCETAXEL 80 MG/4ML CONC	1	B/D PA
<i>doxorubicin hcl 10 mg recon soln</i>	1	B/D PA
<i>doxorubicin hcl 2 mg/ml solution</i>	3	B/D PA; S
<i>doxorubicin hcl liposomal</i>	3	PA; S
DROXIA	2	MO
ELITEK	3	PA; S
EMCYT	3	
EMPLICITI	3	PA; LA; S
ENHERTU	3	PA; S
<i>epirubicin hcl</i>	1	B/D PA
ERBITUX	3	PA; S
ERIVEDGE	3	PA; LA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
ERLEADA	3	PA; LA; S
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	3	PA; QL (30 per 30 days); S
<i>erlotinib hcl 25 mg tab</i>	3	PA; QL (90 per 30 days); S
ETOPOPHOS	3	B/D PA; S
<i>etoposide</i>	1	B/D PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	3	PA; S
EVOMELA	3	B/D PA; S
<i>exemestane</i>	1	QL (60 per 30 days); MO
FARESTON	3	QL (30 per 30 days); S
FARYDAK 10 MG CAP	3	PA; LA; QL (60 per 30 days); S
FARYDAK 15 MG CAP, 20 MG CAP	3	PA; LA; QL (30 per 30 days); S
<i>fludarabine phosphate 50 mg recon soln</i>	1	B/D PA
<i>fludarabine phosphate 50 mg/2ml solution</i>	3	B/D PA; S
<i>fluorouracil 1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution</i>	1	B/D PA
<i>flutamide</i>	1	MO
FOLOTYN	3	B/D PA; S
FOTIVDA	3	PA; QL (21 per 28 days); S
<i>fulvestrant</i>	3	PA; S
GAVRETO	3	PA; LA; QL (120 per 30 days); S
GAZYVA	3	PA; LA; S
<i>gemcitabine hcl 1 gm recon soln, 1 gm/26.3ml solution, 2 gm recon soln, 200 mg/5.26ml solution</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine hcl 1 gm/10ml solution, 2 gm/20ml solution, 2 gm/52.6ml solution, 200 mg/2ml solution</i>	3	B/D PA; S	INLYTA 1 MG TAB	3	PA; LA; QL (180 per 30 days); S
<i>gemcitabine hcl 200 mg recon soln</i>	3	B/D PA	INLYTA 5 MG TAB	3	PA; LA; QL (120 per 30 days); S
GILOTRIF	3	PA; LA; QL (30 per 30 days); S	INQOVI	3	PA; LA; QL (5 per 28 days); S
HALAVEN	3	PA; S	INREBIC	3	PA; LA; QL (120 per 30 days); S
HERCEPTIN	3	B/D PA; S	IRESSA	3	PA; LA; QL (30 per 30 days); S
HERCEPTIN HYLECTA	3	B/D PA; S	<i>irinotecan hcl 100 mg/5ml solution</i>	3	B/D PA; S
HYDREA	3	MO	<i>irinotecan hcl 40 mg/2ml solution, 300 mg/15ml solution, 500 mg/25ml solution</i>	1	B/D PA
<i>hydroxyurea</i>	1	MO	ISTODAX (OVERFILL)	3	PA; S
IBRANCE	3	PA; LA; QL (21 per 28 days); S	IXEMPRA KIT	3	PA; S
ICLUSIG	3	PA; LA; QL (30 per 30 days); S	JAKAFI	3	PA; LA; QL (60 per 30 days); S
<i>idarubicin hcl</i>	3	B/D PA; S	JEMPERLI	3	PA; S
IDHIFA 100 MG TAB	3	PA; LA; QL (30 per 30 days); S	JEVTANA	3	PA; S
IDHIFA 50 MG TAB	3	PA; LA; QL (60 per 30 days); S	KADCYLA	3	PA; S
IFEX 3 GM RECON SOLN	3	B/D PA	KEYTRUDA	3	PA; S
<i>ifosfamide 1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution</i>	1	B/D PA	KHAPZORY	3	PA; S
IFOSFAMIDE 3 GM RECON SOLN	3	B/D PA	KISQALI (200 MG DOSE)	3	PA; QL (21 per 21 days); S
<i>imatinib mesylate</i>	3	PA; QL (60 per 30 days); S	KISQALI (400 MG DOSE)	3	PA; QL (42 per 21 days); S
IMBRUVICA 140 MG CAP, 140 MG TAB	3	PA; LA; QL (90 per 30 days); S	KISQALI (600 MG DOSE)	3	PA; QL (63 per 21 days); S
IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB	3	PA; LA; QL (30 per 30 days); S	KISQALI FEMARA (400 MG DOSE)	3	PA; QL (70 per 28 days); S
IMFINZI	3	PA; LA; S	KISQALI FEMARA (600 MG DOSE)	3	PA; QL (91 per 28 days); S
IMLYGIC 1000000 UNIT/ML SUSPENSION	3	PA	KISQALI FEMARA(200 MG DOSE)	3	PA; QL (49 per 28 days); S
IMLYGIC 100000000 UNIT/ML SUSPENSION	3	PA; S	KOSELUGO	3	PA; S
			KYPROLIS	3	PA; LA; S
			<i>lapatinib ditosylate</i>	3	PA; QL (180 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits
LENVIMA (10 MG DAILY DOSE)	3	PA; LA; QL (30 per 30 days); S
LENVIMA (12 MG DAILY DOSE)	3	PA; LA; QL (90 per 30 days); S
LENVIMA (14 MG DAILY DOSE)	3	PA; LA; QL (60 per 30 days); S
LENVIMA (18 MG DAILY DOSE)	3	PA; LA; QL (90 per 30 days); S
LENVIMA (20 MG DAILY DOSE)	3	PA; LA; QL (60 per 30 days); S
LENVIMA (24 MG DAILY DOSE)	3	PA; LA; QL (90 per 30 days); S
LENVIMA (4 MG DAILY DOSE)	3	PA; LA; QL (30 per 30 days); S
LENVIMA (8 MG DAILY DOSE)	3	PA; LA; QL (60 per 30 days); S
<i>letrozole</i>	1	QL (30 per 30 days); MO
<i>leucovorin calcium 100 mg/10ml solution</i>	1	MO
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	1	MO
<i>leucovorin calcium 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln</i>	1	B/D PA; MO
LEUKERAN	2	MO
LIBTAYO	3	PA; LA; S
LONSURF	3	PA; S
LORBRENA 100 MG TAB	3	PA; LA; QL (30 per 30 days); S
LORBRENA 25 MG TAB	3	PA; LA; QL (90 per 30 days); S
LUMAKRAS	3	PA; LA; QL (240 per 30 days); S
LUMOXITI	3	PA; LA; S
LYNPARZA	3	PA; LA; QL (120 per 30 days); S
MARQIBO	3	S

Drug Name	Drug Tier	Requirements /Limits
MATULANE	3	LA; S
MEKINIST 0.5 MG TAB	3	PA; LA; QL (90 per 30 days); S
MEKINIST 2 MG TAB	3	PA; LA; QL (30 per 30 days); S
MEKTOVI	3	PA; LA; QL (180 per 30 days); S
<i>melphalan</i>	1	B/D PA
<i>melphalan hcl</i>	1	B/D PA
<i>mercaptopurine</i>	1	MO
<i>mesna</i>	1	MO
MESNEX 400 MG TAB	3	MO; S
<i>mitomycin 20 mg recon soln, 40 mg recon soln</i>	3	B/D PA; S
<i>mitomycin 5 mg recon soln</i>	1	B/D PA
<i>mitoxantrone hcl</i>	1	B/D PA
MONJUVI	3	PA; S
<i>mutamycin 40 mg recon soln</i>	3	B/D PA; S
<i>mutamycin 5 mg recon soln, 20 mg recon soln</i>	1	B/D PA
MYLOTARG	3	PA; LA; S
NERLYNX	3	PA; LA; QL (180 per 30 days); S
NEXAVAR	3	PA; LA; QL (120 per 30 days); S
NILANDRON	3	QL (30 per 30 days); MO; S
<i>nilutamide</i>	3	QL (30 per 30 days); MO; S
NINLARO	3	PA; QL (3 per 28 days); S
NIPENT	3	B/D PA; S
NUBEQA	3	PA; LA; QL (120 per 30 days); S
ODOMZO	3	PA; LA; QL (30 per 30 days); S
ONCASPAR	3	PA; S
ONUREG	3	PA; LA; QL (14 per 28 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OPDIVO 120 MG/12ML SOLUTION	3	PA; S	RETEVMO 80 MG CAP	3	PA; QL (120 per 30 days); S
OPDIVO 40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 240 MG/24ML SOLUTION	3	PA; LA; S	REVLIMID 10 MG CAP	3	PA; LA; QL (60 per 30 days); S
<i>oxaliplatin 50 mg recon soln, 100 mg recon soln</i>	3	B/D PA; S	REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	3	PA; LA; QL (30 per 30 days); S
<i>oxaliplatin 50 mg/10ml solution, 100 mg/20ml solution, 200 mg/40ml solution</i>	1	B/D PA	REVLIMID 5 MG CAP	3	PA; LA; QL (150 per 30 days); S
<i>paclitaxel 30 mg/5ml conc, 100 mg/16.67ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc</i>	1	B/D PA	RIABNI	3	B/D PA; S
<i>paclitaxel 300 mg/50ml conc</i>	1		RITUXAN	3	B/D PA; LA; S
PADCEV	3	PA; S	RITUXAN HYCELA	3	B/D PA; LA; S
PANRETIN	3	S	ROMIDEPSIN 10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION	3	PA; S
<i>paraplatin</i>	1	B/D PA	ROZLYTREK 100 MG CAP	3	PA; LA; QL (150 per 30 days); S
PEMAZYRE	3	PA; LA; QL (14 per 21 days); S	ROZLYTREK 200 MG CAP	3	PA; LA; QL (90 per 30 days); S
PEPAXTO	3	S	RUBRACA	3	PA; LA; QL (120 per 30 days); S
PERJETA	3	PA; S	RYBREVANT	3	PA; S
PHESGO	3	PA; S	RYDAPT	3	PA; QL (240 per 30 days); S
PIQRAY (200 MG DAILY DOSE)	3	PA; QL (28 per 28 days); S	SARCLISA	3	PA; S
PIQRAY (250 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S	SOLTAMOX	3	MO; S
PIQRAY (300 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S	SPRYCEL	3	PA; QL (30 per 30 days); S
POLIVY	3	B/D PA; S	STIVARGA	3	PA; LA; QL (84 per 28 days); S
POMALYST	3	PA; LA; QL (21 per 28 days); S	<i>sunitinib malate</i>	3	PA; QL (30 per 30 days); S
PORTRAZZA	3	LA; S	SUTENT	3	PA; QL (30 per 30 days); S
POTELIGEO	3	B/D PA; LA; S	SYNRIBO	3	PA; S
PURIXAN	3	PA; S	TABLOID	3	MO
QINLOCK	3	PA; QL (90 per 30 days); S	TABRECTA	3	PA; QL (120 per 30 days); S
RETEVMO 40 MG CAP	3	PA; QL (180 per 30 days); S	TAFINLAR	3	PA; LA; QL (120 per 30 days); S
			TAGRISSO	3	PA; LA; QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TALZENNA 0.25 MG CAP	3	PA; LA; QL (90 per 30 days); S	TRUSELTIQ (125MG DAILY DOSE)	3	PA; QL (42 per 28 days); S
TALZENNA 1 MG CAP	3	PA; LA; QL (30 per 30 days); S	TRUSELTIQ (50MG DAILY DOSE)	3	PA; QL (42 per 28 days); S
<i>tamoxifen citrate</i>	1	MO	TRUSELTIQ (75MG DAILY DOSE)	3	PA; QL (63 per 28 days); S
TARCEVA 100 MG TAB, 150 MG TAB	3	PA; LA; QL (30 per 30 days); S	TUKYSA	3	PA; LA; QL (120 per 30 days); S
TARCEVA 25 MG TAB	3	PA; LA; QL (90 per 30 days); S	TURALIO	3	PA; LA; QL (120 per 30 days); S
TARGRETIN 1 % GEL	3	PA; QL (60 per 30 days); S	TYKERB	3	PA; LA; QL (180 per 30 days); S
TARGRETIN 75 MG CAP	3	PA; QL (300 per 30 days); S	UKONIQ	3	PA; LA; QL (120 per 30 days); S
TASIGNA	3	PA; QL (112 per 28 days); S	VALCHLOR	3	PA; LA; S
TAZVERIK	3	PA; LA; QL (240 per 30 days); S	VECTIBIX	3	PA; S
TECENTRIQ 1200 MG/20ML SOLUTION	3	PA; LA; QL (20 per 21 days); S	VELCADE	3	PA; S
TECENTRIQ 840 MG/14ML SOLUTION	3	PA; LA; QL (28 per 28 days); S	VENCLEXTA 10 MG TAB	2	PA; LA; QL (60 per 30 days)
TEPMETKO	3	PA; LA; QL (60 per 30 days); S	VENCLEXTA 100 MG TAB	3	PA; LA; QL (180 per 30 days); S
THALOMID 150 MG CAP, 200 MG CAP	3	PA; QL (60 per 30 days); S	VENCLEXTA 50 MG TAB	2	PA; LA; QL (30 per 30 days)
THALOMID 50 MG CAP, 100 MG CAP	3	PA; QL (30 per 30 days); S	VENCLEXTA STARTING PACK	3	PA; LA; S
<i>thiotepa</i>	1	B/D PA	VERZENIO	3	PA; LA; QL (60 per 30 days); S
TIBSOVO	3	PA; LA; QL (60 per 30 days); S	<i>vinblastine sulfat</i>	1	B/D PA
TICE BCG	2	B/D PA	<i>vincristine sulfat</i>	1	B/D PA
<i>toposar</i>	1	B/D PA	<i>vinorelbine tartrate</i>	1	B/D PA
<i>topotecan hcl 4 mg recon soln, 4 mg/4ml solution</i>	3	B/D PA; S	VITRAKVI 100 MG CAP	3	PA; LA; QL (60 per 30 days); S
<i>toremifene citrate</i>	3	QL (30 per 30 days); S	VITRAKVI 20 MG/ML SOLUTION	3	PA; LA; QL (300 per 30 days); S
TREANDA	3	B/D PA; S	VITRAKVI 25 MG CAP	3	PA; LA; QL (180 per 30 days); S
<i>tretinoin 10 mg cap</i>	3	MO; S	VIZIMPRO	3	PA; LA; QL (30 per 30 days); S
TRUSELTIQ (100MG DAILY DOSE)	3	PA; QL (21 per 28 days); S	VOTRIENT	3	PA; LA; QL (120 per 30 days); S
			VYXEOS	3	B/D PA; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
XALKORI	3	PA; LA; QL (120 per 30 days); S	ZEJULA	3	PA; LA; QL (90 per 30 days); S
XOSPATA	3	PA; LA; QL (90 per 30 days); S	ZELBORAF	3	PA; LA; QL (240 per 30 days); S
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	3	PA; LA; QL (20 per 28 days); S	ZEPZELCA	3	S
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	PA; QL (8 per 28 days); S	ZOLINZA	3	PA; QL (120 per 30 days); S
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	3	PA; LA; QL (8 per 28 days); S	ZYDELIG	3	PA; LA; QL (60 per 30 days); S
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA; QL (4 per 28 days); S	ZYKADIA	3	PA; LA; QL (90 per 30 days); S
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	3	PA; LA; QL (16 per 28 days); S	ZYNLONTA	3	PA; S
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	PA; QL (8 per 28 days); S	<b>Antiparasitics</b>		
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	3	PA; LA; QL (12 per 28 days); S	<i>albendazole</i>	3	MO; S
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	3	PA; QL (4 per 28 days); S	ALBENZA	3	MO; S
XPOVIO (60 MG TWICE WEEKLY)	3	PA; LA; QL (24 per 28 days); S	<i>atovaquone</i>	3	PA; MO; S
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	3	PA; LA; QL (16 per 28 days); S	<i>atovaquone-proguanil hcl</i>	1	MO
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA; QL (8 per 28 days); S	BILTRICIDE	3	MO; S
XPOVIO (80 MG TWICE WEEKLY)	3	PA; LA; QL (32 per 28 days); S	<i>chloroquine phosphate</i>	1	MO
XTANDI 40 MG CAP	3	PA; LA; QL (120 per 30 days); S	COARTEM	3	MO
XTANDI 40 MG TAB	3	PA; QL (120 per 30 days); S	<i>hydroxychloroquine sulfate 200 mg tab</i>	1	MO
XTANDI 80 MG TAB	3	PA; QL (60 per 30 days); S	<i>ivermectin 3 mg tab</i>	1	MO
YERVOY	3	PA; S	MALARONE	3	MO
YONDELIS	3	B/D PA; S	<i>mefloquine hcl</i>	1	MO
YONSA	3	PA; QL (120 per 30 days); S	NEBUPENT	3	B/D PA; MO
ZALTRAP	3	PA; LA; S	<i>nitazoxanide</i>	3	QL (6 per 30 days); MO
ZANOSAR	3	B/D PA; S	PENTAM	3	
			<i>pentamidine isethionate</i>	1	
			<i>pentamidine isethionate 300 mg recon soln for nebulization</i>	1	B/D PA; MO
			<i>praziquantel</i>	1	MO
			<i>primaquine phosphate</i>	2	MO
			<i>pyrimethamine</i>	3	MO; S
			QUALAQUIN	3	PA; MO
			<i>quinine sulfate</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
STROMEKTOL	3	MO
<b>Antiparkinson Agents</b>		
<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	1	MO
APOKYN	3	PA; LA; QL (60 per 30 days); S
AZILECT	3	MO
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab</i>	1	PA; MO
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa 10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp</i>	1	MO
<i>carbidopa-levodopa er</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
COMTAN	3	MO
<i>entacapone</i>	1	MO
LODOSYN	3	MO; S
MIRAPEX	3	MO
MIRAPEX ER 0.75 MG TAB ER 24H, 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 3.75 MG TAB ER 24H	3	MO
NEUPRO	3	QL (30 per 30 days); MO
PARLODEL	3	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	3	MO
<i>rasagiline mesylate</i>	1	MO
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hcl er</i>	1	MO
RYTARY	3	ST; MO; S

Drug Name	Drug Tier	Requirements /Limits
<i>selegiline hcl</i>	1	MO
SINEMET	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
<i>tolcapone</i>	3	PA; QL (180 per 30 days); MO; S
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	1	PA; MO
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	MO
ZELAPAR	3	MO; S
<b>Antipsychotics</b>		
ABILIFY MAINTENA	3	QL (1 per 28 days); MO; S
<i>aripiprazole 1 mg/ml solution</i>	1	QL (900 per 30 days); MO
<i>aripiprazole 10 mg tab disp</i>	3	QL (90 per 30 days); MO; S
<i>aripiprazole 15 mg tab disp</i>	3	QL (60 per 30 days); MO; S
<i>aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	1	QL (30 per 30 days); MO
ARISTADA 1064 MG/3.9ML PRSYR	3	QL (3.9 per 60 days); MO; NEDS; S
ARISTADA 441 MG/1.6ML PRSYR	3	QL (1.6 per 28 days); MO; S
ARISTADA 662 MG/2.4ML PRSYR	3	QL (2.4 per 28 days); MO; S
ARISTADA 882 MG/3.2ML PRSYR	3	QL (3.2 per 28 days); MO; S
ARISTADA INITIO	3	QL (4.8 per 365 over time); MO; NEDS; S
<i>asenapine maleate 10 mg sl tab</i>	3	QL (60 per 30 days); MO; S
<i>asenapine maleate 2.5 mg sl tab</i>	1	QL (240 per 30 days); MO
<i>asenapine maleate 5 mg sl tab</i>	1	QL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CAPLYTA	3	PA; QL (30 per 30 days); MO; S	<i>fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab</i>	1	MO
<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	1	MO	GEODON 20 MG RECON SOLN	2	QL (6 per 3 days); MO
<i>chlorpromazine hcl 25 mg/ml solution, 50 mg/2ml solution</i>	2	MO	<i>haloperidol</i>	1	MO
CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	3	S	<i>haloperidol decanoate</i>	1	MO
<i>clozapine 100 mg tab, 100 mg tab disp</i>	1	QL (270 per 30 days); MO	<i>haloperidol lactate</i>	1	MO
<i>clozapine 12.5 mg tab disp</i>	1	QL (2160 per 30 days); MO	INVEGA 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	3	QL (30 per 30 days); MO; S
<i>clozapine 150 mg tab disp</i>	1	QL (180 per 30 days); MO	INVEGA 6 MG TAB ER 24H	3	QL (60 per 30 days); MO; S
<i>clozapine 200 mg tab</i>	1	QL (120 per 30 days); MO	INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	QL (0.75 per 28 days); MO; S
<i>clozapine 200 mg tab disp</i>	3	QL (120 per 30 days); MO; S	INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	QL (1 per 28 days); MO; S
<i>clozapine 25 mg tab, 25 mg tab disp</i>	1	QL (1080 per 30 days); MO	INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	QL (1.5 per 28 days); MO; S
<i>clozapine 50 mg tab</i>	1	QL (540 per 30 days); MO	INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL (0.25 per 28 days); MO
FANAPT 1 MG TAB	3	QL (720 per 30 days); MO	INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	QL (0.5 per 28 days); MO; S
FANAPT 10 MG TAB, 12 MG TAB	3	QL (60 per 30 days); MO; S	INVEGA TRINZA 273 MG/0.875ML SUSP PRSYR	3	QL (0.875 per 84 days); MO; NEDS; S
FANAPT 2 MG TAB	3	QL (360 per 30 days); MO; S	INVEGA TRINZA 410 MG/1.315ML SUSP PRSYR	3	QL (1.315 per 84 days); MO; NEDS; S
FANAPT 4 MG TAB	3	QL (180 per 30 days); MO; S	INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	QL (1.75 per 84 days); MO; NEDS; S
FANAPT 6 MG TAB	3	QL (120 per 30 days); MO; S	INVEGA TRINZA 819 MG/2.625ML SUSP PRSYR	3	QL (2.625 per 84 days); MO; NEDS; S
FANAPT 8 MG TAB	3	QL (90 per 30 days); MO; S	<i>loxapine succinate</i>	1	MO
FANAPT TITRATION PACK	3	MO	<i>molindone hcl</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO	NUPLAZID	3	PA; LA; QL (30 per 30 days); S
			<i>olanzapine 10 mg recon soln</i>	1	QL (90 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp</i>	1	QL (30 per 30 days); MO	<i>risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml solution</i>	1	QL (480 per 30 days); MO
<i>paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h</i>	1	QL (30 per 30 days); MO	<i>risperidone 2 mg tab, 2 mg tab disp</i>	1	QL (240 per 30 days); MO
<i>paliperidone er 6 mg tab er 24h</i>	1	QL (60 per 30 days); MO	<i>risperidone 3 mg tab disp</i>	1	QL (150 per 30 days); MO
<i>paliperidone er 9 mg tab er 24h</i>	3	QL (30 per 30 days); MO	<i>risperidone 3 mg tab, 4 mg tab, 4 mg tab disp</i>	1	QL (120 per 30 days); MO
<i>pimozide</i>	1	MO	SAPHRIS 10 MG SL TAB	3	QL (60 per 30 days); MO; S
<i>quetiapine fumarate 100 mg tab</i>	1	QL (240 per 30 days); MO	SAPHRIS 2.5 MG SL TAB	3	QL (240 per 30 days); MO
<i>quetiapine fumarate 200 mg tab</i>	1	QL (120 per 30 days); MO	SAPHRIS 5 MG SL TAB	3	QL (120 per 30 days); MO
<i>quetiapine fumarate 25 mg tab</i>	1	QL (960 per 30 days); MO	SECUADO	3	QL (30 per 30 days); MO; S
<i>quetiapine fumarate 300 mg tab</i>	1	QL (80 per 30 days); MO	SEROQUEL XR 150 MG TAB ER 24H, 200 MG TAB ER 24H	3	QL (30 per 30 days); MO
<i>quetiapine fumarate 400 mg tab</i>	1	QL (60 per 30 days); MO	SEROQUEL XR 400 MG TAB ER 24H	3	QL (60 per 30 days); MO; S
<i>quetiapine fumarate 50 mg tab</i>	1	QL (480 per 30 days); MO	SEROQUEL XR 50 MG TAB ER 24H, 300 MG TAB ER 24H	3	QL (60 per 30 days); MO
<i>quetiapine fumarate er 150 mg tab er 24h, 200 mg tab er 24h</i>	1	QL (30 per 30 days); MO	<i>thioridazine hcl</i>	1	MO
<i>quetiapine fumarate er 50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h</i>	1	QL (60 per 30 days); MO	<i>thiothixene</i>	1	MO
REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	3	QL (60 per 30 days); MO; S	<i>trifluoperazine hcl</i>	1	MO
REXULTI 3 MG TAB, 4 MG TAB	3	QL (30 per 30 days); MO; S	VERSACLOZ	3	QL (600 per 30 days); MO
RISPERDAL CONSTA 12.5 MG, 25 MG	3	QL (2 per 28 days); MO	VRAYLAR 1.5 & 3 MG CAP THPK	3	MO
RISPERDAL CONSTA 37.5 MG, 50 MG	3	QL (2 per 28 days); MO; S	VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	3	QL (30 per 30 days); MO; S
<i>risperidone 0.25 mg tab, 0.25 mg tab disp</i>	1	QL (1920 per 30 days); MO	<i>ziprasidone hcl 20 mg cap</i>	1	QL (240 per 30 days); MO
<i>risperidone 0.5 mg tab, 0.5 mg tab disp</i>	1	QL (960 per 30 days); MO	<i>ziprasidone hcl 40 mg cap</i>	1	QL (120 per 30 days); MO
			<i>ziprasidone hcl 60 mg cap, 80 mg cap</i>	1	QL (60 per 30 days); MO
			<i>ziprasidone mesylate</i>	3	QL (6 per 3 days); MO
			ZYPREXA 10 MG RECON SOLN	3	QL (90 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV 210 MG RECON SUSP	3	QL (2 per 28 days); MO	BIKTARVY	3	QL (30 per 30 days); S
ZYPREXA RELPREVV 300 MG RECON SUSP, 405 MG RECON SUSP	3	QL (2 per 28 days); MO; S	CABENUVA 400 & 600 MG/2ML SUSP	3	QL (4 per 28 days); MO; S
<b>Antispasticity Agents</b>			CABENUVA 600 & 900 MG/3ML SUSP	3	QL (6 per 28 days); MO; S
<i>baclofen 20 mg tab</i>	1	QL (120 per 30 days); MO	<i>cidofovir</i>	1	B/D PA
<i>baclofen 5 mg tab, 10 mg tab</i>	1	QL (90 per 30 days); MO	CIMDUO	3	QL (30 per 30 days); S
DANTRIUM	3	MO	COMBIVIR	3	QL (60 per 30 days); S
<i>dantrolene sodium</i>	1	MO	COMPLERA	3	QL (30 per 30 days); S
<i>tizanidine hcl</i>	1	MO	CRIXIVAN 200 MG CAP	3	QL (360 per 30 days)
ZANAFLEX	3	MO	CRIXIVAN 400 MG CAP	3	QL (180 per 30 days)
<b>Antivirals</b>			DELSTRIGO	3	QL (30 per 30 days); S
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (960 per 30 days)	DESCOVY	3	QL (30 per 30 days); S
<i>abacavir sulfate 300 mg tab</i>	1	QL (60 per 30 days)	DOVATO	3	QL (30 per 30 days); S
<i>abacavir sulfate-lamivudine</i>	1	QL (30 per 30 days)	EDURANT	3	QL (30 per 30 days); S
<i>abacavir-lamivudine-zidovudine</i>	3	QL (60 per 30 days); S	<i>efavirenz 200 mg cap</i>	1	QL (120 per 30 days)
<i>acyclovir 200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab</i>	1	MO	<i>efavirenz 50 mg cap</i>	1	QL (360 per 30 days)
<i>acyclovir sodium</i>	1	B/D PA; MO	<i>efavirenz 600 mg tab</i>	3	QL (30 per 30 days)
<i>adefovir dipivoxil</i>	1	PA	<i>efavirenz-emtricitabine-tenofovir</i>	3	QL (30 per 30 days); S
APTIVUS 100 MG/ML SOLUTION	3	QL (380 per 30 days); S	<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days); S
APTIVUS 250 MG CAP	3	QL (120 per 30 days); S	<i>emtricitabine</i>	1	QL (30 per 30 days)
<i>atazanavir sulfate 150 mg cap, 200 mg cap</i>	3	QL (60 per 30 days)	<i>emtricitabine-tenofovir df</i>	3	QL (30 per 30 days); S
<i>atazanavir sulfate 300 mg cap</i>	3	QL (30 per 30 days)	EMTRIVA 10 MG/ML SOLUTION	3	QL (850 per 30 days)
ATRIPLA	3	QL (30 per 30 days); S			
BARACLUDGE 0.05 MG/ML SOLUTION	3	PA; S			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
EMTRIVA 200 MG CAP	3	QL (30 per 30 days)	INTELENCE 25 MG TAB	3	QL (480 per 30 days)
<i>entecavir</i>	1	PA	INVIRASE 500 MG TAB	3	QL (120 per 30 days); S
EPCLUSA	3	PA; QL (30 per 30 days); S	ISENTRESS 100 MG CHEW TAB	3	QL (180 per 30 days)
EPIVIR 10 MG/ML SOLUTION	3	QL (960 per 30 days)	ISENTRESS 100 MG PACKET	3	QL (180 per 30 days); S
EPIVIR 150 MG TAB	3	QL (60 per 30 days)	ISENTRESS 25 MG CHEW TAB	2	QL (720 per 30 days)
EPIVIR 300 MG TAB	3	QL (30 per 30 days)	ISENTRESS 400 MG TAB	3	QL (120 per 30 days); S
EPIVIR HBV 100 MG TAB	3		ISENTRESS HD	3	QL (60 per 30 days); S
EPIVIR HBV 5 MG/ML SOLUTION	2		JULUCA	3	QL (30 per 30 days); S
EPZICOM	3	QL (30 per 30 days); S	KALETRA 100-25 MG TAB	3	QL (300 per 30 days)
<i>etravirine 100 mg tab</i>	3	QL (120 per 30 days); S	KALETRA 200-50 MG TAB	3	QL (120 per 30 days); S
<i>etravirine 200 mg tab</i>	3	QL (60 per 30 days); S	KALETRA 400-100 MG/5ML SOLUTION	3	QL (480 per 30 days); S
EVOTAZ	3	QL (30 per 30 days); S	<i>lamivudine 10 mg/ml solution</i>	1	QL (960 per 30 days)
<i>famciclovir 125 mg tab, 250 mg tab</i>	1	QL (60 per 30 days); MO	<i>lamivudine 100 mg tab</i>	1	
<i>famciclovir 500 mg tab</i>	1	QL (21 per 7 days); MO	<i>lamivudine 150 mg tab</i>	1	QL (60 per 30 days)
<i>fosamprenavir calcium</i>	3	QL (120 per 30 days); S	<i>lamivudine 300 mg tab</i>	1	QL (30 per 30 days)
FUZEON	3	QL (60 per 30 days); S	<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
<i>ganciclovir sodium 500 mg recon soln</i>	1	B/D PA	LEDIPASVIR-SOFOSBUVIR	3	PA; QL (28 per 28 days); S
GENVOYA	3	QL (30 per 30 days); S	LEXIVA 50 MG/ML SUSPENSION	3	QL (1800 per 30 days)
HARVONI	3	PA; QL (28 per 28 days); S	LEXIVA 700 MG TAB	3	QL (120 per 30 days); S
HEPSERA	3	PA; S	<i>lopinavir-ritonavir 100-25 mg tab</i>	3	QL (300 per 30 days)
INTELENCE 100 MG TAB	3	QL (120 per 30 days); S	<i>lopinavir-ritonavir 200-50 mg tab</i>	3	QL (120 per 30 days); S
INTELENCE 200 MG TAB	3	QL (60 per 30 days); S			

