

Amerivantage Select (HMO) 2017 Formulary (List of Covered Drugs)

Please read:

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



This formulary was updated on August 1, 2016. For more recent information or other questions, please contact **Amerivantage Select (HMO)** Customer Service, at **1-866-805-4589** or, for TTY users, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30, or visit www.myamerigroup.com/medicare.

Note to existing members:

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Amerigroup. When it refers to “plan” or “our plan,” it means Amerivantage Select (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

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

What is the Amerivantage Select (HMO) formulary?

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

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2017. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *irbesartan 75mg tablets*. This may be in addition to a standard one-month or three-month supply.

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

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

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

What if my drug is not on the formulary?

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

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

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

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

How do I request an exception to the Amerivantage Select (HMO)'s formulary?

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

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

You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Our plan's formulary

The formulary 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

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

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

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

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

B/D – Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B

drug under your medical benefits, as determined by Medicare.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-866-805-4589, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

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

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

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

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

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$2.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$7.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$4.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$9.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$42.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$47.00
Cost-Sharing Tier 4: Nonpreferred Drug	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$95.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$100.00
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	33%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	33%
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00

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

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

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

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

Covered Medications by Therapeutic Category

Legend

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

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

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

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

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

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-866-805-4589, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amikacin injection solution 500 mg/2 ml</i>	4	MO
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg</i>	2	MO
<i>amoxicillin oral tablet, chewable 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	3	MO
<i>amphotericin b</i>	4	B/D PAR; MO
<i>ampicillin oral capsule</i>	1	MO
<i>ampicillin oral suspension for reconstitution</i>	2	MO
<i>ampicillin sodium injection</i>	4	MO
<i>ampicillin sodium intravenous</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	
APTIVUS ORAL CAPSULE	5	MO; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (390 per 30 days)
<i>atovaquone</i>	5	PAR; MO
<i>atovaquone-proguanil</i>	4	MO
ATRIPLA	5	MO; QLL (30 per 30 days)
<i>azithromycin intravenous</i>	4	MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	4	MO
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	2	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	MO
<i>azithromycin oral tablet 500 mg, 600 mg</i>	2	MO
<i>aztreonam</i>	4	MO
BARACLUDE ORAL SOLUTION	5	PAR; MO

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

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

Drug Name	Drug Tier	Requirements/Limits
cefotetan	4	
cefoxitin in dextrose, iso-osm	4	
cefoxitin intravenous recon soln 1 gram	4	MO
cefoxitin intravenous recon soln 10 gram, 2 gram	4	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml	4	MO
cefpodoxime oral suspension for reconstitution 50 mg/5 ml	3	MO
cefpodoxime oral tablet 100 mg	3	MO
cefpodoxime oral tablet 200 mg	4	MO
cefprozil oral suspension for reconstitution	3	MO
cefprozil oral tablet 250 mg	2	MO
cefprozil oral tablet 500 mg	3	MO
CEFTAZIDIME IN D5W	4	
ceftazidime injection recon soln 1 gram, 2 gram	4	MO
ceftazidime injection recon soln 6 gram	4	
ceftriaxone in dextrose, iso-os	4	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 500 mg	4	MO
ceftriaxone injection recon soln 10 gram	4	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	4	
ceftriaxone injection recon soln 250 mg	3	MO
ceftriaxone intravenous recon soln 1 gram	3	MO
ceftriaxone intravenous recon soln 2 gram	4	MO
cefuroxime axetil oral tablet 250 mg	1	MO
cefuroxime axetil oral tablet 500 mg	2	MO
cefuroxime sodium injection recon soln 1.5 gram, 750 mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
cefuroxime sodium intravenous vial 7.5 gm	4	
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral suspension for reconstitution 125 mg/5 ml	1	MO
cephalexin oral suspension for reconstitution 250 mg/5 ml	2	MO
cephalexin oral tablet	1	MO
chloramphenicol sod succinate	4	
chloroquine phosphate oral	3	MO
cidofovir	5	B/D PAR; MO
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg	3	MO; QLL (14 per 14 days)
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg	2	MO; QLL (3 per 3 days)
ciprofloxacin hcl oral tablet 100 mg, 750 mg	2	MO
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO
ciprofloxacin in 5 % dextrose	4	MO
ciprofloxacin lactate intravenous solution 200 mg/20 ml	4	MO
ciprofloxacin lactate intravenous solution 400 mg/40 ml	4	
ciprofloxacin oral suspension	4	
clarithromycin oral suspension for reconstitution 125 mg/5 ml	2	MO
clarithromycin oral suspension for reconstitution 250 mg/5 ml	4	MO
clarithromycin oral tablet	3	MO
clarithromycin oral tablet extended release 24 hr	3	MO; QLL (28 per 14 days)
clindamycin hcl oral capsule	2	MO
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin in 5 % dextrose intravenous piggyback 900 mg/50 ml</i>	3	MO
<i>clindamycin phosphate injection</i>	4	MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	4	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	MO
<i>clotrimazole mucous membrane</i>	3	MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	MO
COMPLERA	5	MO; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	MO; QLL (180 per 30 days)
CUBICIN	5	MO
DAPSONE	3	MO
DARAPRIM	3	MO
<i>demeclocycline</i>	4	MO
DESCOVY	5	QLL (30 per 30 days)
<i>dicloxacillin</i>	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	3	MO; QLL (90 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	4	MO; QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg</i>	3	MO; QLL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 400 mg</i>	4	MO; QLL (30 per 30 days)
DIFICID	5	PAR; MO
DORIBAX	4	
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate oral tablet 100 mg</i>	4	MO
<i>doxycycline hyclate oral tablet 20 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg</i>	4	MO
<i>doxycycline monohydrate oral tablet 75 mg</i>	3	MO
<i>e.e.s. 400 oral tablet</i>	3	MO
EDURANT	5	MO; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QLL (870 per 30 days)
<i>entecavir</i>	5	PAR; MO
EPIVIR HBV ORAL SOLUTION	3	MO
EPIVIR ORAL SOLUTION	4	MO; QLL (960 per 30 days)
EPZICOM	5	MO; QLL (30 per 30 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	MO
<i>erythrocine (as stearate) oral tablet 250 mg</i>	3	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	4	MO
<i>ethambutol</i>	4	MO
EVOTAZ	5	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	3	MO; QLL (21 per 7 days)
<i>fluconazole in dextrose(iso-o)</i>	4	
FLUCONAZOLE IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	3	MO
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	4	MO
<i>fluconazole oral tablet 100 mg</i>	3	MO
<i>fluconazole oral tablet 150 mg, 50 mg</i>	2	MO
<i>fluconazole oral tablet 200 mg</i>	4	MO
<i>flucytosine</i>	5	MO
<i>foscarnet</i>	3	B/D PAR
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QLL (60 per 30 days)
<i>ganciclovir sodium</i>	3	B/D PAR; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	3	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	4	
<i>gentamicin injection solution 20 mg/2 ml</i>	4	MO
<i>gentamicin injection solution 40 mg/ml</i>	3	MO
<i>gentamicin sulfate (ped) (pf)</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	4	MO
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	4	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	4	
GENVOYA	5	MO; QLL (30 per 30 days)
GRIS-PEG (ULTRAMICROSIZED) ORAL TABLET 250 MG	4	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
HARVONI	5	PAR; MO; QLL (28 per 28 days)
<i>hydroxychloroquine oral</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	3	MO
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	4	MO
INTELENCE ORAL TABLET 100 MG	5	MO; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QLL (480 per 30 days)
INVANZ INJECTION	4	MO
INVANZ INTRAVENOUS	4	
INVIRASE ORAL CAPSULE	5	MO; QLL (300 per 30 days)
INVIRASE ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	MO; QLL (180 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	MO; QLL (720 per 30 days)
<i>isoniazid injection</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid oral solution</i>	4	MO	<i>linezolid oral suspension for reconstitution</i>	5	PAR; MO; QLL (1680 per 30 days)
<i>isoniazid oral tablet 100 mg</i>	1	MO	<i>linezolid oral tablet</i>	5	PAR; MO; QLL (56 per 30 days)
<i>isoniazid oral tablet 300 mg</i>	2	MO	<i>linezolid-0.9% sodium chloride</i>	5	
<i>itraconazole</i>	4	PAR; MO	MALARONE ORAL TABLET 250 MG-100 MG	4	MO
<i>ivermectin oral</i>	3	MO	<i>mefloquine</i>	3	MO
KALETRA ORAL SOLUTION	4	MO; QLL (480 per 30 days)	<i>meropenem intravenous vial</i>	4	MO
KALETRA ORAL TABLET 100-25 MG	4	MO; QLL (300 per 30 days)	<i>methenamine hippurate</i>	4	MO
KALETRA ORAL TABLET 200-50 MG	5	MO; QLL (120 per 30 days)	<i>methenamine mandelate</i>	2	MO
KETEK	3	MO; QLL (20 per 10 days)	<i>metro i.v.</i>	4	MO
<i>ketoconazole oral</i>	3	MO	<i>metronidazole in nacl (iso-os)</i>	3	MO
LAMISIL ORAL TABLET	4	MO; QLL (30 per 30 days)	<i>metronidazole oral capsule</i>	4	MO
<i>lamivudine oral solution</i>	4	MO; QLL (900 per 30 days)	<i>metronidazole oral tablet</i>	2	MO
<i>lamivudine oral tablet 100 mg</i>	4	MO	<i>minocycline oral capsule</i>	2	MO
<i>lamivudine oral tablet 150 mg</i>	4	MO; QLL (60 per 30 days)	<i>minocycline oral tablet</i>	4	MO
<i>lamivudine oral tablet 300 mg</i>	4	MO; QLL (30 per 30 days)	<i>moxifloxacin</i>	3	MO; QLL (21 per 21 days)
<i>lamivudine-zidovudine</i>	4	MO; QLL (60 per 30 days)	MYCAMINE	5	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4		<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO	<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>levofloxacin intravenous</i>	4	MO	<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO	<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	1	MO; QLL (14 per 14 days)	<i>nafcillin intravenous</i>	4	MO
<i>levofloxacin oral tablet 750 mg</i>	2	MO; QLL (14 per 14 days)	NEBUPENT	3	B/D PAR; MO
LEXIVA ORAL SUSPENSION	4	MO; QLL (1800 per 30 days)	<i>neomycin</i>	2	MO
LEXIVA ORAL TABLET	5	MO; QLL (120 per 30 days)	<i>nevirapine oral suspension</i>	4	MO; QLL (1200 per 30 days)
LINCOCIN	4	MO	<i>nevirapine oral tablet</i>	3	MO; QLL (60 per 30 days)
<i>lincomycin injection</i>	4		<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO
<i>linezolid intravenous</i>	5		<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	4	PAR; MO
<i>nitrofurantoin monohyd/m-cryst</i>	4	PAR; MO
NORVIR ORAL CAPSULE	4	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	4	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	3	MO; QLL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	5	PAR; MO; QLL (600 per 30 days)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	5	PAR; MO; QLL (240 per 30 days)
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
ODEFSEY	5	QLL (30 per 30 days)
<i>ofloxacin oral tablet 400 mg</i>	3	MO
OLYSIO	5	PAR; MO; QLL (30 per 30 days)
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	4	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	5	MO
<i>oxacillin injection</i>	5	MO
<i>oxacillin intravenous recon soln 1 gram</i>	5	
<i>oxacillin intravenous recon soln 2 gram</i>	4	
<i>paromomycin</i>	4	MO
PASER	4	MO
PENICILLIN G POT IN DEXTROSE	4	
<i>penicillin g potassium injection recon soln 20 million unit</i>	5	MO
<i>penicillin g potassium injection recon soln 5 million unit</i>	4	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	4	
<i>penicillin g sodium</i>	5	MO
<i>penicillin v potassium</i>	1	MO
PENTAM	4	MO
<i>pfizerpen-g</i>	4	
<i>piperacillin-tazobactam</i>	4	MO
<i>polymyxin b sulfate</i>	4	MO
PREZCOBIX	5	MO; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QLL (420 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QLL (300 per 30 days)
PRIFTIN	4	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	4	PAR; MO
RELENZA DISKHALER	3	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	4	MO; QLL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	MO; QLL (360 per 30 days)
RETROVIR INTRAVENOUS	4	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG	5	MO; QLL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	5	MO; QLL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET	4	MO; QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	4	MO
<i>ribasphere oral tablet 200 mg</i>	4	MO
<i>ribavirin oral capsule</i>	4	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rifabutin</i>	4	MO
<i>rifampin</i>	4	MO
RIFATER	4	MO
<i>rimantadine</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SELZENTRY	5	MO; QLL (120 per 30 days)	<i>terbinafine hcl oral</i>	2	MO; QLL (30 per 30 days)
SIRTURO	5	PAR; MO; LA	<i>tetracycline</i>	4	MO
SIVEXTRO INTRAVENOUS	5	PAR	<i>tinidazole oral tablet 250 mg</i>	2	MO
SIVEXTRO ORAL	5	PAR; MO; QLL (6 per 30 days)	<i>tinidazole oral tablet 500 mg</i>	4	MO
SOVALDI	5	PAR; MO; QLL (30 per 30 days)	TIVICAY ORAL TABLET 10 MG	4	QLL (60 per 30 days)
<i>stavudine oral capsule 15 mg</i>	3	MO; QLL (120 per 30 days)	TIVICAY ORAL TABLET 25 MG	5	QLL (60 per 30 days)
<i>stavudine oral capsule 20 mg</i>	4	MO; QLL (120 per 30 days)	TIVICAY ORAL TABLET 50 MG	5	MO; QLL (60 per 30 days)
<i>stavudine oral capsule 30 mg</i>	3	MO; QLL (60 per 30 days)	<i>tobramycin in 0.225 % nacl</i>	5	B/D PAR; MO; QLL (280 per 28 days)
<i>stavudine oral capsule 40 mg</i>	4	MO; QLL (60 per 30 days)	<i>tobramycin sulfate injection recon soln</i>	4	
<i>stavudine oral recon soln</i>	3	MO; QLL (2400 per 30 days)	<i>tobramycin sulfate injection solution</i>	4	MO
STREPTOMYCIN INTRAMUSCULAR	4	MO	TRECTOR	4	MO
STRIBILD	5	MO; QLL (30 per 30 days)	<i>trimethoprim</i>	2	MO
STROMEKTOL	3	MO	TRIUMEQ	5	MO; QLL (30 per 30 days)
<i>sulfadiazine oral</i>	4	MO	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	5	QLL (30 per 30 days)
<i>sulfamethoxazole-trimethoprim intravenous</i>	3	MO	TRUVADA ORAL TABLET 200-300 MG	5	MO; QLL (30 per 30 days)
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO	TYBOST	3	MO; QLL (30 per 30 days)
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO	TYGACIL	5	MO
SUSTIVA ORAL CAPSULE 200 MG	4	MO; QLL (120 per 30 days)	TYZEKA	5	PAR; MO
SUSTIVA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)	<i>valacyclovir</i>	3	MO; QLL (30 per 30 days)
SUSTIVA ORAL TABLET	5	MO; QLL (30 per 30 days)	<i>valganciclovir</i>	5	MO
SYNAGIS	5	PAR; MO; LA	VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	B/D PAR
SYNERCID	5		VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	B/D PAR; MO
TAMIFLU	3	MO	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	B/D PAR
TECHNIVIE	5	PAR; MO; QLL (56 per 28 days)	<i>vancomycin intravenous</i>	4	MO
TEFLARO INTRAVENOUS RECON SOLN 400 MG	4	MO	VANCOMYCIN INTRAVENOUS	4	MO
TEFLARO INTRAVENOUS RECON SOLN 600 MG	5	MO			

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin oral capsule 125 mg</i>	4	PAR; MO; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 10 days)
VIDEX 2 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIEKIRA PAK	5	PAR; MO; QLL (112 per 28 days)
VIRACEPT ORAL TABLET 250 MG	5	MO; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	MO; QLL (120 per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO
VIRAZOLE	5	PAR; MO
VIREAD ORAL POWDER	5	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 250 MG, 300 MG	5	MO; QLL (30 per 30 days)
VIREAD ORAL TABLET 200 MG	4	MO; QLL (30 per 30 days)
VITEKTA	5	MO; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	4	MO
<i>voriconazole oral suspension for reconstitution</i>	5	PAR; MO; QLL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	5	PAR; MO; QLL (120 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PAR; MO; QLL (84 per 28 days)
ZEPATIER	5	PAR; MO; QLL (30 per 30 days)
ZIAGEN ORAL SOLUTION	4	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	4	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	3	MO; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	3	MO; QLL (60 per 30 days)
ZITHROMAX ORAL PACKET	4	MO

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX ORAL TABLET 250 MG	4	MO
ZITHROMAX Z-PAK	4	MO
ZMAX	3	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	5	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	5	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	PAR; MO; QLL (1680 per 30 days)
Antineoplastic / Immunosuppressant Drugs		
ABRAXANE	5	MO
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PAR
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	4	B/D PAR; MO
AFINITOR	5	PAR; MO
AFINITOR DISPERZ	5	PAR; MO
ALECENSA	5	MO
ALIMTA	5	PAR; MO
ALKERAN ORAL	4	B/D PAR; MO
<i>amifostine crystalline</i>	5	PAR; MO
<i>anastrozole</i>	2	MO; QLL (30 per 30 days)
ARRANON	4	
ARZERRA	5	PAR; MO
AVASTIN	5	PAR; MO
<i>azacitidine</i>	5	PAR; MO
<i>azathioprine</i>	2	B/D PAR; MO
<i>azathioprine sodium</i>	4	B/D PAR
BELEODAQ	5	PAR; MO
BENDEKA	5	MO
<i>bexarotene</i>	5	PAR; MO
<i>bicalutamide</i>	3	MO; QLL (30 per 30 days)
BICNU	4	MO
<i>bleomycin</i>	4	B/D PAR; MO
BLINCYTO	5	PAR; MO
BOSULIF ORAL TABLET 100 MG	5	PAR; MO; QLL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	5	PAR; MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
BUSULFEX	4	
CABOMETYX ORAL TABLET 20 MG	5	PAR; LA; QLL (90 per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PAR; LA; QLL (30 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PAR; MO; LA; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	4	MO
CELLCEPT INTRAVENOUS	4	B/D PAR; MO
<i>cisplatin</i>	4	MO
<i>cladribine</i>	5	B/D PAR; MO
CLOLAR	5	MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PAR; MO; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PAR; MO; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/ DAY)	5	PAR; MO; QLL (84 per 28 days)
COSMEGEN	5	MO
COTELLIC	5	PAR; MO; LA; QLL (90 per 30 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	4	B/D PAR; MO
<i>cyclosporine intravenous</i>	4	B/D PAR
<i>cyclosporine modified</i>	4	B/D PAR; MO
<i>cyclosporine oral capsule</i>	4	B/D PAR; MO
CYRAMZA	5	PAR; MO
<i>cytarabine</i>	4	B/D PAR; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	4	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PAR
<i>dacarbazine</i>	4	MO
DARZALEX	5	MO; LA
<i>daunorubicin intravenous solution</i>	4	
<i>decitabine</i>	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	5	
<i>docetaxel intravenous solution 10 mg/ml, 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	MO
<i>doxorubicin intravenous recon soln</i>	4	
<i>doxorubicin intravenous solution</i>	4	MO
<i>doxorubicin, peg-liposomal</i>	5	MO
DROXIA	3	MO
ELITEK	5	PAR; MO
EMCYT	5	MO
EMPLICITI	5	B/D PAR; MO
ENVARUSUS XR	4	B/D PAR; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	
<i>epirubicin intravenous solution 50 mg/25 ml</i>	4	MO
ERBITUX	5	PAR; MO
ERIVEDGE	5	PAR; MO; QLL (30 per 30 days)
ERWINAZE	5	PAR; MO
ETOPOPHOS	5	MO
<i>etoposide intravenous</i>	3	MO
EVOMELA	5	
<i>exemestane</i>	4	MO; QLL (60 per 30 days)
FARESTON	5	MO; QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PAR; MO; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PAR; MO; QLL (30 per 30 days)
FASLODEX	5	PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PAR; MO; QLL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PAR; MO; QLL (1 per 28 days)
<i>fludarabine intravenous recon soln</i>	4	MO
<i>fludarabine intravenous solution</i>	4	
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	4	B/D PAR; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	3	B/D PAR; MO
<i>flutamide</i>	4	MO
FOLOTYN	5	MO
FUSILEV	5	MO
GAZYVA	5	PAR; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	MO
<i>gemcitabine intravenous recon soln 2 gram</i>	5	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	MO
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	5	
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PAR; MO
<i>gengraf oral capsule 50 mg</i>	4	B/D PAR
<i>gengraf oral solution</i>	4	B/D PAR; MO
GILOTRIF	5	PAR; MO; QLL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PAR; MO; QLL (240 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PAR; MO; QLL (60 per 30 days)
GLEOSTINE	4	PAR; MO
HALAVEN	5	PAR; MO
HERCEPTIN	5	PAR; MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
IBRANCE	5	PAR; MO; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; MO; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; MO; QLL (30 per 30 days)
<i>idarubicin</i>	5	
IFEX	4	MO
<i>ifosfamide intravenous recon soln</i>	4	MO
<i>ifosfamide intravenous solution</i>	4	
<i>imatinib oral tablet 100 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PAR; MO; QLL (60 per 30 days)
IMBRUVICA	5	PAR; MO; QLL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PAR; MO; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; MO; QLL (120 per 30 days)
IRESSA	5	MO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	4	MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	
ISTODAX	5	PAR; MO
IXEMPRA	5	MO
JAKAFI ORAL TABLET 10 MG	5	PAR; MO; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	5	PAR; MO; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; MO; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	5	PAR; MO; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	5	PAR; MO; QLL (300 per 30 days)
JEVTANA	5	MO
KADCYLA	5	PAR; MO
KEYTRUDA	5	PAR; MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY)	5	PAR; MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2)	5	PAR; MO; QLL (60 per 30 days)	<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PAR; MO
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2)	5	PAR; QLL (90 per 30 days)	<i>megestrol oral tablet</i>	3	PAR; MO
LENVIMA ORAL CAPSULE 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PAR; MO; QLL (90 per 30 days)	MEKINIST ORAL TABLET 0.5 MG	5	PAR; QLL (90 per 30 days)
LENVIMA ORAL CAPSULE 8 MG/DAY (4 MG X 2)	5	PAR; QLL (60 per 30 days)	MEKINIST ORAL TABLET 2 MG	5	PAR; QLL (30 per 30 days)
<i>letrozole</i>	3	MO; QLL (30 per 30 days)	<i>melphalan hcl</i>	3	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	4	MO	<i>mercaptopurine</i>	3	MO
<i>leucovorin calcium injection recon soln 500 mg</i>	4		<i>mesna</i>	4	MO
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>	4	MO	MESNEX ORAL	5	MO
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>	2	MO	<i>methotrexate sodium (pf) injection recon soln</i>	2	
LEUKERAN	4	MO	<i>methotrexate sodium (pf) injection solution</i>	2	MO
<i>leuprolide subcutaneous kit</i>	4	PAR; MO	<i>methotrexate sodium injection</i>	4	MO
LONSURF	5	PAR; MO	<i>methotrexate sodium oral</i>	2	MO
LUPRON DEPOT	5	PAR; MO; QLL (1 per 28 days)	<i>mitomycin intravenous recon soln 20 mg, 40 mg</i>	5	MO
LUPRON DEPOT (3 MONTH)	5	PAR; MO; QLL (1 per 84 days)	<i>mitomycin intravenous recon soln 5 mg</i>	4	MO
LUPRON DEPOT (4 MONTH)	5	PAR; MO; QLL (1 per 112 days)	<i>mitoxantrone</i>	3	MO
LUPRON DEPOT (6 MONTH)	5	PAR; MO; QLL (1 per 168 days)	MUSTARGEN	5	MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PAR; MO; QLL (1 per 28 days)	<i>mycophenolate mofetil oral capsule</i>	3	B/D PAR; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PAR; MO; QLL (1 per 28 days)	<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PAR; MO
LYNPARZA	5	PAR; MO; QLL (480 per 30 days)	<i>mycophenolate mofetil oral tablet</i>	3	B/D PAR; MO
LYSODREN	3	MO	<i>mycophenolate sodium</i>	4	B/D PAR; MO
MATULANE	5	MO	NEXAVAR	5	PAR; MO; LA; QLL (120 per 30 days)
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	4	PAR	NILANDRON	5	MO; QLL (30 per 30 days)
			NINLARO	5	PAR; MO; QLL (3 per 28 days)
			NIPENT	5	MO
			NULOJIX	5	PAR; MO
			<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PAR; MO
			<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	4	PAR; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	5	PAR; MO
ODOMZO	5	PAR; MO; LA; QLL (30 per 30 days)
OPDIVO	5	PAR; MO
oxaliplatin intravenous recon soln 100 mg	5	MO
oxaliplatin intravenous recon soln 50 mg	5	
oxaliplatin intravenous solution 100 mg/20 ml	4	MO
oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)	5	MO
paclitaxel	4	MO
PERJETA	5	PAR; MO
POMALYST ORAL CAPSULE 1 MG	5	PAR; MO; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; MO; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)
PORTRAZZA	5	MO
PROGRAF INTRAVENOUS	4	B/D PAR; MO
PURIXAN	5	PAR; MO
RAPAMUNE ORAL SOLUTION	5	B/D PAR; MO
REVLIMID ORAL CAPSULE 10 MG	5	PAR; MO; LA; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	5	PAR; MO; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	PAR; MO; LA; QLL (150 per 30 days)
RITUXAN	5	PAR; MO
SANDIMMUNE ORAL SOLUTION	4	B/D PAR; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PAR; MO
SIGNIFOR SUBCUTANEOUS 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	MO

