

# 2015 Classic Formulary

## *(List of Covered Drugs)*

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN**

Health Net Healthy Heart (HMO) in Fresno County, Health Net Gold Select (HMO), Health Net Amber (HMO SNP), Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Sapphire (HMO SNP), Health Net Seniority Plus Complete (HMO), and Health Net Jade (HMO SNP) in Oregon

HPMS Approved Formulary File Submission ID 15439, Version Number 29

This formulary was updated on 12/01/2015. For more recent information or other questions, please contact Health Net at:

**Arizona Plans:** 1-800-977-7522

**California HMO Plans:** 1-800-275-4737

**California HMO SNP Plans:** 1-800-431-9007

**California PPO Plans:** 1-800-960-4638

**Oregon/Washington Plans:** 1-888-445-8913

or, for **TTY users**, 711, 8:00 a.m. - 8:00 p.m., seven days a week (automated telephone service is used on some weekends and holidays), or visit [www.healthnet.com/medicare](http://www.healthnet.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 Health Net. When it refers to “plan” or “our plan,” it means Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO) in Fresno County, Health Net Jade (HMO SNP) in Oregon, Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Sapphire (HMO SNP), and Health Net Seniority Plus Complete (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of the date on the front and back cover pages. 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, 2016, and from time to time during the year.

*What is the Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO) in Fresno County, Health Net Jade (HMO SNP) in Oregon, Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Sapphire (HMO SNP), and Health Net Seniority Plus Complete (HMO) Classic 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health Net 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 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 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, 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 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 the date on the front and back cover pages. To get updated information about the drugs covered by us, please contact us. Our contact information appears on the front and back cover pages.

If we make any other negative formulary changes during the year, you will be notified via mail and the changes will be posted on our website.

### *How do I use the formulary?*

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

#### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR AGENTS - MISC.". If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 Index 1. 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 us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides two each per day per prescription for *simvastatin 40 mg*. 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. 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 us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO) in Fresno County, Health Net Jade (HMO SNP) in Oregon, Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Sapphire (HMO SNP), and Health Net Seniority Plus Complete (HMO) Classic Formulary?” on page iv 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 Member Services 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 Member Services for a list of similar drugs that are covered by us. 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 us 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 Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO) in Fresno County, Health Net Jade (HMO SNP) in Oregon, Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Sapphire (HMO SNP), and Health Net Seniority Plus Complete (HMO) Classic Formulary?*

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. 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, we 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 102-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.

### **Level of care changes**

If you experience a change in your level of care, we will cover a transition supply of your drugs. A level of care change occurs when you are discharged from a hospital or moved to or from a long-term care facility.

- If you move home from a long-term care facility or hospital and need a

transition supply, we will cover one 30-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a total of a 30-day supply.

- If you move from home or a hospital to a long-term care facility and need a transition supply, we will cover one 34-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a total of a 34-day supply.

We understand that there are other circumstances when an override may be granted. These situations are managed on a case-by-case basis through communication between the dispensing pharmacy and Health Net.

### *For more information*

For more detailed information about your plan's 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>.

*Health Net Amber (HMO SNP), Health Net Gold Select (HMO), Health Net Healthy Heart (HMO) in Fresno County, Health Net Jade (HMO SNP) in Oregon, Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Seniority Plus Sapphire (HMO SNP), and Health Net Seniority Plus Complete (HMO) Classic Formulary*

The formulary that begins on page 1 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 Index 1.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LIPITOR) and generic drugs are listed in lower-case italics (e.g., *atorvastatin calcium*).

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

### Formulary tier descriptions

To figure out how much you pay for a drug, the abbreviations below appear in the Drug Tier column on the formulary. The copayment or coinsurance level is shown in the Copayment/Coinsurance column. To find out your copayment or coinsurance for each tier, please check your *Evidence of Coverage*.

<i>Abbreviation</i>	<i>Copayment/Coinsurance</i>	<i>Description</i>
1	Tier 1 copayment	Preferred generic drugs. These drugs are not eligible for exceptions for payment at a lower tier.
2	Tier 2 copayment	Non-Preferred generic drugs.
3	Tier 3 copayment	Preferred brand drugs. These drugs are not eligible for exceptions for payment at a lower tier.
4	Tier 4 copayment	Non-Preferred brand drugs.
5 (Specialty)	Tier 5 copayment or coinsurance	High-cost drugs. These drugs are not eligible for exceptions for payment at a lower tier.
6 (Select Care)	\$0 copayment	Some brand and generic drugs used to treat specific chronic conditions.
NF	Non-formulary - If an exception request is approved for a non-formulary drug; the Non-Preferred brand tier (Tier 4) copayment applies. You may not ask us to provide the drug at a lower cost-sharing level.	Drugs not covered on Health Net's Medicare Part D formulary. You may request an exception from Health Net to cover these drugs. See the section, "How do I request an exception to the Health Net Medicare Part D Classic Formulary?"



## Abbreviations

The abbreviations below may appear in the Requirement/Limits column on the formulary.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	Some drugs may require prior authorization if your age does not meet manufacturer, FDA, or clinical recommendations.
B/D	Medicare Part B vs. Part D	Some drugs require prior authorization to determine coverage under the Medicare Part B or Part D benefit, according to Medicare guidelines. Your doctor or other prescriber may need to supply additional information to help us make the coverage determination.
GL	Gender Limit	Some drugs are only covered for males or females based on manufacturer, FDA, or clinical recommendations.
LA	Limited Access	<p>Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at one or a limited number of pharmacies. Limited access may be due to the following reasons:</p> <ul style="list-style-type: none"><li>• The FDA has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or</li><li>• Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy.</li></ul> <p>You should talk to your doctor, or other prescriber, or pharmacist for details about getting limited access drugs.</p>
MO	Mail Order	This drug is available at Health Net's mail order pharmacy in addition to other network pharmacies.
PA	Prior Authorization	Health Net requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
QL	Quantity Limit	For certain drugs, Health Net limits the amount of the drug that we will cover. For example, Health Net covers two each per day per prescription for <i>simvastatin 40 mg</i> . This may be in addition to a standard one-month or three-month supply limits.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
RX/OTC	Prescription and Over-the-Counter	Certain drugs are available both in a prescription form and in an OTC form. Other than some insulins and insulin supplies, only prescription drugs are covered by Health Net Medicare Part D plans.
ST	Step Therapy	In some cases, Health Net requires you to first try certain drugs to treat your medical condition before covering another drug for that condition.  For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
*	Additional Gap Coverage	<b>Only for Health Net Gold Select (HMO) plans:</b> We provide additional coverage of this prescription drug in the coverage gap. Please refer to your <i>Evidence of Coverage</i> for more information about this coverage.
+	Additional Gap Coverage	<b>Only for Health Net Seniority Plus Complete (HMO) plans:</b> We provide additional coverage of this prescription drug in the coverage gap. Please refer to your <i>Evidence of Coverage</i> for more information about this coverage.



Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL XR (Use Amphetamine-Dextroamphetamine)	NF	MO
amphetamine sulfate 10 mg	2	MO; *; +
amphetamine sulfate 5 mg	2	*; +
amphetamine-dextroamphetamine	2	MO; *; +
DESOXYN (Use Methamphetamine HCl)	NF	MO
DEXEDRINE 10 MG, 15 MG, 5 MG (Use Dextroamphetamine Sulfate)	NF	MO
dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg	2	MO; *; +
dextroamphetamine sulfate tabs 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	MO; *; +
methamphetamine hcl	1	MO; *; +
VYVANSE 10 MG	4	QL(7 ea daily); MO; +
VYVANSE 20 MG	4	QL(3 ea daily); MO; +
VYVANSE 30 MG	4	QL(2 ea daily); MO; +
VYVANSE 40 MG, 50 MG, 60 MG, 70 MG	4	QL(1 ea daily); MO; +
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
clonidine hcl (adhd)	2	MO; *; +
guanfacine hcl (adhd)	2	AL; MO; *; +
INTUNIV (Use Guanfacine HCl (ADHD))	4	AL; MO; +
KAPVAY (Use Clonidine HCl (ADHD))	NF	MO
STRATTERA 10 MG	3	QL(10 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 100 MG, 60 MG, 80 MG	3	QL(1 ea daily); MO; +
STRATTERA 18 MG	3	QL(5 ea daily); MO; +
STRATTERA 25 MG	3	QL(4 ea daily); MO; +
STRATTERA 40 MG	3	QL(2 ea daily); MO; +
<b>Stimulants - Misc.</b>		
CONCERTA (Use Methylphenidate HCl)	NF	MO
DAYTRANA 30 MG/9HR	4	MO; +
dexmethylphenidate hcl cp24 10 mg, 15 mg, 20 mg	2	MO; *; +
dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg	1	MO; *; +
FOCALIN (Use Dexmethylphenidate HCl)	NF	MO
FOCALIN XR 10 MG, 20 MG (Use Dexmethylphenidate HCl)	4	MO; +
FOCALIN XR 15 MG (Use Dexmethylphenidate HCl)	NF	MO
METADATE CD (Use Methylphenidate HCl)	NF	MO
methylphenidate hcl cp24 or 20 mg, 30 mg, 40 mg	2	MO; *; +
methylphenidate hcl cpcr or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	MO; *; +
methylphenidate hcl tabs or 10 mg, 20 mg, 5 mg	2	MO; *; +
methylphenidate hcl tb24 or 18 mg, 27 mg, 36 mg, 54 mg	2	MO; *; +
methylphenidate hcl tbcr or 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	2	MO; *; +
modafinil 100 mg	2	PA; MO; *; +
modafinil 200 mg	5	PA; MO
NUVIGIL	3	PA; MO; +
PROVIGIL (Use Modafinil)	5	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
RITALIN (Use Methylphenidate HCl)	NF	MO
RITALIN LA 10 MG	4	MO; +
RITALIN LA 20 MG, 30 MG, 40 MG (Use Methylphenidate HCl)	NF	MO
RITALIN SR (Use Methylphenidate HCl)	NF	MO
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate soln ij 1 gm/4ml, 500 mg/2ml</i>	1	MO; *; +
BETHKIS	5	B/D
<i>gentamicin in saline 0.9%-0.8mg/ml</i>	2	MO; *; +
<i>gentamicin in saline 0.9%-0.9mg/ml, 0.9%-1.4mg/ml, 0.9%-1.6mg/ml, 0.9%-1mg/ml, 0.9%-2mg/ml</i>	2	*; +
<i>gentamicin in saline 0.9%-1.2mg/ml</i>	1	*; +
<i>gentamicin sulfate soln ij 10 mg/ml, 40 mg/ml</i>	1	MO; *; +
<i>gentamicin sulfate soln iv 10 mg/ml</i>	2	*; +
<i>neomycin sulfate tabs or</i>	1	MO; *; +
<i>paromomycin sulfate</i>	1	MO; *; +
<i>streptomycin sulfate solr im</i>	2	MO; *; +
TOBI (Use Tobramycin)	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebu in</i>	2	B/D; *; +
<i>tobramycin sulfate in saline</i>	2	*; +
<i>tobramycin sulfate soln ij 1.2 gm/30ml, 40 mg/ml, 80 mg/2ml</i>	1	MO; *; +
<i>tobramycin sulfate soln ij 10 mg/ml</i>	2	*; +

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate solr ij 1.2 gm</i>	1	*; +
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA
HUMIRA PEN-PSORIASIS STARTER	5	PA
SIMPONI	5	PA
SIMPONI ARIA	5	PA
<b>Antirheumatic - Enzyme Inhibitors</b>		
XELJANZ	5	PA
<b>Antirheumatic Antimetabolites</b>		
OTREXUP	4	PA; +
RASUVO	4	PA; +
RHEUMATREX	3	MO; +
<b>Gold Compounds</b>		
RIDAURA	5	MO
<b>Interleukin-1 Blockers</b>		
ARCALYST	5	LA
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET	5	PA
<b>Interleukin-1beta Blockers</b>		
ILARIS	5	LA
<b>Interleukin-6 Receptor Inhibitors</b>		

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

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA	5	PA
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ANAPROX (Use Naproxen Sodium)	NF	MO
ANAPROX DS (Use Naproxen Sodium)	NF	MO
ARTHROTEC 50 (Use Diclofenac w/ Misoprostol)	NF	MO
ARTHROTEC 75 (Use Diclofenac w/ Misoprostol)	NF	MO
CATAFLAM (Use Diclofenac Potassium)	NF	MO
CELEBREX (Use Celecoxib)	3	MO; +
celecoxib	2	MO; *; +
DAYPRO (Use Oxaprozin)	NF	MO
diclofenac potassium	2	MO; *; +
diclofenac sodium tb24 or 100 mg	2	MO; *; +
diclofenac sodium tbec or 25 mg, 50 mg, 75 mg	2	MO; *; +
diclofenac w/ misoprostol	2	MO; *; +
DUEXIS	4	MO; +
EC-NAPROSYN (Use Naproxen)	NF	MO
etodolac caps or 200 mg, 300 mg	2	MO; *; +
etodolac tabs or 400 mg, 500 mg	2	MO; *; +
etodolac tb24 or 400 mg, 500 mg, 600 mg	2	MO; *; +
FELDENE (Use Piroxicam)	NF	MO
fenoprofen calcium tabs 600 mg	1	MO; *; +
flurbiprofen tabs or 100 mg, 50 mg	1	MO; *; +
ibuprofen susp or 100 mg/5ml	2	RX/OTC; MO; *; +
ibuprofen tabs or 400 mg	1	QL(8 ea daily); MO; *; +

Drug Name	Drug Tier	Requirements/Limits
ibuprofen tabs or 600 mg	1	QL(5 ea daily); MO; *; +
ibuprofen tabs or 800 mg	1	QL(4 ea daily); MO; *; +
INDOCIN	4	AL; MO; +
indomethacin caps or 25 mg, 50 mg	2	AL; MO; *; +
indomethacin cpcr or 75 mg	2	AL; MO; *; +
indomethacin supp re 50 mg	2	MO; *; +
ketoprofen caps or 50 mg, 75 mg	2	MO; *; +
ketoprofen cp24 or 200 mg	2	MO; *; +
ketorolac trometh & bupivacaine hcl & lidocaine hcl	2	*; +
ketorolac tromethamine & lidocaine hcl	2	*; +
ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml	2	AL; MO; *; +
ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml	1	AL; MO; *; +
ketorolac tromethamine tabs or 10 mg	2	AL; MO; *; +
meclofenamate sodium caps or 100 mg, 50 mg	1	MO; *; +
mefenamic acid caps or	2	MO; *; +
meloxicam tabs or 15 mg, 7.5 mg	1	MO; *; +
meloxicam w/ liniment	2	*; +
MOBIC TABS 15 MG, 7.5 MG (Use Meloxicam)	NF	MO
nabumetone	2	MO; *; +
NAPRELAN 375 MG (Use Naproxen Sodium)	4	MO; +
NAPRELAN 375 MG, 750 MG	4	MO; +
NAPRELAN 500 MG (Use Naproxen Sodium)	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
NAPROSYN (Use Naproxen)	NF	MO
naproxen sodium tabs or 275 mg, 550 mg	2	MO; *; +
naproxen sodium tb24 or 375 mg, 500 mg	2	MO; *; +
naproxen tabs or 250 mg, 375 mg, 500 mg	1	MO; *; +
naproxen tbec or 375 mg, 500 mg	2	MO; *; +
oxaprozin	1	MO; *; +
piroxicam caps or 10 mg, 20 mg	2	MO; *; +
PONSTEL (Use Mefenamic Acid)	5	MO
SPRIX	4	AL; MO; +
sulindac tabs or 150 mg, 200 mg	2	MO; *; +
tolmetin sodium	1	MO; *; +
VIMOVO	4	MO; +
VOLTAREN-XR (Use Diclofenac Sodium)	NF	MO
ZIPSOR	4	MO; +
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA	5	PA
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA (Use Leflunomide)	NF	MO
leflunomide	2	MO; *; +
<b>Selective Costimulation Modulators</b>		
ORENCIA	5	PA
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL	5	PA
ENBREL SURECLICK	5	PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Salicylates</b>		
diflunisal	1	MO; *; +
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ABSTRAL 100 MCG	4	PA; QL(6 ea daily); +
ABSTRAL 200 MCG	5	PA; QL(6 ea daily)
ABSTRAL 300 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 ea daily)
ACTIQ 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (Use Fentanyl Citrate)	5	PA; QL(4 ea daily); MO
ACTIQ 200 MCG (Use Fentanyl Citrate)	5	PA; QL(6 ea daily); MO
AVINZA (Use Morphine Sulfate Beads)	4	QL(5 ea daily); MO; +
codeine sulfate 15 mg	2	QL(24 ea daily); MO; *; +
CODEINE SULFATE 15 MG (Use Codeine Sulfate)	4	QL(24 ea daily); MO; +
codeine sulfate 30 mg	2	QL(12 ea daily); MO; *; +
codeine sulfate 60 mg	2	QL(6 ea daily); MO; *; +
DEMEROL TABS OR 100 MG, 50 MG (Use Meperidine HCl)	NF	AL; MO
DILAUDID LIQD OR 1 MG/ML (Use Hydromorphone HCl)	NF	QL(30 ml daily); MO
DILAUDID TABS OR 2 MG (Use Hydromorphone HCl)	NF	QL(29 ea daily); MO
DILAUDID TABS OR 4 MG (Use Hydromorphone HCl)	NF	QL(14 ea daily); MO
DILAUDID TABS OR 8 MG (Use Hydromorphone HCl)	NF	QL(7 ea daily); MO
DILAUDID-HP SOLN 10 MG/ML (Use Hydromorphone HCl)	NF	MO
DOLOPHINE 10 MG (Use Methadone HCl)	NF	QL(19 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
DOLOPHINE 5 MG (Use Methadone HCl)	NF	QL(38 ea daily); MO
DURAGESIC 100 MCG/HR (Use Fentanyl)	5	QL(1 ea daily); MO
DURAGESIC 12 MCG/HR (Use Fentanyl)	NF	QL(1.44 ea daily); MO
DURAGESIC 25 MCG/HR (Use Fentanyl)	NF	QL(0.7 ea daily); MO
DURAGESIC 50 MCG/HR (Use Fentanyl)	NF	QL(0.74 ea daily); MO
DURAGESIC 75 MCG/HR (Use Fentanyl)	5	QL(0.61 ea daily); MO
EXALGO 12 MG (Use Hydromorphone HCl)	4	QL(4 ea daily); MO; +
EXALGO 16 MG (Use Hydromorphone HCl)	4	QL(3.67 ea daily); MO; +
EXALGO 32 MG	4	QL(2 ea daily); MO; +
EXALGO 8 MG (Use Hydromorphone HCl)	4	QL(7 ea daily); MO; +
fentanyl 100 mcg/hr	2	QL(1 ea daily); MO; *; +
fentanyl 12 mcg/hr	2	QL(1.44 ea daily); MO; *; +
fentanyl 25 mcg/hr	2	QL(0.7 ea daily); MO; *; +
fentanyl 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	2	*; +
fentanyl 50 mcg/hr	2	QL(0.74 ea daily); MO; *; +
fentanyl 75 mcg/hr	2	QL(0.61 ea daily); MO; *; +
fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; QL(4 ea daily); MO
fentanyl citrate lpop bu 200 mcg	5	PA; QL(6 ea daily); MO
FENTORA 100 MCG, 200 MCG	5	PA; QL(6 ea daily); MO
FENTORA 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 ea daily); MO
HYDROMORPHONE HCL ER	4	QL(2 ea daily); MO; +
hydromorphone hcl liqd or 1 mg/ml	2	QL(30 ml daily); MO; *; +

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl soln ij 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml	2	MO; *; +
hydromorphone hcl t24a or 12 mg	2	QL(4 ea daily); MO; *; +
hydromorphone hcl t24a or 16 mg	2	QL(3.67 ea daily); MO; *; +
hydromorphone hcl t24a or 8 mg	2	QL(7 ea daily); MO; *; +
hydromorphone hcl tabs or 2 mg	2	QL(29 ea daily); MO; *; +
hydromorphone hcl tabs or 4 mg	2	QL(14 ea daily); MO; *; +
hydromorphone hcl tabs or 8 mg	2	QL(7 ea daily); MO; *; +
HYSINGLA ER 100 MG, 120 MG	4	PA; QL(2 ea daily); +
HYSINGLA ER 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	PA; QL(2 ea daily); MO; +
KADIAN 10 MG (Use Morphine Sulfate)	NF	QL(6 ea daily); MO
KADIAN 100 MG (Use Morphine Sulfate)	5	QL(6 ea daily); MO
KADIAN 130 MG, 150 MG	4	PA; QL(1 ea daily); +
KADIAN 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (Use Morphine Sulfate)	NF	QL(5 ea daily); MO
KADIAN 40 MG, 70 MG	4	PA; QL(5 ea daily); MO; +
LAZANDA 100 MCG/ACT	5	PA; QL(6 ea daily); MO
LAZANDA 400 MCG/ACT	5	PA; QL(4 ea daily)
levorphanol tartrate tabs or	1	MO; *; +
meperidine hcl soln or 50 mg/5ml	2	AL; MO; *; +
meperidine hcl tabs or 100 mg, 50 mg	2	AL; MO; *; +
methadone hcl conc or 10 mg/ml	2	QL(4 ml daily); MO; *; +
methadone hcl soln or 10 mg/5ml	2	QL(20 ml daily); MO; *; +
methadone hcl soln or 5 mg/5ml	2	QL(40 ml daily); MO; *; +

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



Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tabs or 10 mg</i>	2	QL(19 ea daily); MO; *, +
<i>methadone hcl tabs or 5 mg</i>	2	QL(38 ea daily); MO; *, +
METHADOSE 10 MG/ML (Use Methadone HCl)	NF	QL(4 ml daily); MO
METHADOSE SUGAR-FREE (Use Methadone HCl)	NF	QL(4 ml daily); MO
<i>morphine sulfate beads</i>	2	QL(5 ea daily); MO; *, +
<i>morphine sulfate cp24 or 10 mg</i>	2	QL(6 ea daily); MO; *, +
<i>morphine sulfate cp24 or 100 mg</i>	5	QL(6 ea daily); MO
<i>morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	QL(5 ea daily); MO; *, +
<i>morphine sulfate soln ij 0.5 mg/ml</i>	2	*, +
<i>morphine sulfate soln ij 1 mg/ml</i>	2	MO; *, +
<i>morphine sulfate soln or 10 mg/5ml</i>	2	QL(60 ml daily); MO; *, +
<i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i>	2	QL(6 ml daily); MO; *, +
<i>morphine sulfate soln or 20 mg/5ml</i>	2	QL(30 ml daily); MO; *, +
<i>morphine sulfate tabs or 15 mg</i>	2	QL(8 ea daily); MO; *, +
<i>morphine sulfate tabs or 30 mg</i>	2	QL(14 ea daily); MO; *, +
<i>morphine sulfate tbc or 100 mg</i>	2	QL(6 ea daily); MO; *, +
<i>morphine sulfate tbc or 15 mg</i>	2	QL(8 ea daily); MO; *, +
<i>morphine sulfate tbc or 200 mg</i>	2	QL(3 ea daily); MO; *, +
<i>morphine sulfate tbc or 30 mg, 60 mg</i>	2	QL(5 ea daily); MO; *, +
MS CONTIN 100 MG (Use Morphine Sulfate)	NF	QL(6 ea daily); MO
MS CONTIN 15 MG (Use Morphine Sulfate)	NF	QL(8 ea daily); MO
MS CONTIN 200 MG (Use Morphine Sulfate)	NF	QL(3 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
MS CONTIN 30 MG, 60 MG (Use Morphine Sulfate)	NF	QL(5 ea daily); MO
NUCYNTA 100 MG	4	QL(6 ea daily); MO; +
NUCYNTA 50 MG	4	QL(12 ea daily); MO; +
NUCYNTA 75 MG	4	QL(8 ea daily); MO; +
NUCYNTA ER 100 MG	3	QL(4 ea daily); MO; +
NUCYNTA ER 150 MG, 200 MG, 250 MG	3	QL(2 ea daily); MO; +
NUCYNTA ER 50 MG	3	QL(8 ea daily); MO; +
OPANA TABS OR 10 MG (Use Oxymorphone HCl)	NF	QL(4 ea daily); MO
OPANA TABS OR 5 MG (Use Oxymorphone HCl)	NF	QL(8 ea daily); MO
OXAYDO 5 MG	4	QL(17 ea daily); MO; +
OXAYDO 7.5 MG	4	QL(11 ea daily); +
OXECTA 5 MG	4	QL(17 ea daily); MO; +
OXECTA 7.5 MG	4	QL(11 ea daily); +
<i>oxycodone hcl caps or 5 mg</i>	2	QL(17 ea daily); MO; *, +
<i>oxycodone hcl conc or 100 mg/5ml, 20 mg/ml</i>	2	QL(4 ml daily); MO; *, +
OXYCODONE HCL ER 10 MG, 20 MG, 40 MG	3	QL(2 ea daily); MO; +
OXYCODONE HCL ER 80 MG	3	QL(7 ea daily); MO; +
<i>oxycodone hcl tabs or 10 mg</i>	2	QL(16 ea daily); MO; *, +
<i>oxycodone hcl tabs or 15 mg</i>	2	QL(11 ea daily); MO; *, +
<i>oxycodone hcl tabs or 20 mg</i>	2	QL(8 ea daily); MO; *, +
<i>oxycodone hcl tabs or 30 mg</i>	2	QL(15 ea daily); MO; *, +
<i>oxycodone hcl tabs or 5 mg</i>	2	QL(17 ea daily); MO; *, +

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

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	QL(2 ea daily); MO; +
OXYCONTIN 80 MG	3	QL(7 ea daily); MO; +
<i>oxymorphone hcl tabs 10 mg</i>	2	QL(4 ea daily); MO; *; +
<i>oxymorphone hcl tabs 5 mg</i>	2	QL(8 ea daily); MO; *; +
<i>oxymorphone hcl tb12 10 mg</i>	1	QL(4 ea daily); MO; *; +
<i>oxymorphone hcl tb12 15 mg</i>	2	QL(2.67 ea daily); MO; *; +
<i>oxymorphone hcl tb12 20 mg</i>	1	QL(2 ea daily); MO; *; +
<i>oxymorphone hcl tb12 30 mg, 40 mg</i>	2	QL(2 ea daily); MO; *; +
<i>oxymorphone hcl tb12 5 mg</i>	1	QL(8 ea daily); MO; *; +
<i>oxymorphone hcl tb12 7.5 mg</i>	2	QL(5 ea daily); MO; *; +
ROXICODONE 15 MG (Use Oxycodone HCl)	NF	QL(11 ea daily); MO
ROXICODONE 30 MG (Use Oxycodone HCl)	NF	QL(15 ea daily); MO
ROXICODONE 5 MG (Use Oxycodone HCl)	NF	QL(17 ea daily); MO
SUBSYS 100 MCG, 200 MCG	5	PA; QL(6 ea daily); MO
SUBSYS 1200 MCG, 1600 MCG	5	PA; QL(4 ea daily)
SUBSYS 400 MCG, 600 MCG, 800 MCG	5	PA; QL(4 ea daily); MO
<i>tramadol hcl tabs or 50 mg</i>	2	QL(8 ea daily); MO; *; +
<i>tramadol hcl tb24 or 100 mg</i>	2	QL(3 ea daily); MO; *; +
<i>tramadol hcl tb24 or 200 mg, 300 mg</i>	2	QL(1 ea daily); MO; *; +
ULTRAM (Use Tramadol HCl)	NF	QL(8 ea daily); MO
ULTRAM ER 100 MG (Use Tramadol HCl)	NF	QL(3 ea daily); MO
ULTRAM ER 200 MG, 300 MG (Use Tramadol HCl)	NF	QL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
ZOHYDRO ER C12A 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	PA; QL(2 ea daily); MO; +
ZOHYDRO ER CP12 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	PA; QL(2 ea daily); +
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	2	QL(166 ml daily); MO; *; +
<i>acetaminophen w/ codeine susp 120mg/5ml-12mg/5ml</i>	2	QL(166 ml daily); MO; *; +
<i>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg</i>	2	QL(13 ea daily); MO; *; +
<i>acetaminophen-caff-dihydrocod</i>	2	QL(12 ea daily); *; +
<i>butalbital-acetaminophen-caffeine w/ codeine 300mg-50mg-40mg-30mg</i>	2	AL; QL(13 ea daily); MO; *; +
<i>butalbital-acetaminophen-caffeine w/ codeine 325mg-50mg-40mg-30mg</i>	2	AL; QL(12 ea daily); MO; *; +
<i>butalbital-aspirin-caffeine w/cod</i>	2	AL; MO; *; +
FIORINAL/CODEINE #3 (Use Butalbital-Aspirin-Caffeine w/Cod)	NF	AL; MO
<i>hydrocodone-acetaminophen elix 10mg/15ml-300mg/15ml</i>	2	QL(200 ml daily); MO; *; +
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	2	QL(184 ml daily); MO; *; +
<i>hydrocodone-acetaminophen tabs 10mg-300mg, 5mg-300mg, 7.5mg-300mg</i>	2	QL(13 ea daily); MO; *; +
<i>hydrocodone-acetaminophen tabs 10mg-325mg, 5mg-325mg, 7.5mg-325mg</i>	2	QL(12 ea daily); MO; *; +
<i>hydrocodone-ibuprofen 200mg-10mg, 200mg-5mg, 200mg-7.5mg</i>	2	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen soln 5mg/5ml-325mg/5ml</i>	2	QL(61 ml daily); *; +
<i>oxycodone w/ acetaminophen tabs 10mg-300mg, 5mg-300mg, 7.5mg-300mg</i>	2	QL(13 ea daily); MO; *; +
<i>oxycodone w/ acetaminophen tabs 10mg-325mg, 2.5mg-325mg, 5mg-325mg, 7.5mg-325mg</i>	2	QL(12 ea daily); MO; *; +
<i>oxycodone-aspirin</i>	1	MO; *; +
PERCODAN (Use Oxycodone-Aspirin)	NF	MO
<i>tramadol-acetaminophen</i>	2	QL(8 ea daily); MO; *; +
ULTRACET (Use Tramadol-Acetaminophen)	NF	QL(8 ea daily); MO
VICOPROFEN (Use Hydrocodone-Ibuprofen)	NF	MO
<b>Opioid Partial Agonists</b>		
BUNAVAIL	4	PA; +
<i>buprenorphine hcl subl sl 2 mg</i>	1	PA; QL(16 ea daily); MO; *; +
<i>buprenorphine hcl subl sl 8 mg</i>	1	PA; QL(4 ea daily); MO; *; +
<i>buprenorphine hcl-naloxone hcl dihydrate 2mg-0.5mg</i>	2	PA; QL(16 ea daily); MO; *; +
<i>buprenorphine hcl-naloxone hcl dihydrate 8mg-2mg</i>	2	PA; QL(4 ea daily); MO; *; +
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	QL(4.2 ml daily); MO; *; +
BUTRANS 10 MCG/HR	3	QL(0.29 ea daily); MO; +
BUTRANS 15 MCG/HR	3	QL(0.19 ea daily); MO; +
BUTRANS 20 MCG/HR, 7.5 MCG/HR	3	QL(0.15 ea daily); MO; +
BUTRANS 5 MCG/HR	3	QL(0.58 ea daily); MO; +
<i>pentazocine w/ naloxone</i>	2	AL; MO; *; +

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE	4	PA; MO; +
TALWIN	4	AL; +
ZUBSOLV 1.4MG-0.36MG, 5.7MG-1.4MG, 8.6MG-2.1MG	4	PA; MO; +
ZUBSOLV 11.4MG-2.9MG, 2.9MG-0.71MG	4	PA; +
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50	5	MO
OXANDRIN 10 MG (Use Oxandrolone)	5	MO
OXANDRIN 2.5 MG (Use Oxandrolone)	NF	MO
<i>oxandrolone tabs or 10 mg</i>	5	MO
<i>oxandrolone tabs or 2.5 mg</i>	2	MO; *; +
<b>Androgens</b>		
ANDRODERM	3	GL; MO; +
ANDROGEL 20.25 MG/1.25GM, 40.5 MG/2.5GM	3	GL; MO; +
ANDROGEL 25 MG/2.5GM, 50 MG/5GM (Use Testosterone)	3	GL; MO; +
ANDROGEL PUMP	3	GL; MO; +
AVEED	4	LA; +
AXIRON	4	GL; MO; +
<i>danazol caps or 100 mg, 200 mg, 50 mg</i>	1	MO; *; +
<i>fluoxymesterone tabs or</i>	2	*; +
FORTESTA	4	GL; MO; +
<i>methyltestosterone caps or</i>	2	MO; *; +
<i>methyltestosterone tabs or</i>	2	*; +

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

Drug Name	Drug Tier	Requirements/Limits
NATESTO	4	GL; MO; +
TESTIM	3	GL; MO; +
<i>testosterone cypionate</i>	2	MO; *; +
<i>testosterone enanthate soln im</i>	1	MO; *; +
TESTOSTERONE GEL TD 1 %, 10 MG/ACT, 50 MG/5GM	4	GL; MO; +
TESTOSTERONE GEL TD 25 MG/2.5GM	3	GL; MO; +
<i>testosterone gel td 25 mg/2.5gm, 50 mg/5gm</i>	2	GL; MO; *; +
<i>testosterone pllt il 75 mg</i>	2	GL; *; +
TESTOSTERONE PUMP	4	GL; MO; +
VOGELXO	4	GL; MO; +
VOGELXO PUMP	4	GL; MO; +
<b>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTENEMA ( <i>Use Hydrocortisone (Intrarectal)</i> )	NF	MO
CORTIFOAM	4	MO; +
<i>hydrocortisone (intrarectal)</i>	1	MO; *; +
UCERIS FOAM RE 2 MG/ACT	4	+
<b>Rectal Combinations</b>		
<i>hydrocortisone acetate w/ pramoxine crea 1%-1%</i>	2	MO; *; +
<i>hydrocortisone acetate w/ pramoxine foam 1%-1%</i>	2	MO; *; +
<b>Rectal Steroids</b>		
<i>hydrocortisone (rectal)</i>	1	MO; *; +
PROCTOCORT CREA 1 % ( <i>Use Hydrocortisone (Rectal)</i> )	NF	MO

Drug Name	Drug Tier	Requirements/Limits
<b>Vasodilating Agents</b>		
RECTIV	4	MO; +
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
ALBENZA	4	MO; +
BILTRICIDE	3	MO; +
<i>ivermectin tabs or</i>	2	MO; *; +
STROMEKTOL ( <i>Use Ivermectin</i> )	4	MO; +
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
AZACTAM ( <i>Use Aztreonam</i> )	NF	MO
<i>aztreonam</i>	2	MO; *; +
CAYSTON	5	
<i>colistimethate sodium solr ij</i>	1	MO; *; +
COLY-MYCIN M ( <i>Use Colistimethate Sodium</i> )	NF	MO
FLAGYL CAPS 375 MG ( <i>Use Metronidazole</i> )	NF	QL(10 ea daily); MO
FLAGYL ER	4	QL(5 ea daily); +
FLAGYL TABS 250 MG ( <i>Use Metronidazole</i> )	NF	QL(16 ea daily); MO
FLAGYL TABS 500 MG ( <i>Use Metronidazole</i> )	NF	QL(8 ea daily); MO
<i>metronidazole caps or 375 mg</i>	2	QL(10 ea daily); MO; *; +
<i>metronidazole in nacl</i>	1	*; +
<i>metronidazole tabs or 250 mg</i>	2	QL(16 ea daily); MO; *; +
<i>metronidazole tabs or 500 mg</i>	2	QL(8 ea daily); MO; *; +
NEBUPENT	3	MO; B/D; +

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

Drug Name	Drug Tier	Requirements/Limits
PENTAM 300	4	MO; +
PRIMSOL	3	MO; +
TINDAMAX (Use Tinidazole)	NF	MO
tinidazole tabs or 250 mg, 500 mg	1	MO; *; +
trimethoprim tabs or	2	MO; *; +
VANCOGIN HCL (Use Vancomycin HCl)	5	PA; MO
vancomycin hcl caps or 125 mg, 250 mg	5	PA; MO
VANCOMYCIN HCL IN DEXTROSE	4	+
vancomycin hcl solr iv 10 gm, 1000 mg, 5000 mg, 750 mg	2	*; +
vancomycin hcl solr iv 500 mg	2	MO; *; +
XIFAXAN	5	MO
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM (Use Sulfamethoxazole-Trimethoprim)	NF	MO
BACTRIM DS (Use Sulfamethoxazole-Trimethoprim)	NF	MO
sulfamethoxazole-trimethoprim soln iv 80mg/5ml-400mg/5ml	2	MO; *; +
sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml	2	MO; *; +
sulfamethoxazole-trimethoprim tabs or 160mg-800mg, 80mg-400mg	1	MO; *; +
<b>Antiprotozoal Agents</b>		
ALINIA TABS 500 MG	4	MO; +
atovaquone	5	MO
MEPRON (Use Atovaquone)	5	MO

Drug Name	Drug Tier	Requirements/Limits
<b>Carbapenems</b>		
DORIBAX 500 MG	4	+
imipenem-cilastatin	1	MO; *; +
INVANZ IJ	4	MO; +
meropenem 1 gm	5	MO
meropenem 500 mg	1	MO; *; +
MERREM 1 GM (Use Meropenem)	5	MO
MERREM 500 MG (Use Meropenem)	NF	MO
PRIMAXIN IV (Use Imipenem-Cilastatin)	NF	MO
<b>Chloramphenicols</b>		
chloramphenicol sodium succinate	2	*; +
<b>Cyclic Lipopeptides</b>		
CUBICIN	5	
<b>Glycylcyclines</b>		
TYGACIL	5	
<b>Ketolides</b>		
KETEK 300 MG	4	+
KETEK 400 MG	4	MO; +
<b>Leprostatics</b>		
dapsone tabs or 100 mg, 25 mg	2	MO; *; +
<b>Lincosamides</b>		
CLEOCIN CAPS OR 150 MG, 300 MG, 75 MG (Use Clindamycin HCl)	NF	MO
CLEOCIN IN D5W (Use Clindamycin Phosphate in D5W)	4	+
CLEOCIN PHOSPHATE IJ 600 MG/4ML, 900 MG/6ML (Use Clindamycin Phosphate)	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PHOSPHATE IV 300MG/50ML-5%, 600MG/50ML-5%, 900MG/50ML-5% (Use Clindamycin Phosphate in D5W)	4	+
clindamycin hcl caps or 150 mg, 300 mg, 75 mg	2	MO; *; +
clindamycin palmitate hydrochloride	1	MO; *; +
clindamycin phosphate in d5w	2	*; +
clindamycin phosphate soln ij 150 mg/ml, 9000 mg/60ml	1	*; +
clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml	1	MO; *; +
clindamycin phosphate soln iv 150 mg/ml, 600 mg/4ml	2	*; +
LINCOCIN	4	MO; +
<b>Oxazolidinones</b>		
linezolid soln iv 2 mg/ml	5	
linezolid tabs or 600 mg	5	MO
SIVEXTRO SOLR IV	5	
SIVEXTRO TABS OR	5	MO
ZYVOX SOLN IV 2 MG/ML (Use Linezolid)	5	
ZYVOX SUSR OR 100 MG/5ML	5	MO
ZYVOX TABS OR 600 MG (Use Linezolid)	5	MO
<b>Polymyxins</b>		
polymyxin b sulfate solr ij	2	*; +
<b>Streptogramins</b>		
SYNERCID	5	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Antianginals-Other</b>		
RANEXA	4	PA; MO; +
<b>Nitrates</b>		
DILATRATE SR	4	MO; +
ISORDIL TITRADOSE 40 MG	4	MO; +
ISORDIL TITRADOSE 5 MG (Use Isosorbide Dinitrate)	NF	MO
isosorbide dinitrate subl sl 2.5 mg	1	*; +
isosorbide dinitrate tabs or 10 mg, 20 mg, 30 mg, 5 mg	1	MO; *; +
isosorbide dinitrate tbc or 40 mg	1	MO; *; +
isosorbide mononitrate tabs 10 mg	2	MO; *; +
isosorbide mononitrate tabs 20 mg	1	MO; *; +
isosorbide mononitrate tb24 120 mg, 30 mg, 60 mg	1	MO; *; +
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin)	NF	MO
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR	4	MO; +
NITROGLYCERIN LINGUAL	4	MO; +
nitroglycerin oint td 2 %	2	MO; *; +
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	MO; *; +
nitroglycerin soln iv 5 mg/ml	2	*; +
nitroglycerin soln tl 0.4 mg/spray	2	MO; *; +
NITROLINGUAL PUMPSPRAY (Use Nitroglycerin)	NF	MO
NITROMIST	4	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT	3	MO; +
<b>ANTIANKXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>bupirone hcl tabs or 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	MO; *; +
<i>hydroxyzine hcl soln im 25 mg/ml, 50 mg/ml</i>	2	AL; MO; *; +
<i>hydroxyzine hcl soln or 10 mg/5ml</i>	2	AL; MO; *; +
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	2	AL; MO; *; +
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	2	AL; MO; *; +
<i>hydroxyzine pamoate caps or 100 mg, 25 mg, 50 mg</i>	2	AL; MO; *; +
<i>meprobamate</i>	2	AL; MO; *; +
VISTARIL (Use Hydroxyzine Pamoate)	NF	AL; MO
<b>Benzodiazepines</b>		
<i>alprazolam conc or 1 mg/ml</i>	2	MO; *; +
<i>alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	MO; *; +
<i>alprazolam tb24 or 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; *; +
<i>alprazolam tbdp or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	MO; *; +
ATIVAN SOLN IJ 2 MG/ML (Use Lorazepam)	NF	MO
ATIVAN SOLN IJ 4 MG/ML (Use Lorazepam)	NF	
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (Use Lorazepam)	NF	MO
<i>chlordiazepoxide hcl</i>	1	MO; *; +
<i>clorazepate dipotassium</i>	1	MO; *; +
<i>diazepam conc or 5 mg/ml</i>	2	MO; *; +
<i>diazepam soln ij 5 mg/ml</i>	2	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam soln or 1 mg/ml</i>	2	MO; *; +
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	2	MO; *; +
<i>lorazepam conc or 2 mg/ml</i>	2	MO; *; +
<i>lorazepam soln ij 2 mg/ml, 20 mg/10ml</i>	2	MO; *; +
<i>lorazepam soln ij 4 mg/ml</i>	2	*; +
<i>lorazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	2	MO; *; +
NIRAVAM (Use Alprazolam)	NF	MO
<i>oxazepam</i>	1	MO; *; +
TRANXENE T (Use Clorazepate Dipotassium)	NF	MO
VALIUM (Use Diazepam)	NF	MO
XANAX (Use Alprazolam)	NF	MO
XANAX XR (Use Alprazolam)	NF	MO
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate</i>	2	AL; MO; *; +
NORPACE (Use Disopyramide Phosphate)	NF	AL; MO
NORPACE CR 100 MG	4	AL; MO; +
<i>procainamide hcl soln ij 100 mg/ml, 500 mg/ml</i>	2	*; +
<i>quinidine gluconate tbcr or 324 mg</i>	1	MO; *; +
<i>quinidine sulfate</i>	1	MO; *; +
<b>Antiarrhythmics Type I-B</b>		
<i>lidocaine hcl (cardiac)</i>	1	MO; *; +
<i>mexiletine hcl</i>	1	MO; *; +
XYLOCAINE IV 20 MG/ML (Use Lidocaine HCl (Cardiac))	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate 100 mg</i>	1	QL(4 ea daily); MO; *; +
<i>flecainide acetate 150 mg</i>	1	QL(2 ea daily); MO; *; +
<i>flecainide acetate 50 mg</i>	1	QL(8 ea daily); MO; *; +
<i>propafenone hcl</i>	1	MO; *; +
RYTHMOL (Use <i>Propafenone HCl</i> )	NF	MO
RYTHMOL SR (Use <i>Propafenone HCl</i> )	NF	MO
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl soln iv 900 mg/18ml</i>	2	*; +
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	MO; *; +
CORDARONE (Use <i>Amiodarone HCl</i> )	NF	MO
MULTAQ	3	MO; +
TIKOSYN	4	+
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu in</i>	1	MO; B/D; *; +
<b>Antiasthmatic - Monoclonal Antibodies</b>		
XOLAIR	5	PA; LA
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA	4	QL(0.86 gm daily); MO; +
INCRUSE ELLIPTA	3	QL(1 ea daily); MO; +
<i>ipratropium bromide soln in</i>	1	MO; B/D; *; +
SPIRIVA HANDIHALER	3	QL(1 ea daily); MO; +
SPIRIVA RESPIMAT 1.25 MCG/ACT	3	60 actuations; QL(0.14 gm daily); +