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<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (480 per 30 days)	RETROVIR 100 MG CAP	3	QL (180 per 30 days)
MAVYRET	3	PA; QL (90 per 30 days); S	RETROVIR 50 MG/5ML SYRUP	3	QL (1920 per 30 days)
<i>nevirapine 200 mg tab</i>	1	QL (60 per 30 days)	REYATAZ 150 MG CAP, 200 MG CAP	3	QL (60 per 30 days); S
<i>nevirapine 50 mg/5ml suspension</i>	1	QL (1200 per 30 days)	REYATAZ 300 MG CAP	3	QL (30 per 30 days); S
<i>nevirapine er 100 mg tab er 24h</i>	1	QL (90 per 30 days)	REYATAZ 50 MG PACKET	3	QL (240 per 30 days)
<i>nevirapine er 400 mg tab er 24h</i>	1	QL (30 per 30 days)	<i>ribavirin 200 mg cap, 200 mg tab</i>	1	
NORVIR 100 MG PACKET, 100 MG TAB	3	QL (360 per 30 days)	<i>rimantadine hcl</i>	1	MO
NORVIR 80 MG/ML SOLUTION	2	QL (480 per 30 days)	<i>ritonavir</i>	1	QL (360 per 30 days)
ODEFSEY	3	QL (30 per 30 days); S	RUKOBIA	3	QL (60 per 30 days); MO; S
<i>oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap</i>	1		SELZENTRY 150 MG TAB, 300 MG TAB	3	QL (120 per 30 days); S
PEGINTRON	3	S	SELZENTRY 20 MG/ML SOLUTION	3	QL (1840 per 30 days); S
PIFELTRO	3	QL (30 per 30 days); S	SELZENTRY 25 MG TAB	3	QL (120 per 30 days)
PREVYMIS 240 MG TAB, 480 MG TAB	3	S	SELZENTRY 75 MG TAB	3	QL (60 per 30 days)
PREZCOBIX	3	QL (30 per 30 days); S	SOFOSBUVIR-VELPATASVIR	3	PA; QL (30 per 30 days); S
PREZISTA 100 MG/ML SUSPENSION	3	QL (400 per 30 days); S	<i>stavudine 15 mg cap, 20 mg cap</i>	1	QL (120 per 30 days)
PREZISTA 150 MG TAB	3	QL (180 per 30 days)	<i>stavudine 30 mg cap, 40 mg cap</i>	1	QL (60 per 30 days)
PREZISTA 600 MG TAB, 800 MG TAB	3	QL (60 per 30 days); S	STRIBILD	3	QL (30 per 30 days); S
PREZISTA 75 MG TAB	3	QL (300 per 30 days)	SUSTIVA 200 MG CAP	3	QL (120 per 30 days)
RELENZA DISKHALER	2	QL (60 per 180 over time); MO; NEDS	SUSTIVA 50 MG CAP	3	QL (360 per 30 days)
RETROVIR 10 MG/ML SOLUTION	2		SYMFI	3	QL (30 per 30 days); S
			SYMFI LO	3	QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SYMTUZA	3	QL (30 per 30 days); S	VIRAMUNE 50 MG/5ML SUSPENSION	3	QL (1200 per 30 days)
TAMIFLU 6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP	3		VIRAMUNE XR	3	QL (30 per 30 days)
TEMIXYS	3	QL (30 per 30 days); S	VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB	3	QL (30 per 30 days); S
<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)	VIREAD 40 MG/GM POWDER	3	QL (240 per 30 days); S
TIVICAY 10 MG TAB	3	QL (120 per 30 days)	VOSEVI	3	PA; QL (30 per 30 days); S
TIVICAY 25 MG TAB, 50 MG TAB	3	QL (60 per 30 days); S	XOFLUZA (40 MG DOSE)	2	
TIVICAY PD	3	QL (360 per 30 days); S	XOFLUZA (80 MG DOSE)	2	
<i>trifluridine</i>	1	MO	ZIAGEN 20 MG/ML SOLUTION	3	QL (960 per 30 days)
TRIUMEQ	3	QL (30 per 30 days); S	ZIAGEN 300 MG TAB	3	QL (60 per 30 days)
TRIZIVIR	3	QL (60 per 30 days); S	<i>zidovudine 100 mg cap</i>	1	QL (180 per 30 days)
TROGARZO	3	PA; LA; QL (23.94 per 28 days); S	<i>zidovudine 300 mg tab</i>	1	QL (60 per 30 days)
TRUVADA	3	QL (30 per 30 days); S	<i>zidovudine 50 mg/5ml syrup</i>	1	QL (1920 per 30 days)
TYBOST	2	QL (30 per 30 days)	ZIRGAN	3	MO
<i>valacyclovir hcl 1 gm tab</i>	1	QL (90 per 30 days); MO	ZOVIRAX 200 MG/5ML SUSPENSION	3	MO
<i>valacyclovir hcl 500 mg tab</i>	1	QL (60 per 30 days); MO	<b>Anxiolytics</b>		
VALCYTE 50 MG/ML RECON SOLN	3	S	<i>alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	1	MO
<i>valganciclovir hcl 450 mg tab</i>	3		<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disp</i>	1	QL (120 per 30 days); MO
<i>valganciclovir hcl 50 mg/ml recon soln</i>	3	S	<i>alprazolam er</i>	1	QL (120 per 30 days); MO
VEMLIDY	3	PA; QL (30 per 30 days); S	ALPRAZOLAM INTENSOL	2	QL (300 per 30 days); MO
VIRACEPT 250 MG TAB	3	QL (300 per 30 days); S	<i>alprazolam xr</i>	1	QL (120 per 30 days); MO
VIRACEPT 625 MG TAB	3	QL (120 per 30 days); S	<i>buspirone hcl</i>	1	MO
			<i>chlordiazepoxide hcl</i>	1	QL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam 0.125 mg tab disp</i>	1	QL (4800 per 30 days); MO
<i>clonazepam 0.25 mg tab disp</i>	1	QL (2400 per 30 days); MO
<i>clonazepam 0.5 mg tab, 0.5 mg tab disp</i>	1	QL (1200 per 30 days); MO
<i>clonazepam 1 mg tab, 1 mg tab disp</i>	1	QL (600 per 30 days); MO
<i>clonazepam 2 mg tab, 2 mg tab disp</i>	1	QL (300 per 30 days); MO
<i>clorazepate dipotassium</i>	1	MO
<i>diazepam 10 mg tab</i>	1	QL (120 per 30 days); MO
<i>diazepam 2 mg tab</i>	1	QL (600 per 30 days); MO
<i>diazepam 5 mg tab, 5 mg/ml conc</i>	1	QL (240 per 30 days); MO
<i>diazepam 5 mg/5ml solution</i>	1	QL (1200 per 30 days); MO
<i>diazepam 5 mg/ml solution</i>	1	MO
<i>diazepam intensol</i>	1	QL (240 per 30 days); MO
<i>hydroxyzine pamoate</i>	1	MO
KLONOPIN 0.5 MG TAB	3	QL (1200 per 30 days); MO
KLONOPIN 1 MG TAB	3	QL (600 per 30 days); MO
KLONOPIN 2 MG TAB	3	QL (300 per 30 days); MO
<i>lorazepam 0.5 mg tab, 1 mg tab</i>	1	QL (90 per 30 days); MO
<i>lorazepam 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc</i>	1	QL (150 per 30 days); MO
<i>lorazepam 2 mg/ml solution, 4 mg/ml solution</i>	1	MO
<i>lorazepam intensol</i>	1	QL (150 per 30 days); MO
<i>meprobamate</i>	1	PA; MO
<i>midazolam hcl 2 mg/ml syrup</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxazepam</i>	1	QL (120 per 30 days); MO
TRANXENE-T	3	MO
XANAX XR	3	QL (120 per 30 days); MO
<b>Bipolar Agents</b>		
EQUETRO 100 MG CAP ER 12H	3	QL (480 per 30 days); MO
EQUETRO 200 MG CAP ER 12H	3	QL (240 per 30 days); MO
EQUETRO 300 MG CAP ER 12H	3	QL (180 per 30 days); MO
LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	3	QL (30 per 30 days); MO; S
LATUDA 80 MG TAB	3	QL (60 per 30 days); MO; S
LITHIUM	2	MO
<i>lithium carbonate 150 mg cap, 300 mg cap</i>	1	MO
<i>lithium carbonate 300 mg tab, 600 mg cap</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<b>Blood Glucose Regulators</b>		
<i>acarbose</i>	1	QL (90 per 30 days); MO
ACTOPLUS MET	3	QL (90 per 30 days); MO
ACTOS 45 MG TAB	3	QL (30 per 30 days); MO
<i>alogliptin benzoate 12.5 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>alogliptin benzoate 25 mg tab</i>	1	PA; QL (30 per 30 days); MO
<i>alogliptin benzoate 6.25 mg tab</i>	1	PA; QL (120 per 30 days); MO
<i>alogliptin-metformin hcl</i>	1	PA; QL (60 per 30 days); MO
<i>alogliptin-pioglitazone 12.5-15 mg tab</i>	1	PA; QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
<i>alogliptin-pioglitazone</i> 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	1	PA; QL (30 per 30 days); MO
AMARYL 1 MG TAB	3	QL (240 per 30 days); MO
AMARYL 2 MG TAB	3	QL (120 per 30 days); MO
AMARYL 4 MG TAB	3	QL (60 per 30 days); MO
BYDUREON	2	QL (4 per 28 days); MO
BYDUREON BCISE	2	QL (4 per 28 days); MO
BYETTA 10 MCG PEN	2	QL (2.4 per 30 days); MO
BYETTA 5 MCG PEN	2	QL (1.2 per 30 days); MO
CYCLOSET	3	ST; QL (180 per 30 days); MO
<i>diazoxide</i>	1	MO
DUETACT	3	QL (30 per 30 days); MO
FARXIGA	2	QL (30 per 30 days); MO
<i>glimepiride 1 mg tab</i>	1	QL (240 per 30 days); MO
<i>glimepiride 2 mg tab</i>	1	QL (120 per 30 days); MO
<i>glimepiride 4 mg tab</i>	1	QL (60 per 30 days); MO
<i>glipizide 10 mg tab</i>	1	QL (120 per 30 days); MO
<i>glipizide 5 mg tab</i>	1	QL (240 per 30 days); MO
<i>glipizide er 10 mg tab er 24h</i>	1	QL (60 per 30 days); MO
<i>glipizide er 2.5 mg tab er 24h</i>	1	QL (240 per 30 days); MO
<i>glipizide er 5 mg tab er 24h</i>	1	QL (120 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide xl 10 mg tab er 24h</i>	1	QL (60 per 30 days); MO
<i>glipizide xl 2.5 mg tab er 24h</i>	1	QL (240 per 30 days); MO
<i>glipizide xl 5 mg tab er 24h</i>	1	QL (120 per 30 days); MO
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab</i>	1	QL (120 per 30 days); MO
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY 1 MG KIT	2	MO
<i>glucagon emergency 1 mg kit</i>	1	MO
GLUCOTROL	3	QL (120 per 30 days); MO
GLUCOTROL XL 10 MG TAB ER 24H	3	QL (60 per 30 days); MO
GLUCOTROL XL 2.5 MG TAB ER 24H	3	QL (240 per 30 days); MO
GLUCOTROL XL 5 MG TAB ER 24H	3	QL (120 per 30 days); MO
<i>glyburide 1.25 mg tab</i>	1	QL (480 per 30 days); MO
<i>glyburide 2.5 mg tab</i>	1	QL (240 per 30 days); MO
<i>glyburide 5 mg tab</i>	1	QL (120 per 30 days); MO
<i>glyburide micronized 1.5 mg tab</i>	1	QL (240 per 30 days); MO
<i>glyburide micronized 3 mg tab</i>	1	QL (120 per 30 days); MO
<i>glyburide micronized 6 mg tab</i>	1	QL (60 per 30 days); MO
<i>glyburide-metformin 1.25-250 mg tab</i>	1	QL (240 per 30 days); MO
<i>glyburide-metformin 2.5-500 mg tab, 5-500 mg tab</i>	1	QL (120 per 30 days); MO
GLYNASE 1.5 MG TAB	3	QL (240 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GLYNASE 3 MG TAB	3	QL (120 per 30 days); MO	JANUMET XR 100-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
GLYNASE 6 MG TAB	3	QL (60 per 30 days); MO	JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	2	QL (60 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO	JANUVIA 100 MG TAB	2	QL (30 per 30 days); MO
HUMALOG	2	MO	JANUVIA 25 MG TAB	2	QL (120 per 30 days); MO
HUMALOG JUNIOR KWIKPEN	2	MO	JANUVIA 50 MG TAB	2	QL (60 per 30 days); MO
HUMALOG KWIKPEN	2	MO	JARDIANCE	2	QL (30 per 30 days); MO
HUMALOG MIX 50/50	2	MO	JENTADUETO	2	QL (60 per 30 days); MO
HUMALOG MIX 50/50 KWIKPEN	2	MO	JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
HUMALOG MIX 75/25	2	MO	JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
HUMALOG MIX 75/25 KWIKPEN	2	MO	KAZANO	3	PA; QL (60 per 30 days); MO
HUMULIN 70/30	2	MO	LANTUS	2	MO
HUMULIN 70/30 KWIKPEN	2	MO	LANTUS SOLOSTAR	2	MO
HUMULIN N	2	MO	LEVEMIR	2	MO
HUMULIN N KWIKPEN	2	MO	LEVEMIR FLEXTOUCH	2	MO
HUMULIN R	2	MO	LYUMJEV	2	MO
HUMULIN R U-500 (CONCENTRATED)	3	PA; MO; S	LYUMJEV KWIKPEN	2	MO
HUMULIN R U-500 KWIKPEN	3	PA; MO; S	<i>metformin hcl 1000 mg tab</i>	1	QL (60 per 30 days); MO
INSULIN LISPRO	2	MO	<i>metformin hcl 500 mg tab</i>	1	QL (150 per 30 days); MO
INSULIN LISPRO (1 UNIT DIAL)	2	MO	<i>metformin hcl 850 mg tab</i>	1	QL (90 per 30 days); MO
INSULIN LISPRO JUNIOR KWIKPEN	2	MO	<i>metformin hcl er 500 mg tab er 24h</i>	1	QL (120 per 30 days); MO
INSULIN LISPRO PROT & LISPRO	2	MO	<i>metformin hcl er 750 mg tab er 24h</i>	1	QL (60 per 30 days); MO
INVOKAMET	3	QL (60 per 30 days); MO	<i>migliol</i>	1	QL (90 per 30 days); MO
INVOKAMET XR	3	QL (60 per 30 days); MO	<i>nateglinide 120 mg tab</i>	1	QL (90 per 30 days); MO
INVOKANA 100 MG TAB	3	QL (90 per 30 days); MO			
INVOKANA 300 MG TAB	3	QL (30 per 30 days); MO			
JANUMET	2	QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>nateglinide 60 mg tab</i>	1	QL (180 per 30 days); MO	SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
NESINA 12.5 MG TAB	3	PA; QL (60 per 30 days); MO	TOUJEO MAX SOLOSTAR	2	MO
OSENI 12.5-15 MG TAB	3	PA; QL (60 per 30 days); MO	TOUJEO SOLOSTAR	2	MO
OSENI 12.5-30 MG TAB, 12.5-45 MG TAB, 25-30 MG TAB, 25-45 MG TAB	3	PA; QL (30 per 30 days); MO	TRADJENTA	2	QL (30 per 30 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	MO	TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
OZEMPIC (1 MG/DOSE)	2	MO	TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
<i>pioglitazone hcl 15 mg tab</i>	1	QL (90 per 30 days); MO	TRULICITY	2	QL (2 per 28 days); MO
<i>pioglitazone hcl 30 mg tab</i>	1	QL (45 per 30 days); MO	VICTOZA	2	QL (9 per 30 days); MO
<i>pioglitazone hcl 45 mg tab</i>	1	QL (30 per 30 days); MO	XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO	XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	2	QL (30 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO	<b>Blood Products And Modifiers</b>		
PROGLYCEM	3	MO	AGGRENOX	3	ST; QL (60 per 30 days); MO
<i>repaglinide 0.5 mg tab</i>	1	QL (960 per 30 days); MO	<i>anagrelide hcl</i>	1	MO
<i>repaglinide 1 mg tab</i>	1	QL (480 per 30 days); MO	ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/ML SOLUTION	2	PA
<i>repaglinide 2 mg tab</i>	1	QL (240 per 30 days); MO			
RYBELSUS 3 MG TAB	2	QL (30 per 180 over time); MO; NEDS			
RYBELSUS 7 MG TAB, 14 MG TAB	2	QL (30 per 30 days); MO			
SYMLINPEN 120	3	PA; QL (11 per 30 days); MO; S			
SYMLINPEN 60	3	PA; QL (6 per 30 days); MO; S			
SYNJARDY	2	QL (60 per 30 days); MO			
SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	3	PA; S	<i>enoxaparin sodium 40 mg/0.4ml solution</i>	1	QL (22.4 per 28 days); MO
ARIXTRA 10 MG/0.8ML SOLUTION	3	QL (24 per 30 days); MO; S	<i>enoxaparin sodium 60 mg/0.6ml solution</i>	1	QL (33.6 per 28 days); MO
ARIXTRA 2.5 MG/0.5ML SOLUTION	3	QL (15 per 30 days); MO; S	<i>enoxaparin sodium 80 mg/0.8ml solution, 120 mg/0.8ml solution</i>	1	QL (44.8 per 28 days); MO
ARIXTRA 5 MG/0.4ML SOLUTION	3	QL (12 per 30 days); MO; S	EPOGEN	3	PA
ARIXTRA 7.5 MG/0.6ML SOLUTION	3	QL (18 per 30 days); MO; S	<i>fondaparinux sodium 10 mg/0.8ml solution</i>	3	QL (24 per 30 days); MO; S
<i>aspirin-dipyridamole er</i>	1	ST; QL (60 per 30 days); MO	<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1	QL (15 per 30 days); MO
BRILINTA	2	QL (60 per 30 days); MO	<i>fondaparinux sodium 5 mg/0.4ml solution</i>	3	QL (12 per 30 days); MO; S
<i>cilostazol</i>	1	MO	<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	3	QL (18 per 30 days); MO; S
<i>clopidogrel bisulfate 300 mg tab</i>	1	QL (1 per 30 days); MO	FRAGMIN 2500 UNIT/0.2ML SOLUTION, 5000 UNIT/0.2ML SOLUTION	3	MO
<i>clopidogrel bisulfate 75 mg tab</i>	1	QL (30 per 30 days); MO	FRAGMIN 7500 UNIT/0.3ML SOLUTION, 10000 UNIT/ML SOLUTION, 12500 UNIT/0.5ML SOLUTION, 15000 UNIT/0.6ML SOLUTION, 18000 UNT/0.72ML SOLUTION, 95000 UNIT/3.8ML SOLUTION	3	MO; S
<i>dipyridamole</i>	1	PA; MO	FULPHILA	3	PA; QL (1.2 per 28 days); S
EFFIENT 5 MG TAB	3	QL (30 per 30 days); MO	GRANIX	3	PA; S
ELIQUIS	2	QL (60 per 30 days); MO	HEPARIN (PORCINE) IN NAACL 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION	2	B/D PA; MO
ELIQUIS DVT/PE STARTER PACK	2	QL (74 per 180 over time); MO; NEDS	HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/250ML-% SOLUTION	2	MO
<i>enoxaparin sodium 100 mg/ml solution, 150 mg/ml solution</i>	1	QL (56 per 28 days); MO	<i>heparin sod (porcine) in d5w , 100 unit/ml solution, 25000-5 ut/500ml-% solution</i>	1	MO
<i>enoxaparin sodium 30 mg/0.3ml solution</i>	1	QL (16.8 per 28 days); MO			
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	QL (168 per 28 days); MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin sodium (porcine) 1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution</i>	1	B/D PA; MO
<i>jantoven</i>	1	MO
LEUKINE	3	PA; S
LOVENOX 100 MG/ML SOLUTION, 150 MG/ML SOLUTION	3	QL (56 per 28 days); MO; S
LOVENOX 30 MG/0.3ML SOLUTION	3	QL (16.8 per 28 days); MO
LOVENOX 40 MG/0.4ML SOLUTION	3	QL (22.4 per 28 days); MO
LOVENOX 60 MG/0.6ML SOLUTION	3	QL (33.6 per 28 days); MO; S
LOVENOX 80 MG/0.8ML SOLUTION, 120 MG/0.8ML SOLUTION	3	QL (44.8 per 28 days); MO; S
LYSTEDA	3	MO
MOZOBIL	3	PA; S
NEULASTA	3	PA; QL (1.2 per 28 days); S
NEULASTA ONPRO	3	PA; QL (1.2 per 28 days); S
NEUPOGEN	3	PA; S
NIVESTYM	3	PA; S
PRADAXA	3	QL (60 per 30 days); MO
<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO
PROCRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION	3	PA
PROCRIT 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	3	PA; S
PROMACTA 12.5 MG PACKET	3	PA; LA; QL (360 per 30 days); S
PROMACTA 12.5 MG TAB, 25 MG TAB	3	PA; LA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
PROMACTA 25 MG PACKET	3	PA; LA; QL (180 per 30 days); S
PROMACTA 50 MG TAB	3	PA; LA; QL (90 per 30 days); S
PROMACTA 75 MG TAB	3	PA; LA; QL (60 per 30 days); S
<i>tranexamic acid 650 mg tab, 1000 mg/10ml solution</i>	1	MO
UDENYCA	3	PA; QL (1.2 per 28 days); S
<i>warfarin sodium</i>	1	MO
XARELTO 10 MG TAB, 20 MG TAB	2	QL (30 per 30 days); MO
XARELTO 2.5 MG TAB, 15 MG TAB	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	MO
ZARXIO	3	PA; S
ZIEXTENZO	3	PA; QL (1.2 per 28 days); S

### Cardiovascular Agents

ACCUPRIL	3	MO
ACCURETIC	3	MO
<i>acebutolol hcl</i>	1	MO
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>afeditab cr</i>	1	MO
ALDACTAZIDE	3	MO
<i>aliskiren fumarate</i>	1	MO
ALTACE	3	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	MO
<i>amiodarone hcl 150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution</i>	1	B/D PA; MO
<i>amlodipine besy-benazepril hcl</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine besylate</i>	1	MO	<i>candesartan cilexetil</i>	1	MO
<i>amlodipine besylate-valsartan</i>	1	MO	<i>candesartan cilexetil-hctz</i>	1	MO
<i>amlodipine-atorvastatin</i>	1	MO	<i>captopril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO	CARDIZEM	3	MO
<i>amlodipine-valsartan-hctz</i>	1	MO	CARDIZEM CD 180 MG CAP ER 24H	3	MO
ATACAND	3	MO	CARDIZEM LA 360 MG TAB ER 24H, 420 MG TAB ER 24H	3	MO
ATACAND HCT	3	MO	CARDURA 1 MG TAB, 8 MG TAB	3	MO
<i>atenolol</i>	1	MO	<i>cartia xt</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO	<i>carvedilol</i>	1	MO
<i>atorvastatin calcium</i>	1	MO	<i>carvedilol phosphate er</i>	1	MO
AVALIDE	3	MO	CATAPRES-TTS-1	3	QL (4 per 28 days); MO
AVAPRO	3	MO	CATAPRES-TTS-3	3	QL (4 per 28 days); MO
AZOR	3	MO	<i>chlorothiazide sodium</i>	1	MO
<i>benazepril hcl</i>	1	MO	<i>chlorthalidone</i>	1	MO
<i>benazepril-hydrochlorothiazide 5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	MO	<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	1	MO
BENICAR	3	MO	<i>cholestyramine light 4 gm packet, 4 gm/dose powder</i>	1	MO
BENICAR HCT	3	MO	<i>clonidine</i>	1	QL (4 per 28 days); MO
BETAPACE AF 80 MG TAB, 120 MG TAB	3	MO	<i>clonidine hcl</i>	1	MO
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	MO	<i>colesevelam hcl</i>	1	MO
BIDIL	2	QL (180 per 30 days); MO	COLESTID 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	3	MO
<i>bisoprolol fumarate</i>	1	MO	COLESTID FLAVORED 5 GM GRANULES, 5 GM PACKET	3	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO	<i>colestipol hcl 1 gm tab, 5 gm granules, 5 gm packet</i>	1	MO
<i>bumetanide 0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	MO	CORGARD	3	MO
BYSTOLIC	3	MO	CORLANOR 5 MG TAB, 7.5 MG TAB	3	PA; QL (60 per 30 days); MO
CADUET 5-10 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	3	MO	CORLANOR 5 MG/5ML SOLUTION	3	PA; QL (560 per 28 days); MO
CALAN SR 120 MG TAB ER	3	MO	COZAAR	3	MO
			CRESTOR	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DEMSER	3	MO; S	ENTRESTO	2	MO
DIBENZYLINE	3	MO; S	<i>eplerenone</i>	1	MO
<i>digitek 125 mcg tab</i>	1	MO	EXFORGE	3	MO
<i>digitek 250 mcg tab</i>	1	PA; MO	EXFORGE HCT	3	MO
<i>digox 125 mcg tab</i>	1	MO	<i>ezetimibe</i>	1	MO
<i>digox 250 mcg tab</i>	1	PA; MO	<i>ezetimibe-simvastatin</i>	1	QL (30 per 30 days); MO
<i>digoxin 0.05 mg/ml solution, 125 mcg tab</i>	1	MO	<i>felodipine er</i>	1	MO
<i>digoxin 250 mcg tab</i>	1	PA; MO	<i>fenofibrate 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap</i>	1	MO
<i>dilt-xr</i>	1	MO	<i>fenofibrate micronized</i>	1	MO
DILTIAZEM HCL 100 MG RECON SOLN	2	MO	<i>fenofibric acid</i>	1	MO
<i>diltiazem hcl 25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution</i>	1	MO	FENOGLIDE 40 MG TAB	3	MO
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	1	MO	<i>flecainide acetate</i>	1	MO
<i>diltiazem hcl er</i>	1	MO	<i>fluvastatin sodium</i>	1	MO
<i>diltiazem hcl er beads</i>	1	MO	<i>fluvastatin sodium er</i>	1	MO
<i>diltiazem hcl er coated beads</i>	1	MO	<i>fosinopril sodium</i>	1	MO
DIOVAN	3	MO	<i>fosinopril sodium-hctz</i>	1	MO
DIOVAN HCT	3	MO	<i>furosemide 10 mg/ml solution inj</i>	1	MO
<i>disopyramide phosphate</i>	1	PA; MO	<i>furosemide 10 mg/ml solution oral</i>	1	MO
<i>dofetilide</i>	1		<i>furosemide 8 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MO
<i>doxazosin mesylate</i>	1	MO	<i>gemfibrozil</i>	1	MO
<i>droxidopa 100 mg cap</i>	3	PA; QL (90 per 30 days); S	<i>guanfacine hcl</i>	1	PA; MO
<i>droxidopa 200 mg cap, 300 mg cap</i>	3	PA; QL (180 per 30 days); S	<i>hydralazine hcl 10 mg tab, 20 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO
DYRENIUM	3	MO	<i>hydrochlorothiazide</i>	1	MO
EDARBI	3	MO	HYZAAR	3	MO
EDARBYCLOR	3	MO	<i>indapamide</i>	1	MO
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	MO	INSPRA	3	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO	<i>irbesartan</i>	1	MO
			<i>irbesartan-hydrochlorothiazide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ISORDIL TITRADOSE 40 MG TAB	3	MO; S
ISORDIL TITRADOSE 5 MG TAB	3	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>isradipine</i>	1	MO
JUXTAPID 30 MG CAP	3	PA; LA; QL (30 per 30 days); S
JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP	3	PA; LA; S
<i>labetalol hcl 5 mg/ml solution, 100 mg tab, 200 mg tab, 300 mg tab</i>	1	MO
LANOXIN 125 MCG TAB	3	MO
LANOXIN 250 MCG TAB	3	PA; MO
LANOXIN 62.5 MCG TAB	2	MO
LASIX	3	MO
LESCOL XL	3	MO
LIPOFEN 150 MG CAP	3	MO
LIPOFEN 50 MG CAP	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPID	3	MO
LOPRESSOR 100 MG TAB	3	MO
<i>losartan potassium</i>	1	MO
<i>losartan potassium-hctz</i>	1	MO
LOTENSIN	3	MO
LOTREL 10-40 MG CAP	3	MO
<i>lovastatin</i>	1	MO
<i>matzim la</i>	1	MO
MAXZIDE	3	MO
MAXZIDE-25	3	MO
METHYLDOPA	1	PA; MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO
<i>metoprolol tartrate 5 mg/5ml solution, 37.5 mg tab, 75 mg tab</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	1	MO
<i>metyrosine</i>	3	MO; S
<i>mexiletine hcl</i>	1	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
<i>midodrine hcl</i>	1	MO
MINIPRESS	3	MO
<i>minitran</i>	1	MO
<i>minoxidil</i>	1	MO
<i>moexipril hcl</i>	1	MO
MULTAQ	2	QL (60 per 30 days); MO
<i>nadolol</i>	1	MO
<i>niacin (antihyperlipidemic)</i>	1	MO
<i>niacin er (antihyperlipidemic)</i>	1	MO
<i>niacor</i>	1	MO
NIASPAN	3	MO
<i>nicardipine hcl 2.5 mg/ml solution, 20 mg cap, 30 mg cap</i>	1	MO
<i>nifedipine</i>	1	PA; MO
<i>nifedipine er</i>	1	MO
<i>nifedipine er osmotic release</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	MO
NITRO-DUR 0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NITRO-DUR 0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR	2	MO	<i>propranolol hcl 1 mg/ml solution, 20 mg/5ml solution, 40 mg/5ml solution, 60 mg tab</i>	1	MO
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	1	MO	<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MO
NITROGLYCERIN 5 MG/ML SOLUTION	2	B/D PA; MO	<i>propranolol hcl er</i>	1	MO
NITROSTAT	3	MO	QUESTRAN 4 GM PACKET, 4 GM/DOSE POWDER	3	MO
NORPACE	3	PA; MO	QUESTRAN LIGHT	3	MO
NORPACE CR	3	PA; MO	<i>quinapril hcl</i>	1	MO
NORTHERA 100 MG CAP	3	PA; LA; QL (90 per 30 days); S	<i>quinapril-hydrochlorothiazide</i>	1	MO
NORTHERA 200 MG CAP, 300 MG CAP	3	PA; LA; QL (180 per 30 days); S	<i>quinidine sulfate</i>	1	MO
NORVASC	3	MO	<i>ramipril</i>	1	MO
<i>olmesartan medoxomil</i>	1	MO	RANEXA	3	PA; MO
<i>olmesartan medoxomil-hctz</i>	1	MO	<i>ranolazine er</i>	1	PA; MO
<i>olmesartan-amlodipine-hctz</i>	1	MO	RECTIV	3	QL (30 per 30 days); MO
<i>omega-3-acid ethyl esters</i>	1	MO	REPATHA	2	PA; QL (3 per 28 days)
<i>pacerone</i>	1	MO	REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)
<i>pentoxifylline er</i>	1	MO	REPATHA SURECLICK	2	PA; QL (3 per 28 days)
<i>perindopril erbumine</i>	1	MO	<i>rosuvastatin calcium</i>	1	MO
<i>phenoxybenzamine hcl</i>	3	MO; S	<i>simvastatin</i>	1	MO
<i>pindolol</i>	1	MO	<i>sorine 120 mg tab, 160 mg tab, 240 mg tab</i>	1	MO
PRALUENT	3	PA; QL (2 per 28 days); MO	<i>sorine 80 mg tab</i>	1	MO
<i>pravastatin sodium</i>	1	MO	<i>sotalol hcl (af) 120 mg tab, 160 mg tab</i>	1	MO
<i>prazosin hcl</i>	1	MO	<i>sotalol hcl (af) 80 mg tab</i>	1	MO
<i>prevalite 4 gm packet, 4 gm/dose powder</i>	1	MO	<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab</i>	1	MO
<i>procainamide hcl</i>	1	MO	<i>sotalol hcl 80 mg tab</i>	1	MO
PROCARDIA	3	PA; MO	<i>spironolactone 25 mg tab</i>	1	MO
<i>propafenone hcl</i>	1	MO	<i>spironolactone 50 mg tab, 100 mg tab</i>	1	MO
<i>propafenone hcl er</i>	3	MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>spironolactone-hctz</i>	1	MO
SULAR 34 MG TAB ER 24H	3	MO
<i>taztia xt</i>	1	MO
TEKURNA	3	MO
TEKURNA HCT	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hctz</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN 50 MG TAB, 100 MG TAB	3	MO
<i>terazosin hcl</i>	1	MO
<i>tiadyt er</i>	1	MO
TIAZAC	3	MO
TIKOSYN	3	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	MO
TOPROL XL	3	MO
<i>toremide</i>	1	MO
<i>trandolapril</i>	1	MO
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER	1	MO
<i>triamterene</i>	1	MO
<i>triamterene-hctz</i>	1	MO
TRIBENZOR	3	MO
TRILIPIX	3	MO
TWYNSTA	3	MO
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASCEPA	3	MO
VASERETIC	3	MO
VASOTEC 2.5 MG TAB, 5 MG TAB	3	MO
VECAMYL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil hcl 2.5 mg/ml solution</i>	1	MO
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	MO
<i>verapamil hcl er 100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 200 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h</i>	1	MO
<i>verapamil hcl er 180 mg tab er, 240 mg tab er</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
VYTORIN 10-80 MG TAB	3	QL (30 per 30 days); MO
WELCHOL	3	MO
ZESTORETIC	3	MO
ZESTRIL 2.5 MG TAB	3	MO
ZIAC	3	MO
ZOCOR 10 MG TAB, 80 MG TAB	3	MO