Drug Name	Drug Tier	Requirements/Limits
SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	B/D PAR
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	B/D PAR; MO
sirolimus	4	B/D PAR; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	PAR; MO
SPRYCEL	5	PAR; MO; QLL (30 per 30 days)
STIVARGA	5	PAR; MO; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PAR; MO; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
SYNRIBO	5	PAR; MO
TABLOID	4	MO
tacrolimus oral	4	B/D PAR; MO
TAFINLAR	5	PAR; QLL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	5	PAR; MO; LA; QLL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	5	PAR; MO; LA; QLL (30 per 30 days)
tamoxifen	2	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PAR; MO; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PAR; MO; QLL (90 per 30 days)
TARGRETIN ORAL	5	PAR; MO
TARGRETIN TOPICAL	5	PAR; MO; QLL (60 per 30 days)
TASIGNA	5	PAR; MO; QLL (112 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	5	MO
TECENTRIQ	5	LA; QLL (20 per 21 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; MO; QLL (60 per 30 days)
thiotepa	4	MO
toposar	4	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>topotecan intravenous recon soln</i>	5		XALKORI	5	PAR; MO; QLL (60 per 30 days)
<i>topotecan intravenous solution</i>	5	MO	XGEVA	5	PAR; MO; QLL (1.7 per 28 days)
TORISEL	5	MO	XTANDI	5	PAR; MO; QLL (120 per 30 days)
TREANDA INTRAVENOUS RECON SOLN	5	MO	YERVOY	5	PAR; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	MO; QLL (1 per 168 days)	YONDELIS	5	MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	PAR; MO; QLL (1 per 84 days)	ZALTRAP	5	PAR; MO
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	PAR; MO; QLL (1 per 168 days)	ZANOSAR	4	MO
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	PAR; MO; QLL (1 per 28 days)	ZELBORAF	5	PAR; MO; QLL (240 per 30 days)
<i>tretinoin (chemotherapy) oral capsule</i>	5	MO	ZOLINZA	5	PAR; MO; QLL (120 per 30 days)
TRISENOX	5	MO	ZORTRESS ORAL TABLET 0.25 MG	4	B/D PAR; MO
TYKERB	5	PAR; MO; LA; QLL (180 per 30 days)	ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PAR; MO
UNITUXIN	5	MO	ZYDELIG	5	PAR; MO; QLL (60 per 30 days)
VECTIBIX	5	PAR; MO	ZYKADIA	5	PAR; MO; QLL (150 per 30 days)
VELCADE	5	PAR; MO	ZYTIGA	5	PAR; MO; QLL (120 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	4	PAR; LA; QLL (60 per 30 days)	Autonomic / Cns Drugs, Neurology / Psych		
VENCLEXTA ORAL TABLET 100 MG	5	PAR; LA; QLL (120 per 30 days)	ABILIFY MAINTENA	5	MO; QLL (1 per 28 days)
VENCLEXTA ORAL TABLET 50 MG	4	PAR; LA; QLL (30 per 30 days)	<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	3	QLL (4500 per 30 days)
VENCLEXTA STARTING PACK	5	PAR; LA; QLL (84 per 365 days)	<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QLL (4500 per 30 days)
<i>vinblastine intravenous solution</i>	4	B/D PAR; MO	<i>acetaminophen-codeine oral tablet 300-15 mg</i>	3	MO; QLL (390 per 30 days)
<i>vincasar pfs intravenous solution 1 mg/ml</i>	4	B/D PAR	<i>acetaminophen-codeine oral tablet 300-30 mg</i>	3	MO; QLL (360 per 30 days)
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	4	B/D PAR; MO	<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QLL (180 per 30 days)
<i>vincristine intravenous solution 1 mg/ml</i>	3	B/D PAR; MO	ADASUVE	4	
<i>vincristine intravenous solution 2 mg/2 ml</i>	4	B/D PAR; MO	<i>alprazolam oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>vinorelbine</i>	4	MO	<i>alprazolam oral tablet extended release 24 hr</i>	3	MO; QLL (120 per 30 days)
VOTRIENT	5	PAR; MO; QLL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	MO; QLL (120 per 30 days)
<i>amitriptyline oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	2	PAR; MO
<i>amitriptyline oral tablet 100 mg, 150 mg</i>	3	PAR; MO
<i>amoxapine oral tablet 100 mg, 50 mg</i>	3	MO
<i>amoxapine oral tablet 150 mg, 25 mg</i>	2	MO
AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)
APOKYN	5	PAR; MO; LA
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG	5	ST; MO
APTOM ORAL TABLET 800 MG	4	ST; MO
<i>aripiprazole oral solution</i>	5	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	4	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	4	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	MO; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	5	MO; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	MO; QLL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	PAR; MO; QLL (1.6 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	PAR; MO; QLL (2.4 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	PAR; MO; QLL (3.2 per 30 days)
AUBAGIO	5	MO; QLL (30 per 30 days)
AZILECT	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen</i>	2	MO
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	4	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	5	PAR; MO; QLL (240 per 30 days)
<i>benztropine injection</i>	4	PAR; MO
<i>benztropine oral</i>	2	PAR; MO
BRIVIACT INTRAVENOUS	4	PAR
BRIVIACT ORAL SOLUTION	4	PAR; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	5	PAR; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	5	PAR; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	5	PAR; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	5	PAR; QLL (120 per 30 days)
<i>bromocriptine</i>	4	MO
<i>buprenorphine hcl injection solution</i>	4	MO; QLL (90 per 30 days)
<i>buprenorphine hcl injection syringe</i>	4	QLL (150 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	PAR; MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	3	PAR; MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	3	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	3	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 100 mg</i>	3	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 150 mg, 200 mg</i>	3	MO; QLL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	MO; QLL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QLL (30 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	2	MO
<i>buspirone oral tablet 30 mg, 7.5 mg</i>	4	MO
<i>butorphanol tartrate injection</i>	4	MO
<i>butorphanol tartrate nasal</i>	4	MO; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	4	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	4	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	3	MO
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>carisoprodol oral tablet 350 mg</i>	3	PAR; MO
<i>celecoxib oral capsule 100 mg, 200 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>celecoxib oral capsule 50 mg</i>	3	PAR; MO; QLL (60 per 30 days)
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>chlordiazepoxide hcl</i>	3	MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine</i>	4	PAR; MO
<i>citalopram oral solution</i>	4	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>clomipramine</i>	4	PAR; MO
<i>clonazepam oral tablet 0.5 mg</i>	2	PAR; MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	PAR; MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	PAR; MO; QLL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	4	PAR; MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	4	PAR; MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	4	PAR; MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	4	PAR; MO; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	PAR; MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	3	MO
<i>clozapine oral tablet 100 mg</i>	3	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	3	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	MO; QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	4	QLL (2160 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	3	QLL (1080 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PAR; MO; QLL (12 per 28 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PAR; MO
<i>cyclobenzaprine oral tablet 7.5 mg</i>	4	PAR; MO
<i>dantrolene</i>	4	MO
<i>desipramine oral</i>	4	PAR; MO
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	QLL (240 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	4	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	4	MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	MO; QLL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>diazepam intensol</i>	2	PAR; MO; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral concentrate</i>	4	PAR; MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PAR; MO; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	3	PAR; QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	PAR; MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	4	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	3	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	QLL (1000 per 30 days)
<i>diflunisal</i>	3	MO
<i>dihydroergotamine injection</i>	3	PAR; MO
<i>dihydroergotamine nasal</i>	5	MO; QLL (8 per 28 days)
DILANTIN EXTENDED	4	MO
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 30 MG	3	MO
<i>diskets</i>	3	QLL (30 per 30 days)
<i>divalproex oral capsule, sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec) 500 mg</i>	3	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>donepezil oral tablet, disintegrating</i>	1	MO; QLL (30 per 30 days)	<i>ethosuximide oral solution</i>	3	MO
<i>doxepin oral</i>	3	ST; MO	<i>etodolac oral capsule</i>	3	MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	4	MO; QLL (180 per 30 days)	<i>etodolac oral tablet</i>	2	MO
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	4	MO; QLL (120 per 30 days)	<i>etodolac oral tablet extended release 24 hr</i>	3	MO
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QLL (90 per 30 days)	EXELON ORAL CAPSULE 1.5 MG, 4.5 MG	4	MO; QLL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	4	MO; QLL (60 per 30 days)	FANAPT ORAL TABLET 1 MG	4	ST; MO; QLL (720 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QLL (180 per 30 days)	FANAPT ORAL TABLET 10 MG	5	ST; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QLL (180 per 30 days)	FANAPT ORAL TABLET 12 MG	5	ST; MO; QLL (60 per 30 days)
EMSAM	5	PAR; MO; QLL (30 per 30 days)	FANAPT ORAL TABLET 2 MG	4	ST; MO; QLL (360 per 30 days)
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	4	MO; QLL (360 per 30 days)	FANAPT ORAL TABLET 4 MG	4	ST; MO; QLL (180 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	3	MO; QLL (360 per 30 days)	FANAPT ORAL TABLET 6 MG	5	ST; MO; QLL (120 per 30 days)
<i>entacapone</i>	4	MO	FANAPT ORAL TABLET 8 MG	5	ST; MO; QLL (90 per 30 days)
<i>epitol</i>	1	MO	FANAPT ORAL TABLETS, DOSE PACK	4	ST; MO; QLL (16 per 365 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	4	MO; QLL (480 per 30 days)	<i>felbamate oral suspension</i>	5	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	4	MO; QLL (240 per 30 days)	<i>felbamate oral tablet</i>	4	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	MO; QLL (180 per 30 days)	FELBATOL ORAL TABLET 400 MG	4	MO
<i>ergoloid</i>	4	PAR; MO	<i>fenoprofen oral tablet</i>	4	MO
<i>escitalopram oxalate oral solution</i>	4	MO; QLL (600 per 30 days)	<i>fentanyl citrate</i>	5	PAR; MO; QLL (120 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	MO; QLL (60 per 30 days)	<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	ST; MO; QLL (15 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; QLL (30 per 30 days)	FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PAR; MO; QLL (56 per 365 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; QLL (120 per 30 days)	FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
<i>ethosuximide oral capsule</i>	4	MO	FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG	4	PAR; MO; QLL (180 per 30 days)
			FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 40 MG	4	PAR; MO; QLL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QLL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	4	MO; QLL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	3	MO; QLL (120 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	4	MO
FYCOMPA ORAL SUSPENSION	4	QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	4	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	4	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	4	MO; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	2	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	3	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QLL (2160 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GABAPENTIN ORAL SOLUTION 250 MG/5 ML (5 ML), 300 MG/6 ML (6 ML)	4	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	4	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	4	MO; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG	4	MO
GABITRIL ORAL TABLET 16 MG	5	MO
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	4	MO; QLL (30 per 30 days)
<i>galantamine oral solution</i>	3	MO; QLL (180 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QLL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO
GILENYA	5	PAR; MO; QLL (30 per 30 days)
<i>glatopa</i>	5	PAR; MO; QLL (30 per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	PAR; MO; QLL (30 per 30 days)
<i>guanidine</i>	4	MO
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	4	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	3	MO
<i>haloperidol lactate injection</i>	3	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PAR; MO; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	3	MO; QLL (50 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone (pf) injection solution 1 mg/ml</i>	4	QLL (180 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	5	MO; QLL (1.5 per 28 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO; QLL (120 per 30 days)	234 MG/1.5 ML		
<i>hydromorphone (pf) injection solution 4 mg/ml</i>	4	MO; QLL (60 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	4	MO; QLL (0.25 per 28 days)
<i>hydromorphone injection solution</i>	4	MO; QLL (180 per 30 days)	39 MG/0.25 ML		
<i>hydromorphone injection syringe 1 mg/ml</i>	4		INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	5	MO; QLL (0.5 per 28 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QLL (180 per 30 days)	78 MG/0.5 ML		
<i>hydromorphone injection syringe 4 mg/ml</i>	4	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE	5	MO; QLL (0.875 per 90 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QLL (360 per 30 days)	273 MG/0.875 ML		
<i>hydromorphone oral tablet 8 mg</i>	4	MO; QLL (180 per 30 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE	5	MO; QLL (1.315 per 90 days)
<i>ibuprofen oral suspension</i>	1	MO	410 MG/1.315 ML		
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE	5	MO; QLL (1.75 per 90 days)
<i>ibuprofen-oxycodone</i>	4	MO; QLL (28 per 7 days)	546 MG/1.75 ML		
<i>imipramine hcl</i>	3	PAR; MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE	5	MO; QLL (2.625 per 90 days)
<i>indomethacin oral capsule</i>	2	PAR; MO	819 MG/2.625 ML		
<i>indomethacin oral capsule, extended release</i>	4	PAR; MO	<i>ketoprofen oral capsule</i>	3	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	5	MO; QLL (240 per 30 days)	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	ST; MO; QLL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	5	MO; QLL (120 per 30 days)	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	ST; MO; QLL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	5	MO; QLL (60 per 30 days)	<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	5	MO; QLL (30 per 30 days)	<i>lamotrigine oral tablet 25 mg</i>	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QLL (0.75 per 28 days)	<i>lamotrigine oral tablet, chewable dispersible</i>	3	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QLL (1 per 28 days)	LATUDA ORAL TABLET 120 MG	5	PAR; MO; QLL (30 per 30 days)
			LATUDA ORAL TABLET 20 MG	4	PAR; MO; QLL (240 per 30 days)
			LATUDA ORAL TABLET 40 MG	4	PAR; MO; QLL (120 per 30 days)
			LATUDA ORAL TABLET 60 MG	4	PAR; MO; QLL (30 per 30 days)
			LATUDA ORAL TABLET 80 MG	5	PAR; MO; QLL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	4	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	4	MO
<i>levetiracetam intravenous</i>	4	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	4	
<i>levetiracetam oral tablet 1,000 mg</i>	3	MO
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	3	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	3	MO; QLL (120 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam intensol</i>	3	MO; QLL (90 per 30 days)
<i>lorazepam oral tablet</i>	2	MO; QLL (90 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>	3	MO
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	4	MO
LYRICA ORAL CAPSULE 100 MG	4	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	4	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	PAR; MO; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	4	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	4	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	4	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	4	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	4	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	4	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	4	MO
MARPLAN	4	MO
<i>meclofenamate oral</i>	4	MO
<i>meloxicam oral suspension</i>	3	MO; QLL (300 per 30 days)
<i>meloxicam oral tablet</i>	1	MO; QLL (30 per 30 days)
<i>memantine oral solution</i>	3	MO; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	3	MO; QLL (90 per 30 days)
MESTINON ORAL SYRUP	4	MO
MESTINON TIMESPAN	4	MO
<i>metadate er</i>	4	PAR; MO; QLL (90 per 30 days)
<i>methadone intensol</i>	3	MO; QLL (30 per 30 days)
<i>methadone oral concentrate</i>	3	MO; QLL (30 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	MO; QLL (900 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	MO; QLL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	MO; QLL (180 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>methadone oral tablet, soluble</i>	3	QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadose oral concentrate</i>	3	MO; QLL (30 per 30 days)
<i>methadose oral tablet, soluble</i>	3	MO; QLL (30 per 30 days)
<i>methylphenidate oral solution 10 mg/5 ml</i>	3	PAR; MO; QLL (900 per 30 days)
<i>methylphenidate oral solution 5 mg/5 ml</i>	3	PAR; MO; QLL (1800 per 30 days)
<i>methylphenidate oral tablet</i>	3	MO; QLL (90 per 30 days)
<i>methylphenidate oral tablet extended release</i>	4	PAR; MO; QLL (90 per 30 days)
MIRAPEX ORAL TABLET 0.25 MG, 0.75 MG	4	MO
<i>mirtazapine oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	3	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	3	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	3	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	3	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>molindone</i>	4	
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	4	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	4	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	3	MO; QLL (270 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine intravenous cartridge 10 mg/ml, 15 mg/ml</i>	4	QLL (120 per 30 days)
<i>morphine intravenous cartridge 2 mg/ml, 4 mg/ml</i>	4	QLL (180 per 30 days)
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	4	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	4	MO; QLL (120 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	3	MO; QLL (2700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	3	MO; QLL (1350 per 30 days)
<i>morphine oral tablet 15 mg</i>	3	MO; QLL (360 per 30 days)
<i>morphine oral tablet 30 mg</i>	3	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i>	4	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	3	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	4	MO; QLL (60 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	4	MO; QLL (90 per 30 days)
<i>naloxone injection solution</i>	4	MO
<i>naloxone injection syringe 0.4 mg/ml</i>	4	MO
<i>naloxone injection syringe 1 mg/ml</i>	2	MO
<i>naltrexone</i>	2	MO
NAMENDA ORAL SOLUTION	3	MO; QLL (300 per 30 days)
NAMENDA XR ORAL CAP, SPRINKLE,ER 24HR DOSE PACK	3	PAR; MO; QLL (56 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PAR; MO; QLL (30 per 30 days)
NAMZARIC	3	PAR; MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naratriptan</i>	4	MO; QLL (9 per 30 days)
<i>nefazodone oral tablet 100 mg</i>	3	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	4	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	3	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	3	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	4	MO; QLL (360 per 30 days)
NEUPRO	3	MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule 10 mg, 25 mg</i>	1	MO
<i>nortriptyline oral capsule 50 mg, 75 mg</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUEDEXTA	3	MO; QLL (60 per 30 days)
NUPLAZID	5	PAR; QLL (60 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet, disintegrating 10 mg</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	4	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	4	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	4	MO; QLL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PAR; MO; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	4	PAR; MO; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	5	PAR; MO; QLL (60 per 30 days)
ORAP	4	MO
<i>oxaprozin</i>	4	MO
<i>oxazepam</i>	4	PAR; MO; QLL (120 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	3	MO
<i>oxcarbazepine oral tablet 600 mg</i>	4	MO
<i>oxycodone oral capsule</i>	4	MO; QLL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QLL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QLL (1800 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	4	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	3	QLL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	4	MO; QLL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone-aspirin</i>	4	MO; QLL (360 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	MO; QLL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	4	MO; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	4	MO; QLL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	2	MO; QLL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	4	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	4	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	4	MO; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
PEGANONE	4	MO
<i>perphenazine</i>	4	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg</i>	4	PAR; MO
<i>perphenazine-amitriptyline oral tablet 4-25 mg</i>	3	PAR; MO
<i>phenelzine</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	2	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	2	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	2	PAR; MO; QLL (370 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 60 mg</i>	2	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	2	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	2	PAR; MO; QLL (123 per 30 days)
PHENYTEK	4	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	3	MO
<i>phenytoin oral tablet, chewable</i>	3	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	4	MO
<i>phenytoin sodium intravenous syringe</i>	4	
<i>pimozide</i>	3	MO
<i>piroxicam</i>	3	MO
POTIGA ORAL TABLET 200 MG	4	MO; QLL (90 per 30 days)
POTIGA ORAL TABLET 300 MG, 400 MG	5	MO; QLL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	4	MO; QLL (270 per 30 days)
<i>pramipexole oral tablet</i>	2	MO
<i>primidone</i>	2	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	MO; QLL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
<i>protriptyline</i>	4	MO
<i>pyridostigmine bromide</i>	3	MO
<i>quetiapine oral tablet 100 mg</i>	2	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QLL (960 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 300 mg</i>	2	MO; QLL (80 per 30 days)	<i>risperidone oral tablet, disintegrating 3 mg</i>	4	MO; QLL (150 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; QLL (60 per 30 days)	<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QLL (480 per 30 days)	<i>rivastigmine tartrate</i>	4	MO; QLL (60 per 30 days)
RAZADYNE ORAL TABLET 4 MG	4	MO	<i>rivastigmine transdermal patch</i>	4	MO; QLL (30 per 30 days)
<i>regonol</i>	4		<i>rizatriptan</i>	4	MO; QLL (12 per 30 days)
REQUIP ORAL TABLET 1 MG, 4 MG, 5 MG	4	MO	<i>ropinirole oral tablet</i>	2	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	PAR; MO; QLL (60 per 30 days)	<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
REXULTI ORAL TABLET 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)	<i>roweepra</i>	2	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	MO; QLL (2 per 28 days)	ROZEREM	3	MO; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML	5	MO; QLL (2 per 28 days)	SABRIL ORAL POWDER IN PACKET	4	PAR; MO; LA; QLL (180 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	5	MO	SABRIL ORAL TABLET	5	PAR; MO; LA; QLL (180 per 30 days)
<i>risperidone oral solution</i>	3	MO; QLL (480 per 30 days)	SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	5	MO; QLL (60 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 per 30 days)	SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	4	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)	SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	4	MO; QLL (120 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)	<i>selegiline hcl</i>	3	MO
<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PAR; MO; QLL (150 per 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (150 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	4	PAR; MO; QLL (120 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PAR; MO; QLL (80 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	4	MO; QLL (1920 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	PAR; MO; QLL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	4	MO; QLL (960 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	PAR; MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	MO; QLL (480 per 30 days)	<i>sertraline oral concentrate</i>	4	MO; QLL (300 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	MO; QLL (240 per 30 days)	<i>sertraline oral tablet 100 mg</i>	1	MO; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral tablet 25 mg</i>	1	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QLL (120 per 30 days)
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG	4	MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	4	PAR; QLL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PAR; QLL (120 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	PAR; MO; QLL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	PAR; MO; QLL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	PAR; MO; QLL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	4	PAR; MO; QLL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	PAR; MO; QLL (90 per 30 days)
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	2	MO
<i>sumatriptan</i>	4	MO; QLL (12 per 30 days)
<i>sumatriptan succinate oral</i>	2	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO
<i>sumatriptan succinate subcutaneous solution</i>	4	MO
<i>sumatriptan succinate subcutaneous syringe 6 mg/ 0.5 ml</i>	4	
SURMONTIL	4	PAR; MO
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-50 MG	4	MO; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG	4	MO; QLL (90 per 30 days)
TECFIDERA	5	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	4	MO
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PAR; MO; QLL (120 per 30 days)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	3	ST; MO
<i>thioridazine oral tablet 100 mg</i>	4	ST; MO
<i>thiothixene</i>	2	MO
<i>tiagabine</i>	4	MO
<i>tizanidine oral tablet</i>	2	MO
<i>tolcapone</i>	5	PAR; MO; QLL (180 per 30 days)
<i>topiramate oral capsule, sprinkle</i>	4	PAR; MO
<i>topiramate oral tablet 100 mg</i>	2	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	2	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	2	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	3	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	4	MO; QLL (40 per 30 days)
<i>tranylcypromine</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	4	MO
<i>trifluoperazine oral tablet 1 mg, 2 mg</i>	3	MO
<i>trifluoperazine oral tablet 10 mg, 5 mg</i>	4	MO
<i>trihexyphenidyl</i>	2	PAR; MO
<i>trimipramine</i>	4	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	4	ST; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	ST; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 5 MG	4	ST; QLL (120 per 30 days)	VIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)
TYSABRI	5	PAR; MO; LA	VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; MO; QLL (30 per 30 days)
<i>valproate sodium</i>	2	MO	VIMPAT INTRAVENOUS	4	QLL (1200 per 30 days)
<i>valproic acid</i>	3	MO	VIMPAT ORAL SOLUTION	4	MO; QLL (1200 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO	VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2		VIMPAT ORAL TABLET 150 MG, 200 MG	4	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QLL (60 per 30 days)	VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QLL (180 per 30 days)	VOLTAREN TOPICAL	3	MO; QLL (1000 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QLL (90 per 30 days)	VRAYLAR ORAL CAPSULE 1.5 MG	4	PAR; QLL (30 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	3	MO; QLL (113 per 30 days)	VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	PAR; QLL (30 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	3	MO; QLL (450 per 30 days)	VRAYLAR ORAL CAPSULE, DOSE PACK	4	PAR; QLL (14 per 365 days)
<i>venlafaxine oral tablet 37.5 mg</i>	3	MO; QLL (300 per 30 days)	XENAZINE ORAL TABLET 12.5 MG	5	PAR; MO; LA; QLL (240 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	3	MO; QLL (225 per 30 days)	XENAZINE ORAL TABLET 25 MG	5	PAR; MO; LA; QLL (120 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	3	MO; QLL (150 per 30 days)	XYREM	5	PAR; MO; LA; QLL (540 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	4	MO; QLL (60 per 30 days)	<i>zaleplon oral capsule 10 mg</i>	3	PAR; MO; QLL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	4	MO; QLL (30 per 30 days)	<i>zaleplon oral capsule 5 mg</i>	3	PAR; MO; QLL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	4	MO; QLL (180 per 30 days)	ZARONTIN ORAL CAPSULE	4	MO
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	4	MO; QLL (90 per 30 days)	<i>zenzedi oral tablet 10 mg</i>	4	PAR; MO; QLL (180 per 30 days)
VERSACLOZ	4	QLL (600 per 30 days)	<i>zenzedi oral tablet 5 mg</i>	4	PAR; MO; QLL (90 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	ST; MO; QLL (120 per 30 days)	<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QLL (240 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	ST; MO; QLL (60 per 30 days)	<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QLL (120 per 30 days)
			<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	MO; QLL (60 per 30 days)
			<i>zolpidem oral tablet</i>	3	PAR; MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem oral tablet,ext release multiphase</i>	4	PAR; MO; QLL (30 per 30 days)
<i>zonisamide oral capsule 100 mg, 50 mg</i>	3	MO
<i>zonisamide oral capsule 25 mg</i>	2	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PAR; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	PAR; MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	PAR; QLL (2 per 28 days)
Cardiovascular, Hypertension / Lipids		
ACCUPRIL	4	MO
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG	4	MO
<i>acebutolol</i>	2	MO
ADALAT CC	4	MO
<i>afeditab cr</i>	2	MO
AGGRENOX	4	ST; MO; QLL (60 per 30 days)
ALDACTAZIDE ORAL TABLET 25-25 MG	4	MO
ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	MO
ALTOPREV	4	PAR; MO; QLL (30 per 30 days)
<i>amiloride</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone intravenous solution</i>	4	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	4	B/D PAR
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	MO
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg</i>	1	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate oral tablet 5 mg</i>	1	MO; QLL (45 per 30 days)
<i>amlodipine-atorvastatin</i>	3	MO; QLL (30 per 30 days)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-20 mg, 5-40 mg</i>	3	MO
<i>amlodipine-benazepril oral capsule 5-10 mg</i>	2	MO
<i>amlodipine-valsartan</i>	4	MO; QLL (30 per 30 days)
<i>amlodipine-valsartan-hcthiiazid</i>	4	MO; QLL (30 per 30 days)
<i>aspirin-dipyridamole</i>	3	ST; MO; QLL (60 per 30 days)
ATACAND HCT ORAL TABLET 16-12.5 MG	4	MO; QLL (60 per 30 days)
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG	4	MO; QLL (30 per 30 days)
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG	4	MO; QLL (60 per 30 days)
ATACAND ORAL TABLET 32 MG	4	MO; QLL (30 per 30 days)
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin</i>	6	MO; CG; QLL (30 per 30 days)
AVALIDE ORAL TABLET 150-12.5 MG	4	MO; QLL (60 per 30 days)
AVALIDE ORAL TABLET 300-12.5 MG	4	MO; QLL (30 per 30 days)
AVAPRO	4	MO; QLL (30 per 30 days)
AZOR	3	MO; QLL (30 per 30 days)
<i>benazepril</i>	6	MO; CG
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 5-6.25 mg</i>	2	MO
<i>benazepril-hydrochlorothiazide oral tablet 20-25 mg</i>	1	MO
BENICAR HCT	3	MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BENICAR ORAL TABLET 20 MG, 40 MG	3	MO; QLL (30 per 30 days)
BENICAR ORAL TABLET 5 MG	3	MO; QLL (60 per 30 days)
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO; QLL (180 per 30 days)
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BRILINTA	3	MO; QLL (60 per 30 days)
<i>bumetanide injection</i>	3	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	MO
<i>bumetanide oral tablet 2 mg</i>	3	MO
BYSTOLIC	3	MO
CALAN ORAL TABLET 120 MG	4	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	4	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	3	MO; QLL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	4	MO; QLL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	3	MO; QLL (60 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	3	MO; QLL (30 per 30 days)
<i>captopril oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO
<i>captopril oral tablet 12.5 mg</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg, 50-25 mg</i>	2	MO
<i>captopril-hydrochlorothiazide oral tablet 25-25 mg</i>	1	MO
CARDIZEM LA	4	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide oral tablet 250 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide oral tablet 500 mg</i>	2	MO
<i>chlorothiazide sodium</i>	4	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>cilostazol</i>	2	MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch</i>	4	MO; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	3	MO; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	2	MO; QLL (30 per 30 days)
<i>colestipol</i>	2	MO
COREG CR	4	ST; MO
CORZIDE ORAL TABLET 40-5 MG	4	MO
COUMADIN ORAL	4	MO
COZAAR ORAL TABLET 100 MG	4	MO; QLL (30 per 30 days)
COZAAR ORAL TABLET 25 MG, 50 MG	4	MO; QLL (60 per 30 days)
CRESTOR	3	MO; QLL (30 per 30 days)
DEMSEER	4	MO
<i>digitek oral tablet 125 mcg</i>	2	MO
<i>digitek oral tablet 250 mcg</i>	2	PAR; MO
<i>digox oral tablet 125 mcg</i>	3	MO
<i>digoxin injection solution</i>	4	MO
<i>digoxin oral solution 50 mcg/ml</i>	3	MO
<i>digoxin oral tablet 125 mcg</i>	2	MO
<i>digoxin oral tablet 250 mcg</i>	2	PAR; MO
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 360 mg</i>	4	MO
<i>diltiazem hcl oral capsule, extended release degradable</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	MO	EXFORGE	4	MO; QLL (30 per 30 days)
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO	EXFORGE HCT	4	MO; QLL (30 per 30 days)
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	4	MO	<i>felodipine oral tablet extended release 24 hr 10 mg</i>	3	MO
<i>diltiazem hcl oral tablet</i>	1	MO	<i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i>	2	MO
DIOVAN HCT	4	MO; QLL (30 per 30 days)	<i>fenofibrate micronized oral capsule 130 mg</i>	4	MO
<i>disopyramide phosphate oral capsule</i>	4	PAR; MO	<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	3	MO; QLL (30 per 30 days)
<i>dofetilide</i>	4		<i>fenofibrate micronized oral capsule 43 mg</i>	3	MO
<i>doxazosin</i>	2	MO	<i>fenofibrate micronized oral capsule 67 mg</i>	2	MO; QLL (30 per 30 days)
DYAZIDE	4	MO	<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	3	MO
EFFIENT	3	MO; QLL (30 per 30 days)	<i>fenofibrate oral tablet 160 mg</i>	3	MO; QLL (30 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	MO; QLL (60 per 30 days)	<i>fenofibrate oral tablet 54 mg</i>	2	MO; QLL (30 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	MO; QLL (74 per 30 days)	<i>fenofibric acid (choline) dr capsules</i>	3	MO
<i>enalapril maleate</i>	6	MO; CG	<i>flecainide</i>	2	MO
<i>enalapril-hydrochlorothiazide</i>	6	MO; CG	<i>fluvastatin oral capsule 20 mg</i>	3	MO; QLL (60 per 30 days)
<i>enoxaparin subcutaneous solution</i>	4	MO; QLL (84 per 28 days)	<i>fluvastatin oral capsule 40 mg</i>	4	MO; QLL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml</i>	4	MO; QLL (28 per 28 days)	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; QLL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml</i>	5	MO; QLL (22.4 per 28 days)	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QLL (15 per 30 days)
<i>enoxaparin subcutaneous syringe 150 mg/ml</i>	5	MO; QLL (28 per 28 days)	<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; QLL (12 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QLL (8.4 per 28 days)	<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; QLL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QLL (11.2 per 28 days)	<i>fosinopril</i>	1	MO
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QLL (16.8 per 28 days)	<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	3	MO
<i>enoxaparin subcutaneous syringe 80 mg/0.8 ml</i>	4	MO; QLL (22.4 per 28 days)	<i>fosinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	2	MO
<i>eplerenone</i>	4	MO			
<i>eprosartan</i>	3	MO; QLL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide injection</i>	3	MO
<i>furosemide oral solution 10 mg/ml</i>	2	MO
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil oral</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml</i>	4	B/D PAR
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	4	B/D PAR
<i>heparin (porcine) injection cartridge</i>	4	B/D PAR; MO
<i>heparin (porcine) injection solution</i>	4	B/D PAR; MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12, 500 UNIT/250 ML	4	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	4	B/D PAR; MO
<i>heparin, porcine (pf) injection</i>	4	MO
<i>hydralazine injection</i>	4	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	4	MO; QLL (30 per 30 days)
<i>indapamide</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan</i>	1	MO; QLL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	2	MO; QLL (60 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	3	MO; QLL (30 per 30 days)
<i>isosorbide dinitrate oral</i>	3	MO
<i>isosorbide mononitrate</i>	2	MO
<i>isradipine</i>	3	MO
<i>jantoven</i>	1	MO
JUXTAPID	5	PAR; MO; LA; QLL (30 per 30 days)
KYNAMRO	5	PAR; MO; LA; QLL (4 per 28 days)
<i>labetalol intravenous solution</i>	4	MO
<i>labetalol oral tablet 100 mg, 200 mg</i>	2	MO
<i>labetalol oral tablet 300 mg</i>	3	MO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	MO
LESCOL ORAL CAPSULE 20 MG, 40 MG	4	MO; QLL (60 per 30 days)
LIPITOR ORAL TABLET 10 MG	4	MO
<i>lisinopril</i>	6	MO; CG
<i>lisinopril-hydrochlorothiazide</i>	6	MO; CG
LIVALO	4	MO; QLL (30 per 30 days)
LOFIBRA ORAL CAPSULE 200 MG	4	MO; QLL (30 per 30 days)
LOPID	4	MO
<i>losartan oral tablet 100 mg</i>	6	MO; CG; QLL (30 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>losartan-hydrochlorothiazide</i>	6	MO; CG; QLL (30 per 30 days)
LOTENSIN ORAL TABLET 20 MG, 40 MG	4	MO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	6	MO; CG; QLL (30 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>matzim la</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
MAVIK ORAL TABLET 1 MG, 2 MG	4	MO
MAXZIDE	4	MO
MAXZIDE-25MG	4	MO
<i>methyclothiazide</i>	3	MO
<i>metolazone oral tablet 10 mg, 5 mg</i>	3	MO
<i>metolazone oral tablet 2.5 mg</i>	2	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	3	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	4	MO
<i>metoprolol tartrate intravenous syringe</i>	4	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 250 mg</i>	3	MO
<i>mexiletine oral capsule 200 mg</i>	4	MO
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25 MG	4	MO; QLL (30 per 30 days)
MICARDIS HCT ORAL TABLET 80-12.5 MG	4	MO; QLL (60 per 30 days)
MICARDIS ORAL TABLET 20 MG, 40 MG	4	MO; QLL (30 per 30 days)
MICARDIS ORAL TABLET 80 MG	4	MO; QLL (60 per 30 days)
MICROZIDE	4	MO
MINIPRESS ORAL CAPSULE 2 MG	4	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	2	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
MULTAQ	3	MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol oral tablet 20 mg, 40 mg</i>	3	MO
<i>nadolol oral tablet 80 mg</i>	4	MO
<i>nadolol-bendroflumethiazide</i>	3	MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	4	MO; QLL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr 500 mg</i>	4	MO; QLL (30 per 30 days)
NIACOR	3	MO
<i>nicardipine intravenous solution</i>	4	MO
<i>nicardipine oral</i>	2	MO
<i>nifedical xl</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg</i>	2	MO
<i>nifedipine oral tablet extended release 90 mg</i>	3	MO
<i>nimodipine</i>	4	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin intravenous</i>	4	B/D PAR
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
NITROSTAT	3	MO
NORPACE	4	PAR; MO
NORVASC ORAL TABLET 10 MG, 2.5 MG	4	MO; QLL (30 per 30 days)
NORVASC ORAL TABLET 5 MG	4	MO; QLL (45 per 30 days)
<i>omega-3 acid ethyl esters</i>	3	PAR; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PAR; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	5	PAR; MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>pentoxifylline</i>	2	MO
<i>perindopril erbumine</i>	2	MO
<i>pindolol oral tablet 10 mg</i>	3	MO
<i>pindolol oral tablet 5 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral tablet 60 mg</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>quinidine gluconate injection</i>	4	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>ramipril</i>	1	MO
RANEXA	3	ST; MO
REMODULIN	5	PAR; MO; LA
REPATHA SURECLICK	5	PAR; MO; QLL (3 per 28 days)
REPATHA SYRINGE	5	PAR; MO; QLL (3 per 28 days)
<i>reserpine oral tablet 0.1 mg</i>	1	PAR; MO
<i>rosuvastatin</i>	3	QLL (30 per 30 days)
<i>simvastatin</i>	6	MO; CG; QLL (30 per 30 days)
<i>sorine oral tablet 120 mg, 160 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sorine oral tablet 80 mg</i>	1	MO
<i>sotalol af oral tablet 120 mg, 160 mg</i>	2	MO
<i>sotalol af oral tablet 80 mg</i>	1	MO
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	2	MO
<i>sotalol oral tablet 80 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	3	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG	4	MO
<i>taztia xt</i>	2	MO
TEKTURNA	3	MO; QLL (30 per 30 days)
TEKTURNA HCT	3	MO; QLL (30 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	4	MO; QLL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan oral tablet 80 mg</i>	4	MO; QLL (60 per 30 days)
<i>telmisartan-amlodipine</i>	4	MO; QLL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	4	MO; QLL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	4	MO; QLL (60 per 30 days)
TENORETIC 100	4	MO
TENORETIC 50	4	MO
terazosin	1	MO
TIAZAC	4	MO
TIKOSYN	4	MO
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	2	MO
<i>timolol maleate oral tablet 20 mg</i>	3	MO
TOPROL XL	4	MO
<i>torsemide oral tablet 10 mg, 5 mg</i>	2	MO
<i>torsemide oral tablet 100 mg, 20 mg</i>	3	MO
<i>trandolapril</i>	1	MO
<i>tranexamic acid intravenous</i>	3	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR	3	MO; QLL (30 per 30 days)
TRICOR ORAL TABLET 48 MG	4	MO
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 45 MG	4	MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	4	MO; QLL (30 per 30 days)
UPTRAVI ORAL TABLET	5	PAR; MO; LA; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK	5	PAR; MO; LA; QLL (400 per 365 days)
<i>valsartan oral tablet 160 mg</i>	4	MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan oral tablet 320 mg</i>	4	MO; QLL (30 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	4	MO; QLL (90 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 80-12.5 mg</i>	2	MO; QLL (30 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 320-25 mg</i>	3	MO; QLL (30 per 30 days)
VASCEPA	4	MO
VASERETIC	4	MO
VASOTEC ORAL TABLET 2.5 MG	4	MO
VECAMEYL	4	
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	3	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release 120 mg</i>	2	MO
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1	MO
<i>warfarin</i>	1	MO
WELCHOL	3	MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	MO; QLL (42 per 30 days)
XARELTO ORAL TABLETS, DOSE PACK	3	MO; QLL (102 per 365 days)
ZESTORETIC	4	MO
ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ZETIA	4	MO; QLL (30 per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG	4	MO
ZOCOR ORAL TABLET 10 MG, 5 MG	4	MO
Dermatologicals/Topical Therapy		
<i>acitretin</i>	5	MO
<i>acyclovir topical</i>	4	MO; QLL (30 per 30 days)
<i>adapalene topical cream</i>	4	MO
<i>adapalene topical gel 0.1 %</i>	4	MO
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	3	MO
<i>amcinonide</i>	4	MO
<i>ammonium lactate</i>	2	MO
<i>avita topical cream</i>	4	MO; QLL (45 per 30 days)
<i>betamethasone dipropionate topical cream</i>	4	MO
<i>betamethasone dipropionate topical lotion</i>	3	MO
<i>betamethasone dipropionate topical ointment</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	4	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	3	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>calcipotriene scalp</i>	4	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	4	MO; QLL (120 per 30 days)
<i>calcitriol topical</i>	4	MO
<i>ciclodan topical cream</i>	3	MO
<i>ciclodan topical solution</i>	3	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical cream</i>	3	MO
<i>ciclopirox topical gel</i>	4	MO
<i>ciclopirox topical shampoo</i>	4	MO
<i>ciclopirox topical solution</i>	2	PAR; MO
<i>ciclopirox topical suspension</i>	3	MO
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>claravis oral capsule 30 mg</i>	5	MO
<i>clindamycin phosphate topical gel</i>	3	MO
<i>clindamycin phosphate topical lotion</i>	3	MO
<i>clindamycin phosphate topical solution</i>	3	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	4	MO
<i>clobetasol scalp</i>	2	MO
<i>clobetasol topical cream</i>	2	MO
<i>clobetasol topical foam</i>	4	MO
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	4	MO
<i>clobetasol topical ointment</i>	3	MO
<i>clobetasol topical shampoo</i>	4	MO
<i>clobetasol-emollient topical cream</i>	3	MO
<i>clobetasol-emollient topical foam</i>	4	MO
CLOBEX TOPICAL LOTION	4	MO
<i>clotrimazole topical cream</i>	3	MO
<i>clotrimazole topical solution</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	3	MO
<i>clotrimazole-betamethasone topical lotion</i>	4	MO
<i>cormax scalp</i>	2	
DENAVIR	3	MO; QLL (5 per 30 days)
DERMATOP TOPICAL OINTMENT	4	MO
<i>desonide</i>	4	MO
<i>desoximetasone topical cream</i>	4	MO
<i>desoximetasone topical gel</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone topical ointment 0.25 %</i>	4	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PAR; MO; QLL (100 per 30 days)
<i>diflorasone</i>	4	MO
DIPROLENE AF	4	MO
<i>econazole topical</i>	2	MO
ELIDEL	4	PAR; MO; QLL (100 per 90 days)
ELOCON TOPICAL SOLUTION	4	MO
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	3	MO
EXELDERM	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO
<i>fluocinonide topical gel</i>	3	MO
<i>fluocinonide topical ointment</i>	3	MO
<i>fluocinonide topical solution</i>	4	MO
<i>fluocinonide-e</i>	3	MO
<i>fluorouracil topical cream 5 %</i>	4	MO
<i>fluorouracil topical solution</i>	4	MO
<i>fluticasone topical cream</i>	3	MO
<i>fluticasone topical lotion</i>	4	MO
<i>fluticasone topical ointment</i>	3	MO
<i>gentamicin topical</i>	3	MO
<i>halobetasol propionate</i>	4	MO
HALOG	4	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	4	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	3	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-min oil-wht pet</i>	2	MO
<i>imiquimod</i>	4	MO
<i>ketoconazole topical cream</i>	3	MO
<i>ketoconazole topical shampoo</i>	2	MO
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	3	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane</i>	2	MO
<i>lidocaine hcl urethral</i>	2	MO
<i>lidocaine topical adhesive patch,medicated</i>	4	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	4	MO
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>methoxsalen rapid</i>	5	PAR; MO
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	3	MO
<i>metronidazole topical lotion</i>	4	MO
<i>mometasone topical</i>	2	MO
<i>mupirocin calcium</i>	4	MO
<i>mupirocin topical ointment</i>	2	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>nyamyc</i>	3	MO
<i>nystatin topical cream</i>	2	MO
<i>nystatin topical ointment</i>	3	MO
<i>nystatin topical powder</i>	3	MO
<i>nystatin-triamcinolone</i>	4	MO
<i>nystop</i>	3	MO
PANRETIN	5	MO
<i>permethrin topical cream</i>	3	MO
PICATO	4	MO
<i>podofilox</i>	4	MO
<i>prednicarbate</i>	4	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO