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT 2.5 MCG/ACT	3	28 actuations; QL(0.28 gm daily); MO; +
SPIRIVA RESPIMAT 2.5 MCG/ACT	3	60 actuations; QL(0.14 gm daily); MO; +
TUDORZA PRESSAIR	3	QL(0.04 ea daily); MO; +
<b>Leukotriene Modulators</b>		
ACCOLATE (Use <i>Zafirlukast</i> )	NF	MO
<i>montelukast sodium chew 4 mg, 5 mg</i>	2	QL(1 ea daily); MO; *; +
<i>montelukast sodium tabs 10 mg</i>	2	QL(1 ea daily); MO; *; +
SINGULAIR CHEW 4 MG, 5 MG (Use <i>Montelukast Sodium</i> )	NF	QL(1 ea daily); MO
SINGULAIR TABS 10 MG (Use <i>Montelukast Sodium</i> )	NF	QL(1 ea daily); MO
<i>zafirlukast</i>	1	MO; *; +
ZYFLO CR	5	QL(4 ea daily); MO
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP	4	QL(1 ea daily); MO; +
<b>Steroid Inhalants</b>		
AEROSPAN	3	QL(0.6 gm daily); MO; +
ALVESCO 160 MCG/ACT	4	QL(0.41 gm daily); MO; +
ALVESCO 80 MCG/ACT	4	QL(0.82 gm daily); MO; +
ARNUITY ELLIPTA	3	QL(1 ea daily); MO; +
ASMANEX HFA 100 MCG/ACT	3	QL(0.87 gm daily); MO; +
ASMANEX HFA 200 MCG/ACT	3	QL(0.44 gm daily); MO; +
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(0.04 ea daily); MO; +
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(0.29 ea daily); MO; +

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



Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 METERED DOSES 110 MCG/INH	3	QL(0.04 ea daily); MO; +
ASMANEX TWISTHALER 30 METERED DOSES 220 MCG/INH	3	QL(0.14 ea daily); MO; +
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(0.07 ea daily); MO; +
ASMANEX TWISTHALER 7 METERED DOSES	3	QL(0.14 ea daily); MO; +
<i>budesonide (inhalation) 0.25 mg/2ml</i>	1	QL(8 ml daily); MO; B/D; *; +
<i>budesonide (inhalation) 0.5 mg/2ml</i>	1	QL(4 ml daily); MO; B/D; *; +
<i>budesonide (inhalation) 1 mg/2ml</i>	2	QL(2 ml daily); MO; B/D; *; +
FLOVENT DISKUS 100 MCG/BLIST	3	QL(20 ea daily); MO; +
FLOVENT DISKUS 250 MCG/BLIST	3	QL(8 ea daily); MO; +
FLOVENT DISKUS 50 MCG/BLIST	3	QL(40 ea daily); MO; +
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	3	QL(0.8 gm daily); MO; +
FLOVENT HFA 44 MCG/ACT	3	QL(0.36 gm daily); MO; +
PULMICORT 0.25 MG/2ML (Use Budesonide (Inhalation))	NF	QL(8 ml daily); MO; B/D
PULMICORT 0.5 MG/2ML (Use Budesonide (Inhalation))	NF	QL(4 ml daily); MO; B/D
PULMICORT 1 MG/2ML (Use Budesonide (Inhalation))	4	QL(2 ml daily); MO; B/D; +
PULMICORT FLEXHALER 180 MCG/ACT	4	QL(0.07 ea daily); MO; +
PULMICORT FLEXHALER 90 MCG/ACT	4	QL(0.27 ea daily); MO; +
QVAR	3	QL(0.87 gm daily); MO; +
<b>Sympathomimetics</b>		
ADVAIR DISKUS	3	QL(2 ea daily); MO; +
ADVAIR HFA	3	QL(4 gm daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	MO; B/D; *; +
<i>albuterol sulfate syrps or 2 mg/5ml</i>	1	MO; *; +
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	MO; *; +
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	MO; *; +
ANORO ELLIPTA	3	QL(2 ea daily); MO; +
ARCAPTA NEOHALER	4	QL(1 ea daily); MO; +
BREO ELLIPTA 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	3	Limited to 2 inhalers per month (Institutional Pack); QL(2 ea daily); MO; +
BREO ELLIPTA 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	3	Limit 1 inhaler per month; QL(2 ea daily); MO; +
BROVANA	4	MO; B/D; +
COMBIVENT RESPIMAT	4	QL(0.2 gm daily); MO; +
DULERA	3	QL(4 gm daily); MO; +
DUONEB (Use Ipratropium-Albuterol)	NF	MO; B/D
<i>epinephrine hcl sosy 0.1 mg/ml</i>	2	MO; *; +
FORADIL AEROLIZER	3	QL(2 ea daily); MO; +
<i>ipratropium-albuterol</i>	1	MO; B/D; *; +
<i>levalbuterol hcl nebu in 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	MO; B/D; *; +
<i>metaproterenol sulfate</i>	1	MO; *; +
PERFOROMIST	4	QL(4 ml daily); MO; B/D; +
PROAIR HFA	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK	3	MO; +
PROVENTIL HFA	3	MO; +
SEREVENT DISKUS	3	QL(2 ea daily); MO; +
STIOLTO RESPIMAT	3	Limited to 1 inhaler per month; QL(0.14 gm daily); MO; +
STRIVERDI RESPIMAT	3	Institutional Pack; QL(0.28 gm daily); MO; +
STRIVERDI RESPIMAT	3	QL(0.14 gm daily); MO; +
SYMBICORT	4	QL(0.34 gm daily); MO; +
<i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i>	1	MO; *; +
VENTOLIN HFA	4	MO; +
XOPENEX (Use <i>Levalbuterol HCl</i> )	NF	MO; B/D
XOPENEX CONCENTRATE (Use <i>Levalbuterol HCl</i> )	NF	MO; B/D
XOPENEX HFA	4	MO; +
<b>Xanthines</b>		
<i>aminophylline</i>	2	MO; *; +
<i>dyphylline tabs or</i>	2	*; +
<i>theophylline cp24 100mg, 200 mg, 300 mg, 400 mg</i>	2	MO; *; +
<i>theophylline elix 80 mg/15ml</i>	2	MO; *; +
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO; *; +
<i>theophylline tb24 400 mg, 600 mg</i>	1	MO; *; +
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TABS OR 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG ( <i>Use Warfarin Sodium</i> )	4	MO; +
<i>warfarin sodium</i>	1	MO; *; +
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS	4	MO; +
SAVAYSA	4	MO; +
XARELTO	3	MO; +
XARELTO STARTER PACK	3	MO; +
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML ( <i>Use Fondaparinux Sodium</i> )	5	MO
ARIXTRA 2.5 MG/0.5ML ( <i>Use Fondaparinux Sodium</i> )	NF	MO
<i>enoxaparin sodium ij 300 mg/3ml</i>	2	MO; *; +
<i>enoxaparin sodium sc 100 mg/ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	2	MO; *; +
<i>enoxaparin sodium sc 120 mg/0.8ml, 150 mg/ml</i>	5	MO
<i>enoxaparin sodium sc 30 mg/0.3ml, 40 mg/0.4ml</i>	1	MO; *; +
<i>fondaparinux sodium 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	MO
<i>fondaparinux sodium 2.5 mg/0.5ml</i>	1	MO; *; +
FRAGMIN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	MO; +
FRAGMIN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 25000 UNIT/ML, 7500 UNIT/0.3ML	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN 95000 UNIT/3.8ML	5	
<i>heparin sodium (porcine) 1000 unit/ml</i>	2	MO; *; +
<i>heparin sodium (porcine) 10000 unit/ml, 20000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml</i>	1	MO; *; +
LOVENOX IJ 300 MG/3ML (Use Enoxaparin Sodium)	NF	MO
LOVENOX SC 100 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (Use Enoxaparin Sodium)	NF	MO
LOVENOX SC 120 MG/0.8ML, 150 MG/ML (Use Enoxaparin Sodium)	4	MO; +
<b>Thrombin Inhibitors</b>		
<i>argatroban 250 mg/2.5ml</i>	2	MO; *; +
PRADAXA	3	MO; +
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA 10 MG	4	QL(1.2 ea daily); MO; +
FYCOMPA 12 MG	4	QL(1 ea daily); MO; +
FYCOMPA 2 MG	4	QL(6 ea daily); MO; +
FYCOMPA 4 MG	4	QL(3 ea daily); MO; +
FYCOMPA 6 MG	4	QL(2 ea daily); MO; +
FYCOMPA 8 MG	4	QL(1.5 ea daily); MO; +
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clonazepam tabs or 0.5 mg</i>	2	QL(40 ea daily); MO; *; +
<i>clonazepam tabs or 1 mg</i>	2	QL(20 ea daily); MO; *; +
<i>clonazepam tabs or 2 mg</i>	2	QL(10 ea daily); MO; *; +

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tbdp or 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	MO; *; +
DIASTAT ACUDIAL	4	MO; +
DIASTAT PEDIATRIC	4	MO; +
DIAZEPAM GEL RE 10 MG, 2.5 MG, 20 MG	4	MO; +
KLONOPIN 0.5 MG (Use Clonazepam)	4	QL(40 ea daily); MO; +
KLONOPIN 1 MG (Use Clonazepam)	4	QL(20 ea daily); MO; +
KLONOPIN 2 MG (Use Clonazepam)	4	QL(10 ea daily); MO; +
ONFI SUSP 2.5 MG/ML	4	MO; +
ONFI TABS 10 MG, 5 MG	4	MO; +
ONFI TABS 20 MG	5	MO
<b>Anticonvulsants - Misc.</b>		
APTIOM 200 MG	4	QL(6 ea daily); MO; +
APTIOM 400 MG	5	QL(3 ea daily); MO
APTIOM 600 MG	5	QL(2 ea daily); MO
APTIOM 800 MG	5	QL(1 ea daily); MO
BANZEL SUSP 40 MG/ML	4	MO; +
BANZEL TABS 200 MG	4	MO; +
BANZEL TABS 400 MG	5	MO
<i>carbamazepine chew or 100 mg</i>	2	MO; *; +
<i>carbamazepine cp12 or 100 mg, 200 mg, 300 mg</i>	2	MO; *; +
<i>carbamazepine susp or 100 mg/5ml</i>	2	MO; *; +
<i>carbamazepine tabs or 200 mg</i>	2	MO; *; +
<i>carbamazepine tb12 or 200 mg, 400 mg</i>	2	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
CARBATROL ( <i>Use Carbamazepine</i> )	4	MO; +
<i>gabapentin caps or 100 mg, 300 mg, 400 mg</i>	2	MO; *; +
<i>gabapentin soln or 250 mg/5ml</i>	2	MO; *; +
<i>gabapentin tabs or 600 mg, 800 mg</i>	2	MO; *; +
KEPPRA ( <i>Use Levetiracetam</i> )	4	MO; +
KEPPRA XR ( <i>Use Levetiracetam</i> )	4	MO; +
LAMICTAL CHEWABLE DISPERSIBLE ( <i>Use Lamotrigine</i> )	4	MO; +
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG ( <i>Use Lamotrigine</i> )	4	MO; +
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	4	MO; +
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	4	MO; +
LAMICTAL STARTER/TAKING VALPROATE	4	MO; +
LAMICTAL TABS 100 MG, 150 MG, 200 MG, 25 MG ( <i>Use Lamotrigine</i> )	4	MO; +
LAMICTAL XR	4	MO; +
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG ( <i>Use Lamotrigine</i> )	4	MO; +
<i>lamotrigine chew 25 mg, 5 mg</i>	2	MO; *; +
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	2	MO; *; +
<i>lamotrigine tb24 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	MO; *; +
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
LEVETIRACETAM SOLN IV 1000MG/100ML-750MG/100ML, 1500MG/100ML-540MG/100ML, 500MG/100ML-820MG/100ML	4	+
<i>levetiracetam soln iv 500 mg/5ml</i>	2	MO; *; +
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	2	MO; *; +
<i>levetiracetam tabs or 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	MO; *; +
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	2	MO; *; +
LYRICA CAPS 100 MG	3	QL(6 ea daily); MO; +
LYRICA CAPS 150 MG	3	QL(4 ea daily); MO; +
LYRICA CAPS 200 MG	3	QL(3 ea daily); MO; +
LYRICA CAPS 225 MG, 300 MG	3	QL(2 ea daily); MO; +
LYRICA CAPS 25 MG	3	QL(24 ea daily); MO; +
LYRICA CAPS 50 MG	3	QL(12 ea daily); MO; +
LYRICA CAPS 75 MG	3	QL(8 ea daily); MO; +
LYRICA SOLN 20 MG/ML	3	QL(30 ml daily); MO; +
MYSOLINE ( <i>Use Primidone</i> )	4	MO; +
NEURONTIN ( <i>Use Gabapentin</i> )	4	MO; +
<i>oxcarbazepine</i>	2	MO; *; +
POTIGA 200 MG	5	QL(6 ea daily); MO
POTIGA 300 MG	4	QL(4 ea daily); MO; +
POTIGA 400 MG	4	QL(3 ea daily); MO; +
POTIGA 50 MG	5	QL(24 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>primidone tabs or 250 mg, 50 mg</i>	2	MO; *, +
TEGRETOL (Use Carbamazepine)	4	MO; +
TEGRETOL-XR 100 MG	4	MO; +
TEGRETOL-XR 200 MG, 400 MG (Use Carbamazepine)	4	MO; +
TOPAMAX (Use Topiramate)	4	MO; +
TOPAMAX SPRINKLE (Use Topiramate)	4	MO; +
<i>topiramate csp or 15 mg, 25 mg</i>	2	MO; *, +
<i>topiramate tabs or 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; *, +
TRILEPTAL (Use Oxcarbazepine)	4	MO; +
VIMPAT SOLN IV 200 MG/20ML	4	+
VIMPAT SOLN OR 10 MG/ML	4	MO; +
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	4	MO; +
ZONEGRAN (Use Zonisamide)	4	MO; +
<i>zonisamide</i>	2	MO; *, +
<b>Carbamates</b>		
<i>felbamate susp 600 mg/5ml</i>	2	MO; *, +
<i>felbamate tabs 400 mg</i>	2	MO; *, +
<i>felbamate tabs 600 mg</i>	5	MO
FELBATOL SUSP 600 MG/5ML (Use Felbamate)	4	MO; +
FELBATOL TABS 400 MG (Use Felbamate)	4	MO; +
FELBATOL TABS 600 MG (Use Felbamate)	5	MO
<b>GABA Modulators</b>		
GABITRIL 12 MG, 16 MG	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
GABITRIL 2 MG, 4 MG (Use Tiagabine HCl)	4	MO; +
SABRIL	5	LA
<i>tiagabine hcl 2 mg</i>	2	MO; *, +
<i>tiagabine hcl 4 mg</i>	1	MO; *, +
<b>Hydantoins</b>		
CEREBYX 100 MG PE/2ML (Use Fosphenytoin Sodium)	4	+
CEREBYX 500 MG PE/10ML (Use Fosphenytoin Sodium)	4	MO; +
DILANTIN-125 (Use Phenytoin)	4	MO; +
<i>fosphenytoin sodium 100 mg pe/2ml</i>	2	*, +
<i>fosphenytoin sodium 500 mg pe/10ml</i>	2	MO; *, +
PEGANONE	4	MO; +
<i>phenytoin chew or 50 mg</i>	2	MO; *, +
<i>phenytoin sodium extended</i>	2	MO; *, +
<i>phenytoin sodium soln ij</i>	2	*, +
<i>phenytoin susp or 125 mg/5ml</i>	2	MO; *, +
<b>Succinimides</b>		
CELONTIN	4	MO; +
<i>ethosuximide caps or 250 mg</i>	1	MO; *, +
<i>ethosuximide soln or 250 mg/5ml</i>	2	MO; *, +
ZARONTIN 250 MG (Use Ethosuximide)	4	MO; +
<b>Valproic Acid</b>		
DEPACON (Use Valproate Sodium)	4	+
DEPAKENE (Use Valproate Sodium)	4	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
DEPAKENE (Use Valproic Acid)	4	MO; +
DEPAKOTE (Use Divalproex Sodium)	4	MO; +
DEPAKOTE ER (Use Divalproex Sodium)	4	MO; +
DEPAKOTE SPRINKLES (Use Divalproex Sodium)	4	MO; +
divalproex sodium	2	MO; *; +
valproate sodium soln iv 100 mg/ml, 500 mg/5ml	2	*; +
valproate sodium soln or 250 mg/5ml	2	MO; *; +
valproate sodium syrp or 250 mg/5ml	2	MO; *; +
valproic acid caps or	2	MO; *; +
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
mirtazapine	2	MO; *; +
REMERON (Use Mirtazapine)	NF	MO
REMERON SOLTAB (Use Mirtazapine)	NF	MO
<b>Antidepressants - Misc.</b>		
APLENZIN 174 MG	4	ST; QL(3 ea daily); MO; +
APLENZIN 348 MG, 522 MG	4	ST; QL(1 ea daily); MO; +
bupropion hcl tabs or 100 mg	2	QL(4.5 ea daily); MO; *; +
bupropion hcl tabs or 75 mg	2	QL(6 ea daily); MO; *; +
bupropion hcl tb12 or 100 mg	2	QL(4 ea daily); MO; *; +
bupropion hcl tb12 or 150 mg, 200 mg	2	QL(2 ea daily); MO; *; +
bupropion hcl tb24 or 150 mg	2	QL(3 ea daily); MO; *; +
bupropion hcl tb24 or 300 mg	2	QL(1 ea daily); MO; *; +
FORFIVO XL	4	ST; MO; +

Drug Name	Drug Tier	Requirements/Limits
maprotiline hcl 25 mg, 50 mg	1	MO; *; +
maprotiline hcl 75 mg	2	MO; *; +
WELLBUTRIN 100 MG (Use Bupropion HCl)	NF	QL(4.5 ea daily); MO
WELLBUTRIN 75 MG (Use Bupropion HCl)	NF	QL(6 ea daily); MO
WELLBUTRIN SR 100 MG (Use Bupropion HCl)	NF	QL(4 ea daily); MO
WELLBUTRIN SR 150 MG, 200 MG (Use Bupropion HCl)	NF	QL(2 ea daily); MO
WELLBUTRIN XL 150 MG (Use Bupropion HCl)	NF	QL(3 ea daily); MO
WELLBUTRIN XL 300 MG (Use Bupropion HCl)	NF	QL(1 ea daily); MO
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM	5	MO
MARPLAN	4	MO; +
NARDIL (Use Phenelzine Sulfate)	NF	MO
PARNATE (Use Tranylcypromine Sulfate)	5	MO
phenelzine sulfate tabs or	2	MO; *; +
tranylcypromine sulfate	2	MO; *; +
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA 10 MG (Use Citalopram Hydrobromide)	NF	QL(4 ea daily); MO
CELEXA 20 MG (Use Citalopram Hydrobromide)	NF	QL(2 ea daily); MO
CELEXA 40 MG (Use Citalopram Hydrobromide)	NF	QL(1 ea daily); MO
citalopram hydrobromide soln 10 mg/5ml	2	QL(20 ml daily); MO; *; +
citalopram hydrobromide tabs 10 mg	1	QL(4 ea daily); MO; *; +
citalopram hydrobromide tabs 20 mg	1	QL(2 ea daily); MO; *; +
citalopram hydrobromide tabs 40 mg	1	QL(1 ea daily); MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate</i>	2	MO; *; +
<i>fluoxetine hcl caps or 10 mg, 20 mg, 40 mg</i>	2	MO; *; +
<i>fluoxetine hcl cpdr or 90 mg</i>	2	MO; *; +
<i>fluoxetine hcl soln or 20 mg/5ml</i>	2	MO; *; +
<i>fluoxetine hcl tabs or 10 mg, 20 mg</i>	2	MO; *; +
FLUOXETINE HCL TABS OR 60 MG	4	MO; +
<i>fluvoxamine maleate</i>	2	MO; *; +
LEXAPRO (Use Escitalopram Oxalate)	NF	MO
LUVOX CR (Use Fluvoxamine Maleate)	NF	MO
<i>paroxetine hcl</i>	2	MO; *; +
PAXIL CR (Use Paroxetine HCl)	NF	MO
PAXIL SUSP 10 MG/5ML	4	MO; +
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use Paroxetine HCl)	NF	MO
PEXEVA	4	ST; MO; +
PROZAC (Use Fluoxetine HCl)	NF	MO
PROZAC WEEKLY (Use Fluoxetine HCl)	NF	MO
<i>sertraline hcl conc or 20 mg/ml</i>	2	MO; *; +
<i>sertraline hcl tabs or 100 mg, 25 mg, 50 mg</i>	1	MO; *; +
ZOLOFT (Use Sertraline HCl)	NF	MO
<b>Serotonin Modulators</b>		
BRINTELLIX 10 MG	4	ST; QL(2 ea daily); MO; +
BRINTELLIX 20 MG	4	ST; QL(1 ea daily); MO; +
BRINTELLIX 5 MG	4	ST; QL(4 ea daily); MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl</i>	2	MO; *; +
OLEPTRO	4	MO; +
<i>trazodone hcl tabs or 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO; *; +
VIIBRYD	4	ST; MO; +
VIIBRYD STARTER PACK	4	ST; +
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA (Use Duloxetine HCl)	NF	MO
DESVENLAFAXINE ER 100 MG, 50 MG	4	ST; MO; +
DESVENLAFAXINE ER 100 MG, 50 MG	4	ST; Fumarate; +
<i>duloxetine hcl 20 mg, 30 mg, 60 mg</i>	2	MO; *; +
EFFEXOR XR 150 MG (Use Venlafaxine HCl)	NF	QL(1 ea daily); MO
EFFEXOR XR 37.5 MG (Use Venlafaxine HCl)	NF	QL(6 ea daily); MO
EFFEXOR XR 75 MG (Use Venlafaxine HCl)	NF	QL(3 ea daily); MO
FETZIMA 120 MG, 40 MG, 80 MG	4	ST; QL(1 ea daily); MO; +
FETZIMA 20 MG	4	ST; QL(2 ea daily); MO; +
FETZIMA TITRATION PACK	4	ST; MO; +
KHEDEZLA	4	ST; MO; +
PRISTIQ	4	ST; MO; +
<i>venlafaxine hcl cp24 150 mg</i>	2	QL(1 ea daily); MO; *; +
<i>venlafaxine hcl cp24 37.5 mg</i>	2	QL(6 ea daily); MO; *; +
<i>venlafaxine hcl cp24 75 mg</i>	2	QL(3 ea daily); MO; *; +
VENLAFAXINE HCL ER	4	ST; QL(1 ea daily); MO; +
<i>venlafaxine hcl tabs 100 mg</i>	2	QL(3.5 ea daily); MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tabs 25 mg</i>	2	QL(15 ea daily); MO; *, +
<i>venlafaxine hcl tabs 37.5 mg</i>	2	QL(10 ea daily); MO; *, +
<i>venlafaxine hcl tabs 50 mg</i>	2	QL(7.5 ea daily); MO; *, +
<i>venlafaxine hcl tabs 75 mg</i>	2	QL(5 ea daily); MO; *, +
<i>venlafaxine hcl tb24 150 mg</i>	2	QL(1 ea daily); MO; *, +
<i>venlafaxine hcl tb24 37.5 mg</i>	2	QL(6 ea daily); MO; *, +
<i>venlafaxine hcl tb24 75 mg</i>	2	QL(3 ea daily); MO; *, +
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl</i>	2	AL; MO; *, +
<i>amoxapine 100 mg, 25 mg, 50 mg</i>	1	MO; *, +
<i>amoxapine 150 mg</i>	2	MO; *, +
<i>ANAFRANIL (Use Clomipramine HCl)</i>	NF	AL; MO
<i>clomipramine hcl caps or 25 mg, 50 mg, 75 mg</i>	2	AL; MO; *, +
<i>desipramine hcl tabs or 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; *, +
<i>doxepin hcl caps or 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	AL; MO; *, +
<i>doxepin hcl conc or 10 mg/ml</i>	2	AL; MO; *, +
<i>imipramine hcl tabs or 10 mg, 25 mg</i>	2	AL; MO; *, +
<i>imipramine hcl tabs or 50 mg</i>	2	MO; *, +
<i>imipramine pamoate</i>	2	AL; MO; *, +
<i>NORPRAMIN (Use Desipramine HCl)</i>	NF	MO
<i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; *, +
<i>nortriptyline hcl soln or 10 mg/5ml</i>	2	MO; *, +

Drug Name	Drug Tier	Requirements/Limits
<i>PAMELOR (Use Nortriptyline HCl)</i>	NF	MO
<i>protriptyline hcl</i>	1	MO; *, +
<i>SURMONTIL (Use Trimipramine Maleate)</i>	4	AL; MO; +
<i>TOFRANIL-PM (Use Imipramine Pamoate)</i>	NF	AL; MO
<i>trimipramine maleate caps or 100 mg, 25 mg, 50 mg</i>	2	AL; MO; *, +
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose</i>	6	QL(3 ea daily); MO; *, +
<i>GLYSET</i>	6	QL(3 ea daily); MO; *, +
<i>PRECOSE (Use Acarbose)</i>	NF	QL(3 ea daily); MO
<b>Antidiabetic - Amylin Analogs</b>		
<i>SYMLINPEN 120</i>	4	QL(0.4 ml daily); MO; +
<i>SYMLINPEN 60</i>	4	QL(0.4 ml daily); MO; +
<b>Antidiabetic Combinations</b>		
<i>ACTOPLUS MET (Use Pioglitazone HCl-Metformin HCl)</i>	NF	QL(3 ea daily); MO
<i>ACTOPLUS MET XR 15MG-1000MG</i>	6	QL(2 ea daily); MO; *, +
<i>ACTOPLUS MET XR 30MG-1000MG</i>	6	QL(1 ea daily); MO; *, +
<i>AVANDAMET 2MG-1000MG</i>	6	QL(2 ea daily); LA; MO; *, +
<i>AVANDAMET 2MG-500MG</i>	6	QL(4 ea daily); LA; *, +
<i>AVANDAMET 4MG-1000MG, 4MG-500MG</i>	6	QL(2 ea daily); LA; *, +
<i>AVANDARYL 4MG-1MG, 4MG-2MG</i>	6	QL(2 ea daily); LA; *, +
<i>AVANDARYL 4MG-4MG, 8MG-4MG</i>	6	QL(1 ea daily); LA; MO; *, +
<i>AVANDARYL 8MG-2MG</i>	6	QL(1 ea daily); LA; *, +

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



Drug Name	Drug Tier	Requirements/Limits
DUETACT ( <i>Use Pioglitazone HCl-Glimepiride</i> )	NF	QL(1.5 ea daily); MO
<i>glipizide-metformin hcl 2.5mg-250mg</i>	6	QL(8 ea daily); MO; *; +
<i>glipizide-metformin hcl 2.5mg-500mg, 5mg-500mg</i>	6	QL(4 ea daily); MO; *; +
GLUCOVANCE 1.25MG-250MG ( <i>Use Glyburide-Metformin</i> )	NF	AL; QL(8 ea daily); MO
GLUCOVANCE 2.5MG-500MG, 5MG-500MG ( <i>Use Glyburide-Metformin</i> )	NF	AL; QL(4 ea daily); MO
<i>glyburide-metformin 1.25mg-250mg</i>	2	AL; QL(8 ea daily); MO; *; +
<i>glyburide-metformin 2.5mg-500mg, 5mg-500mg</i>	2	AL; QL(4 ea daily); MO; *; +
INVOKAMET 150MG-1000MG, 150MG-500MG, 50MG-1000MG	3	QL(2 ea daily); MO; +
INVOKAMET 50MG-500MG	3	QL(4 ea daily); MO; +
JANUMET	6	QL(2 ea daily); MO; *; +
JANUMET XR 100MG-1000MG	6	QL(1 ea daily); MO; *; +
JANUMET XR 50MG-1000MG, 50MG-500MG	6	QL(2 ea daily); MO; *; +
JENTADUETO	6	QL(2 ea daily); MO; *; +
KAZANO	3	QL(2 ea daily); MO; +
KOMBIGLYZE XR 2.5MG-1000MG	3	QL(2 ea daily); MO; +
KOMBIGLYZE XR 5MG-1000MG, 5MG-500MG	3	QL(1 ea daily); MO; +
OSENI 12.5MG-15MG	3	QL(2 ea daily); MO; +
OSENI 12.5MG-30MG, 12.5MG-45MG, 25MG-15MG, 25MG-30MG, 25MG-45MG	3	QL(1 ea daily); MO; +
<i>pioglitazone hcl-glimepiride</i>	6	QL(1.5 ea daily); MO; *; +
<i>pioglitazone hcl-metformin hcl</i>	6	QL(3 ea daily); MO; *; +

Drug Name	Drug Tier	Requirements/Limits
PRANDIMET	6	QL(5 ea daily); MO; *; +
XIGDUO XR 10MG-1000MG, 10MG-500MG	4	QL(1 ea daily); MO; +
XIGDUO XR 5MG-1000MG, 5MG-500MG	4	QL(2 ea daily); MO; +
<b>Biguanides</b>		
FORTAMET 1000 MG ( <i>Use Metformin HCl</i> )	NF	Osmotic; QL(2 ea daily); MO
FORTAMET 500 MG ( <i>Use Metformin HCl</i> )	NF	Osmotic; QL(5 ea daily); MO
GLUCOPHAGE 1000 MG ( <i>Use Metformin HCl</i> )	NF	QL(2.5 ea daily); MO
GLUCOPHAGE 500 MG ( <i>Use Metformin HCl</i> )	NF	QL(5 ea daily); MO
GLUCOPHAGE 850 MG ( <i>Use Metformin HCl</i> )	NF	QL(3 ea daily); MO
GLUCOPHAGE XR 500 MG ( <i>Use Metformin HCl</i> )	NF	QL(4 ea daily); MO
GLUCOPHAGE XR 750 MG ( <i>Use Metformin HCl</i> )	NF	QL(2 ea daily); MO
GLUMETZA 1000 MG	6	QL(2 ea daily); MO; *; +
GLUMETZA 500 MG	6	QL(4 ea daily); MO; *; +
<i>metformin hcl tabs or 1000 mg</i>	6	QL(2.5 ea daily); MO; *; +
<i>metformin hcl tabs or 500 mg</i>	6	QL(5 ea daily); MO; *; +
<i>metformin hcl tabs or 850 mg</i>	6	QL(3 ea daily); MO; *; +
<i>metformin hcl tb24 or 1000 mg</i>	6	Osmotic; QL(2 ea daily); MO; *; +
<i>metformin hcl tb24 or 500 mg</i>	6	Osmotic; QL(5 ea daily); MO; *; +
<i>metformin hcl tb24 or 500 mg</i>	6	QL(4 ea daily); MO; *; +
<i>metformin hcl tb24 or 750 mg</i>	6	QL(2 ea daily); MO; *; +
RIOMET	6	QL(25.5 ml daily); MO; *; +
<b>Diabetic Other</b>		

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

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT	3	MO; +
<i>glucagon (rdna)</i>	1	MO; *; +
PROGLYCEM	4	MO; +
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
JANUVIA	6	MO; *; +
NESINA	3	MO; +
ONGLYZA	3	MO; +
TRADJENTA	6	MO; *; +
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET	4	QL(6 ea daily); MO; +
<b>Incretin Mimetic Agents (GLP-1 Receptor)</b>		
BYDUREON	6	ST; MO; *; +
BYETTA	6	ST; MO; *; +
TANZEUM	4	ST; MO; +
TRULICITY	4	ST; MO; +
VICTOZA	6	ST; MO; *; +
<b>Insulin Sensitizing Agents</b>		
ACTOS 15 MG ( <i>Use Pioglitazone HCl</i> )	NF	QL(3 ea daily); MO
ACTOS 30 MG, 45 MG ( <i>Use Pioglitazone HCl</i> )	NF	QL(1 ea daily); MO
AVANDIA 2 MG	6	QL(4 ea daily); LA; MO; *; +
AVANDIA 4 MG	6	QL(2 ea daily); LA; MO; *; +
AVANDIA 8 MG	6	QL(1 ea daily); LA; MO; *; +
<i>pioglitazone hcl 15 mg</i>	6	QL(3 ea daily); MO; *; +
<i>pioglitazone hcl 30 mg, 45 mg</i>	6	QL(1 ea daily); MO; *; +
<b>Insulin</b>		

Drug Name	Drug Tier	Requirements/Limits
AFREZZA	4	QL(3 ea daily); MO; +
APIDRA	4	QL(1.5 ml daily); MO; +
APIDRA SOLOSTAR	4	QL(1.5 ml daily); MO; +
HUMALOG	3	QL(1.5 ml daily); MO; +
HUMALOG KWIKPEN	3	QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50	3	QL(1.5 ml daily); MO; +
HUMALOG MIX 50/50 KWIKPEN	3	QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25	3	QL(1.5 ml daily); MO; +
HUMALOG MIX 75/25 KWIKPEN	3	QL(1.5 ml daily); MO; +
HUMULIN 70/30	3	QL(1.5 ml daily); MO; +
HUMULIN 70/30 KWIKPEN	3	QL(1.5 ml daily); MO; +
HUMULIN 70/30 PEN	3	QL(1.5 ml daily); MO; +
HUMULIN N	3	QL(1.5 ml daily); MO; +
HUMULIN N KWIKPEN	3	QL(1.5 ml daily); MO; +
HUMULIN N U-100 PEN	3	QL(1.5 ml daily); MO; +
HUMULIN R	3	QL(1.5 ml daily); MO; +
HUMULIN R U-500 ( <i>CONCENTRATED</i> )	3	QL(1.5 ml daily); MO; +
LANTUS	3	QL(1.5 ml daily); MO; +
LANTUS SOLOSTAR	3	QL(1.5 ml daily); MO; +
LEVEMIR	3	QL(1.5 ml daily); MO; +
LEVEMIR FLEXPEN	3	QL(1.5 ml daily); MO; +
LEVEMIR FLEXTOUCH	3	QL(1.5 ml daily); MO; +
NOVOLIN 70/30	4	QL(1.5 ml daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 RELION	4	QL(1.5 ml daily); MO; +
NOVOLIN N	4	QL(1.5 ml daily); MO; +
NOVOLIN N RELION	4	QL(1.5 ml daily); MO; +
NOVOLIN R	4	QL(1.5 ml daily); MO; +
NOVOLIN R RELION	4	QL(1.5 ml daily); MO; +
NOVOLOG	4	QL(1.5 ml daily); MO; +
NOVOLOG FLEXPEN	4	QL(1.5 ml daily); MO; +
NOVOLOG MIX 70/30	4	QL(1.5 ml daily); MO; +
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	QL(1.5 ml daily); MO; +
NOVOLOG PENFILL	4	QL(1.5 ml daily); MO; +
TOUJEO SOLOSTAR	3	Limit 15mL per month; QL(0.5 ml daily); MO; +
<b>Meglitinide Analogues</b>		
<i>nateglinide</i>	6	QL(3 ea daily); MO; *; +
PRANDIN 0.5 MG ( <i>Use Repaglinide</i> )	NF	QL(32 ea daily); MO
PRANDIN 1 MG ( <i>Use Repaglinide</i> )	NF	QL(16 ea daily); MO
PRANDIN 2 MG ( <i>Use Repaglinide</i> )	NF	QL(8 ea daily); MO
<i>repaglinide 0.5 mg</i>	6	QL(32 ea daily); MO; *; +
<i>repaglinide 1 mg</i>	6	QL(16 ea daily); MO; *; +
<i>repaglinide 2 mg</i>	6	QL(8 ea daily); MO; *; +
STARLIX ( <i>Use Nateglinide</i> )	NF	QL(3 ea daily); MO
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
FARXIGA	4	MO; +
INVOKANA	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE 10 MG	3	QL(2 ea daily); MO; +
JARDIANCE 25 MG	3	QL(1 ea daily); MO; +
<b>Sulfonylureas</b>		
AMARYL 1 MG ( <i>Use Glimepiride</i> )	NF	QL(8 ea daily); MO
AMARYL 2 MG ( <i>Use Glimepiride</i> )	NF	QL(4 ea daily); MO
AMARYL 4 MG ( <i>Use Glimepiride</i> )	NF	QL(2 ea daily); MO
<i>chlorpropamide 100 mg</i>	2	AL; QL(7.5 ea daily); MO; *; +
<i>chlorpropamide 250 mg</i>	2	AL; QL(3 ea daily); MO; *; +
DIABETA 1.25 MG ( <i>Use Glyburide</i> )	4	AL; QL(16 ea daily); MO; +
DIABETA 2.5 MG ( <i>Use Glyburide</i> )	4	AL; QL(8 ea daily); MO; +
DIABETA 5 MG ( <i>Use Glyburide</i> )	4	AL; MO; +
<i>glimepiride 1 mg</i>	6	QL(8 ea daily); MO; *; +
<i>glimepiride 2 mg</i>	6	QL(4 ea daily); MO; *; +
<i>glimepiride 4 mg</i>	6	QL(2 ea daily); MO; *; +
<i>glipizide tabs or 10 mg</i>	6	QL(4 ea daily); MO; *; +
<i>glipizide tabs or 5 mg</i>	6	QL(8 ea daily); MO; *; +
<i>glipizide tb24 or 10 mg</i>	6	QL(2 ea daily); MO; *; +
<i>glipizide tb24 or 2.5 mg</i>	6	QL(8 ea daily); MO; *; +
<i>glipizide tb24 or 5 mg</i>	6	QL(4 ea daily); MO; *; +
GLUCOTROL 10 MG ( <i>Use Glipizide</i> )	NF	QL(4 ea daily); MO
GLUCOTROL 5 MG ( <i>Use Glipizide</i> )	NF	QL(8 ea daily); MO
GLUCOTROL XL 10 MG ( <i>Use Glipizide</i> )	NF	QL(2 ea daily); MO
GLUCOTROL XL 2.5 MG ( <i>Use Glipizide</i> )	NF	QL(8 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL 5 MG (Use Glipizide)	NF	QL(4 ea daily); MO
<i>glyburide 1.25 mg</i>	2	AL; QL(16 ea daily); MO; *; +
<i>glyburide 2.5 mg</i>	2	AL; QL(8 ea daily); MO; *; +
<i>glyburide 5 mg</i>	2	AL; QL(4 ea daily); MO; *; +
<i>glyburide micronized 1.5 mg</i>	2	AL; QL(8 ea daily); MO; *; +
<i>glyburide micronized 3 mg</i>	2	AL; QL(4 ea daily); MO; *; +
<i>glyburide micronized 6 mg</i>	2	AL; QL(2 ea daily); MO; *; +
GLYNASE 1.5 MG (Use Glyburide Micronized)	NF	AL; QL(8 ea daily); MO
GLYNASE 3 MG (Use Glyburide Micronized)	NF	AL; QL(4 ea daily); MO
GLYNASE 6 MG (Use Glyburide Micronized)	NF	AL; QL(2 ea daily); MO
<i>tolazamide 250 mg</i>	6	QL(4 ea daily); MO; *; +
TOLAZAMIDE 500 MG	6	QL(2 ea daily); MO; *; +
TOLBUTAMIDE	6	QL(6 ea daily); MO; *; +
<b>ANTIDIARRHEALS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
FULYZAQ	4	PA; QL(2 ea daily); MO; +
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine</i>	2	MO; *; +
LOMOTIL (Use Diphenoxylate w/ Atropine)	NF	MO
<i>loperamide hcl caps or 2 mg</i>	2	RX/OTC; MO; *; +
MOTOFEN	4	MO; +
<i>opium tincture</i>	5	MO
<b>ANTIDOTES - Drugs to Treat Overdose or Toxicity</b>		
<b>Antidotes - Chelating Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
CHEMET	4	MO; +
EXJADE	5	LA
JADENU	5	
<b>Opioid Antagonists</b>		
EVZIO	4	PA; MO; +
<i>naloxone hcl soln ij 1 mg/ml</i>	2	MO; *; +
<i>naltrexone hcl tabs or</i>	1	MO; *; +
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<i>granisetron hcl tabs or 1 mg</i>	1	MO; B/D; *; +
<i>ondansetron</i>	2	MO; B/D; *; +
<i>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</i>	2	MO; *; +
<i>ondansetron hcl soln or 4 mg/5ml</i>	2	MO; B/D; *; +
<i>ondansetron hcl tabs or 24 mg, 4 mg, 8 mg</i>	2	MO; B/D; *; +
SANCUSO	5	MO
ZOFRAN ODT (Use Ondansetron)	NF	MO; B/D
ZOFRAN SOLN IJ 40 MG/20ML (Use Ondansetron HCl)	NF	MO
ZOFRAN SOLN OR 4 MG/5ML (Use Ondansetron HCl)	NF	MO; B/D
ZOFRAN TABS OR 4 MG, 8 MG (Use Ondansetron HCl)	NF	MO; B/D
<b>Antiemetics - Anticholinergic</b>		
<i>dimenhydrinate soln ij 50 mg/ml</i>	2	*; +
<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	2	RX/OTC; MO; *; +
TIGAN 300 MG (Use Trimethobenzamide HCl)	NF	AL; MO

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

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP	4	MO; +
<i>trimethobenzamide hcl caps or 300 mg</i>	2	AL; MO; *; +
<i>trimethobenzamide hcl soln im 100 mg/ml</i>	1	AL; MO; *; +
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO	4	MO; B/D; +
CESAMET	4	MO; B/D; +
<i>dronabinol 10 mg</i>	5	MO; B/D
<i>dronabinol 2.5 mg, 5 mg</i>	2	MO; B/D; *; +
MARINOL 10 MG, 5 MG (Use <i>Dronabinol</i> )	5	MO; B/D
MARINOL 2.5 MG (Use <i>Dronabinol</i> )	NF	MO; B/D
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
EMEND CAPS OR 125 MG, 80 MG	4	MO; B/D; +
EMEND CAPS OR 40 MG	4	PA; MO; +
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
ERAXIS 100 MG	4	+
MYCAMINE 100 MG	5	MO
<b>Antifungals</b>		
ABELCET	5	
AMBISOME	5	
<i>amphotericin b solr ij 50 mg</i>	1	MO; *; +
ANCOBON (Use <i>Flucytosine</i> )	NF	MO
<i>flucytosine</i>	2	MO; *; +
GRIS-PEG (Use <i>Griseofulvin Ultramicrosize</i> )	NF	MO
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize tabs 500 mg</i>	1	MO; *; +
<i>griseofulvin ultramicrosize</i>	1	MO; *; +
LAMISIL PACK 125 MG, 187.5 MG	3	PA; MO; +
LAMISIL TABS 250 MG (Use <i>Terbinafine HCl</i> )	NF	MO
<i>nystatin tabs or</i>	1	MO; *; +
<i>terbinafine hcl tabs or</i>	2	MO; *; +
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS OR 186 MG	5	MO
CRESEMBA SOLR IV 372 MG	5	
DIFLUCAN (Use <i>Fluconazole</i> )	NF	MO
<i>fluconazole in dextrose</i>	2	*; +
<i>fluconazole in nacl</i>	1	*; +
<i>fluconazole susr or 10 mg/ml, 40 mg/ml</i>	2	MO; *; +
<i>fluconazole tabs or 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO; *; +
<i>itraconazole caps or</i>	1	MO; *; +
<i>ketoconazole tabs or</i>	2	MO; *; +
NOXAFIL SOLN IV 300 MG/16.7ML	5	
NOXAFIL SUSP OR 40 MG/ML	5	MO
NOXAFIL TBEC OR 100 MG	5	MO
ONMEL	4	MO; +
SPORANOX CAPS 100 MG (Use <i>Itraconazole</i> )	NF	MO
SPORANOX PULSEPAK (Use <i>Itraconazole</i> )	NF	MO
SPORANOX SOLN 10 MG/ML	5	MO
VFEND IV (Use <i>Voriconazole</i> )	NF	