### Central Nervous System Agents

ADDERALL 5 MG TAB, 7.5 MG TAB	3	PA; QL (90 per 30 days); MO
ADZENYS ER	3	PA; QL (450 per 30 days); MO
<i>amphetamine-dextroamphetamine</i>	1	PA; QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab</i>	1	PA; QL (90 per 30 days); MO
AMPYRA	3	PA; LA; QL (60 per 30 days); S
<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap</i>	1	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap</i>	1	QL (30 per 30 days); MO	<i>dextroamphetamine sulfate er 15 mg cap er 24h</i>	1	QL (120 per 30 days); MO
AUBAGIO	3	PA; LA; QL (30 per 30 days); S	<i>dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h</i>	1	QL (60 per 30 days); MO
AUSTEDO	3	PA; LA; QL (120 per 30 days); S	DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR	3	QL (60 per 30 days); MO
AVONEX PEN	3	PA; QL (4 per 28 days); S	DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR	3	QL (30 per 30 days); MO
AVONEX PREFILLED	3	PA; QL (4 per 28 days); S	<i>duloxetine hcl 20 mg cp dr part</i>	1	QL (180 per 30 days); MO
BETASERON	3	PA; QL (15 per 30 days); S	<i>duloxetine hcl 30 mg cp dr part</i>	1	QL (120 per 30 days); MO
<i>butalbital-acetaminophen 50-300 mg cap, 50-300 mg tab, 50-325 mg tab</i>	1	PA; QL (180 per 30 days); MO	<i>duloxetine hcl 40 mg cp dr part</i>	1	QL (90 per 30 days); MO
<i>butalbital-apap-caffeine</i>	1	PA; QL (180 per 30 days); MO	<i>duloxetine hcl 60 mg cp dr part</i>	1	QL (60 per 30 days); MO
CONCERTA 27 MG TAB ER	3	PA; QL (30 per 30 days); MO	<i>esgic 50-325-40 mg cap</i>	1	PA; QL (180 per 30 days); MO
COPAXONE 20 MG/ML SOLN PRSYR	3	PA; QL (30 per 30 days); S	ESGIC 50-325-40 MG TAB	3	PA; QL (180 per 30 days); MO
COPAXONE 40 MG/ML SOLN PRSYR	3	PA; QL (12 per 28 days); S	EVEKEO 10 MG TAB	3	PA; QL (180 per 30 days); MO
CYMBALTA 20 MG CP DR PART	3	QL (180 per 30 days); MO	EVEKEO 5 MG TAB	3	PA; QL (90 per 30 days); MO
CYMBALTA 30 MG CP DR PART	3	QL (120 per 30 days); MO	FIRDAPSE	3	PA; LA; QL (240 per 30 days); S
CYMBALTA 60 MG CP DR PART	3	QL (60 per 30 days); MO	FOCALIN	3	QL (60 per 30 days); MO
<i>dalfampridine er</i>	3	PA; QL (60 per 30 days); S	FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	3	QL (30 per 30 days); MO
<i>dexmethylphenidate hcl</i>	1	QL (60 per 30 days); MO	GILENYA	3	PA; QL (30 per 30 days); S
<i>dexmethylphenidate hcl er 25 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h</i>	1	QL (30 per 30 days); MO	<i>glatiramer acetate 20 mg/ml soln prsyr</i>	3	PA; QL (30 per 30 days); S
<i>dextroamphetamine sulfate 10 mg tab</i>	1	QL (180 per 30 days); MO	<i>glatiramer acetate 40 mg/ml soln prsyr</i>	3	PA; QL (12 per 28 days); S
<i>dextroamphetamine sulfate 5 mg tab</i>	1	QL (90 per 30 days); MO	<i>glatopa 20 mg/ml soln prsyr</i>	3	PA; QL (30 per 30 days); S
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	QL (1920 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>glatopa 40 mg/ml soln prsyr</i>	3	PA; QL (12 per 28 days); S	<i>methylphenidate hcl er (cd)</i>	1	PA; QL (30 per 30 days); MO
<i>guanfacine hcl er</i>	1	PA; QL (30 per 30 days); MO	<i>methylphenidate hcl er (la) 10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h</i>	1	PA; QL (30 per 30 days); MO
HORIZANT 300 MG TAB ER	3	PA; QL (120 per 30 days); MO	<i>methylphenidate hcl er (la) 30 mg cap er 24h</i>	1	PA; QL (60 per 30 days); MO
HORIZANT 600 MG TAB ER	3	PA; QL (60 per 30 days); MO	<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	PA; QL (90 per 30 days); MO
INGREZZA 40 & 80 MG CAP THPK	3	PA; QL (56 per 365 over time); NEDS; S	<i>methylphenidate hcl er 18 mg tab er, 18 mg tab er 24h, 27 mg tab er, 27 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h, 72 mg tab er</i>	1	PA; QL (30 per 30 days); MO
INGREZZA 40 MG CAP	3	PA; QL (60 per 30 days); S	<i>methylphenidate hcl er 36 mg tab er, 36 mg tab er 24h</i>	1	PA; QL (60 per 30 days); MO
INGREZZA 60 MG CAP, 80 MG CAP	3	PA; QL (30 per 30 days); S	NUEDEXTA	2	PA; QL (60 per 30 days); MO
INTUNIV	3	PA; QL (30 per 30 days); MO	PLEGRIDY	3	PA; QL (1 per 28 days); S
KAPVAY	3	QL (120 per 30 days); MO	PLEGRIDY STARTER PACK	3	PA; QL (1 per 180 over time); NEDS; S
LYRICA 20 MG/ML SOLUTION	3	QL (900 per 30 days); MO	<i>pregabalin 20 mg/ml solution</i>	1	QL (900 per 30 days); MO
LYRICA 25 MG CAP, 50 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP	3	QL (90 per 30 days); MO	<i>pregabalin 25 mg cap, 50 mg cap, 100 mg cap, 150 mg cap, 200 mg cap</i>	1	QL (90 per 30 days); MO
LYRICA 75 MG CAP, 225 MG CAP, 300 MG CAP	3	QL (60 per 30 days); MO	<i>pregabalin 75 mg cap, 225 mg cap, 300 mg cap</i>	1	QL (60 per 30 days); MO
LYRICA CR 330 MG TAB ER 24H	3	PA; QL (60 per 30 days); MO	RELEXXII	1	PA; QL (30 per 30 days); MO
LYRICA CR 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	3	PA; QL (30 per 30 days); MO	RILUTEK	3	S
<i>metadate er</i>	1	PA; QL (90 per 30 days); MO	<i>riluzole</i>	1	
METHYLIN 10 MG/5ML SOLUTION	3	PA; QL (900 per 30 days); MO	RITALIN LA 30 MG CAP ER 24H	3	PA; QL (60 per 30 days); MO
METHYLIN 5 MG/5ML SOLUTION	3	PA; QL (1800 per 30 days); MO	RITALIN LA 40 MG CAP ER 24H	3	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	PA; QL (900 per 30 days); MO	SAVELLA	3	QL (60 per 30 days); MO
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	1	PA; QL (90 per 30 days); MO	SAVELLA TITRATION PACK	3	MO
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	PA; QL (1800 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits
STRATTERA 10 MG CAP, 18 MG CAP, 25 MG CAP, 40 MG CAP	3	QL (60 per 30 days); MO
STRATTERA 60 MG CAP, 80 MG CAP, 100 MG CAP	3	QL (30 per 30 days); MO
TECFIDERA 120 & 240 MG MISC	3	PA; LA; S
TECFIDERA 120 MG CAP DR	3	PA; LA; QL (14 per 7 days); S
TECFIDERA 240 MG CAP DR	3	PA; LA; QL (60 per 30 days); S
<i>tencon</i>	1	PA; QL (180 per 30 days); MO
<i>tetrabenazine 12.5 mg tab</i>	3	PA; QL (240 per 30 days); S
<i>tetrabenazine 25 mg tab</i>	3	PA; QL (120 per 30 days); S
TYSABRI	3	PA; LA; S
VYVANSE 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	2	PA; QL (30 per 30 days); MO
XENAZINE 12.5 MG TAB	3	PA; QL (240 per 30 days); S
XENAZINE 25 MG TAB	3	PA; QL (120 per 30 days); S
<i>zebutal</i>	1	PA; QL (180 per 30 days); MO
<i>zenzedi 10 mg tab</i>	1	QL (180 per 30 days); MO
<i>zenzedi 5 mg tab</i>	1	QL (90 per 30 days); MO
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl</i>	1	MO
<i>chlorhexidine gluconate</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>oralone</i>	1	MO
<i>paroex</i>	1	MO
<i>periogard</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	MO
PREVIDENT 0.2 % SOLUTION, 1.1 % GEL	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE	3	MO
SALAGEN	3	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	MO
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	1	MO
<i>triamcinolone acetonide 0.1 % paste</i>	1	MO
<b>Dermatological Agents</b>		
<i>accutane</i>	1	MO
<i>acitretin</i>	3	MO
<i>acyclovir 5 % cream</i>	1	QL (5 per 30 days); MO
<i>acyclovir 5 % ointment</i>	1	QL (30 per 30 days); MO
ACZONE 5 % GEL	3	MO
<i>adapalene 0.1 % cream, 0.1 % gel, 0.3 % gel</i>	1	MO
ALA SCALP	3	MO
<i>ala-cort</i>	1	MO
<i>ala-scalp</i>	1	MO
<i>alclometasone dipropionate 0.05 % ointment</i>	1	MO
<i>amcinonide 0.1 % cream, 0.1 % lotion</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements /Limits
AMCINONIDE 0.1 % OINTMENT	2	MO
<i>ammonium lactate</i>	1	MO
<i>amneestem</i>	1	MO
ANUSOL-HC	3	MO
APEXICON E	2	MO
ATRALIN	3	PA; QL (45 per 30 days); MO
<i>avita</i>	1	PA; QL (45 per 30 days); MO
<i>azelaic acid</i>	1	MO
BENZAACLIN	3	MO
BENZAACLIN WITH PUMP	3	MO
BENZAMYCIN	3	MO
<i>benzoyl peroxide-erythromycin</i>	1	MO
<i>beser</i>	1	MO
<i>betamethasone dipropionate 0.05 % cream, 0.05 % lotion</i>	1	MO
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % ointment</i>	1	MO
<i>betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam</i>	1	MO
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	1	QL (120 per 30 days); MO
<i>calcipotriene 0.005 % solution</i>	1	QL (60 per 30 days); MO
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	1	QL (400 per 28 days); MO
<i>calcitrene</i>	1	QL (120 per 30 days); MO
<i>calcitriol 3 mcg/gm ointment</i>	1	QL (800 per 28 days); MO
CAPEX	3	MO
<i>ciclodan 8% solution</i>	1	MO
<i>ciclopirox 0.77 % gel, 1 % shampoo, 8 % solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>claravis</i>	1	MO
CLEOCIN-T 1 % GEL	3	MO
CLEOCIN-T 1 % LOTION	3	QL (120 per 30 days); MO
CLINDAGEL	3	PA; MO; S
<i>clindamycin phos-benzoyl perox 1-5 % gel, 1.2-5 % gel</i>	1	MO
<i>clindamycin phosphate 1 % foam</i>	1	QL (100 per 30 days); MO
<i>clindamycin phosphate 1 % gel</i>	1	MO
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	1	QL (120 per 30 days); MO
<i>clindamycin-tretinoin</i>	1	PA; MO
<i>clobetasol prop emollient base</i>	1	QL (120 per 30 days); MO
<i>clobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	QL (120 per 30 days); MO
<i>clobetasol propionate 0.05 % foam</i>	1	QL (100 per 30 days); MO
<i>clobetasol propionate 0.05 % gel</i>	1	QL (60 per 30 days); MO
<i>clobetasol propionate 0.05 % liquid, 0.05 % lotion, 0.05 % shampoo</i>	1	MO
<i>clobetasol propionate 0.05 % solution</i>	1	QL (50 per 30 days); MO
<i>clobetasol propionate emulsion</i>	1	QL (100 per 30 days); MO
<i>clodan</i>	1	MO
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL (120 per 30 days); MO
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	MO
CONDYLOX	3	MO
CORDRAN 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT	3	MO
CORDRAN 4 MCG/SQCM TAPE	3	MO; S
CORTISPORIN 1 % OINTMENT	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
<i>crotan</i>	1	MO
CUTIVATE	3	MO
<i>dapsone 5 % gel, 7.5 % gel</i>	3	MO
DENA VIR	3	QL (5 per 30 days); MO
DERMA-SMOOTH/FS BODY	3	QL (120 per 30 days); MO
DERMA-SMOOTH/FS SCALP	3	QL (120 per 30 days); MO
<i>desonide 0.05 % cream, 0.05 % ointment</i>	1	MO
DESOWEN	3	MO
<i>desoximetasone 0.05 % cream, 0.25 % cream</i>	1	QL (100 per 30 days); MO
<i>desoximetasone 0.05 % gel, 0.05 % ointment, 0.25 % ointment</i>	1	MO
<i>diclofenac sodium 3 % gel</i>	1	PA; QL (100 per 30 days); MO
DIFFERIN 0.1 % CREAM, 0.3 % GEL	3	MO
<i>diflorasone diacetate</i>	1	MO
DIPROLENE	3	MO
DOVONEX	3	QL (120 per 30 days); MO; S
<i>doxepin hcl 5 % cream</i>	3	PA; QL (45 per 30 days); MO; S
ELIDEL	3	PA; QL (100 per 90 days); MO; NEDS
EPIDUO	3	PA; MO
<i>ery</i>	1	MO
ERYGEL	3	MO
<i>erythromycin 2 % gel, 2 % pad, 2 % solution</i>	1	MO
EVOCLIN	3	QL (100 per 30 days); MO
FINACEA 15 % GEL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone acetonide 0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment</i>	1	QL (120 per 30 days); MO
<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days); MO
<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days); MO
<i>fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution</i>	1	QL (240 per 30 days); MO
<i>fluocinonide 0.1 % cream</i>	1	QL (120 per 30 days); MO
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days); MO
<i>fluorouracil 2 % solution, 5 % cream, 5 % solution</i>	1	MO
<i>fluticasone propionate 0.005 % ointment, 0.05 % cream, 0.05 % lotion</i>	1	MO
<i>halcinonide</i>	1	MO
<i>halobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	MO
HALOG 0.1 % CREAM	3	MO; S
HALOG 0.1 % OINTMENT	3	MO
<i>hydrocortisone (perianal) 1 % cream</i>	1	MO
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	MO
<i>hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment</i>	1	MO
<i>hydrocortisone 2.5 % lotion</i>	1	MO
<i>hydrocortisone ace-pramoxine</i>	1	MO
<i>hydrocortisone butyr lipo base</i>	1	MO
<i>hydrocortisone butyrate 0.1 % cream, 0.1 % solution</i>	1	MO
<i>hydrocortisone valerate 0.2 % cream</i>	1	MO
<i>imiquimod 5 % cream</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>isotretinoin</i>	1	MO
KENALOG 0.147 MG/GM AERO SOLN	3	MO
<i>lindane</i>	1	MO
LOCOID	3	MO
LOCOID LIPOCREAM	3	MO
LUXIQ	3	MO
<i>mafenide acetate</i>	1	MO
<i>malathion</i>	1	MO
<i>methoxsalen rapid</i>	3	S
<i>mometasone furoate 0.1 % solution</i>	1	MO
<i>mupirocin</i>	1	QL (120 per 30 days); MO
<i>mupirocin calcium</i>	1	QL (30 per 30 days); MO
<i>myorisan</i>	1	MO
NATROBA	3	MO
<i>neuac</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
OLUX-E	3	QL (100 per 30 days); MO
OTEZLA 30 MG TAB	3	PA; QL (60 per 30 days); S
OVIDE	3	MO
OXSORALEN ULTRA	3	S
PANDEL	3	MO; S
<i>permethrin</i>	1	MO
PICATO	3	MO; S
<i>pimecrolimus</i>	1	PA; QL (100 per 90 days); MO; NEDS
<i>podofilox</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc</i>	1	MO
<i>proctozone-hc</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
PROTOPIC	3	PA; QL (100 per 90 days); MO; NEDS
PRUDOXIN	3	PA; QL (45 per 30 days); MO
RETIN-A 0.01 % GEL, 0.025 % CREAM	3	PA; QL (45 per 30 days); MO
RETIN-A MICRO 0.04 % GEL	3	PA; QL (50 per 30 days); MO
RETIN-A MICRO PUMP 0.04 % GEL	3	PA; QL (50 per 30 days); MO
SANTYL	3	QL (30 per 30 days); MO
<i>selenium sulfide 2.5 % lotion</i>	1	MO
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
STELARA 130 MG/26ML SOLUTION	3	PA; LA; S
SULFAMYLON 85 MG/GM CREAM	3	MO
SYNALAR 0.025 % CREAM	3	QL (120 per 30 days); MO
<i>tacrolimus 0.03 % ointment, 0.1 % ointment</i>	1	PA; QL (100 per 90 days); MO; NEDS
<i>tazarotene 0.1 % cream</i>	1	PA; MO
TAZORAC	3	PA; MO
TEMOVATE 0.05 % CREAM	3	QL (120 per 30 days); MO
TOPICORT 0.05 % CREAM, 0.25 % CREAM	3	QL (100 per 30 days); MO
TOPICORT 0.05 % GEL, 0.05 % OINTMENT, 0.25 % OINTMENT	3	MO
TOPICORT SPRAY	3	MO
<i>tovet</i>	1	QL (100 per 30 days); MO
<i>tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream</i>	1	PA; QL (45 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>tretinoin 0.05 % gel</i>	3	PA; QL (45 per 30 days); MO	CARNITOR SF	3	B/D PA; MO
<i>tretinoin microsphere</i>	3	PA; QL (50 per 30 days); MO	CHEMET	3	MO
<i>tretinoin microsphere pump</i>	3	PA; QL (50 per 30 days); MO	CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA; MO
<i>triamcinolone acetonide 0.025 % cream, 0.1 % cream, 0.5 % cream</i>	1	MO	CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA; MO
<i>triamcinolone acetonide 0.025 % lotion, 0.025 % ointment, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % ointment</i>	1	MO	CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA; MO
<i>triamcinolone acetonide 0.05 % ointment</i>	3	MO; S	CLINIMIX E/DEXTROSE (5/15)	2	B/D PA; MO
<i>triamcinolone in absorbase</i>	3	S	CLINIMIX E/DEXTROSE (5/20)	2	B/D PA; MO
<i>trianex</i>	3	MO	CLINIMIX E/DEXTROSE (8/10)	2	B/D PA; MO
<i>triderm</i>	1	MO	CLINIMIX E/DEXTROSE (8/14)	2	B/D PA; MO
VECTICAL	3	QL (800 per 28 days); MO	CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA; MO
XERESE	3	QL (5 per 30 days); MO; S	CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA; MO
<i>zenatane</i>	1	MO	CLINIMIX/DEXTROSE (5/15)	2	B/D PA; MO
ZIANA	3	PA; MO	CLINIMIX/DEXTROSE (5/20)	2	B/D PA; MO
ZONALON	3	PA; QL (45 per 30 days); MO; S	CLINIMIX/DEXTROSE (6/5)	2	B/D PA; MO
ZOVIRAX 5 % CREAM	3	QL (5 per 30 days); MO; S	CLINIMIX/DEXTROSE (8/10)	2	B/D PA; MO
<b>Electrolytes/Minerals/Metals/Vitamins</b>			CLINIMIX/DEXTROSE (8/14)	2	B/D PA; MO
AMINOSYN II	2	B/D PA; MO	<i>clinisol sf</i>	3	B/D PA; MO
AMINOSYN-PF	2	B/D PA; MO	CLINOLIPID	1	B/D PA; MO
AURYXIA	3	PA; MO; S	<i>clovique</i>	3	S
<i>calcium acetate</i>	1	MO	<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	3	PA; S
<i>calcium acetate (phos binder)</i>	1	MO	<i>deferiprone</i>	3	PA; LA; S
CALCIUM GLUCONATE	1	MO	<i>dextrose 250 mg/ml solution</i>	2	MO
CARBAGLU	3	PA; LA; S	<i>dextrose 5 % solution, 10 % solution, 50 % solution, 70 % solution</i>	1	MO
CARNITOR 1 GM/10ML SOLUTION, 330 MG TAB	3	B/D PA; MO	DEXTROSE 5%/ELECTROLYTE #48	2	MO
			<i>dextrose in lactated ringers</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DEXTROSE-NAACL 10-0.2 % SOLUTION	2	MO	KCL IN DEXTROSE-NAACL 40-5-0.9 MEQ/L-%-% SOLUTION	2	MO
<i>dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution</i>	1	MO	KCL-LACTATED RINGERS-D5W	2	MO
<i>dextrose-sodium chloride 5-0.3 % solution, 5-0.45 % solution, 5-0.9 % solution</i>	1	MO	<i>klor-con 10</i>	1	MO
<i>effer-k 25 meq effer tab</i>	1	MO	<i>klor-con 8 meq tab er</i>	1	MO
EXJADE	3	PA; LA; S	<i>klor-con m10</i>	1	MO
FERRIPROX 100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB	3	PA; LA; S	<i>klor-con m15</i>	1	MO
FERRIPROX TWICE-A-DAY	3	PA; S	<i>klor-con m20</i>	1	MO
FOSRENOL 500 MG CHEW TAB, 750 MG CHEW TAB, 1000 MG CHEW TAB	3	ST; MO; S	<i>klor-con/ef</i>	1	MO
FREAMINE HBC	3	B/D PA; MO	<i>lactated ringers</i>	1	MO
FREAMINE III	2	B/D PA; MO	<i>lactated ringers solution (irrigation)</i>	1	MO
<i>hepatamine</i>	1	B/D PA; MO	<i>lanthanum carbonate</i>	3	ST; MO; S
INTRALIPID 20 % EMULSION	3	B/D PA; MO	<i>levocarnitine 1 gm/10ml solution</i>	1	B/D PA; MO
INTRALIPID 30 % EMULSION	2	B/D PA; MO	<i>levocarnitine 330 mg tab</i>	2	B/D PA; MO
<i>irrigation solutions, physiological</i>	3	MO	<i>levocarnitine sf</i>	1	B/D PA; MO
ISOLYTE-P IN D5W	2	MO	LOKELMA	2	MO
ISOLYTE-S	2	MO	<i>magnesium sulfate 2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution</i>	2	MO
ISOLYTE-S PH 7.4	2	MO	<i>magnesium sulfate 50 % solution</i>	1	MO
JYNARQUE 15 MG TAB, 30 MG TAB	3	PA; LA; QL (120 per 30 days); S	NUTRILIPID	3	B/D PA; MO
K-TAB	3	MO	PHOSLYRA	3	ST; MO
<i>kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution</i>	1	MO	PLASMA-LYTE 148	2	MO
			PLASMA-LYTE A	2	MO
			<i>plenamine</i>	3	B/D PA; MO
			<i>potassium chloride 10 meq cap er</i>	1	MO
			<i>potassium chloride 10 meq tab er</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 40 MEQ/100ML SOLUTION	3	MO	<i>prenatal vit w/ iron carbonyl-folic acid</i>	1	MO
POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION	1	MO	<i>prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet</i>	1	MO
<i>potassium chloride 20 meq tab er</i>	1	MO	<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	1	MO
<i>potassium chloride 8 meq cap er</i>	1	MO	PROCALAMINE	2	B/D PA; MO
<i>potassium chloride 8 meq tab er</i>	1	MO	PROSOL	2	B/D PA; MO
<i>potassium chloride crys 10 meq tab er</i>	1	MO	RENAGEL	3	ST; MO; S
<i>potassium chloride crys 20 meq tab er</i>	1	MO	RENVELA 0.8 GM PACKET	3	QL (540 per 30 days); MO
<i>potassium chloride crys er 15 meq tab er</i>	1	MO	RENVELA 800 MG TAB	3	QL (540 per 30 days); MO; S
<i>potassium chloride in dextrose</i>	1	MO	<i>ringers</i>	1	MO
POTASSIUM CHLORIDE IN NA CL 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION	1	MO	<i>ringers irrigation</i>	1	MO
<i>potassium citrate 10 meq (1080 mg) tab er</i>	1	MO	<i>sevelamer carbonate 0.8 gm packet</i>	3	QL (540 per 30 days); MO; S
<i>potassium citrate 15 meq (1620 mg) tab er</i>	1	MO	<i>sevelamer carbonate 2.4 gm packet</i>	3	QL (180 per 30 days); MO; S
<i>potassium citrate 5 meq (540 mg) tab er</i>	1	MO	<i>sevelamer carbonate 800 mg tab</i>	1	QL (540 per 30 days); MO
<i>potassium phosphates</i>	1	MO	<i>sevelamer hcl 400 mg tab</i>	1	ST; MO
<i>potassium phosphates(66 meq k)</i>	1	MO	<i>sevelamer hcl 800 mg tab</i>	3	ST; MO
PREMASOL	2	B/D PA; MO	<i>sodium acetate</i>	1	MO
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	1	MO	SODIUM ACETATE 2 MEQ/ML SOLUTION	2	MO
			<i>sodium bicarbonate</i>	1	MO
			<i>sodium chloride (pf)</i>	1	MO
			<i>sodium chloride 0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution</i>	1	MO
			<i>sodium chloride 0.9 % solution irrigation</i>	1	MO
			<i>sodium chloride 0.9 % solution iv</i>	1	MO
			<i>sodium chloride irrigation soln 0.9%</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sodium fluoride 2.2 mg</i>	1	MO
<i>sodium phosphates</i>	1	MO
<i>sodium polystyrene sulfonate</i>	1	MO
<i>sps</i>	1	MO
<i>tis-u-sol</i>	1	MO
<i>tolvaptan 15 mg tab</i>	3	PA; QL (30 per 30 days); S
<i>tolvaptan 30 mg tab</i>	3	PA; QL (60 per 30 days); S
TPN ELECTROLYTES	3	MO
TRAVASOL	2	B/D PA; MO
<i>trientine hcl</i>	3	S
TROPHAMINE 10 % SOLUTION	2	B/D PA; MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VELPHORO	3	ST; QL (180 per 30 days); MO; S
VELTASSA	3	S
<b>Gastrointestinal Agents</b>		
<i>alosetron hcl</i>	3	PA; QL (60 per 30 days); MO; S
AMITIZA	2	QL (60 per 30 days); MO
<i>atropine sulfate 0.25 mg/5ml soln prsy, 0.4 mg/ml solution, 0.5 mg/5ml soln prsy, 1 mg/10ml soln prsy, 8 mg/20ml solution</i>	1	MO
CARAFATE 1 GM TAB, 1 GM/10ML SUSPENSION	3	MO
<i>chlordiazepoxide-clidinium</i>	3	PA; MO
<i>cimetidine</i>	1	MO
<i>cimetidine hcl</i>	1	MO
CLENPIQ	3	MO
<i>constulose</i>	1	MO
DEXILANT	3	ST; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine hcl 10 mg cap</i>	1	MO
<i>dicyclomine hcl 10 mg/5ml solution, 20 mg tab</i>	1	MO
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	MO
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	1	MO
<i>enulose</i>	1	MO
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	1	ST; QL (30 per 30 days); MO
<i>esomeprazole sodium</i>	1	MO
<i>famotidine 20 mg tab, 40 mg tab</i>	1	MO
<i>famotidine 20 mg/2ml solution, 40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution</i>	1	MO
<i>famotidine premixed</i>	1	MO
GATTEX	3	PA; LA; S
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n with flavor pack</i>	1	MO
<i>generlac</i>	1	MO
<i>glycopyrrolate 0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg tab, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution</i>	1	MO
GOLYTELY 227.1 GM RECON SOLN, 236 GM RECON SOLN	3	MO
<i>hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp</i>	1	MO
KRISTALOSE	3	MO
<i>lactulose 10 gm/15ml solution, 20 gm/30ml solution</i>	1	MO
<i>lactulose encephalopathy</i>	1	MO
<i>lansoprazole 15 mg cap dr</i>	1	MO
<i>lansoprazole 30 mg cap dr</i>	1	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
LINZESS	2	QL (30 per 30 days); MO
<i>loperamide hcl 2 mg cap</i>	1	MO
<i>lubiprostone</i>	1	QL (60 per 30 days); MO
<i>methscopolamine bromide</i>	1	MO
MOVANTIK	2	QL (30 per 30 days); MO
MOVIPREP	3	MO
NEXIUM 10 MG PACKET, 20 MG CAP DR, 40 MG CAP DR	3	ST; QL (30 per 30 days); MO
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	MO
<i>omeprazole</i>	1	MO
<i>omeprazole-sodium bicarbonate 20-1680 mg packet, 40-1680 mg packet</i>	3	QL (30 per 30 days); MO; S
<i>opium</i>	1	MO
OSMOPREP	3	MO
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	MO
<i>pantoprazole sodium 40 mg packet, 40 mg recon soln</i>	1	MO
<i>peg 3350-kcl-na bicarb-nacl</i>	1	MO
<i>peg 3350/electrolytes</i>	1	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/electrolytes/ascorbat</i>	1	MO
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	MO
PLENVU	3	MO
PREVACID SOLUTAB 15 MG TAB DR DISP	3	MO
<i>propantheline bromide</i>	1	PA; MO
PROTONIX 20 MG TAB DR, 40 MG PACKET, 40 MG TAB DR	3	MO
<i>rabeprazole sodium</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>ranitidine hcl 15 mg/ml syrup, 50 mg/2ml solution, 75 mg/5ml syrup, 150 mg cap, 150 mg/10ml syrup, 150 mg/6ml solution, 300 mg cap, 1000 mg/40ml solution</i>	1	MO
<i>ranitidine hcl 150 mg tab, 300 mg tab</i>	1	MO
RELISTOR 12 MG/0.6ML SOLUTION	3	PA; QL (18 per 30 days); MO; S
RELISTOR 8 MG/0.4ML SOLUTION	3	PA; QL (12 per 30 days); MO; S
SUCRALFATE 1 GM TAB, 1 GM/10ML SUSPENSION	1	MO
SUPREP BOWEL PREP KIT	2	MO
URSO 250	3	MO
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	1	MO
XERMELO	3	PA; LA; QL (90 per 30 days); S
ZEGERID 20-1100 MG CAP	3	QL (30 per 30 days); MO
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ALDURAZYME	3	PA; LA; S
ARALAST NP	3	PA; LA; S
BUPHENYL 3 GM/TSP POWDER	3	PA; LA
BUPHENYL 500 MG TAB	3	PA; LA; S
CERDELGA	3	PA; S
CEREZYME	3	PA; LA; S
CREON	2	MO
<i>cromolyn sodium 100 mg/5ml conc</i>	1	MO
CYSTADANE	3	LA; S
CYSTAGON	2	LA
CYSTARAN	3	LA; S
ELAPRASE	3	PA; LA; S
FABRAZYME	3	PA; LA; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GASTROCROM	3	MO	DEPEN TITRATABS	3	S
KUVAN	3	PA; LA; S	DETROL 1 MG TAB	3	ST; QL (60 per 30 days); MO
LUMIZYME	3	PA; LA; S	DETROL LA 2 MG CAP ER 24H	3	ST; QL (30 per 30 days); MO
<i>miglustat</i>	3	PA; LA; S	DITROPAN XL 10 MG TAB ER 24H	3	ST; QL (60 per 30 days); MO
NAGLAZYME	3	PA; LA; S	DITROPAN XL 5 MG TAB ER 24H	3	ST; QL (30 per 30 days); MO
<i>nitisinone</i>	3	PA; S	<i>dutasteride</i>	1	QL (30 per 30 days); MO
ORFADIN 2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP	3	PA; LA; S	<i>dutasteride-tamsulosin hcl</i>	1	QL (30 per 30 days); MO
PROLASTIN-C	3	PA; LA; S	ELMIRON	3	MO
RAVICTI	3	PA; LA; QL (525 per 30 days); S	<i>finasteride</i>	1	MO
<i>sapropterin dihydrochloride 100 mg tab, 500 mg packet</i>	3	PA; S	<i>flavoxate hcl</i>	1	MO
<i>sodium phenylbutyrate 3 gm/tsp powder, 500 mg tab</i>	3	PA; S	JALYN	3	QL (30 per 30 days); MO
SUCRAID	3	LA; S	MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H	3	QL (30 per 30 days); MO
VIOKACE 10440-39150 UNIT TAB	3	MO	<i>oxybutynin chloride 5 mg tab</i>	1	QL (120 per 30 days); MO
VIOKACE 20880 UNIT TAB	3	MO; S	<i>oxybutynin chloride 5 mg/5ml syrup</i>	1	QL (600 per 30 days); MO
VPRIV	3	PA; S	<i>oxybutynin chloride er 10 mg tab er 24h, 15 mg tab er 24h</i>	1	QL (60 per 30 days); MO
ZENPEP 25000-79000 CP DR PART, 40000-126000 CP DR PART	3	MO; S	<i>oxybutynin chloride er 5 mg tab er 24h</i>	1	QL (30 per 30 days); MO
ZENPEP 3000-14000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART	2	MO	OXYTROL	3	ST; QL (8 per 28 days); MO
<b>Genitourinary Agents</b>			<i>penicillamine 250 mg tab</i>	3	S
<i>alfuzosin hcl er</i>	1	MO	RAPAFLO	3	MO
AVODART	3	QL (30 per 30 days); MO	<i>silodosin</i>	1	MO
<i>bethanechol chloride</i>	1	MO	<i>solifenacin succinate</i>	1	QL (30 per 30 days); MO
CARDURA XL	3	MO	<i>tadalafil</i>	1	PA; QL (30 per 30 days); MO
CIALIS	3	PA; QL (30 per 30 days); MO	<i>tamsulosin hcl</i>	1	MO
<i>darifenacin hydrobromide er</i>	1	QL (30 per 30 days); MO	THIOLA	3	PA; S

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Drug Name	Drug Tier	Requirements /Limits
<i>tiopronin</i>	3	PA; S
<i>tolterodine tartrate</i>	1	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	1	QL (30 per 30 days); MO
TOVIAZ	2	QL (30 per 30 days); MO
<i>tropium chloride</i>	1	QL (60 per 30 days); MO
<i>tropium chloride er</i>	1	QL (30 per 30 days); MO
VESICARE	3	ST; QL (30 per 30 days); MO

### Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

ACTHAR	3	PA; LA; S
<i>alclometasone dipropionate 0.05 % cream</i>	1	MO
<i>betamethasone dipropionate 0.05 % ointment</i>	1	MO
<i>betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion</i>	1	MO
<i>clobetasol propionate e</i>	1	QL (120 per 30 days); MO
<i>clocortolone pivalate</i>	1	MO
CLODERM	3	MO
<i>cortisone acetate</i>	1	MO
<i>decadron 0.5 mg tab, 0.75 mg tab</i>	1	MO
<i>decadron 4 mg tab, 6 mg tab</i>	1	MO
<i>desonide 0.05 % lotion</i>	1	MO
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 2 mg tab, 4 mg tab, 6 mg tab</i>	1	MO
DEXAMETHASONE INTENSOL	2	MO
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	2	MO
<i>dexamethasone sodium phosphate 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution</i>	1	MO
<i>dexpak 10 day</i>	1	MO
<i>dexpak 13 day</i>	1	MO
<i>dexpak 6 day</i>	1	MO
<i>fludrocortisone acetate</i>	1	MO
HEMADY	3	MO
<i>hidex 6-day</i>	1	MO
<i>hydrocortisone butyrate 0.1 % ointment</i>	1	MO
<i>hydrocortisone valerate 0.2 % ointment</i>	1	MO
KORLYM	3	PA; LA; S
MEDROL 2 MG TAB	2	MO
MEDROL 4 MG TAB, 8 MG TAB, 16 MG TAB, 32 MG TAB	3	MO
<i>methylprednisolone</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone sodium succ 40 mg recon soln, 125 mg recon soln, 1000 mg recon soln</i>	1	MO
MILLIPRED	2	MO
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	1	MO
ORAPRED ODT	3	MO
<i>prednicarbate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone</i>	1	MO
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp</i>	1	MO
<i>prednisone 1 mg tab, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (48) tab thpk</i>	1	MO
<i>prednisone 2.5 mg tab, 5 mg (21) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	MO
PREDNISONE INTENSOL	2	MO
<i>taperdex 6-day</i>	1	MO
<i>triamcinolone acetonide 40 mg/ml suspension</i>	1	MO
<b>Hormonal Agents, Stimulant/Replacement-Modifying (Pituitary)</b>		
DDAVP 0.1 MG TAB, 0.2 MG TAB	3	MO
<i>desmopressin ace spray refrig</i>	1	MO
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution</i>	1	MO
<i>desmopressin acetate pf</i>	1	MO
<i>desmopressin acetate spray</i>	1	MO
EGRIFTA SV	3	PA; LA; S
GENOTROPIN	3	PA; S
GENOTROPIN MINIQUICK	3	PA; S
HUMATROPE	3	PA; S
INCRELEX	3	PA; LA; S
NORDITROPIN FLEXPRO	3	PA; S
NUTROPIN AQ NUSPIN 10	3	PA; LA; S
NUTROPIN AQ NUSPIN 20	3	PA; LA; S
NUTROPIN AQ NUSPIN 5	3	PA; LA; S