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

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

Drug Name	Drug Tier	Requirements/ Limits
BUPHENYL ORAL TABLET	5	PAR; MO
<i>buproban</i>	2	QLL (60 per 30 days)
CARBAGLU	5	PAR; MO; LA
<i>cevimeline</i>	4	MO
CHANTIX	4	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	4	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	4	PAR; MO; QLL (106 per 365 days)
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PAR
CLINIMIX E 2.75%/D10W SUL FREE	4	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	4	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	3	MO
<i>d5 %-0.45 % sodium chloride</i>	3	MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	MO
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 30 % in water (d30w)</i>	4	
<i>dextrose 40 % in water (d40w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose with sodium chloride</i>	4	
<i>disulfiram</i>	4	MO
<i>etidronate disodium</i>	2	MO
EXJADE	5	PAR; MO; LA
INCRELEX	5	PAR; MO; LA
<i>kionex</i>	3	MO
<i>lactated ringers irrigation</i>	4	MO
<i>levocarnitine (with sugar)</i>	3	B/D PAR; MO
<i>levocarnitine intravenous</i>	4	B/D PAR; MO
<i>levocarnitine oral tablet</i>	3	MO
<i>midodrine</i>	4	MO
<i>neomycin-polymyxin b gu</i>	4	MO
NICOTROL NS	3	MO; QLL (120 per 30 days)
NORTHERA ORAL CAPSULE 100 MG	5	PAR; MO; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	5	PAR; MO; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PAR; MO; QLL (180 per 30 days)
ORFADIN ORAL CAPSULE	5	PAR; LA
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C	5	PAR; LA
RAVICTI	5	PAR; MO; QLL (525 per 30 days)
REVELA ORAL POWDER IN PACKET 0.8 GRAM	5	MO; QLL (180 per 30 days)
REVELA ORAL POWDER IN PACKET 2.4 GRAM	5	MO; QLL (90 per 30 days)
REVELA ORAL TABLET	3	MO; QLL (270 per 30 days)
<i>riluzole</i>	4	MO
<i>ringers irrigation</i>	4	MO
<i>risedronate oral tablet 30 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	MO
<i>sodium chloride irrigation</i>	3	MO
<i>sodium phenylbutyrate</i>	5	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene (sorb free)</i>	4	MO
<i>sodium polystyrene sulfonate oral powder</i>	4	MO
<i>sodium polystyrene sulfonate oral suspension</i>	4	
<i>sodium polystyrene sulfonate rectal</i>	4	
SODIUM POLYSTYRENE SULFONATE RECTAL	4	
<i>sps oral</i>	4	MO
<i>sps rectal</i>	4	
SYPRINE	5	MO
THIOLA	5	MO
<i>water for irrigation, sterile</i>	3	MO
<i>zoledronic acid 5 mg/100 ml infusion bottle (ml)</i>	4	PAR; MO
Ear, Nose / Throat Medications		
<i>acetazol hc</i>	4	MO
<i>acetic acid otic</i>	2	MO
<i>acetic acid-aluminum acetate</i>	2	MO
<i>azelastine nasal</i>	4	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluocinolone acetonide oil otic</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ipratropium bromide nasal</i>	2	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic</i>	2	MO
<i>ofloxacin otic</i>	2	MO
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	1	MO
<i>sf 5000 plus</i>	2	MO
<i>triamcinolone acetonide dental</i>	3	MO
Endocrine/Diabetes		

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

Drug Name	Drug Tier	Requirements/Limits
<i>a-hydrocort</i>	4	MO
<i>acarbose oral tablet 100 mg</i>	3	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	3	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	3	MO; QLL (180 per 30 days)
ACTHAR H.P.	5	PAR; MO
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	4	MO; QLL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	4	MO; QLL (45 per 30 days)
<i>alcohol pads</i>	1	MO
ALDURAZIME	5	PAR; MO
AMARYL ORAL TABLET 1 MG	4	MO; QLL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	4	MO; QLL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	4	MO; QLL (60 per 30 days)
ANADROL-50	5	PAR; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PAR; MO; QLL (150 per 30 days)
<i>androxy</i>	4	PAR; MO
<i>armour thyroid</i>	2	PAR; MO
BYDUREON	3	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QLL (1.2 per 30 days)
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon)</i>	3	MO; QLL (4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	3	B/D PAR; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; MO
<i>cortisone</i>	4	MO
CYCLOSET	4	ST; MO; QLL (180 per 30 days)
CYTOMEL	4	MO
<i>danazol oral</i>	3	MO
<i>desmopressin injection</i>	4	MO
<i>desmopressin nasal aerosol, spray</i>	4	MO
<i>desmopressin nasal solution</i>	3	MO
<i>desmopressin nasal spray, non-aerosol</i>	4	MO
<i>desmopressin oral</i>	4	MO
<i>dexamethasone intensol</i>	4	MO
<i>dexamethasone oral elixir</i>	4	MO
<i>dexamethasone oral solution</i>	4	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	2	MO
<i>dexamethasone sodium phos (pf)</i>	4	MO
<i>dexamethasone sodium phosphate injection solution</i>	3	MO
<i>dexamethasone sodium phosphate injection syringe</i>	4	MO
<i>doxercalciferol intravenous</i>	4	
<i>doxercalciferol oral</i>	4	MO
DUETACT ORAL TABLET 30-4 MG	4	MO; QLL (30 per 30 days)
ELAPRASE	5	PAR; MO
FABRAZYME	5	PAR; MO
<i>fludrocortisone</i>	3	MO
<i>fortical</i>	3	MO; QLL (4 per 30 days)
<i>gauze pads 2 x 2</i>	1	MO; QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	MO; CG; QLL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 2 mg</i>	6	MO; CG; QLL (120 per 30 days)	GLUCOVANCE	4	PAR; MO; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; CG; QLL (60 per 30 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	MO; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; CG; QLL (120 per 30 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; CG; QLL (240 per 30 days)	<i>glyburide oral tablet 1.25 mg</i>	3	PAR; MO; QLL (480 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; CG; QLL (60 per 30 days)	<i>glyburide oral tablet 2.5 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; CG; QLL (240 per 30 days)	<i>glyburide oral tablet 5 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; CG; QLL (120 per 30 days)	GLYSET ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	MO; CG; QLL (240 per 30 days)	GLYSET ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	MO; CG; QLL (120 per 30 days)	GLYSET ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
GLUCAGEN HYPOKIT	3	MO	HUMALOG	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	4	MO	HUMALOG KWIKPEN	3	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	4	MO; QLL (60 per 30 days)	HUMALOG MIX 50-50	3	MO
GLUCOPHAGE ORAL TABLET 500 MG	4	MO; QLL (150 per 30 days)	HUMALOG MIX 50-50 KWIKPEN	3	MO
GLUCOPHAGE ORAL TABLET 850 MG	4	MO; QLL (90 per 30 days)	HUMALOG MIX 75-25	3	MO
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	4	MO; QLL (120 per 30 days)	HUMALOG MIX 75-25 KWIKPEN	3	MO
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	4	MO; QLL (60 per 30 days)	HUMAPEN LUXURA HD	3	MO; QLL (200 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	4	MO; QLL (120 per 30 days)	HUMULIN 70/30	3	MO
GLUCOTROL ORAL TABLET 5 MG	4	MO; QLL (240 per 30 days)	HUMULIN 70/30 KWIKPEN	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	4	MO; QLL (60 per 30 days)	HUMULIN N	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	4	MO; QLL (240 per 30 days)	HUMULIN N KWIKPEN	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4	MO; QLL (120 per 30 days)	HUMULIN R	3	MO
			HUMULIN R U-500 (CONC) KWIKPEN	3	
			HUMULIN R U-500 (CONCENTRATED)	3	MO
			<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	3	MO
			<i>hydrocortisone oral tablet 20 mg</i>	2	MO
			<i>insulin pen needle</i>	2	MO; QLL (200 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml</i>	2	MO; QLL (200 per 30 days)
JANUMET	3	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
JARDIANCE	3	PAR; MO; QLL (30 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
KORLYM	5	PAR; MO
KUVAN ORAL TABLET, SOLUBLE	5	PAR; MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MO
<i>liothyronine intravenous</i>	5	MO
<i>liothyronine oral</i>	3	MO
<i>metformin oral tablet 1,000 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; CG; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; CG; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; CG; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	4	MO; QLL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	6	MO; CG; QLL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	4	MO; QLL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	4	MO; QLL (120 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>methylprednisolone acetate</i>	3	MO
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	4	MO
<i>methylprednisolone oral tablet 32 mg</i>	3	MO
<i>methylprednisolone oral tablets,dose pack</i>	3	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	MO
<i>methylprednisolone sodium succ intravenous</i>	4	MO
MIACALCIN INJECTION	5	B/D PAR; MO
MIACALCIN NASAL	4	MO; QLL (4 per 30 days)
<i>miglitol oral tablet 100 mg</i>	4	QLL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	4	QLL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	4	QLL (180 per 30 days)
MYOZYME	5	PAR; MO
NAGLAZYME	5	PAR; MO; LA
<i>nateglinide oral tablet 120 mg</i>	4	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	4	MO; QLL (180 per 30 days)
NATPARA	5	PAR; MO; LA; QLL (2 per 28 days)
NEEDLES, INSULIN DISP., SAFETY	3	MO; QLL (200 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOPEN ECHO	3	MO; QLL (200 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>pamidronate intravenous recon soln</i>	4	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	3	B/D PAR; MO
<i>paricalcitol oral</i>	4	MO
<i>pioglitazone oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	4	MO; QLL (30 per 30 days)
<i>pioglitazone-metformin</i>	4	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	3	MO
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	4	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	3	MO
<i>prednisone oral tablet 1 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
PROGLYCEM	5	MO
<i>propylthiouracil</i>	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	4	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	4	MO; QLL (240 per 30 days)
RIOMET	4	MO; QLL (780 per 30 days)
SAMSCA ORAL TABLET 15 MG	5	PAR; MO; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	MO; QLL (120 per 30 days)
SOMAVERT	5	PAR; MO
STIMATE	4	MO
SYMLINPEN 120	5	PAR; MO; QLL (11 per 30 days)
SYMLINPEN 60	4	PAR; MO; QLL (6 per 30 days)
SYNAREL	5	PAR; MO
SYNJARDY	3	PAR; MO; QLL (60 per 30 days)
SYNTHROID	3	MO
TANZEUM	4	MO; QLL (4 per 28 days)
TAPAZOLE	4	MO
<i>testosterone cypionate</i>	3	MO
<i>testosterone enanthate</i>	4	MO
TESTOSTERONE TRANSDERMAL GEL	3	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)	3	PAR; MO; QLL (300 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PAR; MO; QLL (120 per 30 days)
<i>testosterone transdermal gel in packet</i>	3	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN PACKET	3	PAR; MO; QLL (300 per 30 days)
<i>tolazamide oral tablet 250 mg</i>	2	MO; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QLL (60 per 30 days)
<i>tolbutamide</i>	3	MO; QLL (180 per 30 days)
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	4	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
TRULICITY	4	MO; QLL (2 per 28 days)
<i>unithroid</i>	1	MO
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QLL (9 per 30 days)
VPRIV	5	PAR; MO
ZAVESCA	5	PAR; MO; LA
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	PAR
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	PAR; MO
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML	5	PAR; MO
Gastroenterology		
<i>alosetron</i>	5	PAR; MO; QLL (60 per 30 days)
APRISO	4	MO
ASACOL HD	3	MO
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide</i>	4	MO
<i>budesonide oral</i>	5	MO
CANASA	4	MO
<i>carafate oral suspension</i>	4	MO
<i>cimetidine</i>	3	MO
<i>cimetidine hcl oral</i>	3	MO
CIMZIA	5	PAR; MO; QLL (6 per 28 days)
CIMZIA POWDER FOR RECONST	5	PAR; MO; QLL (6 per 28 days)
CIMZIA STARTER KIT	5	PAR; MO; QLL (6 per 28 days)
<i>compro</i>	4	PAR; MO
<i>constulose</i>	2	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 36,000-114,000- 180,000 UNIT	5	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	MO
DEXILANT	4	ST; MO; QLL (30 per 30 days)
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO
DIPENTUM	5	MO
<i>diphenoxylate-atropine oral liquid</i>	1	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PAR; MO; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PAR; MO; QLL (120 per 30 days)
EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (5 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 28 days)	metoclopramide hcl injection syringe	4	
EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (10 per 30 days)	metoclopramide hcl oral solution	2	MO
EMEND ORAL CAPSULE, DOSE PACK	3	B/D PAR; MO; QLL (15 per 30 days)	metoclopramide hcl oral tablet	1	MO
enulose	2	MO	misoprostol oral tablet 100 mcg	3	MO
esomeprazole sodium intravenous	4		misoprostol oral tablet 200 mcg	4	MO
famotidine (pf)	3	MO	MOVANTIK	4	MO; QLL (30 per 30 days)
famotidine (pf)-nacl (iso-os)	3		MOVIPREP	4	MO
famotidine intravenous	4	MO	nizatidine oral capsule 150 mg	3	MO
famotidine oral suspension	4	MO	nizatidine oral capsule 300 mg	4	MO
famotidine oral tablet 20 mg, 40 mg	1	MO	omeprazole oral capsule, delayed release(dr/ec)	2	MO; QLL (30 per 30 days)
GATTEX 30-VIAL	5	MO	ondansetron hcl (pf) injection solution	4	MO
GATTEX ONE-VIAL	5	MO	ondansetron hcl (pf) injection syringe	3	
gavilyte-c	2	MO	ondansetron hcl intravenous	4	MO
gavilyte-g	2	MO	ondansetron hcl oral solution	4	B/D PAR; MO; QLL (450 per 30 days)
gavilyte-n	2	MO	ondansetron hcl oral tablet 24 mg	4	B/D PAR; QLL (30 per 30 days)
generlac	2	MO	ondansetron hcl oral tablet 4 mg, 8 mg	3	B/D PAR; MO; QLL (90 per 30 days)
glycopyrrolate injection	4	MO	ondansetron oral tablet, disintegrating 4 mg	4	B/D PAR; MO; QLL (90 per 30 days)
glycopyrrolate oral	4	MO	ondansetron oral tablet, disintegrating 8 mg	3	B/D PAR; MO; QLL (90 per 30 days)
granisetron (pf) intravenous solution 100 mcg/ml	4	MO	opium tincture	2	MO
granisetron hcl intravenous	4	MO	OSMOPREP	4	MO
granisetron hcl oral	4	B/D PAR; MO; QLL (30 per 30 days)	pantoprazole intravenous	4	MO
hydrocortisone rectal cream 2.5 %	1		pantoprazole oral	1	MO; QLL (30 per 30 days)
hydrocortisone rectal enema	4	MO	paregoric	2	MO
lactulose	2	MO	peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram	2	MO
lansoprazole oral capsule, delayed release(dr/ec)	4	MO; QLL (30 per 30 days)	peg 3350-electrolytes oral recon soln 240-22.72-6.72 - 5.84 gram	2	
LIALDA	3	MO			
LINZESS	3	MO			
loperamide oral capsule	3	MO			
meclizine oral tablet 12.5 mg, 25 mg	2	MO			
mesalamine rectal	3	MO			
mesalamine with cleansing wipe	4	MO			
methscopolamine oral	4	MO			
metoclopramide hcl injection solution	3	MO			

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

Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte soln</i>	2	
PENTASA	3	MO
<i>polyethylene glycol 3350 oral</i>	2	MO
<i>prochlorperazine</i>	4	PAR; MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	PAR; MO
<i>prochlorperazine maleate oral</i>	2	PAR; MO
<i>procto-pak</i>	2	MO
<i>proctosol hc</i>	2	MO
<i>proctozone-hc</i>	1	MO
<i>propantheline</i>	4	MO
<i>ranitidine hcl injection</i>	4	MO
<i>ranitidine hcl oral capsule</i>	4	MO
<i>ranitidine hcl oral syrup</i>	4	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	PAR; MO
RELISTOR SUBCUTANEOUS SYRINGE	5	PAR; MO
REMICADE	5	PAR; MO
SUCRAID	5	MO
<i>sucrafate oral tablet</i>	2	MO
<i>sulfasalazine</i>	2	MO
<i>sulfazine</i>	1	
SUPREP BOWEL PREP KIT	3	MO
TRANSDERM-SCOP	4	MO; QLL (4 per 12 days)
<i>trilyte with flavor packets</i>	2	MO
UCERIS ORAL	5	MO
<i>ursodiol</i>	4	MO
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR; MO
ADACEL(TDAP ADOLESN/ ADULT)(PF)	3	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PAR; MO
ARCALYST	5	PAR; MO
AVONEX (WITH ALBUMIN)	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PAR; MO; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	4	MO
BETASERON	5	PAR; MO
SUBCUTANEOUS KIT		
BEXSERO (PF)	3	MO
BIVIGAM	5	PAR; MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PAR; MO
CARIMUNE NF	5	PAR; MO
NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM		
CERVARIX VACCINE (PF)	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
DYSPOORT	4	PAR; MO
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	PAR; MO
ENGRIX-B (PF)	3	B/D PAR; MO
ENGRIX-B PEDIATRIC (PF)	3	B/D PAR; MO
EXTAVIA SUBCUTANEOUS KIT	5	PAR; MO
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PAR
<i>fomepizole</i>	5	MO
GAMASTAN S/D	3	PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID	5	PAR; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PAR; MO
GAMUNEX-C	5	PAR; MO
GARDASIL (PF)	3	MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	
ILARIS (PF)	5	PAR; MO; LA
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
INTRON A INJECTION	5	PAR; MO
IPOL INJECTION SUSPENSION	3	MO
IXIARO (PF)	3	MO
M-M-R II (PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENHIBRIX (PF)	3	
MENOMUNE - A/C/Y/W-135	3	
MENOMUNE - A/C/Y/W-135 (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
MOZOBIL	5	PAR; MO
NEULASTA	5	MO; QLL (1.2 per 28 days)
NEUPOGEN	5	PAR; MO
NORDITROPIN FLEXPPO	5	PAR; MO
OCTAGAM	5	PAR; MO
OMNITROPE	5	PAR; MO
PEDVAX HIB (PF)	3	MO
PEGASYS	5	PAR; MO
PEGASYS PROCLICK	5	PAR; MO
PEGINTRON	5	PAR; MO
SUBCUTANEOUS KIT 120 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML		