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

Drug Name	Drug Tier	Requirements/Limits
VFEND TABS 200 MG, 50 MG (Use Voriconazole)	5	MO
voriconazole solr iv 200 mg	2	*; +
voriconazole tabs or 200 mg, 50 mg	5	MO
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Ethanolamines</b>		
carbinoxamine maleate	2	AL; MO; *; +
clemastine fumarate syrup or 0.67 mg/5ml	2	AL; *; +
clemastine fumarate tabs or 2.68 mg	2	AL; MO; *; +
diphenhydramine hcl soln ij 50 mg/ml	1	AL; MO; *; +
<b>Antihistamines - Non-Sedating</b>		
cetirizine hcl soln 1 mg/ml	1	RX/OTC; MO; *; +
cetirizine hcl syrup 1 mg/ml, 5 mg/5ml	1	RX/OTC; MO; *; +
CLARINEX REDITABS 5 MG (Use Desloratadine)	NF	MO
CLARINEX TABS 5 MG (Use Desloratadine)	NF	MO
desloratadine tabs 5 mg	2	MO; *; +
desloratadine tbdp 5 mg	2	MO; *; +
levocetirizine dihydrochloride	2	MO; *; +
XYZAL (Use Levocetirizine Dihydrochloride)	NF	MO
<b>Antihistamines - Phenothiazines</b>		
promethazine hcl soln ij 25 mg/ml, 50 mg/ml	2	AL; MO; *; +
promethazine hcl soln or 6.25 mg/5ml	2	AL; MO; *; +
promethazine hcl supp re 12.5 mg, 25 mg, 50 mg	2	AL; MO; *; +
promethazine hcl syrup or 6.25 mg/5ml	2	AL; MO; *; +
promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg	2	AL; MO; *; +

Drug Name	Drug Tier	Requirements/Limits
<b>Antihistamines - Piperidines</b>		
cyproheptadine hcl syrup or 2 mg/5ml	2	AL; MO; *; +
cyproheptadine hcl tabs or 4 mg	2	AL; MO; *; +
<b>ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
LIPTRUZET	3	+
VYTORIN 10MG-10MG	3	QL(8 ea daily); MO; +
VYTORIN 10MG-20MG	3	QL(4 ea daily); MO; +
VYTORIN 40MG-10MG	3	QL(2 ea daily); MO; +
VYTORIN 80MG-10MG	3	PA; QL(1 ea daily); MO; +
<b>Antihyperlipidemics - Misc.</b>		
KYNAMRO	5	PA; LA
LOVAZA (Use Omega-3-acid Ethyl Esters)	4	MO; +
omega-3-acid ethyl esters	2	MO; *; +
VASCEPA	4	MO; +
<b>Bile Acid Sequestrants</b>		
cholestyramine light	1	MO; *; +
cholestyramine pack or 4 gm	2	MO; *; +
cholestyramine powd or 4 gm/dose	2	Powder Canister; MO; *; +
COLESTID (Use Colestipol HCl)	NF	MO
COLESTID FLAVORED GRAN 5 GM (Use Colestipol HCl)	NF	MO
colestipol hcl gran 5 gm	1	MO; *; +
colestipol hcl pack 5 gm	2	MO; *; +
colestipol hcl tabs 1 gm	1	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
WELCHOL	4	MO; +
<b>Fibric Acid Derivatives</b>		
ANTARA 130 MG ( <i>Use Fenofibrate Micronized</i> )	NF	QL(1 ea daily); MO
ANTARA 30 MG	4	QL(3 ea daily); MO; +
ANTARA 43 MG ( <i>Use Fenofibrate Micronized</i> )	NF	QL(3 ea daily); MO
ANTARA 90 MG	4	QL(1 ea daily); MO; +
<i>choline fenofibrate</i>	2	MO; *; +
FENOFIBRATE CAPS 150 MG, 50 MG	4	MO; +
<i>fenofibrate micronized 130 mg</i>	2	QL(1 ea daily); MO; *; +
<i>fenofibrate micronized 134 mg, 200 mg, 67 mg</i>	1	MO; *; +
<i>fenofibrate micronized 43 mg</i>	2	QL(3 ea daily); MO; *; +
FENOFIBRATE TABS 120 MG, 40 MG	4	MO; +
<i>fenofibrate tabs 145 mg, 48 mg</i>	2	MO; *; +
<i>fenofibrate tabs 160 mg, 54 mg</i>	1	MO; *; +
FENOGLIDE	4	MO; +
<i>gemfibrozil tabs or</i>	1	MO; *; +
LIPOFEN	4	MO; +
LOPID ( <i>Use Gemfibrozil</i> )	NF	MO
TRICOR ( <i>Use Fenofibrate</i> )	NF	MO
TRILIPIX ( <i>Use Choline Fenofibrate</i> )	NF	MO
<b>HMG CoA Reductase Inhibitors</b>		
ADVICOR	4	MO; +
ALTOPREV	4	MO; +
<i>atorvastatin calcium</i>	6	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
CRESTOR	4	ST; MO; +
<i>fluvastatin sodium caps 20 mg, 40 mg</i>	6	MO; *; +
<i>fluvastatin sodium tb24 80 mg</i>	2	MO; *; +
LESCOL ( <i>Use Fluvastatin Sodium</i> )	NF	MO
LESCOL XL ( <i>Use Fluvastatin Sodium</i> )	4	MO; +
LIPITOR ( <i>Use Atorvastatin Calcium</i> )	NF	MO
LIVALO	4	MO; +
<i>lovastatin</i>	6	MO; *; +
MEVACOR ( <i>Use Lovastatin</i> )	NF	MO
PRAVACHOL ( <i>Use Pravastatin Sodium</i> )	NF	MO
<i>pravastatin sodium</i>	6	MO; *; +
SIMCOR 20MG-1000MG, 20MG-500MG, 20MG-750MG	4	QL(2 ea daily); MO; +
SIMCOR 40MG-1000MG, 40MG-500MG	4	QL(1 ea daily); MO; +
<i>simvastatin tabs or 10 mg</i>	6	QL(8 ea daily); MO; *; +
<i>simvastatin tabs or 20 mg</i>	6	QL(4 ea daily); MO; *; +
<i>simvastatin tabs or 40 mg</i>	6	QL(2 ea daily); MO; *; +
<i>simvastatin tabs or 5 mg</i>	6	QL(16 ea daily); MO; *; +
<i>simvastatin tabs or 80 mg</i>	6	QL(1 ea daily); MO; *; +
ZOCOR 10 MG ( <i>Use Simvastatin</i> )	NF	QL(8 ea daily); MO
ZOCOR 20 MG ( <i>Use Simvastatin</i> )	NF	QL(4 ea daily); MO
ZOCOR 40 MG ( <i>Use Simvastatin</i> )	NF	QL(2 ea daily); MO
ZOCOR 5 MG ( <i>Use Simvastatin</i> )	NF	QL(16 ea daily); MO

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

Drug Name	Drug Tier	Requirements/Limits
ZOCOR 80 MG ( <i>Use Simvastatin</i> )	NF	QL(1 ea daily); MO
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
ZETIA	3	MO; +
<b>Microsomal Triglyceride Transfer Protein (MTP)</b>		
JUXTAPID 10 MG	5	PA; QL(6 ea daily); LA
JUXTAPID 20 MG	5	PA; QL(3 ea daily); LA
JUXTAPID 30 MG	5	PA; QL(2 ea daily); LA
JUXTAPID 40 MG, 60 MG	5	PA; QL(1 ea daily); LA
JUXTAPID 5 MG	5	PA; QL(12 ea daily); LA
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tabs 500 mg</i>	1	MO; *; +
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	2	MO; *; +
NIASPAN ( <i>Use Niacin (Antihyperlipidemic)</i> )	NF	MO
<b>Proprotein Convertase Subtilisin/Kexin Type 9</b>		
PRALUENT SOPN 150 MG/ML	5	PA; QL(0.08 ml daily); MO
PRALUENT SOPN 75 MG/ML	5	PA; QL(0.15 ml daily); MO
PRALUENT SOSY 150 MG/ML	5	PA; QL(0.08 ml daily); MO
PRALUENT SOSY 75 MG/ML	5	PA; QL(0.15 ml daily); MO
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL ( <i>Use Quinapril HCl</i> )	NF	MO
ACEON 4 MG ( <i>Use Perindopril Erbumine</i> )	NF	QL(4 ea daily); MO
ACEON 8 MG ( <i>Use Perindopril Erbumine</i> )	NF	QL(2 ea daily); MO
ALTACE ( <i>Use Ramipril</i> )	NF	MO

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tabs or 10 mg, 20 mg, 40 mg, 5 mg</i>	6	MO; *; +
<i>captopril tabs or 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	MO; *; +
<i>enalapril maleate tabs or 10 mg</i>	6	QL(4 ea daily); MO; *; +
<i>enalapril maleate tabs or 2.5 mg</i>	6	QL(16 ea daily); MO; *; +
<i>enalapril maleate tabs or 20 mg</i>	6	QL(2 ea daily); MO; *; +
<i>enalapril maleate tabs or 5 mg</i>	6	QL(8 ea daily); MO; *; +
<i>enalaprilat</i>	6	*; +
<i>fosinopril sodium</i>	6	MO; *; +
<i>lisinopril tabs or 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	MO; *; +
LOTENSIN ( <i>Use Benazepril HCl</i> )	NF	MO
MAVIK ( <i>Use Trandolapril</i> )	NF	MO
<i>moexipril hcl</i>	6	MO; *; +
<i>perindopril erbumine 2 mg</i>	6	QL(8 ea daily); MO; *; +
<i>perindopril erbumine 4 mg</i>	6	QL(4 ea daily); MO; *; +
<i>perindopril erbumine 8 mg</i>	6	QL(2 ea daily); MO; *; +
PRINIVIL ( <i>Use Lisinopril</i> )	NF	MO
<i>quinapril hcl</i>	6	MO; *; +
<i>ramipril</i>	6	MO; *; +
<i>trandolapril</i>	6	MO; *; +
UNIVASC ( <i>Use Moexipril HCl</i> )	NF	MO
VASOTEC 10 MG ( <i>Use Enalapril Maleate</i> )	NF	QL(4 ea daily); MO
VASOTEC 2.5 MG ( <i>Use Enalapril Maleate</i> )	NF	QL(16 ea daily); MO
VASOTEC 20 MG ( <i>Use Enalapril Maleate</i> )	NF	QL(2 ea daily); MO

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



Drug Name	Drug Tier	Requirements/Limits
VASOTEC 5 MG ( <i>Use Enalapril Maleate</i> )	NF	QL(8 ea daily); MO
ZESTRIL ( <i>Use Lisinopril</i> )	NF	MO
<b>Agents for Pheochromocytoma</b>		
DEMSER	5	MO
DIBENZYLIN ( <i>Use Phenoxybenzamine HCl</i> )	4	MO; +
<i>phenoxybenzamine hcl caps or</i>	2	MO; *; +
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND ( <i>Use Candesartan Cilexetil</i> )	NF	MO
AVAPRO ( <i>Use Irbesartan</i> )	NF	MO
BENICAR	3	MO; +
<i>candesartan cilexetil</i>	6	MO; *; +
COZAAR ( <i>Use Losartan Potassium</i> )	NF	MO
DIOVAN ( <i>Use Valsartan</i> )	3	MO; +
EDARBI	4	MO; +
EPROSARTAN MESYLATE	6	MO; *; +
<i>irbesartan</i>	6	MO; *; +
<i>losartan potassium</i>	6	MO; *; +
MICARDIS ( <i>Use Telmisartan</i> )	4	MO; +
<i>telmisartan</i>	2	MO; *; +
<i>valsartan</i>	6	MO; *; +
<b>Antiadrenergic Antihypertensives</b>		
CARDURA ( <i>Use Doxazosin Mesylate</i> )	NF	MO
CATAPRES ( <i>Use Clonidine HCl</i> )	NF	MO
CATAPRES-TTS-1 ( <i>Use Clonidine HCl</i> )	NF	MO
CATAPRES-TTS-2 ( <i>Use Clonidine HCl</i> )	NF	MO

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-3 ( <i>Use Clonidine HCl</i> )	NF	MO
<i>clonidine hcl ptwk td 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	MO; *; +
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO; *; +
<i>doxazosin mesylate</i>	1	MO; *; +
<i>guanfacine hcl</i>	2	AL; MO; *; +
<i>methyldopa</i>	2	AL; MO; *; +
MINIPRESS ( <i>Use Prazosin HCl</i> )	NF	MO
<i>prazosin hcl</i>	1	MO; *; +
<i>reserpine tabs or 0.1 mg, 0.25 mg</i>	2	MO; *; +
TENEX ( <i>Use Guanfacine HCl</i> )	NF	AL; MO
<i>terazosin hcl</i>	1	MO; *; +
<b>Antihypertensive Combinations</b>		
ACCURETIC ( <i>Use Quinapril-Hydrochlorothiazide</i> )	NF	MO
<i>amlodipine besylate-benazepril hcl</i>	6	MO; *; +
<i>amlodipine besylate-valsartan</i>	2	MO; *; +
<i>amlodipine-valsartan-hydrochlorothiazide</i>	2	MO; *; +
AMTURNIDE 300MG-10MG-12.5MG, 300MG-10MG-25MG	3	+
AMTURNIDE 300MG-5MG-12.5MG, 300MG-5MG-25MG	3	MO; +
ATACAND HCT ( <i>Use Candesartan Cilexetil-Hydrochlorothiazide</i> )	NF	MO
<i>atenolol &amp; chlorthalidone</i>	1	MO; *; +
AVALIDE ( <i>Use Irbesartan-Hydrochlorothiazide</i> )	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
AZOR	3	MO; +
<i>benazepril &amp; hydrochlorothiazide</i>	6	MO; *; +
BENICAR HCT	3	MO; +
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	MO; *; +
<i>candesartan cilexetil-hydrochlorothiazide</i>	6	MO; *; +
CAPTOPRIL/HYDROCHL OROTHIAZIDE	6	MO; *; +
<i>clonidine &amp; chlorthalidone</i>	2	MO; *; +
CORZIDE (Use <i>Nadolol &amp; Bendroflumethiazide</i> )	NF	MO
DIOVAN HCT (Use <i>Valsartan-Hydrochlorothiazide</i> )	NF	MO
EDARBYCLOR	4	MO; +
<i>enalapril maleate &amp; hydrochlorothiazide</i>	6	MO; *; +
EXFORGE (Use <i>Amlodipine Besylate-Valsartan</i> )	3	MO; +
EXFORGE HCT (Use <i>Amlodipine-Valsartan-Hydrochlorothiazide</i> )	3	MO; +
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	6	MO; *; +
HYZAAR (Use <i>Losartan Potassium &amp; Hydrochlorothiazide</i> )	NF	MO
<i>irbesartan-hydrochlorothiazide</i>	6	MO; *; +
<i>lisinopril &amp; hydrochlorothiazide</i>	6	MO; *; +
LOPRESSOR HCT (Use <i>Metoprolol &amp; Hydrochlorothiazide</i> )	NF	MO
<i>losartan potassium &amp; hydrochlorothiazide</i>	6	MO; *; +
LOTENSIN HCT (Use <i>Benazepril &amp; Hydrochlorothiazide</i> )	NF	MO

Drug Name	Drug Tier	Requirements/Limits
LOTREL (Use <i>Amlodipine Besylate-Benazepril HCl</i> )	NF	MO
<i>methyl dopa &amp; hydrochlorothiazide</i>	2	AL; MO; *; +
<i>metoprolol &amp; hydrochlorothiazide 100mg-25mg, 50mg-25mg</i>	1	MO; *; +
<i>metoprolol &amp; hydrochlorothiazide 100mg-50mg</i>	2	MO; *; +
MICARDIS HCT (Use <i>Telmisartan-Hydrochlorothiazide</i> )	4	MO; +
<i>moexipril-hydrochlorothiazide</i>	6	MO; *; +
<i>nadolol &amp; bendroflumethiazide 40mg-5mg</i>	1	MO; *; +
<i>nadolol &amp; bendroflumethiazide 80mg-5mg</i>	2	MO; *; +
<i>propranolol &amp; hydrochlorothiazide</i>	1	MO; *; +
<i>quinapril-hydrochlorothiazide</i>	6	MO; *; +
TARKA 2MG-240MG, 4MG-240MG (Use <i>Trandolapril-Verapamil HCl</i> )	NF	MO
TEKAMLO 150MG-10MG	3	MO; +
TEKAMLO 150MG-5MG	3	+
TEKTURNA HCT	3	MO; +
<i>telmisartan-amlodipine</i>	2	MO; *; +
<i>telmisartan-hydrochlorothiazide</i>	2	MO; *; +
TENORETIC 100 (Use <i>Atenolol &amp; Chlorthalidone</i> )	NF	MO
TENORETIC 50 (Use <i>Atenolol &amp; Chlorthalidone</i> )	NF	MO
<i>trandolapril-verapamil hcl 2mg-240mg, 4mg-240mg</i>	1	MO; *; +
TRIBENZOR	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
TWYNSTA (Use Telmisartan-Amlodipine)	4	MO; +
UNIRETIC (Use Moexipril-Hydrochlorothiazide)	NF	MO
valsartan-hydrochlorothiazide	6	MO; *; +
VASERETIC (Use Enalapril Maleate & Hydrochlorothiazide)	NF	MO
ZESTORETIC (Use Lisinopril & Hydrochlorothiazide)	NF	MO
ZIAC (Use Bisoprolol & Hydrochlorothiazide)	NF	MO
<b>Antihypertensives - Misc.</b>		
mecamylamine hcl	2	*; +
<b>Direct Renin Inhibitors</b>		
TEKTURNA	3	MO; +
<b>Selective Aldosterone Receptor Antagonists</b>		
eplerenone 25 mg	1	MO; *; +
eplerenone 50 mg	2	MO; *; +
INSPRA (Use Eplerenone)	NF	MO
<b>Vasodilators</b>		
hydralazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg	1	MO; *; +
minoxidil tabs or 10 mg, 2.5 mg	1	MO; *; +
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
atovaquone-proguanil hcl	2	MO; *; +
COARTEM	3	MO; +
MALARONE 250MG-100MG (Use Atovaquone-Proguanil HCl)	NF	MO
MALARONE 62.5MG-25MG (Use Atovaquone-Proguanil HCl)	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
<b>Antimalarials</b>		
ARALEN (Use Chloroquine Phosphate)	NF	MO
chloroquine phosphate tabs or 250 mg, 500 mg	1	MO; *; +
DARAPRIM	4	MO; +
hydroxychloroquine sulfate tabs or	2	MO; *; +
mefloquine hcl	1	MO; *; +
PLAQUENIL (Use Hydroxychloroquine Sulfate)	NF	MO
PRIMAQUINE PHOSPHATE	4	MO; +
primaquine phosphate	2	MO; *; +
QUALAQUIN (Use Quinine Sulfate)	NF	PA; MO
quinine sulfate caps or	1	PA; MO; *; +
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
guanidine hcl	2	*; +
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	NF	MO
MESTINON TIMESPAN (Use Pyridostigmine Bromide)	4	MO; +
pyridostigmine bromide tabs or 60 mg	2	MO; *; +
pyridostigmine bromide tbc or 180 mg	2	MO; *; +
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		
isoniazid & rifampin	2	MO; *; +
RIFATER	4	MO; +
<b>Antimycobacterial Agents</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>aminosalicylic acid pack or</i>	2	MO; *; +
CAPASTAT SULFATE	4	+
<i>cycloserine</i>	2	MO; *; +
<i>ethambutol hcl tabs or 100 mg, 400 mg</i>	1	MO; *; +
<i>isoniazid soln ij 100 mg/ml</i>	2	*; +
<i>isoniazid syrp or 50 mg/5ml</i>	2	MO; *; +
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	MO; *; +
MYAMBUTOL (Use Ethambutol HCl)	NF	MO
MYCOBUTIN (Use Rifabutin)	4	MO; +
PRIFTIN	4	MO; +
<i>pyrazinamide</i>	1	MO; *; +
<i>rifabutin</i>	2	MO; *; +
RIFADIN 300 MG,600 MG (Use Rifampin)	NF	MO
<i>rifampin caps or 150 mg, 300 mg</i>	2	MO; *; +
<i>rifampin solr iv 600 mg</i>	2	MO; *; +
SIRTURO	5	
TRECTOR	4	MO; +
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN SOLR IV 50 MG (Use Melphalan HCl)	4	+
ALKERAN TABS OR 2 MG	4	MO; B/D; +
BICNU	4	+
BUSULFEX	4	+
<i>carboplatin 150 mg/15ml, 600 mg/60ml</i>	1	*; +

Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin 450 mg/45ml, 50 mg/5ml</i>	1	MO; *; +
<i>cisplatin</i>	2	*; +
<i>cyclophosphamide solr ij 1 gm, 500 mg</i>	1	MO; *; +
<i>cyclophosphamide tabs or 25 mg, 50 mg</i>	1	B/D; *; +
ELOXATIN 100 MG/20ML (Use Oxaliplatin)	NF	MO
ELOXATIN 50 MG/10ML (Use Oxaliplatin)	5	MO
GLEOSTINE	3	+
HEXALEN	5	MO
IFEX 1 GM (Use Ifosfamide)	4	+
IFEX 3 GM	4	+
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	2	*; +
<i>ifosfamide solr 1 gm</i>	2	*; +
IFOSFAMIDE SOLR 3 GM	4	+
LEUKERAN	4	MO; +
<i>lomustine</i>	2	*; +
<i>melphalan hcl</i>	2	*; +
MUSTARGEN	4	+
<i>oxaliplatin soln 100 mg/20ml</i>	2	MO; *; +
<i>oxaliplatin soln 50 mg/10ml</i>	5	MO
<i>oxaliplatin solr 100 mg, 50 mg</i>	5	
TEMODAR SOLR IV 100 MG	5	
THIOTEPA SOLR IJ	5	
TREANDA	5	
YONDELIS	5	

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

Drug Name	Drug Tier	Requirements/Limits
ZANOSAR	4	MO; +
<b>Antimetabolites</b>		
ALIMTA 100 MG	5	
ALIMTA 500 MG	5	MO
ARRANON	5	
azacitidine	5	
cladribine	2	MO; *; +
CLOLAR	4	+
cytarabine soln 100 mg/ml	1	*; +
cytarabine soln 20 mg/ml	1	Preservative Free; MO; *; +
cytarabine soln 20 mg/ml	2	MO; *; +
DACOGEN (Use Decitabine)	NF	
decitabine	2	*; +
FLUDARA (Use Fludarabine Phosphate)	4	MO; +
fludarabine phosphate solr 50 mg	2	MO; *; +
fluorouracil soln iv 1 gm/20ml	2	*; +
fluorouracil soln iv 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	2	MO; *; +
FOLOTYN	5	
GEMCITABINE	5	
gemcitabine hcl 1 gm	1	MO; *; +
gemcitabine hcl 2 gm	5	
gemcitabine hcl 200 mg	5	MO
GEMZAR 1 GM (Use Gemcitabine HCl)	NF	MO
GEMZAR 200 MG (Use Gemcitabine HCl)	5	MO

Drug Name	Drug Tier	Requirements/Limits
mercaptopurine tabs or	2	MO; *; +
methotrexate sodium soln ij 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml	1	*; +
methotrexate sodium soln ij 25 mg/ml	2	*; +
methotrexate sodium solr ij 1 gm	2	*; +
methotrexate sodium tabs or 10 mg, 15 mg, 2.5 mg	1	MO; *; +
methotrexate sodium tabs or 5 mg, 7.5 mg	2	MO; *; +
PURINETHOL (Use Mercaptopurine)	NF	MO
PURIXAN	5	
TABLOID	3	MO; +
VIDAZA (Use Azacitidine)	5	
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
AVASTIN	5	
CYRAMZA	5	LA
ZALTRAP	5	
<b>Antineoplastic - Antibodies</b>		
ARZERRA	5	
BLINCYTO	5	PA
ERBITUX	5	
GAZYVA	5	LA
HERCEPTIN	5	
KADCYLA	5	
KEYTRUDA	5	
OPDIVO	5	
PERJETA	5	

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

Drug Name	Drug Tier	Requirements/Limits
RITUXAN	5	
VECTIBIX	5	
YERVOY	5	
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
ERIVEDGE	5	LA
ODOMZO	5	PA
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>anastrozole tabs or</i>	2	MO; *; +
ARIMIDEX ( <i>Use Anastrozole</i> )	NF	MO
AROMASIN ( <i>Use Exemestane</i> )	NF	MO
<i>bicalutamide</i>	2	MO; *; +
CASODEX ( <i>Use Bicalutamide</i> )	NF	MO
DEPO-PROVERA	4	MO; +
ELIGARD	4	+
EMCYT	4	MO; +
<i>exemestane</i>	2	MO; *; +
FARESTON	5	MO
FASLODEX	5	MO
FEMARA ( <i>Use Letrozole</i> )	NF	MO
FIRMAGON 120 MG	5	
FIRMAGON 80 MG	4	+
<i>flutamide</i>	1	MO; *; +
<i>letrozole</i>	2	MO; *; +
<i>leuprolide acetate kit ij</i>	1	*; +
LUPRON DEPOT	5	

Drug Name	Drug Tier	Requirements/Limits
LYSODREN	3	MO; +
MEGACE ORAL ( <i>Use Megestrol Acetate</i> )	NF	AL; MO
<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	2	AL; MO; *; +
<i>megestrol acetate tabs or 20 mg, 40 mg</i>	2	AL; MO; *; +
NILANDRON	5	MO
SOLTAMOX	4	MO; +
<i>tamoxifen citrate tabs or 10 mg, 20 mg</i>	2	MO; *; +
TRELSTAR	5	
TRELSTAR MIXJECT	5	
VANTAS	5	
XTANDI	5	PA; LA
ZOLADEX	4	+
ZYTIGA	5	
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	5	LA
<b>Antineoplastic Antibiotics</b>		
<i>bleomycin sulfate 15 unit</i>	2	MO; *; +
<i>bleomycin sulfate 30 unit</i>	2	*; +
COSMEGEN	4	MO; +
<i>daunorubicin hcl</i>	2	*; +
DAUNOXOME	4	+
DOXIL ( <i>Use Doxorubicin HCl Liposomal</i> )	NF	
<i>doxorubicin hcl liposomal</i>	2	*; +
<i>doxorubicin hcl soln 2 mg/ml</i>	1	MO; *; +
<i>doxorubicin hcl solr 10 mg</i>	1	*; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl solr 50 mg</i>	1	MO; *; +
ELLENCÉ (Use Epirubicin HC)	4	MO; +
<i>epirubicin hcl soln 200 mg/100ml, 50 mg/25ml</i>	2	MO; *; +
IDAMYCIN PFS (Use Idarubicin HC)	4	+
<i>idarubicin hcl</i>	2	*; +
<i>mitomycin solr iv 20 mg, 40 mg, 5 mg</i>	2	MO; *; +
<i>mitoxantrone hcl</i>	2	*; +
VALSTAR	5	
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR	5	
AFINITOR DISPERZ	5	
BELEODAQ	5	
BOSULIF	5	PA
CAPRELSA	5	LA
COMETRIQ	5	
COMETRIQ	5	140 MG Dose Kit;MO
FARYDAK	5	PA; LA
GILOTRIF	5	LA
GLEEVEC	5	
IBRANCE	5	LA
ICLUSIG	5	LA
IMBRUVICA	5	PA
INLYTA	5	PA; LA
IRESSA	5	LA
ISTODAX	5	

Drug Name	Drug Tier	Requirements/Limits
JAKAFI	5	LA
LENVIMA 10MG DAILY DOSE	5	PA
LENVIMA 14MG DAILY DOSE	5	PA
LENVIMA 20MG DAILY DOSE	5	PA
LENVIMA 24MG DAILY DOSE	5	PA
LYNPARZA	5	PA; LA
MEKINIST	5	
NEXAVAR	5	LA
SPRYCEL	5	
STIVARGA	5	PA; LA
SUTENT	5	
TAFINLAR	5	
TARCEVA	5	
TASIGNA	5	
TORISEL	5	
TYKERB	5	
VELCADE	5	
VOTRIENT	5	
XALKORI	5	
ZELBORAF	5	LA
ZOLINZA	5	
ZYDELIG	5	PA
ZYKADIA	5	PA; LA
<b>Antineoplastic Enzymes</b>		
ERWINAZE	5	

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

Drug Name	Drug Tier	Requirements/Limits
ONCASPAR	5	
<b>Antineoplastics Misc.</b>		
ACTIMMUNE	5	LA
<i>bexarotene</i>	5	
<i>dacarbazine 100 mg</i>	2	*; +
<i>dacarbazine 200 mg</i>	2	MO; *; +
HYDREA ( <i>Use Hydroxyurea</i> )	NF	MO
<i>hydroxyurea caps or</i>	2	MO; *; +
INTRON A SOLN 10 MU/ML	5	
INTRON A SOLN 6000000 UNIT/ML	4	+
INTRON A SOLR 10 MU, 18 MU, 50 MU	5	
INTRON A W/DILUENT	5	
MATULANE	5	LA
NIPENT	4	+
PROLEUKIN	5	
SYLATRON	5	
SYNRIBO	5	
TARGRETIN 1 %,75 MG	5	
TARGRETIN 75 MG ( <i>Use Bexarotene</i> )	5	
THERACYS	5	MO
TICE BCG	5	MO
<i>tretinoin (chemotherapy)</i>	5	MO
TRISENOX	4	MO; +
UVADEX	4	+
<b>Chemotherapy Adjuncts</b>		

Drug Name	Drug Tier	Requirements/Limits
ELITEK	5	
KEPIVANCE	5	MO
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>amifostine crystalline</i>	2	MO; *; +
<i>dexrazoxane</i>	2	*; +
ETHYOL ( <i>Use Amifostine Crystalline</i> )	4	MO; +
FUSILEV	4	+
<i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg</i>	2	MO; *; +
<i>leucovorin calcium solr ij 50 mg, 500 mg</i>	2	*; +
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	2	MO; *; +
LEVOLEUCOVORIN	5	
<i>levoleucovorin calcium</i>	5	
<i>mesna</i>	2	MO; *; +
MESNEX SOLN IV 100 MG/ML ( <i>Use Mesna</i> )	4	MO; +
MESNEX TABS OR 400 MG	5	MO
TOTECT	4	+
ZINECARD ( <i>Use Dexrazoxane</i> )	4	+
<b>Mitotic Inhibitors</b>		
ABRAXANE	5	MO
DOCEFREZ	5	
DOCETAXEL CONC 140 MG/7ML, 20 MG/0.5ML, 20 MG/ML, 80 MG/2ML, 80 MG/4ML	5	
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	5	
DOCETAXEL SOLN 160 MG/16ML, 20 MG/2ML, 200 MG/20ML, 80 MG/8ML	5	

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



Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS	4	MO; +
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml</i>	2	MO; *; +
<i>etoposide soln iv 500 mg/25ml</i>	2	*; +
HALAVEN	5	
IXEMPRA KIT	5	
JEVTANA	5	
NAVELBINE (Use Vinorelbine Tartrate)	NF	MO
<i>paclitaxel 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml</i>	2	MO; *; +
<i>paclitaxel 150 mg/25ml</i>	2	*; +
TAXOL (Use Paclitaxel)	4	MO; +
TAXOTERE (Use Docetaxel)	5	
<i>vinblastine sulfate soln 1 mg/ml</i>	2	MO; *; +
<i>vinblastine sulfate solr 10 mg</i>	2	*; +
<i>vincristine sulfate</i>	1	MO; *; +
<i>vinorelbine tartrate</i>	2	MO; *; +
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR 100 MG/5ML, 40 MG/2ML (Use Irinotecan HCl)	4	MO; +
CAMPTOSAR 300 MG/15ML	4	+
HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl)	4	MO; +
<i>irinotecan hcl 100 mg/5ml, 40 mg/2ml</i>	2	MO; *; +
<i>irinotecan hcl 500 mg/25ml</i>	2	*; +
<i>topotecan hcl solr 4 mg</i>	2	MO; *; +
<b>ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjuvants</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa tabs or</i>	2	MO; *; +
LODOSYN (Use Carbidopa)	4	MO; +
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate soln ij 1 mg/ml</i>	2	MO; *; +
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	2	AL; MO; *; +
COGENTIN (Use Benztropine Mesylate)	4	MO; +
<i>trihexyphenidyl hcl</i>	2	AL; MO; *; +
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN (Use Entacapone)	NF	QL(8 ea daily); MO
<i>entacapone</i>	2	QL(8 ea daily); MO; *; +
TASMAR (Use Tolcapone)	4	MO; +
<i>tolcapone</i>	2	MO; *; +
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps or 100 mg</i>	2	MO; *; +
<i>amantadine hcl syrp or 50 mg/5ml</i>	2	MO; *; +
<i>amantadine hcl tabs or 100 mg</i>	2	MO; *; +
APOKYN	5	LA
<i>bromocriptine mesylate caps or 5 mg</i>	1	MO; *; +
<i>bromocriptine mesylate tabs or 2.5 mg</i>	1	MO; *; +
<i>carbidopa-levodopa</i>	2	MO; *; +
<i>carbidopa-levodopa-entacapone</i>	2	MO; *; +
DUOPA	5	B/D
MIRAPEX (Use Pramipexole Dihydrochloride)	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG (Use Pramipexole Dihydrochloride)	4	MO; +
MIRAPEX ER 2.25 MG, 3.75 MG	4	MO; +
NEUPRO	4	MO; +
PARLODEL (Use Bromocriptine Mesylate)	NF	MO
pramipexole dihydrochloride	2	MO; *; +
REQUIP (Use Ropinirole Hydrochloride)	NF	MO
REQUIP XL (Use Ropinirole Hydrochloride)	NF	MO
ropinirole hydrochloride	2	MO; *; +
RYTARY	4	MO; +
SINEMET (Use Carbidopa-Levodopa)	NF	MO
SINEMET CR (Use Carbidopa-Levodopa)	NF	MO
STALEVO 100 (Use Carbidopa-Levodopa-Entacapone)	NF	MO
STALEVO 125 (Use Carbidopa-Levodopa-Entacapone)	NF	MO
STALEVO 150 (Use Carbidopa-Levodopa-Entacapone)	NF	MO
STALEVO 200 (Use Carbidopa-Levodopa-Entacapone)	NF	MO
STALEVO 50 (Use Carbidopa-Levodopa-Entacapone)	NF	MO
STALEVO 75 (Use Carbidopa-Levodopa-Entacapone)	NF	MO
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
ELDEPRYL (Use Selegiline HCl)	4	MO; +
selegiline hcl caps or	2	MO; *; +
selegiline hcl tabs or	2	MO; *; +
ZELAPAR	4	MO; +
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
lithium	1	MO; *; +
lithium carbonate caps or 150 mg, 300 mg, 600 mg	2	MO; *; +
lithium carbonate tabs or 300 mg	2	MO; *; +
lithium carbonate tbc or 300 mg, 450 mg	2	MO; *; +
LITHOBID (Use Lithium Carbonate)	NF	MO
<b>Antipsychotics - Misc.</b>		
EQUETRO	4	MO; +
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use Ziprasidone HCl)	NF	MO
GEODON SOLR IM 20 MG	4	MO; +
LATUDA 120 MG	5	QL(1 ea daily); MO
LATUDA 20 MG	5	QL(8 ea daily); MO
LATUDA 40 MG	5	QL(4 ea daily); MO
LATUDA 60 MG	4	QL(2.67 ea daily); MO; +
LATUDA 80 MG	5	QL(2 ea daily); MO
ziprasidone hcl	2	MO; *; +
<b>Benzisoxazoles</b>		
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG	4	MO; +
FANAPT 6 MG, 8 MG	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	4	+
INVEGA 1.5 MG (Use Paliperidone)	5	QL(8 ea daily); MO
INVEGA 3 MG (Use Paliperidone)	5	QL(4 ea daily); MO
INVEGA 6 MG (Use Paliperidone)	5	QL(2 ea daily); MO
INVEGA 9 MG (Use Paliperidone)	5	QL(1 ea daily); MO
INVEGA SUSTENNA 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	5	MO
INVEGA SUSTENNA 39 MG/0.25ML, 78 MG/0.5ML	4	MO; +
INVEGA TRINZA	5	
<i>paliperidone 1.5 mg</i>	2	QL(8 ea daily); MO; *; +
<i>paliperidone 3 mg</i>	2	QL(4 ea daily); MO; *; +
<i>paliperidone 6 mg</i>	2	QL(2 ea daily); MO; *; +
<i>paliperidone 9 mg</i>	5	QL(1 ea daily); MO
RISPERDAL (Use Risperidone)	NF	MO
RISPERDAL CONSTA 12.5 MG	4	QL(0.29 ea daily); MO; +
RISPERDAL CONSTA 25 MG	4	QL(0.15 ea daily); MO; +
RISPERDAL CONSTA 37.5 MG, 50 MG	5	QL(0.08 ea daily); MO
RISPERDAL M-TAB (Use Risperidone)	NF	MO
<i>risperidone</i>	2	MO; *; +
<b>Butyrophenones</b>		
HALDOL (Use Haloperidol Lactate)	NF	MO
HALDOL DECANOATE 100 (Use Haloperidol Decanoate)	NF	MO
HALDOL DECANOATE 50 (Use Haloperidol Decanoate)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol</i>	2	MO; *; +
<i>haloperidol decanoate</i>	2	MO; *; +
<i>haloperidol lactate</i>	1	MO; *; +
<b>Dibenzapines</b>		
ADASUVE	4	+
<i>clozapine</i>	2	*; +
CLOZAPINE ODT	4	+
CLOZARIL (Use Clozapine)	NF	
FAZACLO 100 MG, 25 MG (Use Clozapine)	4	+
FAZACLO 12.5 MG, 150 MG, 200 MG	4	+
<i>loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO; *; +
<i>olanzapine</i>	2	MO; *; +
<i>quetiapine fumarate</i>	2	MO; *; +
SAPHRIS 10 MG	4	QL(2 ea daily); MO; +
SAPHRIS 2.5 MG	4	QL(8 ea daily); MO; +
SAPHRIS 5 MG	4	QL(4 ea daily); MO; +
SEROQUEL 100 MG, 200 MG, 25 MG, 50 MG (Use Quetiapine Fumarate)	NF	MO
SEROQUEL 300 MG, 400 MG (Use Quetiapine Fumarate)	5	MO
SEROQUEL XR 150 MG, 200 MG, 300 MG, 50 MG	4	PA; MO; +
SEROQUEL XR 400 MG	5	PA; MO
VERSACLOZ	5	PA; QL(18 ml daily)
ZYPREXA SOLR IM 10 MG (Use Olanzapine)	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS OR 10 MG, 2.5 MG, 5 MG, 7.5 MG (Use Olanzapine)	NF	MO
ZYPREXA TABS OR 15 MG, 20 MG (Use Olanzapine)	5	MO
ZYPREXA ZYDIS (Use Olanzapine)	NF	MO
<b>Phenothiazines</b>		
<i>chlorpromazine hcl soln ij 25 mg/ml</i>	2	MO; *, +
<i>chlorpromazine hcl soln ij 50 mg/2ml</i>	2	*, +
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; *, +
<i>fluphenazine decanoate soln ij</i>	2	MO; *, +
<i>fluphenazine hcl</i>	2	MO; *, +
<i>perphenazine tabs or 16 mg, 2 mg, 4 mg, 8 mg</i>	2	MO; *, +
<i>prochlorperazine</i>	2	MO; *, +
<i>prochlorperazine edisylate soln ij</i>	2	MO; *, +
<i>prochlorperazine maleate tabs or 10 mg, 5 mg</i>	2	MO; *, +
<i>thioridazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg</i>	2	AL; MO; *, +
<i>trifluoperazine hcl</i>	1	MO; *, +
<b>Quinolinone Derivatives</b>		
ABILIFY DISCMELT 10 MG	5	QL(3 ea daily)
ABILIFY DISCMELT 15 MG	5	QL(2 ea daily)
ABILIFY MAINTENA	5	MO
ABILIFY SOLN IM 9.75 MG/1.3ML	4	QL(4 ml daily); MO; +
ABILIFY SOLN OR 1 MG/ML	5	QL(30 ml daily); MO
ABILIFY TABS OR 10 MG (Use Aripiprazole)	5	QL(3 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
ABILIFY TABS OR 15 MG (Use Aripiprazole)	5	QL(2 ea daily); MO
ABILIFY TABS OR 2 MG (Use Aripiprazole)	5	QL(15 ea daily); MO
ABILIFY TABS OR 20 MG, 30 MG (Use Aripiprazole)	5	QL(1 ea daily); MO
ABILIFY TABS OR 5 MG (Use Aripiprazole)	5	QL(6 ea daily); MO
ARIPIPRAZOLE ODT 10 MG	5	QL(3 ea daily)
ARIPIPRAZOLE ODT 15 MG	5	QL(2 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	2	QL(30 ml daily); MO; *, +
<i>aripiprazole tabs 10 mg</i>	2	QL(3 ea daily); MO; *, +
<i>aripiprazole tabs 15 mg</i>	2	QL(2 ea daily); MO; *, +
<i>aripiprazole tabs 2 mg</i>	2	QL(15 ea daily); MO; *, +
<i>aripiprazole tabs 20 mg, 30 mg</i>	5	QL(1 ea daily); MO
<i>aripiprazole tabs 5 mg</i>	2	QL(6 ea daily); MO; *, +
REXULTI 0.25 MG	5	PA; QL(16 ea daily); MO
REXULTI 0.5 MG	5	PA; QL(8 ea daily); MO
REXULTI 1 MG	5	PA; QL(4 ea daily); MO
REXULTI 2 MG	5	PA; QL(2 ea daily); MO
REXULTI 3 MG, 4 MG	5	PA; QL(1 ea daily); MO
<b>Thioxanthenes</b>		
<i>thiothixene</i>	2	MO; *, +
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate</i>	1	MO; *, +
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	MO
APTIVUS CAPS 250 MG	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
APTIVUS SOLN 100 MG/ML	3	+
ATRIPLA	5	MO
COMBIVIR (Use Lamivudine-Zidovudine)	5	MO
COMPLERA	5	MO
CRIXIVAN	4	MO; +
<i>didanosine 125 mg</i>	2	MO; *; +
<i>didanosine 200 mg, 250 mg, 400 mg</i>	1	MO; *; +
EDURANT	5	MO
EMTRIVA	4	MO; +
EPIVIR SOLN 10 MG/ML (Use Lamivudine)	3	MO; +
EPIVIR TABS 150 MG, 300 MG (Use Lamivudine)	NF	MO
EPZICOM	5	MO
EVOTAZ	5	MO
FUZEON	5	
INTELENCE 100 MG, 200 MG	5	MO
INTELENCE 25 MG	4	+
INVIRASE	5	MO
ISENTRESS CHEW 100 MG	4	QL(6 ea daily); MO; +
ISENTRESS CHEW 25 MG	3	QL(24 ea daily); MO; +
ISENTRESS PACK 100 MG	4	QL(2 ea daily); +
ISENTRESS TABS 400 MG	5	MO
KALETRA SOLN 400MG/5ML-100MG/5ML	5	MO
KALETRA TABS 100MG-25MG	4	MO; +
KALETRA TABS 200MG-50MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine</i>	2	MO; *; +
<i>lamivudine-zidovudine</i>	5	MO
LEXIVA SUSP 50 MG/ML	3	MO; +
LEXIVA TABS 700 MG	5	MO
NEVIRAPINE SUSP 50 MG/5ML	4	MO; +
<i>nevirapine tabs 200 mg</i>	2	MO; *; +
<i>nevirapine tb24 100 mg</i>	2	*; +
<i>nevirapine tb24 400 mg</i>	2	MO; *; +
NORVIR	4	MO; +
PREZCOBIX	5	MO
PREZISTA SUSP 100 MG/ML	5	MO
PREZISTA TABS 150 MG	4	MO; +
PREZISTA TABS 400 MG	5	
PREZISTA TABS 600 MG, 800 MG	5	MO
PREZISTA TABS 75 MG	4	+
RESCRIPTOR 100 MG	3	MO; +
RESCRIPTOR 200 MG	4	MO; +
RETROVIR (Use Zidovudine)	NF	MO
RETROVIR IV INFUSION	4	+
REYATAZ CAPS 150 MG, 200 MG, 300 MG	5	MO
REYATAZ PACK 50 MG	5	
SELZENTRY	5	MO
<i>stavudine caps 15 mg</i>	2	MO; *; +
<i>stavudine caps 20 mg, 30 mg, 40 mg</i>	1	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine solr 1 mg/ml</i>	2	MO; *, +
STRIBILD	5	MO
SUSTIVA CAPS 200 MG, 50 MG	4	MO; +
SUSTIVA TABS 600 MG	5	MO
TIVICAY	5	MO
TRIUMEQ	5	MO
TRIZIVIR ( <i>Use Abacavir Sulfate-Lamivudine-Zidovudine</i> )	5	MO
TRUVADA	5	MO
TYBOST	4	MO; +
VIDEX EC ( <i>Use Didanosine</i> )	NF	MO
VIDEXPEDIATRIC	4	MO; +
VIRACEPT	5	MO
VIRAMUNE SUSP 50 MG/5ML	4	MO; +
VIRAMUNE TABS 200 MG ( <i>Use Nevirapine</i> )	NF	MO
VIRAMUNE XR 100 MG	4	+
VIRAMUNE XR 400 MG ( <i>Use Nevirapine</i> )	5	MO
VIREAD POWD 40 MG/GM	5	MO
VIREAD TABS 150 MG, 200 MG, 300 MG	5	MO
VIREAD TABS 250 MG	5	
VITEKTA	5	
ZERIT ( <i>Use Stavudine</i> )	NF	MO
ZIAGEN SOLN 20 MG/ML	3	MO; +
ZIAGEN TABS 300 MG ( <i>Use Abacavir Sulfate</i> )	NF	MO