Drug Name	Drug Tier	Requirements /Limits
OMNITROPE 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART	3	PA; LA; S
SAIZEN	3	PA; LA; S
SAIZENPREP	3	PA; LA; S
STIMATE	3	
ZORBTIVE	3	PA; S
<b>Hormonal Agents, Stimulant/Replacement-Modifying (Prostaglandins)</b>		
CYTOTEC	3	MO
<i>misoprostol</i>	1	MO
<b>Hormonal Agents, Stimulant/Replacement-Modifying (Sex Hormones/Modifiers)</b>		
ACTIVELLA	3	PA; MO
<i>afirmelle</i>	1	MO
<i>altavera</i>	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
<i>amabelz</i>	1	PA; MO
<i>amethia</i>	1	MO
<i>amethyst</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30</i>	1	MO
<i>aurovela 1/20</i>	1	MO
<i>aurovela 24 fe</i>	1	MO
<i>aurovela fe 1.5/30</i>	1	MO
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	MO
AYGESTIN	3	MO
<i>ayuna</i>	1	MO
<i>azurette</i>	1	MO
<i>balziva</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>bekyree</i>	1	MO	DEPO-TESTOSTERONE	3	PA; MO
BEYAZ	3	MO	<i>desogestrel-ethinyl estradiol</i>	1	MO
BIJUVA	2	PA; MO	DIVIGEL 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	2	PA; MO
<i>blisovi 24 fe</i>	1	MO	<i>dolishale</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO	<i>dotti</i>	1	PA; QL (8 per 28 days); MO
<i>blisovi fe 1/20</i>	1	MO	<i>drospiren-eth estrad-levomefol</i>	1	MO
<i>briellyn</i>	1	MO	<i>drospirenone-ethinyl estradiol</i>	1	MO
<i>camila</i>	1	MO	DUAVEE	3	PA; QL (30 per 30 days); MO
<i>camrese</i>	1	MO	<i>elinest</i>	1	MO
<i>camrese lo</i>	1	MO	ELLA	2	MO
<i>caziant</i>	1	MO	<i>eluryng</i>	1	MO
<i>charlotte 24 fe</i>	1	MO	<i>emoquette</i>	1	MO
<i>chateal</i>	1	MO	<i>enpresse-28</i>	1	MO
<i>chateal eq</i>	1	MO	<i>enskyce</i>	1	MO
CLIMARA	3	PA; QL (4 per 28 days); MO	<i>errin</i>	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO	<i>estarylla</i>	1	MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO	ESTRACE 0.1 MG/GM CREAM	3	MO
CRINONE	3	PA	ESTRACE 0.5 MG TAB, 1 MG TAB, 2 MG TAB	3	PA; MO
<i>cryselle-28</i>	1	MO	<i>estradiol 0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i>	1	PA; QL (8 per 28 days); MO
<i>cyclafem 1/35</i>	1	MO	<i>estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk</i>	1	PA; QL (4 per 28 days); MO
<i>cyclafem 7/7/7</i>	1	MO	<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i>	1	MO
<i>cyred</i>	1	MO			
<i>cyred eq</i>	1	MO			
<i>danazol</i>	1	MO			
<i>dasetta 1/35</i>	1	MO			
<i>dasetta 7/7/7</i>	1	MO			
<i>daysee</i>	1	MO			
<i>deblitane</i>	1	MO			
DELESTROGEN	3	MO			
<i>delyla</i>	1	MO			
DEPO-ESTRADIOL	2	MO			
DEPO-PROVERA 150 MG/ML SUSPENSION	3	MO			
DEPO-SUBQ PROVERA 104	2	MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PA; MO
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	3	QL (1 per 90 days); MO; NEDS
<i>ethynodiol diac-eth estradiol</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	MO
EVAMIST	2	PA; MO
EVISTA	3	QL (30 per 30 days); MO
<i>falmina</i>	1	MO
<i>fayosim</i>	1	MO
FEMRING	3	QL (1 per 90 days); MO; NEDS
<i>femynor</i>	1	MO
FORTESTA	3	PA; QL (120 per 30 days); MO
<i>fyavolv</i>	1	PA; MO
GENERESS FE	3	MO
<i>gianvi</i>	1	MO
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>hailey fe 1.5/30</i>	1	MO
<i>hailey fe 1/20</i>	1	MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate 1.25 gm/5ml solution</i>	3	PA; QL (25 per 147 over time); NEDS; S
<i>iclevia</i>	1	MO
IMVEXXY MAINTENANCE PACK	3	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	3	QL (18 per 180 over time); MO; NEDS
<i>incassia</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>jaimiess</i>	1	MO
<i>jasmiel</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	MO
KYLEENA	2	
<i>larin 1.5/30</i>	1	MO
<i>larin 1/20</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30</i>	1	MO
<i>larin fe 1/20</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest</i>	1	MO
<i>levonorg-eth estrad triphasic</i>	1	MO
<i>levonorgest-eth est &amp; eth est</i>	1	MO
<i>levonorgest-eth estrad 91-day</i>	1	MO
<i>levonorgestrel-ethinyl estrad 0.1-20 tab, 0.15-30 tab</i>	1	MO
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>levora 0.15/30 (28)</i>	1	MO	<i>mimvey</i>	1	PA; MO
LILETTA (52 MG)	2		MINASTRIN 24 FE	3	MO
<i>lillow</i>	1	MO	MINIVELLE	3	PA; QL (8 per 28 days); MO
LO LOESTRIN FE	2	MO	MIRENA (52 MG)	2	
<i>lo-zumandimine</i>	1	MO	<i>mono-linyah</i>	1	MO
<i>loestrin 1.5/30 (21)</i>	3	MO	<i>necon 0.5/35 (28)</i>	1	MO
<i>loestrin 1/20 (21)</i>	3	MO	<i>nikki</i>	1	MO
<i>loestrin fe 1.5/30</i>	3	MO	<i>nora-be</i>	1	MO
<i>loestrin fe 1/20</i>	3	MO	<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab</i>	1	MO
<i>lojaimiess</i>	1	MO	<i>norethin-eth estradiol-fe</i>	1	MO
<i>lopreeza</i>	1	PA; MO	<i>norethindrone</i>	1	MO
<i>loryna</i>	1	MO	<i>norethindrone acet-ethinyl est</i>	1	MO
LOSEASONIQUE	3	MO	<i>norethindrone acetate</i>	1	MO
<i>low-ogestrel</i>	1	MO	<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>lutera</i>	1	MO	<i>norgestim-eth estrad triphasic</i>	1	MO
<i>lyleq</i>	1	MO	<i>norgestimate-eth estradiol</i>	1	MO
<i>lyza</i>	1	MO	<i>norlyda</i>	1	MO
<i>marlissa</i>	1	MO	<i>norlyroc</i>	1	MO
<i>medroxyprogesterone acetate 150 mg/ml susp prsyr, 150 mg/ml suspension</i>	1	MO	<i>nortrel 0.5/35 (28)</i>	1	MO
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	MO	<i>nortrel 1/35 (21)</i>	1	MO
<i>megestrol acetate 20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension</i>	1	PA; MO	<i>nortrel 1/35 (28)</i>	1	MO
<i>melodetta 24 fe</i>	1	MO	<i>nortrel 7/7/7</i>	1	MO
MENEST	3	PA; MO	NUVARING	3	MO
<i>mibelas 24 fe</i>	1	MO	<i>nylia 7/7/7</i>	1	MO
<i>microgestin 1.5/30</i>	1	MO	<i>ocella</i>	1	MO
<i>microgestin 1/20</i>	1	MO	<i>orsythia</i>	1	MO
<i>microgestin 24 fe</i>	1	MO	OSPHENA	2	MO
<i>microgestin fe 1.5/30</i>	1	MO	<i>oxandrolone 10 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>microgestin fe 1/20</i>	1	MO	<i>oxandrolone 2.5 mg tab</i>	1	PA; QL (240 per 30 days); MO
<i>mili</i>	1	MO	<i>philith</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>pimtreea</i>	1	MO	<i>testosterone 10 mg/act (2%) gel</i>	1	PA; QL (120 per 30 days); MO
<i>pirmella 1/35</i>	1	MO	<i>testosterone 12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel</i>	1	PA; QL (300 per 30 days); MO
<i>pirmella 7/7/7</i>	1	MO	<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	PA; QL (112.5 per 30 days); MO
<i>portia-28</i>	1	MO	<i>testosterone 30 mg/act solution</i>	1	PA; QL (180 per 30 days); MO
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	2	PA; MO	<i>testosterone cypionate</i>	1	PA; MO
PREMARIN 0.625 MG/GM CREAM	2	MO	<i>testosterone enanthate</i>	1	PA; MO
PREMPHASE	2	PA; MO	<i>tilia fe</i>	1	MO
PREMPRO	2	PA; MO	<i>tri femynor</i>	1	MO
<i>previfem</i>	1	MO	<i>tri-estarylla</i>	1	MO
<i>progesterone 100 mg cap, 200 mg cap</i>	1	MO	<i>tri-legest fe</i>	1	MO
PROMETRIUM 200 MG CAP	3	MO	<i>tri-linyah</i>	1	MO
PROVERA 2.5 MG TAB, 10 MG TAB	3	MO	<i>tri-lo-estarylla</i>	1	MO
QUARTETTE	3	MO	<i>tri-lo-marzia</i>	1	MO
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO	<i>tri-lo-mili</i>	1	MO
<i>reclipsen</i>	1	MO	<i>tri-lo-sprintec</i>	1	MO
<i>rivelsa</i>	1	MO	<i>tri-mili</i>	1	MO
SAFYRAL	3	MO	<i>tri-nymyo</i>	1	MO
SEASONIQUE	3	MO	<i>tri-previfem</i>	1	MO
<i>setlakin</i>	1	MO	<i>tri-sprintec</i>	1	MO
<i>sharobel</i>	1	MO	<i>tri-vylibra</i>	1	MO
<i>simliya</i>	1	MO	<i>tri-vylibra lo</i>	1	MO
<i>simpesse</i>	1	MO	<i>trivora (28)</i>	1	MO
SKYLA	2		<i>tulana</i>	1	MO
<i>sprintec 28</i>	1	MO	TYBLUME	1	MO
<i>sronyx</i>	1	MO	<i>tydemy</i>	1	MO
<i>syeda</i>	1	MO	VAGIFEM	3	MO
<i>tarina 24 fe</i>	1	MO	<i>velivet</i>	1	MO
<i>tarina fe 1/20</i>	1	MO	<i>vienva</i>	1	MO
<i>tarina fe 1/20 eq</i>	1	MO	<i>viorele</i>	1	MO
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	1	PA; QL (150 per 30 days); MO	VIVELLE-DOT	3	PA; QL (8 per 28 days); MO
			VOGELXO PUMP	3	PA; QL (300 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements /Limits
<i>volnea</i>	1	MO
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	MO
<i>wera</i>	1	MO
<i>wymzya fe</i>	1	MO
<i>xulane</i>	1	MO
YASMIN 28	3	MO
YAZ	3	MO
<i>yuvaferm</i>	1	MO
<i>zafemy</i>	1	MO
<i>zarah</i>	1	MO
<i>zovia 1/35 (28)</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zumandimine</i>	1	MO
<b>Hormonal Agents, Stimulant/Replacement- /Modifying (Thyroid)</b>		
ARMOUR THYROID	2	PA; MO
CYTOMEL	3	MO
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	MO
<i>levothyroxine sodium 13 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap, 100 mcg cap, 112 mcg cap, 125 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap</i>	2	MO
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium 10 mcg/ml solution</i>	3	MO; S
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	MO
<i>np thyroid</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SYNTHROID	2	MO
TIROSINT	2	MO
TIROSINT-SOL	2	MO
<i>unithroid</i>	1	MO
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	2	MO
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	1	MO
ELIGARD 30 MG KIT, 45 MG KIT	3	PA
ELIGARD 7.5 MG KIT, 22.5 MG KIT	2	PA
FIRMAGON	2	PA
FIRMAGON (240 MG DOSE)	3	PA; S
<i>leuprolide acetate</i>	1	PA
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	3	PA; QL (1 per 28 days); S
LUPRON DEPOT (1-MONTH) 7.5 MG KIT	3	PA; S
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	3	PA; QL (1 per 84 days); NEDS; S
LUPRON DEPOT (3-MONTH) 22.5 MG KIT	3	PA; S
LUPRON DEPOT (4-MONTH)	3	PA; S
LUPRON DEPOT (6-MONTH)	3	PA; S
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	3	PA; QL (1 per 28 days); S
<i>octreotide acetate 1000 mcg/ml solution</i>	3	PA
<i>octreotide acetate 50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution</i>	1	PA
<i>octreotide acetate 500 mcg/ml soln prsy, 500 mcg/ml solution</i>	3	PA; S
ORGOVYX	3	PA; LA; QL (32 per 30 days); S

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
SANDOSTATIN	3	PA
SANDOSTATIN LAR DEPOT	3	PA; S
SIGNIFOR	3	PA; LA; S
SOMATULINE DEPOT	3	PA; S
SOMAVERT	3	PA; LA; S
SYNAREL	3	PA; S
TRELSTAR MIXJECT	3	PA; S

### Hormonal Agents, Suppressant (Thyroid)

<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
TAPAZOLE	3	MO

### Immunological Agents

ACTHIB	2	
ACTIMMUNE	3	PA; LA; S
ADACEL	2	
ARAVA 10 MG TAB	3	MO
ARCALYST	3	PA; S
<i>azathioprine</i>	1	B/D PA; MO
AZATHIOPRINE SODIUM	2	B/D PA; MO
BCG VACCINE	2	
BENLYSTA 120 MG RECON SOLN, 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR, 400 MG RECON SOLN	3	PA; S
BEXSERO	2	
BOOSTRIX	2	
CINRYZE	3	PA; LA; S
COSENTYX (300 MG DOSE)	3	PA; LA; QL (8 per 28 days); S
COSENTYX 150 MG/ML SOLN PRSYR	3	PA; LA; QL (8 per 28 days); S
COSENTYX 75 MG/0.5ML SOLN PRSYR	3	PA; QL (2 per 28 days); S
COSENTYX SENSOREADY (300 MG)	3	PA; LA; QL (8 per 28 days); S
COSENTYX SENSOREADY PEN	3	PA; LA; QL (8 per 28 days); S

Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine 25 mg cap, 50 mg/ml solution, 100 mg cap</i>	1	B/D PA
<i>cyclosporine modified 25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution</i>	1	B/D PA
DAPTACEL	2	
DIPHThERIA-TETANUS TOXOIDS DT	2	
DUPIXENT 200 MG/1.14ML SOLN PEN	3	QL (4.56 per 28 days); MO; S
DUPIXENT 200 MG/1.14ML SOLN PRSYR	3	PA; QL (4.56 per 28 days); S
DUPIXENT 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR	3	PA; QL (4 per 28 days); S
ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR	3	PA; QL (8 per 28 days); S
ENBREL 25 MG/0.5ML SOLN PRSYR	3	PA; QL (4.08 per 28 days); S
ENBREL 25 MG/0.5ML SOLUTION	3	PA; QL (4 per 28 days); S
ENBREL MINI	3	PA; QL (8 per 28 days); S
ENBREL SURECLICK	3	PA; QL (8 per 28 days); S
ENGERIX-B	2	B/D PA
ENVARUSUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER 24H	3	B/D PA
ENVARUSUS XR 4 MG TAB ER 24H	3	B/D PA; S
<i>everolimus 0.25 mg tab</i>	1	B/D PA
<i>everolimus 0.5 mg tab, 0.75 mg tab</i>	3	B/D PA; S
FIRAZYR	3	PA; S
GAMUNEX-C	3	PA; S
GARDASIL 9	2	
<i>gengraf 25 mg cap, 100 mg cap, 100 mg/ml solution</i>	1	B/D PA
HAVRIX	2	
HIBERIX	2	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	3	PA; QL (2 per 28 days); S	INTRON A 6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 50000000 UNIT RECON SOLN	3	B/D PA; S
HUMIRA 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	3	PA; QL (4 per 28 days); S	IPOL	2	
HUMIRA 80 MG/0.8ML PEN KIT	3	PA; QL (6 per 84 over time); NEDS; S	IXIARO	2	
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	3	PA; QL (12 per 365 over time); NEDS; S	KEDRAB	2	
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	3	PA; QL (6 per 365 over time); NEDS; S	KINRIX	2	
HUMIRA PEN	3	PA; QL (4 per 28 days); S	<i>leflunomide</i>	1	MO
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	3	PA; QL (12 per 365 over time); NEDS; S	M-M-R II	2	
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	3	PA; QL (6 per 365 over time); NEDS; S	MENACTRA	2	
HUMIRA PEN-PS/UV/ADOL HS START	3	PA; QL (8 per 365 over time); NEDS; S	MENQUADFI	2	
HUMIRA PEN-PSOR/UEVIT STARTER	3	PA; QL (6 per 365 over time); NEDS; S	MENVEO	2	
HYPERRAB	3	S	<i>methotrexate</i>	1	MO
HYPERRAB S/D	2		<i>methotrexate sodium (pf)</i>	1	MO
<i>icatibant acetate</i>	3	PA; S	<i>methotrexate sodium 1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution</i>	1	MO
ILARIS	3	PA; LA; S	<i>mycophenolate mofetil 200 mg/ml recon susp</i>	3	B/D PA; S
IMOGAM RABIES-HT	2		<i>mycophenolate mofetil 250 mg cap, 500 mg recon soln, 500 mg tab</i>	1	B/D PA
IMOVAX RABIES	2		<i>mycophenolate mofetil hcl</i>	1	B/D PA
INFANRIX	2		<i>mycophenolate sodium</i>	1	B/D PA
INTRON A 10000000 UNIT RECON SOLN	2	B/D PA	MYFORTIC 180 MG TAB DR	3	B/D PA
INTRON A 18000000 UNIT RECON SOLN	3	B/D PA	MYFORTIC 360 MG TAB DR	3	B/D PA; S
			NULOJIX	3	PA; S
			OCTAGAM 1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 25 GM/500ML SOLUTION, 30 GM/300ML SOLUTION	3	PA; S
			OTEZLA 10 & 20 & 30 MG TAB THPK	3	PA; S
			PEDIARIX	2	
			PEDVAX HIB	2	

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Drug Name	Drug Tier	Requirements /Limits
PEGASYS	3	S
PENTACEL	2	
PROGRAF 0.2 MG PACKET, 1 MG PACKET, 5 MG CAP	3	B/D PA
PROGRAF 5 MG/ML SOLUTION	3	B/D PA; S
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	
RAPAMUNE 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	3	B/D PA; S
RECOMBIVAX HB	2	B/D PA
REMICADE	3	PA; S
RIDAURA	3	MO; S
RINVOQ	3	PA; QL (30 per 30 days); S
ROTARIX	2	
ROTATEQ	2	
<i>sajazir</i>	3	PA; S
SANDIMMUNE 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	3	B/D PA
SHINGRIX	2	
SIMULECT	3	B/D PA; S
<i>sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution</i>	1	B/D PA
<i>sirolimus 2 mg tab</i>	3	B/D PA; S
SKYRIZI	3	PA; QL (6 per 365 over time); NEDS; S
SKYRIZI (150 MG DOSE)	3	PA; QL (6 per 365 over time); NEDS; S
STAMARIL	2	
STELARA 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	3	PA; QL (1 per 28 days); S
STELARA 45 MG/0.5ML SOLUTION	3	PA; LA; QL (1 per 28 days); S

Drug Name	Drug Tier	Requirements /Limits
SYNAGIS	3	PA; S
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	1	B/D PA
TDVAX	2	
<i>temsirolimus</i>	3	PA; S
TENIVAC	2	
THYMOGLOBULIN	3	B/D PA; S
TREXALL	3	MO
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG	2	
XATMEP	3	
XOLAIR 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR	3	PA; LA; QL (8 per 28 days); S
XOLAIR 75 MG/0.5ML SOLN PRSYR	3	PA; LA; QL (4 per 28 days); S
YF-VAX	2	
ZORTRESS	3	B/D PA; S
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	3	MO
<i>balsalazide disodium</i>	1	MO
<i>budesonide 3 mg cp dr part</i>	1	MO
<i>budesonide er</i>	3	PA; MO; S
CORTEF 20 MG TAB	3	MO
CORTIFOAM	3	MO
DELZICOL	3	MO
DIPENTUM	3	MO; S
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema</i>	1	MO
LIALDA	3	MO
<i>mesalamine 1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine er</i>	1	MO
<i>mesalamine-cleanser</i>	1	MO
PENTASA 250 MG CAP ER	2	MO
PENTASA 500 MG CAP ER	3	MO; S
ROWASA	3	MO
<i>sulfasalazine</i>	1	MO

### Metabolic Bone Disease Agents

ACTONEL 150 MG TAB	3	QL (1 per 28 days); MO
ACTONEL 35 MG TAB	3	QL (4 per 28 days); MO
<i>alendronate sodium 10 mg tab</i>	1	QL (30 per 30 days); MO
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	1	QL (4 per 28 days); MO
<i>alendronate sodium 70 mg/75ml solution</i>	1	QL (300 per 28 days); MO
ATELVIA	3	QL (4 per 28 days); MO
BONIVA	3	QL (1 per 28 days); MO
<i>calcitonin (salmon) 200 unit/act solution</i>	1	QL (4 per 30 days); MO
<i>calcitonin (salmon) 200 unit/ml solution</i>	3	B/D PA; MO; S
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution</i>	1	B/D PA; MO
<i>calcitriol inj 1 mcg/ml</i>	1	MO
<i>cinacalcet hcl 30 mg tab</i>	1	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl 60 mg tab</i>	3	B/D PA; QL (60 per 30 days); S
<i>cinacalcet hcl 90 mg tab</i>	3	B/D PA; QL (120 per 30 days); S
<i>doxercalciferol 0.5 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution</i>	1	B/D PA; MO
FORTEO	3	PA; QL (3 per 28 days); S
FOSAMAX	3	QL (4 per 28 days); MO

Drug Name	Drug Tier	Requirements /Limits
FOSAMAX PLUS D	3	QL (4 per 28 days); MO
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 per 28 days); MO
<i>ibandronate sodium 3 mg/3ml solution</i>	1	B/D PA; MO
NATPARA	3	PA; QL (2 per 28 days); S
<i>pamidronate disodium 30 mg recon soln, 30 mg/10ml solution, 90 mg recon soln, 90 mg/10ml solution</i>	1	
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	2	B/D PA
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	B/D PA; MO
PROLIA	2	PA; QL (1 per 180 over time); NEDS
<i>risedronate sodium 150 mg tab</i>	1	QL (1 per 28 days); MO
<i>risedronate sodium 35 mg tab, 35 mg tab dr</i>	1	QL (4 per 28 days); MO
<i>risedronate sodium 5 mg tab, 30 mg tab</i>	1	QL (30 per 30 days); MO
ROCALTROL 0.5 MCG CAP, 1 MCG/ML SOLUTION	3	B/D PA; MO
SENSIPAR 30 MG TAB, 60 MG TAB	3	B/D PA; QL (60 per 30 days); S
SENSIPAR 90 MG TAB	3	B/D PA; QL (120 per 30 days); S
TERIPARATIDE (RECOMBINANT)	3	PA; QL (3 per 28 days); S
TYMLOS	3	PA; QL (1.56 per 28 days); S
XGEVA	3	PA; QL (5.1 per 28 days); S
ZEMPLAR 1 MCG CAP	3	B/D PA; MO
ZEMPLAR 2 MCG CAP	3	B/D PA; MO; S
ZOLEDRONIC ACID 4 MG/100ML SOLUTION, 4 MG/5ML CONC	1	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid 5 mg/100ml solution</i>	1	PA
<b>Miscellaneous Therapeutic Agents</b>		
<i>acetylcysteine 200 mg/ml solution</i>	1	MO
ALCOHOL SWABS	1	MO
AUTOPEN	2	MO
BD PEN	2	MO
BD PEN MINI	2	MO
CEQR SIMPLICITY 2U	2	MO
CEQR SIMPLICITY INSERTER	2	MO
<i>fomepizole</i>	3	MO; S
GAUZE STERILE PADS 2	1	MO
INPEN 100-BLUE-LILLY	2	MO
INPEN 100-BLUE-NOVO	2	MO
INPEN 100-GRAY-LILLY	2	MO
INPEN 100-GREY-NOVO	2	MO
INPEN 100-PINK-LILLY	2	MO
INPEN 100-PINK-NOVO	2	MO
INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	QL (200 per 30 days); MO
INSULIN SYRINGE (DISP) U-100 1 ML	1	QL (200 per 30 days); MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	1	QL (200 per 30 days); MO
INTRAROSA	3	QL (30 per 30 days); MO
<i>mannitol</i>	1	MO
<i>methergine</i>	3	MO; S
<i>methylergonovine maleate</i>	3	MO; S
NEEDLES, INSULIN DISP., SAFETY	1	QL (200 per 30 days); MO
NOVOPEN ECHO	2	MO
<i>osmitrol</i>	1	MO
PARAGARD INTRAUTERINE COPPER	2	MO

Drug Name	Drug Tier	Requirements /Limits
RUZURGI	3	PA; QL (300 per 30 days); S
<i>sterile water for irrigation</i>	2	MO
TRODELVY	3	PA; S
<b>Ophthalmic Agents</b>		
<i>acetazolamide er</i>	1	MO
ACULAR	3	MO
ACULAR LS	3	MO
<i>ak-poly-bac</i>	1	MO
ALOCRIAL	3	MO
ALOMIDE	3	MO
ALPHAGAN P 0.1 % SOLUTION	2	MO
ALPHAGAN P 0.15 % SOLUTION	3	MO
ALREX	3	MO
<i>apraclonidine hcl</i>	1	MO
ATROPINE SULFATE 1 % OINTMENT, 1 % SOLUTION	2	MO
<i>azelastine hcl 0.05 % solution</i>	1	MO
AZOPT	3	MO
<i>bacitra-neomycin-polymyxin-hc</i>	1	MO
<i>bacitracin 500 unit/gm ointment</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO
<i>bepotastine besilate</i>	1	MO
BEPREVE	3	MO
<i>betaxolol hcl 0.5 % solution</i>	1	MO
BETIMOL	3	MO
BETOPTIC-S	3	MO
<i>bimatoprost</i>	1	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>brimonidine tartrate</i>	1	MO
<i>brinzolamide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>bromfenac sodium (once-daily)</i>	1	MO	<i>ketorolac tromethamine 0.4 % solution, 0.5 % solution</i>	1	MO
<i>carteolol hcl</i>	1	MO	LASTACAFT	2	MO
COMBIGAN	2	MO	<i>latanoprost</i>	1	MO
CORTISPORIN 3.5-10000-0.5 CREAM	3	MO	<i>levobunolol hcl</i>	1	MO
COSOPT	3	MO	<i>levofloxacin 0.5 % solution</i>	1	MO
COSOPT PF	3	MO	LOTEMAX 0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION	3	MO
<i>cromolyn sodium 4 % solution</i>	1	MO	LOTEMAX SM	3	MO
<i>cyclopentolate hcl 1 % solution</i>	1	MO	<i>loteprednol etabonate 0.5 % gel, 0.5 % suspension</i>	1	MO
<i>dexamethasone sodium phosphate 0.1 % solution</i>	1	MO	LUMIGAN	2	MO
<i>diclofenac sodium 0.1 % solution</i>	1	MO	MAXIDEX	3	MO
<i>dorzolamide hcl</i>	1	MO	<i>methazolamide</i>	1	MO
<i>dorzolamide hcl-timolol mal</i>	1	MO	<i>moxifloxacin hcl 0.5 % solution</i>	1	MO
<i>dorzolamide hcl-timolol mal pf</i>	1	MO	NATACYN	3	MO
DUREZOL	2	MO	<i>neo-polycin</i>	1	MO
<i>epinastine hcl</i>	1	MO	<i>neo-polycin hc</i>	1	MO
<i>erythromycin 5 mg/gm ointment</i>	1	QL (3.5 per 30 days); MO	<i>neomycin-bacitracin zn-polymyx</i>	1	MO
FLAREX	3	MO	<i>neomycin-polymyxin-dexameth 0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension</i>	1	MO
<i>fluorometholone</i>	1	MO	<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO	<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	MO
FML	3	MO	NEVANAC	2	MO
FML FORTE	3	MO	OCUFLOX	3	MO
<i>gatifloxacin</i>	1	MO	<i>ofloxacin ophth soln 0.3%</i>	1	MO
<i>gentak</i>	1	MO	<i>olopatadine hcl 0.1 % solution, 0.2 % solution</i>	1	MO
<i>gentamicin sulfate 0.3 % solution</i>	1	MO	PAZEO	2	MO
ILEVRO	3	MO	<i>pilocarpine hcl 1 % solution, 2 % solution, 4 % solution</i>	1	MO
INVELTYS	3	MO	<i>polycin</i>	1	MO
IOPIDINE 1 % SOLUTION	3	MO			
ISOPTO ATROPINE	2	MO			
ISOPTO CARPINE	3	MO			
ISTALOL	3	MO			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



Drug Name	Drug Tier	Requirements /Limits
<i>polymyxin b-trimethoprim</i>	1	MO
POLYTRIM	3	MO
PRED MILD	3	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
<i>prednisolone acetate</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	MO
PROLENSA	3	MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE	2	QL (5.5 per 28 days); MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
<i>sulfacetamide sodium 10 % ointment, 10 % solution</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
<i>timolol maleate 0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution</i>	1	MO
<i>timolol maleate 0.25 % solution</i>	1	MO
<i>timolol maleate ocudose</i>	1	MO
<i>timolol maleate pf</i>	1	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TOBRADEX 0.3-0.1 % OINTMENT	2	MO
TOBRADEX 0.3-0.1 % SUSPENSION	3	MO
TOBRADEX ST	2	MO
<i>tobramycin 0.3 % solution</i>	1	MO
<i>tobramycin-dexamethasone</i>	1	MO
TOBREX 0.3 % SOLUTION	3	MO
TRAVATAN Z	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>travoprost (bak free)</i>	1	MO
XALATAN	3	MO
XIIDRA	2	QL (60 per 30 days); MO
ZIOPTAN	3	MO
ZYLET	2	MO
<b>Otic Agents</b>		
CETRAXAL	3	MO
CIPRO HC	3	MO
CIPRODEX	2	MO
<i>ciprofloxacin hcl 0.2 % solution</i>	1	MO
<i>ciprofloxacin-dexamethasone</i>	1	MO
CORTISPORIN-TC	3	MO
<i>flac</i>	1	MO
<i>fluocinolone acetonide 0.01 % oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>neomycin-polymyxin-hc 1 % solution, 3.5-10000-1 solution</i>	1	MO
<i>ofloxacin otic soln 0.3%</i>	1	MO
<b>Respiratory Tract/Pulmonary Agents</b>		
ACCOLATE	3	MO
<i>acetylcysteine 10 % solution, 20 % solution</i>	1	B/D PA; MO
ADCIRCA	3	PA; QL (60 per 30 days); S
ADEMPAS	3	PA; LA; S
ADRENALIN 1 MG/ML SOLUTION	2	MO
ADVAIR DISKUS	2	QL (60 per 30 days); MO
ADVAIR HFA	2	QL (12 per 30 days); MO
AIRDUO RESPICLICK 113/14	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 232/14	3	QL (1 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
AIRDUO RESPICLICK 55/14	3	QL (1 per 30 days); MO	budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension	1	B/D PA; QL (120 per 30 days); MO
albuterol sulfate 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln	1	B/D PA; QL (360 per 30 days); MO	budesonide 1 mg/2ml suspension	1	B/D PA; QL (60 per 30 days); MO
albuterol sulfate 2 mg tab, 4 mg tab	1	MO	budesonide-formoterol fumarate	1	QL (30.6 per 30 days); MO
albuterol sulfate 2 mg/5ml syrup	1	MO	carbinoxamine maleate 4 mg tab, 4 mg/5ml solution, 6 mg tab	1	PA; MO
albuterol sulfate 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln	1	B/D PA; QL (60 per 30 days); MO	CAYSTON	3	PA; LA; S
albuterol sulfate hfa	1	MO	cetirizine hcl	1	MO
alyq	3	PA; QL (60 per 30 days); S	CLARINEX	3	MO
ambrisentan	3	PA; LA; QL (30 per 30 days); S	clemastine fumarate 2.68 mg tab	1	PA; MO
aminophylline	1	MO	COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
ANORO ELLIPTA	2	QL (60 per 30 days); MO	cromolyn sodium 20 mg/2ml nebu soln	1	B/D PA; QL (240 per 30 days); MO
arformoterol tartrate	3	B/D PA; QL (120 per 30 days); MO; S	cyproheptadine hcl 2 mg/5ml syrup	1	PA; MO
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO	cyproheptadine hcl 4 mg tab	1	MO
ATROVENT HFA	3	QL (26 per 30 days); MO	DALIRESP	3	PA; QL (30 per 30 days); MO
azelastine hcl 0.1 % solution, 0.15 % solution, 137 mcg/spray solution	1	QL (30 per 25 days); MO	desloratadine	1	MO
azelastine-fluticasone	1	QL (23 per 28 days); MO	diphenhydramine hcl 50 mg/ml solution	1	MO
bosentan	3	PA; LA; QL (60 per 30 days); S	DULERA	3	QL (13 per 30 days); MO
BREO ELLIPTA	2	QL (60 per 30 days); MO	DYMISTA	2	QL (23 per 28 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO	ELIXOPHYLLIN	2	MO
BROVANA	3	B/D PA; QL (120 per 30 days); MO; S	epinephrine (anaphylaxis)	1	MO
			epinephrine 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj	1	QL (2 per 28 days); MO
			EPIPEN JR 2-PAK	3	QL (2 per 28 days); MO
			ESBRIET 267 MG CAP, 267 MG TAB	3	PA; QL (270 per 30 days); S
			ESBRIET 801 MG TAB	3	PA; QL (90 per 30 days); S

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements /Limits
FASENRA	3	PA; LA; S
FASENRA PEN	3	PA; S
FLOVENT DISKUS 250 MCG/BLIST AER POW BA	2	QL (240 per 30 days); MO
FLOVENT DISKUS 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA	2	QL (60 per 30 days); MO
FLOVENT HFA 110 MCG/ACT AEROSOL	2	QL (12 per 30 days); MO
FLOVENT HFA 220 MCG/ACT AEROSOL	2	QL (24 per 30 days); MO
FLOVENT HFA 44 MCG/ACT AEROSOL	2	QL (11 per 30 days); MO
<i>flunisolide</i>	1	QL (75 per 30 days); MO
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL (16 per 30 days); MO
<i>fluticasone-salmeterol 100-50 mcg/dose aer pow ba, 250-50 mcg/dose aer pow ba, 500-50 mcg/dose aer pow ba</i>	1	QL (60 per 30 days); MO
<i>fluticasone-salmeterol 55-14 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 232-14 mcg/act aer pow ba</i>	1	QL (1 per 30 days); MO
<i>formoterol fumarate</i>	3	B/D PA; QL (120 per 30 days); MO
<i>hydroxyzine hcl 10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution</i>	1	MO
<i>ipratropium bromide 0.02 % solution</i>	1	B/D PA; MO
<i>ipratropium bromide 0.03 % solution, 0.06 % solution</i>	1	QL (30 per 30 days); MO
<i>ipratropium-albuterol</i>	1	B/D PA; QL (540 per 30 days); MO
KALYDECO 150 MG TAB	3	PA; QL (60 per 30 days); S
KITABIS PAK	3	B/D PA; QL (280 per 28 days); S

Drug Name	Drug Tier	Requirements /Limits
<i>levalbuterol hcl 0.31 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln</i>	1	B/D PA; QL (270 per 30 days); MO
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	1	B/D PA; QL (540 per 30 days); MO
<i>levalbuterol tartrate</i>	1	ST; QL (45 per 30 days); MO
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution, 5 mg tab</i>	1	MO
<i>metaproterenol sulfate</i>	1	MO
<i>mometasone furoate 50 mcg/act suspension</i>	1	MO
<i>montelukast sodium</i>	1	MO
NUCALA 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	3	PA; LA; S
OFEV	3	PA; QL (60 per 30 days); S
<i>olopatadine hcl 0.6 % solution</i>	1	QL (31 per 30 days); MO
OMNARIS	3	ST; QL (13 per 30 days); MO
OPSUMIT	3	PA; LA; QL (30 per 30 days); S
ORENITRAM 0.125 MG TAB ER	2	PA; LA
ORENITRAM 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER	3	PA; LA; S
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	3	PA; QL (120 per 30 days); S
PATANASE	3	QL (31 per 30 days); MO
PERFOROMIST	3	B/D PA; QL (120 per 30 days); MO; S
PROAIR HFA	2	MO
PROAIR RESPICLICK	2	MO
<i>promethazine hcl 25 mg/ml solution, 50 mg/ml solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>promethazine hcl 6.25 mg/5ml solution, 6.25 mg/5ml syrup</i>	1	PA; MO	THEO-24	2	MO
PROVENTIL HFA	2	MO	<i>theophylline</i>	1	MO
PULMICORT 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	3	B/D PA; QL (120 per 30 days); MO	<i>theophylline er</i>	1	MO
PULMOZYME	3	B/D PA; S	TOBI	3	B/D PA; QL (280 per 28 days); S
QNASL	3	ST; QL (11 per 30 days); MO	<i>tobramycin 300 mg/5ml nebu soln</i>	3	B/D PA; QL (280 per 28 days); S
QNASL CHILDRENS	3	ST; QL (7 per 30 days); MO	TRACLEER 32 MG TAB SOL	3	PA; LA; QL (120 per 30 days); S
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL (11 per 30 days); MO	TRACLEER 62.5 MG TAB, 125 MG TAB	3	PA; LA; QL (60 per 30 days); S
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL (22 per 30 days); MO	TRELEGY ELLIPTA	2	QL (60 per 30 days); MO
REMODULIN	3	PA; LA; S	<i>treprostinil</i>	3	PA; LA; S
<i>ribavirin 6 gm recon soln</i>	3	PA; MO; S	TUDORZA PRESSAIR	3	QL (1 per 30 days); MO
SEREVENT DISKUS	2	QL (60 per 30 days); MO	TYVASO	3	PA; QL (81.2 per 30 days); NEDS; S
<i>sildenafil citrate 10 mg/12.5ml solution</i>	3	PA; QL (1125 per 30 days); S	TYVASO REFILL	3	PA; QL (81.2 per 30 days); NEDS; S
<i>sildenafil citrate 20 mg tab</i>	1	PA; QL (90 per 30 days)	TYVASO STARTER	3	PA; QL (81.2 per 365 over time); NEDS; S
SINGULAIR 4 MG CHEW TAB, 4 MG PACKET, 5 MG CHEW TAB	3	MO	UPTRAVI 200 & 800 MCG TAB THPK	3	PA; LA; S
SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO	UPTRAVI 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	3	PA; LA; QL (60 per 30 days); S
SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO	VENTAVIS	3	PA; QL (270 per 30 days); S
STIOLTO RESPIMAT	2	QL (4 per 30 days); MO	VENTOLIN HFA	3	ST; MO
SYMBICORT	2	QL (30.6 per 30 days); MO	VISTARIL 50 MG CAP	3	MO
SYMJEPI	2	QL (2 per 28 days); MO	<i>wixela inhub</i>	1	QL (60 per 30 days); MO
<i>tadalafil (pah)</i>	3	PA; QL (60 per 30 days); S	XOPENEX 0.31 MG/3ML NEBU SOLN	3	B/D PA; QL (270 per 30 days); MO
<i>terbutaline sulfate 1 mg/ml solution, 2.5 mg tab, 5 mg tab</i>	1	MO	XOPENEX CONCENTRATE	3	B/D PA; QL (270 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
XOPENEX HFA	3	ST; QL (45 per 30 days); MO
<i>zafirlukast</i>	1	MO
ZETONNA	3	ST; QL (6.1 per 30 days); MO