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY	5	PAR; MO; QLL (1 per 28 days)
PRIVIGEN	5	PAR; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PAR; MO; QLL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PAR; MO; QLL (24 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PAR; MO; QLL (12 per 28 days)
PROLEUKIN	5	MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	
RABAVERT (PF)	4	MO
REBIF (WITH ALBUMIN)	5	PAR; MO
REBIF REBIDOSE	5	PAR; MO
REBIF TITRATION PACK	5	PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PAR
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SYLATRON	5	PAR; MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	4	MO
TETANUS,DIPHThERIA TOX PED(PF)	3	MO
TETANUS-DIPHThERIA	3	MO
TOXOIDS-TD		
THYMOGLOBULIN	5	B/D PAR
TICE BCG	4	MO
TRUMENBA	3	
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	ST; MO; QLL (4 per 28 days)	DEPO-ESTRADIOL	3	MO
<i>risedronate oral tablet 5 mg</i>	4	ST; MO; QLL (30 per 30 days)	<i>drospirenone-ethinyl estradiol</i>	4	MO
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QLL (4 per 28 days)	ELESTRIN	4	PAR; MO
SAVELLA ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)	<i>elinest</i>	4	MO
SAVELLA ORAL TABLET 12.5 MG	3	MO; QLL (480 per 30 days)	ELLA	3	MO
SAVELLA ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)	<i>emoquette</i>	3	MO
SAVELLA ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)	<i>enpresse</i>	3	MO
SAVELLA ORAL TABLETS, DOSE PACK	3	MO; QLL (110 per 365 days)	<i>errin</i>	3	MO
SIMPONI	5	PAR; MO; QLL (1 per 28 days)	<i>estarylla</i>	4	MO
ULORIC	3	ST; MO	ESTRACE VAGINAL	4	MO
Obstetrics / Gynecology			<i>estradiol oral</i>	1	PAR; MO
<i>altavera (28)</i>	4	MO	<i>estradiol transdermal patch semiweekly</i>	4	PAR; MO; QLL (8 per 28 days)
<i>alyacen 1/35 (28)</i>	4	MO	<i>estradiol transdermal patch weekly</i>	4	PAR; MO; QLL (4 per 28 days)
<i>alyacen 7/7/7 (28)</i>	4	MO	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	MO
<i>amethia 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	MO	<i>estradiol-norethindrone acet</i>	4	PAR; MO
<i>amethyst</i>	4	MO	ESTRING	4	MO; QLL (1 per 90 days)
<i>apri</i>	3	MO	<i>estropipate</i>	2	PAR; MO
<i>aranelle (28)</i>	4	MO	EVAMIST	4	PAR; MO
<i>aubra</i>	4	MO	<i>falmina (28)</i>	3	MO
<i>aviane</i>	3	MO	FEMRING	4	MO; QLL (1 per 90 days)
<i>azurette (28)</i>	4	MO	<i>gianvi (28)</i>	4	MO
<i>balziva (28)</i>	4	MO	<i>gildagia</i>	4	MO
<i>blisovi fe 1.5/30 (28)</i>	4	MO	<i>gildess 1.5/30 (21)</i>	3	MO
<i>briellyn</i>	4	MO	<i>gildess 1/20 (21)</i>	4	MO
<i>camila</i>	3	MO	GILDESS FE 1.5/30 (28)	4	MO
CAZIENT (28)	4	MO	GILDESS FE 1/20 (28)	4	MO
<i>clindamycin phosphate vaginal</i>	4	MO	<i>heather</i>	4	MO
<i>cryselle (28)</i>	3	MO	<i>hydroxyprogesterone caproate</i>	5	
<i>cyclafem 1/35 (28)</i>	3	MO	<i>introvale</i>	3	MO
<i>cyclafem 7/7/7 (28)</i>	3	MO	<i>jinteli</i>	4	PAR; MO
<i>dasetta 1/35 (28)</i>	4	MO	<i>jolessa</i>	4	MO
<i>dasetta 7/7/7 (28)</i>	4	MO	<i>jolivette</i>	3	MO
DELESTROGEN	4	MO	<i>junel 1.5/30 (21)</i>	3	MO
			<i>junel 1/20 (21)</i>	3	MO
			<i>junel fe 1.5/30 (28)</i>	3	MO
			<i>junel fe 1/20 (28)</i>	3	MO
			<i>junel fe 24</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>kariva (28)</i>	4	MO
<i>kelnor 1/35 (28)</i>	3	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	
<i>larin 1/20 (21)</i>	4	MO
<i>larin fe 1.5/30 (28)</i>	4	MO
<i>larin fe 1/20 (28)</i>	3	MO
<i>leena 28</i>	3	MO
<i>lessina</i>	4	MO
<i>levonest (28)</i>	3	MO
<i>levonorg-eth estrad triphasic</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	3	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	3	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	4	MO
<i>levora-28</i>	3	MO
<i>loryna (28)</i>	4	MO
<i>low-ogestrel (28)</i>	4	MO
<i>luteria (28)</i>	3	MO
<i>lyza</i>	4	MO
<i>marlissa</i>	3	MO
<i>medroxyprogesterone intramuscular suspension</i>	3	MO
<i>medroxyprogesterone intramuscular syringe</i>	4	MO
<i>medroxyprogesterone oral</i>	1	MO
<i>MENEST</i>	4	PAR; MO
<i>methylegonovine oral</i>	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	3	MO; QLL (6 per 30 days)
<i>microgestin 1.5/30 (21)</i>	3	MO
<i>microgestin 1/20 (21)</i>	3	MO
<i>microgestin fe 1.5/30 (28)</i>	3	MO
<i>microgestin fe 1/20 (28)</i>	3	MO
<i>mimvey</i>	4	PAR; MO
<i>mimvey lo</i>	4	PAR; MO
<i>mono-lynyah</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mononessa (28)</i>	3	MO
<i>MYZILRA</i>	4	MO
<i>necon 0.5/35 (28)</i>	3	MO
<i>necon 1/35 (28)</i>	3	MO
<i>necon 1/50 (28)</i>	3	MO
<i>necon 10/11 (28)</i>	4	MO
<i>necon 7/7/7 (28)</i>	3	MO
<i>nikki (28)</i>	4	MO
<i>NOR-QD</i>	4	MO
<i>nora-be</i>	3	MO
<i>norethindrone (contraceptive)</i>	3	MO
<i>norethindrone acetate</i>	4	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	4	MO
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35 (21)</i>	4	MO
<i>nortrel 1/35 (28)</i>	4	MO
<i>nortrel 7/7/7 (28)</i>	3	MO
<i>NUVARING</i>	4	MO
<i>ocella</i>	4	MO
<i>ogestrel (28)</i>	4	MO
<i>orsythia</i>	3	MO
<i>ORTHO MICRONOR</i>	4	MO
<i>philith</i>	4	MO
<i>pimtrea (28)</i>	4	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	3	MO
<i>portia</i>	3	MO
<i>PREMARIN ORAL</i>	3	PAR; MO
<i>PREMARIN VAGINAL</i>	3	MO
<i>PREMPRO</i>	4	PAR; MO
<i>previfem</i>	3	MO
<i>progesterone micronized</i>	3	ST; MO
<i>quasense</i>	4	MO
<i>reclipsen (28)</i>	3	MO
<i>sharobel</i>	3	MO
<i>sprintec (28)</i>	3	MO
<i>sronyx</i>	3	MO
<i>syeda</i>	4	MO
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	4	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>tilia fe</i>	4	MO
<i>tranexamic acid oral</i>	4	MO
<i>tri-estarylla</i>	4	MO
<i>tri-legest fe</i>	4	MO
<i>tri-lynyah</i>	4	MO
<i>tri-previfem (28)</i>	3	MO
<i>tri-sprintec (28)</i>	3	MO
<i>trinessa (28)</i>	3	MO
<i>trivora (28)</i>	3	MO
VAGIFEM	4	MO
<i>vandazole</i>	2	MO
<i>velivet triphasic regimen (28)</i>	3	MO
<i>vestura (28)</i>	4	MO
<i>viorele (28)</i>	4	MO
VIVELLE-DOT	4	PAR; MO; QLL (8 per 28 days)
<i>vyfemla (28)</i>	4	MO
<i>xulane</i>	4	MO
ZARAH	4	MO
<i>zenchent (28)</i>	3	MO
<i>zenchent fe</i>	4	MO
<i>zovia 1/35e (28)</i>	3	MO
<i>zovia 1/50e (28)</i>	4	MO
Ophthalmology		
<i>acetazolamide oral capsule, extended release</i>	4	MO
<i>acetazolamide oral tablet 125 mg</i>	2	MO
<i>acetazolamide oral tablet 250 mg</i>	3	MO
<i>acetazolamide sodium</i>	4	MO
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	MO
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	4	MO
<i>apraclonidine</i>	3	MO
<i>atropine ophthalmic drops</i>	2	MO
<i>azelastine ophthalmic</i>	3	MO
AZOPT	4	MO
<i>bacitracin ophthalmic</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic</i>	2	MO
BESIVANCE	4	MO
BETAGAN OPHTHALMIC DROPS 0.5 %	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>betaxolol ophthalmic</i>	4	MO
BETIMOL	4	MO
BETOPTIC S	4	MO
<i>bimatoprost</i>	3	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine ophthalmic drops 0.15 %</i>	3	MO
<i>brimonidine ophthalmic drops 0.2 %</i>	2	MO
<i>carteolol</i>	1	MO
<i>ciprofloxacin hcl ophthalmic</i>	2	MO
COMBIGAN	3	MO
COSOPT	4	MO
<i>cromolyn ophthalmic</i>	2	MO
CYSTARAN	5	MO
<i>dexamethasone sodium phosphate ophthalmic</i>	2	MO
<i>diclofenac sodium ophthalmic</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
DUREZOL	3	MO
<i>epinastine</i>	3	MO
<i>erythromycin ophthalmic</i>	2	MO
<i>fluorometholone</i>	2	MO
<i>flurbiprofen sodium</i>	1	MO
<i>gatifloxacin</i>	4	MO
<i>gentak ophthalmic ointment</i>	2	MO
<i>gentamicin ophthalmic</i>	2	MO
ILEVRO	3	MO
IOPIDINE OPHTHALMIC DROPS	4	MO
ISOPTO CARPINE	4	MO
<i>ketorolac ophthalmic</i>	2	MO
LACRISERT	3	MO
<i>latanoprost</i>	1	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic</i>	4	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	MO
<i>methazolamide oral</i>	4	MO
<i>metipranolol</i>	2	
MOXEZA	3	MO
<i>naphazoline</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
NATACYN	4	MO
neo-polycin	2	MO
neo-polycin hc	2	
neomycin-bacitracin-poly-hc	3	MO
neomycin-bacitracin-polymyxin	3	MO
neomycin-polymyxin b-dexameth	2	MO
neomycin-polymyxin-gramicidin	3	MO
neomycin-polymyxin-hc ophthalmic	3	MO
NEVANAC	3	MO
ofloxacin ophthalmic	2	MO
PATADAY	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	3	MO
polycin	2	
polymyxin b sulf-trimethoprim	1	MO
prednisolone acetate	2	MO
prednisolone sodium phosphate ophthalmic	2	MO
RESTASIS	3	MO
SIMBRINZA	4	MO
sulfacetamide sodium ophthalmic drops	2	MO
sulfacetamide sodium ophthalmic ointment	3	MO
sulfacetamide-prednisolone	2	MO
timolol maleate ophthalmic drops	1	MO
timolol maleate ophthalmic gel forming solution	3	MO
TIMOPTIC OCUDOSE (PF) OPTHALMIC DROPPERETTE 0.25 %	4	MO
TIMOPTIC OPTHALMIC DROPS 0.25 %	4	MO
TIMOPTIC-XE	4	MO
TOBRADEX OPTHALMIC OINTMENT	3	MO
TOBRADEX ST	3	MO
tobramycin	2	MO

Drug Name	Drug Tier	Requirements/ Limits
tobramycin-dexamethasone	3	MO
TRAVATAN Z	3	MO
travoprost (benzalkonium)	4	MO
trifluridine	4	MO
VIGAMOX	3	MO
XALATAN	4	MO
ZIRGAN	4	MO
Respiratory And Allergy		
acetylcysteine solution 100 mg/ml (10 %)	2	B/D PAR; MO
acetylcysteine solution 200 mg/ml (20 %)	3	B/D PAR; MO
ADEMPAS	5	PAR; MO; LA
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
AEROSPAN	4	QLL (18 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml	3	B/D PAR; MO; QLL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)	2	B/D PAR; MO; QLL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml	2	B/D PAR; MO; QLL (60 per 30 days)
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	4	MO
albuterol sulfate oral tablet extended release 12 hr 4 mg	3	MO
albuterol sulfate oral tablet extended release 12 hr 8 mg	4	MO
aminophylline intravenous	4	
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QLL (30 per 30 days)
ASMANEX HFA	3	MO; QLL (13 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QLL (1 per 30 days)	EPIPEN 2-PAK	3	MO; QLL (2 per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES)	3	QLL (4 per 30 days)	EPIPEN JR 2-PAK	3	MO; QLL (2 per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES)	3	QLL (2 per 30 days)	ESBRIET	5	PAR; QLL (270 per 30 days)
ATROVENT HFA	4	MO; QLL (26 per 30 days)	FIRAZYR	5	PAR; MO
BREO ELLIPTA	3	MO; QLL (60 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QLL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PAR; MO; QLL (120 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QLL (240 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	MO; QLL (300 per 30 days)	FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QLL (12 per 30 days)
CINRYZE	5	PAR; MO	FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QLL (24 per 30 days)
<i>clemastine oral tablet 2.68 mg</i>	3	PAR; MO	FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QLL (11 per 30 days)
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)	<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QLL (75 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PAR; MO; QLL (240 per 30 days)	<i>fluticasone nasal</i>	1	MO; QLL (16 per 30 days)
<i>cypheptadine</i>	3	PAR; MO	<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	4	PAR; MO
DALIRESP	4	PAR; MO; QLL (30 per 30 days)	<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	3	PAR; MO
<i>desloratadine oral tablet</i>	3	MO; QLL (30 per 30 days)	<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	3	PAR; MO
<i>desloratadine oral tablet, disintegrating</i>	2	MO; QLL (30 per 30 days)	<i>hydroxyzine hcl oral tablet</i>	3	PAR; MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	3	PAR; MO	<i>hydroxyzine pamoate</i>	3	PAR; MO
<i>diphenhydramine hcl injection syringe</i>	4	PAR; MO	<i>ipratropium bromide inhalation</i>	2	B/D PAR; MO
DULERA	3	MO; QLL (13 per 30 days)	<i>ipratropium-albuterol</i>	2	B/D PAR; MO; QLL (540 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO	KALYDECO ORAL TABLET	5	PAR; MO; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LETAIRIS	5	PAR; MO; LA; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	4	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	4	B/D PAR; MO; QLL (540 per 30 days)
<i>levocetirizine oral solution</i>	4	MO; QLL (300 per 30 days)
<i>levocetirizine oral tablet</i>	2	MO; QLL (30 per 30 days)
<i>metaproterenol</i>	2	MO
<i>mometasone nasal</i>	3	
<i>montelukast oral granules in packet</i>	4	MO; QLL (30 per 30 days)
<i>montelukast oral tablet</i>	2	MO; QLL (30 per 30 days)
<i>montelukast oral tablet, chewable</i>	3	MO; QLL (30 per 30 days)
NASONEX	3	MO
OFEV	5	PAR; MO; QLL (60 per 30 days)
ORKAMBI	5	PAR; MO; QLL (120 per 30 days)
PERFOROMIST	5	B/D PAR; MO; QLL (120 per 30 days)
PROAIR HFA	3	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	3	MO; QLL (2 per 30 days)
<i>promethazine injection solution 25 mg/ml</i>	3	PAR; MO
<i>promethazine injection solution 50 mg/ml</i>	4	PAR; MO
<i>promethazine oral syrup</i>	2	PAR; MO
<i>promethazine oral tablet</i>	3	PAR; MO
PULMOZYME	5	B/D PAR; MO
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	3	MO; QLL (9 per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	3	MO; QLL (18 per 30 days)
SEREVENT DISKUS	3	MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil oral</i>	4	PAR; MO; QLL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QLL (30 per 30 days)
STIOLTO RESPIMAT	3	MO; QLL (4 per 30 days)
SYMBICORT	4	MO; QLL (11 per 30 days)
<i>terbutaline oral</i>	3	MO
<i>terbutaline subcutaneous</i>	4	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	
<i>theophylline oral tablet extended release</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
TRACLEER	5	PAR; MO; LA; QLL (60 per 30 days)
VENTAVIS	5	PAR; MO; QLL (270 per 30 days)
VENTOLIN HFA	3	MO; QLL (36 per 30 days)
XOLAIR	5	PAR; MO; LA; QLL (6 per 28 days)
XOPENEX HFA	4	MO; QLL (45 per 30 days)
XYZAL ORAL TABLET	4	MO; QLL (30 per 30 days)
<i>zafirlukast</i>	4	MO; QLL (60 per 30 days)
Urologicals		
<i>alfuzosin</i>	2	MO
AMMONIUM CHLORIDE	4	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	3	MO
<i>bethanechol chloride oral tablet 50 mg</i>	4	MO
CYSTAGON	3	MO; LA
<i>dutasteride</i>	4	MO
<i>dutasteride-tamsulosin</i>	3	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>flavoxate</i>	3	MO
MYRBETRIQ	4	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride oral syrup</i>	2	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	2	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	3	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	3	MO; QLL (30 per 30 days)
<i>potassium citrate oral tablet extended release 10 meq (1, 080 mg), 15 meq</i>	4	MO
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	3	MO
<i>tamsulosin</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	4	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	4	MO; QLL (60 per 30 days)
TOVIAZ	4	MO; QLL (30 per 30 days)
<i>tropium oral tablet</i>	4	MO; QLL (60 per 30 days)
VESICARE	4	MO; QLL (30 per 30 days)
Vitamins, Hematinics / Electrolytes		
AMINOSYN 10 %	4	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	4	B/D PAR
AMINOSYN 8.5 %	4	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN II 10 %	4	B/D PAR
AMINOSYN II 15 %	4	B/D PAR
AMINOSYN II 7 %	4	B/D PAR
AMINOSYN II 8.5 %	4	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	4	B/D PAR
AMINOSYN M 3.5 %	4	B/D PAR
AMINOSYN-HBC 7%	4	B/D PAR
AMINOSYN-PF 10 %	4	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PAR
AMINOSYN-RF 5.2 %	4	B/D PAR

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium acetate oral capsule</i>	2	MO
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	4	B/D PAR
CLINIMIX 2.75%/D5W SULFIT FREE	4	B/D PAR
CLINIMIX 4.25%-D20W SULF-FREE	4	B/D PAR
CLINIMIX 4.25%-D25W SULF-FREE	4	B/D PAR
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PAR
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D25W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D5W SULF FREE	4	B/D PAR
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D PAR
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	4	B/D PAR
<i>dextrose-kcl-nacl</i>	4	MO
<i>fluoritab oral tablet, chewable 1 mg fluoride (2.2 mg)</i>	2	MO
FREAMINE HBC 6.9 %	4	B/D PAR
<i>freamine iii 10 %</i>	4	B/D PAR
HEPATAMINE 8%	4	B/D PAR
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PAR; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PAR
IONOSOL-B IN D5W	4	
IONOSOL-MB IN D5W	4	
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
<i>k-effervescent</i>	1	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	3	MO
<i>ludent fluoride</i>	2	MO
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	4	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	4	MO
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>NEPHRAMINE 5.4 %</i>	4	B/D PAR
<i>NORMOSOL-M IN 5 % DEXTROSE</i>	4	
<i>NORMOSOL-R</i>	4	
<i>NORMOSOL-R IN 5 % DEXTROSE</i>	4	
<i>NORMOSOL-R PH 7.4</i>	4	
<i>PLASMA-LYTE 148</i>	4	
<i>PLASMA-LYTE A</i>	4	
<i>PLASMA-LYTE-56 IN 5 % DEXTROSE</i>	4	
<i>potassium bicarb and chloride</i>	2	MO
<i>potassium bicarb-citric acid</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	4	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml</i>	3	
<i>potassium chloride intravenous piggyback 10 meq/50 ml</i>	4	MO
<i>potassium chloride intravenous piggyback 30 meq/100 ml</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	4	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	4	
<i>premasol 10 %</i>	4	B/D PAR; MO
<i>PREMASOL 6 %</i>	4	B/D PAR
<i>prenatal vitamin oral tablet</i>	2	MO
<i>PROCALAMINE 3%</i>	4	B/D PAR
<i>PROSOL 20 %</i>	4	B/D PAR; MO
<i>ringers intravenous</i>	4	
<i>sodium bicarbonate intravenous solution</i>	4	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)</i>	4	MO
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	4	
<i>sodium chloride 3 %</i>	4	MO
<i>sodium chloride 5 %</i>	4	
<i>sodium chloride intravenous</i>	4	MO
<i>sodium fluoride oral tablet</i>	2	MO
<i>sodium fluoride oral tablet, chewable</i>	2	MO
<i>sodium lactate intravenous</i>	4	
<i>travasol 10 %</i>	4	B/D PAR; MO
<i>TROPHAMINE 10 %</i>	4	B/D PAR; MO
<i>TROPHAMINE 6%</i>	4	B/D PAR

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

Index of Drugs

Legend

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

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

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

Drug Name	Page
<i>a-hydrocort</i>	46
<i>abacavir</i>	8
<i>abacavir-lamivudine-zidovudine</i>	8
ABELCET.....	8
ABILIFY MAINTENA.....	21
ABRAXANE.....	16
<i>acamprosate</i>	44
<i>acarbose oral tablet 100 mg</i>	46
<i>acarbose oral tablet 25 mg</i>	46
<i>acarbose oral tablet 50 mg</i>	46
ACCUPRIL.....	35
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG.....	35
<i>acebutolol</i>	35
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	21
<i>acetaminophen-codeine oral solution 120-12 mg/ 5 ml</i>	21
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	21
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	21
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	21
<i>acetasol hc</i>	45
<i>acetazolamide oral capsule, extended release</i>	57
<i>acetazolamide oral tablet 125 mg</i>	57
<i>acetazolamide oral tablet 250 mg</i>	57
<i>acetazolamide sodium</i>	57
<i>acetic acid irrigation</i>	44
<i>acetic acid otic</i>	45
<i>acetic acid-aluminum acetate</i>	45
<i>acetylcysteine intravenous</i>	44
<i>acetylcysteine solution 100 mg/ml (10 %)</i>	58
<i>acetylcysteine solution 200 mg/ml (20 %)</i>	58
<i>acitretin</i>	42
ACTEMRA INTRAVENOUS VIAL.....	54
ACTHAR H.P.....	46
ACTHIB (PF).....	52
ACTIMMUNE.....	52
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG.....	46
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG.....	46
<i>acyclovir oral capsule</i>	8
<i>acyclovir oral suspension 200 mg/5 ml</i>	8
<i>acyclovir oral tablet</i>	8
<i>acyclovir sodium intravenous solution</i>	8
<i>acyclovir topical</i>	42
ADACEL(TDAP ADOLESN/ADULT)(PF).....	52
ADAGEN.....	44
ADALAT CC.....	35
<i>adapalene topical cream</i>	42
<i>adapalene topical gel 0.1 %</i>	42
ADASUVE.....	21
<i>adefovir</i>	8
ADEMPAS.....	58
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	16
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	16
ADVAIR DISKUS.....	58
ADVAIR HFA.....	58
AEROSPAN.....	58
<i>afeditab cr</i>	35
AFINITOR.....	16
AFINITOR DISPERZ.....	16
AGGRENOX.....	35
ALBENZA.....	8
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>	58

<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	58	<i>amethyst</i>	55
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	58	<i>amifostine crystalline</i>	16
<i>albuterol sulfate oral syrup</i>	58	AMIKACIN INJECTION SOLUTION 1,000 MG/4 ML.....	8
<i>albuterol sulfate oral tablet</i>	58	<i>amikacin injection solution 500 mg/2 ml</i>	8
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i>	58	<i>amiloride</i>	35
<i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i>	58	<i>amiloride-hydrochlorothiazide</i>	35
<i>alclometasone topical cream</i>	42	<i>aminophylline intravenous</i>	58
<i>alclometasone topical ointment</i>	42	AMINOSYN 10 %.....	61
<i>alcohol pads</i>	46	AMINOSYN 7 % WITH ELECTROLYTES.....	61
ALDACTAZIDE ORAL TABLET 25-25 MG.....	35	AMINOSYN 8.5 %.....	61
ALDURAZYME.....	46	AMINOSYN 8.5 %-ELECTROLYTES.....	61
ALECENSA.....	16	AMINOSYN II 10 %.....	61
<i>alendronate oral solution</i>	54	AMINOSYN II 15 %.....	61
<i>alendronate oral tablet 10 mg, 5 mg</i>	54	AMINOSYN II 7 %.....	61
<i>alendronate oral tablet 35 mg, 70 mg</i>	54	AMINOSYN II 8.5 %.....	61
<i>alendronate oral tablet 40 mg</i>	44	AMINOSYN II 8.5 %-ELECTROLYTES.....	61
<i>alfuzosin</i>	60	AMINOSYN M 3.5 %.....	61
ALIMTA.....	16	AMINOSYN-HBC 7%.....	61
ALINIA ORAL SUSPENSION FOR RECONSTITUTION.....	8	AMINOSYN-PF 10 %.....	61
ALINIA ORAL TABLET.....	8	AMINOSYN-PF 7 % (SULFITE-FREE).....	61
ALKERAN ORAL.....	16	AMINOSYN-RF 5.2 %.....	61
<i>allopurinol</i>	54	<i>amiodarone intravenous solution</i>	35
<i>aloprim</i>	54	<i>amiodarone intravenous syringe</i>	35
<i>alosetron</i>	50	<i>amiodarone oral tablet 100 mg, 200 mg</i>	35
ALPHAGAN P OPHTHALMIC DROPS 0.1 %.....	57	<i>amiodarone oral tablet 400 mg</i>	35
ALPHAGAN P OPHTHALMIC DROPS 0.15 %.....	57	<i>amitriptyline oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	22
<i>alprazolam oral tablet</i>	21	<i>amitriptyline oral tablet 100 mg, 150 mg</i>	22
<i>alprazolam oral tablet extended release 24 hr</i>	21	<i>amlodipine besylate oral tablet 10 mg, 2.5 mg</i>	35
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	22	<i>amlodipine besylate oral tablet 5 mg</i>	35
ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG.....	35	<i>amlodipine-atorvastatin</i>	35
<i>altavera (28)</i>	55	<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-20 mg, 5-40 mg</i>	35
ALTOPREV.....	35	<i>amlodipine-benazepril oral capsule 5-10 mg</i>	35
<i>alyacen 1/35 (28)</i>	55	<i>amlodipine-valsartan</i>	35
<i>alyacen 7/7/7 (28)</i>	55	<i>amlodipine-valsartan-hcthiazid</i>	35
<i>amantadine hcl</i>	8	AMMONIUM CHLORIDE.....	60
AMARYL ORAL TABLET 1 MG.....	46	<i>ammonium lactate</i>	42
AMARYL ORAL TABLET 2 MG.....	46	<i>amoxapine oral tablet 100 mg, 50 mg</i>	22
AMARYL ORAL TABLET 4 MG.....	46	<i>amoxapine oral tablet 150 mg, 25 mg</i>	22
AMBISOME.....	8	<i>amoxicillin oral capsule</i>	8
<i>amcinonide</i>	42	<i>amoxicillin oral suspension for reconstitution</i>	8
<i>amethia 0.15 mg-30 mcg (84)/10 mcg (7)</i>	55	<i>amoxicillin oral tablet</i>	8
		<i>amoxicillin oral tablet,chewable 125 mg</i>	8
		<i>amoxicillin oral tablet,chewable 250 mg</i>	8

<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	8
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	8
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	8
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	9
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	9
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	9
<i>amphotericin b</i>	9
<i>ampicillin oral capsule</i>	9
<i>ampicillin oral suspension for reconstitution</i>	9
<i>ampicillin sodium injection</i>	9
<i>ampicillin sodium intravenous</i>	9
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	9
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	9
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	9
AMPYRA.....	22
ANADROL-50.....	46
<i>anagrelide</i>	44
<i>anastrozole</i>	16
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	46
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	46
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	46
<i>androxy</i>	46
ANORO ELLIPTA.....	58
APOKYN.....	22
<i>apraclonidine</i>	57
<i>apri</i>	55
APRISO.....	50
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG.....	22
APTIOM ORAL TABLET 800 MG.....	22
APTIVUS ORAL CAPSULE.....	9
APTIVUS ORAL SOLUTION.....	9
ARALAST NP.....	44
<i>aranelle (28)</i>	55
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML.....	52
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML.....	52
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML.....	52
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML.....	52
ARCALYST.....	52
<i>aripiprazole oral solution</i>	22
<i>aripiprazole oral tablet 10 mg</i>	22
<i>aripiprazole oral tablet 15 mg</i>	22
<i>aripiprazole oral tablet 2 mg</i>	22
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	22
<i>aripiprazole oral tablet 5 mg</i>	22
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	22
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	22
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML.....	22
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML.....	22
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML.....	22
<i>armour thyroid</i>	46
ARNUITY ELLIPTA.....	58
ARRANON.....	16
ARZERRA.....	16
ASACOL HD.....	50
ASMANEX HFA.....	58
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES).....	59
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES).....	59
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES).....	59
<i>aspirin-dipyridamole</i>	35
ATACAND HCT ORAL TABLET 16-12.5 MG.....	35
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG.....	35
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG.....	35

ATACAND ORAL TABLET 32 MG.....	35	BANZEL ORAL TABLET 400 MG.....	22
<i>atenolol</i>	35	BARACLUDE ORAL SOLUTION.....	9
<i>atenolol-chlorthalidone</i>	35	BCG VACCINE, LIVE (PF).....	52
<i>atorvastatin</i>	35	BELEODAQ.....	16
<i>atovaquone</i>	9	<i>benazepril</i>	35
<i>atovaquone-proguanil</i>	9	<i>benazepril-hydrochlorothiazide oral tablet 10-12.5</i> <i>mg, 20-12.5 mg, 5-6.25 mg</i>	35
ATRIPLA.....	9	<i>benazepril-hydrochlorothiazide oral tablet 20-25</i> <i>mg</i>	35
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/</i> <i>ml</i>	50	BENDEKA.....	16
<i>atropine ophthalmic drops</i>	57	BENICAR HCT.....	35
ATROVENT HFA.....	59	BENICAR ORAL TABLET 20 MG, 40 MG.....	36
AUBAGIO.....	22	BENICAR ORAL TABLET 5 MG.....	36
<i>aubra</i>	55	BENLYSTA.....	54
AVALIDE ORAL TABLET 150-12.5 MG.....	35	<i>benztropine injection</i>	22
AVALIDE ORAL TABLET 300-12.5 MG.....	35	<i>benztropine oral</i>	22
AVAPRO.....	35	BESIVANCE.....	57
AVASTIN.....	16	BETAGAN OPHTHALMIC DROPS 0.5 %.....	57
<i>aviane</i>	55	<i>betamethasone dipropionate topical cream</i>	42
<i>avita topical cream</i>	42	<i>betamethasone dipropionate topical lotion</i>	42
AVONEX (WITH ALBUMIN).....	52	<i>betamethasone dipropionate topical</i> <i>ointment</i>	42
AVONEX INTRAMUSCULAR PEN INJECTOR KIT.....	52	<i>betamethasone valerate topical cream</i>	42
AVONEX INTRAMUSCULAR SYRINGE KIT.....	52	<i>betamethasone valerate topical lotion</i>	42
<i>azacitidine</i>	16	<i>betamethasone valerate topical ointment</i>	42
<i>azathioprine</i>	16	<i>betamethasone, augmented topical cream</i>	42
<i>azathioprine sodium</i>	16	<i>betamethasone, augmented topical gel</i>	42
<i>azelastine nasal</i>	45	<i>betamethasone, augmented topical lotion</i>	42
<i>azelastine ophthalmic</i>	57	<i>betamethasone, augmented topical ointment</i>	42
AZILECT.....	22	BETASERON SUBCUTANEOUS KIT.....	52
<i>azithromycin intravenous</i>	9	<i>betaxolol ophthalmic</i>	57
<i>azithromycin oral packet</i>	9	<i>betaxolol oral</i>	36
<i>azithromycin oral suspension for reconstitution</i> <i>100 mg/5 ml</i>	9	<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5</i> <i>mg</i>	60
<i>azithromycin oral suspension for reconstitution</i> <i>200 mg/5 ml</i>	9	<i>bethanechol chloride oral tablet 50 mg</i>	60
<i>azithromycin oral tablet 250 mg, 250 mg (6</i> <i>pack)</i>	9	BETIMOL.....	57
<i>azithromycin oral tablet 500 mg, 600 mg</i>	9	BETOPTIC S.....	57
AZOPT.....	57	<i>bexarotene</i>	16
AZOR.....	35	BEXSERO (PF).....	52
<i>aztreonam</i>	9	<i>bicalutamide</i>	16
<i>azurette (28)</i>	55	BICILLIN C-R.....	9
<i>bacitracin ophthalmic</i>	57	BICILLIN L-A.....	9
<i>bacitracin-polymyxin b ophthalmic</i>	57	BICNU.....	16
<i>baclofen</i>	22	BIDIL.....	36
<i>balsalazide</i>	50	<i>bimatoprost</i>	57
<i>balziva (28)</i>	55	<i>bisoprolol fumarate</i>	36
BANZEL ORAL SUSPENSION.....	22	<i>bisoprolol-hydrochlorothiazide</i>	36
BANZEL ORAL TABLET 200 MG.....	22	BIVIGAM.....	52