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine caps 100 mg</i>	1	MO; *, +
<i>zidovudine syrp 50 mg/5ml</i>	2	MO; *, +
<i>zidovudine tabs 300 mg</i>	1	MO; *, +
<b>CMV Agents</b>		
<i>cidofovir</i>	5	
CYTOVENE ( <i>Use Ganciclovir Sodium</i> )	NF	MO
<i>ganciclovir sodium</i>	2	MO; *, +
VALCYTE 450 MG ( <i>Use Valganciclovir HCl</i> )	5	MO
VALCYTE 50 MG/ML	5	MO
<i>valganciclovir hcl</i>	5	MO
VISTIDE ( <i>Use Cidofovir</i> )	5	
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil</i>	5	MO
BARACLUDE SOLN 0.05 MG/ML	4	MO; +
BARACLUDE TABS 0.5 MG, 1 MG ( <i>Use Entecavir</i> )	5	MO
COPEGUS ( <i>Use Ribavirin (Hepatitis C)</i> )	NF	
<i>entecavir</i>	5	MO
EPIVIR HBV 100 MG ( <i>Use Lamivudine (HBV)</i> )	3	MO; +
EPIVIR HBV 5 MG/ML	3	MO; +
HARVONI	5	PA
HEPSERA ( <i>Use Adefovir Dipivoxil</i> )	5	MO
INCIVEK	5	PA
<i>lamivudine (hbv)</i>	2	MO; *, +
OLYSIO	5	PA
PEG-INTRON	5	

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

Drug Name	Drug Tier	Requirements/Limits
PEG-INTRON REDIPEN	5	
PEG-INTRON REDIPEN PAK 4	5	
PEGASYS	5	
PEGASYS PROCLICK	5	
PEGINTRON	5	
REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C))	NF	
REBETOL SOLN 40 MG/ML	3	+
<i>ribavirin (hepatitis c) caps 200 mg</i>	1	*; +
<i>ribavirin (hepatitis c) misc</i>	2	*; +
<i>ribavirin (hepatitis c) tabs 200 mg</i>	1	*; +
<i>ribavirin (hepatitis c) tabs 400 mg, 600 mg</i>	2	*; +
SOVALDI	5	PA
TYZEKA	5	MO
VICTRELIS	5	PA
VIEKIRA PAK	5	PA
<b>Herpes Agents</b>		
<i>acyclovir caps or 200 mg</i>	2	MO; *; +
<i>acyclovir sodium soln 50 mg/ml</i>	2	*; +
<i>acyclovir sodium solr 500 mg</i>	2	MO; *; +
<i>acyclovir susp or 200 mg/5ml</i>	2	MO; *; +
<i>acyclovir tabs or 400 mg, 800 mg</i>	2	MO; *; +
<i>famciclovir</i>	2	MO; *; +
FAMVIR (Use Famciclovir)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl tabs or 1 gm, 1000 mg, 500 mg</i>	2	MO; *; +
VALTREX (Use Valacyclovir HCl)	NF	MO
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	MO
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NF	MO
ZOVIRAX TABS OR 400 MG, 800 MG (Use Acyclovir)	NF	MO
<b>Influenza Agents</b>		
FLUMADINE (Use Rimantadine Hydrochloride)	NF	MO
RELENZA DISKHALER	4	MO; +
<i>rimantadine hydrochloride</i>	1	MO; *; +
TAMIFLU	4	MO; +
<b>Respiratory Syncytial Virus (RSV) Agents</b>		
VIRAZOLE	4	+
<b>ASSORTED CLASSES - Miscellaneous Drugs</b>		
<b>Chelating Agents</b>		
DEPEN TITRATABS	3	MO; +
SYPRINE	5	MO
<b>Enzymes</b>		
XIAFLEX	5	
<b>Immunomodulators</b>		
REVLIMID	5	LA
THALOMID	5	
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL	4	MO; B/D; +
ATGAM	4	B/D; +
<i>azathioprine tabs or 100 mg, 50 mg, 75 mg</i>	2	MO; B/D; *; +

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

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT ( <i>Use Mycophenolate Mofetil</i> )	5	MO; B/D
CELLCEPT INTRAVENOUS	4	B/D; +
<i>cyclosporine caps or 100 mg, 25 mg</i>	1	MO; B/D; *; +
<i>cyclosporine modified (for microemulsion) caps 100 mg, 25 mg, 50 mg</i>	2	MO; B/D; *; +
<i>cyclosporine soln iv 50 mg/ml</i>	2	B/D; *; +
IMURAN ( <i>Use Azathioprine</i> )	4	MO; B/D; +
<i>mycophenolate mofetil caps 250 mg</i>	2	MO; B/D; *; +
<i>mycophenolate mofetil susr 200 mg/ml</i>	5	MO; B/D
<i>mycophenolate mofetil tabs 500 mg</i>	2	MO; B/D; *; +
<i>mycophenolate sodium 180 mg</i>	2	MO; B/D; *; +
<i>mycophenolate sodium 360 mg</i>	5	MO; B/D
MYFORTIC 180 MG ( <i>Use Mycophenolate Sodium</i> )	4	MO; B/D; +
MYFORTIC 360 MG ( <i>Use Mycophenolate Sodium</i> )	5	MO; B/D
NEORAL CAPS 100 MG, 25 MG ( <i>Use Cyclosporine Modified (For Microemulsion)</i> )	4	MO; B/D; +
NULOJIX	5	B/D
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG ( <i>Use Tacrolimus</i> )	4	MO; B/D; +
PROGRAF SOLN IV 5 MG/ML	4	B/D; +
RAPAMUNE SOLN 1 MG/ML	3	MO; B/D; +
RAPAMUNE TABS 0.5 MG ( <i>Use Sirolimus</i> )	3	MO; B/D; +
RAPAMUNE TABS 1 MG, 2 MG ( <i>Use Sirolimus</i> )	5	MO; B/D

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPS OR 100 MG, 25 MG ( <i>Use Cyclosporine</i> )	4	MO; B/D; +
SANDIMMUNE SOLN IV 50 MG/ML ( <i>Use Cyclosporine</i> )	4	B/D; +
SANDIMMUNE SOLN OR 100 MG/ML	4	MO; B/D; +
SIMULECT	5	B/D
<i>sirolimus 0.5 mg, 1 mg</i>	2	MO; B/D; *; +
<i>sirolimus 2 mg</i>	5	MO; B/D
<i>tacrolimus caps or 0.5 mg, 1 mg, 5 mg</i>	2	MO; B/D; *; +
THYMOGLOBULIN	3	B/D; +
ZORTRESS 0.25 MG	3	MO; B/D; +
ZORTRESS 0.5 MG, 0.75 MG	5	MO; B/D
<b>Irrigation Solutions</b>		
<i>irrigation solutions, physiological</i>	2	*; +
<i>water for irrigation, sterile</i>	1	MO; *; +
<b>Potassium Removing Resins</b>		
KAYEXALATE ( <i>Use Sodium Polystyrene Sulfonate</i> )	NF	MO
<i>sodium polystyrene sulfonate powd or</i>	2	MO; *; +
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	2	MO; *; +
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA	5	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol 12.5 mg</i>	1	QL(8 ea daily); MO; *; +
<i>carvedilol 25 mg</i>	1	QL(4 ea daily); MO; *; +

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



Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol 3.125 mg</i>	1	QL(32 ea daily); MO; *, +
<i>carvedilol 6.25 mg</i>	1	QL(16 ea daily); MO; *, +
COREG 12.5 MG ( <i>Use Carvedilol</i> )	NF	QL(8 ea daily); MO
COREG 25 MG ( <i>Use Carvedilol</i> )	NF	QL(4 ea daily); MO
COREG 3.125 MG ( <i>Use Carvedilol</i> )	NF	QL(32 ea daily); MO
COREG 6.25 MG ( <i>Use Carvedilol</i> )	NF	QL(16 ea daily); MO
COREG CR	4	MO; +
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	MO; *, +
TRANDATE ( <i>Use Labetalol HCl</i> )	NF	MO
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	MO; *, +
<i>atenolol tabs or 100 mg, 25 mg, 50 mg</i>	1	MO; *, +
<i>betaxolol hcl 10 mg</i>	1	MO; *, +
<i>betaxolol hcl 20 mg</i>	2	MO; *, +
<i>bisoprolol fumarate</i>	1	MO; *, +
BYSTOLIC	4	MO; +
KERLONE ( <i>Use Betaxolol HCl</i> )	NF	MO
LOPRESSOR TABS OR 100 MG, 50 MG ( <i>Use Metoprolol Tartrate</i> )	NF	MO
<i>metoprolol succinate</i>	1	MO; *, +
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	MO; *, +
SECTRAL ( <i>Use Acebutolol HCl</i> )	NF	MO
TENORMIN ( <i>Use Atenolol</i> )	NF	MO
TOPROL XL ( <i>Use Metoprolol Succinate</i> )	NF	MO

Drug Name	Drug Tier	Requirements/Limits
ZEBETA ( <i>Use Bisoprolol Fumarate</i> )	NF	MO
<b>Beta Blockers Non-Selective</b>		
BETAPACE ( <i>Use Sotalol HCl</i> )	NF	tabs;MO
BETAPACE AF ( <i>Use Sotalol HCl (AFIB/AFL)</i> )	NF	MO
CORGARD ( <i>Use Nadolol</i> )	NF	MO
INDERAL LA ( <i>Use Propranolol HCl</i> )	NF	MO
INDERAL XL	4	MO; +
INNOPRAN XL	4	MO; +
LEVATOL	4	MO; +
<i>nadolol tabs or 20 mg, 40 mg, 80 mg</i>	1	MO; *, +
<i>pindolol</i>	1	MO; *, +
<i>propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO; *, +
<i>propranolol hcl soln or 20 mg/5ml</i>	1	MO; *, +
<i>propranolol hcl soln or 40 mg/5ml</i>	2	MO; *, +
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; *, +
<i>sotalol hcl</i>	1	tabs;MO; *, +
<i>sotalol hcl (afib/afI)</i>	2	MO; *, +
Sotalol Hcl IV Soln	NF	
SOTYLIZE	4	+
<i>timolol maleate tabs or 10 mg</i>	1	QL(6 ea daily); MO; *, +
<i>timolol maleate tabs or 20 mg</i>	1	QL(3 ea daily); MO; *, +
<i>timolol maleate tabs or 5 mg</i>	1	QL(12 ea daily); MO; *, +
<b>BIOLOGICALS MISC - Drugs to Treat Low Enzymes</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<b>Allergenic Extracts</b>		
GRASTEK	4	PA; MO; +
RAGWITEK	4	PA; MO; +
<b>Biologicals Misc</b>		
ADAGEN	5	LA
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
ADALAT CC (Use Nifedipine)	NF	MO
amlodipine besylate tabs or 10 mg	1	QL(1 ea daily); MO; *; +
amlodipine besylate tabs or 2.5 mg	1	QL(4 ea daily); MO; *; +
amlodipine besylate tabs or 5 mg	1	QL(2 ea daily); MO; *; +
CALAN (Use Verapamil HCl)	NF	MO
CALAN SR (Use Verapamil HCl)	NF	MO
CARDIZEM (Use Diltiazem HCl)	NF	MO
CARDIZEM CD (Use Diltiazem HCl Coated Beads)	NF	MO
CARDIZEM LA 120 MG	4	MO; +
CARDIZEM LA 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Coated Beads)	NF	MO
diltiazem hcl coated beads	1	MO; *; +
diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg	1	MO; *; +
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	MO; *; +
diltiazem hcl extended release beads	1	MO; *; +
diltiazem hcl solr iv 100 mg	2	*; +
diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg	1	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
felodipine	1	MO; *; +
nifedipine hcl caps or 20 mg, 30 mg	1	MO; *; +
nifedipine caps or 10 mg, 20 mg	2	AL; MO; *; +
nifedipine tb24 or 30 mg, 60 mg, 90 mg	1	MO; *; +
nimodipine caps or	2	MO; *; +
nisoldipine 17 mg, 25.5 mg, 34 mg, 8.5 mg	1	MO; *; +
nisoldipine 20 mg, 30 mg, 40 mg	2	MO; *; +
NORVASC 10 MG (Use Amlodipine Besylate)	NF	QL(1 ea daily); MO
NORVASC 2.5 MG (Use Amlodipine Besylate)	NF	QL(4 ea daily); MO
NORVASC 5 MG (Use Amlodipine Besylate)	NF	QL(2 ea daily); MO
NYMALIZE	5	
PROCARDIA (Use Nifedipine)	NF	AL; MO
PROCARDIA XL (Use Nifedipine)	NF	MO
SULAR (Use Nisoldipine)	NF	MO
TIAZAC (Use Diltiazem HCl Extended Release Beads)	NF	MO
verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	MO; *; +
verapamil hcl tabs or 120 mg, 40 mg, 80 mg	1	MO; *; +
verapamil hcl tbc or 120 mg, 180 mg, 240 mg	1	MO; *; +
VERELAN (Use Verapamil HCl)	NF	MO
VERELAN PM (Use Verapamil HCl)	NF	MO
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		

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

Drug Name	Drug Tier	Requirements/Limits
DIGOXIN SOLN OR 0.05 MG/ML	4	MO; +
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	2	MO; *; +
LANOXIN PEDIATRIC	4	+
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	4	MO; +
LANOXIN TABS OR 187.5 MCG, 62.5 MCG	4	MO; +
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium</i>	2	MO; *; +
BIDIL	4	MO; +
CADUET (Use Amlodipine Besylate-Atorvastatin Calcium)	4	MO; +
ENTRESTO	4	PA; MO; +
<b>Prostaglandin Vasodilators</b>		
ORENITRAM 0.125 MG	4	PA; +
ORENITRAM 0.25 MG, 1 MG, 2.5 MG	5	PA
REMODULIN	5	LA; B/D
TYVASO	5	LA; B/D
TYVASO REFILL	5	LA; B/D
TYVASO STARTER	5	LA; B/D
VENTAVIS 10 MCG/ML	3	LA; B/D; +
VENTAVIS 20 MCG/ML	5	LA; B/D
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
LETAIRIS	5	LA
OPSUMIT	5	

Drug Name	Drug Tier	Requirements/Limits
TRACLEER	5	LA
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
ADCIRCA	5	PA
REVATIO SOLN IV 10 MG/12.5ML (Use Sildenafil Citrate (Pulmonary Hypertension))	5	PA
REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	5	PA
<i>sildenafil citrate (pulmonary hypertension)</i>	5	PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
ADEMPAS 0.5 MG	5	PA; QL(15 ea daily)
ADEMPAS 1 MG	5	PA; QL(7.5 ea daily)
ADEMPAS 1.5 MG	5	PA; QL(5 ea daily)
ADEMPAS 2 MG	5	PA; QL(3.75 ea daily)
ADEMPAS 2.5 MG	5	PA; QL(3 ea daily)
<b>Sinus Node Inhibitors</b>		
CORLANOR	4	QL(2 ea daily); MO; +
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps 500 mg</i>	1	MO; *; +
<i>cefadroxil susr 250 mg/5ml</i>	2	MO; *; +
<i>cefadroxil susr 500 mg/5ml</i>	1	MO; *; +
<i>cefadroxil tabs 1 gm</i>	1	MO; *; +
<i>cefazolin in d5w</i>	1	*; +
<i>cefazolin sodium ij 1 gm, 10 gm</i>	1	MO; *; +
<i>cefazolin sodium ij 500 mg</i>	2	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium iv 1 gm</i>	2	*; +
<i>cephalexin caps 250 mg, 500 mg</i>	1	MO; *; +
<i>cephalexin caps 750 mg</i>	2	MO; *; +
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	2	MO; *; +
<i>cephalexin tabs 250 mg, 500 mg</i>	2	MO; *; +
KEFLEX 250 MG, 500 MG (Use Cephalexin)	NF	MO
KEFLEX 750 MG (Use Cephalexin)	4	MO; +
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps 250 mg, 500 mg</i>	1	MO; *; +
<i>cefaclor monohydrate</i>	1	MO; *; +
<i>cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	2	MO; *; +
<i>cefotetan disodium 1 gm, 10 gm</i>	2	*; +
<i>cefotetan disodium 2 gm</i>	1	*; +
<i>cefoxitin sodium in dextrose</i>	2	*; +
<i>cefprozil susr 125 mg/5ml</i>	2	MO; *; +
<i>cefprozil susr 250 mg/5ml</i>	1	MO; *; +
<i>cefprozil tabs 250 mg, 500 mg</i>	1	MO; *; +
CEFTIN TABS 250 MG, 500 MG (Use Cefuroxime Axetil)	NF	MO
<i>cefuroxime axetil</i>	2	MO; *; +
<i>cefuroxime sodium ij 1.5 gm</i>	1	*; +
<i>cefuroxime sodium ij 7.5 gm</i>	2	*; +
<i>cefuroxime sodium ij 750 mg</i>	1	MO; *; +
<i>cefuroxime sodium iv 7.5 gm</i>	2	*; +

Drug Name	Drug Tier	Requirements/Limits
ZINACEF SOLR IJ 1.5 GM, 7.5 GM (Use Cefuroxime Sodium)	NF	
ZINACEF SOLR IJ 750 MG (Use Cefuroxime Sodium)	NF	MO
<b>Cephalosporins - 3rd Generation</b>		
CEDAX CAPS 400 MG	4	QL(1 ea daily); MO; +
<i>cefdinir</i>	2	MO; *; +
<i>cefixime chew 100 mg</i>	2	*; +
<i>cefixime chew 200 mg</i>	2	MO; *; +
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	MO; *; +
<i>cefixime tabs 400 mg</i>	1	*; +
<i>cefotaxime sodium ij 1 gm</i>	1	MO; *; +
<i>cefotaxime sodium ij 10 gm</i>	2	MO; *; +
<i>cefotaxime sodium ij 2 gm, 500 mg</i>	2	*; +
<i>cefotaxime sodium iv 1 gm, 2 gm</i>	2	*; +
<i>cefpodoxime proxetil</i>	2	MO; *; +
<i>ceftazidime ij 1 gm, 2 gm</i>	1	MO; *; +
<i>ceftazidime ij 6 gm</i>	1	*; +
CEFTIBUTEN CAPS 400 MG	4	QL(1 ea daily); MO; +
<i>ceftriaxone sodium in dextrose 20mg/ml</i>	2	QL(200 ml daily); *; +
<i>ceftriaxone sodium in dextrose 40mg/ml</i>	2	QL(100 ml daily); *; +
<i>ceftriaxone sodium solr ij 1 gm</i>	1	QL(4 ea daily); MO; *; +
<i>ceftriaxone sodium solr ij 2 gm</i>	1	QL(2 ea daily); MO; *; +
<i>ceftriaxone sodium solr ij 250 mg</i>	1	QL(16 ea daily); MO; *; +
<i>ceftriaxone sodium solr ij 500 mg</i>	1	QL(8 ea daily); MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium solr iv 1 gm</i>	1	QL(4 ea daily); *; +
<i>ceftriaxone sodium solr iv 10 gm</i>	1	MO; *; +
<i>ceftriaxone sodium solr iv 2 gm</i>	2	QL(2 ea daily); MO; *; +
CLAFORAN IJ 1 GM, 10 GM (Use Cefotaxime Sodium)	NF	MO
CLAFORAN IJ 2 GM, 500 MG (Use Cefotaxime Sodium)	NF	
FORTAZ SOLR IJ 1 GM, 2 GM (Use Ceftazidime)	NF	MO
FORTAZ SOLR IJ 6 GM (Use Ceftazidime)	NF	
SUPRAX CAPS 400 MG	4	MO; +
SUPRAX SUSR 500 MG/5ML	4	+
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl</i>	1	MO; *; +
CEFEPIME SOLN 1 GM/50ML, 2 GM/100ML	4	+
MAXIPIME IJ 1 GM, 2 GM (Use Cefepime HCl)	4	MO; +
<b>Cephalosporins - 5th Generation</b>		
TEFLARO	4	+
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BEYAZ	4	MO; +
BREVICON-28 (Use Norethindrone & Eth Estradiol)	NF	MO
DESOGEN (Use Desogestrel & Ethinyl Estradiol)	NF	MO
<i>desogestrel &amp; ethinyl estradiol</i>	1	MO; *; +
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol</i>	1	MO; *; +
<i>ethynodiol diacet &amp; eth estrad</i>	1	MO; *; +
FEMCON FE (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	MO
GENERESS FE (Use Norethindrone & Ethinyl Estradiol-Fe)	4	MO; +
<i>levonorgestrel &amp; eth estradiol</i>	1	MO; *; +
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	MO; *; +
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	MO; *; +
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	2	MO; *; +
LO LOESTRIN FE	4	MO; +
LO MINASTRIN FE	4	+
LOSEASONIQUE (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	MO
MINASTRIN 24 FE	4	MO; +
MODICON (Use Norethindrone & Eth Estradiol)	NF	MO
<i>norethin acet &amp; estrad-fe 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	1	MO; *; +
<i>norethindrone &amp; eth estradiol 0.4mg-35mcg, 1mg-35mcg</i>	1	MO; *; +
<i>norethindrone &amp; eth estradiol 0.5mg-35mcg</i>	2	MO; *; +
<i>norethindrone &amp; ethinyl estradiol-fe</i>	2	MO; *; +
<i>norethindrone acet &amp; eth estra</i>	1	MO; *; +
<i>norethindrone-eth estradiol (biphasic)</i>	2	MO; *; +
<i>norethindrone-eth estradiol (triphasic)</i>	2	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol</i>	1	MO; *; +
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	MO; *; +
<i>norgestrel &amp; ethinyl estradiol 0.3mg-30mcg</i>	1	MO; *; +
<i>norgestrel &amp; ethinyl estradiol 0.5mg-50mcg</i>	2	MO; *; +
NORINYL 1+35 (Use Norethindrone & Eth Estradiol)	NF	MO
ORTHO TRI-CYCLEN (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NF	MO
ORTHO-CEPT (Use Desogestrel & Ethinyl Estradiol)	NF	MO
ORTHO-CYCLEN (Use Norgestimate-Ethinyl Estradiol)	NF	MO
ORTHO-NOVUM 1/35 (Use Norethindrone & Eth Estradiol)	NF	MO
ORTHO-NOVUM 7/7/7 (Use Norethindrone-Eth Estradiol (Triphasic))	NF	MO
QUARTETTE	4	MO; +
SAFYRAL	4	MO; +
SEASONIQUE (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	MO
YASMIN 28 (Use Drospirenone-Ethinyl Estradiol)	NF	MO
YAZ (Use Drospirenone-Ethinyl Estradiol)	NF	MO
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol</i>	2	MO; *; +
ORTHO EVRA (Use Norelgestromin-Ethinyl Estradiol)	3	MO; +
<b>Combination Contraceptives - Vaginal</b>		
NUVARING	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<b>Emergency Contraceptives</b>		
ELLA	3	+
<i>levonorgestrel (emergency oc) 0.75 mg</i>	1	*; +
<i>levonorgestrel (emergency oc) 1.5 mg</i>	1	RX/OTC; *; +
PLAN B ONE-STEP (Use Levonorgestrel (Emergency OC))	4	RX/OTC; +
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE (Use Medroxyprogesterone Acetate (Contraceptive))	NF	MO
DEPO-SUBQ PROVERA 104	4	MO; +
<i>medroxyprogesterone acetate (contraceptive)</i>	1	MO; *; +
<b>Progestin Contraceptives - Oral</b>		
NOR-QD (Use Norethindrone (Contraceptive))	NF	MO
<i>norethindrone (contraceptive)</i>	1	MO; *; +
ORTHO MICRONOR (Use Norethindrone (Contraceptive))	NF	MO
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>betamethasone sod phosphate &amp; ace &amp; bupivacaine &amp; lidocaine</i>	2	*; +
<i>betamethasone sod phosphate &amp; acetate</i>	1	MO; *; +
<i>betamethasone sod phosphate &amp; acetate &amp; bupivacaine hcl</i>	2	*; +
<i>betamethasone sod phosphate &amp; acetate &amp; lidocaine hcl</i>	2	*; +
<i>budesonide cp24 or</i>	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
CELESTONE-SOLUSPAN (Use Betamethasone Sod Phosphate & Acetate)	4	MO; +
CORTEF (Use Hydrocortisone)	NF	MO
cortisone acetate tabs or	1	MO; *; +
DEPO-MEDROL 20 MG/ML	4	MO; +
DEPO-MEDROL 40 MG/ML, 80 MG/ML (Use Methylprednisolone Acetate)	NF	MO
dexamethasone conc or 1 mg/ml	2	MO; *; +
dexamethasone elix or 0.5 mg/5ml	2	MO; *; +
dexamethasone sod phos & bupivacaine hcl & lidocaine hcl	2	*; +
dexamethasone sodium phosphate & bupivacaine hcl	2	*; +
dexamethasone sodium phosphate & lidocaine hcl	2	*; +
dexamethasone sodium phosphate kit ij 10 mg/ml	2	*; +
dexamethasone sodium phosphate soln ij 10 mg/ml	1	Preservative Free; MO; *; +
dexamethasone sodium phosphate soln ij 10 mg/ml, 120 mg/30ml	1	*; +
dexamethasone sodium phosphate soln ij 100 mg/10ml, 20 mg/5ml, 4 mg/ml	1	MO; *; +
dexamethasone soln or 0.5 mg/5ml	2	MO; *; +
dexamethasone tabs or 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	MO; *; +
dexamethasone tabs or 1.5 mg	2	MO; *; +
ENTOCORT EC (Use Budesonide)	5	MO
FLO-PRED	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone sod succinate	1	MO; *; +
hydrocortisone tabs or 10 mg, 20 mg, 5 mg	2	MO; *; +
KENALOG-10	4	MO; +
KENALOG-40	4	MO; +
MEDROL 16 MG, 32 MG, 4 MG, 8 MG (Use Methylprednisolone)	NF	MO
MEDROL 2 MG	3	MO; +
MEDROL DOSEPAK (Use Methylprednisolone)	NF	MO
methylprednisolone acetate susp ij 40 mg/ml, 80 mg/ml	1	MO; *; +
methylprednisolone sod succ	1	MO; *; +
methylprednisolone tabs or 16 mg, 32 mg, 4 mg, 8 mg	2	MO; *; +
ORAPRED ODT 10 MG, 15 MG, 30 MG	4	MO; +
ORAPRED ODT 10 MG, 15 MG, 30 MG (Use Prednisolone Sodium Phosphate)	4	MO; +
prednisolone	1	MO; *; +
prednisolone sodium phosphate soln or 10 mg/5ml, 20 mg/5ml, 25 mg/5ml	2	MO; *; +
prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml	1	MO; *; +
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	2	MO; *; +
prednisone conc or 5 mg/ml	2	MO; *; +
prednisone soln or 5 mg/5ml	2	MO; *; +
prednisone tabs or 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tabs or 10 mg, 5 mg</i>	2	Dose Pack;MO; *, +
RAYOS 2 MG, 5 MG	4	MO; +
SOLU-CORTEF 100 MG, 250 MG	4	MO; +
SOLU-MEDROL 1000 MG, 125 MG, 40 MG (Use <i>Methylprednisolone Sod Succ</i> )	NF	MO
SOLU-MEDROL 2 GM	4	+
UCERIS TB24 OR 9 MG	5	MO
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs or</i>	2	MO; *, +
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Cough/Cold/Allergy Combinations</b>		
CLARINEX-D 12 HOUR	4	MO; +
CLARINEX-D 24 HOUR	4	MO; +
<i>promethazine &amp; phenylephrine</i>	2	AL; MO; *, +
SEMPREX-D	4	MO; +
<b>Mucolytics</b>		
<i>acetylcysteine soln in 10 %, 20 %</i>	1	MO; B/D; *, +
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA 30 MG (Use <i>Isotretinoin</i> )	NF	
ACANYA	4	MO; +
<i>adapalene crea 0.1 %</i>	1	MO; *, +
<i>adapalene gel 0.1 %</i>	1	MO; *, +
<i>adapalene gel 0.3 %</i>	2	MO; *, +
ATRALIN (Use <i>Tretinoin</i> )	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
AZELEX	4	MO; +
BENZAACLIN (Use <i>Clindamycin Phosphate-Benzoyl Peroxide</i> )	NF	MO
BENZAACLIN WITH PUMP (Use <i>Clindamycin Phosphate-Benzoyl Peroxide</i> )	NF	MO
BENZAMYCIN (Use <i>Benzoyl Peroxide-Erythromycin</i> )	NF	MO
<i>benzoyl peroxide-erythromycin</i>	1	MO; *, +
CLEOCIN-T (Use <i>Clindamycin Phosphate (Topical)</i> )	NF	MO
<i>clindamycin phosphate &amp; cleanser</i>	2	MO; *, +
<i>clindamycin phosphate (topical)</i>	2	MO; *, +
<i>clindamycin phosphate-benzoyl peroxide</i>	1	MO; *, +
<i>clindamycin phosphate-benzoyl peroxide &amp; moisturizer</i>	2	MO; *, +
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	MO; *, +
DIFFERIN CREA 0.1 % (Use <i>Adapalene</i> )	NF	MO
DIFFERIN GEL 0.1 % (Use <i>Adapalene</i> )	NF	MO
DIFFERIN GEL 0.3 % (Use <i>Adapalene</i> )	4	MO; +
DUAC (Use <i>Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i> )	4	MO; +
EPIDUO	4	MO; +
<i>erythromycin (acne aid) gel</i>	1	MO; *, +
<i>erythromycin (acne aid) soln</i>	1	MO; *, +
EVOCLIN (Use <i>Clindamycin Phosphate (Topical)</i> )	NF	MO

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



Drug Name	Drug Tier	Requirements/Limits
FABIOR	4	QL(3.34 gm daily); MO; +
<i>isotretinoin caps or 10 mg</i>	2	*; +
<i>isotretinoin caps or 20 mg, 30 mg, 40 mg</i>	1	*; +
KLARON (Use Sulfacetamide Sodium (Acne))	NF	MO
RETIN-A (Use Tretinoin)	NF	MO
RETIN-A MICRO (Use Tretinoin Microsphere)	NF	MO
RETIN-A MICRO PUMP 0.04 %, 0.1 % (Use Tretinoin Microsphere)	NF	MO
RETIN-A MICRO PUMP 0.08 %	4	MO; +
<i>sulfacetamide sodium (acne)</i>	1	MO; *; +
<i>tretinoin crea ex 0.025 %, 0.05 %, 0.075 %, 0.1 %</i>	2	MO; *; +
<i>tretinoin crea ex 0.038 %</i>	2	*; +
<i>tretinoin gel ex 0.01 %, 0.025 %, 0.05 %</i>	2	MO; *; +
<i>tretinoin microsphere</i>	2	MO; *; +
<i>tretinoin w/ cleanser &amp; moisturizer 0.025%, 0.1%</i>	2	MO; *; +
<i>tretinoin w/ cleanser &amp; moisturizer 0.05%</i>	2	*; +
VELTIN	4	MO; +
ZIANA	4	MO; +
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN	4	MO; +
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac sodium (topical)</i>	2	MO; *; +
FLECTOR	4	PA; MO; +
PENNSAID 1.5 % (Use Diclofenac Sodium (Topical))	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
PENNSAID 2 %	4	MO; +
VOLTAREN	4	MO; +
<b>Antibiotics - Topical</b>		
ALTABAX	4	MO; +
BACTROBAN (Use Mupirocin Calcium (Topical))	NF	MO
BACTROBAN (Use Mupirocin)	NF	MO
CORTISPORIN CREA EX 10000UNIT/GM-0.5%-0.5%	3	MO; +
CORTISPORIN OINT EX 400UNIT/GM-5000UNIT/GM-0.5%-1%	3	MO; +
<i>gentamicin sulfate (topical)</i>	1	MO; *; +
<i>mupirocin calcium (topical)</i>	2	MO; *; +
<i>mupirocin oint ex</i>	2	MO; *; +
<i>neomycin-fluocinolone</i>	2	MO; *; +
<b>Antifungals - Topical</b>		
<i>ciclopirox gel 0.77 %</i>	2	MO; *; +
<i>ciclopirox kit 8 %</i>	2	MO; *; +
<i>ciclopirox olamine &amp; cleanser</i>	2	MO; *; +
<i>ciclopirox olamine crea ex</i>	2	MO; *; +
<i>ciclopirox olamine susp ex</i>	2	MO; *; +
<i>ciclopirox sham 1 %</i>	2	MO; *; +
<i>ciclopirox soln 8 %</i>	2	MO; *; +
<i>clotrimazole (topical)</i>	2	RX/OTC; MO; *; +
<i>clotrimazole w/ betamethasone</i>	2	MO; *; +
<i>econazole nitrate</i>	2	MO; *; +
EXELDERM SOLN	4	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
EXTINA (Use Ketoconazole (Topical))	NF	MO
JUBLIA	4	PA; MO; +
KERYDIN	4	PA; MO; +
<i>ketoconazole &amp; cleanser</i>	2	MO; *; +
<i>ketoconazole (topical)</i>	2	MO; *; +
LOPROX (Use Ciclopirox)	NF	MO
LOPROX SHAMPOO (Use Ciclopirox)	NF	MO
LOTRISONE (Use Clotrimazole w/ Betamethasone)	NF	MO
LUZU	4	MO; +
<i>naftifine hcl</i>	2	MO; *; +
NAFTIN 1 % (Use Naftifine HCl)	4	MO; +
NAFTIN 1 %,2 %	4	MO; +
NIZORAL (Use Ketoconazole (Topical))	NF	MO
<i>nystatin &amp; diaper rash product</i>	2	MO; *; +
<i>nystatin (topical)</i>	2	MO; *; +
<i>nystatin-triamcinolone</i>	2	MO; *; +
OXISTAT	4	MO; +
PENLAC NAIL LACQUER (Use Ciclopirox)	NF	MO
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC	3	MO; +
<i>diclofenac sodium (actinic keratoses)</i>	5	MO
EFUDEX (Use Fluorouracil (Topical))	NF	MO
<i>fluorouracil (topical)</i>	2	MO; *; +
FLUOROURACIL CREA EX 0.5 %	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
PANRETIN	5	MO
PICATO	5	MO
SOLARAZE (Use Diclofenac Sodium (Actinic Keratoses))	5	MO
TARGRETIN 1 %,75 MG	5	
VALCHLOR	5	PA
<b>Antipsoriatics</b>		
<i>acitretin</i>	5	MO
<i>calcipotriene</i>	2	MO; *; +
CALCITRIOL OINT EX 3 MCG/GM	4	MO; +
COSENTYX	5	PA; LA
COSENTYX SENSOREADY PEN	5	PA; LA
DOVONEX (Use Calcipotriene)	NF	MO
<i>methoxsalen rapid</i>	5	MO
OXSORALEN ULTRA (Use Methoxsalen Rapid)	5	MO
SORIATANE (Use Acitretin)	5	MO
SORILUX	4	MO; +
STELARA	5	PA;
TAZORAC	3	MO; +
VECTICAL	4	MO; +
<b>Antiseborrheic Products</b>		
<i>selenium sulfide lotn ex 2.5 %</i>	2	MO; *; +
<b>Antivirals - Topical</b>		
<i>acyclovir topical</i>	2	MO; *; +
DENAVIR	4	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
XERESE	4	MO; +
ZOVIRAX CREA EX 5 %	4	MO; +
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	MO
<b>Burn Products</b>		
SILVADENE (Use Silver Sulfadiazine)	NF	MO
silver sulfadiazine crea ex	2	MO; *; +
SULFAMYLON CREA 85 MG/GM	4	MO; +
<b>Corticosteroids - Topical</b>		
alclometasone dipropionate	1	MO; *; +
amcinonide crea	1	MO; *; +
amcinonide lotn	2	MO; *; +
amcinonide oint	1	MO; *; +
betamethasone dipropionate (topical)	2	MO; *; +
betamethasone dipropionate augmented	2	MO; *; +
betamethasone valerate crea ex 0.1 %	2	MO; *; +
betamethasone valerate foam ex 0.12 %	2	MO; *; +
betamethasone valerate lotn ex 0.1 %	2	MO; *; +
betamethasone valerate oint ex 0.1 %	2	MO; *; +
calcipotriene-betamethasone dipropionate	2	MO; *; +
CAPEX	4	MO; +
clobetasol propionate & cleanser	2	MO; *; +
clobetasol propionate crea ex	2	MO; *; +
clobetasol propionate emollient base	2	MO; *; +
clobetasol propionate emulsion	2	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate foam ex	2	MO; *; +
clobetasol propionate gel ex	2	MO; *; +
clobetasol propionate liqd ex	2	MO; *; +
clobetasol propionate lotn ex	2	MO; *; +
clobetasol propionate oint ex	2	MO; *; +
clobetasol propionate sham ex	2	MO; *; +
clobetasol propionate soln ex	2	MO; *; +
CLOBEX LIQD (Use Clobetasol Propionate)	4	MO; +
CLOBEX LOTN (Use Clobetasol Propionate)	NF	MO
CLOBEX SHAM (Use Clobetasol Propionate)	NF	MO
CLOCORTOLONE PIVALATE	4	MO; +
CLOCORTOLONE PIVALATE PUMP	4	MO; +
CLODERM	4	MO; +
CLODERM PUMP	4	MO; +
CORDRAN TAPE	4	MO; +
CUTIVATE (Use Fluticasone Propionate)	NF	MO
DERMA-SMOOTH/FS BODY (Use Fluocinolone Acetonide)	NF	MO
DERMA-SMOOTH/FS SCALP (Use Fluocinolone Acetonide)	NF	MO
DERMATOP CREA (Use Prednicarbate)	NF	MO
DESONATE	4	MO; +
desonide crea ex	2	MO; *; +
desonide lotn ex	2	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>desonide oint ex</i>	2	MO; *; +
DESOWEN 0.05 % (Use Desonide)	NF	MO
<i>desoximetasone crea ex 0.05 %, 0.25 %</i>	2	MO; *; +
<i>desoximetasone gel ex 0.05 %</i>	2	MO; *; +
DESOXIMETASONE OINT EX 0.05 %	4	MO; +
<i>desoximetasone oint ex 0.25 %</i>	2	MO; *; +
<i>diflorasone diacetate</i>	1	MO; *; +
<i>diflorasone diacetate emollient base</i>	2	MO; *; +
DIPROLENE (Use Betamethasone Dipropionate Augmented)	NF	MO
DIPROLENE AF (Use Betamethasone Dipropionate Augmented)	NF	MO
ELOCON CREA (Use Mometasone Furoate)	NF	MO
ELOCON OINT (Use Mometasone Furoate)	NF	MO
<i>fluocinolone acetonide crea ex 0.01 %, 0.025 %</i>	2	MO; *; +
<i>fluocinolone acetonide oil ex 0.01 %</i>	2	MO; *; +
<i>fluocinolone acetonide oint ex 0.025 %</i>	2	MO; *; +
<i>fluocinolone acetonide soln ex 0.01 %</i>	2	MO; *; +
<i>fluocinonide crea ex 0.05 %, 0.1 %</i>	2	MO; *; +
<i>fluocinonide emulsified base</i>	1	MO; *; +
<i>fluocinonide gel ex 0.05 %</i>	2	MO; *; +
<i>fluocinonide oint ex 0.05 %</i>	2	MO; *; +
<i>fluocinonide soln ex 0.05 %</i>	2	MO; *; +
<i>fluticasone propionate crea ex 0.05 %</i>	1	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate lotn ex 0.05 %</i>	1	MO; *; +
<i>fluticasone propionate oint ex 0.005 %</i>	1	MO; *; +
<i>halobetasol propionate</i>	2	MO; *; +
HALOG CREA	4	MO; +
<i>hydrocortisone &amp; cleanser</i>	2	MO; *; +
<i>hydrocortisone &amp; emollient</i>	2	MO; *; +
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC; MO; *; +
<i>hydrocortisone (topical) crea 2.5 %</i>	1	MO; *; +
<i>hydrocortisone (topical) lotn 2.5 %</i>	2	MO; *; +
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC; MO; *; +
<i>hydrocortisone (topical) oint 2.5 %</i>	1	MO; *; +
<i>hydrocortisone (topical) soln 2.5 %</i>	2	MO; *; +
<i>hydrocortisone butyrate</i>	1	MO; *; +
<i>hydrocortisone butyrate hydrophilic lipo base</i>	2	MO; *; +
<i>hydrocortisone valerate</i>	2	MO; *; +
KENALOG (Use Triamcinolone Acetonide (Topical))	3	MO; +
LOCOID CREA (Use Hydrocortisone Butyrate)	NF	MO
LOCOID LIPOCREAM (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	NF	MO
LOCOID LOTN	4	MO; +
LOCOID OINT (Use Hydrocortisone Butyrate)	NF	MO
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	MO
LUXIQ (Use Betamethasone Valerate)	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate crea ex</i>	2	MO; *; +
<i>mometasone furoate oint ex</i>	2	MO; *; +
<i>mometasone furoate soln ex</i>	2	MO; *; +
OLUX (Use <i>Clobetasol Propionate</i> )	NF	MO
OLUX-E (Use <i>Clobetasol Propionate Emulsion</i> )	NF	MO
<i>pramoxine-hc crea 1%-1%</i>	1	MO; *; +
<i>pramoxine-hc foam 1%-1%</i>	2	MO; *; +
<i>pramoxine-hc lotn 1%-1%, 1%-2.5%</i>	2	MO; *; +
<i>prednicarbate crea</i>	1	MO; *; +
SYNALAR (Use <i>Fluocinolone Acetonide</i> )	NF	MO
TACLONEX OINT (Use <i>Calcipotriene-Betamethasone Dipropionate</i> )	4	MO; +
TACLONEX SUSP	5	MO
TEMOVATE (Use <i>Clobetasol Propionate</i> )	NF	MO
TEMOVATE E (Use <i>Clobetasol Propionate Emollient Base</i> )	NF	MO
TOPICORT	4	MO; +
<i>triamcinolone acetonide &amp; emollient</i>	2	MO; *; +
<i>triamcinolone acetonide (topical)</i>	2	MO; *; +
ULTRAVATE (Use <i>Halobetasol Propionate</i> )	NF	MO
VANOS (Use <i>Fluocinonide</i> )	4	MO; +
WESTCORT (Use <i>Hydrocortisone Valerate</i> )	NF	MO
<b>Emollients</b>		
LAC-HYDRIN (Use <i>Lactic Acid (Ammonium Lactate)</i> )	NF	RX/OTC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) crea 12 %</i>	2	RX/OTC; MO; *; +
<i>lactic acid (ammonium lactate) lotn 12 %</i>	2	RX/OTC; MO; *; +
<b>Enzymes - Topical</b>		
SANTYL	3	MO; +
<b>Immunomodulating Agents - Topical</b>		
ALDARA (Use <i>Imiquimod</i> )	4	MO; +
<i>imiquimod crea ex</i>	2	MO; *; +
ZYCLARA	5	MO
ZYCLARA PUMP	5	MO
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL	4	MO; +
PROTOPIC (Use <i>Tacrolimus (Topical)</i> )	4	MO; +
<i>tacrolimus (topical)</i>	2	MO; *; +
<b>Keratolytic/Antimitotic Agents</b>		
CONDYLOX GEL	4	MO; +
CONDYLOX SOLN (Use <i>Podofilox</i> )	NF	MO
<i>podofilox soln ex</i>	1	MO; *; +
<b>Local Anesthetics - Topical</b>		
EMLA (Use <i>Lidocaine-Prilocaine</i> )	NF	MO
<i>lidocaine hcl gel 2 %</i>	2	RX/OTC; MO; *; +
<i>lidocaine hcl soln 4 %</i>	2	MO; *; +
<i>lidocaine oint ex 5 %</i>	2	MO; *; +
<i>lidocaine ptch ex 5 %</i>	2	PA; MO; *; +
<i>lidocaine-prilocaine crea</i>	2	MO; *; +
<i>lidocaine-prilocaine kit</i>	2	*; +