### Skeletal Muscle Relaxants

BOTOX	3	PA
<i>carisoprodol</i>	1	MO
<i>chlorzoxazone 500 mg tab</i>	1	PA; MO
<i>cyclobenzaprine hcl</i>	1	PA; MO
DYSPORE	3	PA
<i>fexmid</i>	3	PA; MO
<i>metaxalone</i>	1	PA; MO
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	MO
<i>orphenadrine citrate er</i>	1	MO
SOMA 250 MG TAB	3	MO
XEOMIN 200 UNIT RECON SOLN	3	PA; S
XEOMIN 50 RECON SOLN, 100 RECON SOLN	2	PA

### Sleep Disorder Agents

<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab</i>	1	PA; QL (30 per 30 days); MO
<i>armodafinil 50 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	1	PA; QL (30 per 30 days); MO
<i>estazolam</i>	1	QL (30 per 30 days); MO
<i>eszopiclone</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>flurazepam hcl</i>	1	QL (30 per 30 days); MO
HETLIOZ	3	PA; LA; QL (30 per 30 days); S
LUNESTA 1 MG TAB	3	QL (30 per 30 days); MO
<i>modafinil 100 mg tab</i>	1	PA; MO
<i>modafinil 200 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>ramelteon</i>	1	QL (30 per 30 days); MO
RESTORIL 22.5 MG CAP	3	QL (30 per 30 days); MO
ROZEREM	3	QL (30 per 30 days); MO
SUNOSI	3	QL (30 per 30 days); MO
<i>temazepam</i>	1	QL (30 per 30 days); MO
<i>triazolam</i>	1	QL (30 per 30 days); MO
WAKIX	3	PA; QL (60 per 30 days); S
XYREM	3	PA; LA; QL (540 per 30 days); S
<i>zaleplon 10 mg cap</i>	1	QL (60 per 30 days); MO
<i>zaleplon 5 mg cap</i>	1	QL (30 per 30 days); MO
<i>zolpidem tartrate 5 mg tab, 10 mg tab</i>	1	QL (30 per 30 days); MO
<i>zolpidem tartrate er</i>	1	QL (30 per 30 days); MO

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susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab	16	PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/ML SOLUTION	46
amoxicillin-pot clavulanate 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab	16	ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	47
amoxicillin-pot clavulanate er	16	ARAVA 10 MG TAB	73
amphetamine-dextroamphet er	53	ARCALYST	73
amphetamine-dextroamphetamine 30 mg tab	53	arformoterol tartrate	80
amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab	53	ARICEPT 23 MG TAB	23
amphotericin b	26	ARICEPT 5 MG TAB	23
ampicillin	16	aripiprazole 1 mg/ml solution	36
ampicillin sodium 1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln	16	aripiprazole 10 mg tab disp	36
ampicillin sodium 2 gm recon soln for inj	16	aripiprazole 15 mg tab disp	36
ampicillin sodium 2 gm recon soln for iv	16	aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab	36
ampicillin-sulbactam sodium	16	ARISTADA 1064 MG/3.9ML PRSYR	36
AMPYRA	53	ARISTADA 441 MG/1.6ML PRSYR	36
anagrelide hcl	46	ARISTADA 662 MG/2.4ML PRSYR	36
anastrozole	29	ARISTADA 882 MG/3.2ML PRSYR	36
ANCOBON	26	ARISTADA INITIO	36
ANORO ELLIPTA	80	ARIXTRA 10 MG/0.8ML SOLUTION	47
ANUSOL-HC	57	ARIXTRA 2.5 MG/0.5ML SOLUTION	47
APEXICON E	57	ARIXTRA 5 MG/0.4ML SOLUTION	47
APO-VARENICLINE 0.5 MG TAB	15	ARIXTRA 7.5 MG/0.6ML SOLUTION	47
APO-VARENICLINE 1 MG TAB	15	armodafinil 150 mg tab, 200 mg tab, 250 mg tab	83
APOKYN	36	armodafinil 50 mg tab	83
apraclonidine hcl	77	ARMOUR THYROID	72
aprepitant 125 mg cap	25	ARNUITY ELLIPTA	80
aprepitant 40 mg cap	25	ARRANON	29
aprepitant 80 & 125 mg cap, 80 & 125 mg misc	25	arsenic trioxide	29
aprepitant 80 mg cap	25	ARZERRA	29
apri	67	ascomp-codeine	12
APRISO	75	asenapine maleate 10 mg sl tab	36
APTIOM	20	asenapine maleate 2.5 mg sl tab	36
APTIVUS 100 MG/ML SOLUTION	39	asenapine maleate 5 mg sl tab	36
APTIVUS 250 MG CAP	39	ashlyna	67
ARALAST NP	64	ASPARLAS	29
aranelle	67	aspirin-dipyridamole er	47
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN		ATACAND	49
		ATACAND HCT	49
		atazanavir sulfate 150 mg cap, 200 mg cap	39

<i>atazanavir sulfate 300 mg cap</i> .....	39	<i>azelastine hcl 0.1 % solution, 0.15 % solution, 137</i>	
ATELVIA .....	76	<i>mcg/spray solution</i> .....	80
<i>atenolol</i> .....	49	<i>azelastine-fluticasone</i> .....	80
<i>atenolol-chlorthalidone</i> .....	49	AZILECT .....	36
<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg</i>		<i>azithromycin 1 gm packet, 100 mg/5ml recon</i>	
<i>cap, 40 mg cap</i> .....	53	<i>susp, 200 mg/5ml recon susp, 500 mg recon</i>	
<i>atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg</i>		<i>soln, 500 mg tab, 600 mg tab</i> .....	16
<i>cap</i> .....	54	<i>azithromycin 250 mg tab</i> .....	16
<i>atorvastatin calcium</i> .....	49	AZOPT .....	77
<i>atovaquone</i> .....	35	AZOR .....	49
<i>atovaquone-proguanil hcl</i> .....	35	<i>aztreonam</i> .....	16
ATRALIN .....	57	<i>azurette</i> .....	67
ATRIPLA .....	39	<i>bacitra-neomycin-polymyxin-hc</i> .....	77
<i>atropine sulfate 0.25 mg/5ml soln prsyr, 0.4</i>		<i>bacitracin 500 unit/gm ointment</i> .....	77
<i>mg/ml solution, 0.5 mg/5ml soln prsyr, 1</i>		<i>bacitracin 50000 unit recon soln</i> .....	16
<i>mg/10ml soln prsyr, 8 mg/20ml solution</i> ....	63	<i>bacitracin-polymyxin b</i> .....	77
ATROPINE SULFATE 1 % OINTMENT, 1 %		<i>baclofen 20 mg tab</i> .....	39
SOLUTION .....	77	<i>baclofen 5 mg tab, 10 mg tab</i> .....	39
ATROVENT HFA .....	80	BACTRIM .....	16
AUBAGIO .....	54	BACTRIM DS .....	16
<i>aubra</i> .....	67	<i>balsalazide disodium</i> .....	75
<i>aubra eq</i> .....	67	BALVERSA 3 MG TAB .....	29
<i>aurovela 1.5/30</i> .....	67	BALVERSA 4 MG TAB .....	29
<i>aurovela 1/20</i> .....	67	BALVERSA 5 MG TAB .....	29
<i>aurovela 24 fe</i> .....	67	<i>balziva</i> .....	67
<i>aurovela fe 1.5/30</i> .....	67	BANZEL 200 MG TAB .....	20
<i>aurovela fe 1/20</i> .....	67	BANZEL 40 MG/ML SUSPENSION .....	20
AURYXIA .....	60	BANZEL 400 MG TAB .....	20
AUSTEDO .....	54	BARACLUDE 0.05 MG/ML SOLUTION .....	39
AUTOPEN .....	77	BAVENCIO .....	29
AVALIDE .....	49	BCG VACCINE .....	73
AVAPRO .....	49	BD PEN .....	77
AVASTIN .....	29	BD PEN MINI .....	77
<i>aviane</i> .....	67	<i>bekyree</i> .....	68
<i>avita</i> .....	57	BELEODAQ .....	29
AVODART .....	65	<i>benazepril hcl</i> .....	49
AVONEX PEN .....	54	<i>benazepril-hydrochlorothiazide 5-6.25 mg tab,</i>	
AVONEX PREFILLED .....	54	<i>10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg</i>	
AYGESTIN .....	67	<i>tab</i> .....	49
<i>ayuna</i> .....	67	BENDEKA .....	29
AYVAKIT .....	29	BENICAR .....	49
<i>azacitidine</i> .....	29	BENICAR HCT .....	49
AZACTAM .....	16	BENLYSTA 120 MG RECON SOLN, 200 MG/ML SOLN	
<i>azathioprine</i> .....	73	<i>A-INJ, 200 MG/ML SOLN PRSYR, 400 MG RECON</i>	
AZATHIOPRINE SODIUM .....	73	<i>SOLN</i> .....	73
<i>azelaic acid</i> .....	57	BENZACLIN .....	57
<i>azelastine hcl 0.05 % solution</i> .....	77	BENZACLIN WITH PUMP .....	57
		BENZAMYCIN .....	57

<i>benzoyl peroxide-erythromycin</i> .....	57	BORTEZOMIB .....	29
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab</i> .....	36	<i>bosentan</i> .....	80
<i>bepotastine besilate</i> .....	77	BOSULIF 100 MG TAB .....	29
BEPREVE .....	77	BOSULIF 400 MG TAB, 500 MG TAB .....	29
<i>beser</i> .....	57	BOTOX .....	83
BESPONSA .....	29	BRAFTOVI .....	29
<i>betamethasone dipropionate 0.05 % cream, 0.05 % lotion</i> .....	57	BREO ELLIPTA .....	80
<i>betamethasone dipropionate 0.05 % ointment</i> .....	66	BREZTRI AEROSPHERE .....	80
<i>betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion</i> .....	66	<i>briellyn</i> .....	68
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % ointment</i> .....	57	BRILINTA .....	47
<i>betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam</i> .....	57	<i>brimonidine tartrate</i> .....	77
BETAPACE AF 80 MG TAB, 120 MG TAB .....	49	<i>brinzolamide</i> .....	77
BETASERON .....	54	BRIVIACT 10 MG TAB .....	20
<i>betaxolol hcl 0.5 % solution</i> .....	77	BRIVIACT 10 MG/ML SOLUTION .....	20
<i>betaxolol hcl 10 mg tab, 20 mg tab</i> .....	49	BRIVIACT 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB .....	20
<i>bethanechol chloride</i> .....	65	BRIVIACT 50 MG/5ML SOLUTION .....	20
BETIMOL .....	77	<i>bromfenac sodium (once-daily)</i> .....	78
BETOPTIC-S .....	77	<i>bromocriptine mesylate</i> .....	36
<i>bexarotene</i> .....	29	BROVANA .....	80
BEXSERO .....	73	BRUKINSA .....	29
BEYAZ .....	68	<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension</i> .....	80
<i>bicalutamide</i> .....	29	<i>budesonide 1 mg/2ml suspension</i> .....	80
BICILLIN C-R .....	16	<i>budesonide 3 mg cp dr part</i> .....	75
BICILLIN C-R 900/300 .....	16	<i>budesonide er</i> .....	75
BICILLIN L-A .....	16	<i>budesonide-formoterol fumarate</i> .....	80
BIDIL .....	49	<i>bumetanide 0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab</i> .....	49
BIJUVA .....	68	BUPHENYL 3 GM/TSP POWDER .....	64
BIKTARVY .....	39	BUPHENYL 500 MG TAB .....	64
BILTRICIDE .....	35	<i>bupivacaine hcl (pf) 0.5 % solution</i> .....	15
<i>bimatoprost</i> .....	77	<i>bupivacaine hcl 0.5 % solution</i> .....	15
<i>bisoprolol fumarate</i> .....	49	<i>buprenorphine 10 mcg/hr patch wk, 15 mcg/hr patch wk</i> .....	12
<i>bisoprolol-hydrochlorothiazide</i> .....	49	<i>buprenorphine 5 mcg/hr patch wk, 20 mcg/hr patch wk</i> .....	12
BLENREP .....	29	<i>buprenorphine 7.5 mcg/hr patch wk</i> .....	12
<i>bleomycin sulfate</i> .....	29	<i>buprenorphine hcl 0.3 mg/ml solution</i> .....	15
BLEPHAMIDE .....	77	<i>buprenorphine hcl 2 mg sl tab</i> .....	15
BLEPHAMIDE S.O.P. ....	77	<i>buprenorphine hcl 8 mg sl tab</i> .....	15
BLINCYTO .....	29	<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i> .....	15
<i>blisovi 24 fe</i> .....	68	<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film, 2-0.5 mg sl tab</i> .....	15
<i>blisovi fe 1.5/30</i> .....	68	<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i> ....	15
<i>blisovi fe 1/20</i> .....	68	<i>buprenorphine hcl-naloxone hcl 8-2 mg film, 8-2 mg sl tab</i> .....	15
BONIVA .....	76		
BOOSTRIX .....	73		



<i>bupropion hcl 100 mg tab</i> .....	23	<i>calcitriol inj 1 mcg/ml</i> .....	76
<i>bupropion hcl 75 mg tab</i> .....	23	<i>calcium acetate</i> .....	60
<i>bupropion hcl er (smoking det)</i> .....	15	<i>calcium acetate (phos binder)</i> .....	60
<i>bupropion hcl er (sr) 100 mg tab er 12h</i> .....	23	CALCIUM GLUCONATE .....	60
<i>bupropion hcl er (sr) 150 mg tab er 12h, 200 mg tab er 12h</i> .....	24	CALQUENCE .....	29
<i>bupropion hcl er (xl) 150 mg tab er 24h</i> .....	24	<i>camila</i> .....	68
<i>bupropion hcl er (xl) 300 mg tab er 24h, 450 mg tab er 24h</i> .....	24	<i>camrese</i> .....	68
<i>bupropion hcl er (xl) 300 mg tab er 24h, 450 mg tab er 24h</i> .....	24	<i>camrese lo</i> .....	68
<i>bupropion hcl</i> .....	42	<i>candesartan cilexetil</i> .....	49
<i>busulfan</i> .....	29	<i>candesartan cilexetil-hctz</i> .....	49
<i>butalbital-acetaminophen 50-300 mg cap, 50-300 mg tab, 50-325 mg tab</i> .....	54	CAPASTAT SULFATE .....	28
<i>butalbital-apap-caff-cod</i> .....	12	CAPEX .....	57
<i>butalbital-apap-caffeine</i> .....	54	CAPLYTA .....	37
<i>butalbital-asa-caff-codeine</i> .....	12	CAPRELSA 100 MG TAB .....	29
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i> ...	12	CAPRELSA 300 MG TAB .....	29
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB .....	12	<i>captopril</i> .....	49
<i>butorphanol tartrate 1 mg/ml solution</i> .....	12	CARAFATE 1 GM TAB, 1 GM/10ML SUSPENSION .....	63
<i>butorphanol tartrate 10 mg/ml solution</i> .....	12	CARBAGLU .....	60
<i>butorphanol tartrate 2 mg/ml solution</i> .....	12	<i>carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab</i> .....	20
BUTRANS 5 MCG/HR PATCH WK .....	12	<i>carbamazepine er</i> .....	20
BUTRANS 7.5 MCG/HR PATCH WK .....	12	CARBATROL 100 MG CAP ER 12H, 200 MG CAP ER 12H .....	20
BYDUREON .....	44	<i>carbidopa</i> .....	36
BYDUREON BCISE .....	44	<i>carbidopa-levodopa 10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp</i> .....	36
BYETTA 10 MCG PEN .....	44	<i>carbidopa-levodopa er</i> .....	36
BYETTA 5 MCG PEN .....	44	<i>carbidopa-levodopa-entacapone</i> .....	36
BYSTOLIC .....	49	<i>carbinoxamine maleate 4 mg tab, 4 mg/5ml solution, 6 mg tab</i> .....	80
CABENUVA 400 & 600 MG/2ML SUSP .....	39	<i>carboplatin</i> .....	29
CABENUVA 600 & 900 MG/3ML SUSP .....	39	CARDIZEM .....	49
<i>cabergoline</i> .....	72	CARDIZEM CD 180 MG CAP ER 24H .....	49
CABOMETYX .....	29	CARDIZEM LA 360 MG TAB ER 24H, 420 MG TAB ER 24H .....	49
CADUET 5-10 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB .....	49	CARDURA 1 MG TAB, 8 MG TAB .....	49
CALAN SR 120 MG TAB ER .....	49	CARDURA XL .....	65
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i> .....	57	<i>carisoprodol</i> .....	83
<i>calcipotriene 0.005 % solution</i> .....	57	<i>carmustine</i> .....	29
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i> .....	57	CARNITOR 1 GM/10ML SOLUTION, 330 MG TAB .....	60
<i>calcitonin (salmon) 200 unit/act solution</i> .....	76	CARNITOR SF .....	60
<i>calcitonin (salmon) 200 unit/ml solution</i> .....	76	<i>carteolol hcl</i> .....	78
<i>calcitrene</i> .....	57	<i>cartia xt</i> .....	49
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution</i> .....	76	<i>carvedilol</i> .....	49
<i>calcitriol 3 mcg/gm ointment</i> .....	57	<i>carvedilol phosphate er</i> .....	49

CATAPRES-TTS-1 .....	49	<i>celecoxib</i> .....	12
CATAPRES-TTS-3 .....	49	CELONTIN .....	20
CAYSTON .....	80	<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab</i> .....	17
<i>caziant</i> .....	68	<i>cephalexin 250 mg/5ml recon susp, 750 mg cap</i> .....	17
<i>cefaclor 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap</i> .....	16	CEQUR SIMPLICITY 2U .....	77
CEFACLOR ER .....	16	CEQUR SIMPLICITY INSERTER .....	77
<i>cefadroxil 1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp</i> .....	16	CERDELGA .....	64
<i>cefazolin sodium 1 gm recon soln, 10 gm recon soln, 500 mg recon soln</i> .....	16	CEREZYME .....	64
CEFAZOLIN SODIUM 100 GM RECON SOLN, 300 GM RECON SOLN .....	16	<i>cetirizine hcl</i> .....	80
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION .....	16	CETRAXAL .....	79
<i>cefdinir 125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap</i> .....	16	<i>cevimeline hcl</i> .....	56
<i>cefepime hcl 1 gm recon soln, 2 gm recon soln</i> .....	16	CHANTIX 0.5 MG TAB .....	15
CEFEPIME HCL 1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION, 100 GM RECON SOLN .....	17	CHANTIX 1 MG TAB .....	15
<i>cefixime 100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap</i> .....	17	CHANTIX CONTINUING MONTH PAK .....	15
<i>cefotetan disodium</i> .....	17	CHANTIX STARTING MONTH PAK .....	15
<i>cefoxitin sodium</i> .....	17	<i>charlotte 24 fe</i> .....	68
CEFOXITIN SODIUM-DEXTROSE .....	17	<i>chateal</i> .....	68
<i>cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab</i> .....	17	<i>chateal eq</i> .....	68
<i>cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i> .....	17	CHEMET .....	60
<i>ceftazidime</i> .....	17	<i>chloramphenicol sod succinate</i> .....	17
CEFTAZIDIME AND DEXTROSE .....	17	<i>chlordiazepoxide hcl</i> .....	42
<i>ceftriaxone sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln</i> .....	17	<i>chlordiazepoxide-amitriptyline</i> .....	24
CEFTRIAZONE SODIUM 100 GM RECON SOLN ...	17	<i>chlordiazepoxide-clidinium</i> .....	63
<i>ceftriaxone sodium for inj 1 gm</i> .....	17	<i>chlorhexidine gluconate</i> .....	56
<i>ceftriaxone sodium for inj 2 gm</i> .....	17	<i>chloroquine phosphate</i> .....	35
<i>ceftriaxone sodium in dextrose</i> .....	17	<i>chlorothiazide sodium</i> .....	49
CEFTRIAZONE SODIUM-DEXTROSE .....	17	<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i> .....	37
<i>cefuroxime axetil 250 mg tab</i> .....	17	<i>chlorpromazine hcl 25 mg/ml solution, 50 mg/2ml solution</i> .....	37
<i>cefuroxime axetil 500 mg tab</i> .....	17	CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC .....	37
<i>cefuroxime sodium</i> .....	17	<i>chlorthalidone</i> .....	49
CELEBREX .....	12	<i>chlorzoxazone 500 mg tab</i> .....	83
		<i>cholestyramine 4 gm packet, 4 gm/dose powder</i> .....	49
		<i>cholestyramine light 4 gm packet, 4 gm/dose powder</i> .....	49
		CIALIS .....	65
		<i>ciclodan 8% solution</i> .....	57
		<i>ciclopirox 0.77 % gel, 1 % shampoo, 8 % solution</i> .....	57
		<i>ciclopirox olamine 0.77 % cream</i> .....	26
		<i>ciclopirox olamine 0.77 % suspension</i> .....	26
		<i>cidofovir</i> .....	39
		<i>cilostazol</i> .....	47

CILOXAN 0.3 % SOLUTION	17	<i>clindamycin phosphate 1 % foam</i>	57
CIMDUO	39	<i>clindamycin phosphate 1 % gel</i>	57
<i>cimetidine</i>	63	<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	57
<i>cimetidine hcl</i>	63	<i>clindamycin phosphate 1 % swab, 2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 9000 mg/60ml solution</i>	17
<i>cinacalcet hcl 30 mg tab</i>	76	<i>clindamycin phosphate in d5w</i>	17
<i>cinacalcet hcl 60 mg tab</i>	76	<i>clindamycin-tretinoin</i>	57
<i>cinacalcet hcl 90 mg tab</i>	76	CLINIMIX E/DEXTROSE (2.75/5)	60
CINRYZE	73	CLINIMIX E/DEXTROSE (4.25/10)	60
CIPRO 250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP	17	CLINIMIX E/DEXTROSE (4.25/5)	60
CIPRO HC	79	CLINIMIX E/DEXTROSE (5/15)	60
CIPRODEX	79	CLINIMIX E/DEXTROSE (5/20)	60
<i>ciprofloxacin hcl 0.2 % solution</i>	79	CLINIMIX E/DEXTROSE (8/10)	60
<i>ciprofloxacin hcl 0.3 % solution, 100 mg tab, 750 mg tab</i>	17	CLINIMIX E/DEXTROSE (8/14)	60
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab</i>	17	CLINIMIX/DEXTROSE (4.25/10)	60
<i>ciprofloxacin in d5w</i>	17	CLINIMIX/DEXTROSE (4.25/5)	60
<i>ciprofloxacin-dexamethasone</i>	79	CLINIMIX/DEXTROSE (5/15)	60
<i>cisplatin</i>	29	CLINIMIX/DEXTROSE (5/20)	60
<i>citalopram hydrobromide 10 mg tab</i>	24	CLINIMIX/DEXTROSE (6/5)	60
<i>citalopram hydrobromide 10 mg/5ml solution</i>	24	CLINIMIX/DEXTROSE (8/10)	60
<i>citalopram hydrobromide 20 mg tab</i>	24	CLINIMIX/DEXTROSE (8/14)	60
<i>citalopram hydrobromide 40 mg tab</i>	24	<i>clinisol sf</i>	60
<i>cladribine</i>	29	CLINOLIPID	60
<i>claravis</i>	57	<i>clobazam 10 mg tab</i>	20
CLARINEX	80	<i>clobazam 2.5 mg/ml suspension</i>	20
<i>clarithromycin 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i>	17	<i>clobazam 20 mg tab</i>	20
<i>clarithromycin er</i>	17	<i>clobetasol prop emollient base</i>	57
<i>clemastine fumarate 2.68 mg tab</i>	80	<i>clobetasol propionate 0.05 % cream, 0.05 % ointment</i>	57
CLENPIQ	63	<i>clobetasol propionate 0.05 % foam</i>	57
CLEOCIN 2 % CREAM, 75 MG CAP, 75 MG/5ML RECON SOLN, 100 MG SUPPOS, 300 MG CAP	17	<i>clobetasol propionate 0.05 % gel</i>	57
CLEOCIN PHOSPHATE 900 MG/6ML SOLUTION	17	<i>clobetasol propionate 0.05 % liquid, 0.05 % lotion, 0.05 % shampoo</i>	57
CLEOCIN-T 1 % GEL	57	<i>clobetasol propionate 0.05 % solution</i>	57
CLEOCIN-T 1 % LOTION	57	<i>clobetasol propionate e</i>	66
CLIMARA	68	<i>clobetasol propionate emulsion</i>	57
CLIMARA PRO	68	<i>clocortolone pivalate</i>	66
<i>clindacin etz</i>	17	<i>clodan</i>	57
<i>clindacin-p</i>	17	CLODERM	66
CLINDAGEL	57	<i>clofarabine</i>	29
<i>clindamycin hcl</i>	17	<i>clomipramine hcl</i>	24
<i>clindamycin palmitate hcl</i>	17	<i>clonazepam 0.125 mg tab disp</i>	43
<i>clindamycin phos-benzoyl perox 1-5 % gel, 1.2-5 % gel</i>	57	<i>clonazepam 0.25 mg tab disp</i>	43
		<i>clonazepam 0.5 mg tab, 0.5 mg tab disp</i>	43
		<i>clonazepam 1 mg tab, 1 mg tab disp</i>	43

<i>clonazepam 2 mg tab, 2 mg tab disp</i> .....	43	COPAXONE 40 MG/ML SOLN PRSYR .....	54
<i>clonidine</i> .....	49	COPIKTRA .....	29
<i>clonidine hcl</i> .....	49	CORDRAN 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT .....	57
<i>clopidogrel bisulfate 300 mg tab</i> .....	47	CORDRAN 4 MCG/SQCM TAPE .....	57
<i>clopidogrel bisulfate 75 mg tab</i> .....	47	CORGARD .....	49
<i>clorazepate dipotassium</i> .....	43	CORLANOR 5 MG TAB, 7.5 MG TAB .....	49
<i>clotrimazole 1 % cream, 1 % solution</i> .....	26	CORLANOR 5 MG/5ML SOLUTION .....	49
<i>clotrimazole 10 mg troche</i> .....	26	CORTEF 20 MG TAB .....	75
<i>clotrimazole-betamethasone 1-0.05 % cream</i> ...	57	CORTIFOAM .....	75
<i>clotrimazole-betamethasone 1-0.05 % lotion</i> ...	57	<i>cortisone acetate</i> .....	66
<i>clovique</i> .....	60	CORTISPORIN 1 % OINTMENT .....	57
<i>clozapine 100 mg tab, 100 mg tab disp</i> .....	37	CORTISPORIN 3.5-10000-0.5 CREAM .....	78
<i>clozapine 12.5 mg tab disp</i> .....	37	CORTISPORIN-TC .....	79
<i>clozapine 150 mg tab disp</i> .....	37	COSENTYX (300 MG DOSE) .....	73
<i>clozapine 200 mg tab</i> .....	37	COSENTYX 150 MG/ML SOLN PRSYR .....	73
<i>clozapine 200 mg tab disp</i> .....	37	COSENTYX 75 MG/0.5ML SOLN PRSYR .....	73
<i>clozapine 25 mg tab, 25 mg tab disp</i> .....	37	COSENTYX SENSOREADY (300 MG) .....	73
<i>clozapine 50 mg tab</i> .....	37	COSENTYX SENSOREADY PEN .....	73
COARTEM .....	35	COSOPT .....	78
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i> .....	12	COSOPT PF .....	78
<i>colchicine</i> .....	27	COTELLIC .....	29
<i>colchicine-probenecid</i> .....	27	COZAAR .....	49
COLCRYS .....	27	CREON .....	64
<i>colesevelam hcl</i> .....	49	CRESTOR .....	49
COLESTID 1 GM TAB, 5 GM GRANULES, 5 GM PACKET .....	49	CRINONE .....	68
COLESTID FLAVORED 5 GM GRANULES, 5 GM PACKET .....	49	CRIXIVAN 200 MG CAP .....	39
<i>colestipol hcl 1 gm tab, 5 gm granules, 5 gm packet</i> .....	49	CRIXIVAN 400 MG CAP .....	39
<i>colistimethate sodium (cba)</i> .....	17	<i>cromolyn sodium 100 mg/5ml conc</i> .....	64
COMBIGAN .....	78	<i>cromolyn sodium 20 mg/2ml nebu soln</i> .....	80
COMBIPATCH .....	68	<i>cromolyn sodium 4 % solution</i> .....	78
COMBIVENT RESPIMAT .....	80	<i>crotan</i> .....	58
COMBIVIR .....	39	<i>cryselle-28</i> .....	68
COMETRIQ (100 MG DAILY DOSE) .....	29	CUBICIN .....	18
COMETRIQ (140 MG DAILY DOSE) .....	29	CUBICIN RF .....	18
COMETRIQ (60 MG DAILY DOSE) .....	29	CUTIVATE .....	58
COMPLERA .....	39	<i>cyclafem 1/35</i> .....	68
<i>compro</i> .....	25	<i>cyclafem 7/7/7</i> .....	68
COMTAN .....	36	<i>cyclobenzaprine hcl</i> .....	83
CONCERTA 27 MG TAB ER .....	54	<i>cyclopentolate hcl 1 % solution</i> .....	78
CONDYLOX .....	57	CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 500 MG/2.5ML SOLUTION .....	29
<i>constulose</i> .....	63	<i>cyclophosphamide 25 mg cap, 50 mg cap</i> .....	30
CONZIP .....	12	CYCLOSET .....	44
COPAXONE 20 MG/ML SOLN PRSYR .....	54	<i>cyclosporine 25 mg cap, 50 mg/ml solution, 100 mg cap</i> .....	73
		<i>cyclosporine modified 25 mg cap, 50 mg cap, 100</i>	



<i>mg cap, 100 mg/ml solution</i> .....	73	DELESTROGEN .....	68
CYMBALTA 20 MG CP DR PART .....	54	DELSTRIGO .....	39
CYMBALTA 30 MG CP DR PART .....	54	<i>delyla</i> .....	68
CYMBALTA 60 MG CP DR PART .....	54	DELZICOL .....	75
<i>cyproheptadine hcl 2 mg/5ml syrup</i> .....	80	<i>demeclocycline hcl</i> .....	18
<i>cyproheptadine hcl 4 mg tab</i> .....	80	DEMEROL 25 MG/ML SOLUTION, 50 MG/ML SOLUTION .....	12
CYRAMZA .....	30	DEMSEER .....	50
<i>cyred</i> .....	68	DENAVIR .....	58
<i>cyred eq</i> .....	68	<i>denta 5000 plus</i> .....	56
CYSTADANE .....	64	<i>dentagel</i> .....	56
CYSTAGON .....	64	DEPAKOTE .....	21
CYSTARAN .....	64	DEPAKOTE ER .....	21
<i>cytarabine</i> .....	30	DEPAKOTE SPRINKLES .....	21
<i>cytarabine (pf)</i> .....	30	DEPEN TITRATABS .....	65
CYTOMEL .....	72	DEPO-ESTRADIOL .....	68
CYTOTEC .....	67	DEPO-PROVERA 150 MG/ML SUSPENSION .....	68
<i>dacarbazine</i> .....	30	DEPO-SUBQ PROVERA 104 .....	68
<i>dactinomycin</i> .....	30	DEPO-TESTOSTERONE .....	68
<i>dalfampridine er</i> .....	54	DERMA-SMOOTH/FS BODY .....	58
DALIRESP .....	80	DERMA-SMOOTH/FS SCALP .....	58
<i>danazol</i> .....	68	DESCOVY .....	39
DANTRIUM .....	39	<i>desipramine hcl</i> .....	24
<i>dantrolene sodium</i> .....	39	<i>desloratadine</i> .....	80
<i>dapsone 25 mg tab, 100 mg tab</i> .....	28	<i>desmopressin ace spray refrig</i> .....	67
<i>dapsone 5 % gel, 7.5 % gel</i> .....	58	<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution</i> .....	67
DAPTACEL .....	73	<i>desmopressin acetate pf</i> .....	67
DAPTOMYCIN , 350 MG RECON SOLN .....	18	<i>desmopressin acetate spray</i> .....	67
DAPTOMYCIN 500 MG RECON SOLN .....	18	<i>desogestrel-ethinyl estradiol</i> .....	68
<i>darifenacin hydrobromide er</i> .....	65	<i>desonide 0.05 % cream, 0.05 % ointment</i> .....	58
DARZALEX .....	30	<i>desonide 0.05 % lotion</i> .....	66
DARZALEX FASPRO .....	30	DESOWEN .....	58
<i>dasetta 1/35</i> .....	68	<i>desoximetasone 0.05 % cream, 0.25 % cream</i> .....	58
<i>dasetta 7/7/7</i> .....	68	<i>desoximetasone 0.05 % gel, 0.05 % ointment, 0.25 % ointment</i> .....	58
<i>daunorubicin hcl 20 mg/4ml solution, 50 mg/10ml solution</i> .....	30	DESVENLAFAXINE ER .....	24
DAURISMO 100 MG TAB .....	30	<i>desvenlafaxine succinate er</i> .....	24
DAURISMO 25 MG TAB .....	30	DETROL 1 MG TAB .....	65
DAYPRO .....	12	DETROL LA 2 MG CAP ER 24H .....	65
<i>daysee</i> .....	68	<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i> .....	66
DDAVP 0.1 MG TAB, 0.2 MG TAB .....	67	<i>dexamethasone 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 2 mg tab, 4 mg tab, 6 mg tab</i> .....	66
<i>deblitane</i> .....	68	DEXAMETHASONE INTENSOL .....	66
<i>decadron 0.5 mg tab, 0.75 mg tab</i> .....	66		
<i>decadron 4 mg tab, 6 mg tab</i> .....	66		
<i>decitabine</i> .....	30		
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i> .....	60		
<i>deferiprone</i> .....	60		



dexamethasone sod phosphate pf 10 mg/ml solution	66	DICLEGIS	25
dexamethasone sodium phosphate 0.1 % solution	78	diclofenac potassium 50 mg tab	12
dexamethasone sodium phosphate 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution	66	diclofenac sodium 0.1 % solution	78
DEXILANT	63	diclofenac sodium 1 % gel	12
dexmethylphenidate hcl	54	diclofenac sodium 1.5 % solution	12
dexmethylphenidate hcl er 25 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h	54	diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	12
dexpak 10 day	66	diclofenac sodium 3 % gel	58
dexpak 13 day	66	diclofenac sodium er	12
dexpak 6 day	66	diclofenac-misoprostol	12
dexrazoxane hcl	30	dicloxacillin sodium	18
dextroamphetamine sulfate 10 mg tab	54	dicyclomine hcl 10 mg cap	63
dextroamphetamine sulfate 5 mg tab	54	dicyclomine hcl 10 mg/5ml solution, 20 mg tab	63
dextroamphetamine sulfate 5 mg/5ml solution	54	DIFFERIN 0.1 % CREAM, 0.3 % GEL	58
dextroamphetamine sulfate er 15 mg cap er 24h	54	DIFICID 40 MG/ML RECON SUSP, 200 MG TAB	18
dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h	54	diflorasone diacetate	58
dextrose 250 mg/ml solution	60	DIFLUCAN 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB	26
dextrose 5 % solution, 10 % solution, 50 % solution, 70 % solution	60	diflunisal	12
DEXTROSE 5%/ELECTROLYTE #48	60	digitek 125 mcg tab	50
dextrose in lactated ringers	60	digitek 250 mcg tab	50
DEXTROSE-NACL 10-0.2 % SOLUTION	61	digox 125 mcg tab	50
dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution	61	digox 250 mcg tab	50
dextrose-sodium chloride 5-0.3 % solution, 5-0.45 % solution, 5-0.9 % solution	61	digoxin 0.05 mg/ml solution, 125 mcg tab	50
DIACOMIT 250 MG CAP, 250 MG PACKET	21	digoxin 250 mcg tab	50
DIACOMIT 500 MG CAP, 500 MG PACKET	21	dihydroergotamine mesylate 1 mg/ml solution	27
DIASTAT ACUDIAL	21	dihydroergotamine mesylate 4 mg/ml solution	27
DIASTAT PEDIATRIC	21	DILANTIN 30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION	21
diazepam 10 mg tab	43	DILANTIN INFATABS	21
diazepam 2 mg tab	43	DILAUDID 1 MG/ML LIQUID	12
diazepam 2.5 mg gel, 10 mg gel, 20 mg gel	21	DILAUDID 2 MG TAB, 4 MG TAB	12
diazepam 5 mg tab, 5 mg/ml conc	43	dilt-xr	50
diazepam 5 mg/5ml solution	43	DILTIAZEM HCL 100 MG RECON SOLN	50
diazepam 5 mg/ml solution	43	diltiazem hcl 25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution	50
diazepam intensol	43	diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab	50
diazoxide	44	diltiazem hcl er	50
DIBENZYLINE	50	diltiazem hcl er beads	50
		diltiazem hcl er coated beads	50
		DIOVAN	50
		DIOVAN HCT	50
		DIPENTUM	75
		diphenhydramine hcl 50 mg/ml solution	80