<i>bleomycin</i>	16	<i>buspirone oral tablet 30 mg, 7.5 mg</i>	23
BLEPHAMIDE S.O.P.....	57	BUSULFEX.....	17
BLINCYTO.....	16	<i>butorphanol tartrate injection</i>	23
<i>blisovi fe 1.5/30 (28)</i>	55	<i>butorphanol tartrate nasal</i>	23
BONIVA INTRAVENOUS.....	54	BYDUREON.....	46
BOOSTRIX TDAP.....	52	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/ DOSE(250 MCG/ML) 2.4 ML.....	46
BOSULIF ORAL TABLET 100 MG.....	16	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/ DOSE (250 MCG/ML) 1.2 ML.....	46
BOSULIF ORAL TABLET 500 MG.....	16	BYSTOLIC.....	36
BOTOX.....	52	<i>cabergoline</i>	46
BREO ELLIPTA.....	59	CABOMETYX ORAL TABLET 20 MG.....	17
<i>briellyn</i>	55	CABOMETYX ORAL TABLET 40 MG, 60 MG.....	17
BRILINTA.....	36	CALAN ORAL TABLET 120 MG.....	36
<i>brimonidine ophthalmic drops 0.15 %</i>	57	CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG.....	36
<i>brimonidine ophthalmic drops 0.2 %</i>	57	<i>calcipotriene scalp</i>	42
BRIVIACT INTRAVENOUS.....	22	<i>calcipotriene topical</i>	42
BRIVIACT ORAL SOLUTION.....	22	<i>calcitonin (salmon)</i>	46
BRIVIACT ORAL TABLET 10 MG.....	22	<i>calcitriol intravenous solution 1 mcg/ml</i>	46
BRIVIACT ORAL TABLET 100 MG, 75 MG.....	22	<i>calcitriol oral capsule</i>	46
BRIVIACT ORAL TABLET 25 MG.....	22	<i>calcitriol oral solution</i>	46
BRIVIACT ORAL TABLET 50 MG.....	22	<i>calcitriol topical</i>	42
<i>bromocriptine</i>	22	<i>calcium acetate oral capsule</i>	61
<i>budesonide inhalation suspension for nebulization</i> <i>0.25 mg/2 ml, 0.5 mg/2 ml</i>	59	<i>camila</i>	55
<i>budesonide oral</i>	50	CANASA.....	50
<i>bumetanide injection</i>	36	CANCIDAS.....	9
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	36	<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	36
<i>bumetanide oral tablet 2 mg</i>	36	<i>candesartan oral tablet 32 mg</i>	36
BUPHENYL ORAL TABLET.....	44	<i>candesartan-hydrochlorothiazid oral tablet 16- 12.5 mg</i>	36
<i>buprenorphine hcl injection solution</i>	22	<i>candesartan-hydrochlorothiazid oral tablet 32- 12.5 mg, 32-25 mg</i>	36
<i>buprenorphine hcl injection syringe</i>	22	CAPASTAT.....	9
<i>buprenorphine hcl sublingual tablet 2 mg</i>	22	CAPRELSA ORAL TABLET 100 MG.....	17
<i>buprenorphine hcl sublingual tablet 8 mg</i>	22	CAPRELSA ORAL TABLET 300 MG.....	17
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	22	<i>captopril oral tablet 100 mg, 25 mg, 50 mg</i>	36
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	22	<i>captopril oral tablet 12.5 mg</i>	36
buproban.....	44	<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg, 50-25 mg</i>	36
<i>bupropion hcl oral tablet 100 mg</i>	22	<i>captopril-hydrochlorothiazide oral tablet 25-25 mg</i>	36
<i>bupropion hcl oral tablet 75 mg</i>	22	<i>carafate oral suspension</i>	50
<i>bupropion hcl oral tablet extended release 100 mg</i>	22	CARBAGLU.....	44
<i>bupropion hcl oral tablet extended release 150 mg, 200 mg</i>	22	<i>carbamazepine oral capsule, er multiphase 12 hr</i>	23
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	22	<i>carbamazepine oral suspension 100 mg/5 ml</i>	23
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	23		
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	23		

<i>carbamazepine oral suspension 200 mg/10 ml</i>	23
<i>carbamazepine oral tablet</i>	23
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	23
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	23
<i>carbamazepine oral tablet, chewable</i>	23
<i>carbidopa-levodopa oral tablet</i>	23
<i>carbidopa-levodopa oral tablet extended release</i>	23
<i>carbidopa-levodopa oral tablet, disintegrating</i>	23
<i>carbidopa-levodopa-entacapone</i>	23
<i>carboplatin intravenous solution</i>	17
CARDIZEM LA.....	36
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM.....	52
<i>carisoprodol oral tablet 350 mg</i>	23
<i>carteolol</i>	57
<i>cartia xt</i>	36
<i>carvedilol</i>	36
CAYSTON.....	9
CAZIENT (28).....	55
<i>cefacor oral capsule</i>	9
<i>cefacor oral suspension for reconstitution 125 mg/5 ml</i>	9
<i>cefacor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	9
<i>cefacor oral tablet extended release 12 hr</i>	9
<i>cefadroxil oral capsule</i>	9
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	9
<i>cefadroxil oral tablet</i>	9
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	9
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	9
<i>cefazolin injection recon soln 1 gram</i>	9
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	9
<i>cefazolin injection recon soln 500 mg</i>	9
<i>cefazolin intravenous</i>	9
<i>cefdinir oral capsule</i>	9
<i>cefdinir oral suspension for reconstitution</i>	9
<i>cefepime</i>	9
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	9
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	9
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	9
<i>cefotaxime injection recon soln 10 gram</i>	9
<i>cefotetan</i>	10
<i>cefoxitin in dextrose, iso-osm</i>	10
<i>cefoxitin intravenous recon soln 1 gram</i>	10
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	10
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i>	10
<i>cefpodoxime oral suspension for reconstitution 50 mg/5 ml</i>	10
<i>cefpodoxime oral tablet 100 mg</i>	10
<i>cefpodoxime oral tablet 200 mg</i>	10
<i>cefprozil oral suspension for reconstitution</i>	10
<i>cefprozil oral tablet 250 mg</i>	10
<i>cefprozil oral tablet 500 mg</i>	10
CEFTAZIDIME IN D5W.....	10
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	10
<i>ceftazidime injection recon soln 6 gram</i>	10
<i>ceftriaxone in dextrose, iso-os</i>	10
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 500 mg</i>	10
<i>ceftriaxone injection recon soln 10 gram</i>	10
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM.....	10
<i>ceftriaxone injection recon soln 250 mg</i>	10
<i>ceftriaxone intravenous recon soln 1 gram</i>	10
<i>ceftriaxone intravenous recon soln 2 gram</i>	10
<i>cefuroxime axetil oral tablet 250 mg</i>	10
<i>cefuroxime axetil oral tablet 500 mg</i>	10
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	10
<i>cefuroxime sodium intravenous vial 7.5 gm</i>	10
<i>celecoxib oral capsule 100 mg, 200 mg</i>	23
<i>celecoxib oral capsule 400 mg</i>	23
<i>celecoxib oral capsule 50 mg</i>	23
CELLCEPT INTRAVENOUS.....	17
CELONTIN ORAL CAPSULE 300 MG.....	23
<i>cephalexin oral capsule 250 mg, 500 mg</i>	10
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml</i>	10
<i>cephalexin oral suspension for reconstitution 250 mg/5 ml</i>	10
<i>cephalexin oral tablet</i>	10

CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.....	46
CERVARIX VACCINE (PF).....	52
cetirizine oral solution 1 mg/ml.....	59
cevimeline.....	44
CHANTIX.....	44
CHANTIX CONTINUING MONTH BOX.....	44
CHANTIX STARTING MONTH BOX.....	44
chloramphenicol sod succinate.....	10
chlordiazepoxide hcl.....	23
chlorhexidine gluconate mucous membrane.....	45
chloroquine phosphate oral.....	10
chlorothiazide oral tablet 250 mg.....	36
chlorothiazide oral tablet 500 mg.....	36
chlorothiazide sodium.....	36
chlorpromazine.....	23
chlorthalidone oral tablet 25 mg, 50 mg.....	36
cholestyramine (with sugar).....	36
cholestyramine light.....	36
ciclodan topical cream.....	42
ciclodan topical solution.....	42
ciclopirox topical cream.....	42
ciclopirox topical gel.....	42
ciclopirox topical shampoo.....	42
ciclopirox topical solution.....	42
ciclopirox topical suspension.....	42
cidofovir.....	10
cilostazol.....	36
cimetidine.....	50
cimetidine hcl oral.....	50
CIMZIA.....	50
CIMZIA POWDER FOR RECONST.....	50
CIMZIA STARTER KIT.....	50
CINRYZE.....	59
CIPRODEX.....	45
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg.....	10
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg.....	10
ciprofloxacin hcl ophthalmic.....	57
ciprofloxacin hcl oral tablet 100 mg, 750 mg.....	10
ciprofloxacin hcl oral tablet 250 mg, 500 mg.....	10
ciprofloxacin in 5 % dextrose.....	10
ciprofloxacin lactate intravenous solution 200 mg/ 20 ml.....	10
ciprofloxacin lactate intravenous solution 400 mg/ 40 ml.....	10
ciprofloxacin oral suspension.....	10

cisplatin.....	17
citalopram oral solution.....	23
citalopram oral tablet 10 mg.....	23
citalopram oral tablet 20 mg.....	23
citalopram oral tablet 40 mg.....	23
cladribine.....	17
claravis oral capsule 10 mg, 20 mg, 40 mg.....	42
claravis oral capsule 30 mg.....	42
clarithromycin oral suspension for reconstitution 125 mg/5 ml.....	10
clarithromycin oral suspension for reconstitution 250 mg/5 ml.....	10
clarithromycin oral tablet.....	10
clarithromycin oral tablet extended release 24 hr.....	10
clemastine oral tablet 2.68 mg.....	59
clindamycin hcl oral capsule.....	10
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml.....	10
clindamycin in 5 % dextrose intravenous piggyback 900 mg/50 ml.....	11
clindamycin phosphate injection.....	11
clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml.....	11
clindamycin phosphate intravenous solution 600 mg/4 ml.....	11
clindamycin phosphate topical gel.....	42
clindamycin phosphate topical lotion.....	42
clindamycin phosphate topical solution.....	42
clindamycin phosphate topical swab.....	42
clindamycin phosphate vaginal.....	55
clindamycin-benzoyl peroxide topical gel.....	42
CLINIMIX 2.75%/D5W SULFIT FREE.....	61
CLINIMIX 4.25%-D20W SULF-FREE.....	61
CLINIMIX 4.25%-D25W SULF-FREE.....	61
CLINIMIX 4.25%/D10W SULF FREE.....	61
CLINIMIX 4.25%/D5W SULFIT FREE.....	44
CLINIMIX 5%-D20W(SULFITE-FREE).....	61
CLINIMIX 5%/D15W SULFITE FREE.....	61
CLINIMIX 5%/D25W SULFITE-FREE.....	61
CLINIMIX E 2.75%/D10W SUL FREE.....	44
CLINIMIX E 2.75%/D5W SULF FREE.....	44
CLINIMIX E 4.25%/D10W SUL FREE.....	61
CLINIMIX E 4.25%/D25W SUL FREE.....	61
CLINIMIX E 4.25%/D5W SULF FREE.....	61
CLINIMIX E 5%/D15W SULFIT FREE.....	61
CLINIMIX E 5%/D20W SULFIT FREE.....	61
CLINIMIX E 5%/D25W SULFIT FREE.....	61

<i>clobetasol scalp</i>	42	COLY-MYCIN S.....	45
<i>clobetasol topical cream</i>	42	COMBIGAN.....	57
<i>clobetasol topical foam</i>	42	COMBIVENT RESPIMAT.....	59
<i>clobetasol topical gel</i>	42	COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG	
<i>clobetasol topical lotion</i>	42	X1-20 MG X1).....	17
<i>clobetasol topical ointment</i>	42	COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG	
<i>clobetasol topical shampoo</i>	42	X1-20 MG X3).....	17
<i>clobetasol-emollient topical cream</i>	42	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG	
<i>clobetasol-emollient topical foam</i>	42	X 3/DAY).....	17
CLOBEX TOPICAL LOTION.....	42	COMPLERA.....	11
CLOLAR.....	17	<i>compro</i>	50
<i>clomipramine</i>	23	<i>constulose</i>	50
<i>clonazepam oral tablet 0.5 mg</i>	23	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/	
<i>clonazepam oral tablet 1 mg</i>	23	ML.....	24
<i>clonazepam oral tablet 2 mg</i>	23	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/	
<i>clonazepam oral tablet,disintegrating 0.125</i>		ML.....	24
<i>mg</i>	23	COREG CR.....	36
<i>clonazepam oral tablet,disintegrating 0.25</i>		<i>cormax scalp</i>	42
<i>mg</i>	23	<i>cortisone</i>	46
<i>clonazepam oral tablet,disintegrating 0.5 mg</i>	23	CORZIDE ORAL TABLET 40-5 MG.....	36
<i>clonazepam oral tablet,disintegrating 1 mg</i>	23	COSMEGEN.....	17
<i>clonazepam oral tablet,disintegrating 2 mg</i>	23	COSOPT.....	57
<i>clonidine hcl oral tablet</i>	36	COTELLIC.....	17
<i>clonidine transdermal patch</i>	36	COUMADIN ORAL.....	36
<i>clopidogrel oral tablet 300 mg</i>	36	COZAAR ORAL TABLET 100 MG.....	36
<i>clopidogrel oral tablet 75 mg</i>	36	COZAAR ORAL TABLET 25 MG, 50 MG.....	36
<i>clorazepate dipotassium</i>	23	CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	
<i>clotrimazole mucous membrane</i>	11	12,000-38,000 -60,000 UNIT, 24,000-76,000 -	
<i>clotrimazole topical cream</i>	42	120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-	
<i>clotrimazole topical solution</i>	42	19,000 -30,000 UNIT.....	50
<i>clotrimazole-betamethasone topical cream</i>	42	CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	
<i>clotrimazole-betamethasone topical lotion</i>	42	36,000-114,000- 180,000 UNIT.....	50
<i>clozapine oral tablet 100 mg</i>	23	CRESTOR.....	36
<i>clozapine oral tablet 200 mg</i>	23	CRIXIVAN ORAL CAPSULE 200 MG.....	11
<i>clozapine oral tablet 25 mg</i>	23	CRIXIVAN ORAL CAPSULE 400 MG.....	11
<i>clozapine oral tablet 50 mg</i>	23	<i>cromolyn inhalation</i>	59
<i>clozapine oral tablet,disintegrating 100 mg</i>	23	<i>cromolyn ophthalmic</i>	57
<i>clozapine oral tablet,disintegrating 12.5 mg</i>	23	<i>cromolyn oral</i>	50
CLOZAPINE ORAL TABLET,DISINTEGRATING 150		<i>cryselle (28)</i>	55
MG.....	23	CUBICIN.....	11
CLOZAPINE ORAL TABLET,DISINTEGRATING 200		<i>cyclafem 1/35 (28)</i>	55
MG.....	23	<i>cyclafem 7/7/7 (28)</i>	55
<i>clozapine oral tablet,disintegrating 25 mg</i>	23	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	24
COARTEM.....	11	<i>cyclobenzaprine oral tablet 7.5 mg</i>	24
<i>colchicine-probenecid</i>	54	CYCLOPHOSPHAMIDE ORAL CAPSULE.....	17
COLCRYS.....	54	CYCLOSET.....	46
<i>colestipol</i>	36	<i>cyclosporine intravenous</i>	17
<i>colistin (colistimethate na)</i>	11	<i>cyclosporine modified</i>	17

<i>cyclosporine oral capsule</i>	17	<i>desoximetasone topical cream</i>	42
<i>cyproheptadine</i>	59	<i>desoximetasone topical gel</i>	42
CYRAMZA.....	17	<i>desoximetasone topical ointment 0.25 %</i>	43
CYSTADANE.....	50	DESVENLAFAXINE FUMARATE ORAL TABLET	
CYSTAGON.....	60	EXTENDED RELEASE 24HR 100 MG.....	24
CYSTARAN.....	57	DESVENLAFAXINE FUMARATE ORAL TABLET	
<i>cytarabine</i>	17	EXTENDED RELEASE 24HR 50 MG.....	24
<i>cytarabine (pf) injection solution 100 mg/5 ml (20</i>		DESVENLAFAXINE ORAL TABLET EXTENDED	
<i>mg/ml), 2 gram/20 ml (100 mg/ml)</i>	17	RELEASE 24 HR 100 MG.....	24
<i>cytarabine (pf) injection solution 20 mg/ml</i>	17	DESVENLAFAXINE ORAL TABLET EXTENDED	
CYTOMEL.....	46	RELEASE 24 HR 50 MG.....	24
<i>d10 %-0.45 % sodium chloride</i>	44	DESVENLAFAXINE ORAL TABLET EXTENDED	
<i>d2.5 %-0.45 % sodium chloride</i>	44	RELEASE 24HR 100 MG.....	24
<i>d5 % and 0.9 % sodium chloride</i>	44	DESVENLAFAXINE ORAL TABLET EXTENDED	
<i>d5 %-0.45 % sodium chloride</i>	44	RELEASE 24HR 50 MG.....	24
<i>dacarbazine</i>	17	<i>dexamethasone intensol</i>	46
DALIRESP.....	59	<i>dexamethasone oral elixir</i>	46
<i>danazol oral</i>	46	<i>dexamethasone oral solution</i>	46
<i>dantrolene</i>	24	<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1</i>	
DAPSONE.....	11	<i>mg, 1.5 mg</i>	46
DAPTACEL (DTAP PEDIATRIC) (PF).....	52	<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	46
DARAPRIM.....	11	<i>dexamethasone sodium phos (pf)</i>	46
DARZALEX.....	17	<i>dexamethasone sodium phosphate injection</i>	
<i>dasetta 1/35 (28)</i>	55	<i>solution</i>	46
<i>dasetta 7/7/7 (28)</i>	55	<i>dexamethasone sodium phosphate injection</i>	
<i>daunorubicin intravenous solution</i>	17	<i>syringe</i>	46
<i>decitabine</i>	17	<i>dexamethasone sodium phosphate</i>	
DELESTROGEN.....	55	<i>ophthalmic</i>	57
DELZICOL ORAL CAPSULE,DELAYED RELEASE(DR/		DEXILANT.....	50
EC).....	50	<i>dexrazoxane hcl intravenous recon soln 250</i>	
<i>demeclocycline</i>	11	<i>mg</i>	17
DEMSEER.....	36	<i>dexrazoxane hcl intravenous recon soln 500</i>	
DENAVIR.....	42	<i>mg</i>	17
<i>denta 5000 plus</i>	45	<i>dextroamphetamine oral tablet 10 mg</i>	24
<i>dentagel</i>	45	<i>dextroamphetamine oral tablet 5 mg</i>	24
DEPEN TITRATABS.....	54	<i>dextroamphetamine-amphetamine oral capsule,</i>	
DEPO-ESTRADIOL.....	55	<i>extended release 24hr</i>	24
DERMATOP TOPICAL OINTMENT.....	42	<i>dextroamphetamine-amphetamine oral tablet 10</i>	
DESCOVY.....	11	<i>mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	24
<i>desipramine oral</i>	24	<i>dextroamphetamine-amphetamine oral tablet 30</i>	
<i>desloratadine oral tablet</i>	59	<i>mg</i>	24
<i>desloratadine oral tablet,disintegrating</i>	59	<i>dextrose 10 % and 0.2 % nacl</i>	44
<i>desmopressin injection</i>	46	<i>dextrose 10 % in water (d10w)</i>	44
<i>desmopressin nasal aerosol,spray</i>	46	<i>dextrose 25 % in water (d25w)</i>	44
<i>desmopressin nasal solution</i>	46	<i>dextrose 30 % in water (d30w)</i>	44
<i>desmopressin nasal spray,non-aerosol</i>	46	<i>dextrose 40 % in water (d40w)</i>	44
<i>desmopressin oral</i>	46	<i>dextrose 5 % in water (d5w)</i>	44
<i>desonide</i>	42	<i>dextrose 5 %-lactated ringers</i>	44

dextrose 5%-0.2 % sod chloride.....	44	digoxin oral tablet 125 mcg.....	36
dextrose 5%-0.3 % sod.chloride.....	44	digoxin oral tablet 250 mcg.....	36
dextrose 50 % in water (d50w) intravenous parenteral solution.....	44	dihydroergotamine injection.....	24
dextrose 50 % in water (d50w) intravenous syringe.....	44	dihydroergotamine nasal.....	24
dextrose 70 % in water (d70w).....	44	DILANTIN EXTENDED.....	24
dextrose with sodium chloride.....	45	DILANTIN INFATABS.....	24
dextrose-kcl-nacl.....	61	DILANTIN ORAL CAPSULE 30 MG.....	24
diazepam intenosol.....	24	dilt-xr.....	36
diazepam oral concentrate.....	24	diltiazem hcl intravenous.....	36
diazepam oral solution 5 mg/5 ml (1 mg/ml).....	24	diltiazem hcl oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 420 mg.....	36
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml).....	24	diltiazem hcl oral capsule, extended release 360 mg.....	36
diazepam oral tablet 10 mg.....	24	diltiazem hcl oral capsule,ext release degradable.....	36
diazepam oral tablet 2 mg.....	24	diltiazem hcl oral capsule,extended release 12 hr.....	37
diazepam oral tablet 5 mg.....	24	diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg.....	37
diazepam rectal.....	24	diltiazem hcl oral capsule,extended release 24hr 360 mg.....	37
diclofenac potassium.....	24	diltiazem hcl oral tablet.....	37
diclofenac sodium ophthalmic.....	57	DIOVAN HCT.....	37
diclofenac sodium oral tablet extended release 24 hr.....	24	DIPENTUM.....	50
diclofenac sodium oral tablet,delayed release (dr/ ec) 25 mg.....	24	diphenhydramine hcl injection solution 50 mg/ ml.....	59
diclofenac sodium oral tablet,delayed release (dr/ ec) 50 mg, 75 mg.....	24	diphenhydramine hcl injection syringe.....	59
diclofenac sodium topical gel 1 %.....	24	diphenoxylate-atropine oral liquid.....	50
diclofenac sodium topical gel 3 %.....	43	diphenoxylate-atropine oral tablet.....	50
dicloxacillin.....	11	DIPROLENE AF.....	43
dicyclomine oral capsule.....	50	diskets.....	24
dicyclomine oral solution.....	50	disopyramide phosphate oral capsule.....	37
dicyclomine oral tablet.....	50	disulfiram.....	45
didanosine oral capsule,delayed release(dr/ec) 125 mg.....	11	divalproex oral capsule, sprinkle.....	24
didanosine oral capsule,delayed release(dr/ec) 200 mg.....	11	divalproex oral tablet extended release 24 hr.....	24
didanosine oral capsule,delayed release(dr/ec) 250 mg.....	11	divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg.....	24
didanosine oral capsule,delayed release(dr/ec) 400 mg.....	11	divalproex oral tablet,delayed release (dr/ec) 500 mg.....	24
DIFICID.....	11	DOCEFREZ INTRAVENOUS RECON SOLN 20 MG.....	17
diflorasone.....	43	docetaxel intravenous solution 10 mg/ml, 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml).....	17
diflunisal.....	24	docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ ml).....	17
digitek oral tablet 125 mcg.....	36	dofetilide.....	37
digitek oral tablet 250 mcg.....	36		
digox oral tablet 125 mcg.....	36		
digoxin injection solution.....	36		
digoxin oral solution 50 mcg/ml.....	36		

<i>donepezil oral tablet 10 mg, 5 mg</i>	24	EDURANT.....	11
<i>donepezil oral tablet,disintegrating</i>	25	EFFIENT.....	37
DORIBAX.....	11	EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG.....	52
<i>dorzolamide</i>	57	ELAPRASE.....	46
<i>dorzolamide-timolol</i>	57	ELESTRIN.....	55
<i>doxazosin</i>	37	ELIDEL.....	43
<i>doxepin oral</i>	25	<i>elimest</i>	55
<i>doxercalciferol intravenous</i>	46	ELIQUIS ORAL TABLET 2.5 MG.....	37
<i>doxercalciferol oral</i>	46	ELIQUIS ORAL TABLET 5 MG.....	37
<i>doxorubicin intravenous recon soln</i>	17	ELITEK.....	17
<i>doxorubicin intravenous solution</i>	17	ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML.....	59
<i>doxorubicin, peg-liposomal</i>	17	ELLA.....	55
<i>doxy-100</i>	11	ELOCON TOPICAL SOLUTION.....	43
<i>doxycycline hyclate intravenous</i>	11	EMCYT.....	17
<i>doxycycline hyclate oral capsule</i>	11	EMEND ORAL CAPSULE 125 MG.....	50
<i>doxycycline hyclate oral tablet 100 mg</i>	11	EMEND ORAL CAPSULE 40 MG.....	51
<i>doxycycline hyclate oral tablet 20 mg</i>	11	EMEND ORAL CAPSULE 80 MG.....	51
<i>doxycycline monohydrate oral capsule 100 mg,</i> <i>50 mg</i>	11	EMEND ORAL CAPSULE,DOSE PACK.....	51
<i>doxycycline monohydrate oral suspension for</i> <i>reconstitution</i>	11	<i>emoquette</i>	55
<i>doxycycline monohydrate oral tablet 100 mg</i>	11	EMPLICITI.....	17
<i>doxycycline monohydrate oral tablet 150 mg, 50</i> <i>mg</i>	11	EMSAM.....	25
<i>doxycycline monohydrate oral tablet 75 mg</i>	11	EMTRIVA ORAL CAPSULE.....	11
<i>dronabinol oral capsule 10 mg</i>	50	EMTRIVA ORAL SOLUTION.....	11
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	50	<i>enalapril maleate</i>	37
<i>drospirenone-ethinyl estradiol</i>	55	<i>enalapril-hydrochlorothiazide</i>	37
DROXIA.....	17	ENBREL SUBCUTANEOUS RECON SOLN.....	54
DUETACT ORAL TABLET 30-4 MG.....	46	ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51).....	54
DULERA.....	59	ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML).....	54
<i>duloxetine oral capsule,delayed release(dr/ec) 20</i> <i>mg</i>	25	ENBREL SURECLICK.....	54
<i>duloxetine oral capsule,delayed release(dr/ec) 30</i> <i>mg</i>	25	<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	25
<i>duloxetine oral capsule,delayed release(dr/ec) 40</i> <i>mg</i>	25	<i>endocet oral tablet 5-325 mg</i>	25
<i>duloxetine oral capsule,delayed release(dr/ec) 60</i> <i>mg</i>	25	ENERGIX-B (PF).....	52
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	25	ENERGIX-B PEDIATRIC (PF).....	52
<i>duramorph (pf) injection solution 1 mg/ml</i>	25	<i>enoxaparin subcutaneous solution</i>	37
DUREZOL.....	57	<i>enoxaparin subcutaneous syringe 100 mg/ml</i>	37
<i>dutasteride</i>	60	<i>enoxaparin subcutaneous syringe 120 mg/0.8</i> <i>ml</i>	37
<i>dutasteride-tamsulosin</i>	60	<i>enoxaparin subcutaneous syringe 150 mg/ml</i>	37
DYAZIDE.....	37	<i>enoxaparin subcutaneous syringe 30 mg/0.3</i> <i>ml</i>	37
DYSPORT.....	52	<i>enoxaparin subcutaneous syringe 40 mg/0.4</i> <i>ml</i>	37
<i>e.e.s. 400 oral tablet</i>	11	<i>enoxaparin subcutaneous syringe 60 mg/0.6</i> <i>ml</i>	37
<i>econazole topical</i>	43	<i>enoxaparin subcutaneous syringe 80 mg/0.8</i> <i>ml</i>	37

<i>enpresse</i>	55	<i>esomeprazole sodium intravenous</i>	51
<i>entacapone</i>	25	<i>estarylla</i>	55
<i>entecavir</i>	11	ESTRACE VAGINAL.....	55
<i>enulose</i>	51	<i>estradiol oral</i>	55
ENVARSUS XR.....	17	<i>estradiol transdermal patch semiweekly</i>	55
<i>epinastine</i>	57	<i>estradiol transdermal patch weekly</i>	55
EPIPEN 2-PAK.....	59	<i>estradiol valerate intramuscular oil 20 mg/ml, 40</i>	
EPIPEN JR 2-PAK.....	59	<i>mg/ml</i>	55
<i>epirubicin intravenous solution 200 mg/100</i>		<i>estradiol-norethindrone acet</i>	55
<i>ml</i>	17	ESTRING.....	55
<i>epirubicin intravenous solution 50 mg/25 ml</i>	17	<i>estropipate</i>	55
<i>epitol</i>	25	<i>ethambutol</i>	11
EPIVIR HBV ORAL SOLUTION.....	11	<i>ethosuximide oral capsule</i>	25
EPIVIR ORAL SOLUTION.....	11	<i>ethosuximide oral solution</i>	25
<i>eplerenone</i>	37	<i>etidronate disodium</i>	45
<i>eprosartan</i>	37	<i>etodolac oral capsule</i>	25
EPZICOM.....	11	<i>etodolac oral tablet</i>	25
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR		<i>etodolac oral tablet extended release 24 hr</i>	25
100 MG.....	25	ETOPOPHOS.....	17
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR		<i>etoposide intravenous</i>	17
200 MG.....	25	EVAMIST.....	55
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR		EVOMELA.....	17
300 MG.....	25	EVOTAZ.....	11
ERBITUX.....	17	EXELDERM.....	43
<i>ergoloid</i>	25	EXELON ORAL CAPSULE 1.5 MG, 4.5 MG.....	25
ERIVEDGE.....	17	<i>exemestane</i>	17
<i>errin</i>	55	EXFORGE.....	37
ERWINAZE.....	17	EXFORGE HCT.....	37
<i>ery pads</i>	43	EXJADE.....	45
<i>ery-tab oral tablet, delayed release (dr/ec) 250</i>		EXTAVIA SUBCUTANEOUS KIT.....	52
<i>mg, 333 mg</i>	11	EXTAVIA SUBCUTANEOUS RECON SOLN.....	52
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC)		FABRAZYME.....	46
500 MG.....	11	<i>falmina (28)</i>	55
<i>erythrocine (as stearate) oral tablet 250 mg</i>	11	<i>famciclovir oral tablet 125 mg, 250 mg</i>	12
ERYTHROCIN INTRAVENOUS RECON SOLN 500		<i>famciclovir oral tablet 500 mg</i>	12
MG.....	11	<i>famotidine (pf)</i>	51
<i>erythromycin ethylsuccinate oral tablet</i>	11	<i>famotidine (pf)-nacl (iso-os)</i>	51
<i>erythromycin ophthalmic</i>	57	<i>famotidine intravenous</i>	51
<i>erythromycin oral capsule, delayed release (dr/</i>		<i>famotidine oral suspension</i>	51
<i>ec)</i>	11	<i>famotidine oral tablet 20 mg, 40 mg</i>	51
<i>erythromycin oral tablet</i>	11	FANAPT ORAL TABLET 1 MG.....	25
<i>erythromycin with ethanol</i>	43	FANAPT ORAL TABLET 10 MG.....	25
<i>erythromycin-benzoyl peroxide</i>	43	FANAPT ORAL TABLET 12 MG.....	25
ESBRIET.....	59	FANAPT ORAL TABLET 2 MG.....	25
<i>escitalopram oxalate oral solution</i>	25	FANAPT ORAL TABLET 4 MG.....	25
<i>escitalopram oxalate oral tablet 10 mg</i>	25	FANAPT ORAL TABLET 6 MG.....	25
<i>escitalopram oxalate oral tablet 20 mg</i>	25	FANAPT ORAL TABLET 8 MG.....	25
<i>escitalopram oxalate oral tablet 5 mg</i>	25	FANAPT ORAL TABLETS, DOSE PACK.....	25