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

Drug Name	Drug Tier	Requirements/Limits
LIDODERM ( <i>Use Lidocaine</i> )	NF	PA; MO
XYLOCAINE EX 4 % ( <i>Use Lidocaine HCl</i> )	NF	MO
<b>Pigmenting-Depigmenting Agents</b>		
OXSORALEN	4	MO; +
<b>Rosacea Agents</b>		
DOXYCYCLINE	4	MO; +
FINACEA GEL	4	MO; +
METROCREAM ( <i>Use Metronidazole (Topical)</i> )	NF	MO
METROGEL ( <i>Use Metronidazole (Topical)</i> )	NF	MO
METROLOTION ( <i>Use Metronidazole (Topical)</i> )	NF	MO
<i>metronidazole (topical)</i>	2	MO; *; +
<i>metronidazole w/ cleanser (topical)</i>	2	Gel; *; +
<i>metronidazole w/ cleanser (topical)</i>	2	MO; *; +
MIRVASO	4	PA; MO; +
NORITATE	4	MO; +
ORACEA	4	MO; +
SOOLANTRA	4	MO; +
<b>Scabicides &amp; Pediculicides</b>		
EURAX	4	MO; +
<i>lindane lotn</i>	1	MO; *; +
<i>malathion</i>	1	MO; *; +
OVIDE 0.5 % ( <i>Use Malathion</i> )	NF	MO
<i>permethrin crea ex 5 %</i>	2	MO; *; +
<b>Wound Care Products</b>		
REGANEX	5	MO

Drug Name	Drug Tier	Requirements/Limits
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON	3	MO; +
PANCREAZE	3	MO; +
PANCRELIPASE	4	MO; +
PERTZYE	4	MO; +
VIOKACE	4	MO; +
ZENPEP 10000UNIT-3000UNIT-16000UNIT, 17000UNIT-5000UNIT-27000UNIT, 34000UNIT-10000UNIT-55000UNIT, 51000UNIT-15000UNIT-82000UNIT, 68000UNIT-20000UNIT-109000UNIT, 85000UNIT-25000UNIT-136000UNIT	4	MO; +
ZENPEP 136000UNIT-40000UNIT-218000UNIT	5	MO
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 or 500 mg</i>	1	MO; *; +
<i>acetazolamide tabs or 125 mg, 250 mg</i>	1	MO; *; +
DIAMOX ( <i>Use Acetazolamide</i> )	NF	MO
<i>methazolamide tabs or 25 mg, 50 mg</i>	1	MO; *; +
<b>Diuretic Combinations</b>		
ALDACTAZIDE 25MG-25MG ( <i>Use Spironolactone &amp; Hydrochlorothiazide</i> )	NF	MO
ALDACTAZIDE 50MG-50MG	3	MO; +
<i>amiloride &amp; hydrochlorothiazide</i>	1	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
DYAZIDE (Use Triamterene & Hydrochlorothiazide)	NF	MO
MAXZIDE (Use Triamterene & Hydrochlorothiazide)	NF	MO
MAXZIDE-25 (Use Triamterene & Hydrochlorothiazide)	NF	MO
spironolactone & hydrochlorothiazide	1	MO; *; +
triamterene & hydrochlorothiazide	1	MO; *; +
<b>Loop Diuretics</b>		
bumetanide tabs or 0.5 mg, 1 mg, 2 mg	1	MO; *; +
BUMEX (Use Bumetanide)	NF	MO
DEMADEX (Use Torsemide)	NF	MO
EDECRIN	4	MO; +
furosemide soln ij 10 mg/ml	1	MO; *; +
furosemide soln or 10 mg/ml	1	MO; *; +
furosemide soln or 8 mg/ml	2	MO; *; +
furosemide tabs or 20 mg, 40 mg, 80 mg	1	MO; *; +
LASIX (Use Furosemide)	NF	MO
torsemide soln iv 20 mg/2ml, 50 mg/5ml	2	*; +
torsemide tabs or 10 mg, 100 mg, 20 mg, 5 mg	1	MO; *; +
<b>Potassium Sparing Diuretics</b>		
ALDACTONE (Use Spironolactone)	NF	MO
amiloride hcl	1	MO; *; +
DYRENIUM	4	MO; +
spironolactone tabs or 100 mg, 25 mg, 50 mg	1	MO; *; +
<b>Thiazides and Thiazide-Like Diuretics</b>		

Drug Name	Drug Tier	Requirements/Limits
chlorothiazide	1	MO; *; +
chlorthalidone 25 mg, 50 mg	1	MO; *; +
hydrochlorothiazide caps or 12.5 mg	1	MO; *; +
hydrochlorothiazide tabs or 12.5 mg, 25 mg, 50 mg	1	MO; *; +
indapamide	1	MO; *; +
methyclothiazide	1	MO; *; +
metolazone	1	MO; *; +
MICROZIDE (Use Hydrochlorothiazide)	NF	MO
ZAROXOLYN (Use Metolazone)	NF	MO
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL 150 MG (Use Risedronate Sodium)	3	QL(0.04 ea daily); MO; +
ACTONEL 30 MG, 5 MG (Use Risedronate Sodium)	3	QL(1 ea daily); MO; +
ACTONEL 35 MG (Use Risedronate Sodium)	3	QL(0.15 ea daily); MO; +
alendronate sodium soln 70 mg/75ml	2	MO; *; +
alendronate sodium tabs 10 mg, 40 mg, 5 mg	1	MO; *; +
alendronate sodium tabs 35 mg, 70 mg	1	QL(0.15 ea daily); MO; *; +
AELVIA (Use Risedronate Sodium)	3	QL(0.15 ea daily); MO; +
BONIVA SOLN IV 3 MG/3ML (Use Ibandronate Sodium)	4	QL(0.04 ml daily); MO; +
BONIVA TABS OR 150 MG (Use Ibandronate Sodium)	NF	QL(0.036 ea daily); MO
calcitonin (salmon)	2	MO; *; +
etidronate disodium 200 mg	2	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>etidronate disodium 400 mg</i>	1	MO; *; +
FORTEO	3	QL(0.09 ml daily); +
FOSAMAX (Use <i>Alendronate Sodium</i> )	NF	QL(0.15 ea daily); MO
FOSAMAX PLUS D	4	QL(0.15 ea daily); MO; +
<i>ibandronate sodium soln iv 3 mg/3ml</i>	2	QL(0.04 ml daily); MO; *; +
<i>ibandronate sodium tabs or 150 mg</i>	2	QL(0.036 ea daily); MO; *; +
MIACALCIN IJ 200 UNIT/ML	4	MO; +
MIACALCIN NA 200 UNIT/ACT (Use <i>Calcitonin (Salmon)</i> )	NF	MO
NATPARA	5	PA; LA
<i>pamidronate disodium soln 6 mg/ml</i>	2	*; +
PROLIA	3	QL(0.01 ml daily); +
RECLAST (Use <i>Zoledronic Acid</i> )	NF	QL(0.28 ml daily)
<i>risedronate sodium tabs 150 mg</i>	2	QL(0.04 ea daily); MO; *; +
<i>risedronate sodium tabs 30 mg, 5 mg</i>	2	QL(1 ea daily); MO; *; +
<i>risedronate sodium tabs 35 mg</i>	2	QL(0.15 ea daily); MO; *; +
<i>risedronate sodium tbec 35 mg</i>	2	QL(0.15 ea daily); MO; *; +
XGEVA	5	QL(0.243 ml daily)
<i>zoledronic acid conc 4 mg/5ml</i>	5	
<i>zoledronic acid soln 5 mg/100ml</i>	2	QL(0.28 ml daily); *; +
ZOLEDRONIC ACID SOLR 4 MG	5	
ZOMETACONC 4 MG/5ML (Use <i>Zoledronic Acid</i> )	5	
<b>Corticotropin</b>		

Drug Name	Drug Tier	Requirements/Limits
H.P. ACTHAR	5	PA; LA
<b>Fertility Regulators</b>		
<i>chorionic gonadotropin solr im</i>	1	*; +
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT	5	LA
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
EGRIFTA	5	
<b>Growth Hormones</b>		
GENOTROPIN 5 MG	5	PA
GENOTROPIN MINIQUICK 0.4 MG	5	PA
HUMATROPE	5	PA
HUMATROPE COMBO PACK	5	PA
NORDITROPIN FLEXPRO 10 MG/1.5ML, 5 MG/1.5ML	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ PEN 20 MG/2ML	5	PA
OMNITROPE SOLN 10 MG/1.5ML, 5 MG/1.5ML	5	PA
SEROSTIM 4 MG, 6 MG	5	PA
TEV-TROPIN	5	PA
ZOMACTON 5 MG	5	PA
<b>Hormone Receptor Modulators</b>		
EVISTA (Use <i>Raloxifene HCl</i> )	NF	QL(1 ea daily); MO
<i>raloxifene hcl</i>	2	QL(1 ea daily); MO; *; +
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX	4	LA; +
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
LUPRON DEPOT-PED 11.25 MG	5	3 Month Kit;

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



Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED 11.25 MG, 7.5 MG	5	
LUPRON DEPOT-PED 15 MG	4	+
LUPRON DEPOT-PED 30 MG	5	
SYNAREL	5	MO
<b>Metabolic Modifiers</b>		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	2	MO; *; +
<i>calcitriol soln or 1 mcg/ml</i>	2	MO; *; +
CARNITOR TABS OR 330 MG (Use Levocarnitine (Metabolic Modifiers))	NF	MO
CYSTADANE	4	LA; +
<i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	MO; *; +
FABRAZYME 35 MG	5	LA
HECTOROL CAPS OR 0.5 MCG, 2.5 MCG (Use Doxercalciferol)	4	MO; +
HECTOROL CAPS OR 1 MCG (Use Doxercalciferol)	5	MO
KUVAN TBSO 100 MG	5	LA
<i>levocarnitine (metabolic modifiers) tabs or 330 mg</i>	1	MO; *; +
LUMIZYME	5	LA
MYALEPT	5	LA
MYOZYME	5	LA
NAGLAZYME	5	LA
ORFADIN	3	LA; +
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	2	MO; *; +
ROCALTROL (Use Calcitriol)	NF	MO
SENSIPAR 30 MG	3	+

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR 60 MG, 90 MG	5	
VIMIZIM	5	
ZEMPLAR CAPS OR 1 MCG, 2 MCG, 4 MCG (Use Paricalcitol)	NF	MO
<b>Posterior Pituitary Hormones</b>		
DDAVP (Use Desmopressin Acetate Refrigerated)	NF	MO
DDAVP (Use Desmopressin Acetate Spray)	NF	MO
DDAVP (Use Desmopressin Acetate)	NF	MO
<i>desmopressin acetate refrigerated</i>	1	MO; *; +
<i>desmopressin acetate soln ij 4 mcg/ml</i>	2	MO; *; +
<i>desmopressin acetate spray</i>	1	MO; *; +
<i>desmopressin acetate spray refrigerated</i>	1	MO; *; +
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	2	MO; *; +
STIMATE	4	+
<b>Prolactin Inhibitors</b>		
<i>cabergoline</i>	2	MO; *; +
<b>Somatostatic Agents</b>		
<i>octreotide acetate 100 mcg/ml</i>	2	*; +
<i>octreotide acetate 1000 mcg/5ml, 200 mcg/ml, 50 mcg/ml</i>	1	*; +
SANDOSTATIN 100 MCG/ML (Use Octreotide Acetate)	5	
SANDOSTATIN 200 MCG/ML, 50 MCG/ML (Use Octreotide Acetate)	NF	
SANDOSTATIN LAR DEPOT 20 MG, 30 MG	5	

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

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR	5	LA
SIGNIFOR LAR 20 MG	5	QL(0.11 ea daily)
SIGNIFOR LAR 40 MG, 60 MG	5	QL(0.036 ea daily)
SOMATULINE DEPOT	5	
<b>Vasopressin Receptor Antagonists</b>		
SAMSCA	5	
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVELLA (Use Estradiol & Norethindrone Acetate)	NF	AL; MO
ANGELIQ 0.5MG-1MG	4	AL; MO; +
CLIMARA PRO	4	AL; MO; +
COMBIPATCH	4	AL; MO; +
DUAVEE	4	MO; +
estradiol & norethindrone acetate	2	AL; MO; *; +
estradiol-norgestimate	2	AL; MO; *; +
FEMHRT LOW DOSE (Use Norethindrone Acetate-Ethinyl Estradiol)	4	AL; MO; +
norethindrone acetate-ethinyl estradiol 2.5mcg-0.5mg	2	AL; MO; *; +
norethindrone acetate-ethinyl estradiol 5mcg-1mg	1	AL; MO; *; +
PREMPHASE	4	AL; MO; +
PREMPRO	4	AL; MO; +
<b>Estrogens</b>		
ALORA	4	AL; MO; +
CENESTIN	4	AL; +
CLIMARA (Use Estradiol)	NF	AL; MO

Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN 20 MG/ML,40 MG/ML (Use Estradiol Valerate)	NF	MO
DIVIGEL	4	MO; +
ELESTRIN	4	AL; MO; +
ENJUVIA 0.3 MG, 0.45 MG, 0.9 MG, 1.25 MG	4	AL; MO; +
ENJUVIA 0.625 MG	4	AL; +
estradiol cypionate oil im	2	MO; *; +
estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	AL; MO; *; +
estradiol ptwk td 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr	2	AL; MO; *; +
estradiol tabs or 0.5 mg, 1 mg, 2 mg	2	AL; MO; *; +
estradiol valerate oil im 10 mg/ml, 20 mg/ml, 40 mg/ml	1	MO; *; +
estropipate	2	AL; MO; *; +
EVAMIST	4	AL; MO; +
MENOSTAR	4	AL; MO; +
MINIVELLE	4	AL; MO; +
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	AL; MO; +
VIVELLE-DOT (Use Estradiol)	4	AL; MO; +
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
AVELOX ABC PACK (Use Moxifloxacin HCl)	4	MO; +
AVELOX TABS OR 400 MG (Use Moxifloxacin HCl)	4	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
CIPRO I.V.-IN D5W 200MG/100ML-5% (Use <i>Ciprofloxacin in D5W</i> )	NF	
CIPRO I.V.-IN D5W 400MG/200ML-5% (Use <i>Ciprofloxacin in D5W</i> )	NF	MO
CIPRO SUSR 5 GM/100ML, 500 MG/5ML (Use <i>Ciprofloxacin</i> )	3	MO; +
CIPRO TABS 250 MG, 500 MG (Use <i>Ciprofloxacin HCl</i> )	NF	MO
CIPRO XR (Use <i>Ciprofloxacin-Ciprofloxacin HCl</i> )	NF	MO
<i>ciprofloxacin hcl tabs or 100 mg, 250 mg, 500 mg, 750 mg</i>	1	MO; *; +
<i>ciprofloxacin in d5w 200mg/100ml-5%</i>	2	*; +
<i>ciprofloxacin in d5w 400mg/200ml-5%</i>	1	MO; *; +
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	2	MO; *; +
<i>ciprofloxacin-ciprofloxacin hcl</i>	1	MO; *; +
LEVAQUIN SOLN IV 250MG/50ML-5%, 500MG/100ML-5% (Use <i>Levofloxacin in D5W</i> )	NF	
LEVAQUIN SOLN IV 750MG/150ML-5% (Use <i>Levofloxacin in D5W</i> )	NF	MO
LEVAQUIN SOLN OR 25 MG/ML (Use <i>Levofloxacin</i> )	NF	MO
LEVAQUIN TABS OR 250 MG, 500 MG, 750 MG (Use <i>Levofloxacin</i> )	NF	MO
<i>levofloxacin in d5w 250mg/50ml-5%, 500mg/100ml-5%</i>	1	*; +
<i>levofloxacin in d5w 750mg/150ml-5%</i>	1	MO; *; +
<i>levofloxacin soln iv 25 mg/ml</i>	2	*; +
<i>levofloxacin soln or 25 mg/ml</i>	2	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	2	MO; *; +
<i>moxifloxacin hcl tabs or 400 mg</i>	2	MO; *; +
NOROXIN	4	+
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL (Use <i>Ursodiol</i> )	NF	MO
CHENODAL	5	LA
URSO 250 (Use <i>Ursodiol</i> )	NF	MO
URSO FORTE (Use <i>Ursodiol</i> )	NF	MO
<i>ursodiol caps or 300 mg</i>	2	MO; *; +
<i>ursodiol tabs or 250 mg, 500 mg</i>	2	MO; *; +
<b>Gastrointestinal Antiallergy Agents</b>		
<i>cromolyn sodium (mastocytosis)</i>	1	MO; *; +
GASTROCROM (Use <i>Cromolyn Sodium (Mastocytosis)</i> )	NF	MO
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA	3	MO; +
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	2	MO; *; +
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	2	MO; *; +
<i>metoclopramide hcl tabs or 10 mg, 5 mg</i>	1	MO; *; +
REGLAN (Use <i>Metoclopramide HCl</i> )	NF	MO
<b>Inflammatory Bowel Agents</b>		
APRISO	3	MO; +
ASACOL HD	3	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE ( <i>Use Sulfasalazine</i> )	NF	MO
AZULFIDINE EN-TABS ( <i>Use Sulfasalazine</i> )	NF	MO
<i>balsalazide disodium</i>	2	MO; *; +
CANASA	3	MO; +
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
COLAZAL ( <i>Use Balsalazide Disodium</i> )	NF	MO
DELZICOL	3	MO; +
DIPENTUM	5	MO
ENTYVIO	5	PA
LIALDA	3	MO; +
<i>mesalamine enem re</i>	1	MO; *; +
<i>mesalamine w/ cleanser</i>	2	MO; *; +
PENTASA	4	MO; +
REMICADE	5	PA
ROWASA ( <i>Use Mesalamine w/ Cleanser</i> )	5	MO
<i>sulfasalazine tabs or</i>	2	MO; *; +
<i>sulfasalazine tbec or</i>	2	MO; *; +
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy)</i>	2	MO; *; +
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alosetron hcl</i>	5	MO
LINZESS	3	MO; +
LOTRONEX ( <i>Use Alosetron HCl</i> )	5	MO
<b>Peripheral Opioid Receptor Antagonists</b>		

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK	4	MO; +
RELISTOR KIT 12 MG/0.6ML	4	+
RELISTOR SOLN 12 MG/0.6ML	4	MO; +
RELISTOR SOLN 8 MG/0.4ML	5	MO
<b>Phosphate Binder Agents</b>		
AURYXIA	5	MO
<i>calcium acetate (phosphate binder)</i>	2	MO; *; +
FOSRENOL	3	MO; +
PHOSLO ( <i>Use Calcium Acetate (Phosphate Binder)</i> )	NF	MO
PHOSLYRA	4	MO; +
RENAGEL 800 MG	4	MO; +
RENVELA	3	MO; +
SEVELAMER CARBONATE	3	MO; +
VELPHORO	5	MO
<b>Short Bowel Syndrome (SBS) Agents</b>		
GATTEX	5	PA; LA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) 1080 mg</i>	2	MO; *; +
<i>potassium citrate (alkalinizer) 540 mg</i>	1	MO; *; +
UROCIT-K 10 ( <i>Use Potassium Citrate (Alkalinizer)</i> )	NF	MO
UROCIT-K 5 ( <i>Use Potassium Citrate (Alkalinizer)</i> )	NF	MO
<b>Cystinosis Agents</b>		

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

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON	4	+
PROCYSBI	4	LA; +
<b>Genitourinary Irrigants</b>		
<i>acetic acid ir 0.25 %</i>	1	MO; *; +
<i>neomycin/polymyxin b gu</i>	1	MO; *; +
<i>sodium chloride (gu irrigant)</i>	2	MO; *; +
<b>Interstitial Cystitis Agents</b>		
ELMIRON	4	MO; +
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl</i>	2	MO; *; +
AVODART ( <i>Use Dutasteride</i> )	3	GL; MO; +
CARDURA XL	4	MO; +
<i>dutasteride</i>	2	GL; MO; *; +
<i>finasteride tabs or</i>	2	GL; MO; *; +
FLOMAX ( <i>Use Tamsulosin HCl</i> )	NF	MO
JALYN	3	GL; MO; +
PROSCAR ( <i>Use Finasteride</i> )	NF	GL; MO
RAPAFLO	4	MO; +
<i>tamsulosin hcl</i>	2	MO; *; +
UROXATRAL ( <i>Use Alfuzosin HCl</i> )	NF	MO
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid</i>	1	MO; *; +
<b>Gout Agents</b>		
<i>allopurinol tabs or 100 mg</i>	1	QL(8 ea daily); MO; *; +

Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol tabs or 300 mg</i>	1	QL(2 ea daily); MO; *; +
COLCHICINE TABS OR	3	MO; +
COLCRYS	3	MO; +
ULORIC	3	MO; +
ZYLOPRIM 100 MG ( <i>Use Allopurinol</i> )	NF	QL(8 ea daily); MO
ZYLOPRIM 300 MG ( <i>Use Allopurinol</i> )	NF	QL(2 ea daily); MO
<b>Uricosurics</b>		
<i>probenecid</i>	2	MO; *; +
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR	5	
<b>Complement Inhibitors</b>		
BERINERT	5	
CINRYZE	5	LA
RUCONEST	5	
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbcr or</i>	2	MO; *; +
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR	5	
<b>Platelet Aggregation Inhibitors</b>		
AGGRENOX	3	MO; +
AGRYLIN ( <i>Use Anagrelide HCl</i> )	NF	MO
<i>anagrelide hcl</i>	1	MO; *; +
ASPIRIN/DIPYRIDAMOLE	3	MO; +
BRILINTA	3	MO; +
<i>cilostazol</i>	1	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate 300 mg</i>	2	*; +
<i>clopidogrel bisulfate 75 mg</i>	2	MO; *; +
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	2	AL; MO; *; +
EFFIENT	3	MO; +
PERSANTINE (Use <i>Dipyridamole</i> )	NF	AL; MO
PLAVIX 300 MG (Use <i>Clopidogrel Bisulfate</i> )	NF	
PLAVIX 75 MG (Use <i>Clopidogrel Bisulfate</i> )	NF	MO
PLETAL (Use <i>Cilostazol</i> )	NF	MO
<i>ticlopidine hcl</i>	2	AL; *; +
ZONTIVITY	3	MO; +
<b>Protamine</b>		
<i>protamine sulfate soln iv</i>	2	MO; *; +
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA	5	PA
CEREZYME	5	LA
ELELYSO	5	
VPRIV	5	
ZAVESCA	5	LA
<b>Agents for Sickle Cell Anemia</b>		
DROXIA	4	MO; +
<b>Hematopoietic Growth Factors</b>		
ARANESP ALBUMIN FREE SOLN 10 MCG/0.4ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; +

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 300 MCG/ML	5	PA
ARANESP ALBUMIN FREE SOSY 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA
ARANESP ALBUMIN FREE SOSY 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA; +
EPOGEN	4	PA; +
GRANIX	5	PA
LEUKINE	5	PA
MIRCERA 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	4	PA; +
MIRCERA 200 MCG/0.3ML	5	PA
NEULASTA	5	PA
NEULASTA DELIVERY KIT	5	PA
NEUMEGA	3	PA; +
NEUPOGEN	5	PA
PROCRIT 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; +
PROCRIT 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PROMACTA 12.5 MG	5	QL(12 ea daily); LA
PROMACTA 25 MG	5	QL(6 ea daily); LA
PROMACTA 50 MG	5	QL(3 ea daily); LA
PROMACTA 75 MG	5	QL(2 ea daily); LA

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

Drug Name	Drug Tier	Requirements/Limits
ZARXIO	5	PA
<b>Stem Cell Mobilizers</b>		
MOZOBIL	5	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR TABS 1000 MG	5	MO
AMINOCAPROIC ACID TABS OR 1000 MG	5	MO
<i>aminocaproic acid tabs or 500 mg</i>	1	MO; *; +
CYKLOKAPRON ( <i>Use Tranexamic Acid</i> )	NF	
LYSTEDA ( <i>Use Tranexamic Acid</i> )	NF	MO
<i>tranexamic acid soln iv 100 mg/ml</i>	1	*; +
<i>tranexamic acid tabs or 650 mg</i>	1	MO; *; +
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
BUTISOL SODIUM	4	AL; MO; +
<i>phenobarbital elix or 20 mg/5ml</i>	2	AL; MO; *; +
<i>phenobarbital soln or 20 mg/5ml</i>	2	AL; MO; *; +
<i>phenobarbital tabs or 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	AL; MO; *; +
<b>Hypnotics - Tricyclic Agents</b>		
SILENOR	4	MO; +
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN 10 MG ( <i>Use Zolpidem Tartrate</i> )	NF	AL; QL(1 ea daily); MO
AMBIEN 5 MG ( <i>Use Zolpidem Tartrate</i> )	NF	AL; QL(2 ea daily); MO
AMBIEN CR 12.5 MG ( <i>Use Zolpidem Tartrate</i> )	NF	AL; QL(1 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
AMBIEN CR 6.25 MG ( <i>Use Zolpidem Tartrate</i> )	NF	AL; QL(2 ea daily); MO
EDLUAR	4	AL; MO; +
<i>eszopiclone</i>	2	AL; MO; *; +
<i>flurazepam hcl</i>	1	MO; *; +
HALCION ( <i>Use Triazolam</i> )	NF	MO
INTERMEZZO	4	AL; MO; +
LUNESTA ( <i>Use Eszopiclone</i> )	4	AL; MO; +
RESTORIL ( <i>Use Temazepam</i> )	NF	MO
SONATA ( <i>Use Zaleplon</i> )	NF	AL; MO
<i>temazepam</i>	2	MO; *; +
<i>triazolam</i>	2	MO; *; +
<i>zaleplon</i>	2	AL; MO; *; +
<i>zolpidem tartrate tabs 10 mg</i>	2	AL; QL(1 ea daily); MO; *; +
<i>zolpidem tartrate tabs 5 mg</i>	2	AL; QL(2 ea daily); MO; *; +
<i>zolpidem tartrate tbc 12.5 mg</i>	2	AL; QL(1 ea daily); MO; *; +
<i>zolpidem tartrate tbc 6.25 mg</i>	2	AL; QL(2 ea daily); MO; *; +
ZOLPIMIST	4	AL; MO; +
<b>Orexin Receptor Antagonists</b>		
BELSOMRA 10 MG	4	PA; QL(2 ea daily); MO; +
BELSOMRA 15 MG, 20 MG	4	PA; QL(1 ea daily); MO; +
BELSOMRA 5 MG	4	PA; QL(4 ea daily); MO; +
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ	5	PA
ROZEREM	4	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Laxative Combinations</b>		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>	2	MO; *; +
COLYTE-FLAVOR PACKS 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	4	+
COLYTE-FLAVOR PACKS 240GM-22.72GM-5.84GM-2.98GM-6.72GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	NF	MO
GOLYTELY 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	4	MO; +
GOLYTELY 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	NF	MO
<i>mag cit-bisacodyl-petrolat-peg 3350-metoclopramide-electrol</i>	2	*; +
MOVIPREP	4	MO; +
NULYTELY/FLAVOR PACKS (Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)	NF	MO
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	MO; *; +
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	MO; *; +
PREPOPIK	4	MO; +
SUPREP BOWEL PREP	4	MO; +
<b>Laxatives - Miscellaneous</b>		
<i>lactulose</i>	2	MO; *; +
<i>polyethylene glycol 3350 pack or</i>	2	RX/OTC; MO; *; +
<i>polyethylene glycol 3350 powd or</i>	2	RX/OTC; MO; *; +

Drug Name	Drug Tier	Requirements/Limits
<b>Saline Laxatives</b>		
OSMOPREP	4	MO; +
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) 1 %, 2 %</i>	1	MO; *; +
<i>prilocaine hcl</i>	2	*; +
XYLOCAINE IJ 1 %, 2 % (Use Lidocaine HCl (Local Anesth.))	NF	MO
XYLOCAINE-MPF 1 % (Use Lidocaine HCl (Local Anesth.))	NF	MO
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin solr iv 500 mg</i>	2	MO; *; +
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	2	MO; *; +
<i>azithromycin tabs or 250 mg, 500 mg, 600 mg</i>	2	MO; *; +
ZITHROMAX SOLR IV 500 MG (Use Azithromycin)	NF	MO
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use Azithromycin)	NF	MO
ZITHROMAX TABS OR 250 MG, 500 MG, 600 MG (Use Azithromycin)	NF	MO
ZITHROMAX TRI-PAK (Use Azithromycin)	NF	MO
ZITHROMAX Z-PAK (Use Azithromycin)	NF	MO
ZMAX	4	MO; +
<b>Clarithromycin</b>		
BIAXIN (Use Clarithromycin)	NF	MO
BIAXIN XL (Use Clarithromycin)	NF	MO

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



Drug Name	Drug Tier	Requirements/Limits
BIAXIN XL PAC ( <i>Use Clarithromycin</i> )	NF	MO
<i>clarithromycin susr or 125 mg/5ml, 250 mg/5ml</i>	2	MO; *; +
<i>clarithromycin tabs or 250 mg, 500 mg</i>	2	MO; *; +
<i>clarithromycin tb24 or 500 mg</i>	2	MO; *; +
<b>Erythromycins</b>		
E.E.S. GRANULES	4	QL(100 ml daily); MO; +
ERYPED 200	4	QL(100 ml daily); MO; +
ERYPED 400	4	QL(50 ml daily); MO; +
<i>erythromycin base cpep 250 mg</i>	2	QL(16 ea daily); MO; *; +
<i>erythromycin base tabs 250 mg</i>	2	QL(16 ea daily); MO; *; +
<i>erythromycin base tabs 500 mg</i>	2	QL(8 ea daily); MO; *; +
<i>erythromycin base tbec 250 mg</i>	2	QL(16 ea daily); MO; *; +
<i>erythromycin base tbec 333 mg</i>	2	QL(12 ea daily); MO; *; +
<i>erythromycin base tbec 500 mg</i>	2	QL(8 ea daily); MO; *; +
<i>erythromycin ethylsuccinate tabs or</i>	1	QL(10 ea daily); MO; *; +
<i>erythromycin lactobionate</i>	2	500 MG; QL(8 ea daily); *; +
<i>erythromycin stearate</i>	1	QL(16 ea daily); MO; *; +
PCE 333 MG	4	QL(12 ea daily); MO; +
PCE 500 MG	4	QL(8 ea daily); MO; +
<b>Fidaxomicin</b>		
DIFICID	5	MO
<b>MEDICAL DEVICES</b>		
<b>Bandages-Dressings-Tape</b>		
<i>gauze pads 2" x 2"</i>	1	RX/OTC; MO

Drug Name	Drug Tier	Requirements/Limits
<b>Misc. Devices</b>		
ALCOHOL PADS	3	RX/OTC; MO
<b>Parenteral Therapy Supplies</b>		
INSULIN SYRINGES AND PEN NEEDLES	3	MO
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
<i>ergotamine w/ caffeine</i>	2	MO; *; +
TREXIMET	4	MO; +
<b>Migraine Products - NSAIDs</b>		
CAMBIA	4	MO; +
<b>Migraine Products</b>		
D.H.E. 45 ( <i>Use Dihydroergotamine Mesylate</i> )	NF	MO
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	MO; *; +
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	5	MO
<i>ergotamine tartrate subl sl</i>	2	*; +
MIGRANAL	5	MO
<b>Serotonin Agonists</b>		
<i>almotriptan malate</i>	2	QL(0.4 ea daily); MO; *; +
AMERGE ( <i>Use Naratriptan HCl</i> )	NF	QL(0.3 ea daily); MO
AXERT ( <i>Use Almotriptan Malate</i> )	4	QL(0.4 ea daily); MO; +
FROVA	4	QL(0.6 ea daily); MO; +
IMITREX SOLN SC 6 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NF	QL(0.27 ml daily); MO
IMITREX STATDOSE REFILL 4 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NF	QL(0.14 ml daily); MO

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

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL 6 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NF	QL(0.27 ml daily); MO
IMITREX STATDOSE SYSTEM 4 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NF	QL(0.14 ml daily); MO
IMITREX STATDOSE SYSTEM 6 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NF	QL(0.27 ml daily); MO
IMITREX TABS OR 100 MG ( <i>Use Sumatriptan Succinate</i> )	NF	QL(0.3 ea daily); MO
IMITREX TABS OR 25 MG ( <i>Use Sumatriptan Succinate</i> )	NF	QL(0.9 ea daily); MO
IMITREX TABS OR 50 MG ( <i>Use Sumatriptan Succinate</i> )	NF	QL(0.6 ea daily); MO
MAXALT 10 MG ( <i>Use Rizatriptan Benzoate</i> )	NF	QL(0.4 ea daily); MO
MAXALT 5 MG ( <i>Use Rizatriptan Benzoate</i> )	NF	QL(0.8 ea daily); MO
MAXALT-MLT 10 MG ( <i>Use Rizatriptan Benzoate</i> )	NF	QL(0.4 ea daily); MO
MAXALT-MLT 5 MG ( <i>Use Rizatriptan Benzoate</i> )	NF	QL(0.8 ea daily); MO
<i>naratriptan hcl</i>	1	QL(0.3 ea daily); MO; *, +
RELPAX	4	QL(0.2 ea daily); MO; +
<i>rizatriptan benzoate tabs 10 mg</i>	2	QL(0.4 ea daily); MO; *, +
<i>rizatriptan benzoate tabs 5 mg</i>	2	QL(0.8 ea daily); MO; *, +
<i>rizatriptan benzoate tbdp 10 mg</i>	2	QL(0.4 ea daily); MO; *, +
<i>rizatriptan benzoate tbdp 5 mg</i>	2	QL(0.8 ea daily); MO; *, +
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	2	QL(0.14 ml daily); MO; *, +
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	2	QL(0.27 ml daily); MO; *, +
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	2	QL(0.14 ml daily); MO; *, +
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	2	QL(0.27 ml daily); MO; *, +

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	2	QL(0.27 ml daily); MO; *, +
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	2	QL(0.27 ml daily); *, +
<i>sumatriptan succinate tabs or 100 mg</i>	2	QL(0.3 ea daily); MO; *, +
<i>sumatriptan succinate tabs or 25 mg</i>	2	QL(0.9 ea daily); MO; *, +
<i>sumatriptan succinate tabs or 50 mg</i>	2	QL(0.6 ea daily); MO; *, +
SUMAVEL DOSEPRO 4 MG/0.5ML	4	QL(0.14 ml daily); +
SUMAVEL DOSEPRO 6 MG/0.5ML	4	QL(0.14 ml daily); MO; +
<i>zolmitriptan tabs 2.5 mg</i>	2	QL(4 ea daily); MO; *, +
<i>zolmitriptan tabs 5 mg</i>	2	QL(2 ea daily); MO; *, +
<i>zolmitriptan tbdp 2.5 mg</i>	2	QL(4 ea daily); MO; *, +
<i>zolmitriptan tbdp 5 mg</i>	2	QL(2 ea daily); MO; *, +
ZOMIG NASAL SPRAY	4	QL(2 ea daily); MO; +
ZOMIG SOLN NA 2.5 MG	4	QL(4 ea daily); MO; +
ZOMIG TABS OR 2.5 MG ( <i>Use Zolmitriptan</i> )	NF	QL(4 ea daily); MO
ZOMIG TABS OR 5 MG ( <i>Use Zolmitriptan</i> )	NF	QL(2 ea daily); MO
ZOMIG ZMT 2.5 MG ( <i>Use Zolmitriptan</i> )	NF	QL(4 ea daily); MO
ZOMIG ZMT 5 MG ( <i>Use Zolmitriptan</i> )	NF	QL(2 ea daily); MO
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Chloride</b>		
<i>ammonium chloride soln iv</i>	2	MO; *, +
<b>Electrolyte Mixtures</b>		
<i>dextrose in lactated ringers</i>	1	*, +
<i>dextrose w/ sodium chloride 0.45%-2.5%</i>	2	*, +
<i>dextrose w/ sodium chloride 0.45%-5%</i>	1	*, +

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose w/ sodium chloride 0.9%-5%</i>	1	MO; *; +
<i>lactated ringer's</i>	1	*; +
<i>parenteral electrolytes</i>	2	B/D; *; +
<i>potassium chloride in dextrose &amp; sodium chloride 0.45%-20meq/l-5%</i>	1	*; +
<b>Fluoride</b>		
<i>sodium fluoride tabs or 1 mg</i>	1	*; +
<b>Magnesium</b>		
<i>magnesium sulfate soln ij 50 %</i>	1	MO; *; +
<b>Potassium</b>		
<i>K-TAB 10 MEQ (Use Potassium Chloride)</i>	NF	MO
<i>MICRO-K (Use Potassium Chloride)</i>	NF	MO
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	2	MO; *; +
<i>POTASSIUM CHLORIDE ER</i>	2	MO; *; +
<i>potassium chloride microencapsulated crystals cr</i>	2	MO; *; +
<i>potassium chloride soln iv 2 meq/ml</i>	1	MO; *; +
<i>potassium chloride soln or 10 %, 20 %</i>	2	*; +
<i>potassium chloride tbcr or 10 meq, 8 meq</i>	2	MO; *; +
<b>Sodium</b>		
<i>sodium chloride soln iv 0.45 %</i>	2	*; +
<i>sodium chloride soln iv 0.9 %</i>	2	MO; *; +
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) 2 %</i>	2	MO; *; +
<b>Anti-infectives - Throat</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole lozg mt</i>	2	MO; *; +
<i>clotrimazole troc mt</i>	2	MO; *; +
<i>nystatin (mouth-throat)</i>	2	MO; *; +
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	MO; *; +
<i>PERIDEX (Use Chlorhexidine Gluconate (Mouth-Throat))</i>	NF	MO
<b>Steroids - Mouth/Throat</b>		
<i>triamcinolone acetonide (mouth)</i>	2	MO; *; +
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl</i>	2	MO; *; +
<i>EVOXAC (Use Cevimeline HCl)</i>	NF	MO
<i>pilocarpine hcl (oral)</i>	2	MO; *; +
<i>SALAGEN (Use Pilocarpine HCl (Oral))</i>	NF	MO
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
<i>baclofen tabs or 10 mg</i>	2	QL(8 ea daily); MO; *; +
<i>baclofen tabs or 20 mg</i>	2	QL(4 ea daily); MO; *; +
<i>carisoprodol tabs or 250 mg, 350 mg</i>	2	AL; MO; *; +
<i>chlorzoxazone</i>	2	AL; MO; *; +
<i>cyclobenzaprine hcl tabs or 10 mg, 5 mg, 7.5 mg</i>	2	AL; MO; *; +
<i>metaxalone</i>	2	AL; MO; *; +
<i>methocarbamol tabs or 500 mg, 750 mg</i>	2	AL; MO; *; +
<i>NORFLEX (Use Orphenadrine Citrate)</i>	NF	AL; MO
<i>orphenadrine citrate soln ij 30 mg/ml</i>	2	AL; MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate tb12 or 100 mg</i>	2	AL; MO; *; +
PARAFON FORTE DSC (Use Chlorzoxazone)	NF	AL; MO
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NF	AL; MO
ROBAXIN-750 (Use Methocarbamol)	NF	AL; MO
SKELAXIN (Use Metaxalone)	NF	AL; MO
SOMA 350 MG (Use Carisoprodol)	NF	AL; MO
<i>tizanidine hcl caps or 2 mg</i>	2	QL(18 ea daily); MO; *; +
<i>tizanidine hcl caps or 4 mg</i>	2	QL(9 ea daily); MO; *; +
<i>tizanidine hcl caps or 6 mg</i>	2	QL(6 ea daily); MO; *; +
<i>tizanidine hcl tabs or 2 mg</i>	2	QL(18 ea daily); MO; *; +
<i>tizanidine hcl tabs or 4 mg</i>	2	QL(9 ea daily); MO; *; +
ZANAFLEX CAPS 2 MG (Use Tizanidine HCl)	NF	QL(18 ea daily); MO
ZANAFLEX CAPS 4 MG (Use Tizanidine HCl)	NF	QL(9 ea daily); MO
ZANAFLEX CAPS 6 MG (Use Tizanidine HCl)	NF	QL(6 ea daily); MO
ZANAFLEX TABS 4 MG (Use Tizanidine HCl)	NF	QL(9 ea daily); MO
<b>Direct Muscle Relaxants</b>		
DANTRIUM (Use Dantrolene Sodium)	NF	MO
<i>dantrolene sodium caps or 100 mg, 25 mg, 50 mg</i>	1	MO; *; +
<b>Muscle Relaxant Combinations</b>		
<i>carisoprodol w/ aspirin</i>	2	AL; MO; *; +
<i>carisoprodol w/ aspirin &amp; codeine</i>	2	AL; MO; *; +
<i>orphenadrine w/ aspirin &amp; caff</i>	2	AL; *; +
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
DYMISTA	4	MO; +
<b>Nasal Anti-infectives</b>		
BACTROBAN NASAL	4	MO; +
<b>Nasal Antiallergy</b>		
ASTEPRO (Use Azelastine HCl)	3	MO; +
<i>azelastine hcl</i>	2	MO; *; +
<i>olopatadine hcl (nasal)</i>	2	MO; *; +
PATANASE (Use Olopatadine HCl (Nasal))	4	MO; +
<b>Nasal Anticholinergics</b>		
ATROVENT (Use Ipratropium Bromide (Nasal))	NF	MO
<i>ipratropium bromide (nasal)</i>	2	MO; *; +
<b>Nasal Steroids</b>		
BECONASE AQ	4	MO; +
<i>budesonide (nasal)</i>	2	MO; *; +
FLONASE (Use Fluticasone Propionate (Nasal))	NF	RX/OTC; MO
<i>flunisolide (nasal)</i>	2	MO; *; +
<i>fluticasone propionate (nasal)</i>	2	RX/OTC; MO; *; +
NASONEX	3	MO; +
OMNARIS	4	MO; +
QNASL	4	MO; +
QNASL CHILDRENS	4	MO; +
RHINOCORT AQUA (Use Budesonide (Nasal))	4	MO; +
<i>triamcinolone acetone (nasal)</i>	2	RX/OTC; MO; *; +
VERAMYST	4	MO; +

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

Drug Name	Drug Tier	Requirements/Limits
ZETONNA	4	MO; +
<b>Sympathomimetic Decongestants</b>		
<i>tetrahydrozoline hcl soln na</i>	2	*; +
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK ( <i>Use Riluzole</i> )	5	MO
<i>riluzole</i>	2	MO; *; +
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX	4	PA; +
XEOMIN	4	PA; +
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
<i>dextrose soln iv 10 %</i>	2	B/D; *; +
<i>dextrose soln iv 5 %</i>	1	MO; B/D; *; +
<b>Lipids</b>		
<i>fat emulsion 20 gm/100ml</i>	2	B/D; *; +
LIPOSYN III 1.2GM/100ML- 20GM/100ML- 2.5GM/100ML ( <i>Use Fat Emulsion</i> )	4	B/D; +
<b>Proteins</b>		
<i>amino acid infusion 15%</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>amino acid infusion 34meq/l-356mg/100ml- 880mg/100ml- 406mg/100ml- 390mg/100ml- 356mg/100ml- 152mg/100ml-52meq/l- 372mg/100ml- 526mg/100ml- 492mg/100ml- 526mg/100ml-34mg/100ml- 492mg/100ml- 1760mg/100ml- 1760mg/100ml</i>	2	B/D; *; +
AMINOSYN II 15% ( <i>Use amino acid infusion</i> )	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D; +
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Beta-blockers - Ophthalmic</b>		
BETAGAN ( <i>Use Levobunolol HCl</i> )	NF	MO
<i>betaxolol hcl (ophth)</i>	1	MO; *; +
BETIMOL	4	MO; +
BETOPTIC-S	3	MO; +
<i>carteolol hcl (ophth)</i>	1	MO; *; +
COMBIGAN	4	MO; +
COSOPT ( <i>Use Dorzolamide HCl-Timolol Maleate</i> )	NF	MO
COSOPT PF	4	MO; +
<i>dorzolamide hcl-timolol maleate</i>	2	MO; *; +
ISTALOL	3	MO; +
LEVOBUNOLOL HCL 0.25 %	4	MO; +
<i>levobunolol hcl 0.5 %</i>	2	MO; *; +
<i>metipranolol</i>	1	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	2	MO; *; +
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	MO; *; +
TIMOPTIC (Use <i>Timolol Maleate (Ophth)</i> )	NF	MO
TIMOPTIC-XE (Use <i>Timolol Maleate (Ophth)</i> )	NF	MO
<b>Cycloplegic Mydriatics</b>		
<i>cyclopentolate hcl soln op 0.5 %, 1 %, 2 %</i>	1	MO; *; +
<b>Miotics</b>		
ISOPTO CARPINE (Use <i>Pilocarpine HCl</i> )	4	MO; +
PHOSPHOLINE IODIDE	4	+
<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	2	MO; *; +
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
EYLEA	5	LA
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P 0.1 %	3	MO; +
ALPHAGAN P 0.15 % (Use <i>Brimonidine Tartrate</i> )	NF	MO
<i>apraclonidine hcl</i>	1	MO; *; +
<i>brimonidine tartrate</i>	2	MO; *; +
IOPIDINE 0.5 % (Use <i>Apraclonidine HCl</i> )	NF	MO
IOPIDINE 1 %	4	MO; +
SIMBRINZA	4	MO; +
<b>Ophthalmic Anti-infectives</b>		
AZASITE	4	MO; +
<i>bacitracin (ophthalmic)</i>	2	MO; *; +
<i>bacitracin-polymyxin b (ophth)</i>	1	MO; *; +
BESIVANCE	4	MO; +