<i>diphenoxylate-atropine 2.5-0.025 mg tab</i> .....	63	DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR .....	54
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i> .....	63	DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR .....	54
DIPHThERIA-TETANUS TOXOIDS DT .....	73	<i>dronabinol</i> .....	26
DIPROLENE .....	58	<i>drospiren-eth estrad-levomefol</i> .....	68
<i>dipyridamole</i> .....	47	<i>drospirenone-ethinyl estradiol</i> .....	68
<i>disopyramide phosphate</i> .....	50	DROXIA .....	30
<i>disulfiram</i> .....	15	<i>droxidopa 100 mg cap</i> .....	50
DITROPAN XL 10 MG TAB ER 24H .....	65	<i>droxidopa 200 mg cap, 300 mg cap</i> .....	50
DITROPAN XL 5 MG TAB ER 24H .....	65	DUAVEE .....	68
<i>divalproex sodium</i> .....	21	DUETACT .....	44
<i>divalproex sodium er</i> .....	21	DULERA .....	80
DIVIGEL 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL .....	68	<i>duloxetine hcl 20 mg cp dr part</i> .....	54
<i>docetaxel 160 mg/16ml solution</i> .....	30	<i>duloxetine hcl 30 mg cp dr part</i> .....	54
<i>docetaxel 20 mg/2ml solution, 20 mg/ml conc, 80 mg/8ml solution, 160 mg/8ml conc</i> .....	30	<i>duloxetine hcl 40 mg cp dr part</i> .....	54
DOCETAXEL 80 MG/4ML CONC .....	30	<i>duloxetine hcl 60 mg cp dr part</i> .....	54
<i>dofetilide</i> .....	50	DUPIXENT 200 MG/1.14ML SOLN PEN .....	73
<i>dolishale</i> .....	68	DUPIXENT 200 MG/1.14ML SOLN PRSYR .....	73
<i>donepezil hcl 23 mg tab</i> .....	23	DUPIXENT 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR .....	73
<i>donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp</i> .....	23	<i>duramorph</i> .....	12
<i>dorzolamide hcl</i> .....	78	DUREZOL .....	78
<i>dorzolamide hcl-timolol mal</i> .....	78	<i>dutasteride</i> .....	65
<i>dorzolamide hcl-timolol mal pf</i> .....	78	<i>dutasteride-tamsulosin hcl</i> .....	65
<i>dotti</i> .....	68	DYMISTA .....	80
DOVATO .....	39	DYRENIUM .....	50
DOVONEX .....	58	DYSPORT .....	83
<i>doxazosin mesylate</i> .....	50	<i>e.e.s. 400</i> .....	18
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i> .....	24	E.E.S. GRANULES .....	18
<i>doxepin hcl 3 mg tab, 6 mg tab</i> .....	83	<i>ec-naproxen</i> .....	12
<i>doxepin hcl 5 % cream</i> .....	58	<i>econazole nitrate</i> .....	26
<i>doxercalciferol 0.5 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution</i> .....	76	EDARBI .....	50
<i>doxorubicin hcl 10 mg recon soln</i> .....	30	EDARBYCLOR .....	50
<i>doxorubicin hcl 2 mg/ml solution</i> .....	30	EDURANT .....	39
<i>doxorubicin hcl liposomal</i> .....	30	<i>efavirenz 200 mg cap</i> .....	39
<i>doxy 100</i> .....	18	<i>efavirenz 50 mg cap</i> .....	39
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 50 mg tab dr, 75 mg tab dr, 100 mg cap, 100 mg recon soln, 100 mg tab</i> .....	18	<i>efavirenz 600 mg tab</i> .....	39
<i>doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab</i> .....	18	<i>efavirenz-emtricitab-tenofovir</i> .....	39
		<i>efavirenz-lamivudine-tenofovir</i> .....	39
		<i>effer-k 25 meq effer tab</i> .....	61
		EFFIENT 5 MG TAB .....	47
		EGRIFTA SV .....	67
		ELAPRASE .....	64
		<i>eletriptan hydrobromide</i> .....	27
		ELIDEL .....	58
		ELIGARD 30 MG KIT, 45 MG KIT .....	72

ELIGARD 7.5 MG KIT, 22.5 MG KIT	72	<i>enulose</i>	63
<i>elinest</i>	68	ENVARUSUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER 24H	73
ELIQUIS	47	ENVARUSUS XR 4 MG TAB ER 24H	73
ELIQUIS DVT/PE STARTER PACK	47	EPCLUSA	40
ELITEK	30	EPIDIOLEX	21
ELIXOPHYLLIN	80	EPIDUO	58
ELLA	68	<i>epinastine hcl</i>	78
ELMIRON	65	<i>epinephrine (anaphylaxis)</i>	80
<i>eluryng</i>	68	<i>epinephrine 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj</i>	80
EMCYT	30	EPIPEN JR 2-PAK	80
EMEND 125 MG/5ML RECON SUSP	26	<i>epirubicin hcl</i>	30
EMEND 80 MG CAP	26	<i>epitol</i>	21
EMEND TRI-PACK	26	EPIVIR 10 MG/ML SOLUTION	40
EMGALITY	27	EPIVIR 150 MG TAB	40
EMGALITY (300 MG DOSE)	27	EPIVIR 300 MG TAB	40
<i>emoquette</i>	68	EPIVIR HBV 100 MG TAB	40
EMPLICITI	30	EPIVIR HBV 5 MG/ML SOLUTION	40
EMSAM	24	<i>eplerenone</i>	50
<i>emtricitabine</i>	39	EPOGEN	47
<i>emtricitabine-tenofovir df</i>	39	EPZICOM	40
EMTRIVA 10 MG/ML SOLUTION	39	EQUETRO 100 MG CAP ER 12H	43
EMTRIVA 200 MG CAP	40	EQUETRO 200 MG CAP ER 12H	43
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	50	EQUETRO 300 MG CAP ER 12H	43
<i>enalapril-hydrochlorothiazide</i>	50	ERBITUX	30
ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR	73	<i>ergoloid mesylates</i>	23
ENBREL 25 MG/0.5ML SOLN PRSYR	73	ERGOMAR	27
ENBREL 25 MG/0.5ML SOLUTION	73	<i>ergotamine-caffeine</i>	27
ENBREL MINI	73	ERIVEDGE	30
ENBREL SURECLICK	73	ERLEADA	30
<i>endocet</i>	12	<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	30
ENGERIX-B	73	<i>erlotinib hcl 25 mg tab</i>	30
ENHERTU	30	<i>errin</i>	68
<i>enoxaparin sodium 100 mg/ml solution, 150 mg/ml solution</i>	47	<i>ertapenem sodium</i>	18
<i>enoxaparin sodium 30 mg/0.3ml solution</i>	47	<i>ery</i>	58
<i>enoxaparin sodium 300 mg/3ml solution</i>	47	<i>ery-tab</i>	18
<i>enoxaparin sodium 40 mg/0.4ml solution</i>	47	ERYGEL	58
<i>enoxaparin sodium 60 mg/0.6ml solution</i>	47	ERYPED 200	18
<i>enoxaparin sodium 80 mg/0.8ml solution, 120 mg/0.8ml solution</i>	47	ERYPED 400	18
<i>enpresse-28</i>	68	ERYTHROCIN LACTOBIONATE	18
<i>enskyce</i>	68	<i>erythrocine stearate</i>	18
<i>entacapone</i>	36	<i>erythromycin 2 % gel, 2 % pad, 2 % solution</i>	58
<i>entecavir</i>	40	<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	18
ENTRESTO	50	<i>erythromycin 5 mg/gm ointment</i>	78
		<i>erythromycin base</i>	18

<i>erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp</i> . . .	18	<i>everolimus 0.5 mg tab, 0.75 mg tab</i> . . . . .	73
<i>erythromycin stearate</i> . . . . .	18	<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i> . . .	30
ESBRIET 267 MG CAP, 267 MG TAB . . . . .	80	EVISTA . . . . .	69
ESBRIET 801 MG TAB . . . . .	80	EVOCLIN . . . . .	58
<i>escitalopram oxalate 10 mg tab</i> . . . . .	24	EVOMELA . . . . .	30
<i>escitalopram oxalate 20 mg tab</i> . . . . .	24	EVOTAZ . . . . .	40
<i>escitalopram oxalate 5 mg tab</i> . . . . .	24	<i>exemestane</i> . . . . .	30
<i>escitalopram oxalate 5 mg/5ml solution</i> . . . . .	24	EXFORGE . . . . .	50
<i>esgic 50-325-40 mg cap</i> . . . . .	54	EXFORGE HCT . . . . .	50
ESGIC 50-325-40 MG TAB . . . . .	54	EXJADE . . . . .	61
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i> . . . . .	63	EXTINA . . . . .	26
<i>esomeprazole sodium</i> . . . . .	63	<i>ezetimibe</i> . . . . .	50
<i>estarylla</i> . . . . .	68	<i>ezetimibe-simvastatin</i> . . . . .	50
<i>estazolam</i> . . . . .	83	FABRAZYME . . . . .	64
ESTRACE 0.1 MG/GM CREAM . . . . .	68	<i>falmina</i> . . . . .	69
ESTRACE 0.5 MG TAB, 1 MG TAB, 2 MG TAB . . . . .	68	<i>famciclovir 125 mg tab, 250 mg tab</i> . . . . .	40
<i>estradiol 0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i> . . . . .	68	<i>famciclovir 500 mg tab</i> . . . . .	40
<i>estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk</i> . . . . .	68	<i>famotidine 20 mg tab, 40 mg tab</i> . . . . .	63
<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i> . . . . .	68	<i>famotidine 20 mg/2ml solution, 40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution</i> . . . . .	63
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i> . . . . .	69	<i>famotidine premixed</i> . . . . .	63
<i>estradiol valerate</i> . . . . .	69	FANAPT 1 MG TAB . . . . .	37
<i>estradiol-norethindrone acet</i> . . . . .	69	FANAPT 10 MG TAB, 12 MG TAB . . . . .	37
ESTRING . . . . .	69	FANAPT 2 MG TAB . . . . .	37
<i>eszopiclone</i> . . . . .	83	FANAPT 4 MG TAB . . . . .	37
<i>ethambutol hcl</i> . . . . .	28	FANAPT 6 MG TAB . . . . .	37
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i> . . . . .	21	FANAPT 8 MG TAB . . . . .	37
<i>ethynodiol diac-eth estradiol</i> . . . . .	69	FANAPT TITRATION PACK . . . . .	37
<i>etodolac</i> . . . . .	12	FARESTON . . . . .	30
<i>etodolac er</i> . . . . .	12	FARXIGA . . . . .	44
<i>etonogestrel-ethinyl estradiol</i> . . . . .	69	FARYDAK 10 MG CAP . . . . .	30
ETOPOPHOS . . . . .	30	FARYDAK 15 MG CAP, 20 MG CAP . . . . .	30
<i>etoposide</i> . . . . .	30	FASENRA . . . . .	81
<i>etravirine 100 mg tab</i> . . . . .	40	FASENRA PEN . . . . .	81
<i>etravirine 200 mg tab</i> . . . . .	40	<i>fayosim</i> . . . . .	69
<i>euthyrox</i> . . . . .	72	<i>febuxostat</i> . . . . .	27
EVAMIST . . . . .	69	<i>felbamate 400 mg tab, 600 mg tab, 600 mg/5ml suspension</i> . . . . .	21
EVEKEO 10 MG TAB . . . . .	54	FELBATOL 400 MG TAB, 600 MG TAB . . . . .	21
EVEKEO 5 MG TAB . . . . .	54	FELBATOL 600 MG/5ML SUSPENSION . . . . .	21
<i>everolimus 0.25 mg tab</i> . . . . .	73	FELDENE . . . . .	12
		<i>felodipine er</i> . . . . .	50
		FEMRING . . . . .	69
		<i>femynor</i> . . . . .	69
		<i>fenofibrate 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap,</i>	



160 mg tab, 200 mg cap	50	fludarabine phosphate 50 mg recon soln	30
fenofibrate micronized	50	fludarabine phosphate 50 mg/2ml solution	30
fenofibric acid	50	fludrocortisone acetate	66
FENOGLIDE 40 MG TAB	50	flunisolide	81
fenopropfen calcium 600 mg tab	12	fluocinolone acetonide 0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment	58
fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr	12	fluocinolone acetonide 0.01 % oil	79
fentanyl citrate 100 mcg tab, 200 mcg tab, 400 mcg loz handle, 400 mcg tab, 600 mcg loz handle, 600 mcg tab, 800 mcg loz handle, 800 mcg tab, 1200 mcg loz handle, 1600 mcg loz handle	12	fluocinolone acetonide body	58
fentanyl citrate 200 mcg loz handle	13	fluocinolone acetonide scalp	58
FENTORA	13	fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution	58
FERRIPROX 100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB	61	fluocinonide 0.1 % cream	58
FERRIPROX TWICE-A-DAY	61	fluocinonide emulsified base	58
FETZIMA	24	fluorometholone	78
FETZIMA TITRATION	24	fluorouracil 1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution	30
fexmid	83	fluorouracil 2 % solution, 5 % cream, 5 % solution	58
FINACEA 15 % GEL	58	fluoxetine hcl (pmdd) 10 mg tab	24
finasteride	65	fluoxetine hcl (pmdd) 20 mg tab	24
FINTEPLA	21	fluoxetine hcl 10 mg cap	24
FIRAZYR	73	fluoxetine hcl 10 mg tab	24
FIRDAPSE	54	fluoxetine hcl 20 mg cap	24
FIRMAGON	72	fluoxetine hcl 20 mg tab	24
FIRMAGON (240 MG DOSE)	72	fluoxetine hcl 20 mg/5ml solution	24
FIRVANQ	18	fluoxetine hcl 40 mg cap	24
flac	79	FLUOXETINE HCL 60 MG TAB	24
FLAGYL 375 MG CAP	18	fluoxetine hcl 90 mg cap dr	24
FLAREX	78	fluphenazine decanoate	37
flavoxate hcl	65	fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab	37
flecainide acetate	50	flurazepam hcl	83
FLECTOR	13	flurbiprofen	13
FLOVENT DISKUS 250 MCG/BLIST AER POW BA	81	flurbiprofen sodium	78
FLOVENT DISKUS 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA	81	flutamide	30
FLOVENT HFA 110 MCG/ACT AEROSOL	81	fluticasone propionate 0.005 % ointment, 0.05 % cream, 0.05 % lotion	58
FLOVENT HFA 220 MCG/ACT AEROSOL	81	fluticasone propionate 50 mcg/act suspension	81
FLOVENT HFA 44 MCG/ACT AEROSOL	81	fluticasone-salmeterol 100-50 mcg/dose aer pow ba, 250-50 mcg/dose aer pow ba, 500-50 mcg/dose aer pow ba	81
fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	26	fluticasone-salmeterol 55-14 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 232-14 mcg/act aer pow ba	81
fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution	26	fluvastatin sodium	50
flucytosine	26		



<i>fluvastatin sodium er</i> .....	50	<i>fyavolv</i> .....	69
<i>fluvoxamine maleate 100 mg tab</i> .....	24	FYCOMPA 0.5 MG/ML SUSPENSION .....	21
<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i> ....	24	FYCOMPA 2 MG TAB .....	21
<i>fluvoxamine maleate er 100 mg cap er 24h</i> ....	24	FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG	
<i>fluvoxamine maleate er 150 mg cap er 24h</i> ....	24	TAB, 12 MG TAB .....	21
FML .....	78	<i>gabapentin 100 mg cap</i> .....	21
FML FORTE .....	78	<i>gabapentin 250 mg/5ml solution, 300 mg/6ml</i>	
FOCALIN .....	54	<i>solution</i> .....	21
FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H,		<i>gabapentin 300 mg cap</i> .....	21
15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG		<i>gabapentin 400 mg cap</i> .....	21
CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER		<i>gabapentin 600 mg tab</i> .....	21
24H .....	54	<i>gabapentin 800 mg tab</i> .....	21
FOLOTYN .....	30	GABITRIL .....	21
<i>fomepizole</i> .....	77	<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12</i>	
<i>fondaparinux sodium 10 mg/0.8ml solution</i> ....	47	<i>mg tab</i> .....	23
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i> ...	47	<i>galantamine hydrobromide 4 mg/ml</i>	
<i>fondaparinux sodium 5 mg/0.4ml solution</i> .....	47	<i>solution</i> .....	23
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i> ...	47	<i>galantamine hydrobromide er</i> .....	23
<i>formoterol fumarate</i> .....	81	GAMUNEX-C .....	73
FORTEO .....	76	<i>ganciclovir sodium 500 mg recon soln</i> .....	40
FORTESTA .....	69	GARDASIL 9 .....	73
FOSAMAX .....	76	GASTROCROM .....	65
FOSAMAX PLUS D .....	76	<i>gatifloxacin</i> .....	78
<i>fosamprenavir calcium</i> .....	40	GATTEX .....	63
<i>fosfomycin tromethamine</i> .....	18	GAUZE STERILE PADS 2 .....	77
<i>fosinopril sodium</i> .....	50	<i>gavilyte-c</i> .....	63
<i>fosinopril sodium-hctz</i> .....	50	<i>gavilyte-g</i> .....	63
<i>fosphenytoin sodium</i> .....	21	<i>gavilyte-n with flavor pack</i> .....	63
FOSRENOL 500 MG CHEW TAB, 750 MG CHEW TAB,		GAVRETO .....	30
1000 MG CHEW TAB .....	61	GAZYVA .....	30
FOTIVDA .....	30	<i>gemcitabine hcl 1 gm recon soln, 1 gm/26.3ml</i>	
FRAGMIN 2500 UNIT/0.2ML SOLUTION, 5000		<i>solution, 2 gm recon soln, 200 mg/5.26ml</i>	
UNIT/0.2ML SOLUTION .....	47	<i>solution</i> .....	30
FRAGMIN 7500 UNIT/0.3ML SOLUTION, 10000		<i>gemcitabine hcl 1 gm/10ml solution, 2 gm/20ml</i>	
UNIT/ML SOLUTION, 12500 UNIT/0.5ML		<i>solution, 2 gm/52.6ml solution, 200 mg/2ml</i>	
SOLUTION, 15000 UNIT/0.6ML SOLUTION, 18000		<i>solution</i> .....	31
UNT/0.72ML SOLUTION, 95000 UNIT/3.8ML		<i>gemcitabine hcl 200 mg recon soln</i> .....	31
SOLUTION .....	47	<i>gemfibrozil</i> .....	50
FREAMINE HBC .....	61	GENERESS FE .....	69
FREAMINE III .....	61	<i>generlac</i> .....	63
<i>frovatriptan succinate</i> .....	28	<i>gengraf 25 mg cap, 100 mg cap, 100 mg/ml</i>	
FULPHILA .....	47	<i>solution</i> .....	73
<i>fulvestrant</i> .....	30	GENOTROPIN .....	67
<i>furosemide 10 mg/ml solution inj</i> .....	50	GENOTROPIN MINIQUICK .....	67
<i>furosemide 10 mg/ml solution oral</i> .....	50	<i>gentak</i> .....	78
<i>furosemide 8 mg/ml solution, 20 mg tab, 40 mg</i>		<i>gentamicin in saline 0.8-0.9 mg/ml-% solution,</i>	
<i>tab, 80 mg tab</i> .....	50	<i>1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-%</i>	
FUZEON .....	40	<i>solution, 1.6-0.9 mg/ml-% solution</i> .....	18

gentamicin in saline 2-0.9 mg/ml-% solution ...	18	glydo .....	15
gentamicin sulfate 0.1 % cream, 0.1 % ointment .....	18	GLYNASE 1.5 MG TAB .....	44
gentamicin sulfate 0.3 % solution .....	78	GLYNASE 3 MG TAB .....	45
gentamicin sulfate 10 mg/ml solution, 40 mg/ml solution .....	18	GLYNASE 6 MG TAB .....	45
GENVOYA .....	40	GLYXAMBI .....	45
GEODON 20 MG RECON SOLN .....	37	GOLYTELY 227.1 GM RECON SOLN, 236 GM RECON SOLN .....	63
gianvi .....	69	granisetron hcl 1 mg tab .....	26
GILENYA .....	54	granisetron hcl 1 mg/ml solution, 4 mg/4ml solution .....	26
GILOTRIF .....	31	GRANIX .....	47
glatiramer acetate 20 mg/ml soln prsyr .....	54	griseofulvin microsize 125 mg/5ml suspension, 500 mg tab .....	27
glatiramer acetate 40 mg/ml soln prsyr .....	54	griseofulvin ultramicrosize .....	27
glatopa 20 mg/ml soln prsyr .....	54	guanfacine hcl .....	50
glatopa 40 mg/ml soln prsyr .....	55	guanfacine hcl er .....	55
glimepiride 1 mg tab .....	44	GUANIDINE HCL .....	28
glimepiride 2 mg tab .....	44	hailey 1.5/30 .....	69
glimepiride 4 mg tab .....	44	hailey 24 fe .....	69
glipizide 10 mg tab .....	44	hailey fe 1.5/30 .....	69
glipizide 5 mg tab .....	44	hailey fe 1/20 .....	69
glipizide er 10 mg tab er 24h .....	44	HALAVEN .....	31
glipizide er 2.5 mg tab er 24h .....	44	halcinonide .....	58
glipizide er 5 mg tab er 24h .....	44	halobetasol propionate 0.05 % cream, 0.05 % ointment .....	58
glipizide xl 10 mg tab er 24h .....	44	HALOG 0.1 % CREAM .....	58
glipizide xl 2.5 mg tab er 24h .....	44	HALOG 0.1 % OINTMENT .....	58
glipizide xl 5 mg tab er 24h .....	44	haloperidol .....	37
glipizide-metformin hcl 2.5-250 mg tab .....	44	haloperidol decanoate .....	37
glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab .....	44	haloperidol lactate .....	37
GLUCAGEN HYPOKIT .....	44	HARVONI .....	40
GLUCAGON EMERGENCY 1 MG KIT .....	44	HAVRIX .....	73
glucagon emergency 1 mg kit .....	44	heather .....	69
GLUCOTROL .....	44	HEMADY .....	66
GLUCOTROL XL 10 MG TAB ER 24H .....	44	HEPARIN (PORCINE) IN NAACL 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION .....	47
GLUCOTROL XL 2.5 MG TAB ER 24H .....	44	HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/250ML-% SOLUTION .....	47
GLUCOTROL XL 5 MG TAB ER 24H .....	44	heparin sod (porcine) in d5w , 100 unit/ml solution, 25000-5 ut/500ml-% solution .....	47
glyburide 1.25 mg tab .....	44	heparin sodium (porcine) 1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution .....	48
glyburide 2.5 mg tab .....	44	hepatamine .....	61
glyburide 5 mg tab .....	44	HEPSERA .....	40
glyburide micronized 1.5 mg tab .....	44	HERCEPTIN .....	31
glyburide micronized 3 mg tab .....	44	HERCEPTIN HYLECTA .....	31
glyburide micronized 6 mg tab .....	44		
glyburide-metformin 1.25-250 mg tab .....	44		
glyburide-metformin 2.5-500 mg tab, 5-500 mg tab .....	44		
glycopyrrolate 0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg tab, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution .....	63		

HETLIOZ .....	83	hydrocortisone (perianal) 1 % cream .....	58
HIBERIX .....	73	hydrocortisone (perianal) 2.5 % cream .....	58
hidex 6-day .....	66	hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment .....	58
HIPREX .....	18	hydrocortisone 2.5 % lotion .....	58
HORIZANT 300 MG TAB ER .....	55	hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema .....	75
HORIZANT 600 MG TAB ER .....	55	hydrocortisone ace-pramoxine .....	58
HUMALOG .....	45	hydrocortisone butyr lipo base .....	58
HUMALOG JUNIOR KWIKPEN .....	45	hydrocortisone butyrate 0.1 % cream, 0.1 % solution .....	58
HUMALOG KWIKPEN .....	45	hydrocortisone butyrate 0.1 % ointment .....	66
HUMALOG MIX 50/50 .....	45	hydrocortisone valerate 0.2 % cream .....	58
HUMALOG MIX 50/50 KWIKPEN .....	45	hydrocortisone valerate 0.2 % ointment .....	66
HUMALOG MIX 75/25 .....	45	hydrocortisone-acetic acid .....	79
HUMALOG MIX 75/25 KWIKPEN .....	45	hydromorphone hcl 1 mg/ml liquid .....	13
HUMATROPE .....	67	hydromorphone hcl 1 mg/ml solution, 2 mg tab, 2 mg/ml solution, 4 mg tab, 8 mg tab .....	13
HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT .....	74	hydromorphone hcl 4 mg/ml solution .....	13
HUMIRA 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT .....	74	HYDROMORPHONE HCL PF 1 MG/ML SOLUTION .....	13
HUMIRA 80 MG/0.8ML PEN KIT .....	74	hydromorphone hcl pf 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution ....	13
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT .....	74	hydromorphone hcl pf 2 mg/ml solution .....	13
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT .....	74	HYDROMORPHONE HCL PF 4 MG/ML SOLUTION .....	13
HUMIRA PEN .....	74	hydroxychloroquine sulfate 200 mg tab .....	35
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT .....	74	hydroxyprogesterone caproate 1.25 gm/5ml solution .....	69
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT .....	74	hydroxyurea .....	31
HUMIRA PEN-PS/UV/ADOL HS START .....	74	hydroxyzine hcl 10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution .....	81
HUMIRA PEN-PSOR/UEIT STARTER .....	74	hydroxyzine pamoate .....	43
HUMULIN 70/30 .....	45	hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp .....	63
HUMULIN 70/30 KWIKPEN .....	45	HYPERRAB .....	74
HUMULIN N .....	45	HYPERRAB S/D .....	74
HUMULIN N KWIKPEN .....	45	HYZAAR .....	50
HUMULIN R .....	45	ibandronate sodium 150 mg tab .....	76
HUMULIN R U-500 (CONCENTRATED) .....	45	ibandronate sodium 3 mg/3ml solution .....	76
HUMULIN R U-500 KWIKPEN .....	45	IBRANCE .....	31
hydralazine hcl 10 mg tab, 20 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab .....	50	ibu .....	13
HYDREA .....	31	ibuprofen 100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab .....	13
hydrochlorothiazide .....	50	icatibant acetate .....	74
hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution .....	13	iclevia .....	69
hydrocodone-acetaminophen 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab .....	13	ICLUSIG .....	31
hydrocodone-ibuprofen .....	13		

<i>idarubicin hcl</i> .....	31	INPEN 100-PINK-NOVO .....	77
IDHIFA 100 MG TAB .....	31	INQOVI .....	31
IDHIFA 50 MG TAB .....	31	INREBIC .....	31
IFEX 3 GM RECON SOLN .....	31	INSPRA .....	50
<i>ifosfamide 1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution</i> .....	31	INSULIN LISPRO .....	45
IFOSFAMIDE 3 GM RECON SOLN .....	31	INSULIN LISPRO (1 UNIT DIAL) .....	45
ILARIS .....	74	INSULIN LISPRO JUNIOR KWIKPEN .....	45
ILEVRO .....	78	INSULIN LISPRO PROT & LISPRO .....	45
<i>imatinib mesylate</i> .....	31	INSULIN PEN NEEDLE .....	77
IMBRUVICA 140 MG CAP, 140 MG TAB .....	31	INSULIN SYRINGE (DISP) U-100 0.3 ML .....	77
IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB .....	31	INSULIN SYRINGE (DISP) U-100 1 ML .....	77
IMFINZI .....	31	INSULIN SYRINGE (DISP) U-100 1/2 ML .....	77
<i>imipenem-cilastatin</i> .....	18	INTELENCE 100 MG TAB .....	40
<i>imipramine hcl</i> .....	24	INTELENCE 200 MG TAB .....	40
<i>imipramine pamoate 125 mg cap, 150 mg cap</i> .....	24	INTELENCE 25 MG TAB .....	40
<i>imiquimod 5 % cream</i> .....	58	INTRALIPID 20 % EMULSION .....	61
IMITREX 25 MG TAB .....	28	INTRALIPID 30 % EMULSION .....	61
IMITREX 5 MG/ACT SOLUTION .....	28	INTRAROSA .....	77
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART .....	28	INTRON A 10000000 UNIT RECON SOLN .....	74
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ .....	28	INTRON A 18000000 UNIT RECON SOLN .....	74
IMLYGIC 1000000 UNIT/ML SUSPENSION .....	31	INTRON A 6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 50000000 UNIT RECON SOLN .....	74
IMLYGIC 100000000 UNIT/ML SUSPENSION .....	31	<i>introvale</i> .....	69
IMOGAM RABIES-HT .....	74	INTUNIV .....	55
IMOVAX RABIES .....	74	INVEGA 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H .....	37
IMVEXXY MAINTENANCE PACK .....	69	INVEGA 6 MG TAB ER 24H .....	37
IMVEXXY STARTER PACK .....	69	INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR .....	37
<i>incassia</i> .....	69	INVEGA SUSTENNA 156 MG/ML SUSP PRSYR .....	37
INCRELEX .....	67	INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR .....	37
<i>indapamide</i> .....	50	INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR .....	37
<i>indomethacin</i> .....	13	INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR .....	37
<i>indomethacin er</i> .....	13	INVEGA TRINZA 273 MG/0.875ML SUSP PRSYR .....	37
INFANRIX .....	74	INVEGA TRINZA 410 MG/1.315ML SUSP PRSYR .....	37
INGREZZA 40 & 80 MG CAP THPK .....	55	INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR .....	37
INGREZZA 40 MG CAP .....	55	INVEGA TRINZA 819 MG/2.625ML SUSP PRSYR .....	37
INGREZZA 60 MG CAP, 80 MG CAP .....	55	INVELTYS .....	78
INLYTA 1 MG TAB .....	31	INVIRASE 500 MG TAB .....	40
INLYTA 5 MG TAB .....	31	INVOKAMET .....	45
INPEN 100-BLUE-LILLY .....	77	INVOKAMET XR .....	45
INPEN 100-BLUE-NOVO .....	77		
INPEN 100-GRAY-LILLY .....	77		
INPEN 100-GREY-NOVO .....	77		
INPEN 100-PINK-LILLY .....	77		

INVOKANA 100 MG TAB	45	JANUMET XR 100-1000 MG TAB ER 24H	45
INVOKANA 300 MG TAB	45	JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	45
IOPIDINE 1 % SOLUTION	78	JANUVIA 100 MG TAB	45
IPOL	74	JANUVIA 25 MG TAB	45
<i>ipratropium bromide 0.02 % solution</i>	81	JANUVIA 50 MG TAB	45
<i>ipratropium bromide 0.03 % solution, 0.06 % solution</i>	81	JARDIANCE	45
<i>ipratropium-albuterol</i>	81	<i>jasmiel</i>	69
<i>irbesartan</i>	50	JEMPERLI	31
<i>irbesartan-hydrochlorothiazide</i>	50	<i>jencycla</i>	69
IRESSA	31	JENTADUETO	45
<i>irinotecan hcl 100 mg/5ml solution</i>	31	JENTADUETO XR 2.5-1000 MG TAB ER 24H	45
<i>irinotecan hcl 40 mg/2ml solution, 300 mg/15ml solution, 500 mg/25ml solution</i>	31	JENTADUETO XR 5-1000 MG TAB ER 24H	45
<i>irrigation solutions, physiological</i>	61	JEVTANA	31
ISENTRESS 100 MG CHEW TAB	40	<i>jinteli</i>	69
ISENTRESS 100 MG PACKET	40	<i>jolessa</i>	69
ISENTRESS 25 MG CHEW TAB	40	<i>juleber</i>	69
ISENTRESS 400 MG TAB	40	JULUCA	40
ISENTRESS HD	40	<i>junel 1.5/30</i>	69
<i>isibloom</i>	69	<i>junel 1/20</i>	69
ISOLYTE-P IN D5W	61	<i>junel fe 1.5/30</i>	69
ISOLYTE-S	61	<i>junel fe 1/20</i>	69
ISOLYTE-S PH 7.4	61	<i>junel fe 24</i>	69
<i>isoniazid 100 mg tab, 300 mg tab</i>	28	JUXTAPID 30 MG CAP	51
<i>isoniazid 50 mg/5ml syrup, 100 mg/ml solution</i>	28	JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP	51
ISOPTO ATROPINE	78	JYNARQUE 15 MG TAB, 30 MG TAB	61
ISOPTO CARPINE	78	K-TAB	61
ISORDIL TITRADOSE 40 MG TAB	51	KADCYLA	31
ISORDIL TITRADOSE 5 MG TAB	51	<i>kaitlib fe</i>	69
<i>isosorbide dinitrate</i>	51	KALETRA 100-25 MG TAB	40
<i>isosorbide mononitrate</i>	51	KALETRA 200-50 MG TAB	40
<i>isosorbide mononitrate er</i>	51	KALETRA 400-100 MG/5ML SOLUTION	40
<i>isotretinoin</i>	59	<i>kalliga</i>	69
<i>isradipine</i>	51	KALYDECO 150 MG TAB	81
ISTALOL	78	KAPVAY	55
ISTODAX (OVERFILL)	31	<i>kariva</i>	69
<i>itraconazole 100 mg cap</i>	27	KAZANO	45
<i>ivermectin 3 mg tab</i>	35	<i>kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution</i>	61
IXEMPRA KIT	31	KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	61
IXIARO	74	KCL-LACTATED RINGERS-D5W	61
<i>jaimiess</i>	69	KEDRAB	74
JAKAFI	31	<i>kelnor 1/35</i>	69
JALYN	65	<i>kelnor 1/50</i>	69
<i>jantoven</i>	48		
JANUMET	45		