FARESTON.....	17	FLOVENT HFA INHALATION HFA AEROSOL	
FARYDAK ORAL CAPSULE 10 MG.....	17	INHALER 110 MCG/ACTUATION.....	59
FARYDAK ORAL CAPSULE 15 MG, 20 MG.....	17	FLOVENT HFA INHALATION HFA AEROSOL	
FASLODEX.....	17	INHALER 220 MCG/ACTUATION.....	59
<i>felbamate oral suspension</i>	25	FLOVENT HFA INHALATION HFA AEROSOL	
<i>felbamate oral tablet</i>	25	INHALER 44 MCG/ACTUATION.....	59
FELBATOL ORAL TABLET 400 MG.....	25	<i>fluconazole in dextrose(iso-o)</i>	12
<i>felodipine oral tablet extended release 24 hr 10</i>		FLUCONAZOLE IN NACL (ISO-OSM) INTRAVENOUS	
<i>mg</i>	37	PIGGYBACK 100 MG/50 ML.....	12
<i>felodipine oral tablet extended release 24 hr 2.5</i>		<i>fluconazole in nacl (iso-osm) intravenous</i>	
<i>mg, 5 mg</i>	37	<i>piggyback 200 mg/100 ml</i>	12
FEMRING.....	55	<i>fluconazole in nacl (iso-osm) intravenous</i>	
<i>fenofibrate micronized oral capsule 130 mg</i>	37	<i>piggyback 400 mg/200 ml</i>	12
<i>fenofibrate micronized oral capsule 134 mg, 200</i>		<i>fluconazole oral suspension for reconstitution 10</i>	
<i>mg</i>	37	<i>mg/ml</i>	12
<i>fenofibrate micronized oral capsule 43 mg</i>	37	<i>fluconazole oral suspension for reconstitution 40</i>	
<i>fenofibrate micronized oral capsule 67 mg</i>	37	<i>mg/ml</i>	12
<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	37	<i>fluconazole oral tablet 100 mg</i>	12
<i>fenofibrate oral tablet 160 mg</i>	37	<i>fluconazole oral tablet 150 mg, 50 mg</i>	12
<i>fenofibrate oral tablet 54 mg</i>	37	<i>fluconazole oral tablet 200 mg</i>	12
<i>fenofibric acid (choline) dr capsules</i>	37	<i>flucytosine</i>	12
<i>fenoprofen oral tablet</i>	25	<i>fludarabine intravenous recon soln</i>	18
<i>fentanyl citrate</i>	25	<i>fludarabine intravenous solution</i>	18
<i>fentanyl transdermal patch 72 hour 100 mcg/hr,</i>		<i>fludrocortisone</i>	46
<i>12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/</i>		<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025</i>	
<i>hr</i>	25	<i>%)</i>	59
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE		<i>fluocinolone</i>	43
PACK.....	25	<i>fluocinolone acetonide oil otic</i>	45
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24		<i>fluocinonide topical cream 0.05 %</i>	43
HR 120 MG, 80 MG.....	25	<i>fluocinonide topical gel</i>	43
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24		<i>fluocinonide topical ointment</i>	43
HR 20 MG.....	25	<i>fluocinonide topical solution</i>	43
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24		<i>fluocinonide-e</i>	43
HR 40 MG.....	25	<i>fluoritab oral tablet,chewable 1 mg fluoride (2.2</i>	
<i>finasteride oral tablet 5 mg</i>	60	<i>mg)</i>	61
FIRAZYR.....	59	<i>fluorometholone</i>	57
FIRMAGON KIT W DILUENT SYRINGE		<i>fluorouracil intravenous solution 1 gram/20 ml,</i>	
SUBCUTANEOUS RECON SOLN 120 MG.....	18	<i>5 gram/100 ml, 500 mg/10 ml</i>	18
FIRMAGON KIT W DILUENT SYRINGE		<i>fluorouracil intravenous solution 2.5 gram/50</i>	
SUBCUTANEOUS RECON SOLN 80 MG.....	18	<i>ml</i>	18
<i>flavoxate</i>	60	<i>fluorouracil topical cream 5 %</i>	43
<i>flecainide</i>	37	<i>fluorouracil topical solution</i>	43
FLOVENT DISKUS INHALATION BLISTER WITH		<i>fluoxetine oral capsule 10 mg</i>	26
DEVICE 100 MCG/ACTUATION, 50 MCG/		<i>fluoxetine oral capsule 20 mg</i>	26
ACTUATION.....	59	<i>fluoxetine oral capsule 40 mg</i>	26
FLOVENT DISKUS INHALATION BLISTER WITH		<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	26
DEVICE 250 MCG/ACTUATION.....	59	<i>fluoxetine oral solution</i>	26
		<i>fluoxetine oral tablet 10 mg</i>	26

<i>fluoxetine oral tablet 20 mg</i>	26	FYCOMPA ORAL TABLET 2 MG.....	26
<i>fluphenazine decanoate</i>	26	FYCOMPA ORAL TABLET 4 MG.....	26
<i>fluphenazine hcl injection</i>	26	FYCOMPA ORAL TABLET 6 MG.....	26
<i>fluphenazine hcl oral</i>	26	FYCOMPA ORAL TABLET 8 MG.....	26
<i>flurbiprofen</i>	26	<i>gabapentin oral capsule 100 mg</i>	26
<i>flurbiprofen sodium</i>	57	<i>gabapentin oral capsule 300 mg</i>	26
<i>flutamide</i>	18	<i>gabapentin oral capsule 400 mg</i>	26
<i>fluticasone nasal</i>	59	<i>gabapentin oral solution 250 mg/5 ml</i>	26
<i>fluticasone topical cream</i>	43	GABAPENTIN ORAL SOLUTION 250 MG/5 ML (5	
<i>fluticasone topical lotion</i>	43	ML), 300 MG/6 ML (6 ML).....	26
<i>fluticasone topical ointment</i>	43	<i>gabapentin oral tablet 600 mg</i>	26
<i>fluvastatin oral capsule 20 mg</i>	37	<i>gabapentin oral tablet 800 mg</i>	26
<i>fluvastatin oral capsule 40 mg</i>	37	GABITRIL ORAL TABLET 12 MG.....	26
<i>fluvoxamine oral tablet 100 mg</i>	26	GABITRIL ORAL TABLET 16 MG.....	26
<i>fluvoxamine oral tablet 25 mg</i>	26	<i>galantamine oral capsule,ext rel. pellets 24</i>	
<i>fluvoxamine oral tablet 50 mg</i>	26	<i>hr</i>	26
FOLOTYN.....	18	<i>galantamine oral solution</i>	26
<i>fomepizole</i>	52	<i>galantamine oral tablet</i>	26
<i>fondaparinux subcutaneous syringe 10 mg/0.8</i>		GAMASTAN S/D.....	52
<i>ml</i>	37	GAMMAGARD LIQUID.....	53
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5</i>		GAMMAGARD S-D (IGA < 1 MCG/ML).....	53
<i>ml</i>	37	GAMUNEX-C.....	53
<i>fondaparinux subcutaneous syringe 5 mg/0.4</i>		<i>ganciclovir sodium</i>	12
<i>ml</i>	37	GARDASIL (PF).....	53
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6</i>		GARDASIL 9 (PF).....	53
<i>ml</i>	37	<i>gatifloxacin</i>	57
FORTEO.....	54	GATTEX 30-VIAL.....	51
<i>fortical</i>	46	GATTEX ONE-VIAL.....	51
FOSAMAX ORAL TABLET 70 MG.....	54	<i>gauze pads 2 x 2</i>	46
FOSAMAX PLUS D.....	54	<i>gavilyte-c</i>	51
<i>foscarnet</i>	12	<i>gavilyte-g</i>	51
<i>fosinopril</i>	37	<i>gavilyte-n</i>	51
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5</i>		GAZYVA.....	18
<i>mg</i>	37	<i>gemcitabine intravenous recon soln 1 gram, 200</i>	
<i>fosinopril-hydrochlorothiazide oral tablet 20-12.5</i>		<i>mg</i>	18
<i>mg</i>	37	<i>gemcitabine intravenous recon soln 2 gram</i>	18
<i>fosphenytoin</i>	26	<i>gemcitabine intravenous solution 1 gram/26.3 ml</i>	
FREAMINE HBC 6.9 %.....	61	(38 mg/ml), 200 mg/5.26 ml (38 mg/ml).....	18
<i>freamine iii 10 %</i>	61	<i>gemcitabine intravenous solution 2 gram/52.6 ml</i>	
<i>furosemide injection</i>	38	(38 mg/ml).....	18
<i>furosemide oral solution 10 mg/ml</i>	38	<i>gemfibrozil oral</i>	38
<i>furosemide oral solution 40 mg/5 ml (8 mg/</i>		<i>generlac</i>	51
<i>ml)</i>	38	<i>gengraf oral capsule 100 mg, 25 mg</i>	18
<i>furosemide oral tablet</i>	38	<i>gengraf oral capsule 50 mg</i>	18
FUSILEV.....	18	<i>gengraf oral solution</i>	18
FUZEON SUBCUTANEOUS RECON SOLN.....	12	<i>gentak ophthalmic ointment</i>	57
FYCOMPA ORAL SUSPENSION.....	26	<i>gentamicin in nacl (iso-osm) intravenous</i>	
FYCOMPA ORAL TABLET 10 MG, 12 MG.....	26	<i>piggyback 100 mg/100 ml, 60 mg/50 ml</i>	12

GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML.....	12
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml.....</i>	12
<i>gentamicin injection solution 20 mg/2 ml.....</i>	12
<i>gentamicin injection solution 40 mg/ml.....</i>	12
<i>gentamicin ophthalmic.....</i>	57
<i>gentamicin sulfate (ped) (pf).....</i>	12
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml.....</i>	12
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML.....	12
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml.....</i>	12
<i>gentamicin topical.....</i>	43
GENVOYA.....	12
GEODON INTRAMUSCULAR.....	26
<i>gianvi (28).....</i>	55
<i>gildagia.....</i>	55
<i>gildess 1.5/30 (21).....</i>	55
<i>gildess 1/20 (21).....</i>	55
<i>GILDESS FE 1.5/30 (28).....</i>	55
<i>GILDESS FE 1/20 (28).....</i>	55
GILENYA.....	26
GILOTRIF.....	18
<i>glatopa.....</i>	26
GLEEVEC ORAL TABLET 100 MG.....	18
GLEEVEC ORAL TABLET 400 MG.....	18
GLEOSTINE.....	18
<i>glimepiride oral tablet 1 mg.....</i>	46
<i>glimepiride oral tablet 2 mg.....</i>	47
<i>glimepiride oral tablet 4 mg.....</i>	47
<i>glipizide oral tablet 10 mg.....</i>	47
<i>glipizide oral tablet 5 mg.....</i>	47
<i>glipizide oral tablet extended release 24hr 10 mg.....</i>	47
<i>glipizide oral tablet extended release 24hr 2.5 mg.....</i>	47
<i>glipizide oral tablet extended release 24hr 5 mg.....</i>	47
<i>glipizide-metformin oral tablet 2.5-250 mg.....</i>	47
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg.....</i>	47
GLUCAGEN HYPOKIT.....	47
GLUCAGON EMERGENCY KIT (HUMAN).....	47
GLUCOPHAGE ORAL TABLET 1,000 MG.....	47
GLUCOPHAGE ORAL TABLET 500 MG.....	47
GLUCOPHAGE ORAL TABLET 850 MG.....	47
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG.....	47
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG.....	47
GLUCOTROL ORAL TABLET 10 MG.....	47
GLUCOTROL ORAL TABLET 5 MG.....	47
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG.....	47
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG.....	47
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG.....	47
GLUCOVANCE.....	47
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG.....	47
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG.....	47
<i>glyburide oral tablet 1.25 mg.....</i>	47
<i>glyburide oral tablet 2.5 mg.....</i>	47
<i>glyburide oral tablet 5 mg.....</i>	47
<i>glycopyrrolate injection.....</i>	51
<i>glycopyrrolate oral.....</i>	51
GLYSET ORAL TABLET 100 MG.....	47
GLYSET ORAL TABLET 25 MG.....	47
GLYSET ORAL TABLET 50 MG.....	47
<i>granisetron (pf) intravenous solution 100 mcg/ml.....</i>	51
<i>granisetron hcl intravenous.....</i>	51
<i>granisetron hcl oral.....</i>	51
GRIS-PEG (ULTRAMICROSIZED) ORAL TABLET 250 MG.....	12
<i>griseofulvin microsize.....</i>	12
<i>griseofulvin ultramicrosize.....</i>	12
<i>guanfacine oral tablet extended release 24 hr.....</i>	26
<i>guanidine.....</i>	26
HALAVEN.....	18
<i>halobetasol propionate.....</i>	43
HALOG.....	43
<i>haloperidol.....</i>	26
<i>haloperidol decanoate intramuscular solution 100 mg/ml.....</i>	26
<i>haloperidol decanoate intramuscular solution 50 mg/ml.....</i>	26
<i>haloperidol lactate injection.....</i>	26
<i>haloperidol lactate oral.....</i>	26
HARVONI.....	12

HAVRIX (PF) INTRAMUSCULAR SUSPENSION.....	53	HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/ 0.2 ML, 20 MG/0.4 ML.....	54
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML.....	53	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/ 0.8 ML.....	54
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML.....	53	HUMULIN 70/30.....	47
<i>heather</i>	55	HUMULIN 70/30 KWIKPEN.....	47
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml</i>	38	HUMULIN N.....	47
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ ml)</i>	38	HUMULIN N KWIKPEN.....	47
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	38	HUMULIN R.....	47
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	38	HUMULIN R U-500 (CONC) KWIKPEN.....	47
<i>heparin (porcine) injection cartridge</i>	38	HUMULIN R U-500 (CONCENTRATED).....	47
<i>heparin (porcine) injection solution</i>	38	<i>hydralazine injection</i>	38
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML.....	38	<i>hydralazine oral</i>	38
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	38	<i>hydrochlorothiazide</i>	38
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	38	<i>hydrocodone-acetaminophen oral solution 7.5- 325 mg/15 ml</i>	26
<i>heparin, porcine (pf) injection</i>	38	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	26
HEPATAMINE 8%.....	61	<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5- 200 mg, 7.5-200 mg</i>	26
HERCEPTIN.....	18	<i>hydrocortisone butyrate topical cream</i>	43
HETLIOZ.....	26	<i>hydrocortisone butyrate topical ointment</i>	43
HEXALEN.....	18	<i>hydrocortisone butyrate topical solution</i>	43
HIBERIX (PF).....	53	<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	47
HUMALOG.....	47	<i>hydrocortisone oral tablet 20 mg</i>	47
HUMALOG KWIKPEN.....	47	<i>hydrocortisone rectal cream 2.5 %</i>	51
HUMALOG MIX 50-50.....	47	<i>hydrocortisone rectal enema</i>	51
HUMALOG MIX 50-50 KWIKPEN.....	47	<i>hydrocortisone topical cream 1 %, 2.5 %</i>	43
HUMALOG MIX 75-25.....	47	<i>hydrocortisone topical lotion 2.5 %</i>	43
HUMALOG MIX 75-25 KWIKPEN.....	47	<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	43
HUMAPEN LUXURA HD.....	47	<i>hydrocortisone valerate</i>	43
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML.....	54	<i>hydrocortisone-acetic acid</i>	45
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK).....	54	<i>hydrocortisone-min oil-wht pet</i>	43
HUMIRA PEN.....	54	<i>hydromorphone (pf) injection solution 1 mg/ ml</i>	27
HUMIRA PEN CROHN'S-UC-HS START.....	54	<i>hydromorphone (pf) injection solution 10 mg/ ml</i>	27
HUMIRA PEN PSORIASIS STARTER.....	54	<i>hydromorphone (pf) injection solution 4 mg/ ml</i>	27
		<i>hydromorphone injection solution</i>	27
		<i>hydromorphone injection syringe 1 mg/ml</i>	27
		<i>hydromorphone injection syringe 2 mg/ml</i>	27
		<i>hydromorphone injection syringe 4 mg/ml</i>	27
		<i>hydromorphone oral tablet 2 mg, 4 mg</i>	27
		<i>hydromorphone oral tablet 8 mg</i>	27
		<i>hydroxychloroquine oral</i>	12
		<i>hydroxyprogesterone caproate</i>	55
		<i>hydroxyurea</i>	18

<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	59	INTRALIPID INTRAVENOUS EMULSION 30 %.....	61
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	59	INTRON A INJECTION.....	53
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	59	<i>introvale</i>	55
<i>hydroxyzine hcl oral tablet</i>	59	INVANZ INJECTION.....	12
<i>hydroxyzine pamoate</i>	59	INVANZ INTRAVENOUS.....	12
HYZAAR.....	38	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG.....	27
<i>ibandronate intravenous solution</i>	54	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG.....	27
<i>ibandronate intravenous syringe</i>	54	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG.....	27
<i>ibandronate oral</i>	54	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG.....	27
IBRANCE.....	18	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML.....	27
<i>ibuprofen oral suspension</i>	27	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML.....	27
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	27	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML.....	27
<i>ibuprofen-oxycodone</i>	27	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML.....	27
ICLUSIG ORAL TABLET 15 MG.....	18	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML.....	27
ICLUSIG ORAL TABLET 45 MG.....	18	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML.....	27
<i>idarubicin</i>	18	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML.....	27
IFEX.....	18	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML.....	27
<i>ifosfamide intravenous recon soln</i>	18	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML.....	27
<i>ifosfamide intravenous solution</i>	18	INVIRASE ORAL CAPSULE.....	12
ILARIS (PF).....	53	INVIRASE ORAL TABLET.....	12
ILEVRO.....	57	IONOSOL-B IN D5W.....	61
<i>imatinib oral tablet 100 mg</i>	18	IONOSOL-MB IN D5W.....	61
<i>imatinib oral tablet 400 mg</i>	18	IOPIDINE OPHTHALMIC DROPS.....	57
IMBRUVICA.....	18	IPOL INJECTION SUSPENSION.....	53
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	12	<i>ipratropium bromide inhalation</i>	59
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	12	<i>ipratropium bromide nasal</i>	45
<i>imipramine hcl</i>	27	<i>ipratropium-albuterol</i>	59
<i>imiquimod</i>	43	<i>irbesartan</i>	38
IMOVAX RABIES VACCINE (PF).....	53	<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	38
INCRELEX.....	45	<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	38
<i>indapamide</i>	38	IRESSA.....	18
<i>indomethacin oral capsule</i>	27	<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	18
<i>indomethacin oral capsule, extended release</i>	27		
INFANRIX (DTAP) (PF).....	53		
INLYTA ORAL TABLET 1 MG.....	18		
INLYTA ORAL TABLET 5 MG.....	18		
<i>insulin pen needle</i>	47		
<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml</i>	48		
INTELENCE ORAL TABLET 100 MG.....	12		
INTELENCE ORAL TABLET 200 MG.....	12		
INTELENCE ORAL TABLET 25 MG.....	12		
<i>intralipid intravenous emulsion 20 %</i>	61		

<i>irinotecan intravenous solution 500 mg/25 ml</i>	18
ISENTRESS ORAL POWDER IN PACKET.....	12
ISENTRESS ORAL TABLET.....	12
ISENTRESS ORAL TABLET,CHEWABLE 100 MG.....	12
ISENTRESS ORAL TABLET,CHEWABLE 25 MG.....	12
ISOLYTE S PH 7.4.....	61
ISOLYTE-P IN 5 % DEXTROSE.....	61
ISOLYTE-S.....	61
<i>isoniazid injection</i>	12
<i>isoniazid oral solution</i>	13
<i>isoniazid oral tablet 100 mg</i>	13
<i>isoniazid oral tablet 300 mg</i>	13
ISOPTO CARPINE.....	57
<i>isosorbide dinitrate oral</i>	38
<i>isosorbide mononitrate</i>	38
<i>isradipine</i>	38
ISTODAX.....	18
<i>itraconazole</i>	13
<i>ivermectin oral</i>	13
IXEMPRA.....	18
IXIARO (PF).....	53
JAKAFI ORAL TABLET 10 MG.....	18
JAKAFI ORAL TABLET 15 MG.....	18
JAKAFI ORAL TABLET 20 MG.....	18
JAKAFI ORAL TABLET 25 MG.....	18
JAKAFI ORAL TABLET 5 MG.....	18
<i>jantoven</i>	38
JANUMET.....	48
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG.....	48
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG.....	48
JANUVIA ORAL TABLET 100 MG.....	48
JANUVIA ORAL TABLET 25 MG.....	48
JANUVIA ORAL TABLET 50 MG.....	48
JARDIANCE.....	48
JENTADUETO.....	48
JEVTANA.....	18
<i>jinteli</i>	55
<i>jolessa</i>	55
<i>jolivette</i>	55
<i>junel 1.5/30 (21)</i>	55
<i>junel 1/20 (21)</i>	55
<i>junel fe 1.5/30 (28)</i>	55
<i>junel fe 1/20 (28)</i>	55
<i>junel fe 24</i>	55
JUXTAPID.....	38
<i>k-effervescent</i>	61
<i>k-tab oral tablet extended release 8 meq</i>	61
KADCYLA.....	18
KALETRA ORAL SOLUTION.....	13
KALETRA ORAL TABLET 100-25 MG.....	13
KALETRA ORAL TABLET 200-50 MG.....	13
KALYDECO ORAL TABLET.....	59
<i>kariva (28)</i>	56
<i>kelnor 1/35 (28)</i>	56
KETEK.....	13
<i>ketoconazole oral</i>	13
<i>ketoconazole topical cream</i>	43
<i>ketoconazole topical shampoo</i>	43
<i>ketoprofen oral capsule</i>	27
<i>ketorolac ophthalmic</i>	57
KEYTRUDA.....	18
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG.....	27
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG.....	27
KINERET.....	54
<i>kionex</i>	45
<i>klor-con 10</i>	62
<i>klor-con 8</i>	62
<i>klor-con m10</i>	62
<i>klor-con m15</i>	62
<i>klor-con m20</i>	62
<i>klor-con/ef</i>	62
KORLYM.....	48
KUVAN ORAL TABLET,SOLUBLE.....	48
KYNAMRO.....	38
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	56
<i>labetalol intravenous solution</i>	38
<i>labetalol oral tablet 100 mg, 200 mg</i>	38
<i>labetalol oral tablet 300 mg</i>	38
LACRISERT.....	57
<i>lactated ringers intravenous</i>	62
<i>lactated ringers irrigation</i>	45
<i>lactulose</i>	51
LAMISIL ORAL TABLET.....	13
<i>lamivudine oral solution</i>	13
<i>lamivudine oral tablet 100 mg</i>	13
<i>lamivudine oral tablet 150 mg</i>	13
<i>lamivudine oral tablet 300 mg</i>	13
<i>lamivudine-zidovudine</i>	13

<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	27	LEVEMIR.....	48
<i>lamotrigine oral tablet 25 mg</i>	27	LEVEMIR FLEXTOUCH.....	48
<i>lamotrigine oral tablet, chewable dispersible</i>	27	LEVETIRACETAM IN NA _{CL} (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML.....	28
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG.....	38	LEVETIRACETAM IN NA _{CL} (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML.....	28
<i>lansoprazole oral capsule, delayed release (dr/ec)</i>	51	<i>levetiracetam intravenous</i>	28
LANTUS.....	48	<i>levetiracetam oral solution 100 mg/ml</i>	28
LANTUS SOLOSTAR.....	48	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	28
<i>larin 1/20 (21)</i>	56	<i>levetiracetam oral tablet 1,000 mg</i>	28
<i>larin fe 1.5/30 (28)</i>	56	<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	28
<i>larin fe 1/20 (28)</i>	56	<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	28
<i>latanoprost</i>	57	<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	28
LATUDA ORAL TABLET 120 MG.....	27	<i>levobunolol ophthalmic drops 0.5 %</i>	57
LATUDA ORAL TABLET 20 MG.....	27	<i>levocarnitine (with sugar)</i>	45
LATUDA ORAL TABLET 40 MG.....	27	<i>levocarnitine intravenous</i>	45
LATUDA ORAL TABLET 60 MG.....	27	<i>levocarnitine oral tablet</i>	45
LATUDA ORAL TABLET 80 MG.....	27	<i>levocetirizine oral solution</i>	60
<i>leena 28</i>	56	<i>levocetirizine oral tablet</i>	60
<i>leflunomide oral tablet 10 mg</i>	54	<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	13
<i>leflunomide oral tablet 20 mg</i>	54	<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	13
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY).....	18	<i>levofloxacin intravenous</i>	13
LENVIMA ORAL CAPSULE 14 MG/DAY (10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2).....	19	<i>levofloxacin ophthalmic</i>	57
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X 2).....	19	<i>levofloxacin oral solution</i>	13
LENVIMA ORAL CAPSULE 24 MG/DAY (10 MG X 2-4 MG X 1).....	19	<i>levofloxacin oral tablet 250 mg, 500 mg</i>	13
LENVIMA ORAL CAPSULE 8 MG/DAY (4 MG X 2).....	19	<i>levofloxacin oral tablet 750 mg</i>	13
LESCOL ORAL CAPSULE 20 MG, 40 MG.....	38	<i>levonest (28)</i>	56
<i>lessina</i>	56	<i>levonorg-eth estrad triphasic</i>	56
LETAIRIS.....	60	<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	56
<i>letrozole</i>	19	<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	56
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	19	<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	56
<i>leucovorin calcium injection recon soln 500 mg</i>	19	<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	56
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>	19	<i>levora-28</i>	56
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>	19	<i>levothyroxine oral</i>	48
LEUKERAN.....	19	<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	48
<i>leuprolide subcutaneous kit</i>	19		
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	60		
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	60		

LEXIVA ORAL SUSPENSION.....	13	<i>low-ogestrel (28)</i>	56
LEXIVA ORAL TABLET.....	13	<i>loxapine succinate oral capsule 10 mg, 5 mg</i>	28
LIALDA.....	51	<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	28
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	43	<i>ludent fluoride</i>	62
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	43	LUMIGAN OPHTHALMIC DROPS 0.01 %.....	57
<i>lidocaine hcl laryngotracheal</i>	43	LUPRON DEPOT.....	19
<i>lidocaine hcl mucous membrane</i>	43	LUPRON DEPOT (3 MONTH).....	19
<i>lidocaine hcl urethral</i>	43	LUPRON DEPOT (4 MONTH).....	19
<i>lidocaine topical adhesive patch,medicated</i>	43	LUPRON DEPOT (6 MONTH).....	19
<i>lidocaine topical ointment</i>	43	LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG.....	19
<i>lidocaine viscous</i>	43	LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED).....	19
<i>lidocaine-prilocaine topical cream</i>	43	<i>lutra (28)</i>	56
LINCOCIN.....	13	LYNPARZA.....	19
<i>lincomycin injection</i>	13	LYRICA ORAL CAPSULE 100 MG.....	28
<i>lindane topical shampoo</i>	43	LYRICA ORAL CAPSULE 150 MG.....	28
<i>linezolid intravenous</i>	13	LYRICA ORAL CAPSULE 200 MG.....	28
<i>linezolid oral suspension for reconstitution</i>	13	LYRICA ORAL CAPSULE 225 MG, 300 MG.....	28
<i>linezolid oral tablet</i>	13	LYRICA ORAL CAPSULE 25 MG.....	28
<i>linezolid-0.9% sodium chloride</i>	13	LYRICA ORAL CAPSULE 50 MG.....	28
LINZESS.....	51	LYRICA ORAL CAPSULE 75 MG.....	28
<i>liothyronine intravenous</i>	48	LYRICA ORAL SOLUTION.....	28
<i>liothyronine oral</i>	48	LYSODREN.....	19
LIPITOR ORAL TABLET 10 MG.....	38	<i>lyza</i>	56
<i>lisinopril</i>	38	M-M-R II (PF).....	53
<i>lisinopril-hydrochlorothiazide</i>	38	<i>magnesium sulfate in water intravenous parenteral solution</i>	62
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	28	<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	62
<i>lithium carbonate oral capsule 600 mg</i>	28	<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	62
<i>lithium carbonate oral tablet</i>	28	<i>magnesium sulfate injection solution</i>	62
<i>lithium carbonate oral tablet extended release</i>	28	<i>magnesium sulfate injection syringe</i>	62
<i>lithium citrate oral solution 8 meq/5 ml</i>	28	MALARONE ORAL TABLET 250 MG-100 MG.....	13
LIVALO.....	38	<i>malathion</i>	43
LOFIBRA ORAL CAPSULE 200 MG.....	38	<i>maprotiline oral tablet 25 mg</i>	28
LONSURF.....	19	<i>maprotiline oral tablet 50 mg</i>	28
<i>loperamide oral capsule</i>	51	<i>maprotiline oral tablet 75 mg</i>	28
LOPID.....	38	<i>marlissa</i>	56
<i>lorazepam intensol</i>	28	MARPLAN.....	28
<i>lorazepam oral tablet</i>	28	MATULANE.....	19
<i>loryna (28)</i>	56	<i>matzim la</i>	38
<i>losartan oral tablet 100 mg</i>	38	MAVIK ORAL TABLET 1 MG, 2 MG.....	39
<i>losartan oral tablet 25 mg, 50 mg</i>	38	MAXZIDE.....	39
<i>losartan-hydrochlorothiazide</i>	38	MAXZIDE-25MG.....	39
LOTENSIN ORAL TABLET 20 MG, 40 MG.....	38	<i>meclizine oral tablet 12.5 mg, 25 mg</i>	51
<i>lovastatin oral tablet 10 mg, 20 mg</i>	38		
<i>lovastatin oral tablet 40 mg</i>	38		