Drug Name	Drug Tier	Requirements/Limits
BLEPH-10 (Use <i>Sulfacetamide Sodium (Ophth)</i> )	NF	MO
CILOXAN OINT	4	MO; +
CILOXAN SOLN (Use <i>Ciprofloxacin HCl (Ophth)</i> )	NF	MO
<i>ciprofloxacin hcl (ophth)</i>	2	MO; *; +
<i>erythromycin (ophth)</i>	2	MO; *; +
<i>gatifloxacin (ophth)</i>	2	MO; *; +
<i>gentamicin sulfate (ophth)</i>	2	MO; *; +
<i>levofloxacin (ophth)</i>	1	MO; *; +
MOXEZA	3	MO; +
NATACYN	3	MO; +
<i>neomycin-bacitracin zn-polymyxin</i>	1	MO; *; +
<i>neomycin-polymyxin-gramicidin</i>	1	MO; *; +
OCUFLOX (Use <i>Ofloxacin (Ophth)</i> )	NF	MO
<i>ofloxacin (ophth)</i>	2	MO; *; +
<i>polymyxin b-trimethoprim</i>	2	MO; *; +
POLYTRIM (Use <i>Polymyxin B-Trimethoprim</i> )	NF	MO
<i>sulfacetamide sodium (ophth)</i>	2	MO; *; +
<i>tobramycin (ophth)</i>	2	MO; *; +
TOBREX OINT	4	MO; +
TOBREX SOLN (Use <i>Tobramycin (Ophth)</i> )	NF	MO
<i>trifluridine soln op</i>	1	MO; *; +
VIGAMOX	3	MO; +
VIROPTIC (Use <i>Trifluridine</i> )	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
ZIRGAN	4	MO; +
ZYMAXID (Use Gatifloxacin (Ophth))	NF	MO
<b>Ophthalmic Decongestants</b>		
naphazoline hcl	1	MO; *; +
<b>Ophthalmic Immunomodulators</b>		
RESTASIS	3	MO; +
<b>Ophthalmic Local Anesthetics</b>		
proparacaine hcl soln op	1	MO; *; +
<b>Ophthalmic Steroids</b>		
ALREX	4	MO; +
bacitracin-poly-neomycin-hc	1	MO; *; +
BLEPHAMIDE	4	MO; +
dexamethasone sodium phosphate (ophth)	1	MO; *; +
DUREZOL	3	MO; +
FLAREX	3	MO; +
fluorometholone (ophth)	2	MO; *; +
FML	3	MO; +
FML FORTE	3	MO; +
FML LIQUIFILM (Use Fluorometholone (Ophth))	NF	MO
LOTEMAX	4	MO; +
MAXIDEX	4	MO; +
MAXITROL (Use Neomycin-Polymyxin-Dexameth)	NF	MO
neomycin-polymyxin-dexameth	2	MO; *; +
neomycin-polymyxin-hc (ophth)	1	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
OMNIPRED (Use Prednisolone Acetate (Ophth))	NF	MO
PRED FORTE (Use Prednisolone Acetate (Ophth))	NF	MO
PRED MILD	3	MO; +
prednisolone acetate (ophth)	2	MO; *; +
prednisolone sodium phosphate (ophth)	1	MO; *; +
sulfacetamide sod-prednisolone	1	MO; *; +
TOBRADEX OINT	4	MO; +
TOBRADEX ST	4	MO; +
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	NF	MO
tobramycin-dexamethasone	2	MO; *; +
VEXOL	4	MO; +
ZYLET	3	MO; +
<b>Ophthalmics - Misc.</b>		
ACULAR (Use Ketorolac Tromethamine (Ophth))	NF	MO
ACULAR LS (Use Ketorolac Tromethamine (Ophth))	NF	MO
ACUVAIL	4	MO; +
ALOCRIL	4	MO; +
ALOMIDE	4	MO; +
azelastine hcl (ophth)	2	MO; *; +
AZOPT	3	MO; +
BEPREVE	4	MO; +
bromfenac sodium (ophth)	2	Once daily dosing; MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (ophth)</i>	2	MO; *; +
CYSTARAN	4	Limited to 60 ml per 28 days; QL(2.15 ml daily); LA; +
<i>diclofenac sodium (ophth)</i>	2	MO; *; +
<i>dorzolamide hcl</i>	2	MO; *; +
ELESTAT ( <i>Use Epinastine HCl (Ophth)</i> )	NF	MO
<i>epinastine hcl (ophth)</i>	1	MO; *; +
<i>flurbiprofen sodium</i>	1	MO; *; +
ILEVRO	3	MO; +
<i>ketorolac tromethamine (ophth)</i>	2	MO; *; +
LASTACAPT	4	MO; +
NEVANAC	3	MO; +
OCUFEN ( <i>Use Flurbiprofen Sodium</i> )	NF	MO
OPTIVAR ( <i>Use Azelastine HCl (Ophth)</i> )	NF	MO
PATADAY	3	MO; +
PATANOL	4	MO; +
PROLENSA	4	MO; +
TRUSOPT ( <i>Use Dorzolamide HCl</i> )	NF	MO
<b>Prostaglandins - Ophthalmic</b>		
BIMATOPROST	3	MO; +
<i>latanoprost</i>	2	MO; *; +
LUMIGAN	3	MO; +
RESCULA	4	+
TRAVATAN Z	3	MO; +

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost</i>	2	MO; *; +
XALATAN ( <i>Use Latanoprost</i> )	NF	MO
ZIOPTAN	4	MO; +
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic)</i>	1	MO; *; +
<i>acetic acid-aluminum acetate</i>	1	MO; *; +
<b>Otic Anti-infectives</b>		
<i>ofloxacin (otic)</i>	2	MO; *; +
<b>Otic Combinations</b>		
CIPRO HC	4	MO; +
CIPRODEX	3	MO; +
COLY-MYCIN S	4	MO; +
CORTISPORIN SOLN OT 10000UNIT/ML-3.5MG/ML-1% ( <i>Use Neomycin-Polymyxin-HC (Otic)</i> )	NF	MO
CORTISPORIN-TC	4	MO; +
<i>neomycin-polymyxin-hc (otic)</i>	2	MO; *; +
<b>Otic Steroids</b>		
DERMOTIC ( <i>Use Fluocinolone Acetonide (Otic)</i> )	NF	MO
<i>fluocinolone acetonide (otic)</i>	2	MO; *; +
<i>hydrocortisone w/acetic acid</i>	2	MO; *; +
VOSOL HC ( <i>Use Hydrocortisone w/Acetic Acid</i> )	NF	MO
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		

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



Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	MO; *; +
<b>PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
BIVIGAM	5	B/D
FLEBOGAMMA DIF 10 %	5	B/D
GAMASTAN S/D	4	B/D; +
GAMMAGARD LIQUID	5	B/D
GAMMAKED	5	B/D
GAMUNEX-C	5	B/D
HIZENTRA 1 GM/5ML	4	B/D; +
HIZENTRA 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	5	B/D
OCTAGAM 10 GM/100ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	5	B/D
PRIVIGEN	5	B/D
VARIZIG	5	
<b>Monoclonal Antibodies</b>		
SYNAGIS	5	
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA	5	B/D
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	MO; *; +
<i>amoxicillin chew 125 mg, 250 mg</i>	2	MO; *; +
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	MO; *; +
<i>amoxicillin tabs 500 mg, 875 mg</i>	2	MO; *; +

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin caps 250 mg, 500 mg</i>	2	MO; *; +
<i>ampicillin sodium ij 1 gm</i>	2	MO; *; +
<i>ampicillin sodium ij 125 mg</i>	2	*; +
<i>ampicillin sodium ij 2 gm</i>	1	MO; *; +
<i>ampicillin sodium iv 1 gm, 10 gm, 2 gm</i>	2	*; +
<i>ampicillin susr 125 mg/5ml</i>	2	*; +
<i>ampicillin susr 250 mg/5ml</i>	2	MO; *; +
<b>Natural Penicillins</b>		
BICILLIN L-A 1200000 UNIT/2ML, 2400000 UNIT/4ML	4	MO; +
<i>penicillin g potassium 20 mu, 20000000 unit, 5000000 unit</i>	1	MO; *; +
<i>penicillin g procaine</i>	2	MO; *; +
<i>penicillin g sodium</i>	2	*; +
<i>penicillin v potassium</i>	2	MO; *; +
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate</i>	2	MO; *; +
<i>ampicillin &amp; sulbactam sodium ij 1gm-2gm</i>	1	MO; *; +
<i>ampicillin &amp; sulbactam sodium iv 1gm-2gm, 5gm-10gm</i>	2	*; +
AUGMENTIN ES-600 (Use Amoxicillin & Pot Clavulanate)	NF	MO
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NF	MO
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN XR (Use Amoxicillin & Pot Clavulanate)	NF	MO
<i>piperacillin sodium-tazobactam sodium</i>	1	*; +
UNASYN 1GM-2GM (Use Ampicillin & Sulbactam Sodium)	NF	MO
ZOSYN SOLN 0.25GM/50ML-2GM/50ML-5%, 0.375GM/50ML-3GM/50ML-5%, 0.5GM/100ML-4GM/100ML-5%	4	+
ZOSYN SOLR 0.25GM-2GM, 0.375GM-3GM, 0.5GM-4GM, 4.5GM-36GM (Use Piperacillin Sodium-Tazobactam Sodium)	NF	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	2	MO; *; +
<i>nafcillin sodium ij 1 gm</i>	2	*; +
<i>nafcillin sodium ij 10 gm</i>	5	
<i>nafcillin sodium ij 2 gm</i>	5	MO
<i>nafcillin sodium iv 1 gm, 2 gm</i>	2	*; +
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
<i>medroxyprogesterone acetate</i>	1	MO; *; +
MEGACE ES (Use Megestrol Acetate (Appetite))	4	AL; MO; +
<i>megestrol acetate (appetite)</i>	2	AL; MO; *; +
<i>norethindrone acetate tabs or</i>	1	MO; *; +
<i>progesterone micronized caps or 100 mg, 200 mg</i>	2	MO; *; +
PROMETRIUM (Use Progesterone Micronized)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
PROVERA (Use Medroxyprogesterone Acetate)	NF	MO
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium</i>	2	MO; *; +
CAMPRAL (Use Acamprosate Calcium)	NF	MO
<i>disulfiram tabs or 250 mg, 500 mg</i>	1	MO; *; +
<b>Anti-Cataleptic Agents</b>		
XYREM	5	LA
<b>Antidementia Agents</b>		
ARICEPT (Use Donepezil Hydrochloride)	NF	MO
ARICEPT ODT (Use Donepezil Hydrochloride)	NF	MO
<i>donepezil hydrochloride</i>	2	MO; *; +
EXELON CAPS OR 1.5 MG, 3 MG, 4.5 MG, 6 MG (Use Rivastigmine Tartrate)	NF	MO
EXELON PT24 TD 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (Use Rivastigmine)	3	MO; +
<i>galantamine hydrobromide</i>	2	MO; *; +
<i>memantine hcl soln 2 mg/ml</i>	2	AL; MO; *; +
<i>memantine hcl tabs 10 mg, 5 mg</i>	2	MO; *; +
NAMENDA SOLN 10 MG/5ML (Use Memantine HCl)	4	AL; MO; +
NAMENDA TABS 10 MG, 5 MG (Use Memantine HCl)	4	MO; +
NAMENDA TITRATION PAK (Use Memantine HCl)	4	MO; +
NAMENDA XR 14 MG	4	AL; QL(2 ea daily); MO; +

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

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR 21 MG, 28 MG	4	AL; QL(1 ea daily); MO; +
NAMENDA XR 7 MG	4	AL; QL(4 ea daily); MO; +
NAMENDA XR TITRATION PACK	4	AL; MO; +
RAZADYNE (Use Galantamine Hydrobromide)	NF	MO
RAZADYNE ER (Use Galantamine Hydrobromide)	NF	MO
<i>rivastigmine</i>	2	MO; *; +
<i>rivastigmine tartrate</i>	2	MO; *; +
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline</i>	2	AL; MO; *; +
<i>olanzapine-fluoxetine hcl</i>	2	MO; *; +
<i>perphenazine-amitriptyline</i>	2	AL; MO; *; +
SYMBYAX (Use Olanzapine-Fluoxetine HCl)	NF	MO
<b>Fibromyalgia Agents</b>		
SAVELLA	4	PA; MO; +
SAVELLA TITRATION PACK	4	PA; MO; +
<b>Movement Disorder Drug Therapy</b>		
<i>tetrabenazine</i>	5	
XENAZINE (Use Tetrabenazine)	5	LA
<b>Multiple Sclerosis Agents</b>		
AMPYRA	5	
AUBAGIO	5	PA
AVONEX	5	PA
AVONEX PEN	5	PA
BETASERON	5	PA

Drug Name	Drug Tier	Requirements/Limits
COPAXONE 20 MG/ML (Use Glatiramer Acetate)	5	PA
COPAXONE 40 MG/ML	5	PA
EXTAVIA	5	PA
GILENYA	5	PA
<i>glatiramer acetate</i>	5	PA
LEMTRADA	5	PA; LA
PLEGRIDY	5	PA
PLEGRIDY STARTER PACK	5	PA
REBIF	5	PA
REBIF REBIDOSE	5	PA
REBIF REBIDOSE TITRATIONPACK	5	PA
REBIF TITRATION PACK	5	PA
TECFIDERA	5	PA
TECFIDERA STARTER PACK	5	PA
TYSABRI	5	PA
<b>Postherpetic Neuralgia (PHN) Agents</b>		
<i>gabapentin &amp; lidocaine-menthol</i>	2	*; +
GRALISE	4	MO; +
GRALISE STARTER	4	MO; +
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd) cap 10 mg, 20 mg</i>	NF	
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA	3	MO; +
<b>Psychotherapeutic and Neurological Agents -</b>		
<i>ergoloid mesylates tabs or</i>	2	AL; MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
ORAP ( <i>Use Pimozide</i> )	4	MO; +
<i>pimozide</i>	2	MO; *; +
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT	4	MO; +
<b>Smoking Deterrents</b>		
<i>bupropion hcl (smoking deterrent)</i>	1	QL(2 ea daily); MO; *; +
CHANTIX	4	PA; MO; +
CHANTIX CONTINUING MONTHPAK	4	PA; MO; +
CHANTIX STARTING MONTH PAK	4	PA; MO; +
NICOTROL INHALER	4	QL(17 ea daily); MO; +
NICOTROL NS	4	MO; +
ZYBAN ( <i>Use Bupropion HCl (Smoking Deterrent)</i> )	NF	QL(2 ea daily); MO
<b>Vasomotor Symptom Agents</b>		
BRISDELLE	4	MO; +
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP 1000 MG	5	LA
GLASSIA	4	LA; +
PROLASTIN-C	5	LA
ZEMAIRA	5	LA
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK 50 MG, 75 MG	5	PA
KALYDECO TABS 150 MG	5	PA; LA
ORKAMBI	5	PA
PULMOZYME	5	B/D
<b>Pulmonary Fibrosis Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
ESBRIET	5	PA; LA
OFEV	5	PA; QL(2 ea daily); LA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tabs or</i>	2	MO; *; +
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
ADOXA PAK 1/100 ( <i>Use Doxycycline (Monohydrate)</i> )	NF	MO
ADOXA PAK 2/100 ( <i>Use Doxycycline (Monohydrate)</i> )	NF	MO
ADOXA TABS 100 MG ( <i>Use Doxycycline (Monohydrate)</i> )	NF	MO
<i>demeclocycline hcl</i>	1	MO; *; +
DORYX 150 MG ( <i>Use Doxycycline Hyclate</i> )	NF	MO
DORYX 200 MG	4	PA; MO; +
<i>doxycycline (monohydrate) caps 100 mg, 50 mg, 75 mg</i>	2	MO; *; +
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	2	MO; *; +
<i>doxycycline (monohydrate) tabs 100 mg, 150 mg, 50 mg, 75 mg</i>	2	MO; *; +
<i>doxycycline hyclate caps or 100 mg, 50 mg</i>	1	MO; *; +
<i>doxycycline hyclate solr iv 100 mg</i>	2	MO; *; +
<i>doxycycline hyclate tabs or 100 mg, 20 mg</i>	1	MO; *; +
<i>doxycycline hyclate tbec or 100 mg, 150 mg, 75 mg</i>	2	MO; *; +
<i>doxycycline hyclate w/ cleanser</i>	2	MO; *; +

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate w/ eyelid cleanser &amp; spray</i>	2	*; +
MINOCIN CAPS OR 100 MG, 50 MG, 75 MG (Use <i>Minocycline HCl</i> )	NF	MO
<i>minocycline hcl caps or 100 mg, 50 mg, 75 mg</i>	2	MO; *; +
<i>minocycline hcl tabs or 100 mg, 50 mg</i>	2	MO; *; +
MONODOX (Use <i>Doxycycline (Monohydrate)</i> )	NF	MO
<i>tetracycline hcl caps or 250 mg, 500 mg</i>	1	MO; *; +
VIBRAMYCIN CAPS 100 MG (Use <i>Doxycycline Hyclate</i> )	NF	MO
VIBRAMYCIN SUSR 25 MG/5ML (Use <i>Doxycycline (Monohydrate)</i> )	4	MO; +
VIBRAMYCIN SYRP 50 MG/5ML	4	MO; +

### THYROID AGENTS - Drugs to Regulate Thyroid Hormones

#### Antithyroid Agents

<i>methimazole tabs or 10 mg, 5 mg</i>	2	MO; *; +
<i>propylthiouracil tabs or</i>	2	MO; *; +

#### Thyroid Hormones

CYTOMEL (Use <i>Liothyronine Sodium</i> )	NF	MO
<i>levothyroxine sodium tabs or 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MO; *; +
<i>liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg</i>	2	MO; *; +
SYNTHROID (Use <i>Levothyroxine Sodium</i> )	4	MO; +

### TOXOIDS

#### Toxoid Combinations

Drug Name	Drug Tier	Requirements/Limits
ADACEL	4	+
BOOSTRIX	4	+
DAPTACEL	4	+
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	4	+
INFANRIX	4	+
TENIVAC	4	B/D; +
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED	4	B/D; +
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	4	B/D; +
<b>Toxoids</b>		
TETANUS TOXOID ADSORBED	4	B/D; +
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
BENTYL CAPS OR 10 MG (Use <i>Dicyclomine HCl</i> )	NF	MO
BENTYL TABS OR 20 MG (Use <i>Dicyclomine HCl</i> )	NF	MO
CANTIL	4	MO; +
<i>dicyclomine hcl</i>	2	MO; *; +
<i>glycopyrrolate soln ij 0.2 mg/ml</i>	2	MO; *; +
<i>glycopyrrolate tabs or 1 mg</i>	1	QL(8 ea daily); MO; *; +
<i>glycopyrrolate tabs or 1.5 mg</i>	2	QL(5.34 ea daily); *; +
<i>glycopyrrolate tabs or 2 mg</i>	1	QL(4 ea daily); MO; *; +
<i>methscopolamine bromide tabs or 2.5 mg, 5 mg</i>	1	MO; *; +
PAMINE (Use <i>Methscopolamine Bromide</i> )	NF	MO
PAMINE FORTE (Use <i>Methscopolamine Bromide</i> )	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>propantheline bromide tabs or</i>	2	MO; *; +
ROBINUL FORTE (Use <i>Glycopyrrolate</i> )	NF	QL(4 ea daily); MO
ROBINUL SOLN IJ 0.2 MG/ML (Use <i>Glycopyrrolate</i> )	NF	MO
ROBINUL TABS OR 1 MG (Use <i>Glycopyrrolate</i> )	NF	QL(8 ea daily); MO
<b>H-2 Antagonists</b>		
<i>cimetidine tabs or 200 mg</i>	1	RX/OTC; MO; *; +
<i>cimetidine tabs or 300 mg, 400 mg, 800 mg</i>	1	MO; *; +
<i>famotidine in nacl</i>	2	*; +
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	1	*; +
<i>famotidine susr or 40 mg/5ml</i>	2	MO; *; +
<i>famotidine tabs or 20 mg</i>	1	RX/OTC; MO; *; +
<i>famotidine tabs or 40 mg</i>	1	MO; *; +
<i>nizatidine caps 150 mg, 300 mg</i>	1	MO; *; +
PEPCID 20 MG,40 MG/5ML (Use <i>Famotidine</i> )	NF	MO
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	2	MO; *; +
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	2	MO; *; +
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC; MO; *; +
<i>ranitidine hcl tabs or 300 mg</i>	1	MO; *; +
ZANTAC SYRP OR 15 MG/ML (Use <i>Ranitidine HCl</i> )	NF	MO
ZANTAC TABS OR 150 MG (Use <i>Ranitidine HCl</i> )	NF	RX/OTC; MO
ZANTAC TABS OR 300 MG (Use <i>Ranitidine HCl</i> )	NF	MO
<b>Misc. Anti-Ulcer</b>		

Drug Name	Drug Tier	Requirements/Limits
CARAFATE SUSP 1 GM/10ML	4	MO; +
CARAFATE TABS 1 GM (Use <i>Sucralfate</i> )	NF	MO
<i>sucralfate tabs or</i>	2	MO; *; +
<b>Proton Pump Inhibitors</b>		
DEXILANT	3	ST; MO; +
<i>esomeprazole magnesium 20 mg</i>	2	ST; RX/OTC; MO; *; +
<i>esomeprazole magnesium 40 mg</i>	2	ST; MO; *; +
<i>esomeprazole sodium 20 mg</i>	2	*; +
ESOMEPRAZOLE STRONTIUM	4	ST; +
<i>lansoprazole cpdr or 15 mg</i>	2	RX/OTC; MO; *; +
<i>lansoprazole cpdr or 30 mg</i>	2	MO; *; +
NEXIUM CPDR 20 MG	4	ST; RX/OTC; MO; +
NEXIUM CPDR 20 MG (Use <i>Esomeprazole Magnesium</i> )	4	ST; RX/OTC; MO; +
NEXIUM CPDR 40 MG	4	ST; MO; +
NEXIUM CPDR 40 MG (Use <i>Esomeprazole Magnesium</i> )	4	ST; MO; +
NEXIUM I.V. 20 MG (Use <i>Esomeprazole Sodium</i> )	NF	
NEXIUM PACK 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	4	ST; MO; +
<i>omeprazole cpdr or 10 mg, 20 mg, 40 mg</i>	2	MO; *; +
<i>pantoprazole sodium solr iv 40 mg</i>	2	*; +
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	MO; *; +
PREVACID 15 MG (Use <i>Lansoprazole</i> )	NF	RX/OTC; MO
PREVACID 30 MG (Use <i>Lansoprazole</i> )	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC CPDR 10 MG, 20 MG, 40 MG (Use <i>Omeprazole</i> )	NF	MO
PROTONIX PACK OR 40 MG	4	QL(1 ea daily); MO; +
PROTONIX SOLR IV 40 MG (Use <i>Pantoprazole Sodium</i> )	NF	
PROTONIX TBEC OR 20 MG, 40 MG (Use <i>Pantoprazole Sodium</i> )	NF	MO
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC (Use <i>Misoprostol</i> )	NF	MO
<i>misoprostol tabs or 100 mcg, 200 mcg</i>	2	MO; *; +
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	2	MO; *; +
<i>omeprazole-sodium bicarbonate 20mg-1100mg</i>	2	RX/OTC; MO; *; +
<i>omeprazole-sodium bicarbonate 40mg-1100mg</i>	2	MO; *; +
PREVPAC (Use <i>Amoxicillin-Clarithromycin w/ Lansoprazole</i> )	NF	MO
PYLERA	4	MO; +
ZEGERID CAPS 20MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i> )	NF	RX/OTC; MO
ZEGERID CAPS 40MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i> )	NF	MO
ZEGERID PACK 20MG-1680MG	4	ST; MO; +
ZEGERID PACK 40MG-1680MG	4	MO; +
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infectives</b>		
FURADANTIN (Use <i>Nitrofurantoin</i> )	5	AL; MO

Drug Name	Drug Tier	Requirements/Limits
HIPREX (Use <i>Methenamine Hippurate</i> )	NF	MO
MACROBID (Use <i>Nitrofurantoin Monohyd Macro</i> )	NF	MO
MACRODANTIN 100 MG, 50 MG (Use <i>Nitrofurantoin Macrocrystal</i> )	NF	AL; MO
MACRODANTIN 25 MG (Use <i>Nitrofurantoin Macrocrystal</i> )	4	AL; MO; +
<i>methenamine hippurate</i>	2	MO; *; +
MONUROL	4	MO; +
<i>nitrofurantoin macrocrystal caps or 100 mg, 25 mg, 50 mg</i>	2	AL; MO; *; +
<i>nitrofurantoin monohyd macro</i>	2	MO; *; +
<i>nitrofurantoin susp or</i>	2	AL; MO; *; +
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
DETROL (Use <i>Tolterodine Tartrate</i> )	NF	MO
DETROL LA (Use <i>Tolterodine Tartrate</i> )	NF	MO
DITROPAN XL (Use <i>Oxybutynin Chloride</i> )	NF	MO
ENABLEX	3	MO; +
GELNIQUE	4	MO; +
<i>oxybutynin chloride syrp 5 mg/5ml</i>	2	MO; *; +
<i>oxybutynin chloride tabs 5 mg</i>	1	MO; *; +
<i>oxybutynin chloride tb24 10 mg, 15 mg, 5 mg</i>	2	MO; *; +
OXYTROL	4	RX/OTC; MO; +
SANCTURA (Use <i>Trospium Chloride</i> )	NF	MO

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

Drug Name	Drug Tier	Requirements/Limits
SANCTURA XR ( <i>Use Trospium Chloride</i> )	NF	MO
<i>tolterodine tartrate</i>	2	MO; *; +
TOVIAZ	3	MO; +
<i>trospium chloride</i>	2	MO; *; +
VESICARE	3	MO; +
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		
MYRBETRIQ	4	MO; +
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO; *; +
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl</i>	1	MO; *; +
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
ACTHIB	4	+
MENACTRA	4	+
MENOMUNE-A/C/Y/W-135	4	+
MENVEO	4	+
PEDVAX HIB	4	+
TYPHIM VI	4	+
<b>Mixed Vaccine Combinations</b>		
COMVAX	4	+
<b>Viral Vaccines</b>		
CERVARIX	4	+
ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML	4	B/D; +
GARDASIL	4	+
HAVRIX	4	+

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES ( <i>H.D.C.V.</i> )	4	B/D; +
IPOL INACTIVATED IPV	4	+
IXIARO	4	+
M-M-R II	4	+
PROQUAD	4	+
RABAVERT	4	B/D; +
RECOMBIVAX HB	4	B/D; +
ROTARIX	4	+
ROTATEQ	3	+
TWINRIX	4	+
VAQTA	4	+
VARIVAX	4	+
YF-VAX	4	+
ZOSTAVAX	4	+
<b>VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones</b>		
<b>Vaginal Anti-infectives</b>		
<i>butoconazole nitrate (one dose)</i>	2	MO; *; +
CLEOCIN CREA VA 2 % ( <i>Use Clindamycin Phosphate Vaginal</i> )	NF	MO
CLEOCIN SUPP VA 100 MG	4	MO; +
<i>clindamycin phosphate vaginal</i>	1	MO; *; +
METROGEL-VAGINAL ( <i>Use Metronidazole Vaginal</i> )	NF	MO
<i>metronidazole vaginal</i>	2	MO; *; +
<i>miconazole nitrate vaginal supp 200 mg</i>	1	MO; *; +

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



Drug Name	Drug Tier	Requirements/Limits
TERAZOL 3 (Use Terconazole Vaginal)	NF	MO
TERAZOL 7 (Use Terconazole Vaginal)	NF	MO
terconazole vaginal	2	MO; *; +
<b>Vaginal Estrogens</b>		
estradiol vaginal	1	MO; *; +
ESTRING	4	MO; +
FEMRING	4	MO; +
PREMARIN CREA VA 0.625 MG/GM	3	MO; +
VAGIFEM	4	MO; +
<b>Vaginal Progestins</b>		
CRINONE	4	MO; +
ENDOMETRIN	4	MO; +
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
ADRENALIN	3	MO; +
AUVI-Q	3	MO; +
EPINEPHRINE SOAJ IJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	3	MO; +
EPIPEN 2-PAK	3	MO; +
EPIPEN-JR 2-PAK	3	MO; +
<b>Neurogenic Orthostatic Hypotension (NOH) -</b>		
NORTHERA 100 MG	5	PA; QL(18 ea daily)
NORTHERA 200 MG	5	PA; QL(9 ea daily)
NORTHERA 300 MG	5	PA; QL(6 ea daily)
<b>Vasopressors</b>		
dobutamine hcl	1	*; +

Drug Name	Drug Tier	Requirements/Limits
dopamine hcl 160 mg/ml, 80 mg/ml	2	*; +
midodrine hcl	1	MO; *; +

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

## Index

abacavir sulfate.....	41	ACTIQ 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG.....	4	AFREZZA.....	23
abacavir sulfate-lamivudine- zidovudine.....	41	ACTIQ 200 MCG.....	4	AGGRENEX.....	66
ABELCET.....	26	ACTIVELLA.....	63	AGRYLIN.....	66
ABILIFY 1 MG/ML.....	41	ACTONEL 150 MG.....	60	AKYNZEO.....	26
ABILIFY 10 MG.....	41	ACTONEL 30 MG, 5 MG..	60	ALBENZA.....	9
ABILIFY 15 MG.....	41	ACTONEL 35 MG.....	60	albuterol sulfate 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml...	14
ABILIFY 2 MG.....	41	ACTOPLUS MET.....	21	albuterol sulfate 2 mg, 4 mg.	14
ABILIFY 20 MG, 30 MG.....	41	ACTOPLUS MET XR 15MG- 1000MG.....	21	albuterol sulfate 2 mg/5ml...	14
ABILIFY 5 MG.....	41	ACTOPLUS MET XR 30MG- 1000MG.....	21	albuterol sulfate 4 mg, 8 mg.	14
ABILIFY 9.75 MG/1.3ML.....	41	ACTOS 15 MG.....	23	alclometasone dipropionate.	56
ABILIFY DISCMELT 10 MG.	41	ACTOS 30 MG, 45 MG.....	23	ALCOHOL PADS.....	70
ABILIFY DISCMELT 15 MG.	41	ACULAR.....	76	ALDACTAZIDE 25MG- 25MG.....	59
ABILIFY MAINTENA.....	41	ACULAR LS.....	76	ALDACTAZIDE 50MG- 50MG.....	59
ABRAXANE.....	37	ACUVAIL.....	76	ALDACTONE.....	60
ABSORICA 30 MG.....	53	acyclovir 200 mg.....	44	ALDARA.....	58
ABSTRAL 100 MCG.....	4	acyclovir 200 mg/5ml.....	44	alendronate sodium 10 mg, 40 mg, 5 mg.....	60
ABSTRAL 200 MCG.....	4	acyclovir 400 mg, 800 mg.	44	alendronate sodium 35 mg, 70 mg.....	60
ABSTRAL 300 MCG, 400 MCG, 600 MCG, 800 MCG.....	4	acyclovir sodium 50 mg/ml.	44	alendronate sodium 70 mg/75ml.....	60
acamprosate calcium.....	79	acyclovir sodium 500 mg..	44	alfuzosin hcl.....	66
ACANYA.....	53	acyclovir topical.....	55	ALIMTA 100 MG.....	34
acarbose.....	21	ADACEL.....	82	ALIMTA 500 MG.....	34
ACCOLATE.....	13	ADAGEN.....	47	ALINIA 500 MG.....	10
ACCUPRIL.....	29	ADALAT CC.....	47	ALKERAN 2 MG.....	33
ACCURETIC.....	30	adapalene 0.1 %.....	53	ALKERAN 50 MG.....	33
acebutolol hcl 200 mg, 400 mg.....	46	adapalene 0.3 %.....	53	allopurinol 100 mg.....	66
ACEON 4 MG.....	29	ADASUVE.....	40	allopurinol 300 mg.....	66
ACEON 8 MG.....	29	ADCIRCA.....	48	almotriptan malate.....	70
acetaminophen w/ codeine 120mg/5ml-12mg/5ml.....	7	ADDERALL XR.....	1	ALOCRIAL.....	76
acetaminophen w/ codeine 300mg-15mg, 300mg-30mg, 300mg-60mg.....	7	adefovir dipivoxil.....	43	ALOMIDE.....	76
acetaminophen-caff- dihydrocod.....	7	ADEMPAS 0.5 MG.....	48	ALORA.....	63
acetazolamide 125 mg, 250 mg.....	59	ADEMPAS 1 MG.....	48	alose tron hcl.....	65
acetazolamide 500 mg.....	59	ADEMPAS 1.5 MG.....	48	ALPHAGAN P 0.1 %.....	75
acetic acid (otic).....	77	ADEMPAS 2 MG.....	48	ALPHAGAN P 0.15 %.....	75
acetic acid 0.25 %.....	66	ADEMPAS 2.5 MG.....	48	alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	12
acetic acid-aluminum acetate.....	77	ADOXA 100 MG.....	81	alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg.....	12
acetylcysteine 10 %, 20 %..	53	ADOXA PAK 1/100.....	81	alprazolam 1 mg/ml.....	12
acitretin.....	55	ADOXA PAK 2/100.....	81	ALREX.....	76
ACTEMRA.....	3	ADRENACLICK.....	86	ALTABAX.....	54
ACTHIB.....	85	ADVAIR DISKUS.....	14	ALTACE.....	29
ACTIGALL.....	64	ADVAIR HFA.....	14	ALTOPREV.....	28
ACTIMMUNE.....	37	ADVICOR.....	28	ALVESCO 160 MCG/ACT...	13
		AEROSPAN.....	13	ALVESCO 80 MCG/ACT...	13
		AFINITOR.....	36		
		AFINITOR DISPERZ.....	36		

amantadine hcl 100 mg.....	38	amlodipine-valsartan- hydrochlorothiazide .....	30	ANGELIQ 0.5MG-1MG.....	63
amantadine hcl 50 mg/5ml ..	38	ammonium chloride.....	71	ANORO ELLIPTA.....	14
AMARYL 1 MG.....	24	amoxapine 100 mg, 25 mg, 50 mg.....	21	ANTARA 130 MG.....	28
AMARYL 2 MG.....	24	amoxapine 150 mg.....	21	ANTARA 30 MG.....	28
AMARYL 4 MG.....	24	amoxicillin & pot clavulanate.....	78	ANTARA 43 MG.....	28
AMBIEN 10 MG.....	68	amoxicillin 125 mg, 250 mg.....	78	ANTARA 90 MG.....	28
AMBIEN 5 MG.....	68	amoxicillin 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....	78	APIDRA.....	23
AMBIEN CR 12.5 MG.....	68	amoxicillin 250 mg, 500 mg.....	78	APIDRA SOLOSTAR.....	23
AMBIEN CR 6.25 MG.....	68	amoxicillin 500 mg, 875 mg.....	78	ALENZIN 174 MG.....	19
AMBISOME.....	26	amoxicillin-clarithromycin w/ lansoprazole.....	84	ALENZIN 348 MG, 522 MG	19
amcinonide.....	56	amphetamine sulfate 10 mg.1		APOKYN.....	38
AMERGE.....	70	amphetamine sulfate 5 mg. .1		apraclonidine hcl.....	75
AMICAR 1000 MG.....	68	amphetamine- dextroamphetamine.....	1	APRISO.....	64
amifostine crystalline.....	37	amphotericin b 50 mg.....	26	APTIOM 200 MG.....	16
amikacin sulfate 1 gm/4ml, 500 mg/2ml.....	2	ampicillin & sulbactam sodium 1gm-2gm.....	78	APTIOM 400 MG.....	16
amiloride & hydrochlorothiazide.....	59	ampicillin & sulbactam sodium 1gm-2gm, 5gm-10gm.....	78	APTIOM 600 MG.....	16
amiloride hcl.....	60	ampicillin 125 mg/5ml.....	78	APTIOM 800 MG.....	16
amino acid infusion 15%.....	74	ampicillin 250 mg, 500 mg.78		APTIVUS 100 MG/ML.....	42
amino acid infusion 34meq/l- 356mg/100ml-880mg/100ml- 406mg/100ml-390mg/100ml- 356mg/100ml-152mg/100ml- 52meq/l-372mg/100ml- 526mg/100ml-492mg/100ml- 526mg/100ml-34mg/100ml- 492mg/100ml-1760mg/100ml- 1760mg/100ml.....	74	ampicillin 250 mg/5ml.....	78	APTIVUS 250 MG.....	41
AMINOCAPROIC ACID 1000 MG.....	68	ampicillin sodium 1 gm.....	78	ARALAST NP 1000 MG.....	81
aminocaproic acid 500 mg. .68		ampicillin sodium 1 gm, 10 gm, 2 gm.....	78	ARALEN.....	32
aminophylline.....	15	ampicillin sodium 125 mg. .78		ARANESP ALBUMIN FREE 10 MCG/0.4ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML.....	67
aminosalicylic acid.....	33	ampicillin sodium 2 gm.....	78	ARANESP ALBUMIN FREE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML..	67
AMINOSYN II 15% (Use amino acid infusion).....	74	AMPYRA.....	80	ARANESP ALBUMIN FREE 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 300 MCG/ML.....	67
amiodarone hcl 100 mg, 200 mg, 400 mg.....	13	AMTURNIDE 300MG-10MG- 12.5MG, 300MG-10MG- 25MG.....	30	ARANESP ALBUMIN FREE 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML.....	67
amiodarone hcl 900 mg/18ml.....	13	AMTURNIDE 300MG-5MG- 12.5MG, 300MG-5MG- 25MG.....	30	ARAVA.....	4
AMITIZA.....	64	ANADROL-50.....	8	ARCALYST.....	2
amitriptyline hcl.....	21	ANAFRANIL.....	21	ARCAPTA NEOHALER.....	14
amlodipine besylate 10 mg. .47		anagrelide hcl.....	66	argatroban 250 mg/2.5ml....	16
amlodipine besylate 2.5 mg. .47		ANAPROX.....	3	ARICEPT.....	79
amlodipine besylate 5 mg. .47		ANAPROX DS.....	3	ARICEPT ODT.....	79
amlodipine besylate-atorvastatin calcium.....	48	anastrozole.....	35	ARIMIDEX.....	35
amlodipine besylate-benazepril hcl.....	30	ANCOBON.....	26	aripiprazole 1 mg/ml.....	41
amlodipine besylate- valsartan.....	30	ANDRODERM.....	8	aripiprazole 10 mg.....	41
		ANDROGEL.....	8	aripiprazole 15 mg.....	41
		ANDROGEL PUMP.....	8	aripiprazole 2 mg.....	41
				aripiprazole 20 mg, 30 mg. .41	
				aripiprazole 5 mg.....	41
				ARIPIPRAZOLE ODT 10 MG.....	41