KENALOG 0.147 MG/GM AERO SOLN	59	LAMICTAL ODT 25 MG TAB DISP, 50 MG TAB DISP,	21
<i>ketoconazole 2 % cream, 2 % shampoo</i>	27	100 MG TAB DISP, 200 MG TAB DISP	21
<i>ketoconazole 200 mg tab</i>	27	LAMICTAL STARTER 35 X 25 MG KIT, 42 X 25 MG & 7	21
<i>ketodan</i>	27	X 100 MG KIT	21
<i>ketoprofen 25 mg cap</i>	13	LAMICTAL XR 50 & 100 & 200 MG KIT	21
<i>ketoprofen 50 mg cap, 75 mg cap</i>	13	<i>lamivudine 10 mg/ml solution</i>	40
<i>ketoprofen er</i>	13	<i>lamivudine 100 mg tab</i>	40
<i>ketorolac tromethamine 0.4 % solution, 0.5 %</i>	78	<i>lamivudine 150 mg tab</i>	40
<i>solution</i>	78	<i>lamivudine 300 mg tab</i>	40
<i>ketorolac tromethamine 10 mg tab, 15 mg/ml</i>	13	<i>lamivudine-zidovudine</i>	40
<i>solution, 30 mg/ml solution, 60 mg/2ml</i>	13	<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25</i>	21
KEYTRUDA	31	<i>mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg</i>	21
KHAPZORY	31	<i>tab, 100 mg tab disp, 150 mg tab, 200 mg tab,</i>	21
KINRIX	74	<i>200 mg tab disp</i>	21
KISQALI (200 MG DOSE)	31	<i>lamotrigine er</i>	21
KISQALI (400 MG DOSE)	31	LANOXIN 125 MCG TAB	51
KISQALI (600 MG DOSE)	31	LANOXIN 250 MCG TAB	51
KISQALI FEMARA (400 MG DOSE)	31	LANOXIN 62.5 MCG TAB	51
KISQALI FEMARA (600 MG DOSE)	31	<i>lansoprazole 15 mg cap dr</i>	63
KISQALI FEMARA(200 MG DOSE)	31	<i>lansoprazole 30 mg cap dr</i>	63
KITABIS PAK	81	<i>lanthanum carbonate</i>	61
KLARON	18	LANTUS	45
KLONOPIN 0.5 MG TAB	43	LANTUS SOLOSTAR	45
KLONOPIN 1 MG TAB	43	<i>lapatinib ditosylate</i>	31
KLONOPIN 2 MG TAB	43	<i>larin 1.5/30</i>	69
<i>klor-con 10</i>	61	<i>larin 1/20</i>	69
<i>klor-con 8 meq tab er</i>	61	<i>larin 24 fe</i>	69
<i>klor-con m10</i>	61	<i>larin fe 1.5/30</i>	69
<i>klor-con m15</i>	61	<i>larin fe 1/20</i>	69
<i>klor-con m20</i>	61	<i>larissia</i>	69
<i>klor-con/ef</i>	61	LASIX	51
KORLYM	66	LASTACRAFT	78
KOSELUGO	31	<i>latanoprost</i>	78
KRISTALOSE	63	LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG	43
<i>kurvelo</i>	69	TAB	43
KUVAN	65	LATUDA 80 MG TAB	43
KYLEENA	69	<i>layolis fe</i>	69
KYPROLIS	31	LAZANDA	13
<i>labetalol hcl 5 mg/ml solution, 100 mg tab, 200</i>	51	LEDIPASVIR-SOFOSBUVIR	40
<i>mg tab, 300 mg tab</i>	51	<i>leena</i>	69
<i>lactated ringers</i>	61	<i>leflunomide</i>	74
<i>lactated ringers solution (irrigation)</i>	61	LENVIMA (10 MG DAILY DOSE)	32
<i>lactulose 10 gm/15ml solution, 20 gm/30ml</i>	63	LENVIMA (12 MG DAILY DOSE)	32
<i>solution</i>	63	LENVIMA (14 MG DAILY DOSE)	32
<i>lactulose encephalopathy</i>	63	LENVIMA (18 MG DAILY DOSE)	32
LAMICTAL 5 MG CHEW TAB, 25 MG CHEW TAB	21	LENVIMA (20 MG DAILY DOSE)	32
		LENVIMA (24 MG DAILY DOSE)	32
		LENVIMA (4 MG DAILY DOSE)	32

LENVIMA (8 MG DAILY DOSE) .....	32	levonorgestrel-ethinyl estrad 90-20 mcg tab ....	69
LESCOL XL .....	51	levora 0.15/30 (28) .....	70
lessina .....	69	levorphanol tartrate 2 mg tab .....	13
letrozole .....	32	levothyroxine sodium 13 mcg cap, 25 mcg cap, 50	
leucovorin calcium 100 mg/10ml solution .....	32	mcg cap, 75 mcg cap, 88 mcg cap, 100 mcg	
leucovorin calcium 5 mg tab, 10 mg tab, 15 mg		cap, 112 mcg cap, 125 mcg cap, 137 mcg cap,	
tab, 25 mg tab .....	32	150 mcg cap, 175 mcg cap, 200 mcg cap ....	72
leucovorin calcium 50 mg recon soln, 100 mg		levothyroxine sodium 25 mcg tab, 50 mcg tab, 75	
recon soln, 200 mg recon soln, 350 mg recon		mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab,	
soln, 500 mg recon soln .....	32	125 mcg tab, 137 mcg tab, 150 mcg tab, 175	
LEUKERAN .....	32	mcg tab, 200 mcg tab, 300 mcg tab .....	72
LEUKINE .....	48	levoxyl .....	72
leuprolide acetate .....	72	LEXIVA 50 MG/ML SUSPENSION .....	40
levabuterol hcl 0.31 mg/3ml nebu soln, 1.25		LEXIVA 700 MG TAB .....	40
mg/0.5ml nebu soln, 1.25 mg/3ml nebu		LIALDA .....	75
soln .....	81	LIBTAYO .....	32
levabuterol hcl 0.63 mg/3ml nebu soln .....	81	lidocaine 5 % ointment .....	15
levabuterol tartrate .....	81	lidocaine 5 % patch .....	15
LEVEMIR .....	45	lidocaine hcl (cardiac) 50 mg/5ml soln prsyrr ...	15
LEVEMIR FLEXTOUCH .....	45	LIDOCAINE HCL (CARDIAC) PF 100 MG/5ML	
levetiracetam 100 mg/ml solution, 250 mg tab,		SOLUTION .....	15
500 mg tab, 500 mg/5ml solution, 750 mg tab,		lidocaine hcl (cardiac) pf 50 mg/5ml soln	
1000 mg tab .....	21	prsyrr .....	15
levetiracetam er 500 mg tab er 24h .....	21	lidocaine hcl (pf) 1 % solution, 1.5 % solution ...	15
levetiracetam er 750 mg tab er 24h .....	21	lidocaine hcl 0.5 % solution, 1 % solution, 2 %	
levetiracetam in nacl 1000 mg/100ml solution,		solution .....	15
1500 mg/100ml solution .....	21	lidocaine hcl 4 % solution .....	15
levetiracetam in nacl 500 mg/100ml		lidocaine hcl urethral/mucosal .....	15
solution .....	21	lidocaine viscous hcl .....	15
levo-t .....	72	lidocaine-prilocaine .....	15
levobunolol hcl .....	78	LIDODERM .....	15
levocarnitine 1 gm/10ml solution .....	61	LILETTA (52 MG) .....	70
levocarnitine 330 mg tab .....	61	lillow .....	70
levocarnitine sf .....	61	LINCOCIN .....	18
levocetirizine dihydrochloride 2.5 mg/5ml solution,		lincomycin hcl .....	18
5 mg tab .....	81	lindane .....	59
levofloxacin 0.5 % solution .....	78	linezolid 100 mg/5ml recon susp .....	18
levofloxacin 25 mg/ml solution iv .....	18	linezolid 600 mg tab .....	18
levofloxacin 25 mg/ml solution oral .....	18	linezolid 600 mg/300ml solution .....	18
levofloxacin 250 mg tab, 500 mg tab, 750 mg		linezolid in sodium chloride .....	18
tab .....	18	LINZESS .....	64
levofloxacin in d5w .....	18	liothyronine sodium 10 mcg/ml solution .....	72
levonest .....	69	liothyronine sodium 5 mcg tab, 25 mcg tab, 50	
levonorg-eth estrad triphasic .....	69	mcg tab .....	72
levonorgest-eth est & eth est .....	69	LIPOFEN 150 MG CAP .....	51
levonorgest-eth estrad 91-day .....	69	LIPOFEN 50 MG CAP .....	51
levonorgestrel-ethinyl estrad 0.1-20 tab, 0.15-30		lisinopril .....	51
tab .....	69	lisinopril-hydrochlorothiazide .....	51

LITHIUM	43	LOVENOX 40 MG/0.4ML SOLUTION	48
<i>lithium carbonate 150 mg cap, 300 mg cap</i>	43	LOVENOX 60 MG/0.6ML SOLUTION	48
<i>lithium carbonate 300 mg tab, 600 mg cap</i>	43	LOVENOX 80 MG/0.8ML SOLUTION, 120 MG/0.8ML SOLUTION	48
<i>lithium carbonate er</i>	43	<i>low-ogestrel</i>	70
LO LOESTRIN FE	70	<i>loxapine succinate</i>	37
<i>lo-zumandimine</i>	70	<i>lubiprostone</i>	64
LOCOID	59	LUMAKRAS	32
LOCOID LIPOCREAM	59	LUMIGAN	78
LODOSYN	36	LUMIZYME	65
<i>loestrin 1.5/30 (21)</i>	70	LUMOXITI	32
<i>loestrin 1/20 (21)</i>	70	LUNESTA 1 MG TAB	83
<i>loestrin fe 1.5/30</i>	70	LUPRON DEPOT (1-MONTH) 3.75 MG KIT	72
<i>loestrin fe 1/20</i>	70	LUPRON DEPOT (1-MONTH) 7.5 MG KIT	72
<i>lojaimiess</i>	70	LUPRON DEPOT (3-MONTH) 11.25 MG KIT	72
LOKELMA	61	LUPRON DEPOT (3-MONTH) 22.5 MG KIT	72
LONSURF	32	LUPRON DEPOT (4-MONTH)	72
<i>loperamide hcl 2 mg cap</i>	64	LUPRON DEPOT (6-MONTH)	72
LOPID	51	LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	72
<i>lopinavir-ritonavir 100-25 mg tab</i>	40	<i>lutera</i>	70
<i>lopinavir-ritonavir 200-50 mg tab</i>	40	LUXIQ	59
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	41	LUZU	27
<i>lopreeza</i>	70	<i>lyleq</i>	70
LOPRESSOR 100 MG TAB	51	LYNPARZA	32
LOPROX 0.77 % CREAM	27	LYRICA 20 MG/ML SOLUTION	55
<i>lorazepam 0.5 mg tab, 1 mg tab</i>	43	LYRICA 25 MG CAP, 50 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP	55
<i>lorazepam 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc</i>	43	LYRICA 75 MG CAP, 225 MG CAP, 300 MG CAP	55
<i>lorazepam 2 mg/ml solution, 4 mg/ml solution</i>	43	LYRICA CR 330 MG TAB ER 24H	55
<i>lorazepam intensol</i>	43	LYRICA CR 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	55
LORBRENA 100 MG TAB	32	LYSODREN	72
LORBRENA 25 MG TAB	32	LYSTEDA	48
<i>loryna</i>	70	LYUMJEV	45
<i>losartan potassium</i>	51	LYUMJEV KWIKPEN	45
<i>losartan potassium-hctz</i>	51	<i>lyza</i>	70
LOSEASONIQUE	70	M-M-R II	74
LOTEMAX 0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION	78	MACRODANTIN	18
LOTEMAX SM	78	<i>mafenide acetate</i>	59
LOTENSIN	51	<i>magnesium sulfate 2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution</i>	61
<i>loteprednol etabonate 0.5 % gel, 0.5 % suspension</i>	78	<i>magnesium sulfate 50 % solution</i>	61
LOTREL 10-40 MG CAP	51	MALARONE	35
<i>lovastatin</i>	51	<i>malathion</i>	59
LOVENOX 100 MG/ML SOLUTION, 150 MG/ML SOLUTION	48	<i>mannitol</i>	77
LOVENOX 30 MG/0.3ML SOLUTION	48	<i>marlissa</i>	70

MARPLAN .....	24	<i>mesna</i> .....	32
MARQIBO .....	32	MESNEX 400 MG TAB .....	32
MATULANE .....	32	MESTINON 60 MG/5ML SOLUTION, 180 MG TAB	
<i>matzim la</i> .....	51	ER .....	28
MAVYRET .....	41	<i>metadate er</i> .....	55
MAXALT .....	28	<i>metaproterenol sulfate</i> .....	81
MAXALT-MLT .....	28	<i>metaxalone</i> .....	83
MAXIDEX .....	78	<i>metformin hcl 1000 mg tab</i> .....	45
MAXZIDE .....	51	<i>metformin hcl 500 mg tab</i> .....	45
MAXZIDE-25 .....	51	<i>metformin hcl 850 mg tab</i> .....	45
<i>meclizine hcl</i> .....	26	<i>metformin hcl er 500 mg tab er 24h</i> .....	45
<i>meclofenamate sodium</i> .....	13	<i>metformin hcl er 750 mg tab er 24h</i> .....	45
MEDROL 2 MG TAB .....	66	<i>methadone hcl 10 mg/ml conc</i> .....	13
MEDROL 4 MG TAB, 8 MG TAB, 16 MG TAB, 32 MG		<i>methadone hcl 10 mg/ml solution</i> .....	13
TAB .....	66	<i>methadone hcl 5 mg tab, 10 mg tab</i> .....	13
<i>medroxyprogesterone acetate 150 mg/ml susp</i>		<i>methadone hcl 5 mg/5ml solution, 10 mg/5ml</i>	
<i>prsy, 150 mg/ml suspension</i> .....	70	<i>solution</i> .....	13
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg</i>		<i>methadone hcl intensol</i> .....	13
<i>tab, 10 mg tab</i> .....	70	METHADOSE .....	13
<i>mefenamic acid</i> .....	13	METHADOSE SUGAR-FREE .....	13
<i>mefloquine hcl</i> .....	35	<i>methazolamide</i> .....	78
<i>megestrol acetate 20 mg tab, 40 mg tab, 40</i>		<i>methenamine hippurate</i> .....	18
<i>mg/ml suspension, 400 mg/10ml</i>		<i>methenamine mandelate</i> .....	18
<i>suspension</i> .....	70	<i>methergine</i> .....	77
MEKINIST 0.5 MG TAB .....	32	<i>methimazole</i> .....	73
MEKINIST 2 MG TAB .....	32	<i>methocarbamol 500 mg tab, 750 mg tab</i> .....	83
MEKTOVI .....	32	<i>methotrexate</i> .....	74
<i>melodetta 24 fe</i> .....	70	<i>methotrexate sodium (pf)</i> .....	74
<i>meloxicam 7.5 mg tab, 15 mg tab</i> .....	13	<i>methotrexate sodium 1 gm recon soln, 2.5 mg tab,</i>	
<i>melphalan</i> .....	32	<i>50 mg/2ml solution, 250 mg/10ml</i>	
<i>melphalan hcl</i> .....	32	<i>solution</i> .....	74
<i>memantine hcl 10 mg tab, 28 x 5 mg &amp; 21 x 10 mg</i>		<i>methoxsalen rapid</i> .....	59
<i>tab</i> .....	23	<i>methscopolamine bromide</i> .....	64
<i>memantine hcl 2 mg/ml solution, 10 mg/5ml</i>		METHYLDOPA .....	51
<i>solution</i> .....	23	<i>methylergonovine maleate</i> .....	77
<i>memantine hcl 5 mg tab</i> .....	23	METHYLIN 10 MG/5ML SOLUTION .....	55
<i>memantine hcl er</i> .....	23	METHYLIN 5 MG/5ML SOLUTION .....	55
MENACTRA .....	74	<i>methylphenidate hcl 10 mg/5ml solution</i> .....	55
MENEST .....	70	<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg</i>	
MENQUADFI .....	74	<i>tab</i> .....	55
MENVEO .....	74	<i>methylphenidate hcl 5 mg/5ml solution</i> .....	55
<i>meprobamate</i> .....	43	<i>methylphenidate hcl er (cd)</i> .....	55
<i>mercaptopurine</i> .....	32	<i>methylphenidate hcl er (la) 10 mg cap er 24h, 20</i>	
<i>meropenem</i> .....	18	<i>mg cap er 24h, 40 mg cap er 24h, 60 mg cap er</i>	
<i>mesalamine 1.2 gm tab dr, 4 gm enema, 400 mg</i>		<i>24h</i> .....	55
<i>cap dr, 800 mg tab dr, 1000 mg suppos</i> .....	75	<i>methylphenidate hcl er (la) 30 mg cap er 24h</i> ...	55
<i>mesalamine er</i> .....	76	<i>methylphenidate hcl er 10 mg tab er, 20 mg tab</i>	
<i>mesalamine-cleanser</i> .....	76	<i>er</i> .....	55

<i>methylphenidate hcl er 18 mg tab er, 18 mg tab er 24h, 27 mg tab er, 27 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h, 72 mg tab er</i> .....	55	<i>miglitol</i> .....	45
<i>methylphenidate hcl er 36 mg tab er, 36 mg tab er 24h</i> .....	55	<i>miglustat</i> .....	65
<i>methylprednisolone</i> .....	66	<i>mili</i> .....	70
<i>methylprednisolone acetate</i> .....	66	MILLIPRED .....	66
<i>methylprednisolone sodium succ 40 mg recon soln, 125 mg recon soln, 1000 mg recon soln</i> .....	66	<i>mimvey</i> .....	70
<i>metoclopramide hcl 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution</i> .....	26	MINASTRIN 24 FE .....	70
<i>metoclopramide hcl 5 mg tab, 10 mg tab</i> .....	26	MINIPRESS .....	51
<i>metolazone</i> .....	51	<i>minitran</i> .....	51
<i>metoprolol succinate er</i> .....	51	MINIVELLE .....	70
<i>metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab</i> .....	51	<i>minocycline hcl</i> .....	19
<i>metoprolol tartrate 5 mg/5ml solution, 37.5 mg tab, 75 mg tab</i> .....	51	<i>minoxidil</i> .....	51
<i>metoprolol-hydrochlorothiazide</i> .....	51	MIRAPEX .....	36
METROCREAM .....	18	MIRAPEX ER 0.75 MG TAB ER 24H, 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 3.75 MG TAB ER 24H .....	36
METROGEL .....	18	MIRENA (52 MG) .....	70
METROLOTION .....	18	<i>mirtazapine</i> .....	24
<i>metronidazole 0.75 % cream, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab</i> ....	19	<i>misoprostol</i> .....	67
<i>metronidazole 0.75 % gel (topical)</i> .....	19	MITIGARE .....	27
<i>metronidazole 0.75 % gel vaginal</i> .....	19	<i>mitomycin 20 mg recon soln, 40 mg recon soln</i> .....	32
<i>metronidazole in nacl</i> .....	19	<i>mitomycin 5 mg recon soln</i> .....	32
<i>metyrosine</i> .....	51	<i>mitoxantrone hcl</i> .....	32
<i>mexiletine hcl</i> .....	51	<i>modafinil 100 mg tab</i> .....	83
<i>mibelas 24 fe</i> .....	70	<i>modafinil 200 mg tab</i> .....	83
<i>micafungin sodium</i> .....	27	<i>moexipril hcl</i> .....	51
MICARDIS .....	51	<i>molindone hcl</i> .....	37
MICARDIS HCT .....	51	<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i> .....	66
<i>miconazole 3</i> .....	27	<i>mometasone furoate 0.1 % solution</i> .....	59
<i>microgestin 1.5/30</i> .....	70	<i>mometasone furoate 50 mcg/act suspension</i> .....	81
<i>microgestin 1/20</i> .....	70	<i>mondoxylene nl</i> .....	19
<i>microgestin 24 fe</i> .....	70	MONJUVI .....	32
<i>microgestin fe 1.5/30</i> .....	70	<i>mono-lynyah</i> .....	70
<i>microgestin fe 1/20</i> .....	70	<i>montelukast sodium</i> .....	81
<i>midazolam hcl (pf)</i> .....	15	MONUROL .....	19
<i>midazolam hcl 2 mg/2ml solution, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution, 10 mg/2ml solution, 25 mg/5ml solution, 50 mg/10ml solution</i> .....	15	<i>morgidox</i> .....	19
<i>midazolam hcl 2 mg/ml syrup</i> .....	43	<i>morphine sulfate (concentrate)</i> .....	13
<i>midodrine hcl</i> .....	51	<i>morphine sulfate (pf) 0.5 mg/ml solution, 1 mg/ml solution</i> .....	13
<i>migergot</i> .....	28	MORPHINE SULFATE (PF) 2 MG/ML SOLUTION IV .....	14
		MORPHINE SULFATE (PF) 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/ML SOLUTION .....	14
		MORPHINE SULFATE (PF) 8 MG/ML SOLUTION ...	14
		<i>morphine sulfate 1 mg/ml solution, 15 mg tab, 30 mg tab</i> .....	14



<i>morphine sulfate 10 mg/5ml solution, 20 mg/5ml solution</i> .....	14	<i>nafcillin sodium 10 gm recon soln</i> .....	19
<i>morphine sulfate 2 mg/ml solution, 4 mg/ml solution</i> .....	14	<i>nafcillin sodium 2 gm recon soln</i> .....	19
<i>morphine sulfate 50 mg/ml solution</i> .....	14	NAFCILLIN SODIUM IN DEXTROSE .....	19
<i>morphine sulfate 8 mg/ml solution</i> .....	14	<i>naftifine hcl</i> .....	27
<i>morphine sulfate er 10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h</i> .....	14	NAFTIN .....	27
<i>morphine sulfate er 100 mg tab er, 200 mg tab er</i> .....	14	NAGLAZYME .....	65
<i>morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er</i> .....	14	<i>nalbuphine hcl 10 mg/ml solution</i> .....	14
<i>morphine sulfate er 40 mg cap er 24h, 100 mg cap er 24h</i> .....	14	<i>nalbuphine hcl 20 mg/ml solution</i> .....	14
<i>morphine sulfate iv soln pf 10 mg/ml</i> .....	14	NALFON 600 MG TAB .....	14
MOVANTIK .....	64	<i>naloxone hcl 0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsy, 4 mg/10ml solution</i> .....	15
MOVIPREP .....	64	<i>naltrexone hcl</i> .....	15
<i>moxifloxacin hcl 0.5 % solution</i> .....	78	NAMENDA XR .....	23
<i>moxifloxacin hcl 400 mg tab</i> .....	19	NAMZARIC .....	23
<i>moxifloxacin hcl in nacl</i> .....	19	<i>naproxen 125 mg/5ml suspension</i> .....	14
MOZOBIL .....	48	<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i> .....	14
MS CONTIN 15 MG TAB ER, 30 MG TAB ER .....	14	<i>naproxen sodium</i> .....	14
MULTAQ .....	51	<i>naratriptan hcl</i> .....	28
<i>mupirocin</i> .....	59	NARCAN .....	16
<i>mupirocin calcium</i> .....	59	NATACYN .....	78
<i>mutamycin 40 mg recon soln</i> .....	32	<i>nateglinide 120 mg tab</i> .....	45
<i>mutamycin 5 mg recon soln, 20 mg recon soln</i> .....	32	<i>nateglinide 60 mg tab</i> .....	46
MYAMBUTOL .....	28	NATPARA .....	76
MYCAMINE .....	27	NATROBA .....	59
MYCOBUTIN .....	28	NAYZILAM .....	15
<i>mycophenolate mofetil 200 mg/ml recon susp</i> .....	74	NEBUPENT .....	35
<i>mycophenolate mofetil 250 mg cap, 500 mg recon soln, 500 mg tab</i> .....	74	<i>necon 0.5/35 (28)</i> .....	70
<i>mycophenolate mofetil hcl</i> .....	74	NEEDLES, INSULIN DISP., SAFETY .....	77
<i>mycophenolate sodium</i> .....	74	<i>nefazodone hcl 200 mg tab</i> .....	24
MYFORTIC 180 MG TAB DR .....	74	<i>nefazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 250 mg tab</i> .....	24
MYFORTIC 360 MG TAB DR .....	74	<i>neo-polycin</i> .....	78
MYLOTARG .....	32	<i>neo-polycin hc</i> .....	78
<i>myorisan</i> .....	59	<i>neomycin sulfate</i> .....	19
MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H .....	65	<i>neomycin-bacitracin zn-polymyx</i> .....	78
<i>nabumetone</i> .....	14	<i>neomycin-polymyxin b gu</i> .....	19
<i>nadolol</i> .....	51	<i>neomycin-polymyxin-dexameth 0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension</i> .....	78
<i>nafcillin sodium 1 gm recon soln for inj</i> .....	19	<i>neomycin-polymyxin-gramicidin</i> .....	78
<i>nafcillin sodium 1 gm recon soln for iv</i> .....	19	<i>neomycin-polymyxin-hc 1 % solution, 3.5-10000-1 solution</i> .....	79
		<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i> .....	78
		NERLYNX .....	32
		NESINA 12.5 MG TAB .....	46

<i>neuac</i> .....	59	NITROSTAT .....	52
NEULASTA .....	48	NIVESTYM .....	48
NEULASTA ONPRO .....	48	<i>nizatidine 150 mg cap, 300 mg cap</i> .....	64
NEUPOGEN .....	48	<i>nora-be</i> .....	70
NEUPRO .....	36	NORDITROPIN FLEXPRO .....	67
NEURONTIN 250 MG/5ML SOLUTION .....	22	<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab, 1-20</i> <i>mg-mcg(24) chew tab, 1.5-30 mg-mcg tab</i> ...	70
NEVANAC .....	78	<i>norethin-eth estradiol-fe</i> .....	70
<i>nevirapine 200 mg tab</i> .....	41	<i>norethindrone</i> .....	70
<i>nevirapine 50 mg/5ml suspension</i> .....	41	<i>norethindrone acet-ethinyl est</i> .....	70
<i>nevirapine er 100 mg tab er 24h</i> .....	41	<i>norethindrone acetate</i> .....	70
<i>nevirapine er 400 mg tab er 24h</i> .....	41	<i>norethindrone-eth estradiol</i> .....	70
NEXAVAR .....	32	<i>norgestim-eth estrad triphasic</i> .....	70
NEXIUM 10 MG PACKET, 20 MG CAP DR, 40 MG CAP DR .....	64	<i>norgestimate-eth estradiol</i> .....	70
<i>niacin (antihyperlipidemic)</i> .....	51	<i>norlyda</i> .....	70
<i>niacin er (antihyperlipidemic)</i> .....	51	<i>norlyroc</i> .....	70
<i>niacor</i> .....	51	NORPACE .....	52
NIASPAN .....	51	NORPACE CR .....	52
<i>nicardipine hcl 2.5 mg/ml solution, 20 mg cap, 30</i> <i>mg cap</i> .....	51	NORPRAMIN .....	24
NICOTROL .....	16	NORTHERA 100 MG CAP .....	52
NICOTROL NS .....	16	NORTHERA 200 MG CAP, 300 MG CAP .....	52
<i>nifedipine</i> .....	51	<i>nortrel 0.5/35 (28)</i> .....	70
<i>nifedipine er</i> .....	51	<i>nortrel 1/35 (21)</i> .....	70
<i>nifedipine er osmotic release</i> .....	51	<i>nortrel 1/35 (28)</i> .....	70
<i>nikki</i> .....	70	<i>nortrel 7/7/7</i> .....	70
NILANDRON .....	32	<i>nortriptyline hcl 10 mg cap, 25 mg cap</i> .....	24
<i>nilutamide</i> .....	32	<i>nortriptyline hcl 10 mg/5ml solution, 50 mg cap,</i> <i>75 mg cap</i> .....	25
<i>nimodipine</i> .....	51	NORVASC .....	52
NINLARO .....	32	NORVIR 100 MG PACKET, 100 MG TAB .....	41
NIPENT .....	32	NORVIR 80 MG/ML SOLUTION .....	41
<i>nisoldipine er</i> .....	51	NOVOPEN ECHO .....	77
<i>nitazoxanide</i> .....	35	NOXAFIL 40 MG/ML SUSPENSION .....	27
<i>nitisinone</i> .....	65	<i>np thyroid</i> .....	72
NITRO-BID .....	51	NUBEQA .....	32
NITRO-DUR 0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR .....	51	NUCALA 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR .....	81
NITRO-DUR 0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR .....	52	NUEDEXTA .....	55
<i>nitrofurantoin</i> .....	19	NULOJIX .....	74
<i>nitrofurantoin macrocrystal</i> .....	19	NUPLAZID .....	37
<i>nitrofurantoin monohyd macro</i> .....	19	NUTRILIPID .....	61
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr</i> <i>patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4</i> <i>mg/hr patch 24hr, 0.4 mg/spray solution, 0.6</i> <i>mg sl tab, 0.6 mg/hr patch 24hr</i> .....	52	NUTROPIN AQ NUSPIN 10 .....	67
NITROGLYCERIN 5 MG/ML SOLUTION .....	52	NUTROPIN AQ NUSPIN 20 .....	67
		NUTROPIN AQ NUSPIN 5 .....	67
		NUVARING .....	70
		<i>nyamyc</i> .....	27
		<i>nylia 7/7/7</i> .....	70

nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab	27	ondansetron hcl 24 mg tab	26
nystatin-triamcinolone	59	ondansetron hcl 4 mg tab, 8 mg tab	26
nystop	27	ondansetron hcl 4 mg/2ml solution, 40 mg/20ml solution	26
ocella	70	ondansetron hcl 4 mg/5ml solution	26
OCTAGAM 1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 25 GM/500ML SOLUTION, 30 GM/300ML SOLUTION	74	ONFI 10 MG TAB	22
octreotide acetate 1000 mcg/ml solution	72	ONFI 2.5 MG/ML SUSPENSION	22
octreotide acetate 50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution	72	ONFI 20 MG TAB	22
octreotide acetate 500 mcg/ml soln prsy, 500 mcg/ml solution	72	ONUREG	32
OCUFLOX	78	OPDIVO 120 MG/12ML SOLUTION	33
ODEFSEY	41	OPDIVO 40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 240 MG/24ML SOLUTION	33
ODOMZO	32	opium	64
OFEV	81	OPSUMIT	81
ofloxacin 300 mg tab, 400 mg tab	19	ORACEA	19
ofloxacin ophth soln 0.3%	78	oralone	56
ofloxacin otic soln 0.3%	79	ORAPRED ODT	66
okebo	19	ORENITRAM 0.125 MG TAB ER	81
olanzapine 10 mg recon soln	37	ORENITRAM 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER	81
olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp	38	ORFADIN 2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP	65
olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap	25	ORGOVYX	72
olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap	25	ORKAMBI 100-125 MG TAB, 200-125 MG TAB	81
olmesartan medoxomil	52	orphenadrine citrate er	83
olmesartan medoxomil-hctz	52	orsythia	70
olmesartan-amlodipine-hctz	52	oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap	41
olopatadine hcl 0.1 % solution, 0.2 % solution	78	OSENI 12.5-15 MG TAB	46
olopatadine hcl 0.6 % solution	81	OSENI 12.5-30 MG TAB, 12.5-45 MG TAB, 25-30 MG TAB, 25-45 MG TAB	46
OLUX-E	59	osmitrol	77
omega-3-acid ethyl esters	52	OSMOPREP	64
omeprazole	64	OSPHENA	70
omeprazole-sodium bicarbonate 20-1680 mg packet, 40-1680 mg packet	64	OTEZLA 10 & 20 & 30 MG TAB THPK	74
OMNARIS	81	OTEZLA 30 MG TAB	59
OMNITROPE 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART	67	OVIDE	59
ONCASPAR	32	oxacillin sodium 1 gm recon soln, 2 gm recon soln	19
ondansetron	26	oxacillin sodium 10 gm recon soln	19
		OXACILLIN SODIUM IN DEXTROSE	19
		oxaliplatin 50 mg recon soln, 100 mg recon soln	33
		oxaliplatin 50 mg/10ml solution, 100 mg/20ml solution, 200 mg/40ml solution	33
		oxandrolone 10 mg tab	70
		oxandrolone 2.5 mg tab	70
		oxaprozin	14

oxazepam .....	43	paroxetine hcl 20 mg tab .....	25
oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab .....	22	paroxetine hcl 30 mg tab .....	25
oxiconazole nitrate .....	27	paroxetine hcl 40 mg tab .....	25
OXISTAT 1 % LOTION .....	27	paroxetine hcl er 12.5 mg tab er 24h .....	25
OXSORALEN ULTRA .....	59	paroxetine hcl er 25 mg tab er 24h, 37.5 mg tab er 24h .....	25
oxybutynin chloride 5 mg tab .....	65	PASER .....	28
oxybutynin chloride 5 mg/5ml syrup .....	65	PATANASE .....	81
oxybutynin chloride er 10 mg tab er 24h, 15 mg tab er 24h .....	65	PAXIL 10 MG TAB .....	25
oxybutynin chloride er 5 mg tab er 24h .....	65	PAXIL 10 MG/5ML SUSPENSION .....	25
oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc .....	14	PAZEO .....	78
oxycodone hcl 5 mg/5ml solution .....	14	PEDIARIX .....	74
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab .....	14	PEDVAX HIB .....	74
OXYTROL .....	65	peg 3350-kcl-na bicarb-nacl .....	64
OZEMPIC (0.25 OR 0.5 MG/DOSE) .....	46	peg 3350/electrolytes .....	64
OZEMPIC (1 MG/DOSE) .....	46	peg-3350/electrolytes .....	64
pacerone .....	52	peg-3350/electrolytes/ascorbat .....	64
paclitaxel 30 mg/5ml conc, 100 mg/16.67ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc ...	33	peg-kcl-nacl-nasulf-na asc-c .....	64
paclitaxel 300 mg/50ml conc .....	33	PEGASYS .....	75
PADCEV .....	33	PEGINTRON .....	41
paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h .....	38	PEMAZYRE .....	33
paliperidone er 6 mg tab er 24h .....	38	penicillamine 250 mg tab .....	65
paliperidone er 9 mg tab er 24h .....	38	PENICILLIN G POT IN DEXTROSE .....	19
PAMELOR .....	25	penicillin g potassium .....	19
pamidronate disodium 30 mg recon soln, 30 mg/10ml solution, 90 mg recon soln, 90 mg/10ml solution .....	76	PENICILLIN G PROCAINE .....	19
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION .....	76	penicillin g sodium .....	19
PANDEL .....	59	penicillin v potassium 125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab .....	19
PANRETIN .....	33	PENTACEL .....	75
pantoprazole sodium 20 mg tab dr, 40 mg tab dr .....	64	PENTAM .....	35
pantoprazole sodium 40 mg packet, 40 mg recon soln .....	64	pentamidine isethionate .....	35
PARAGARD INTRAUTERINE COPPER .....	77	pentamidine isethionate 300 mg recon soln for nebulization .....	35
paraplatin .....	33	PENTASA 250 MG CAP ER .....	76
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap .....	76	PENTASA 500 MG CAP ER .....	76
PARLODEL .....	36	pentazocine-naloxone hcl .....	14
paroex .....	56	pentoxifylline er .....	52
paromomycin sulfate .....	19	PEPAXTO .....	33
paroxetine hcl 10 mg tab .....	25	PERCOCET 2.5-325 MG TAB .....	14
		PERFOROMIST .....	81
		perindopril erbumine .....	52
		periogard .....	56
		PERJETA .....	33
		permethrin .....	59
		perphenazine .....	26
		perphenazine-amitriptyline .....	25