<i>meclofenamate oral</i>	28	<i>metformin oral tablet,er gast.retention 24 hr 500</i>	
<i>medroxyprogesterone intramuscular</i>		<i>mg</i>	48
<i>suspension</i>	56	<i>methadone intensol</i>	28
<i>medroxyprogesterone intramuscular syringe</i>	56	<i>methadone oral concentrate</i>	28
<i>medroxyprogesterone oral</i>	56	<i>methadone oral solution 10 mg/5 ml</i>	28
<i>mefloquine</i>	13	<i>methadone oral solution 5 mg/5 ml</i>	28
<i>megestrol oral suspension 400 mg/10 ml (10 ml),</i>		<i>methadone oral tablet 10 mg</i>	28
<i>800 mg/20 ml (20 ml)</i>	19	<i>methadone oral tablet 5 mg</i>	28
<i>megestrol oral suspension 400 mg/10 ml (40 mg/</i>		<i>methadone oral tablet,soluble</i>	28
<i>ml)</i>	19	<i>methadose oral concentrate</i>	29
<i>megestrol oral tablet</i>	19	<i>methadose oral tablet,soluble</i>	29
MEKINIST ORAL TABLET 0.5 MG.....	19	<i>methazolamide oral</i>	57
MEKINIST ORAL TABLET 2 MG.....	19	<i>methenamine hippurate</i>	13
<i>meloxicam oral suspension</i>	28	<i>methenamine mandelate</i>	13
<i>meloxicam oral tablet</i>	28	<i>methimazole oral tablet 10 mg, 5 mg</i>	48
<i>melphalan hcl</i>	19	<i>methotrexate sodium (pf) injection recon soln</i>	19
<i>memantine oral solution</i>	28	<i>methotrexate sodium (pf) injection solution</i>	19
<i>memantine oral tablet 10 mg</i>	28	<i>methotrexate sodium injection</i>	19
<i>memantine oral tablet 5 mg</i>	28	<i>methotrexate sodium oral</i>	19
MENACTRA (PF) INTRAMUSCULAR SOLUTION.....	53	<i>methoxsalen rapid</i>	43
MENEST.....	56	<i>methscopolamine oral</i>	51
MENHIBRIX (PF).....	53	<i>methyclothiazide</i>	39
MENOMUNE - A/C/Y/W-135.....	53	<i>methylergonovine oral</i>	56
MENOMUNE - A/C/Y/W-135 (PF).....	53	<i>methylphenidate oral solution 10 mg/5 ml</i>	29
MENVEO A-C-Y-W-135-DIP (PF).....	53	<i>methylphenidate oral solution 5 mg/5 ml</i>	29
<i>mercaptopurine</i>	19	<i>methylphenidate oral tablet</i>	29
<i>meropenem intravenous vial</i>	13	<i>methylphenidate oral tablet extended release</i>	29
<i>mesalamine rectal</i>	51	<i>methylprednisolone acetate</i>	48
<i>mesalamine with cleansing wipe</i>	51	<i>methylprednisolone oral tablet 16 mg, 4 mg, 8</i>	
<i>mesna</i>	19	<i>mg</i>	48
MESNEX ORAL.....	19	<i>methylprednisolone oral tablet 32 mg</i>	48
MESTINON ORAL SYRUP.....	28	<i>methylprednisolone oral tablets,dose pack</i>	48
MESTINON TIMESPAN.....	28	<i>methylprednisolone sodium succ injection recon</i>	
<i>metadate er</i>	28	<i>soln 125 mg, 40 mg</i>	48
<i>metaproterenol</i>	60	<i>methylprednisolone sodium succ intravenous</i>	48
<i>metformin oral tablet 1,000 mg</i>	48	<i>metipranolol</i>	57
<i>metformin oral tablet 500 mg</i>	48	<i>metoclopramide hcl injection solution</i>	51
<i>metformin oral tablet 850 mg</i>	48	<i>metoclopramide hcl injection syringe</i>	51
<i>metformin oral tablet extended release 24 hr 500</i>		<i>metoclopramide hcl oral solution</i>	51
<i>mg</i>	48	<i>metoclopramide hcl oral tablet</i>	51
<i>metformin oral tablet extended release 24 hr 750</i>		<i>metolazone oral tablet 10 mg, 5 mg</i>	39
<i>mg</i>	48	<i>metolazone oral tablet 2.5 mg</i>	39
<i>metformin oral tablet extended release 24hr 1,</i>		<i>metoprolol succinate</i>	39
<i>000 mg</i>	48	<i>metoprolol ta-hydrochlorothiaz oral tablet 100-</i>	
<i>metformin oral tablet extended release 24hr 500</i>		<i>25 mg, 100-50 mg</i>	39
<i>mg</i>	48	<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25</i>	
<i>metformin oral tablet,er gast.retention 24 hr 1,</i>		<i>mg</i>	39
<i>000 mg</i>	48	<i>metoprolol tartrate intravenous solution</i>	39

<i>metoprolol tartrate intravenous syringe</i>	39	<i>mitomycin intravenous recon soln 20 mg, 40</i>	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg,</i>		<i>mg</i>	19
<i>50 mg</i>	39	<i>mitomycin intravenous recon soln 5 mg</i>	19
<i>metoprolol tartrate oral tablet 37.5 mg, 75</i>		<i>mitoxantrone</i>	19
<i>mg</i>	39	<i>modafinil oral tablet 100 mg</i>	29
<i>metro i.v.</i>	13	<i>modafinil oral tablet 200 mg</i>	29
<i>metronidazole in nacl (iso-os)</i>	13	<i>moexipril</i>	39
<i>metronidazole oral capsule</i>	13	<i>moexipril-hydrochlorothiazide</i>	39
<i>metronidazole oral tablet</i>	13	<i>molindone</i>	29
<i>metronidazole topical cream</i>	43	<i>mometasone nasal</i>	60
<i>metronidazole topical gel 0.75 %</i>	43	<i>mometasone topical</i>	43
<i>metronidazole topical lotion</i>	43	<i>mono-lynyah</i>	56
<i>metronidazole vaginal</i>	56	<i>mononessa (28)</i>	56
<i>mexiletine oral capsule 150 mg, 250 mg</i>	39	<i>montelukast oral granules in packet</i>	60
<i>mexiletine oral capsule 200 mg</i>	39	<i>montelukast oral tablet</i>	60
<i>MIACALCIN INJECTION</i>	48	<i>montelukast oral tablet, chewable</i>	60
<i>MIACALCIN NASAL</i>	48	<i>morphine (pf) injection solution 0.5 mg/ml</i>	29
<i>MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25</i>		<i>morphine (pf) injection solution 1 mg/ml</i>	29
<i>MG</i>	39	<i>morphine (pf) intravenous patient</i>	
<i>MICARDIS HCT ORAL TABLET 80-12.5 MG</i>	39	<i>control. analgesia soln 150 mg/30 ml</i>	29
<i>MICARDIS ORAL TABLET 20 MG, 40 MG</i>	39	<i>morphine (pf) intravenous patient</i>	
<i>MICARDIS ORAL TABLET 80 MG</i>	39	<i>control. analgesia soln 30 mg/30 ml</i>	29
<i>miconazole-3 vaginal suppository</i>	56	<i>morphine concentrate oral solution</i>	29
<i>microgestin 1.5/30 (21)</i>	56	<i>morphine intravenous cartridge 10 mg/ml, 15</i>	
<i>microgestin 1/20 (21)</i>	56	<i>mg/ml</i>	29
<i>microgestin fe 1.5/30 (28)</i>	56	<i>morphine intravenous cartridge 2 mg/ml, 4 mg/</i>	
<i>microgestin fe 1/20 (28)</i>	56	<i>ml</i>	29
<i>MICROZIDE</i>	39	<i>MORPHINE INTRAVENOUS CARTRIDGE 8 MG/</i>	
<i>midodrine</i>	45	<i>ML</i>	29
<i>miglitol oral tablet 100 mg</i>	48	<i>morphine intravenous solution 10 mg/ml</i>	29
<i>miglitol oral tablet 25 mg</i>	48	<i>MORPHINE INTRAVENOUS SOLUTION 4 MG/ML,</i>	
<i>miglitol oral tablet 50 mg</i>	48	<i>8 MG/ML</i>	29
<i>mimvey</i>	56	<i>morphine intravenous syringe 2 mg/ml, 4 mg/</i>	
<i>mimvey lo</i>	56	<i>ml</i>	29
<i>MINIPRESS ORAL CAPSULE 2 MG</i>	39	<i>morphine oral solution 10 mg/5 ml</i>	29
<i>minocycline oral capsule</i>	13	<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	29
<i>minocycline oral tablet</i>	13	<i>morphine oral tablet 15 mg</i>	29
<i>minoxidil oral</i>	39	<i>morphine oral tablet 30 mg</i>	29
<i>MIRAPEX ORAL TABLET 0.25 MG, 0.75 MG</i>	29	<i>morphine oral tablet extended release 100 mg,</i>	
<i>mirtazapine oral tablet 15 mg</i>	29	<i>30 mg, 60 mg</i>	29
<i>mirtazapine oral tablet 30 mg</i>	29	<i>morphine oral tablet extended release 15 mg</i>	29
<i>mirtazapine oral tablet 45 mg</i>	29	<i>morphine oral tablet extended release 200</i>	
<i>mirtazapine oral tablet 7.5 mg</i>	29	<i>mg</i>	29
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	29	<i>MOVANTIK</i>	51
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	29	<i>MOVIPREP</i>	51
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	29	<i>MOXEZA</i>	57
<i>misoprostol oral tablet 100 mcg</i>	51	<i>moxifloxacin</i>	13
<i>misoprostol oral tablet 200 mcg</i>	51	<i>MOZOBIL</i>	53

MULTAQ.....	39	NATPARA.....	48
<i>mupirocin calcium</i>	43	NEBUPENT.....	13
<i>mupirocin topical ointment</i>	43	<i>necon 0.5/35 (28)</i>	56
MUSTARGEN.....	19	<i>necon 1/35 (28)</i>	56
MYCAMINE.....	13	<i>necon 1/50 (28)</i>	56
<i>mycophenolate mofetil oral capsule</i>	19	<i>necon 10/11 (28)</i>	56
<i>mycophenolate mofetil oral suspension for reconstitution</i>	19	<i>necon 7/7/7 (28)</i>	56
<i>mycophenolate mofetil oral tablet</i>	19	NEEDLES, INSULIN DISP.,SAFETY.....	48
<i>mycophenolate sodium</i>	19	<i>nefazodone oral tablet 100 mg</i>	30
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	43	<i>nefazodone oral tablet 150 mg</i>	30
MYOZYME.....	48	<i>nefazodone oral tablet 200 mg</i>	30
MYRBETRIQ.....	60	<i>nefazodone oral tablet 250 mg</i>	30
MYZILRA.....	56	<i>nefazodone oral tablet 50 mg</i>	30
<i>nabumetone</i>	29	<i>neo-polycin</i>	58
<i>nadolol oral tablet 20 mg, 40 mg</i>	39	<i>neo-polycin hc</i>	58
<i>nadolol oral tablet 80 mg</i>	39	<i>neomycin</i>	13
<i>nadolol-bendroflumethiazide</i>	39	<i>neomycin-bacitracin-poly-hc</i>	58
<i>nafticillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	13	<i>neomycin-bacitracin-polymyxin</i>	58
<i>nafticillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	13	<i>neomycin-polymyxin b gu</i>	45
<i>nafticillin injection recon soln 1 gram, 2 gram</i>	13	<i>neomycin-polymyxin b-dexameth</i>	58
<i>nafticillin injection recon soln 10 gram</i>	13	<i>neomycin-polymyxin-gramicidin</i>	58
<i>nafticillin intravenous</i>	13	<i>neomycin-polymyxin-hc ophthalmic</i>	58
NAGLAZYME.....	48	<i>neomycin-polymyxin-hc otic</i>	45
<i>nalbuphine injection solution 10 mg/ml</i>	29	NEPHRAMINE 5.4 %.....	62
<i>nalbuphine injection solution 20 mg/ml</i>	29	NEULASTA.....	53
<i>naloxone injection solution</i>	29	NEUPOGEN.....	53
<i>naloxone injection syringe 0.4 mg/ml</i>	29	NEUPRO.....	30
<i>naloxone injection syringe 1 mg/ml</i>	29	NEVANAC.....	58
<i>naltrexone</i>	29	<i>nevirapine oral suspension</i>	13
NAMENDA ORAL SOLUTION.....	29	<i>nevirapine oral tablet</i>	13
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK.....	29	<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	13
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR.....	30	<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	13
NAMZARIC.....	30	NEXAVAR.....	19
<i>naphazoline</i>	57	<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	39
<i>naproxen oral suspension</i>	30	<i>niacin oral tablet extended release 24 hr 500 mg</i>	39
<i>naproxen oral tablet</i>	30	NIACOR.....	39
<i>naproxen oral tablet,delayed release (dr/ec)</i>	30	<i>nicardipine intravenous solution</i>	39
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	30	<i>nicardipine oral</i>	39
<i>naratriptan</i>	30	NICOTROL NS.....	45
NASONEX.....	60	<i>nifedical xl</i>	39
NATACYN.....	58	<i>nifedipine oral tablet extended release 24hr</i>	39
<i>nateglinide oral tablet 120 mg</i>	48	<i>nifedipine oral tablet extended release 30 mg, 60 mg</i>	39
<i>nateglinide oral tablet 60 mg</i>	48	<i>nifedipine oral tablet extended release 90 mg</i>	39

<i>nikki (28)</i>	56	NUPLAZID.....	30
NILANDRON.....	19	NUVARING.....	56
<i>nimodipine</i>	39	<i>nyamyc</i>	43
NINLARO.....	19	<i>nystatin oral suspension</i>	14
NIPENT.....	19	<i>nystatin oral tablet</i>	14
<i>nitro-bid</i>	39	<i>nystatin topical cream</i>	43
<i>nitrofurantoin macrocrystal oral capsule 100 mg,</i> <i>50 mg</i>	14	<i>nystatin topical ointment</i>	43
<i>nitrofurantoin monohyd/m-cryst</i>	14	<i>nystatin topical powder</i>	43
<i>nitroglycerin intravenous</i>	39	<i>nystatin-triamcinolone</i>	43
<i>nitroglycerin transdermal patch 24 hour</i>	39	<i>nystop</i>	43
NITROSTAT.....	39	<i>ocella</i>	56
<i>nizatidine oral capsule 150 mg</i>	51	OCTAGAM.....	53
<i>nizatidine oral capsule 300 mg</i>	51	<i>octreotide acetate injection solution 1,000 mcg/</i> <i>ml, 500 mcg/ml</i>	19
NOR-QD.....	56	<i>octreotide acetate injection solution 100 mcg/ml,</i> <i>200 mcg/ml, 50 mcg/ml</i>	19
<i>nora-be</i>	56	<i>octreotide acetate injection syringe 100 mcg/ml</i> <i>(1 ml), 50 mcg/ml (1 ml)</i>	20
NORDITROPIN FLEXPOR.....	53	<i>octreotide acetate injection syringe 500 mcg/ml</i> <i>(1 ml)</i>	20
<i>norethindrone (contraceptive)</i>	56	ODEFSEY.....	14
<i>norethindrone acetate</i>	56	ODOMZO.....	20
<i>norgestimate-ethinyl estradiol oral tablet 0.18/</i> <i>0.215/0.25 mg-35 mcg (28), 0.25-35 mg-</i> <i>mcg</i>	56	OFEV.....	60
NORMOSOL-M IN 5 % DEXTROSE.....	62	<i>ofloxacin ophthalmic</i>	58
NORMOSOL-R.....	62	<i>ofloxacin oral tablet 400 mg</i>	14
NORMOSOL-R IN 5 % DEXTROSE.....	62	<i>ofloxacin otic</i>	45
NORMOSOL-R PH 7.4.....	62	<i>ogestrel (28)</i>	56
NORPACE.....	39	<i>olanzapine intramuscular</i>	30
NORTHERA ORAL CAPSULE 100 MG.....	45	<i>olanzapine oral tablet 10 mg</i>	30
NORTHERA ORAL CAPSULE 200 MG.....	45	<i>olanzapine oral tablet 15 mg</i>	30
NORTHERA ORAL CAPSULE 300 MG.....	45	<i>olanzapine oral tablet 2.5 mg</i>	30
<i>nortrel 0.5/35 (28)</i>	56	<i>olanzapine oral tablet 20 mg</i>	30
<i>nortrel 1/35 (21)</i>	56	<i>olanzapine oral tablet 5 mg</i>	30
<i>nortrel 1/35 (28)</i>	56	<i>olanzapine oral tablet 7.5 mg</i>	30
<i>nortrel 7/7/7 (28)</i>	56	<i>olanzapine oral tablet,disintegrating 10 mg</i>	30
<i>nortriptyline oral capsule 10 mg, 25 mg</i>	30	<i>olanzapine oral tablet,disintegrating 15 mg</i>	30
<i>nortriptyline oral capsule 50 mg, 75 mg</i>	30	<i>olanzapine oral tablet,disintegrating 20 mg</i>	30
<i>nortriptyline oral solution</i>	30	<i>olanzapine oral tablet,disintegrating 5 mg</i>	30
NORVASC ORAL TABLET 10 MG, 2.5 MG.....	39	OLYSIO.....	14
NORVASC ORAL TABLET 5 MG.....	39	<i>omega-3 acid ethyl esters</i>	39
NORVIR ORAL CAPSULE.....	14	<i>omeprazole oral capsule,delayed release(dr/</i> <i>ec)</i>	51
NORVIR ORAL SOLUTION.....	14	OMNITROPE.....	53
NORVIR ORAL TABLET.....	14	<i>ondansetron hcl (pf) injection solution</i>	51
NOVOPEN ECHO.....	49	<i>ondansetron hcl (pf) injection syringe</i>	51
NOXAFIL ORAL SUSPENSION.....	14	<i>ondansetron hcl intravenous</i>	51
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/ EC).....	14	<i>ondansetron hcl oral solution</i>	51
NUEDEXTA.....	30	<i>ondansetron hcl oral tablet 24 mg</i>	51
NULOJIX.....	19		

<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	51
<i>ondansetron oral tablet,disintegrating 4 mg</i>	51
<i>ondansetron oral tablet,disintegrating 8 mg</i>	51
ONFI ORAL SUSPENSION.....	30
ONFI ORAL TABLET 10 MG.....	30
ONFI ORAL TABLET 20 MG.....	30
OPDIVO.....	20
<i>opium tincture</i>	51
ORAP.....	30
ORENCIA.....	54
ORENCIA (WITH MALTOSE).....	54
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG.....	39
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG.....	39
ORFADIN ORAL CAPSULE.....	45
ORKAMBI.....	60
<i>orsythia</i>	56
ORTHO MICRONOR.....	56
OSMOPREP.....	51
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	14
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	14
<i>oxacillin injection</i>	14
<i>oxacillin intravenous recon soln 1 gram</i>	14
<i>oxacillin intravenous recon soln 2 gram</i>	14
<i>oxaliplatin intravenous recon soln 100 mg</i>	20
<i>oxaliplatin intravenous recon soln 50 mg</i>	20
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	20
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	20
<i>oxandrolone oral tablet 10 mg</i>	49
<i>oxandrolone oral tablet 2.5 mg</i>	49
<i>oxaprozin</i>	30
<i>oxazepam</i>	30
<i>oxcarbazepine oral suspension</i>	30
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	30
<i>oxcarbazepine oral tablet 600 mg</i>	30
<i>oxybutynin chloride oral syrup</i>	61
<i>oxybutynin chloride oral tablet</i>	61
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	61
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	61
<i>oxycodone oral capsule</i>	30
<i>oxycodone oral concentrate</i>	30
<i>oxycodone oral solution</i>	30
<i>oxycodone oral tablet 10 mg, 5 mg</i>	30
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	30
<i>oxycodone-acetaminophen oral solution</i>	30
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	30
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	30
<i>oxycodone-aspirin</i>	30
<i>pacerone oral tablet 100 mg, 400 mg</i>	39
<i>pacerone oral tablet 200 mg</i>	39
<i>paclitaxel</i>	20
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	30
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	31
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	31
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	31
<i>pamidronate intravenous recon soln</i>	49
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	49
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	49
PANRETIN.....	43
<i>pantoprazole intravenous</i>	51
<i>pantoprazole oral</i>	51
<i>paregoric</i>	51
<i>paricalcitol oral</i>	49
<i>paroex oral rinse</i>	45
<i>paromomycin</i>	14
<i>paroxetine hcl oral tablet 10 mg</i>	31
<i>paroxetine hcl oral tablet 20 mg</i>	31
<i>paroxetine hcl oral tablet 30 mg</i>	31
<i>paroxetine hcl oral tablet 40 mg</i>	31
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	31
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	31
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	31
PASER.....	14
PATADAY.....	58
PAXIL ORAL SUSPENSION.....	31
PAZEO.....	58
PEDVAX HIB (PF).....	53

<i>peg 3350-electrolytes oral recon soln 236-22.74-</i>		<i>phenytoin oral tablet,chewable.....</i>	31
6.74 -5.86 gram.....	51	<i>phenytoin sodium extended.....</i>	31
<i>peg 3350-electrolytes oral recon soln 240-22.72-</i>		<i>phenytoin sodium intravenous solution.....</i>	31
6.72 -5.84 gram.....	51	<i>phenytoin sodium intravenous syringe.....</i>	31
<i>peg-electrolyte soln.....</i>	52	<i>philith.....</i>	56
PEGANONE.....	31	PHOSPHOLINE IODIDE.....	58
PEGASYS.....	53	PHYSIOLYTE.....	45
PEGASYS PROCLICK.....	53	PHYSIOSOL IRRIGATION.....	45
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5		PICATO.....	43
ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML.....	53	<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4</i>	
PENICILLIN G POT IN DEXTROSE.....	14	%.....	58
<i>penicillin g potassium injection recon soln 20</i>		<i>pilocarpine hcl oral.....</i>	45
<i>million unit.....</i>	14	<i>pimozide.....</i>	31
<i>penicillin g potassium injection recon soln 5</i>		<i>pimtrea (28).....</i>	56
<i>million unit.....</i>	14	<i>pindolol oral tablet 10 mg.....</i>	39
<i>penicillin g procaine intramuscular syringe 1.2</i>		<i>pindolol oral tablet 5 mg.....</i>	39
<i>million unit/2 ml.....</i>	14	<i>pioglitazone oral tablet 15 mg.....</i>	49
<i>penicillin g procaine intramuscular syringe 600,</i>		<i>pioglitazone oral tablet 30 mg.....</i>	49
<i>000 unit/ml.....</i>	14	<i>pioglitazone oral tablet 45 mg.....</i>	49
<i>penicillin g sodium.....</i>	14	<i>pioglitazone-glimepiride.....</i>	49
<i>penicillin v potassium.....</i>	14	<i>pioglitazone-metformin.....</i>	49
PENTAM.....	14	<i>piperacillin-tazobactam.....</i>	14
PENTASA.....	52	<i>pirmella oral tablet 1-35 mg-mcg.....</i>	56
<i>pentoxifylline.....</i>	39	<i>piroxicam.....</i>	31
PERFOROMIST.....	60	PLASMA-LYTE 148.....	62
<i>perindopril erbumine.....</i>	39	PLASMA-LYTE A.....	62
<i>periogard.....</i>	45	PLASMA-LYTE-56 IN 5 % DEXTROSE.....	62
PERJETA.....	20	PLEGRIDY.....	53
<i>permethrin topical cream.....</i>	43	<i>podofilox.....</i>	43
<i>perphenazine.....</i>	31	<i>polycin.....</i>	58
<i>perphenazine-amitriptyline oral tablet 2-10 mg,</i>		<i>polyethylene glycol 3350 oral.....</i>	52
<i>2-25 mg, 4-10 mg, 4-50 mg.....</i>	31	<i>polymyxin b sulf-trimethoprim.....</i>	58
<i>perphenazine-amitriptyline oral tablet 4-25</i>		<i>polymyxin b sulfate.....</i>	14
<i>mg.....</i>	31	POMALYST ORAL CAPSULE 1 MG.....	20
<i>pfizerpen-g.....</i>	14	POMALYST ORAL CAPSULE 2 MG.....	20
<i>phenelzine.....</i>	31	POMALYST ORAL CAPSULE 3 MG, 4 MG.....	20
<i>phenobarbital oral elixir.....</i>	31	<i>portia.....</i>	56
<i>phenobarbital oral tablet 100 mg.....</i>	31	PORTRAZZA.....	20
<i>phenobarbital oral tablet 15 mg.....</i>	31	<i>potassium bicarb and chloride.....</i>	62
<i>phenobarbital oral tablet 16.2 mg.....</i>	31	<i>potassium bicarb-citric acid.....</i>	62
<i>phenobarbital oral tablet 30 mg.....</i>	31	<i>potassium chlorid-d5-0.45%nacl intravenous</i>	
<i>phenobarbital oral tablet 32.4 mg.....</i>	31	<i>parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	
<i>phenobarbital oral tablet 60 mg.....</i>	31	<i>l.....</i>	62
<i>phenobarbital oral tablet 64.8 mg.....</i>	31	<i>potassium chlorid-d5-0.45%nacl intravenous</i>	
<i>phenobarbital oral tablet 97.2 mg.....</i>	31	<i>parenteral solution 20 meq/l.....</i>	62
PHENYTEK.....	31	<i>potassium chloride in 0.9%nacl intravenous</i>	
<i>phenytoin oral suspension 100 mg/4 ml.....</i>	31	<i>parenteral solution 20 meq/l, 40 meq/l.....</i>	62
<i>phenytoin oral suspension 125 mg/5 ml.....</i>	31		

<i>potassium chloride in 5 % dex intravenous</i>	
<i>parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	62
<i>potassium chloride in Ir-d5 intravenous parenteral</i>	
<i>solution 20 meq/l</i>	62
<i>potassium chloride in Ir-d5 intravenous parenteral</i>	
<i>solution 40 meq/l</i>	62
<i>potassium chloride intravenous piggyback 10</i>	
<i>meq/100 ml, 20 meq/100 ml</i>	62
<i>potassium chloride intravenous piggyback 10</i>	
<i>meq/50 ml</i>	62
<i>potassium chloride intravenous piggyback 30</i>	
<i>meq/100 ml</i>	62
<i>potassium chloride oral capsule, extended</i>	
<i>release</i>	62
<i>potassium chloride oral liquid</i>	62
<i>potassium chloride oral tablet extended</i>	
<i>release</i>	62
<i>potassium chloride oral tablet,er particles/</i>	
<i>crystals</i>	62
<i>potassium chloride-0.45 % nacl</i>	62
<i>potassium chloride-d5-0.2%nacl intravenous</i>	
<i>parenteral solution 20 meq/l</i>	62
<i>potassium chloride-d5-0.2%nacl intravenous</i>	
<i>parenteral solution 30 meq/l, 40 meq/l</i>	62
<i>potassium chloride-d5-0.3%nacl intravenous</i>	
<i>parenteral solution 20 meq/l</i>	62
<i>potassium chloride-d5-0.9%nacl intravenous</i>	
<i>parenteral solution 20 meq/l</i>	63
<i>potassium chloride-d5-0.9%nacl intravenous</i>	
<i>parenteral solution 40 meq/l</i>	63
<i>potassium citrate oral tablet extended release 10</i>	
<i>meq (1,080 mg), 15 meq</i>	61
<i>potassium citrate oral tablet extended release 5</i>	
<i>meq (540 mg)</i>	61
POTIGA ORAL TABLET 200 MG	31
POTIGA ORAL TABLET 300 MG, 400 MG	31
POTIGA ORAL TABLET 50 MG	31
PRADAXA	40
PRALUENT PEN	40
PRALUENT SYRINGE	40
<i>pramipexole oral tablet</i>	31
PRAVACHOL ORAL TABLET 20 MG	40
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg</i>	40
<i>pravastatin oral tablet 80 mg</i>	40
<i>prazosin oral capsule 1 mg, 2 mg</i>	40
<i>prazosin oral capsule 5 mg</i>	40
PRECOSE ORAL TABLET 100 MG	49
PRECOSE ORAL TABLET 25 MG	49
PRECOSE ORAL TABLET 50 MG	49
<i>prednicarbate</i>	43
<i>prednisolone acetate</i>	58
<i>prednisolone oral solution 15 mg/5 ml</i>	49
<i>prednisolone sodium phosphate ophthalmic</i>	58
<i>prednisolone sodium phosphate oral solution 15</i>	
<i>mg/5 ml (3 mg/ml)</i>	49
<i>prednisolone sodium phosphate oral solution 5</i>	
<i>mg base/5 ml (6.7 mg/5 ml)</i>	49
<i>prednisolone sodium phosphate oral tablet,</i>	
<i>disintegrating</i>	49
<i>prednisone intensol</i>	49
<i>prednisone oral solution</i>	49
<i>prednisone oral tablet 1 mg</i>	49
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5</i>	
<i>mg, 50 mg</i>	49
<i>prednisone oral tablets,dose pack</i>	49
PREMARIN ORAL	56
PREMARIN VAGINAL	56
<i>premasol 10 %</i>	63
PREMASOL 6 %	63
PREMPRO	56
<i>prenatal vitamin oral tablet</i>	63
<i>prevalite</i>	40
<i>previfem</i>	56
PREZCOBIX	14
PREZISTA ORAL SUSPENSION	14
PREZISTA ORAL TABLET 150 MG	14
PREZISTA ORAL TABLET 600 MG, 800 MG	14
PREZISTA ORAL TABLET 75 MG	14
PRIFTIN	14
PRIMAQUINE	14
<i>primidone</i>	31
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	40
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	
100 MG	31
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	
25 MG	31
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	
50 MG	31
PRIVIGEN	53
PROAIR HFA	60
PROAIR RESPICLICK	60
<i>probenecid</i>	54
<i>procainamide injection solution 100 mg/ml</i>	40
<i>procainamide injection solution 500 mg/ml</i>	40
PROCALAMINE 3%	63

PROCARDIA.....	40	PULMOZYME.....	60
PROCARDIA XL ORAL TABLET EXTENDED RELEASE		PURIXAN.....	20
24HR 30 MG.....	40	<i>pyrazinamide</i>	14
<i>prochlorperazine</i>	52	<i>pyridostigmine bromide</i>	31
<i>prochlorperazine edisylate injection solution 10</i>		QUADRACEL (PF).....	53
<i>mg/2 ml (5 mg/ml)</i>	52	<i>quasense</i>	56
<i>prochlorperazine maleate oral</i>	52	<i>quetiapine oral tablet 100 mg</i>	31
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML,		<i>quetiapine oral tablet 200 mg</i>	31
2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/		<i>quetiapine oral tablet 25 mg</i>	31
ML, 4,000 UNIT/ML.....	53	<i>quetiapine oral tablet 300 mg</i>	32
PROCRIT INJECTION SOLUTION 20,000 UNIT/		<i>quetiapine oral tablet 400 mg</i>	32
ML.....	53	<i>quetiapine oral tablet 50 mg</i>	32
PROCRIT INJECTION SOLUTION 40,000 UNIT/		<i>quinapril</i>	40
ML.....	53	<i>quinapril-hydrochlorothiazide</i>	40
<i>procto-pak</i>	52	<i>quinidine gluconate injection</i>	40
<i>proctosol hc</i>	52	<i>quinidine sulfate oral tablet</i>	40
<i>proctozone-hc</i>	52	<i>quinine sulfate</i>	14
<i>progesterone micronized</i>	56	QVAR INHALATION AEROSOL 40 MCG/	
PROGLYCEM.....	49	ACTUATION.....	60
PROGRAF INTRAVENOUS.....	20	QVAR INHALATION AEROSOL 80 MCG/	
PROLASTIN-C.....	45	ACTUATION.....	60
PROLEUKIN.....	53	RABAVERT (PF).....	53
PROLIA.....	54	<i>raloxifene</i>	54
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75		<i>ramipril</i>	40
MG.....	40	RANEXA.....	40
PROMACTA ORAL TABLET 50 MG.....	40	<i>ranitidine hcl injection</i>	52
<i>promethazine injection solution 25 mg/ml</i>	60	<i>ranitidine hcl oral capsule</i>	52
<i>promethazine injection solution 50 mg/ml</i>	60	<i>ranitidine hcl oral syrup</i>	52
<i>promethazine oral syrup</i>	60	<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	52
<i>promethazine oral tablet</i>	60	RAPAMUNE ORAL SOLUTION.....	20
<i>propafenone oral tablet 150 mg</i>	40	RAVICTI.....	45
<i>propafenone oral tablet 225 mg</i>	40	RAZADYNE ORAL TABLET 4 MG.....	32
<i>propafenone oral tablet 300 mg</i>	40	REBIF (WITH ALBUMIN).....	53
<i>propantheline</i>	52	REBIF REBIDOSE.....	53
<i>propranolol intravenous</i>	40	REBIF TITRATION PACK.....	53
<i>propranolol oral capsule,extended release 24 hr</i>		<i>reclipsen (28)</i>	56
<i>120 mg, 160 mg</i>	40	RECOMBIVAX HB (PF) INTRAMUSCULAR	
<i>propranolol oral capsule,extended release 24 hr</i>		SUSPENSION.....	53
<i>60 mg, 80 mg</i>	40	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	
<i>propranolol oral solution</i>	40	10 MCG/ML.....	53
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80</i>		RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	
<i>mg</i>	40	5 MCG/0.5 ML.....	53
<i>propranolol oral tablet 60 mg</i>	40	<i>regonol</i>	32
<i>propranolol-hydrochlorothiazid</i>	40	RELENZA DISKHALER.....	14
<i>propylthiouracil</i>	49	RELISTOR SUBCUTANEOUS SOLUTION.....	52
PROQUAD (PF).....	53	RELISTOR SUBCUTANEOUS SYRINGE.....	52
PROSOL 20 %.....	63	REMICADE.....	52
<i>protriptyline</i>	31	REMODULIN.....	40