ARIPIRAZOLE ODT 15 MG	41	AUGMENTIN 250MG/5ML-62.5MG/5ML	78	aztreonam	9
ARIXTRA 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML	15	AUGMENTIN 500MG-125MG, 875MG-125MG	78	AZULFIDINE	65
ARIXTRA 2.5 MG/0.5ML	15	AUGMENTIN ES-600	78	AZULFIDINE EN-TABS	65
ARNUIITY ELLIPTA	13	AUGMENTIN XR	79	bacitracin (ophthalmic)	75
AROMASIN	35	AURYXIA	65	bacitracin-poly-neomycin-hc	76
ARRANON	34	AUVI-Q	86	bacitracin-polymyxin b (ophth)	75
ARTHROTEC 50	3	AVALIDE	30	baclofen 10 mg	72
ARTHROTEC 75	3	AVANDAMET 2MG-1000MG	21	baclofen 20 mg	72
ARZERRA	34	AVANDAMET 2MG-500MG	21	BACTRIM	10
ASACOL HD	64	AVANDAMET 4MG-1000MG, 4MG-500MG	21	BACTRIM DS	10
ASMANEX HFA 100 MCG/ACT	13	AVANDARYL 4MG-1MG, 4MG-2MG	21	BACTROBAN	54
ASMANEX HFA 200 MCG/ACT	13	AVANDARYL 4MG-4MG, 8MG-4MG	21	BACTROBAN NASAL	73
ASMANEX TWISTHALER 120 METERED DOSES	13	AVANDARYL 8MG-2MG	21	balsalazide disodium	65
ASMANEX TWISTHALER 14 METERED DOSES	13	AVANDIA 2 MG	23	BANZEL 200 MG	16
ASMANEX TWISTHALER 30 METERED DOSES 110 MCG/INH	14	AVANDIA 4 MG	23	BANZEL 40 MG/ML	16
ASMANEX TWISTHALER 30 METERED DOSES 220 MCG/INH	14	AVANDIA 8 MG	23	BANZEL 400 MG	16
ASMANEX TWISTHALER 60 METERED DOSES	14	AVAPRO	30	BARACLUDGE 0.05 MG/ML	43
ASMANEX TWISTHALER 7 METERED DOSES	14	AVASTIN	34	BARACLUDGE 0.5 MG, 1 MG	43
ASPIRIN/DIPYRIDAMOLE	66	AVEED	8	BECONASE AQ	73
ASTAGRAF XL	44	AVELOX 400 MG	63	BELEODAQ	36
ASTEPRO	73	AVELOX ABC PACK	63	BELSOMRA 10 MG	68
ATACAND	30	AVINZA	4	BELSOMRA 15 MG, 20 MG	68
ATACAND HCT	30	AVODART	66	BELSOMRA 5 MG	68
ATELVIA	60	AVONEX	80	benazepril & hydrochlorothiazide	31
atenolol & chlorthalidone	30	AVONEX PEN	80	benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg	29
atenolol 100 mg, 25 mg, 50 mg	46	AXERT	70	BENICAR	30
ATGAM	44	AXIRON	8	BENICAR HCT	31
ATIVAN 0.5 MG, 1 MG, 2 MG	12	azacitidine	34	BENLYSTA	45
ATIVAN 2 MG/ML	12	AZACTAM	9	BENTYL 10 MG	82
ATIVAN 4 MG/ML	12	AZASITE	75	BENTYL 20 MG	82
atorvastatin calcium	28	azathioprine 100 mg, 50 mg, 75 mg	44	BENZAFLIN	53
atovaquone	10	azelastine hcl	73	BENZAFLIN WITH PUMP	53
atovaquone-proguanil hcl	32	azelastine hcl (ophth)	76	BENZAMYCIN	53
ATRALIN	53	AZELEX	53	benzoyl peroxide-erythromycin	53
ATRIPLA	42	AZILECT	39	benztropine mesylate 0.5 mg, 1 mg, 2 mg	38
ATROVENT	73	azithromycin 100 mg/5ml, 200 mg/5ml	69	benztropine mesylate 1 mg/ml	38
ATROVENT HFA	13	azithromycin 250 mg, 500 mg, 600 mg	69	BEPREVE	76
AUBAGIO	80	azithromycin 500 mg	69	BERINERT	66
		AZOPT	76	BESIVANCE	75
		AZOR	31	BETAGAN	74
				betamethasone dipropionate (topical)	56
				betamethasone dipropionate augmented	56

betamethasone sod phosphate & ace & bupivacaine & lidocaine.....	51	BOSULIF.....	36	butalbital-aspirin-caffeine w/cod.....	7
betamethasone sod phosphate & acetate.....	51	BOTOX.....	74	BUTISOL SODIUM.....	68
betamethasone sod phosphate & acetate & bupivacaine hcl.....	51	BREO ELLIPTA 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH.....	14	butoconazole nitrate (one dose).....	85
betamethasone sod phosphate & acetate & lidocaine hcl.....	51	BREVICON-28.....	50	butorphanol tartrate 10 mg/ml.....	8
betamethasone valerate 0.1 %.....	56	BRILINTA.....	66	BUTRANS 10 MCG/HR.....	8
betamethasone valerate 0.12 %.....	56	brimonidine tartrate.....	75	BUTRANS 15 MCG/HR.....	8
BETAPACE.....	46	BRINTELLIX 10 MG.....	20	BUTRANS 20 MCG/HR, 7.5 MCG/HR.....	8
BETAPACE AF.....	46	BRINTELLIX 20 MG.....	20	BUTRANS 5 MCG/HR.....	8
BETASERON.....	80	BRINTELLIX 5 MG.....	20	BYDUREON.....	23
betaxolol hcl (ophth).....	74	BRISDELLE.....	81	BYETTA.....	23
betaxolol hcl 10 mg.....	46	bromfenac sodium (ophth).....	76	BYSTOLIC.....	46
betaxolol hcl 20 mg.....	46	bromocriptine mesylate 2.5 mg.....	38	cabergoline.....	62
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg.....	85	bromocriptine mesylate 5 mg.....	38	CADUET.....	48
BETHKIS.....	2	BROVANA.....	14	CALAN.....	47
BETIMOL.....	74	budesonide.....	51	CALAN SR.....	47
BETOPTIC-S.....	74	budesonide (inhalation) 0.25 mg/2ml.....	14	calcipotriene.....	55
bexarotene.....	37	budesonide (inhalation) 0.5 mg/2ml.....	14	calcipotriene-betamethasone dipropionate.....	56
BEYAZ.....	50	budesonide (inhalation) 1 mg/2ml.....	14	calcitonin (salmon).....	60
BIAXIN.....	69	budesonide (nasal).....	73	calcitriol 0.25 mcg, 0.5 mcg.....	62
BIAXIN XL.....	69	bumetanide 0.5 mg, 1 mg, 2 mg.....	60	calcitriol 1 mcg/ml.....	62
BIAXIN XL PAC.....	70	BUMEX.....	60	CALCITRIOL 3 MCG/GM.....	55
bicalutamide.....	35	BUNAVAIL.....	8	calcium acetate (phosphate binder).....	65
BICILLIN L-A 1200000 UNIT/2ML, 2400000 UNIT/4ML.....	78	buprenorphine hcl 2 mg.....	8	CAMBIA.....	70
BICNU.....	33	buprenorphine hcl 8 mg.....	8	CAMPRAL.....	79
BIDIL.....	48	buprenorphine hcl-naloxone hcl dihydrate 2mg-0.5mg.....	8	CAMPTOSAR 100 MG/5ML, 40 MG/2ML.....	38
BILTRICIDE.....	9	buprenorphine hcl-naloxone hcl dihydrate 8mg-2mg.....	8	CAMPTOSAR 300 MG/15ML.....	38
BIMATOPROST.....	77	bupropion hcl (smoking deterrent).....	81	CANASA.....	65
bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride.....	69	bupropion hcl 100 mg.....	19	candesartan cilexetil.....	30
bisoprolol & hydrochlorothiazide.....	31	bupropion hcl 150 mg.....	19	candesartan cilexetil-hydrochlorothiazide.....	31
bisoprolol fumarate.....	46	bupropion hcl 150 mg, 200 mg.....	19	CANTIL.....	82
BIVIGAM.....	78	bupropion hcl 300 mg.....	19	CAPASTAT SULFATE.....	33
bleomycin sulfate 15 unit.....	35	bupropion hcl 75 mg.....	19	CAPEX.....	56
bleomycin sulfate 30 unit.....	35	bupropion hcl 75 mg.....	19	CAPRELSA.....	36
BLEPH-10.....	75	bupirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg.....	12	captopril 100 mg, 12.5 mg, 25 mg, 50 mg.....	29
BLEPHAMIDE.....	76	BUSULFEX.....	33	CAPTOPRIL/HYDROCHLOROTHIAZIDE.....	31
BLINCYTO.....	34	butalbital-acetaminophen-caffeine w/ codeine 300mg-50mg-40mg-30mg.....	7	CARAC.....	55
BONIVA 150 MG.....	60	butalbital-acetaminophen-caffeine w/ codeine 325mg-50mg-40mg-30mg.....	7	CARAFATE 1 GM.....	83
BONIVA 3 MG/3ML.....	60			CARAFATE 1 GM/10ML.....	83
BOOSTRIX.....	82			carbamazepine 100 mg.....	16
				carbamazepine 100 mg, 200 mg, 300 mg.....	16

carbamazepine 100 mg/5ml	16	cefazolin sodium 1 gm, 10 gm	48	CELLCEPT	45
carbamazepine 200 mg	16	cefazolin sodium 500 mg	48	CELLCEPT INTRAVENOUS	45
carbamazepine 200 mg, 400 mg	16	cefdinir	49	CELONTIN	18
CARBATROL	17	CEFEPIME 1 GM/50ML, 2 GM/100ML	50	CENESTIN	63
carbidopa	38	cefepime hcl	50	cephalexin 125 mg/5ml, 250 mg/5ml	49
carbidopa-levodopa	38	cefexime 100 mg	49	cephalexin 250 mg, 500 mg	49
carbidopa-levodopa-entacapone	38	cefexime 100 mg/5ml, 200 mg/5ml	49	cephalexin 750 mg	49
carbinoxamine maleate	27	cefexime 200 mg	49	CERDELGA	67
carboplatin 150 mg/15ml, 600 mg/60ml	33	cefexime 400 mg	49	CEREBYX 100 MG PE/2ML	18
carboplatin 450 mg/45ml, 50 mg/5ml	33	cefotaxime sodium 1 gm	49	CEREBYX 500 MG PE/10ML	18
CARDIZEM	47	cefotaxime sodium 1 gm, 2 gm	49	CEREZYME	67
CARDIZEM CD	47	cefotaxime sodium 10 gm	49	CERVARIX	85
CARDIZEM LA 120 MG	47	cefotaxime sodium 2 gm, 500 mg	49	CESAMET	26
CARDIZEM LA 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	47	cefotetan disodium 1 gm, 10 gm	49	cetirizine hcl 1 mg/ml	27
CARDURA	30	cefotetan disodium 2 gm	49	cetirizine hcl 1 mg/ml, 5 mg/5ml	27
CARDURA XL	66	cefoxitin sodium in dextrose	49	cevimeline hcl	72
carisoprodol 250 mg, 350 mg	72	cefopodoxime proxetil	49	CHANTIX	81
carisoprodol w/ aspirin	73	cefprozil 125 mg/5ml	49	CHANTIX CONTINUING MONTHPAK	81
carisoprodol w/ aspirin & codeine	73	cefprozil 250 mg, 500 mg	49	CHANTIX STARTING MONTH PAK	81
CARNITOR 330 MG	62	cefprozil 250 mg/5ml	49	CHEMET	25
carteolol hcl (ophth)	74	ceftazidime 1 gm, 2 gm	49	CHENODAL	64
carvedilol 12.5 mg	45	ceftazidime 6 gm	49	chloramphenicol sodium succinate	10
carvedilol 25 mg	45	CEFTIBUTEN 400 MG	49	chlordiazepoxide hcl	12
carvedilol 3.125 mg	46	CEFTIN 250 MG, 500 MG	49	chlordiazepoxide-amitriptyline	80
carvedilol 6.25 mg	46	ceftriaxone sodium 1 gm	49	chlorhexidine gluconate (mouth-throat)	72
CASODEX	35	ceftriaxone sodium 10 gm	50	chloroquine phosphate 250 mg, 500 mg	32
CATAFLAM	3	ceftriaxone sodium 2 gm	49	chlorothiazide	60
CATAPRES	30	ceftriaxone sodium 250 mg	49	chlorpromazine hcl 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	41
CATAPRES-TTS-1	30	ceftriaxone sodium 500 mg	49	chlorpromazine hcl 25 mg/ml	41
CATAPRES-TTS-2	30	ceftriaxone sodium in dextrose 20mg/ml	49	chlorpromazine hcl 50 mg/2ml	41
CATAPRES-TTS-3	30	ceftriaxone sodium in dextrose 40mg/ml	49	chlorpropamide 100 mg	24
CAYSTON	9	cefuroxime axetil	49	chlorpropamide 250 mg	24
CEDAX 400 MG	49	cefuroxime sodium 1.5 gm	49	chlorthalidone 25 mg, 50 mg	60
cefaclor 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	49	cefuroxime sodium 7.5 gm	49	chlorzoxazone	72
cefaclor 250 mg, 500 mg	49	cefuroxime sodium 750 mg	49	cholestyramine 4 gm	27
cefaclor monohydrate	49	CELEBREX	3	cholestyramine 4 gm/dose	27
cefadroxil 1 gm	48	celecoxib	3	cholestyramine light	27
cefadroxil 250 mg/5ml	48	CELESTONE-SOLUSPAN	52	choline fenofibrate	28
cefadroxil 500 mg	48	CELEXA 10 MG	19	chorionic gonadotropin	61
cefadroxil 500 mg/5ml	48	CELEXA 20 MG	19	ciclopirox 0.77 %	54
cefazolin in d5w	48	CELEXA 40 MG	19		
cefazolin sodium 1 gm	49				

ciclopirox 1 %	54	clarithromycin 125 mg/5ml, 250 mg/5ml	70	CLOCORTOLONE PIVALATE	56
ciclopirox 8 %	54	clarithromycin 250 mg, 500 mg	70	CLOCORTOLONE PIVALATE PUMP	56
ciclopirox olamine	54	clarithromycin 500 mg	70	CLODERM	56
ciclopirox olamine & cleanser	54	clemastine fumarate 0.67 mg/5ml	27	CLODERM PUMP	56
cidofovir	43	clemastine fumarate 2.68 mg	27	CLOLAR	34
cilostazol	66	CLEOCIN 100 MG	85	clomipramine hcl 25 mg, 50 mg, 75 mg	21
CILOXAN	75	CLEOCIN 150 MG, 300 MG, 75 MG	10	clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	16
cimetidine 200 mg	83	CLEOCIN 2 %	85	clonazepam 0.5 mg	16
cimetidine 300 mg, 400 mg, 800 mg	83	CLEOCIN IN D5W	10	clonazepam 1 mg	16
CIMZIA	65	CLEOCIN PHOSPHATE 300MG/50ML-5%, 600MG/50ML-5%, 900MG/50ML-5%	11	clonazepam 2 mg	16
CIMZIA STARTER KIT	65	CLEOCIN PHOSPHATE 600 MG/4ML, 900 MG/6ML	10	clonidine & chlorthalidone	31
CINRYZE	66	CLEOCIN-T	53	clonidine hcl (adhd)	1
CIPRO 250 MG, 500 MG	64	CLIMARA	63	clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg	30
CIPRO 5 GM/100ML, 500 MG/5ML	64	CLIMARA PRO	63	clonidine hcl 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	30
CIPRO HC	77	clindamycin hcl 150 mg, 300 mg, 75 mg	11	clopidogrel bisulfate 300 mg	67
CIPRO I.V.-IN D5W 200MG/100ML-5%	64	clindamycin palmitate hydrochloride	11	clopidogrel bisulfate 75 mg	67
CIPRO I.V.-IN D5W 400MG/200ML-5%	64	clindamycin phosphate & cleanser	53	clorazepate dipotassium	12
CIPRO XR	64	clindamycin phosphate (topical)	53	clotrimazole	72
CIPRODEX	77	clindamycin phosphate 150 mg/ml, 600 mg/4ml	11	clotrimazole (topical)	54
ciprofloxacin 250 mg/5ml, 500 mg/5ml	64	clindamycin phosphate 150 mg/ml, 9000 mg/60ml	11	clotrimazole w/ betamethasone	54
ciprofloxacin hcl (ophth)	75	clindamycin phosphate 600 mg/4ml, 900 mg/6ml	11	clozapine	40
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg	64	clindamycin phosphate in d5w	11	CLOZAPINE ODT	40
ciprofloxacin in d5w 200mg/100ml-5%	64	clindamycin phosphate vaginal	85	CLOZARIL	40
ciprofloxacin in d5w 400mg/200ml-5%	64	clindamycin phosphate-benzoyl peroxide	53	COARTEM	32
ciprofloxacin-ciprofloxacin hcl	64	clindamycin phosphate-benzoyl peroxide & moisturizer	53	codeine sulfate 15 mg	4
cisplatin	33	clindamycin phosphate-benzoyl peroxide (refrigerate)	53	CODEINE SULFATE 15 MG	4
citalopram hydrobromide 10 mg	19	CLINIMIX 2.75%/DEXTROSE 5%	74	codeine sulfate 30 mg	4
citalopram hydrobromide 10 mg/5ml	19	clobetasol propionate	56	codeine sulfate 60 mg	4
citalopram hydrobromide 20 mg	19	clobetasol propionate & cleanser	56	COGENTIN	38
citalopram hydrobromide 40 mg	19	clobetasol propionate emollient base	56	COLAZAL	65
cladribine	34	clobetasol propionate emulsion	56	COLCHICINE	66
CLAFORAN 1 GM, 10 GM	50	CLOBEX	56	colchicine w/ probenecid	66
CLAFORAN 2 GM, 500 MG	50			COLCRYS	66
CLARINEX 5 MG	27			COLESTID	27
CLARINEX REDITABS 5 MG	27			COLESTID FLAVORED 5 GM	27
CLARINEX-D 12 HOUR	53			colestipol hcl 1 gm	27
CLARINEX-D 24 HOUR	53			colestipol hcl 5 gm	27

COLYTE-FLAVOR PACKS 227.1GM-21.5GM-5.53GM- 2.82GM-6.36GM	69	CRESEMBA 186 MG	26	dapsone 100 mg, 25 mg	10
COLYTE-FLAVOR PACKS 240GM-22.72GM-5.84GM- 2.98GM-6.72GM	69	CRESEMBA 372 MG	26	DAPTACEL	82
COMBIGAN	74	CRESTOR	28	DARAPRIM	32
COMBIPATCH	63	CRINONE	86	daunorubicin hcl	35
COMBIVENT RESPIMAT	14	CRIXIVAN	42	DAUNOXOME	35
COMBIVIR	42	cromolyn sodium	13	DAYPRO	3
COMETRIQ	36	cromolyn sodium (mastocytosis)	64	DAYTRANA 30 MG/9HR	1
COMPLERA	42	cromolyn sodium (ophth)	77	DDAVP	62
COMTAN	38	CUBICIN	10	decitabine	34
COMVAX	85	CUTIVATE	56	DELESTROGEN	63
CONCERTA	1	cyclobenzaprine hcl 10 mg, 5 mg, 7.5 mg	72	DELZICOL	65
CONDYLOX	58	cyclopentolate hcl 0.5 %, 1 %, 2 %	75	DEMADEX	60
COPAXONE	80	cyclophosphamide 1 gm, 500 mg	33	demeclocycline hcl	81
COPEGUS	43	cyclophosphamide 25 mg, 50 mg	33	DEMEROL 100 MG, 50 MG	4
CORDARONE	13	cycloserine	33	DEMSEK	30
CORDRAN TAPE	56	CYCLOSET	23	DENAVIR	55
COREG 12.5 MG	46	cyclosporine 100 mg, 25 mg	45	DEPACON	18
COREG 25 MG	46	cyclosporine 50 mg/ml	45	DEPAKENE	18
COREG 3.125 MG	46	cyclosporine modified (for microemulsion) 100 mg, 25 mg, 50 mg	45	DEPAKOTE	19
COREG 6.25 MG	46	CYKLOKAPRON	68	DEPAKOTE ER	19
COREG CR	46	CYMBALTA	20	DEPAKOTE SPRINKLES	19
CORGARD	46	cyproheptadine hcl 2 mg/5ml	27	DEPEN TITRATABS	44
CORLANOR	48	cyproheptadine hcl 4 mg	27	DEPO-MEDROL 20 MG/ML	52
CORTEF	52	CYRAMZA	34	DEPO-MEDROL 40 MG/ML, 80 MG/ML	52
CORTENEMA	9	CYSTADANE	62	DEPO-PROVERA	35
CORTIFOAM	9	CYSTAGON	66	DEPO-PROVERA CONTRACEPTIVE	51
cortisone acetate	52	CYSTARAN	77	DEPO-SUBQ PROVERA 104	51
CORTISPORIN 10000UNIT/GM- 0.5%-0.5%	54	cytarabine 100 mg/ml	34	DERMA-SMOOTHIE/FS BODY	56
CORTISPORIN 10000UNIT/ML- 3.5MG/ML-1%	77	cytarabine 20 mg/ml	34	DERMA-SMOOTHIE/FS SCALP	56
CORTISPORIN 400UNIT/GM- 5000UNIT/GM-0.5%-1%	54	CYTOMEL	82	DERMATOP	56
CORTISPORIN-TC	77	CYTOTEC	84	DERMOTIC	77
CORZIDE	31	CYTOVENE	43	desipramine hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	21
COSENTYX	55	D.H.E. 45	70	desloratadine 5 mg	27
COSENTYX SENSOREADY PEN	55	dacarbazine 100 mg	37	desmopressin acetate 0.1 mg, 0.2 mg	62
COSMEGEN	35	dacarbazine 200 mg	37	desmopressin acetate 4 mcg/ml	62
COSOPT	74	DACOGEN	34	desmopressin acetate refrigerated	62
COSOPT PF	74	DALIRESP	13	desmopressin acetate spray	62
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	15	danazol 100 mg, 200 mg, 50 mg	8	desmopressin acetate spray refrigerated	62
COZAAR	30	DANTRIUM	73	DESOGEN	50
CREON	59	dantrolene sodium 100 mg, 25 mg, 50 mg	73		



desogestrel & ethinyl estradiol	50	dextrose in lactated ringers	71	DILAUDID 1 MG/ML	4
estradiol	50	dextrose w/ sodium chloride 0.45%-2.5%	71	DILAUDID 2 MG	4
desogestrel-ethinyl estradiol (biphasic)	50	dextrose w/ sodium chloride 0.45%-5%	71	DILAUDID 4 MG	4
DESONATE	56	dextrose w/ sodium chloride 0.9%-5%	72	DILAUDID 8 MG	4
desonide	56	DIABETA 1.25 MG	24	DILAUDID-HP 10 MG/ML	4
DESOWEN	57	DIABETA 2.5 MG	24	diltiazem hcl 100 mg	47
desoximetasone 0.05 %	57	DIABETA 5 MG	24	diltiazem hcl 120 mg, 180 mg, 240 mg	47
DESOXIMETASONE 0.05 %	57	DIAMOX	59	diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg	47
desoximetasone 0.05 %, 0.25 %	57	DIASTAT ACUDIAL	16	diltiazem hcl 120 mg, 60 mg, 90 mg	47
desoximetasone 0.25 %	57	DIASTAT PEDIATRIC	16	diltiazem hcl coated beads	47
DESOXYN	1	diazepam 1 mg/ml	12	diltiazem hcl extended release beads	47
DESVENLAFAXINE ER 100 MG, 50 MG	20	diazepam 10 mg, 2 mg, 5 mg	12	dimenhydrinate 50 mg/ml	25
DETROL	84	DIAZEPAM 10 MG, 2.5 MG, 20 MG	16	DIOVAN	30
DETROL LA	84	diazepam 5 mg/ml	12	DIOVAN HCT	31
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	52	DIBENZYLINE	30	DIPENTUM	65
dexamethasone 0.5 mg/5ml	52	diclofenac potassium	3	diphenhydramine hcl 50 mg/ml	27
dexamethasone 1 mg/ml	52	diclofenac sodium (actinic keratoses)	55	diphenoxylate w/ atropine	25
dexamethasone 1.5 mg	52	diclofenac sodium (ophth)	77	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	82
dexamethasone sod phos & bupivacaine hcl & lidocaine hcl	52	diclofenac sodium (topical)	54	DIPROLENE	57
dexamethasone sodium phosphate & bupivacaine hcl	52	diclofenac sodium 100 mg	3	DIPROLENE AF	57
dexamethasone sodium phosphate & lidocaine hcl	52	diclofenac sodium 25 mg, 50 mg, 75 mg	3	dipyridamole 25 mg, 50 mg, 75 mg	67
dexamethasone sodium phosphate (ophth)	76	diclofenac w/ misoprostol	3	disopyramide phosphate	12
dexamethasone sodium phosphate 10 mg/ml	52	dicloxacillin sodium	79	disulfiram 250 mg, 500 mg	79
dexamethasone sodium phosphate 10 mg/ml, 120 mg/30ml	52	dicyclomine hcl	82	DITROPAN XL	84
dexamethasone sodium phosphate 100 mg/10ml, 20 mg/5ml, 4 mg/ml	52	didanosine 125 mg	42	divalproex sodium	19
DEXEDRINE	1	didanosine 200 mg, 250 mg, 400 mg	42	DIVIGEL	63
DEXILANT	83	DIFFERIN 0.1 %	53	dobutamine hcl	86
dexmethylphenidate hcl 10 mg, 15 mg, 20 mg	1	DIFFERIN 0.3 %	53	DOCEFREZ	37
dexmethylphenidate hcl 10 mg, 2.5 mg, 5 mg	1	DIFICID	70	DOCETAXEL 140 MG/7ML, 20 MG/0.5ML, 20 MG/ML, 80 MG/2ML, 80 MG/4ML	37
dexrazoxane	37	diflorasone diacetate	57	DOCETAXEL 160 MG/16ML, 20 MG/2ML, 200 MG/20ML, 80 MG/8ML	37
dextroamphetamine sulfate 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	diflorasone diacetate emollient base	57	docetaxel 20 mg/ml, 80 mg/4ml	37
dextroamphetamine sulfate 10 mg, 15 mg, 5 mg	1	DIFLUCAN	26	DOLOPHINE 10 MG	4
dextrose 10 %	74	diflunisal	4	DOLOPHINE 5 MG	5
dextrose 5 %	74	DIGOXIN 0.05 MG/ML	48	donepezil hydrochloride	79
		digoxin 0.125 mg, 0.25 mg, 125 mcg, 250 mcg	48	dopamine hcl 160 mg/ml, 80 mg/ml	86
		dihydroergotamine mesylate 1 mg/ml	70	DORIBAX 500 MG	10
		DIHYDROERGOTAMINE MESYLATE 4 MG/ML	70	DORYX 150 MG	81
		DILANTIN-125	18	DORYX 200 MG	81
		DILATRATE SR	11		

dorzolamide hcl.....	77	DUREZOL.....	76	enalapril maleate 5 mg.....	29
dorzolamide hcl-timolol maleate.....	74	dutasteride.....	66	enalaprilat.....	29
DOVONEX.....	55	DYAZIDE.....	60	ENBREL.....	4
doxazosin mesylate.....	30	DYMISTA.....	73	ENBREL SURECLICK.....	4
doxepin hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg...	21	dyphylline.....	15	ENDOMETRIN.....	86
doxepin hcl 10 mg/ml.....	21	DYRENIUM.....	60	ENGERIX-B 10 MCG/0.5ML, 20 MCG/ML.....	85
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg.....	62	E.E.S. GRANULES.....	70	ENJUVIA 0.3 MG, 0.45 MG, 0.9 MG, 1.25 MG.....	63
DOXIL.....	35	EC-NAPROSYN.....	3	ENJUVIA 0.625 MG.....	63
doxorubicin hcl 10 mg.....	35	econazole nitrate.....	54	enoxaparin sodium 100 mg/ml, 60 mg/0.6ml, 80 mg/0.8ml...	15
doxorubicin hcl 2 mg/ml.....	35	EDARBI.....	30	enoxaparin sodium 120 mg/0.8ml, 150 mg/ml.....	15
doxorubicin hcl 50 mg.....	36	EDARBYCLOR.....	31	enoxaparin sodium 30 mg/0.3ml, 40 mg/0.4ml.....	15
doxorubicin hcl liposomal...	35	EDECRIN.....	60	enoxaparin sodium 300 mg/3ml.....	15
DOXYCYCLINE.....	59	EDLUAR.....	68	entacapone.....	38
doxycycline (monohydrate) 100 mg, 150 mg, 50 mg, 75 mg..	81	EDURANT.....	42	entecavir.....	43
doxycycline (monohydrate) 100 mg, 50 mg, 75 mg.....	81	EFFEXOR XR 150 MG.....	20	ENTOCORT EC.....	52
doxycycline (monohydrate) 25 mg/5ml.....	81	EFFEXOR XR 37.5 MG.....	20	ENTRESTO.....	48
doxycycline hyclate 100 mg.....	81	EFFEXOR XR 75 MG.....	20	ENTYVIO.....	65
doxycycline hyclate 100 mg, 150 mg, 75 mg.....	81	EFFIENT.....	67	EPIDUO.....	53
doxycycline hyclate 100 mg, 20 mg.....	81	EFUDEX.....	55	epinastine hcl (ophth).....	77
doxycycline hyclate 100 mg, 50 mg.....	81	EGRIFTA.....	61	EPINEPHRINE 0.15 MG/0.15ML, 0.3 MG/0.3ML.....	86
doxycycline hyclate w/ cleanser.....	81	ELDEPRYL.....	39	epinephrine hcl 0.1 mg/ml...	14
doxycycline hyclate w/ eyelid cleanser & spray.....	82	ELELYSO.....	67	EPIPEN 2-PAK.....	86
dronabinol 10 mg.....	26	ELESTAT.....	77	EPIPEN-JR 2-PAK.....	86
dronabinol 2.5 mg, 5 mg.....	26	ELESTRIN.....	63	epirubicin hcl 200 mg/100ml, 50 mg/25ml.....	36
drosiprenone-ethinyl		ELIDEL.....	58	EPIVIR 10 MG/ML.....	42
estradiol.....	50	ELIGARD.....	35	EPIVIR 150 MG, 300 MG...	42
DROXIA.....	67	ELIQUIS.....	15	EPIVIR HBV.....	43
DUAC.....	53	ELITEK.....	37	eplerenone 25 mg.....	32
DUAVEE.....	63	ELLA.....	51	eplerenone 50 mg.....	32
DUETACT.....	22	ELLECE.....	36	EPOGEN.....	67
DUEXIS.....	3	ELMIRON.....	66	EPROSARTAN MESYLATE.....	30
DULERA.....	14	ELOCON.....	57	EPZICOM.....	42
duloxetine hcl 20 mg, 30 mg, 60 mg.....	20	ELOXATIN 100 MG/20ML.....	33	EQUETRO.....	39
DUONEB.....	14	ELOXATIN 50 MG/10ML...	33	ERAXIS 100 MG.....	26
DUOPA.....	38	EMCYT.....	35	ERBITUX.....	34
DURAGESIC 100 MCG/HR...	5	EMEND 125 MG, 80 MG...	26	ergoloid mesylates.....	80
DURAGESIC 12 MCG/HR...	5	EMEND 40 MG.....	26	ergotamine tartrate.....	70
DURAGESIC 25 MCG/HR...	5	EMLA.....	58	ergotamine w/ caffeine.....	70
DURAGESIC 50 MCG/HR...	5	EMSAM.....	19	ERIVEDGE.....	35
DURAGESIC 75 MCG/HR...	5	EMTRIVA.....	42	ERWINAZE.....	36
		ENABLEX.....	84	ERYPED 200.....	70
		enalapril maleate & hydrochlorothiazide.....	31	ERYPED 400.....	70
		enalapril maleate 10 mg...	29		
		enalapril maleate 2.5 mg...	29		
		enalapril maleate 20 mg...	29		

erythromycin (acne aid).....	53	EURAX.....	59	FELBATOL 600 MG.....	18
erythromycin (ophth).....	75	EVAMIST.....	63	FELBATOL 600 MG/5ML.....	18
erythromycin base 250 mg.....	70	EVISTA.....	61	FELDENE.....	3
erythromycin base 333 mg.....	70	EVOCLIN.....	53	felodipine.....	47
erythromycin base 500 mg.....	70	EVOTAZ.....	42	FEMARA.....	35
erythromycin ethylsuccinate.....	70	EVOXAC.....	72	FEMCON FE.....	50
erythromycin lactobionate.....	70	EVZIO.....	25	FEMHRT LOW DOSE.....	63
erythromycin stearate.....	70	EXALGO 12 MG.....	5	FEMRING.....	86
ESBRIET.....	81	EXALGO 16 MG.....	5	FENOFIBRATE 120 MG, 40	
escitalopram oxalate.....	20	EXALGO 32 MG.....	5	MG.....	28
esomeprazole magnesium 20		EXALGO 8 MG.....	5	fenofibrate 145 mg, 48 mg.....	28
mg.....	83	EXELDERM.....	54	FENOFIBRATE 150 MG, 50	
esomeprazole magnesium 40		EXELON 1.5 MG, 3 MG, 4.5		MG.....	28
mg.....	83	MG, 6 MG.....	79	fenofibrate 160 mg, 54 mg.....	28
esomeprazole sodium 20 mg		EXELON 13.3 MG/24HR, 4.6		fenofibrate micronized 130	
83		MG/24HR, 9.5 MG/24HR.....	79	mg.....	28
ESOMEPRAZOLE		exemestane.....	35	fenofibrate micronized 134 mg,	
STRONTIUM.....	83	EXFORGE.....	31	200 mg, 67 mg.....	28
estradiol & norethindrone		EXFORGE HCT.....	31	fenofibrate micronized 43	
acetate.....	63	EXJADE.....	25	mg.....	28
estradiol 0.025 mg/24hr, 0.0375		EXTAVIA.....	80	FENOGLIDE.....	28
mg/24hr, 0.05 mg/24hr, 0.075		EXTINA.....	55	fenoprofen calcium 600 mg.....	3
mg/24hr, 0.1 mg/24hr.....	63	EYLEA.....	75	fentanyl 100 mcg/hr.....	5
estradiol 0.025 mg/24hr, 0.05		FABIOR.....	54	fentanyl 12 mcg/hr.....	5
mg/24hr, 0.06 mg/24hr, 0.075		FABRAZYME 35 MG.....	62	fentanyl 25 mcg/hr.....	5
mg/24hr, 0.1 mg/24hr, 37.5		famciclovir.....	44	fentanyl 37.5 mcg/hr, 62.5	
mcg/24hr.....	63	famotidine 20 mg.....	83	mcg/hr, 87.5 mcg/hr.....	5
estradiol 0.5 mg, 1 mg, 2 mg		famotidine 20 mg/2ml, 200		fentanyl 50 mcg/hr.....	5
63		mg/20ml, 40 mg/4ml.....	83	fentanyl 75 mcg/hr.....	5
estradiol cypionate.....	63	famotidine 40 mg.....	83	fentanyl citrate 1200 mcg, 1600	
estradiol vaginal.....	86	famotidine 40 mg/5ml.....	83	mcg, 400 mcg, 600 mcg, 800	
estradiol valerate 10 mg/ml, 20		famotidine in nacl.....	83	mcg.....	5
mg/ml, 40 mg/ml.....	63	FAMVIR.....	44	fentanyl citrate 200 mcg.....	5
estradiol-norgestimate.....	63	FANAPT 1 MG, 10 MG, 12 MG,		FENTORA 100 MCG, 200	
ESTRING.....	86	2 MG, 4 MG.....	39	MCG.....	5
estropipate.....	63	FANAPT 6 MG, 8 MG.....	39	FENTORA 400 MCG, 600 MCG,	
eszopiclone.....	68	FANAPT TITRATION		800 MCG.....	5
ethambutol hcl 100 mg, 400		PACK.....	40	FETZIMA 120 MG, 40 MG, 80	
mg.....	33	FARESTON.....	35	MG.....	20
ethosuximide 250 mg.....	18	FARXIGA.....	24	FETZIMA 20 MG.....	20
ethosuximide 250 mg/5ml.....	18	FARYDAK.....	36	FETZIMA TITRATION PACK	
ethynodiol diacet & eth		FASLODEX.....	35	20	
estrad.....	50	fat emulsion 20 gm/100ml.....	74	FINACEA.....	59
ETHYOL.....	37	FAZACLO.....	40	finasteride.....	66
etidronate disodium 200 mg.....	60	felbamate 400 mg.....	18	FIORINAL/CODEINE #3.....	7
etidronate disodium 400 mg.....	61	felbamate 600 mg.....	18	FIRAZYR.....	66
etodolac 200 mg, 300 mg.....	3	felbamate 600 mg/5ml.....	18	FIRMAGON 120 MG.....	35
etodolac 400 mg, 500 mg.....	3	FELBATOL 400 MG.....	18	FIRMAGON 80 MG.....	35
etodolac 400 mg, 500 mg, 600				FLAGYL 250 MG.....	9
mg.....	3			FLAGYL 375 MG.....	9
ETOPOPHOS.....	38			FLAGYL 500 MG.....	9
etoposide 1 gm/50ml, 100				FLAGYL ER.....	9
mg/5ml.....	38				
etoposide 500 mg/25ml.....	38				

FLAREX.....	76	fluoxetine hcl 10 mg, 20 mg, 40 mg.....	20	fosphenytoin sodium 500 mg pe/10ml.....	18
flavoxate hcl.....	85	fluoxetine hcl 20 mg/5ml.....	20	FOSRENOL.....	65
FLEBOGAMMA DIF 10 %.....	78	FLUOXETINE HCL 60 MG 20		FRAGMIN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML.....	15
flecainide acetate 100 mg.....	13	fluoxetine hcl 90 mg.....	20	FRAGMIN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 25000 UNIT/ML, 7500 UNIT/0.3ML.....	15
flecainide acetate 150 mg.....	13	fluoxymesterone.....	8	FRAGMIN 95000 UNIT/3.8ML.....	16
flecainide acetate 50 mg.....	13	fluphenazine decanoate...	41	FROVA.....	70
FLECTOR.....	54	fluphenazine hcl.....	41	FULYZAQ.....	25
FLO-PRED.....	52	flurazepam hcl.....	68	FURADANTIN.....	84
FLOMAX.....	66	flurbiprofen 100 mg, 50 mg. 3		furosemide 10 mg/ml.....	60
FLONASE.....	73	flurbiprofen sodium.....	77	furosemide 20 mg, 40 mg, 80 mg.....	60
FLOVENT DISKUS 100 MCG/BLIST.....	14	flutamide.....	35	furosemide 8 mg/ml.....	60
FLOVENT DISKUS 250 MCG/BLIST.....	14	fluticasone propionate (nasal).....	73	FUSILEV.....	37
FLOVENT DISKUS 50 MCG/BLIST.....	14	fluticasone propionate 0.005 %.....	57	FUZEON.....	42
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT.....	14	fluticasone propionate 0.05 %.....	57	FYCOMPA 10 MG.....	16
FLOVENT HFA 44 MCG/ACT.....	14	fluvastatin sodium 20 mg, 40 mg.....	28	FYCOMPA 12 MG.....	16
fluconazole 10 mg/ml, 40 mg/ml.....	26	fluvastatin sodium 80 mg..	28	FYCOMPA 2 MG.....	16
fluconazole 100 mg, 150 mg, 200 mg, 50 mg.....	26	fluvoxamine maleate.....	20	FYCOMPA 4 MG.....	16
fluconazole in dextrose.....	26	FML.....	76	FYCOMPA 6 MG.....	16
fluconazole in nacl.....	26	FML FORTE.....	76	FYCOMPA 8 MG.....	16
flucytosine.....	26	FML LIQUIFILM.....	76	gabapentin & lidocaine-menthol.....	80
FLUDARA.....	34	FOCALIN.....	1	gabapentin 100 mg, 300 mg, 400 mg.....	17
fludarabine phosphate 50 mg.....	34	FOCALIN XR 10 MG, 20 MG.....	1	gabapentin 250 mg/5ml.....	17
fludrocortisone acetate.....	53	FOCALIN XR 15 MG.....	1	gabapentin 600 mg, 800 mg.....	17
FLUMADINE.....	44	FOLOTYN.....	34	GABITRIL.....	18
flunisolide (nasal).....	73	fondaparinux sodium 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml.....	15	galantamine hydrobromide..	79
fluocinolone acetonide (otic).....	77	fondaparinux sodium 2.5 mg/0.5ml.....	15	GAMASTAN S/D.....	78
fluocinolone acetonide 0.01 %.....	57	FORADIL AEROLIZER.....	14	GAMMAGARD LIQUID.....	78
fluocinolone acetonide 0.01 %, 0.025 %.....	57	FORFIVO XL.....	19	GAMMAKED.....	78
fluocinolone acetonide 0.025 %.....	57	FORTAMET 1000 MG.....	22	GAMUNEX-C.....	78
fluocinonide 0.05 %.....	57	FORTAMET 500 MG.....	22	ganciclovir sodium.....	43
fluocinonide 0.05 %, 0.1 %..	57	FORTAZ 1 GM, 2 GM.....	50	GARDASIL.....	85
fluocinonide emulsified base.....	57	FORTAZ 6 GM.....	50	GASTROCROM.....	64
fluorometholone (ophth).....	76	FORTEO.....	61	gatifloxacin (ophth).....	75
fluorouracil (topical).....	55	FORTESTA.....	8	GATTEX.....	65
FLUOROURACIL 0.5 %.....	55	FOSAMAX.....	61	gauze pads 2" X 2".....	70
fluorouracil 1 gm/20ml.....	34	FOSAMAX PLUS D.....	61	GAZYVA.....	34
fluorouracil 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml.....	34	fosinopril sodium.....	29	GELNIQUE.....	84
fluoxetine hcl (PMDD) cap 10 mg, 20 mg.....	80	fosinopril sodium & hydrochlorothiazide.....	31	GEMCITABINE.....	34
fluoxetine hcl 10 mg, 20 mg.....	20	fosphenytoin sodium 100 mg pe/2ml.....	18	gemcitabine hcl 1 gm.....	34
				gemcitabine hcl 2 gm.....	34

gemcitabine hcl 200 mg . . . . .	34	GLUCOTROL XL 2.5 MG . . . . .	24	HALDOL DECANOATE 100 . . . . .	40
gemfibrozil . . . . .	28	GLUCOTROL XL 5 MG . . . . .	25	HALDOL DECANOATE 50 . . . . .	40
GEMZAR 1 GM . . . . .	34	GLUCOVANCE 1.25MG-250MG . . . . .	22	halobetasol propionate . . . . .	57
GEMZAR 200 MG . . . . .	34	GLUCOVANCE 2.5MG-500MG, 5MG-500MG . . . . .	22	HALOG . . . . .	57
GENERESS FE . . . . .	50	GLUMETZA 1000 MG . . . . .	22	haloperidol . . . . .	40
GENOTROPIN 5 MG . . . . .	61	GLUMETZA 500 MG . . . . .	22	haloperidol decanoate . . . . .	40
GENOTROPIN MINIQUICK 0.4 MG . . . . .	61	glyburide 1.25 mg . . . . .	25	haloperidol lactate . . . . .	40
gentamicin in saline 0.9%-0.8mg/ml . . . . .	2	glyburide 2.5 mg . . . . .	25	HARVONI . . . . .	43
gentamicin in saline 0.9%-0.9mg/ml, 0.9%-1.4mg/ml, 0.9%-1.6mg/ml, 0.9%-1mg/ml, 0.9%-2mg/ml . . . . .	2	glyburide 5 mg . . . . .	25	HAVRIX . . . . .	85
gentamicin in saline 0.9%-1.2mg/ml . . . . .	2	glyburide micronized 1.5 mg . . . . .	25	HECTOROL 0.5 MCG, 2.5 MCG . . . . .	62
gentamicin sulfate (ophth) . . . . .	75	glyburide micronized 3 mg . . . . .	25	HECTOROL 1 MCG . . . . .	62
gentamicin sulfate (topical) . . . . .	54	glyburide micronized 6 mg . . . . .	25	heparin sodium (porcine) 1000 unit/ml . . . . .	16
gentamicin sulfate 10 mg/ml . . . . .	2	glyburide-metformin 1.25mg-250mg . . . . .	22	heparin sodium (porcine) 10000 unit/ml, 20000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml . . . . .	16
gentamicin sulfate 10 mg/ml, 40 mg/ml . . . . .	2	glyburide-metformin 2.5mg-500mg, 5mg-500mg . . . . .	22	HEPSERA . . . . .	43
GEODON 20 MG . . . . .	39	glycopyrrolate 0.2 mg/ml . . . . .	82	HERCEPTIN . . . . .	34
GEODON 20 MG, 40 MG, 60 MG, 80 MG . . . . .	39	glycopyrrolate 1 mg . . . . .	82	HETLIOZ . . . . .	68
GILENYA . . . . .	80	glycopyrrolate 1.5 mg . . . . .	82	HEXALEN . . . . .	33
GILOTRIF . . . . .	36	glycopyrrolate 2 mg . . . . .	82	HIPREX . . . . .	84
GLASSIA . . . . .	81	GLYNASE 1.5 MG . . . . .	25	HIZENTRA 1 GM/5ML . . . . .	78
glatiramer acetate . . . . .	80	GLYNASE 3 MG . . . . .	25	HIZENTRA 10 GM/50ML, 2 GM/10ML, 4 GM/20ML . . . . .	78
GLEEVEC . . . . .	36	GLYNASE 6 MG . . . . .	25	HORIZANT . . . . .	81
GLEOSTINE . . . . .	33	GLYSET . . . . .	21	HUMALOG . . . . .	23
glimepiride 1 mg . . . . .	24	GOLYTELY 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM . . . . .	69	HUMALOG KWIKPEN . . . . .	23
glimepiride 2 mg . . . . .	24	GOLYTELY 236GM-22.74GM-5.86GM-2.97GM-6.74GM . . . . .	69	HUMALOG MIX 50/50 . . . . .	23
glimepiride 4 mg . . . . .	24	GRALISE . . . . .	80	HUMALOG MIX 50/50 KWIKPEN . . . . .	23
glipizide 10 mg . . . . .	24	GRALISE STARTER . . . . .	80	HUMALOG MIX 75/25 . . . . .	23
glipizide 2.5 mg . . . . .	24	granisetron hcl 1 mg . . . . .	25	HUMALOG MIX 75/25 KWIKPEN . . . . .	23
glipizide 5 mg . . . . .	24	GRANIX . . . . .	67	HUMATROPE . . . . .	61
glipizide-metformin hcl 2.5mg-250mg . . . . .	22	GRASTEK . . . . .	47	HUMATROPE COMBO PACK . . . . .	61
glipizide-metformin hcl 2.5mg-500mg, 5mg-500mg . . . . .	22	GRIS-PEG . . . . .	26	HUMIRA . . . . .	2
GLUCAGEN HYPOKIT . . . . .	23	griseofulvin microsize 125 mg/5ml . . . . .	26	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK . . . . .	2
glucagon (rdna) . . . . .	23	griseofulvin microsize 500 mg . . . . .	26	HUMIRA PEN . . . . .	2
GLUCOPHAGE 1000 MG . . . . .	22	griseofulvin ultramicrosize . . . . .	26	HUMIRA PEN-CROHNS DISEASESTARTER . . . . .	2
GLUCOPHAGE 500 MG . . . . .	22	guanfacine hcl . . . . .	30	HUMIRA PEN-PSORIASIS STARTER . . . . .	2
GLUCOPHAGE 850 MG . . . . .	22	guanfacine hcl (adhd) . . . . .	1	HUMULIN 70/30 . . . . .	23
GLUCOPHAGE XR 500 MG . . . . .	22	guanidine hcl . . . . .	32	HUMULIN 70/30 KWIKPEN . . . . .	23
GLUCOPHAGE XR 750 MG . . . . .	22	H.P. ACTHAR . . . . .	61	HUMULIN 70/30 PEN . . . . .	23
GLUCOTROL 10 MG . . . . .	24	HALAVEN . . . . .	38	HUMULIN N . . . . .	23
GLUCOTROL 5 MG . . . . .	24	HALCION . . . . .	68	HUMULIN N KWIKPEN . . . . .	23
GLUCOTROL XL 10 MG . . . . .	24	HALDOL . . . . .	40	HUMULIN N U-100 PEN . . . . .	23