PEXEVA 10 MG TAB, 40 MG TAB	25	<i>piroxicam</i>	14
PEXEVA 20 MG TAB	25	PLASMA-LYTE 148	61
PEXEVA 30 MG TAB	25	PLASMA-LYTE A	61
<i>pfizerpen</i>	19	PLEGRIDY	55
<i>phenadoz</i>	26	PLEGRIDY STARTER PACK	55
<i>phenelzine sulfate</i>	25	<i>plenamine</i>	61
<i>phenobarbital 100 mg tab</i>	22	PLENVU	64
<i>phenobarbital 15 mg tab</i>	22	<i>podofilox</i>	59
<i>phenobarbital 16.2 mg tab</i>	22	POLIVY	33
<i>phenobarbital 20 mg/5ml elixir</i>	22	<i>polycin</i>	78
<i>phenobarbital 30 mg tab</i>	22	<i>polymyxin b sulfate</i>	19
<i>phenobarbital 32.4 mg tab</i>	22	<i>polymyxin b-trimethoprim</i>	79
<i>phenobarbital 60 mg tab</i>	22	POLYTRIM	79
<i>phenobarbital 64.8 mg tab</i>	22	POMALYST	33
<i>phenobarbital 97.2 mg tab</i>	22	<i>portia-28</i>	71
<i>phenobarbital sodium 130 mg/ml solution</i>	22	PORTRAZZA	33
<i>phenobarbital sodium 65 mg/ml solution</i>	22	<i>posaconazole</i>	27
<i>phenoxybenzamine hcl</i>	52	<i>potassium chloride 10 meq cap er</i>	61
PHENYTEK	22	<i>potassium chloride 10 meq tab er</i>	61
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	22	POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 40 MEQ/100ML SOLUTION	62
<i>phenytoin infatabs</i>	22	POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION	62
<i>phenytoin sodium</i>	22	<i>potassium chloride 20 meq tab er</i>	62
<i>phenytoin sodium extended</i>	22	<i>potassium chloride 8 meq cap er</i>	62
PHESGO	33	<i>potassium chloride 8 meq tab er</i>	62
<i>philith</i>	70	<i>potassium chloride crys 10 meq tab er</i>	62
PHOSLYRA	61	<i>potassium chloride crys 20 meq tab er</i>	62
PICATO	59	<i>potassium chloride crys er 15 meq tab er</i>	62
PIFELTRO	41	<i>potassium chloride in dextrose</i>	62
<i>pilocarpine hcl 1 % solution, 2 % solution, 4 % solution</i>	78	POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION	62
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	56	<i>potassium citrate 10 meq (1080 mg) tab er</i>	62
<i>pimecrolimus</i>	59	<i>potassium citrate 15 meq (1620 mg) tab er</i>	62
<i>pimozide</i>	38	<i>potassium citrate 5 meq (540 mg) tab er</i>	62
<i>pimtreea</i>	71	<i>potassium phosphates</i>	62
<i>pindolol</i>	52	<i>potassium phosphates(66 meq k)</i>	62
<i>pioglitazone hcl 15 mg tab</i>	46	POTELIGEO	33
<i>pioglitazone hcl 30 mg tab</i>	46	PRADAXA	48
<i>pioglitazone hcl 45 mg tab</i>	46	PRALUENT	52
<i>pioglitazone hcl-glimepiride</i>	46	<i>pramipexole dihydrochloride</i>	36
<i>pioglitazone hcl-metformin hcl</i>	46	<i>pramipexole dihydrochloride er</i>	36
<i>piperacillin sod-tazobactam so</i>	19	<i>prasugrel hcl</i>	48
PIQRAY (200 MG DAILY DOSE)	33		
PIQRAY (250 MG DAILY DOSE)	33		
PIQRAY (300 MG DAILY DOSE)	33		
<i>pirmella 1/35</i>	71		
<i>pirmella 7/7/7</i>	71		



<i>pravastatin sodium</i> .....	52	PREVYMIS 240 MG TAB, 480 MG TAB .....	41
<i>praziquantel</i> .....	35	PREZCOBIX .....	41
<i>prazosin hcl</i> .....	52	PREZISTA 100 MG/ML SUSPENSION .....	41
PRED MILD .....	79	PREZISTA 150 MG TAB .....	41
PRED-G .....	79	PREZISTA 600 MG TAB, 800 MG TAB .....	41
PRED-G S.O.P. ....	79	PREZISTA 75 MG TAB .....	41
<i>prednicarbate</i> .....	66	PRIFTIN .....	28
<i>prednisolone</i> .....	67	<i>primaquine phosphate</i> .....	35
<i>prednisolone acetate</i> .....	79	PRIMAXIN IV .....	19
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION .....	79	<i>primidone</i> .....	22
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp</i> .....	67	PROAIR HFA .....	81
<i>prednisone 1 mg tab, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (48) tab thpk</i> .....	67	PROAIR RESPICLICK .....	81
<i>prednisone 2.5 mg tab, 5 mg (21) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab</i> .....	67	<i>probenecid</i> .....	27
PREDNISONE INTENSOL .....	67	<i>procainamide hcl</i> .....	52
<i>pregabalin 20 mg/ml solution</i> .....	55	PROCALAMINE .....	62
<i>pregabalin 25 mg cap, 50 mg cap, 100 mg cap, 150 mg cap, 200 mg cap</i> .....	55	PROCARDIA .....	52
<i>pregabalin 75 mg cap, 225 mg cap, 300 mg cap</i> .....	55	<i>prochlorperazine</i> .....	26
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB .....	71	<i>prochlorperazine edisylate</i> .....	26
PREMARIN 0.625 MG/GM CREAM .....	71	<i>prochlorperazine maleate</i> .....	26
PREMASOL .....	62	PROCRT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION .....	48
PREMPHASE .....	71	PROCRT 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION .....	48
PREMPRO .....	71	<i>procto-med hc</i> .....	59
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> .....	62	<i>procto-pak</i> .....	59
<i>prenatal vit w/ iron carbonyl-folic acid</i> .....	62	<i>proctosol hc</i> .....	59
<i>prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet</i> .....	62	<i>proctozone-hc</i> .....	59
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> .....	62	<i>progesterone 100 mg cap, 200 mg cap</i> .....	71
PREVACID SOLUTAB 15 MG TAB DR DISP .....	64	PROGLYCEM .....	46
<i>prevalite 4 gm packet, 4 gm/dose powder</i> .....	52	PROGRAF 0.2 MG PACKET, 1 MG PACKET, 5 MG CAP .....	75
PREVIDENT 0.2 % SOLUTION, 1.1 % GEL .....	56	PROGRAF 5 MG/ML SOLUTION .....	75
PREVIDENT 5000 BOOSTER PLUS .....	56	PROLASTIN-C .....	65
PREVIDENT 5000 DRY MOUTH .....	56	PROLENSA .....	79
PREVIDENT 5000 ENAMEL PROTECT .....	56	PROLIA .....	76
PREVIDENT 5000 PLUS .....	56	PROMACTA 12.5 MG PACKET .....	48
PREVIDENT 5000 SENSITIVE .....	56	PROMACTA 12.5 MG TAB, 25 MG TAB .....	48
<i>previfem</i> .....	71	PROMACTA 25 MG PACKET .....	48
		PROMACTA 50 MG TAB .....	48
		PROMACTA 75 MG TAB .....	48
		<i>promethazine hcl 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab</i> .....	26
		<i>promethazine hcl 25 mg/ml solution, 50 mg/ml solution</i> .....	81
		<i>promethazine hcl 6.25 mg/5ml solution, 6.25 mg/5ml syrup</i> .....	82
		<i>promethegan</i> .....	26

PROMETRIUM 200 MG CAP .....	71	<i>tab er 24h</i> .....	38
<i>propafenone hcl</i> .....	52	<i>quetiapine fumarate er 50 mg tab er 24h, 300 mg</i>	
<i>propafenone hcl er</i> .....	52	<i>tab er 24h, 400 mg tab er 24h</i> .....	38
<i>propantheline bromide</i> .....	64	<i>quinapril hcl</i> .....	52
<i>proparacaine hcl</i> .....	79	<i>quinapril-hydrochlorothiazide</i> .....	52
<i>propranolol hcl 1 mg/ml solution, 20 mg/5ml</i>		<i>quinidine sulfate</i> .....	52
<i>solution, 40 mg/5ml solution, 60 mg tab</i> .....	52	<i>quinine sulfate</i> .....	35
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab,</i>		QVAR REDIHALER 40 MCG/ACT AERO BA .....	82
<i>80 mg tab</i> .....	52	QVAR REDIHALER 80 MCG/ACT AERO BA .....	82
<i>propranolol hcl er</i> .....	52	RABAVERT .....	75
<i>propylthiouracil</i> .....	73	<i>rabeprazole sodium</i> .....	64
PROQUAD .....	75	<i>raloxifene hcl</i> .....	71
PROSOL .....	62	<i>ramelteon</i> .....	83
PROTONIX 20 MG TAB DR, 40 MG PACKET, 40 MG		<i>ramipril</i> .....	52
TAB DR .....	64	RANEXA .....	52
PROTOPIC .....	59	<i>ranitidine hcl 15 mg/ml syrup, 50 mg/2ml</i>	
<i>protriptyline hcl</i> .....	25	<i>solution, 75 mg/5ml syrup, 150 mg cap, 150</i>	
PROVENTIL HFA .....	82	<i>mg/10ml syrup, 150 mg/6ml solution, 300 mg</i>	
PROVERA 2.5 MG TAB, 10 MG TAB .....	71	<i>cap, 1000 mg/40ml solution</i> .....	64
PROZAC 20 MG CAP .....	25	<i>ranitidine hcl 150 mg tab, 300 mg tab</i> .....	64
PRUDOXIN .....	59	<i>ranolazine er</i> .....	52
PULMICORT 0.25 MG/2ML SUSPENSION, 0.5		RAPAFLO .....	65
MG/2ML SUSPENSION .....	82	RAPAMUNE 0.5 MG TAB, 1 MG TAB, 1 MG/ML	
PULMOZYME .....	82	SOLUTION, 2 MG TAB .....	75
PURIXAN .....	33	<i>rasagiline mesylate</i> .....	36
<i>pyrazinamide</i> .....	28	RAVICTI .....	65
<i>pyridostigmine bromide 30 mg tab, 60 mg tab, 60</i>		RAZADYNE ER .....	23
<i>mg/5ml solution</i> .....	28	<i>reclipsen</i> .....	71
<i>pyridostigmine bromide er</i> .....	28	RECOMBIVAX HB .....	75
<i>pyrimethamine</i> .....	35	RECTIV .....	52
QINLOCK .....	33	REGLAN .....	26
QNASL .....	82	REGONOL .....	28
QNASL CHILDRENS .....	82	<i>relafen</i> .....	14
QUADRACEL .....	75	RELENZA DISKHALER .....	41
QUALAQUIN .....	35	RELEXXII .....	55
QUARTETTE .....	71	RELISTOR 12 MG/0.6ML SOLUTION .....	64
QUDEXY XR 25 MG CP24 SPRNK, 50 MG CP24		RELISTOR 8 MG/0.4ML SOLUTION .....	64
SPRNK, 100 MG CP24 SPRNK .....	22	RELPAX .....	28
QUESTRAN 4 GM PACKET, 4 GM/DOSE		REMERON SOLTAB .....	25
POWDER .....	52	REMICADE .....	75
QUESTRAN LIGHT .....	52	REMODULIN .....	82
<i>quetiapine fumarate 100 mg tab</i> .....	38	RENAGEL .....	62
<i>quetiapine fumarate 200 mg tab</i> .....	38	REVELA 0.8 GM PACKET .....	62
<i>quetiapine fumarate 25 mg tab</i> .....	38	REVELA 800 MG TAB .....	62
<i>quetiapine fumarate 300 mg tab</i> .....	38	<i>repaglinide 0.5 mg tab</i> .....	46
<i>quetiapine fumarate 400 mg tab</i> .....	38	<i>repaglinide 1 mg tab</i> .....	46
<i>quetiapine fumarate 50 mg tab</i> .....	38	<i>repaglinide 2 mg tab</i> .....	46
<i>quetiapine fumarate er 150 mg tab er 24h, 200 mg</i>			

REPATHA .....	52	<i>risperidone 3 mg tab disp</i> .....	38
REPATHA PUSHTRONEX SYSTEM .....	52	<i>risperidone 3 mg tab, 4 mg tab, 4 mg tab disp</i> .....	38
REPATHA SURECLICK .....	52	RITALIN LA 30 MG CAP ER 24H .....	55
RESTASIS .....	79	RITALIN LA 40 MG CAP ER 24H .....	55
RESTASIS MULTIDOSE .....	79	<i>ritonavir</i> .....	41
RESTORIL 22.5 MG CAP .....	83	RITUXAN .....	33
RETEVMO 40 MG CAP .....	33	RITUXAN HYCELA .....	33
RETEVMO 80 MG CAP .....	33	<i>rivastigmine</i> .....	23
RETIN-A 0.01 % GEL, 0.025 % CREAM .....	59	<i>rivastigmine tartrate</i> .....	23
RETIN-A MICRO 0.04 % GEL .....	59	<i>rivelsa</i> .....	71
RETIN-A MICRO PUMP 0.04 % GEL .....	59	<i>rizatriptan benzoate</i> .....	28
RETROVIR 10 MG/ML SOLUTION .....	41	ROCALTROL 0.5 MCG CAP, 1 MCG/ML SOLUTION .....	76
RETROVIR 100 MG CAP .....	41	ROCKLATAN .....	79
RETROVIR 50 MG/5ML SYRUP .....	41	ROMIDEPSIN 10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION .....	33
REVLIMID 10 MG CAP .....	33	<i>ropinirole hcl</i> .....	36
REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP .....	33	<i>ropinirole hcl er</i> .....	36
REVLIMID 5 MG CAP .....	33	<i>rosadan</i> .....	19
REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB .....	38	<i>rosuvastatin calcium</i> .....	52
REXULTI 3 MG TAB, 4 MG TAB .....	38	ROTARIX .....	75
REYATAZ 150 MG CAP, 200 MG CAP .....	41	ROTATEQ .....	75
REYATAZ 300 MG CAP .....	41	ROWASA .....	76
REYATAZ 50 MG PACKET .....	41	<i>roweepira</i> .....	22
RHOPRESSA .....	79	ROXICODONE 5 MG TAB, 15 MG TAB .....	14
RIABNI .....	33	ROZEREM .....	83
<i>ribavirin 200 mg cap, 200 mg tab</i> .....	41	ROZLYTREK 100 MG CAP .....	33
<i>ribavirin 6 gm recon soln</i> .....	82	ROZLYTREK 200 MG CAP .....	33
RIDAURA .....	75	RUBRACA .....	33
<i>rifabutin</i> .....	28	<i>rufinamide 200 mg tab</i> .....	22
<i>rifampin</i> .....	28	<i>rufinamide 40 mg/ml suspension</i> .....	22
RILUTEK .....	55	<i>rufinamide 400 mg tab</i> .....	22
<i>riluzole</i> .....	55	RUKOBIA .....	41
<i>rimantadine hcl</i> .....	41	RUZURGI .....	77
<i>ringers</i> .....	62	RYBELSUS 3 MG TAB .....	46
<i>ringers irrigation</i> .....	62	RYBELSUS 7 MG TAB, 14 MG TAB .....	46
RINVOQ .....	75	RYBREVANT .....	33
<i>risedronate sodium 150 mg tab</i> .....	76	RYDAPT .....	33
<i>risedronate sodium 35 mg tab, 35 mg tab dr</i> .....	76	RYTARY .....	36
<i>risedronate sodium 5 mg tab, 30 mg tab</i> .....	76	SABRIL 500 MG PACKET .....	22
RISPERDAL CONSTA 12.5 MG, 25 MG .....	38	SABRIL 500 MG TAB .....	22
RISPERDAL CONSTA 37.5 MG, 50 MG .....	38	SAFYRAL .....	71
<i>risperidone 0.25 mg tab, 0.25 mg tab disp</i> .....	38	SAIZEN .....	67
<i>risperidone 0.5 mg tab, 0.5 mg tab disp</i> .....	38	SAIZENPREP .....	67
<i>risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml solution</i> .....	38	<i>sajazir</i> .....	75
<i>risperidone 2 mg tab, 2 mg tab disp</i> .....	38	SALAGEN .....	56

<i>salsalate</i> .....	14	SHINGRIX .....	75
SANCUSO .....	26	SIGNIFOR .....	73
SANDIMMUNE 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION .....	75	<i>sildenafil citrate 10 mg/12.5ml solution</i> .....	82
SANDOSTATIN .....	73	<i>sildenafil citrate 20 mg tab</i> .....	82
SANDOSTATIN LAR DEPOT .....	73	<i>silodosin</i> .....	65
SANTYL .....	59	SILVADENE .....	59
SAPHRIS 10 MG SL TAB .....	38	<i>silver sulfadiazine</i> .....	59
SAPHRIS 2.5 MG SL TAB .....	38	SIMBRINZA .....	79
SAPHRIS 5 MG SL TAB .....	38	<i>simliya</i> .....	71
<i>sapropterin dihydrochloride 100 mg tab, 500 mg packet</i> .....	65	<i>simpesse</i> .....	71
SARCLISA .....	33	SIMULECT .....	75
SAVELLA .....	55	<i>simvastatin</i> .....	52
SAVELLA TITRATION PACK .....	55	SINEMET .....	36
<i>scopolamine</i> .....	26	SINGULAIR 4 MG CHEW TAB, 4 MG PACKET, 5 MG CHEW TAB .....	82
SEASONIQUE .....	71	<i>sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution</i> .....	75
SECUADO .....	38	<i>sirolimus 2 mg tab</i> .....	75
<i>selegiline hcl</i> .....	36	SIRTURO .....	28
<i>selenium sulfide 2.5 % lotion</i> .....	59	SKYLA .....	71
SELZENTRY 150 MG TAB, 300 MG TAB .....	41	SKYRIZI .....	75
SELZENTRY 20 MG/ML SOLUTION .....	41	SKYRIZI (150 MG DOSE) .....	75
SELZENTRY 25 MG TAB .....	41	<i>sodium acetate</i> .....	62
SELZENTRY 75 MG TAB .....	41	SODIUM ACETATE 2 MEQ/ML SOLUTION .....	62
SENSIPAR 30 MG TAB, 60 MG TAB .....	76	<i>sodium bicarbonate</i> .....	62
SENSIPAR 90 MG TAB .....	76	<i>sodium chloride (pf)</i> .....	62
<i>sensorcaine 0.5 % solution</i> .....	15	<i>sodium chloride 0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution</i> .....	62
<i>sensorcaine-mpf 0.5 % solution</i> .....	15	<i>sodium chloride 0.9 % solution irrigation</i> .....	62
SEREVENT DISKUS .....	82	<i>sodium chloride 0.9 % solution iv</i> .....	62
SEROQUEL XR 150 MG TAB ER 24H, 200 MG TAB ER 24H .....	38	<i>sodium chloride irrigation soln 0.9%</i> .....	62
SEROQUEL XR 400 MG TAB ER 24H .....	38	<i>sodium fluoride 1.1 % cream, 1.1 % gel</i> .....	56
SEROQUEL XR 50 MG TAB ER 24H, 300 MG TAB ER 24H .....	38	<i>sodium fluoride 2.2 mg</i> .....	63
<i>sertraline hcl 100 mg tab</i> .....	25	<i>sodium fluoride 5000 plus</i> .....	56
<i>sertraline hcl 20 mg/ml conc</i> .....	25	<i>sodium fluoride 5000 ppm 1.1 % cream</i> .....	56
<i>sertraline hcl 25 mg tab</i> .....	25	<i>sodium phenylbutyrate 3 gm/tsp powder, 500 mg tab</i> .....	65
<i>sertraline hcl 50 mg tab</i> .....	25	<i>sodium phosphates</i> .....	63
<i>setlakin</i> .....	71	<i>sodium polystyrene sulfonate</i> .....	63
<i>sevelamer carbonate 0.8 gm packet</i> .....	62	SOFOSBUVIR-VELPATASVIR .....	41
<i>sevelamer carbonate 2.4 gm packet</i> .....	62	<i>solifenacin succinate</i> .....	65
<i>sevelamer carbonate 800 mg tab</i> .....	62	SOLODYN 55 MG TAB ER 24H, 65 MG TAB ER 24H .....	19
<i>sevelamer hcl 400 mg tab</i> .....	62	SOLTAMOX .....	33
<i>sevelamer hcl 800 mg tab</i> .....	62	SOMA 250 MG TAB .....	83
<i>sf</i> .....	56	SOMATULINE DEPOT .....	73
<i>sf 5000 plus</i> .....	56	SOMAVERT .....	73
<i>sharobel</i> .....	71		

<i>sorine 120 mg tab, 160 mg tab, 240 mg tab</i> . . . .	52	SULAR 34 MG TAB ER 24H . . . . .	53
<i>sorine 80 mg tab</i> . . . . .	52	<i>sulfacetamide sodium (acne)</i> . . . . .	19
<i>sotalol hcl (af) 120 mg tab, 160 mg tab</i> . . . . .	52	<i>sulfacetamide sodium 10 % ointment, 10 %</i>	
<i>sotalol hcl (af) 80 mg tab</i> . . . . .	52	<i>solution</i> . . . . .	79
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg</i>		<i>sulfacetamide-prednisolone</i> . . . . .	79
<i>tab</i> . . . . .	52	SULFADIAZINE . . . . .	19
<i>sotalol hcl 80 mg tab</i> . . . . .	52	<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml</i>	
SPIRIVA HANDIHALER . . . . .	82	<i>suspension, 400-80 mg/5ml solution</i> . . . . .	19
SPIRIVA RESPIMAT . . . . .	82	<i>sulfamethoxazole-trimethoprim 400-80 mg tab,</i>	
<i>spironolactone 25 mg tab</i> . . . . .	52	<i>800-160 mg tab</i> . . . . .	19
<i>spironolactone 50 mg tab, 100 mg tab</i> . . . . .	52	SULFAMYLON 85 MG/GM CREAM . . . . .	59
<i>spironolactone-hctz</i> . . . . .	53	<i>sulfasalazine</i> . . . . .	76
SPRAVATO (56 MG DOSE) . . . . .	25	<i>sulindac 150 mg tab</i> . . . . .	14
SPRAVATO (84 MG DOSE) . . . . .	25	<i>sulindac 200 mg tab</i> . . . . .	14
<i>sprintec 28</i> . . . . .	71	<i>sumatriptan</i> . . . . .	28
SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG		<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100</i>	
TAB . . . . .	22	<i>mg tab</i> . . . . .	28
SPRITAM 750 MG TAB . . . . .	22	<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6</i>	
SPRYCEL . . . . .	33	<i>mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i> . . . .	28
<i>sps</i> . . . . .	63	<i>sumatriptan succinate refill</i> . . . . .	28
<i>sronyx</i> . . . . .	71	<i>sunitinib malate</i> . . . . .	33
<i>ssd</i> . . . . .	59	SUNOSI . . . . .	83
STALEVO 50 . . . . .	36	SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON	
STALEVO 75 . . . . .	36	SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON	
STAMARIL . . . . .	75	SUSP, 400 MG CAP, 500 MG/5ML RECON	
<i>stavudine 15 mg cap, 20 mg cap</i> . . . . .	41	SUSP . . . . .	19
<i>stavudine 30 mg cap, 40 mg cap</i> . . . . .	41	SUPREP BOWEL PREP KIT . . . . .	64
STELARA 130 MG/26ML SOLUTION . . . . .	59	SUSTIVA 200 MG CAP . . . . .	41
STELARA 45 MG/0.5ML SOLN PRSYR, 90 MG/ML		SUSTIVA 50 MG CAP . . . . .	41
SOLN PRSYR . . . . .	75	SUTENT . . . . .	33
STELARA 45 MG/0.5ML SOLUTION . . . . .	75	<i>syeda</i> . . . . .	71
<i>sterile water for irrigation</i> . . . . .	77	SYMBICORT . . . . .	82
STIMATE . . . . .	67	SYMBYAX . . . . .	25
STIOLTO RESPIMAT . . . . .	82	SYMFI . . . . .	41
STIVARGA . . . . .	33	SYMFI LO . . . . .	41
STRATTERA 10 MG CAP, 18 MG CAP, 25 MG CAP, 40		SYMJEPI . . . . .	82
MG CAP . . . . .	56	SYMLINPEN 120 . . . . .	46
STRATTERA 60 MG CAP, 80 MG CAP, 100 MG		SYMLINPEN 60 . . . . .	46
CAP . . . . .	56	SYMPAZAN 10 MG FILM, 20 MG FILM . . . . .	22
<i>streptomycin sulfate</i> . . . . .	19	SYMPAZAN 5 MG FILM . . . . .	22
STRIBILD . . . . .	41	SYMTUZA . . . . .	42
STROMECTOL . . . . .	36	SYNAGIS . . . . .	75
SUBOXONE 12-3 MG FILM . . . . .	16	SYNALAR 0.025 % CREAM . . . . .	59
SUBSYS . . . . .	14	SYNAREL . . . . .	73
<i>subvenite</i> . . . . .	22	SYNERCID . . . . .	19
SUCRAID . . . . .	65	SYNJARDY . . . . .	46
SUCRALFATE 1 GM TAB, 1 GM/10ML		SYNJARDY XR 25-1000 MG TAB ER 24H . . . . .	46
SUSPENSION . . . . .	64	SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG	



TAB ER 24H, 12.5-1000 MG TAB ER 24H	46	<i>telmisartan-amlodipine</i>	53
SYNRIBO	33	<i>telmisartan-hctz</i>	53
SYNTHROID	72	<i>temazepam</i>	83
TABLOID	33	TEMIXYS	42
TABRECTA	33	TEMOVATE 0.05 % CREAM	59
<i>tacrolimus 0.03 % ointment, 0.1 % ointment</i>	59	<i>temsirolimus</i>	75
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	75	<i>tencon</i>	56
<i>tadalafil</i>	65	TENIVAC	75
<i>tadalafil (pah)</i>	82	<i>tenofovir disoproxil fumarate</i>	42
TAFINLAR	33	TENORETIC 100	53
TAGRISSE	33	TENORETIC 50	53
TALZENNA 0.25 MG CAP	34	TENORMIN 50 MG TAB, 100 MG TAB	53
TALZENNA 1 MG CAP	34	TEPMETKO	34
TAMIFLU 6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP	42	<i>terazosin hcl</i>	53
<i>tamoxifen citrate</i>	34	<i>terbinafine hcl</i>	27
<i>tamsulosin hcl</i>	65	<i>terbutaline sulfate 1 mg/ml solution, 2.5 mg tab, 5 mg tab</i>	82
TAPAZOLE	73	<i>terconazole 0.4 % cream, 0.8 % cream, 80 mg suppos</i>	27
<i>taperdex 6-day</i>	67	TERIPARATIDE (RECOMBINANT)	76
TARCEVA 100 MG TAB, 150 MG TAB	34	<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	71
TARCEVA 25 MG TAB	34	<i>testosterone 10 mg/act (2%) gel</i>	71
TARGRETIN 1 % GEL	34	<i>testosterone 12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel</i>	71
TARGRETIN 75 MG CAP	34	<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	71
<i>tarina 24 fe</i>	71	<i>testosterone 30 mg/act solution</i>	71
<i>tarina fe 1/20</i>	71	<i>testosterone cypionate</i>	71
<i>tarina fe 1/20 eq</i>	71	<i>testosterone enanthate</i>	71
TASIGNA	34	<i>tetrabenazine 12.5 mg tab</i>	56
<i>tazarotene 0.1 % cream</i>	59	<i>tetrabenazine 25 mg tab</i>	56
<i>tazicef 1 gm inj recon soln</i>	19	<i>tetracycline hcl</i>	20
<i>tazicef 2 gm inj recon soln</i>	19	THALOMID 150 MG CAP, 200 MG CAP	34
<i>tazicef 2 gm iv recon soln</i>	19	THALOMID 50 MG CAP, 100 MG CAP	34
<i>tazicef 6 gm inj recon soln</i>	19	THEO-24	82
TAZORAC	59	<i>theophylline</i>	82
<i>taztia xt</i>	53	<i>theophylline er</i>	82
TAZVERIK	34	THIOLA	65
TDVAX	75	<i>thioridazine hcl</i>	38
TECENTRIQ 1200 MG/20ML SOLUTION	34	<i>thiotepa</i>	34
TECENTRIQ 840 MG/14ML SOLUTION	34	<i>thiothixene</i>	38
TECFIDERA 120 & 240 MG MISC	56	THYMOGLOBULIN	75
TECFIDERA 120 MG CAP DR	56	<i>tiadylt er</i>	53
TECFIDERA 240 MG CAP DR	56	<i>tiagabine hcl</i>	22
TEFLARO	19	TIAZAC	53
TEGRETOL 100 MG/5ML SUSPENSION	22	TIBSOVO	34
TEGRETOL-XR	22	TICE BCG	34
TEKTURNA	53		
TEKTURNA HCT	53		
<i>telmisartan</i>	53		

TIGECYCLINE .....	20	TOPROL XL .....	53
TIKOSYN .....	53	<i>toremifene citrate</i> .....	34
<i>tilia fe</i> .....	71	<i>torse mide</i> .....	53
<i>timolol maleate 0.25 % gel f soln, 0.5 % (daily)</i> <i>solution, 0.5 % gel f soln, 0.5 % solution</i> .....	79	TOUJEO MAX SOLOSTAR .....	46
<i>timolol maleate 0.25 % solution</i> .....	79	TOUJEO SOLOSTAR .....	46
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg</i> <i>tab</i> .....	53	<i>tovet</i> .....	59
<i>timolol maleate ocudose</i> .....	79	TOVIAZ .....	66
<i>timolol maleate pf</i> .....	79	TPN ELECTROLYTES .....	63
TIMOPTIC OCUDOSE .....	79	TRACLEER 32 MG TAB SOL .....	82
TIMOPTIC-XE .....	79	TRACLEER 62.5 MG TAB, 125 MG TAB .....	82
<i>tinidazole</i> .....	20	TRADJENTA .....	46
<i>tiopronin</i> .....	66	<i>tramadol hcl 50 mg tab</i> .....	14
TIROSINT .....	72	<i>tramadol hcl er (biphasic)</i> .....	14
TIROSINT-SOL .....	72	<i>tramadol hcl er 100 mg tab er 24h, 200 mg tab er</i> <i>24h, 300 mg tab er 24h</i> .....	14
<i>tis-u-sol</i> .....	63	<i>tramadol-acetaminophen</i> .....	15
TIVICAY 10 MG TAB .....	42	<i>trandolapril</i> .....	53
TIVICAY 25 MG TAB, 50 MG TAB .....	42	TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER .....	53
TIVICAY PD .....	42	<i>tranexamic acid 650 mg tab, 1000 mg/10ml</i> <i>solution</i> .....	48
<i>tizanidine hcl</i> .....	39	TRANSDERM SCOP (1.5 MG) .....	26
TOBI .....	82	TRANSDERM-SCOP (1.5 MG) .....	26
TOBRADEX 0.3-0.1 % OINTMENT .....	79	TRANXENE-T .....	43
TOBRADEX 0.3-0.1 % SUSPENSION .....	79	<i>tranylcypramine sulfate</i> .....	25
TOBRADEX ST .....	79	TRAVASOL .....	63
<i>tobramycin 0.3 % solution</i> .....	79	TRAVATAN Z .....	79
<i>tobramycin 300 mg/5ml nebu soln</i> .....	82	<i>travoprost (bak free)</i> .....	79
<i>tobramycin sulfate 1.2 gm recon soln, 1.2</i> <i>gm/30ml solution, 2 gm/50ml solution, 10</i> <i>mg/ml solution, 80 mg/2ml solution</i> .....	20	<i>trazodone hcl 300 mg tab</i> .....	25
<i>tobramycin-dexamethasone</i> .....	79	<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg</i> <i>tab</i> .....	25
TOBREX 0.3 % SOLUTION .....	79	TREANDA .....	34
<i>tolcapone</i> .....	36	TRECTOR .....	28
<i>tolterodine tartrate</i> .....	66	TRELEGY ELLIPTA .....	82
<i>tolterodine tartrate er</i> .....	66	TRELSTAR MIXJECT .....	73
<i>tolvaptan 15 mg tab</i> .....	63	<i>treprostinil</i> .....	82
<i>tolvaptan 30 mg tab</i> .....	63	<i>tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel,</i> <i>0.05 % cream, 0.1 % cream</i> .....	59
TOPICORT 0.05 % CREAM, 0.25 % CREAM .....	59	<i>tretinoin 0.05 % gel</i> .....	60
TOPICORT 0.05 % GEL, 0.05 % OINTMENT, 0.25 % OINTMENT .....	59	<i>tretinoin 10 mg cap</i> .....	34
TOPICORT SPRAY .....	59	<i>tretinoin microsphere</i> .....	60
<i>topiramate 15 mg cap sprink, 25 mg cap</i> <i>sprink</i> .....	22	<i>tretinoin microsphere pump</i> .....	60
<i>topiramate 25 mg tab, 50 mg tab, 100 mg tab, 200</i> <i>mg tab</i> .....	22	TREXALL .....	75
<i>toposar</i> .....	34	<i>tri femynor</i> .....	71
<i>topotecan hcl 4 mg recon soln, 4 mg/4ml</i> <i>solution</i> .....	34	<i>tri-estarylla</i> .....	71
		<i>tri-legest fe</i> .....	71
		<i>tri-linyah</i> .....	71

<i>tri-lo-estarylla</i> .....	71	TROKENDI XR 200 MG CAP ER 24H .....	22
<i>tri-lo-marzia</i> .....	71	TROKENDI XR 25 MG CAP ER 24H, 50 MG CAP ER	
<i>tri-lo-mili</i> .....	71	24H .....	22
<i>tri-lo-sprintec</i> .....	71	TROPHAMINE 10 % SOLUTION .....	63
<i>tri-mili</i> .....	71	<i>trospium chloride</i> .....	66
<i>tri-nymyo</i> .....	71	<i>trospium chloride er</i> .....	66
<i>tri-previfem</i> .....	71	TRULICITY .....	46
<i>tri-sprintec</i> .....	71	TRUMENBA .....	75
<i>tri-vylibra</i> .....	71	TRUSELTIQ (100MG DAILY DOSE) .....	34
<i>tri-vylibra lo</i> .....	71	TRUSELTIQ (125MG DAILY DOSE) .....	34
<i>triamcinolone acetonide 0.025 % cream, 0.1 %</i>		TRUSELTIQ (50MG DAILY DOSE) .....	34
<i>cream, 0.5 % cream</i> .....	60	TRUSELTIQ (75MG DAILY DOSE) .....	34
<i>triamcinolone acetonide 0.025 % lotion, 0.025 %</i>		TRUVADA .....	42
<i>ointment, 0.1 % lotion, 0.1 % ointment, 0.147</i>		TUDORZA PRESSAIR .....	82
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<i>triamcinolone acetonide 40 mg/ml</i>		TWINRIX .....	75
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<i>triamcinolone in absorbase</i> .....	60	TYBLUME .....	71
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<i>triazolam</i> .....	83	TYMLOS .....	76
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<i>triderm</i> .....	60	TYSABRI .....	56
<i>trientine hcl</i> .....	63	TYVASO .....	82
<i>trifluoperazine hcl</i> .....	38	TYVASO REFILL .....	82
<i>trifluridine</i> .....	42	TYVASO STARTER .....	82
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i> .....	36	UBRELVY .....	28
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i> .....	36	UDENYCA .....	48
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000		UKONIQ .....	34
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<i>trimethobenzamide hcl</i> .....	26	TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG	
<i>trimethoprim</i> .....	20	TAB, 1400 MCG TAB, 1600 MCG TAB .....	82
<i>trimipramine maleate</i> .....	25	UROCIT-K 10 .....	63
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<i>valproic acid 250 mg cap, 250 mg/5ml</i> <i>solution</i> .....	23	<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg</i> <i>tab</i> .....	53
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<i>vancomycin hcl 100 gm recon soln</i> .....	20	VFEND 50 MG TAB .....	27
<i>vancomycin hcl 125 mg cap</i> .....	20	VFEND IV .....	27
<i>vancomycin hcl 250 mg cap</i> .....	20	VIBATIV .....	20
<i>vancomycin hcl 750 mg recon soln</i> .....	20	VIBRAMYCIN 100 MG CAP .....	20
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