REVELA ORAL POWDER IN PACKET 0.8 GRAM.....	45
REVELA ORAL POWDER IN PACKET 2.4 GRAM.....	45
REVELA ORAL TABLET.....	45
<i>repaglinide oral tablet 0.5 mg</i>	49
<i>repaglinide oral tablet 1 mg</i>	49
<i>repaglinide oral tablet 2 mg</i>	49
REPATHA SURECLICK.....	40
REPATHA SYRINGE.....	40
REQUIP ORAL TABLET 1 MG, 4 MG, 5 MG.....	32
RESCRIPTOR ORAL TABLET.....	14
RESCRIPTOR ORAL TABLET, DISPERSIBLE.....	14
<i>reserpine oral tablet 0.1 mg</i>	40
RESTASIS.....	58
RETROVIR INTRAVENOUS.....	14
REVLIMID ORAL CAPSULE 10 MG.....	20
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG.....	20
REVLIMID ORAL CAPSULE 5 MG.....	20
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG.....	32
REXULTI ORAL TABLET 3 MG, 4 MG.....	32
REYATAZ ORAL CAPSULE 150 MG, 200 MG.....	14
REYATAZ ORAL CAPSULE 300 MG.....	14
REYATAZ ORAL POWDER IN PACKET.....	14
<i>ribasphere oral capsule</i>	14
<i>ribasphere oral tablet 200 mg</i>	14
<i>ribavirin oral capsule</i>	14
<i>ribavirin oral tablet 200 mg</i>	14
RIDAURA.....	54
<i>rifabutin</i>	14
<i>rifampin</i>	14
RIFATER.....	14
<i>riluzole</i>	45
<i>rimantadine</i>	14
<i>ringers intravenous</i>	63
<i>ringers irrigation</i>	45
RIOMET.....	49
<i>risedronate oral tablet 150 mg</i>	54
<i>risedronate oral tablet 30 mg</i>	45
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	55
<i>risedronate oral tablet 5 mg</i>	55
<i>risedronate oral tablet, delayed release (dr/ec)</i>	55
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML.....	32

RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML.....	32
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML.....	32
<i>risperidone oral solution</i>	32
<i>risperidone oral tablet 0.25 mg</i>	32
<i>risperidone oral tablet 0.5 mg</i>	32
<i>risperidone oral tablet 1 mg</i>	32
<i>risperidone oral tablet 2 mg</i>	32
<i>risperidone oral tablet 3 mg</i>	32
<i>risperidone oral tablet 4 mg</i>	32
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	32
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	32
<i>risperidone oral tablet, disintegrating 1 mg</i>	32
<i>risperidone oral tablet, disintegrating 2 mg</i>	32
<i>risperidone oral tablet, disintegrating 3 mg</i>	32
<i>risperidone oral tablet, disintegrating 4 mg</i>	32
RITUXAN.....	20
<i>rivastigmine tartrate</i>	32
<i>rivastigmine transdermal patch</i>	32
<i>rizatriptan</i>	32
<i>ropinirole oral tablet</i>	32
<i>ropinirole oral tablet extended release 24 hr</i>	32
<i>rosadan topical cream</i>	43
<i>rosadan topical gel</i>	43
<i>rosuvastatin</i>	40
ROTARIX.....	53
ROTATEQ VACCINE.....	53
<i>roweepra</i>	32
ROZEREM.....	32
SABRIL ORAL POWDER IN PACKET.....	32
SABRIL ORAL TABLET.....	32
SAMSCA ORAL TABLET 15 MG.....	49
SAMSCA ORAL TABLET 30 MG.....	49
SANDIMMUNE ORAL SOLUTION.....	20
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON.....	20
SANTYL.....	44
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG.....	32
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG.....	32
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG.....	32
SAVELLA ORAL TABLET 100 MG.....	55
SAVELLA ORAL TABLET 12.5 MG.....	55
SAVELLA ORAL TABLET 25 MG.....	55
SAVELLA ORAL TABLET 50 MG.....	55

SAVELLA ORAL TABLETS,DOSE PACK.....	55	<i>sodium chloride 0.45 % intravenous parenteral solution.....</i>	63
<i>selegiline hcl.....</i>	32	<i>sodium chloride 0.45 % intravenous piggyback.....</i>	63
<i>selenium sulfide topical lotion.....</i>	44	<i>sodium chloride 0.9 % intravenous parenteral solution.....</i>	45
SELZENTRY.....	15	<i>sodium chloride 0.9 % intravenous piggyback.....</i>	45
SENSIPAR ORAL TABLET 30 MG.....	49	<i>sodium chloride 3 %.....</i>	63
SENSIPAR ORAL TABLET 60 MG.....	49	<i>sodium chloride 5 %.....</i>	63
SENSIPAR ORAL TABLET 90 MG.....	49	<i>sodium chloride intravenous.....</i>	63
SEREVENT DISKUS.....	60	<i>sodium chloride irrigation.....</i>	45
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG.....	32	<i>sodium fluoride oral tablet.....</i>	63
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG.....	32	<i>sodium fluoride oral tablet,chewable.....</i>	63
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG.....	32	<i>sodium lactate intravenous.....</i>	63
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG.....	32	<i>sodium phenylbutyrate.....</i>	45
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG.....	32	<i>sodium polystyrene (sorb free).....</i>	45
<i>sertraline oral concentrate.....</i>	32	<i>sodium polystyrene sulfonate oral powder.....</i>	45
<i>sertraline oral tablet 100 mg.....</i>	32	<i>sodium polystyrene sulfonate oral suspension.....</i>	45
<i>sertraline oral tablet 25 mg.....</i>	33	<i>sodium polystyrene sulfonate rectal.....</i>	45
<i>sertraline oral tablet 50 mg.....</i>	33	SODIUM POLYSTYRENE SULFONATE RECTAL.....	45
<i>sf 5000 plus.....</i>	45	SOLTAMOX.....	20
<i>sharobel.....</i>	56	SOMATULINE DEPOT.....	20
SIGNIFOR SUBCUTANEOUS 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML).....	20	SOMAVERT.....	49
<i>sildenafil oral.....</i>	60	<i>sorine oral tablet 120 mg, 160 mg.....</i>	40
SILVADENE.....	44	<i>sorine oral tablet 240 mg.....</i>	40
<i>silver sulfadiazine.....</i>	44	<i>sorine oral tablet 80 mg.....</i>	40
SIMBRINZA.....	58	<i>sotalol af oral tablet 120 mg, 160 mg.....</i>	40
SIMPONI.....	55	<i>sotalol af oral tablet 80 mg.....</i>	40
SIMULECT INTRAVENOUS RECON SOLN 10 MG.....	20	<i>sotalol oral tablet 120 mg, 160 mg, 240 mg.....</i>	40
SIMULECT INTRAVENOUS RECON SOLN 20 MG.....	20	<i>sotalol oral tablet 80 mg.....</i>	40
<i>simvastatin.....</i>	40	SOVALDI.....	15
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG.....	33	SPIRIVA RESPIMAT.....	60
<i>sirolimus.....</i>	20	SPIRIVA WITH HANDIHALER.....	60
SIRTURO.....	15	<i>spironolacton-hydrochlorothiaz.....</i>	40
SIVEXTRO INTRAVENOUS.....	15	<i>spironolactone oral tablet 100 mg, 50 mg.....</i>	40
SIVEXTRO ORAL.....	15	<i>spironolactone oral tablet 25 mg.....</i>	40
<i>sodium bicarbonate intravenous solution.....</i>	63	<i>sprintec (28).....</i>	56
<i>sodium bicarbonate intravenous syringe 10 meq/ 10 ml (8.4 %).....</i>	63	SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG.....	33
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml).....</i>	63	SPRITAM ORAL TABLET FOR SUSPENSION 750 MG.....	33
		SPRYCEL.....	20
		<i>sps oral.....</i>	45
		<i>sps rectal.....</i>	45
		<i>sronyx.....</i>	56
		<i>ssd.....</i>	44
		<i>stavudine oral capsule 15 mg.....</i>	15
		<i>stavudine oral capsule 20 mg.....</i>	15

<i>stavudine oral capsule 30 mg</i>	15	SUSTIVA ORAL TABLET.....	15
<i>stavudine oral capsule 40 mg</i>	15	SUTENT ORAL CAPSULE 12.5 MG.....	20
<i>stavudine oral recon soln</i>	15	SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50	
STIMATE.....	49	MG.....	20
STIOLTO RESPIMAT.....	60	<i>syeda</i>	56
STIVARGA.....	20	SYLATRON.....	53
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25		SYMBICORT.....	60
MG, 40 MG.....	33	SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG,	
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80		6-50 MG.....	33
MG.....	33	SYMBYAX ORAL CAPSULE 3-25 MG.....	33
STREPTOMYCIN INTRAMUSCULAR.....	15	SYMLINPEN 120.....	49
STRIBILD.....	15	SYMLINPEN 60.....	49
STROMECTOL.....	15	SYNAGIS.....	15
SUBOXONE SUBLINGUAL FILM 12-3 MG.....	33	SYNAREL.....	49
SUBOXONE SUBLINGUAL FILM 2-0.5 MG.....	33	SYNERCID.....	15
SUBOXONE SUBLINGUAL FILM 4-1 MG.....	33	SYNJARDY.....	49
SUBOXONE SUBLINGUAL FILM 8-2 MG.....	33	SYNRIBO.....	20
SUCRAID.....	52	SYNTHROID.....	49
<i>sucralfate oral tablet</i>	52	SYPRINE.....	45
SULAR ORAL TABLET EXTENDED RELEASE 24 HR		TABLOID.....	20
17 MG.....	40	<i>tacrolimus oral</i>	20
<i>sulfacetamide sodium (acne)</i>	44	<i>tacrolimus topical</i>	44
<i>sulfacetamide sodium ophthalmic drops</i>	58	TAFINLAR.....	20
<i>sulfacetamide sodium ophthalmic ointment</i>	58	TAGRISSO ORAL TABLET 40 MG.....	20
<i>sulfacetamide-prednisolone</i>	58	TAGRISSO ORAL TABLET 80 MG.....	20
<i>sulfadiazine oral</i>	15	TAMIFLU.....	15
<i>sulfamethoxazole-trimethoprim intravenous</i>	15	<i>tamoxifen</i>	20
<i>sulfamethoxazole-trimethoprim oral</i>		<i>tamsulosin</i>	61
<i>suspension</i>	15	TANZEUM.....	49
<i>sulfamethoxazole-trimethoprim oral tablet</i>	15	TAPAZOLE.....	49
SULFAMYLON TOPICAL CREAM.....	44	TARCEVA ORAL TABLET 100 MG, 150 MG.....	20
<i>sulfasalazine</i>	52	TARCEVA ORAL TABLET 25 MG.....	20
<i>sulfazine</i>	52	TARGRETIN ORAL.....	20
<i>sulindac oral tablet 150 mg</i>	33	TARGRETIN TOPICAL.....	20
<i>sulindac oral tablet 200 mg</i>	33	TASIGNA.....	20
<i>sumatriptan</i>	33	TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML	
<i>sumatriptan succinate oral</i>	33	(1 ML), 80 MG/4 ML (20 MG/ML).....	20
<i>sumatriptan succinate subcutaneous</i>		TAZORAC.....	44
<i>cartridge</i>	33	<i>taztia xt</i>	40
<i>sumatriptan succinate subcutaneous pen</i>		TECENTRIQ.....	20
<i>injector</i>	33	TECFIDERA.....	33
<i>sumatriptan succinate subcutaneous solution</i>	33	TECHNIVIE.....	15
<i>sumatriptan succinate subcutaneous syringe 6</i>		TEFLARO INTRAVENOUS RECON SOLN 400	
<i>mg/0.5 ml</i>	33	MG.....	15
SUPREP BOWEL PREP KIT.....	52	TEFLARO INTRAVENOUS RECON SOLN 600	
SURMONTIL.....	33	MG.....	15
SUSTIVA ORAL CAPSULE 200 MG.....	15	TEGRETOL XR ORAL TABLET EXTENDED RELEASE	
SUSTIVA ORAL CAPSULE 50 MG.....	15	12 HR 100 MG.....	33

TEKTURNA.....	40	THYMOGLOBULIN.....	53
TEKTURNA HCT.....	40	<i>tiagabine</i>	33
<i>telmisartan oral tablet 20 mg, 40 mg</i>	40	TIAZAC.....	41
<i>telmisartan oral tablet 80 mg</i>	41	TICE BCG.....	53
<i>telmisartan-amlodipine</i>	41	TIKOSYN.....	41
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5</i> <i>mg, 80-25 mg</i>	41	<i>tilia fe</i>	57
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5</i> <i>mg</i>	41	<i>timolol maleate ophthalmic drops</i>	58
TEMOVATE TOPICAL CREAM.....	44	<i>timolol maleate ophthalmic gel forming</i> <i>solution</i>	58
TEMOVATE TOPICAL OINTMENT.....	44	<i>timolol maleate oral tablet 10 mg, 5 mg</i>	41
TENIVAC (PF) INTRAMUSCULAR SYRINGE.....	53	<i>timolol maleate oral tablet 20 mg</i>	41
TENORETIC 100.....	41	TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE 0.25 %.....	58
TENORETIC 50.....	41	TIMOPTIC OPHTHALMIC DROPS 0.25 %.....	58
<i>terazosin</i>	41	TIMOPTIC-XE.....	58
<i>terbinafine hcl oral</i>	15	<i>tinidazole oral tablet 250 mg</i>	15
<i>terbutaline oral</i>	60	<i>tinidazole oral tablet 500 mg</i>	15
<i>terbutaline subcutaneous</i>	60	TIVICAY ORAL TABLET 10 MG.....	15
<i>terconazole vaginal cream</i>	56	TIVICAY ORAL TABLET 25 MG.....	15
<i>terconazole vaginal suppository</i>	56	TIVICAY ORAL TABLET 50 MG.....	15
<i>testosterone cypionate</i>	49	<i>tizanidine oral tablet</i>	33
<i>testosterone enanthate</i>	49	TOBRADEX OPHTHALMIC OINTMENT.....	58
TESTOSTERONE TRANSDERMAL GEL.....	49	TOBRADEX ST.....	58
TESTOSTERONE TRANSDERMAL GEL IN METERED- DOSE PUMP 1.25 GRAM/ ACTUATION (1 %).....	49	<i>tobramycin</i>	58
TESTOSTERONE TRANSDERMAL GEL IN METERED- DOSE PUMP 10 MG/0.5 GRAM / ACTUATION.....	50	<i>tobramycin in 0.225 % nacl</i>	15
<i>testosterone transdermal gel in packet</i>	50	<i>tobramycin sulfate injection recon soln</i>	15
TESTOSTERONE TRANSDERMAL GEL IN PACKET.....	50	<i>tobramycin sulfate injection solution</i>	15
TETANUS,DIPHThERIA TOX PED(PF).....	53	<i>tobramycin-dexamethasone</i>	58
TETANUS-DIPHThERIA TOXOIDS-TD.....	53	<i>tolazamide oral tablet 250 mg</i>	50
<i>tetrabenazine oral tablet 12.5 mg</i>	33	<i>tolazamide oral tablet 500 mg</i>	50
<i>tetrabenazine oral tablet 25 mg</i>	33	<i>tolbutamide</i>	50
<i>tetracycline</i>	15	<i>tolcapone</i>	33
THALOMID ORAL CAPSULE 100 MG, 50 MG.....	20	<i>tolterodine oral capsule,extended release</i> <i>24hr</i>	61
THALOMID ORAL CAPSULE 150 MG, 200 MG.....	20	<i>tolterodine oral tablet</i>	61
<i>theophylline oral elixir</i>	60	<i>topiramate oral capsule, sprinkle</i>	33
<i>theophylline oral solution</i>	60	<i>topiramate oral tablet 100 mg</i>	33
<i>theophylline oral tablet extended release</i>	60	<i>topiramate oral tablet 200 mg</i>	33
<i>theophylline oral tablet extended release 12</i> <i>hr</i>	60	<i>topiramate oral tablet 25 mg</i>	33
THIOLA.....	45	<i>topiramate oral tablet 50 mg</i>	33
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	33	<i>toposar</i>	20
<i>thioridazine oral tablet 100 mg</i>	33	<i>topotecan intravenous recon soln</i>	21
<i>thiotepa</i>	20	<i>topotecan intravenous solution</i>	21
<i>thiothixene</i>	33	TOPROL XL.....	41
		TORISEL.....	21
		<i>torse mide oral tablet 10 mg, 5 mg</i>	41
		<i>torse mide oral tablet 100 mg, 20 mg</i>	41
		TOUJEO SOLOSTAR.....	50

TOVIAZ.....	61	<i>trianex</i>	44
TRACLEER.....	60	TRIBENZOR.....	41
TRADJENTA.....	50	TRICOR ORAL TABLET 48 MG.....	41
<i>tramadol oral tablet</i>	33	<i>triderm topical cream</i>	44
<i>tramadol-acetaminophen</i>	33	<i>trifluoperazine oral tablet 1 mg, 2 mg</i>	33
<i>trandolapril</i>	41	<i>trifluoperazine oral tablet 10 mg, 5 mg</i>	33
<i>tranexamic acid intravenous</i>	41	<i>trifluridine</i>	58
<i>tranexamic acid oral</i>	57	<i>trihexyphenidyl</i>	33
TRANSDERM-SCOP.....	52	TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/ EC) 45 MG.....	41
<i>tranylcypromine</i>	33	<i>trilyte with flavor packets</i>	52
<i>travasol 10 %</i>	63	<i>trimethoprim</i>	15
TRAVATAN Z.....	58	<i>trimipramine</i>	33
<i>travoprost (benzalkonium)</i>	58	<i>trinessa (28)</i>	57
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	33	TRINTELLIX ORAL TABLET 10 MG.....	33
<i>trazodone oral tablet 300 mg</i>	33	TRINTELLIX ORAL TABLET 20 MG.....	33
TREANDA INTRAVENOUS RECON SOLN.....	21	TRINTELLIX ORAL TABLET 5 MG.....	34
TRECTOR.....	15	TRISENOX.....	21
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION.....	21	TRIUMEQ.....	15
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/ 2 ML.....	21	<i>trivora (28)</i>	57
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML.....	21	TROPHAMINE 10 %.....	63
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML.....	21	TROPHAMINE 6%.....	63
<i>tretinoin (chemotherapy) oral capsule</i>	21	<i>trospium oral tablet</i>	61
<i>tretinoin topical cream</i>	44	TRULICITY.....	50
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	44	TRUMENBA.....	53
<i>tri-estarylla</i>	57	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG.....	15
<i>tri-legest fe</i>	57	TRUVADA ORAL TABLET 200-300 MG.....	15
<i>tri-linyah</i>	57	TWINRIX (PF).....	53
<i>tri-previfem (28)</i>	57	TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80- 5 MG.....	41
<i>tri-sprintec (28)</i>	57	TYBOST.....	15
<i>triamcinolone acetonide dental</i>	45	TYGACIL.....	15
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	50	TYKERB.....	21
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	50	TYPHIM VI INTRAMUSCULAR SOLUTION.....	53
<i>triamcinolone acetonide topical cream 0.025 %</i>	44	TYPHIM VI INTRAMUSCULAR SYRINGE.....	53
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	44	TYSABRI.....	34
<i>triamcinolone acetonide topical lotion</i>	44	TYZEKA.....	15
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	44	UCERIS ORAL.....	52
<i>triamterene-hydrochlorothiazid oral capsule 37.5- 25 mg</i>	41	ULORIC.....	55
<i>triamterene-hydrochlorothiazid oral tablet</i>	41	<i>unithroid</i>	50
		UNITUXIN.....	21
		UPTRAVI ORAL TABLET.....	41
		UPTRAVI ORAL TABLETS,DOSE PACK.....	41
		<i>ursodiol</i>	52
		UVADEX.....	44
		VAGIFEM.....	57
		<i>valacyclovir</i>	15

VALCHLOR.....	44	venlafaxine oral capsule,extended release 24hr	
valganciclovir.....	15	75 mg.....	34
valproate sodium.....	34	venlafaxine oral tablet 100 mg.....	34
valproic acid.....	34	venlafaxine oral tablet 25 mg.....	34
valproic acid (as sodium salt) oral solution 250		venlafaxine oral tablet 37.5 mg.....	34
mg/5 ml.....	34	venlafaxine oral tablet 50 mg.....	34
valproic acid (as sodium salt) oral solution 250		venlafaxine oral tablet 75 mg.....	34
mg/5 ml (5 ml), 500 mg/10 ml (10 ml).....	34	venlafaxine oral tablet extended release 24hr 150	
valsartan oral tablet 160 mg.....	41	mg.....	34
valsartan oral tablet 320 mg.....	41	VENLAFAXINE ORAL TABLET EXTENDED RELEASE	
valsartan oral tablet 40 mg, 80 mg.....	41	24HR 225 MG.....	34
valsartan-hydrochlorothiazide oral tablet 160-		venlafaxine oral tablet extended release 24hr 37.5	
12.5 mg, 160-25 mg, 320-12.5 mg, 80-12.5		mg.....	34
mg.....	41	venlafaxine oral tablet extended release 24hr 75	
valsartan-hydrochlorothiazide oral tablet 320-25		mg.....	34
mg.....	41	VENTAVIS.....	60
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS		VENTOLIN HFA.....	60
PIGGYBACK 500 MG/100 ML, 750 MG/150		verapamil intravenous solution.....	41
ML.....	15	verapamil intravenous syringe.....	41
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS		verapamil oral capsule, 24 hr er pellet ct.....	41
PIGGYBACK 1 GRAM/200 ML.....	15	verapamil oral capsule,ext rel. pellets 24 hr 120	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS		mg, 180 mg, 240 mg.....	41
PIGGYBACK 500 MG/100 ML, 750 MG/150		verapamil oral capsule,ext rel. pellets 24 hr 360	
ML.....	15	mg.....	41
vancomycin intravenous.....	15	verapamil oral tablet.....	41
VANCOMYCIN INTRAVENOUS.....	15	verapamil oral tablet extended release 120	
vancomycin oral capsule 125 mg.....	16	mg.....	41
vancomycin oral capsule 250 mg.....	16	verapamil oral tablet extended release 180 mg,	
vandazole.....	57	240 mg.....	41
VAQTA (PF) INTRAMUSCULAR SUSPENSION.....	54	VERSACLOZ.....	34
VAQTA (PF) INTRAMUSCULAR SYRINGE.....	54	VESICARE.....	61
VARIVAX (PF).....	54	vestura (28).....	57
VARIZIG INTRAMUSCULAR SOLUTION.....	54	VICTOZA 2-PAK.....	50
VASCEPA.....	41	VICTOZA 3-PAK.....	50
VASERETIC.....	41	VIDEX 2 GRAM PEDIATRIC.....	16
VASOTEC ORAL TABLET 2.5 MG.....	41	VIDEX 4 GRAM PEDIATRIC.....	16
VECAMYL.....	41	VIEKIRA PAK.....	16
VECTIBIX.....	21	VIGAMOX.....	58
VELCADE.....	21	VIIBRYD ORAL TABLET 10 MG.....	34
velivet triphasic regimen (28).....	57	VIIBRYD ORAL TABLET 20 MG.....	34
VENCLEXTA ORAL TABLET 10 MG.....	21	VIIBRYD ORAL TABLET 40 MG.....	34
VENCLEXTA ORAL TABLET 100 MG.....	21	VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-	
VENCLEXTA ORAL TABLET 50 MG.....	21	20 MG (23).....	34
VENCLEXTA STARTING PACK.....	21	VIMPAT INTRAVENOUS.....	34
venlafaxine oral capsule,extended release 24hr		VIMPAT ORAL SOLUTION.....	34
150 mg.....	34	VIMPAT ORAL TABLET 100 MG.....	34
venlafaxine oral capsule,extended release 24hr		VIMPAT ORAL TABLET 150 MG, 200 MG.....	34
37.5 mg.....	34	VIMPAT ORAL TABLET 50 MG.....	34

<i>vinblastine intravenous solution</i>	21	XOPENEX HFA.....	60
<i>vincasar pfs intravenous solution 1 mg/ml</i>	21	XTANDI.....	21
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	21	<i>xulane</i>	57
<i>vincristine intravenous solution 1 mg/ml</i>	21	XYREM.....	34
<i>vincristine intravenous solution 2 mg/2 ml</i>	21	XYZAL ORAL TABLET.....	60
<i>vinorelbine</i>	21	YERVOY.....	21
<i>viorele (28)</i>	57	YF-VAX (PF).....	54
VIRACEPT ORAL TABLET 250 MG.....	16	YONDELIS.....	21
VIRACEPT ORAL TABLET 625 MG.....	16	<i>zafirlukast</i>	60
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE		<i>zaleplon oral capsule 10 mg</i>	34
24 HR 100 MG.....	16	<i>zaleplon oral capsule 5 mg</i>	34
VIRAZOLE.....	16	ZALTRAP.....	21
VIREAD ORAL POWDER.....	16	ZANOSAR.....	21
VIREAD ORAL TABLET 150 MG, 250 MG, 300		ZARAH.....	57
MG.....	16	ZARONTIN ORAL CAPSULE.....	34
VIREAD ORAL TABLET 200 MG.....	16	ZAVESCA.....	50
VITEKTA.....	16	ZELBORAF.....	21
VIVELLE-DOT.....	57	<i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i>	44
VOLTAREN TOPICAL.....	34	<i>zenatane oral capsule 30 mg</i>	44
<i>voriconazole intravenous</i>	16	<i>zenchent (28)</i>	57
<i>voriconazole oral suspension for</i>		<i>zenchent fe</i>	57
<i>reconstitution</i>	16	<i>zenzedi oral tablet 10 mg</i>	34
<i>voriconazole oral tablet 200 mg</i>	16	<i>zenzedi oral tablet 5 mg</i>	34
<i>voriconazole oral tablet 50 mg</i>	16	ZEPATIER.....	16
VOTRIENT.....	21	ZESTORETIC.....	41
VPRIV.....	50	ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5	
VRAYLAR ORAL CAPSULE 1.5 MG.....	34	MG.....	41
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6		ZETIA.....	42
MG.....	34	ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG.....	42
VRAYLAR ORAL CAPSULE,DOSE PACK.....	34	ZIAGEN ORAL SOLUTION.....	16
<i>vyfemla (28)</i>	57	<i>zidovudine oral capsule</i>	16
<i>warfarin</i>	41	<i>zidovudine oral syrup</i>	16
<i>water for irrigation, sterile</i>	45	<i>zidovudine oral tablet</i>	16
WELCHOL.....	41	<i>ziprasidone hcl oral capsule 20 mg</i>	34
XALATAN.....	58	<i>ziprasidone hcl oral capsule 40 mg</i>	34
XALKORI.....	21	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	34
XARELTO ORAL TABLET 10 MG, 20 MG.....	41	ZIRGAN.....	58
XARELTO ORAL TABLET 15 MG.....	41	ZITHROMAX ORAL PACKET.....	16
XARELTO ORAL TABLETS,DOSE PACK.....	41	ZITHROMAX ORAL TABLET 250 MG.....	16
XENAZINE ORAL TABLET 12.5 MG.....	34	ZITHROMAX Z-PAK.....	16
XENAZINE ORAL TABLET 25 MG.....	34	ZMAX.....	16
XEOMIN INTRAMUSCULAR RECON SOLN 100		ZOCOR ORAL TABLET 10 MG, 5 MG.....	42
UNIT, 50 UNIT.....	54	<i>zoledronic acid 5 mg/100 ml infusion bottle</i>	
XEOMIN INTRAMUSCULAR RECON SOLN 200		<i>(ml)</i>	45
UNIT.....	54	<i>zoledronic acid intravenous recon soln 4 mg</i>	50
XGEVA.....	21	<i>zoledronic acid intravenous solution 4 mg/5</i>	
XIFAXAN ORAL TABLET 550 MG.....	16	<i>ml</i>	50
XOLAIR.....	60	ZOLINZA.....	21

<i>zolpidem oral tablet</i>	34	ZYPREXA RELPREVV INTRAMUSCULAR	
<i>zolpidem oral tablet,ext release multiphase</i>	35	SUSPENSION FOR RECONSTITUTION 300	
ZOMETA INTRAVENOUS SOLUTION 4 MG/100		MG.....	35
ML.....	50	ZYPREXA RELPREVV INTRAMUSCULAR	
<i>zonisamide oral capsule 100 mg, 50 mg</i>	35	SUSPENSION FOR RECONSTITUTION 405	
<i>zonisamide oral capsule 25 mg</i>	35	MG.....	35
ZORTRESS ORAL TABLET 0.25 MG.....	21	ZYTIGA.....	21
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG.....	21	ZYVOX INTRAVENOUS PARENTERAL SOLUTION	
ZOSTAVAX (PF).....	54	200 MG/100 ML.....	16
<i>zovia 1/35e (28)</i>	57	ZYVOX INTRAVENOUS PARENTERAL SOLUTION	
<i>zovia 1/50e (28)</i>	57	600 MG/300 ML.....	16
ZYDELIG.....	21	ZYVOX ORAL SUSPENSION FOR	
ZYKADIA.....	21	RECONSTITUTION.....	16
ZYPREXA RELPREVV INTRAMUSCULAR			
SUSPENSION FOR RECONSTITUTION 210			
MG.....	35		



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