HUMULIN R.....	23	hydroxychloroquine sulfate	32	IMITREX STATDOSE SYSTEM 6	6
HUMULIN R U-500		hydroxyurea.....	37	MG/0.5ML.....	71
(CONCENTRATED).....	23	hydroxyzine hcl 10 mg, 25 mg,		IMOVAX RABIES (H.D.C.V.)	85
HYCAMTIN 4 MG.....	38	50 mg.....	12	IMURAN.....	45
hydralazine hcl 10 mg, 100 mg,		hydroxyzine hcl 10 mg/5ml	12	INCIVEK.....	43
25 mg, 50 mg.....	32	hydroxyzine hcl 25 mg/ml, 50		INCRELEX.....	61
HYDREA.....	37	mg/ml.....	12	INCRUSE ELLIPTA.....	13
hydrochlorothiazide 12.5 mg	60	hydroxyzine pamoate 100 mg,		indapamide.....	60
hydrochlorothiazide 12.5 mg, 25		25 mg, 50 mg.....	12	INDERAL LA.....	46
mg, 50 mg.....	60	HYQVIA.....	78	INDERAL XL.....	46
hydrocodone-acetaminophen		HYSINGLA ER 100 MG, 120		INDOCIN.....	3
10mg-300mg, 5mg-300mg,		MG.....	5	indomethacin 25 mg, 50 mg..	3
7.5mg-300mg.....	7	HYSINGLA ER 20 MG, 30 MG,		indomethacin 50 mg.....	3
hydrocodone-acetaminophen		40 MG, 60 MG, 80 MG.....	5	indomethacin 75 mg.....	3
10mg-325mg, 5mg-325mg,		HYZAAR.....	31	INFANRIX.....	82
7.5mg-325mg.....	7	ibandronate sodium 150		INLYTA.....	36
hydrocodone-acetaminophen		mg.....	61	INNOPRAN XL.....	46
10mg/15ml-300mg/15ml.....	7	ibandronate sodium 3		INSPRA.....	32
hydrocodone-acetaminophen		mg/3ml.....	61	INSULIN SYRINGES AND PEN	
2.5mg/5ml-108mg/5ml,		IBRANCE.....	36	NEEDLES.....	70
5mg/10ml-217mg/10ml,		ibuprofen 100 mg/5ml.....	3	INTELENCE 100 MG, 200	
7.5mg/15ml-325mg/15ml.....	7	ibuprofen 400 mg.....	3	MG.....	42
hydrocodone-ibuprofen 200mg-		ibuprofen 600 mg.....	3	INTELENCE 25 MG.....	42
10mg, 200mg-5mg, 200mg-		ibuprofen 800 mg.....	3	INTERMEZZO.....	68
7.5mg.....	7	ICLUSIG.....	36	INTRON A 10 MU, 18 MU, 50	
hydrocortisone & cleanser...	57	IDAMYCIN PFS.....	36	MU.....	37
hydrocortisone & emollient...	57	idarubicin hcl.....	36	INTRON A 10 MU/ML.....	37
hydrocortisone (intrarectal)...	9	IFEX.....	33	INTRON A 6000000	
hydrocortisone (rectal).....	9	ifosfamide 1 gm.....	33	UNIT/ML.....	37
hydrocortisone (topical) 1 %.	57	ifosfamide 1 gm/20ml, 3		INTRON A W/DILUENT.....	37
hydrocortisone (topical) 2.5		gm/60ml.....	33	INTUNIV.....	1
%.....	57	IFOSFAMIDE 3 GM.....	33	INVANZ.....	10
hydrocortisone 10 mg, 20 mg, 5		ILARIS.....	2	INVEGA 1.5 MG.....	40
mg.....	52	ILEVRO.....	77	INVEGA 3 MG.....	40
hydrocortisone acetate w/		IMBRUVICA.....	36	INVEGA 6 MG.....	40
pramoxine 1%-1%.....	9	imipenem-cilastatin.....	10	INVEGA 9 MG.....	40
hydrocortisone butyrate.....	57	imipramine hcl 10 mg, 25		INVEGA SUSTENNA 117	
hydrocortisone butyrate		mg.....	21	MG/0.75ML, 156 MG/ML, 234	
hydrophilic lipo base.....	57	imipramine hcl 50 mg.....	21	MG/1.5ML.....	40
hydrocortisone sod		imipramine pamoate.....	21	INVEGA SUSTENNA 39	
succinate.....	52	imiquimod.....	58	MG/0.25ML, 78 MG/0.5ML..	40
hydrocortisone valerate.....	57	IMITREX 100 MG.....	71	INVEGA TRINZA.....	40
hydrocortisone w/acetic acid	77	IMITREX 25 MG.....	71	INVIRASE.....	42
hydromorphone hcl 1 mg/ml..	5	IMITREX 50 MG.....	71	INVOKAMET 150MG-1000MG,	
hydromorphone hcl 10 mg/ml, 2		IMITREX 6 MG/0.5ML.....	70	150MG-500MG, 50MG-	
mg/ml, 50 mg/5ml, 500		IMITREX STATDOSE REFILL		1000MG.....	22
mg/50ml.....	5	4 MG/0.5ML.....	70	INVOKAMET 50MG-500MG	22
hydromorphone hcl 12 mg....	5	IMITREX STATDOSE REFILL		INVOKANA.....	24
hydromorphone hcl 16 mg....	5	6 MG/0.5ML.....	71	IOPIDINE 0.5 %.....	75
hydromorphone hcl 2 mg.....	5	IMITREX STATDOSE SYSTEM		IOPIDINE 1 %.....	75
hydromorphone hcl 4 mg.....	5	4 MG/0.5ML.....	71		
hydromorphone hcl 8 mg.....	5				
HYDROMORPHONE HCL ER5					

IPOL INACTIVATED IPV	85	JANUVIA	23	ketorolac trometh & bupivacaine hcl & lidocaine hcl	3
ipratropium bromide	13	JARDIANCE 10 MG	24	ketorolac tromethamine & lidocaine hcl	3
ipratropium bromide (nasal)	73	JARDIANCE 25 MG	24	ketorolac tromethamine (ophth)	77
ipratropium-albuterol	14	JENTADUETO	22	ketorolac tromethamine 10 mg	3
irbesartan	30	JEVTANA	38	ketorolac tromethamine 15 mg/ml, 30 mg/ml	3
irbesartan-hydrochlorothiazide	31	JUBLIA	55	ketorolac tromethamine 30 mg/ml, 60 mg/2ml	3
IRESSA	36	JUXTAPID 10 MG	29	KEYTRUDA	34
irinotecan hcl 100 mg/5ml, 40 mg/2ml	38	JUXTAPID 20 MG	29	KHEDEZLA	20
irinotecan hcl 500 mg/25ml	38	JUXTAPID 30 MG	29	KINERET	2
irrigation solutions, physiological	45	JUXTAPID 40 MG, 60 MG	29	KLARON	54
ISENTRESS 100 MG	42	JUXTAPID 5 MG	29	KLONOPIN 0.5 MG	16
ISENTRESS 25 MG	42	K-TAB 10 MEQ	72	KLONOPIN 1 MG	16
ISENTRESS 400 MG	42	KADCYLA	34	KLONOPIN 2 MG	16
isoniazid & rifampin	32	KADIAN 10 MG	5	KOMBIGLYZE XR 2.5MG- 1000MG	22
isoniazid 100 mg, 300 mg	33	KADIAN 100 MG	5	KOMBIGLYZE XR 5MG- 1000MG, 5MG-500MG	22
isoniazid 100 mg/ml	33	KADIAN 130 MG, 150 MG	5	KUVAN 100 MG	62
isoniazid 50 mg/5ml	33	KADIAN 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	5	KYNAMRO	27
ISOPTO CARPINE	75	KADIAN 40 MG, 70 MG	5	labetalol hcl 100 mg, 200 mg, 300 mg	46
ISORDIL TITRADOSE 40 MG	11	KALBITOR	66	LAC-HYDRIN	58
ISORDIL TITRADOSE 5 MG	11	KALETRA 100MG-25MG	42	lactated ringer's	72
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg	11	KALETRA 200MG-50MG	42	lactic acid (ammonium lactate) %	12
isosorbide dinitrate 2.5 mg	11	KALETRA 400MG/5ML- 100MG/5ML	42	lactulose	69
isosorbide dinitrate 40 mg	11	KALYDECO 150 MG	81	lactulose (encephalopathy)	65
isosorbide mononitrate 10 mg	11	KALYDECO 50 MG, 75 MG	81	LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG	17
isosorbide mononitrate 120 mg, 30 mg, 60 mg	11	KAPVAY	1	LAMICTAL CHEWABLE DISPERSIBLE	17
isosorbide mononitrate 20 mg	11	KAYEXALATE	45	LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG	17
isotretinoin 10 mg	54	KAZANO	22	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	17
isotretinoin 20 mg, 30 mg, 40 mg	54	KEFLEX 250 MG, 500 MG	49	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	17
ISTALOL	74	KEFLEX 750 MG	49	LAMICTAL STARTER/TAKING VALPROATE	17
ISTODAX	36	KENALOG	57	LAMICTAL XR	17
itraconazole	26	KENALOG-10	52	LAMISIL 125 MG, 187.5 MG	26
ivermectin	9	KENALOG-40	52	LAMISIL 250 MG	26
IXEMPRA KIT	38	KEPIVANCE	37	lamivudine	42
IXIARO	85	KEPPRA	17	lamivudine (hbv)	43
JADENU	25	KEPPRA XR	17	lamivudine-zidovudine	42
JAKAFI	36	KERLONE	46	lamotrigine 100 mg, 150 mg, 200 mg, 25 mg	17
JALYN	66	KERYDIN	55		
JANUMET	22	KETEK 300 MG	10		
JANUMET XR 100MG- 1000MG	22	KETEK 400 MG	10		
JANUMET XR 50MG-1000MG, 50MG-500MG	22	ketoconazole	26		
		ketoconazole & cleanser	55		
		ketoconazole (topical)	55		
		ketoprofen 200 mg	3		
		ketoprofen 50 mg, 75 mg	3		

lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	17	LEVAQUIN 250 MG, 500 MG, 750 MG	64	levothyroxine sodium 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	82
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg	17	LEVAQUIN 250MG/50ML-5%, 500MG/100ML-5%	64	LEXAPRO	20
lamotrigine 25 mg, 5 mg	17	LEVAQUIN 750MG/150ML-5%	64	LEXIVA 50 MG/ML	42
LANOXIN 125 MCG, 250 MCG	48	LEVATOL	46	LEXIVA 700 MG	42
LANOXIN 187.5 MCG, 62.5 MCG	48	LEVEMIR	23	LIALDA	65
LANOXIN PEDIATRIC	48	LEVEMIR FLEXPEN	23	lidocaine 5 %	58
lansoprazole 15 mg	83	LEVEMIR FLEXTOUCH	23	lidocaine hcl (cardiac)	12
lansoprazole 30 mg	83	levetiracetam 100 mg/ml, 500 mg/5ml	17	lidocaine hcl (local anesth.) 1 %, 2 %	69
LANTUS	23	levetiracetam 1000 mg, 250 mg, 500 mg, 750 mg	17	lidocaine hcl (mouth-throat) 2 %	72
LANTUS SOLOSTAR	23	LEVETIRACETAM 1000MG/100ML-750MG/100ML, 1500MG/100ML-540MG/100ML, 500MG/100ML-820MG/100ML	17	lidocaine hcl 2 %	58
LASIX	60	levetiracetam 500 mg, 750 mg	17	lidocaine hcl 4 %	58
LASTACAFT	77	levetiracetam 500 mg/5ml	17	lidocaine-prilocaine	58
latanoprost	77	LEVOBUNOLOL HCL 0.25 %	74	LIDODERM	59
LATUDA 120 MG	39	levobunolol hcl 0.5 %	74	LINCOCIN	11
LATUDA 20 MG	39	levocarnitine (metabolic modifiers) 330 mg	62	lindane	59
LATUDA 40 MG	39	levocetirizine dihydrochloride	27	linezolid 2 mg/ml	11
LATUDA 60 MG	39	levofloxacin (ophth)	75	linezolid 600 mg	11
LATUDA 80 MG	39	levofloxacin 25 mg/ml	64	LINZESS	65
LAZANDA 100 MCG/ACT	5	levofloxacin 250 mg, 500 mg, 750 mg	64	liothyronine sodium 25 mcg, 5 mcg, 50 mcg	82
LAZANDA 400 MCG/ACT	5	levofloxacin in d5w 250mg/50ml-5%, 500mg/100ml-5%	64	LIPITOR	28
leflunomide	4	levofloxacin in d5w 750mg/150ml-5%	64	LIPOFEN	28
LEMTRADA	80	LEVOLEUCOVORIN	37	LIPOSYN III 1.2GM/100ML-20GM/100ML-2.5GM/100ML	74
LENVIMA 10MG DAILY DOSE	36	levoleucovorin calcium	37	LIPTRUZET	27
LENVIMA 14MG DAILY DOSE	36	levonorgestrel & eth estradiol	50	lisinopril & hydrochlorothiazide	31
LENVIMA 20MG DAILY DOSE	36	levonorgestrel (emergency oc) 0.75 mg	51	lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	29
LENVIMA 24MG DAILY DOSE	36	levonorgestrel (emergency oc) 1.5 mg	51	lithium	39
LESCOL	28	levonorgestrel-eth estradiol (triphasic)	50	lithium carbonate 150 mg, 300 mg, 600 mg	39
LESCOL XL	28	levonorgestrel-ethinyl estradiol (91-day)	50	lithium carbonate 300 mg	39
LETAIRIS	48	levonorgestrel-ethinyl estradiol (continuous)	50	lithium carbonate 300 mg, 450 mg	39
letrozole	35	levorphanol tartrate	5	LITHOBID	39
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg	37			LIVALO	28
leucovorin calcium 100 mg, 200 mg, 350 mg	37			LO LOESTRIN FE	50
leucovorin calcium 50 mg, 500 mg	37			LO MINASTRIN FE	50
LEUKERAN	33			LOCOID	57
LEUKINE	67			LOCOID LIPOCREAM	57
leuprolide acetate	35			LODOSYN	38
levalbuterol hcl 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	14			LOMOTIL	25
LEVAQUIN 25 MG/ML	64			lomustine	33



loperamide hcl 2 mg.....	25	LYRICA 20 MG/ML.....	17	medroxyprogesterone acetate (contraceptive).....	51
LOPID.....	28	LYRICA 200 MG.....	17	mefenamic acid.....	3
LOPRESSOR 100 MG, 50 MG.....	46	LYRICA 225 MG, 300 MG.....	17	mefloquine hcl.....	32
LOPRESSOR HCT.....	31	LYRICA 25 MG.....	17	MEGACE ES.....	79
LOPROX.....	55	LYRICA 50 MG.....	17	MEGACE ORAL.....	35
LOPROX SHAMPOO.....	55	LYRICA 75 MG.....	17	megestrol acetate (appetite).....	79
lorazepam 0.5 mg, 1 mg, 2 mg.....	12	LYSODREN.....	35	megestrol acetate 20 mg, 40 mg.....	35
lorazepam 2 mg/ml.....	12	LYSTEDA.....	68	megestrol acetate 40 mg/ml, 400 mg/10ml.....	35
lorazepam 2 mg/ml, 20 mg/10ml.....	12	M-M-R II.....	85	MEKINIST.....	36
lorazepam 4 mg/ml.....	12	MACROBID.....	84	meloxicam 15 mg, 7.5 mg.....	3
losartan potassium.....	30	MACRODANTIN 100 MG, 50 MG.....	84	meloxicam w/ liniment.....	3
losartan potassium & hydrochlorothiazide.....	31	MACRODANTIN 25 MG.....	84	melphalan hcl.....	33
LOSEASONIQUE.....	50	mag cit-bisacodyl-petrolat-peg 3350-metoclopramide-electrol.....	69	memantine hcl 10 mg, 5 mg.....	79
LOTEMAX.....	76	magnesium sulfate 50 %.....	72	memantine hcl 2 mg/ml.....	79
LOTENSIN.....	29	MALARONE 250MG-100MG.....	32	MENACTRA.....	85
LOTENSIN HCT.....	31	MALARONE 62.5MG-25MG.....	32	MENOMUNE-A/C/Y/W-135.....	85
LOTREL.....	31	malathion.....	59	MENOSTAR.....	63
LOTRISONE.....	55	maprotiline hcl 25 mg, 50 mg.....	19	MENVEO.....	85
LOTRONEX.....	65	maprotiline hcl 75 mg.....	19	meperidine hcl 100 mg, 50 mg5	5
lovastatin.....	28	MARINOL 10 MG, 5 MG.....	26	meperidine hcl 50 mg/5ml.....	5
LOVAZA.....	27	MARINOL 2.5 MG.....	26	meprobamate.....	12
LOVENOX 100 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML.....	16	MARPLAN.....	19	MEPRON.....	10
LOVENOX 120 MG/0.8ML, 150 MG/ML.....	16	MATULANE.....	37	mercaptapurine.....	34
LOVENOX 300 MG/3ML.....	16	MAVIK.....	29	meropenem 1 gm.....	10
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg.....	40	MAXALT 10 MG.....	71	meropenem 500 mg.....	10
LUMIGAN.....	77	MAXALT 5 MG.....	71	MERREM 1 GM.....	10
LUMIZYME.....	62	MAXALT-MLT 10 MG.....	71	MERREM 500 MG.....	10
LUNESTA.....	68	MAXALT-MLT 5 MG.....	71	mesalamine.....	65
LUPRON DEPOT.....	35	MAXIDEX.....	76	mesalamine w/ cleanser.....	65
LUPRON DEPOT-PED 11.25 MG.....	61	MAXIPIME 1 GM, 2 GM.....	50	mesna.....	37
LUPRON DEPOT-PED 11.25 MG, 7.5 MG.....	62	MAXITROL.....	76	MESNEX 100 MG/ML.....	37
LUPRON DEPOT-PED 15 MG.....	62	MAXZIDE.....	60	MESNEX 400 MG.....	37
LUPRON DEPOT-PED 30 MG.....	62	MAXZIDE-25.....	60	MESTINON 60 MG.....	32
LUVOX CR.....	20	mecamylamine hcl.....	32	MESTINON TIMESPAN.....	32
LUXIQ.....	57	meclizine hcl 12.5 mg, 25 mg.....	25	METADATE CD.....	1
LUZU.....	55	meclofenamate sodium 100 mg, 50 mg.....	3	metaproterenol sulfate.....	14
LYNPARZA.....	36	MEDROL 16 MG, 32 MG, 4 MG, 8 MG.....	52	metaxalone.....	72
LYRICA 100 MG.....	17	MEDROL 2 MG.....	52	metformin hcl 1000 mg.....	22
LYRICA 150 MG.....	17	MEDROL DOSEPAK.....	52	metformin hcl 500 mg.....	22
		medroxyprogesterone acetate.....	79	metformin hcl 750 mg.....	22
				metformin hcl 850 mg.....	22
				methadone hcl 10 mg.....	6
				methadone hcl 10 mg/5ml.....	5
				methadone hcl 10 mg/ml.....	5

methadone hcl 5 mg.....	6	metoclopramide hcl 5		MIRCERA 200 MCG/0.3ML	67
methadone hcl 5 mg/5ml.....	5	mg/ml.....	64	mirtazapine.....	19
METHADOSE.....	6	metolazone.....	60	MIRVASO.....	59
METHADOSE SUGAR-FREE	6	metoprolol &		misoprostol 100 mcg, 200	
methamphetamine hcl.....	1	hydrochlorothiazide 100mg-		mcg.....	84
methazolamide 25 mg, 50		25mg, 50mg-25mg.....	31	mitomycin 20 mg, 40 mg, 5	
mg.....	59	metoprolol &		mg.....	36
methenamine hippurate.....	84	hydrochlorothiazide 100mg-		mitoxantrone hcl.....	36
methimazole 10 mg, 5 mg...	82	50mg.....	31	MOBIC 15 MG, 7.5 MG.....	3
methocarbamol 500 mg, 750		metoprolol succinate.....	46	modafinil 100 mg.....	1
mg.....	72	metoprolol tartrate 100 mg, 25		modafinil 200 mg.....	1
methotrexate sodium 1 gm...	34	mg, 50 mg.....	46	MODICON.....	50
methotrexate sodium 1 gm/40ml,		METROCREAM.....	59	moexipril hcl.....	29
100 mg/4ml, 200 mg/8ml, 25		METROGEL.....	59	moexipril-hydrochlorothiazide	
mg/ml, 250 mg/10ml, 50		METROGEL-VAGINAL.....	85	.....	31
mg/2ml.....	34	METROLOTION.....	59	mometasone furoate.....	58
methotrexate sodium 10 mg, 15		metronidazole (topical).....	59	MONODOX.....	82
mg, 2.5 mg.....	34	metronidazole 250 mg.....	9	montelukast sodium 10 mg...	13
methotrexate sodium 25		metronidazole 375 mg.....	9	montelukast sodium 4 mg, 5	
mg/ml.....	34	metronidazole 500 mg.....	9	mg.....	13
methotrexate sodium 5 mg, 7.5		metronidazole in nacl.....	9	MONUROL.....	84
mg.....	34	metronidazole vaginal.....	85	morphine sulfate 0.5 mg/ml...	6
methoxsalen rapid.....	55	metronidazole w/ cleanser		morphine sulfate 1 mg/ml.....	6
methscopolamine bromide 2.5		(topical).....	59	morphine sulfate 10 mg.....	6
mg, 5 mg.....	82	MEVACOR.....	28	morphine sulfate 10 mg/5ml...	6
methyclothiazide.....	60	mexiletine hcl.....	12	morphine sulfate 100 mg.....	6
methyl dopa.....	30	MIACALCIN 200		morphine sulfate 100 mg/5ml, 20	
methyl dopa &		UNIT/ACT.....	61	mg/ml.....	6
hydrochlorothiazide.....	31	MIACALCIN 200 UNIT/ML	61	morphine sulfate 15 mg.....	6
methylergonovine maleate 0.2		MICARDIS.....	30	morphine sulfate 20 mg, 30 mg,	
mg.....	78	MICARDIS HCT.....	31	50 mg, 60 mg, 80 mg.....	6
methylphenidate hcl 10 mg, 18		miconazole nitrate vaginal 200		morphine sulfate 20 mg/5ml...	6
mg, 20 mg, 27 mg, 36 mg, 54		mg.....	85	morphine sulfate 200 mg.....	6
mg.....	1	MICRO-K.....	72	morphine sulfate 30 mg.....	6
methylphenidate hcl 10 mg, 20		MICROZIDE.....	60	morphine sulfate 30 mg, 60	
mg, 30 mg, 40 mg, 50 mg, 60		midodrine hcl.....	86	mg.....	6
mg.....	1	MIGRANAL.....	70	morphine sulfate beads.....	6
methylphenidate hcl 10 mg, 20		MINASTRIN 24 FE.....	50	MOTOFEN.....	25
mg, 5 mg.....	1	MINIPRESS.....	30	MOVANTIK.....	65
methylphenidate hcl 18 mg, 27		MINIVELLE.....	63	MOVIPREP.....	69
mg, 36 mg, 54 mg.....	1	MINOCIN 100 MG, 50 MG, 75		MOXEZA.....	75
methylphenidate hcl 20 mg, 30		MG.....	82	moxifloxacin hcl 400 mg.....	64
mg, 40 mg.....	1	minocycline hcl 100 mg, 50		MOZOBIL.....	68
methylprednisolone 16 mg, 32		mg.....	82	MS CONTIN 100 MG.....	6
mg, 4 mg, 8 mg.....	52	minocycline hcl 100 mg, 50 mg,		MS CONTIN 15 MG.....	6
methylprednisolone acetate 40		75 mg.....	82	MS CONTIN 200 MG.....	6
mg/ml, 80 mg/ml.....	52	minoxidil 10 mg, 2.5 mg...	32	MS CONTIN 30 MG, 60 MG...	6
methylprednisolone sod		MIRAPEX.....	38	MULTAQ.....	13
succ.....	52	MIRAPEX ER.....	39	mupirocin.....	54
methyltestosterone.....	8	MIRCERA 100 MCG/0.3ML, 50			
metipranolol.....	74	MCG/0.3ML, 75			
metoclopramide hcl 10 mg, 5		MCG/0.3ML.....	67		
mg.....	64				
metoclopramide hcl 10 mg/10ml,					
5 mg/5ml.....	64				

mupirocin calcium (topical) . . . . .	54	NAPROSYN . . . . .	4	NEXIUM I.V. 20 MG . . . . .	83
MUSTARGEN . . . . .	33	naproxen 250 mg, 375 mg, 500 mg . . . . .	4	niacin (antihyperlipidemic) 1000 mg, 500 mg, 750 mg . . . . .	29
MYALEPT . . . . .	62	naproxen 375 mg, 500 mg . . . . .	4	niacin (antihyperlipidemic) 500 mg . . . . .	29
MYAMBUTOL . . . . .	33	naproxen sodium 275 mg, 550 mg . . . . .	4	NIASPAN . . . . .	29
MYCAMINE 100 MG . . . . .	26	naproxen sodium 375 mg, 500 mg . . . . .	4	nicardipine hcl 20 mg, 30 mg . . . . .	47
MYCOBUTIN . . . . .	33	naratriptan hcl . . . . .	71	NICOTROL INHALER . . . . .	81
mycophenolate mofetil 200 mg/ml . . . . .	45	NARDIL . . . . .	19	NICOTROL NS . . . . .	81
mycophenolate mofetil 250 mg . . . . .	45	NASONEX . . . . .	73	nifedipine 10 mg, 20 mg . . . . .	47
mycophenolate mofetil 500 mg . . . . .	45	NATACYN . . . . .	75	nifedipine 30 mg, 60 mg, 90 mg . . . . .	47
mycophenolate sodium 180 mg . . . . .	45	nateglinide . . . . .	24	NILANDRON . . . . .	35
mycophenolate sodium 360 mg . . . . .	45	NATESTO . . . . .	9	nimodipine . . . . .	47
MYFORTIC 180 MG . . . . .	45	NATPARA . . . . .	61	NIPENT . . . . .	37
MYFORTIC 360 MG . . . . .	45	NAVELBINE . . . . .	38	NIRAVAM . . . . .	12
MYOZYME . . . . .	62	NEBUPENT . . . . .	9	nisoldipine 17 mg, 25.5 mg, 34 mg, 8.5 mg . . . . .	47
MYRBETRIQ . . . . .	85	nefazodone hcl . . . . .	20	nisoldipine 20 mg, 30 mg, 40 mg . . . . .	47
MYSOLINE . . . . .	17	neomycin sulfate . . . . .	2	NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR . . . . .	11
nabumetone . . . . .	3	neomycin-bacitracin zn-polymyxin . . . . .	75	NITRO-DUR 0.3 MG/HR, 0.8 MG/HR . . . . .	11
nadolol & bendroflumethiazide 40mg-5mg . . . . .	31	neomycin-fluocinolone . . . . .	54	nitrofurantoin . . . . .	84
nadolol & bendroflumethiazide 80mg-5mg . . . . .	31	neomycin-polymy-dexameth . . . . .	76	nitrofurantoin macrocrystal 100 mg, 25 mg, 50 mg . . . . .	84
nadolol 20 mg, 40 mg, 80 mg . . . . .	46	neomycin-polymyxin-gramicidin . . . . .	75	nitrofurantoin monohyd macro . . . . .	84
nafcillin sodium 1 gm . . . . .	79	neomycin-polymyxin-hc (ophth) . . . . .	76	nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr . . . . .	11
nafcillin sodium 1 gm, 2 gm . . . . .	79	neomycin-polymyxin-hc (otic) . . . . .	77	nitroglycerin 0.4 mg/spray . . . . .	11
nafcillin sodium 10 gm . . . . .	79	neomycin/polymyxin b gu . . . . .	66	nitroglycerin 2 % . . . . .	11
naftifine hcl . . . . .	55	NEORAL 100 MG, 25 MG . . . . .	45	nitroglycerin 5 mg/ml . . . . .	11
NAFTIN . . . . .	55	NESINA . . . . .	23	NITROGLYCERIN LINGUAL . . . . .	11
NAGLAZYME . . . . .	62	NEULASTA . . . . .	67	NITROLINGUAL . . . . .	11
naloxone hcl 1 mg/ml . . . . .	25	NEULASTA DELIVERY KIT . . . . .	67	PUMPSPRAY . . . . .	11
naltrexone hcl . . . . .	25	NEUMEGA . . . . .	67	NITROMIST . . . . .	11
NAMENDA 10 MG, 5 MG . . . . .	79	NEUPOGEN . . . . .	67	NITROSTAT . . . . .	12
NAMENDA 10 MG/5ML . . . . .	79	NEUPRO . . . . .	39	nizatidine 150 mg, 300 mg . . . . .	83
NAMENDA TITRATION PAK79 . . . . .	79	NEURONTIN . . . . .	17	NIZORAL . . . . .	55
NAMENDA XR 14 MG . . . . .	79	NEVANAC . . . . .	77	NOR-QD . . . . .	51
NAMENDA XR 21 MG, 28 MG . . . . .	80	nevirapine 100 mg . . . . .	42	NORDITROPIN FLEXPRO 10 MG/1.5ML, 5 MG/1.5ML . . . . .	61
NAMENDA XR 7 MG . . . . .	80	nevirapine 200 mg . . . . .	42	norelgestromin-ethinyl estradiol . . . . .	51
NAMENDA XR TITRATION PACK . . . . .	80	nevirapine 400 mg . . . . .	42	norethin acet & estrad-fe 75mg-20mcg-1mg, 75mg-30mcg-1.5mg . . . . .	50
naphazoline hcl . . . . .	76	NEVIRAPINE 50 MG/5ML . . . . .	42	norethindrone & eth estradiol 0.4mg-35mcg, 1mg-35mcg . . . . .	50
NAPRELAN 375 MG . . . . .	3	NEXAVAR . . . . .	36	norethindrone & eth estradiol 0.5mg-35mcg . . . . .	50
NAPRELAN 375 MG, 750 MG . . . . .	3	NEXIUM 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG . . . . .	83		
NAPRELAN 500 MG . . . . .	3	NEXIUM 20 MG . . . . .	83		
		NEXIUM 40 MG . . . . .	83		

norethindrone & ethinyl estradiol- fe.....	50	NOXAFIL 100 MG.....	26	omeprazole 10 mg, 20 mg, 40 mg.....	83
norethindrone (contraceptive).....	51	NOXAFIL 300 MG/16.7ML.....	26	omeprazole-sodium bicarbonate 20mg-1100mg.....	84
norethindrone acet & eth estra.....	50	NOXAFIL 40 MG/ML.....	26	omeprazole-sodium bicarbonate 40mg-1100mg.....	84
norethindrone acetate.....	79	NUCYNTA 100 MG.....	6	OMNARIS.....	73
norethindrone acetate-ethinyl estradiol 2.5mcg-0.5mg.....	63	NUCYNTA 50 MG.....	6	OMNIPRED.....	76
norethindrone acetate-ethinyl estradiol 5mcg-1mg.....	63	NUCYNTA 75 MG.....	6	OMNITROPE 10 MG/1.5ML, 5 MG/1.5ML.....	61
norethindrone-eth estradiol (biphasic).....	50	NUCYNTA ER 100 MG.....	6	ONCASPAR.....	37
norethindrone-eth estradiol (triphasic).....	50	NUCYNTA ER 150 MG, 200 MG, 250 MG.....	6	ondansetron.....	25
NORFLEX.....	72	NUCYNTA ER 50 MG.....	6	ondansetron hcl 24 mg, 4 mg, 8 mg.....	25
norgestimate-ethinyl estradiol.....	51	NUEDEXTA.....	80	ondansetron hcl 4 mg/2ml, 40 mg/20ml.....	25
norgestimate-ethinyl estradiol (triphasic).....	51	NULOJIX.....	45	ondansetron hcl 4 mg/5ml.....	25
norgestrel & ethinyl estradiol 0.3mg-30mcg.....	51	NULYTELY/FLAVOR PACKS.....	69	ONFI 10 MG, 5 MG.....	16
norgestrel & ethinyl estradiol 0.5mg-50mcg.....	51	NUTROPIN AQ NUSPIN 20.....	61	ONFI 2.5 MG/ML.....	16
NORINYL 1+35.....	51	NUTROPIN AQ PEN 20 MG/2ML.....	61	ONFI 20 MG.....	16
NORITATE.....	59	NUVARING.....	51	ONGLYZA.....	23
NOROXIN.....	64	NUVIGIL.....	1	ONMEL.....	26
NORPACE.....	12	NYMALIZE.....	47	OPANA 10 MG.....	6
NORPACE CR 100 MG.....	12	nystatin.....	26	OPANA 5 MG.....	6
NORPRAMIN.....	21	nystatin & diaper rash product.....	55	OPDIVO.....	34
NORTHERA 100 MG.....	86	nystatin (mouth-throat).....	72	opium tincture.....	25
NORTHERA 200 MG.....	86	nystatin (topical).....	55	OPSUMIT.....	48
NORTHERA 300 MG.....	86	nystatin-triamcinolone.....	55	OPTIVAR.....	77
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg.....	21	OCTAGAM 10 GM/100ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML.....	78	ORACEA.....	59
nortriptyline hcl 10 mg/5ml.....	21	octreotide acetate 100 mcg/ml.....	62	ORAP.....	81
NORVASC 10 MG.....	47	octreotide acetate 1000 mcg/5ml, 200 mcg/ml, 50 mcg/ml.....	62	ORAPRED ODT.....	52
NORVASC 2.5 MG.....	47	OCUFEN.....	77	ORENCIA.....	4
NORVASC 5 MG.....	47	OCUFLOX.....	75	ORENITRAM 0.125 MG.....	48
NORVIR.....	42	ODOMZO.....	35	ORENITRAM 0.25 MG, 1 MG, 2.5 MG.....	48
NOVOLIN 70/30.....	23	OFEV.....	81	ORFADIN.....	62
NOVOLIN 70/30 RELION.....	24	ofloxacin (ophth).....	75	ORKAMBI.....	81
NOVOLIN N.....	24	ofloxacin (otic).....	77	orphenadrine citrate 100 mg.....	73
NOVOLIN N RELION.....	24	olanzapine.....	40	orphenadrine citrate 30 mg/ml.....	72
NOVOLIN R.....	24	olanzapine-fluoxetine hcl.....	80	orphenadrine w/ aspirin & caff.....	73
NOVOLIN R RELION.....	24	OLEPTRO.....	20	ORTHO EVRA.....	51
NOVOLOG.....	24	olopatadine hcl (nasal).....	73	ORTHO MICRONOR.....	51
NOVOLOG FLEXPEN.....	24	OLUX.....	58	ORTHO TRI-CYCLEN.....	51
NOVOLOG MIX 70/30.....	24	OLUX-E.....	58	ORTHO-CEPT.....	51
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	24	OLYSIO.....	43	ORTHO-CYCLEN.....	51
NOVOLOG PENFILL.....	24	omega-3-acid ethyl esters.....	27	ORTHO-NOVUM 1/35.....	51
				ORTHO-NOVUM 7/7/7.....	51
				OSENI 12.5MG-15MG.....	22

OSENI 12.5MG-30MG, 12.5MG-45MG, 25MG-15MG, 25MG-30MG, 25MG-45MG	22	OXYCONTIN 80 MG	7	peg 3350-potassium chloride-sod bicarbonate-sod chloride	69
OSMOPREP	69	oxymorphone hcl 10 mg	7	PEG-INTRON	43
OTEZLA	4	oxymorphone hcl 15 mg	7	PEG-INTRON REDIPEN	44
OTREXUP	2	oxymorphone hcl 20 mg	7	PEG-INTRON REDIPEN PAK 4	44
OVIDE	59	oxymorphone hcl 30 mg, 40 mg	7	PEGANONE	18
oxaliplatin 100 mg, 50 mg	33	oxymorphone hcl 5 mg	7	PEGASYS	44
oxaliplatin 100 mg/20ml	33	oxymorphone hcl 7.5 mg	7	PEGASYS PROCLICK	44
oxaliplatin 50 mg/10ml	33	OXYTROL	84	PEGINTRON	44
OXANDRIN 10 MG	8	paclitaxel 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml	38	penicillin g potassium 20 mu, 2000000 unit, 5000000 unit	78
OXANDRIN 2.5 MG	8	paclitaxel 150 mg/25ml	38	penicillin g procaine	78
oxandrolone 10 mg	8	paliperidone 1.5 mg	40	penicillin g sodium	78
oxandrolone 2.5 mg	8	paliperidone 3 mg	40	penicillin v potassium	78
oxaprozin	4	paliperidone 6 mg	40	PENLAC NAIL LACQUER	55
OXAYDO 5 MG	6	paliperidone 9 mg	40	PENNSAID	54
OXAYDO 7.5 MG	6	PAMELOR	21	PENTAM 300	10
oxazepam	12	pamidronate disodium 6 mg/ml	61	PENTASA	65
oxcarbazepine	17	PAMINE	82	pentazocine w/ naloxone	8
OXECTA 5 MG	6	PAMINE FORTE	82	pentoxifylline	66
OXECTA 7.5 MG	6	PANCREAZE	59	PEPCID	83
OXISTAT	55	PANCRELIPASE	59	PERCODAN	8
OXSORALEN	59	PANRETIN	55	PERFOROMIST	14
OXSORALEN ULTRA	55	pantoprazole sodium 20 mg, 40 mg	83	PERIDEX	72
oxybutynin chloride 10 mg, 15 mg, 5 mg	84	pantoprazole sodium 40 mg	83	perindopril erbumine 2 mg	29
oxybutynin chloride 5 mg	84	PARAFON FORTE DSC	73	perindopril erbumine 4 mg	29
oxybutynin chloride 5 mg/5ml	84	parenteral electrolytes	72	perindopril erbumine 8 mg	29
oxycodone hcl 10 mg	6	paricalcitol 1 mcg, 2 mcg, 4 mcg	62	PERJETA	34
oxycodone hcl 100 mg/5ml, 20 mg/ml	6	PARLODEL	39	permethrin 5 %	59
oxycodone hcl 15 mg	6	PARNATE	19	perphenazine 16 mg, 2 mg, 4 mg, 8 mg	41
oxycodone hcl 20 mg	6	paromomycin sulfate	2	perphenazine-amitriptyline	80
oxycodone hcl 30 mg	6	paroxetine hcl	20	PERSANTINE	67
oxycodone hcl 5 mg	6	PATADAY	77	PERTZYE	59
OXYCODONE HCL ER 10 MG, 20 MG, 40 MG	6	PATANASE	73	PEXEVA	20
OXYCODONE HCL ER 80 MG	6	PATANOL	77	phenelzine sulfate	19
oxycodone w/ acetaminophen 10mg-300mg, 5mg-300mg, 7.5mg-300mg	8	PAXIL 10 MG, 20 MG, 30 MG, 40 MG	20	phenobarbital 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	68
oxycodone w/ acetaminophen 10mg-325mg, 2.5mg-325mg, 5mg-325mg, 7.5mg-325mg	8	PAXIL 10 MG/5ML	20	phenobarbital 20 mg/5ml	68
oxycodone w/ acetaminophen 5mg/5ml-325mg/5ml	8	PAXIL CR	20	phenoxybenzamine hcl	30
oxycodone-aspirin	8	PCE 333 MG	70	phenytoin 125 mg/5ml	18
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	7	PCE 500 MG	70	phenytoin 50 mg	18
		PEDVAX HIB	85	phenytoin sodium	18
		peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	69	phenytoin sodium extended	18
				PHOSLO	65
				PHOSLYRA	65

PHOSPHOLINE IODIDE.....	75	PRADAXA.....	16	PREZISTA 400 MG.....	42
PICATO.....	55	PRALUENT 150 MG/ML.....	29	PREZISTA 600 MG, 800 MG.....	42
pilocarpine hcl (oral).....	72	PRALUENT 75 MG/ML.....	29	PREZISTA 75 MG.....	42
pilocarpine hcl 1 %, 2 %, 4 %.....	75	pramipexole dihydrochloride.....	39	PRIFTIN.....	33
pimozide.....	81	pramoxine-hc 1%-1%.....	58	prilocaine hcl.....	69
pindolol.....	46	pramoxine-hc 1%-1%, 1%- 2.5%.....	58	PRILOSEC 10 MG, 20 MG, 40 MG.....	84
pioglitazone hcl 15 mg.....	23	PRANDIMET.....	22	PRIMAQUINE PHOSPHATE.....	32
pioglitazone hcl 30 mg, 45 mg.....	23	PRANDIN 0.5 MG.....	24	primaquine phosphate.....	32
pioglitazone hcl-glimepiride.....	22	PRANDIN 1 MG.....	24	PRIMAXIN IV.....	10
pioglitazone hcl-metformin hcl.....	22	PRANDIN 2 MG.....	24	primidone 250 mg, 50 mg.....	18
piperacillin sodium-tazobactam sodium.....	79	PRAVACHOL.....	28	PRIMSOL.....	10
piroxicam 10 mg, 20 mg.....	4	pravastatin sodium.....	28	PRINIVIL.....	29
PLAN B ONE-STEP.....	51	prazosin hcl.....	30	PRISTIQ.....	20
PLAQUENIL.....	32	PRECOSE.....	21	PRIVIGEN.....	78
PLAVIX 300 MG.....	67	PRED FORTE.....	76	PROAIR HFA.....	14
PLAVIX 75 MG.....	67	PRED MILD.....	76	PROAIR RESPICLICK.....	15
PLEGRIDY.....	80	prednicarbate.....	58	probenecid.....	66
PLEGRIDY STARTER PACK.....	80	prednisolone.....	52	procainamide hcl 100 mg/ml, 500 mg/ml.....	12
PLETAL.....	67	prednisolone acetate (ophth).....	76	PROCARDIA.....	47
podofilox.....	58	prednisolone sodium phosphate (ophth).....	76	PROCARDIA XL.....	47
polyethylene glycol 3350.....	69	prednisolone sodium phosphate 10 mg, 15 mg, 30 mg.....	52	prochlorperazine.....	41
polymyxin b sulfate.....	11	prednisolone sodium phosphate 10 mg/5ml, 20 mg/5ml, 25 mg/5ml.....	52	prochlorperazine edisylate.....	41
polymyxin b-trimethoprim.....	75	prednisolone sodium phosphate 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml.....	52	prochlorperazine maleate 10 mg, 5 mg.....	41
POLYTRIM.....	75	prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg.....	52	PROCRIT 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML.....	67
POMALYST.....	35	prednisone 10 mg, 5 mg.....	53	PROCRIT 20000 UNIT/ML, 40000 UNIT/ML.....	67
PONSTEL.....	4	prednisone 5 mg/5ml.....	52	PROCTOCORT 1 %.....	9
potassium chloride 10 %, 20 %.....	72	prednisone 5 mg/ml.....	52	PROCYSBI.....	66
potassium chloride 10 meq, 8 meq.....	72	PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG.....	63	progesterone micronized 100 mg, 200 mg.....	79
potassium chloride 2 meq/ml.....	72	PREMARIN 0.625 MG/GM.....	86	PROGLYCEM.....	23
POTASSIUM CHLORIDE ER.....	72	PREMPHASE.....	63	PROGRAF 0.5 MG, 1 MG, 5 MG.....	45
potassium chloride in dextrose & sodium chloride 0.45%-20meq/l- 5%.....	72	PREMPRO.....	63	PROGRAF 5 MG/ML.....	45
potassium chloride microencapsulated crystals cr.....	72	PREPOPIK.....	69	PROLASTIN-C.....	81
potassium citrate (alkalinizer) 1080 mg.....	65	PREVACID 15 MG.....	83	PROLENSA.....	77
potassium citrate (alkalinizer) 540 mg.....	65	PREVACID 30 MG.....	83	PROLEUKIN.....	37
POTIGA 200 MG.....	17	PREVPAC.....	84	PROLIA.....	61
POTIGA 300 MG.....	17	PREZCOBIX.....	42	PROMACTA 12.5 MG.....	67
POTIGA 400 MG.....	17	PREZISTA 100 MG/ML.....	42	PROMACTA 25 MG.....	67
POTIGA 50 MG.....	17	PREZISTA 150 MG.....	42	PROMACTA 50 MG.....	67
				PROMACTA 75 MG.....	67
				promethazine & phenylephrine.....	53

promethazine hcl 12.5 mg, 25 mg, 50 mg	27	QUARTETTE	51	REMODULIN	48
promethazine hcl 25 mg/ml, 50 mg/ml	27	quetiapine fumarate	40	RENAGEL 800 MG	65
promethazine hcl 6.25 mg/5ml	27	quinapril hcl	29	REVELA	65
PROMETRIUM	79	quinapril-hydrochlorothiazide	31	repaglinide 0.5 mg	24
propafenone hcl	13	quinidine gluconate 324 mg	12	repaglinide 1 mg	24
propantheline bromide	83	quinidine sulfate	12	repaglinide 2 mg	24
proparacaine hcl	76	quinine sulfate	32	REQUIP	39
propranolol & hydrochlorothiazide	31	QVAR	14	REQUIP XL	39
propranolol hcl 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	46	RABAVERT	85	RESCRIPTOR 100 MG	42
propranolol hcl 120 mg, 160 mg, 60 mg, 80 mg	46	RAGWITEK	47	RESCRIPTOR 200 MG	42
propranolol hcl 20 mg/5ml	46	raloxifene hcl	61	RESCULA	77
propranolol hcl 40 mg/5ml	46	ramipril	29	reserpine 0.1 mg, 0.25 mg	30
propylthiouracil	82	RANEXA	11	RESTASIS	76
PROQUAD	85	ranitidine hcl 15 mg/ml, 150 mg/10ml, 75 mg/5ml	83	RESTORIL	68
PROSCAR	66	ranitidine hcl 150 mg	83	RETIN-A	54
protamine sulfate	67	ranitidine hcl 150 mg, 300 mg	83	RETIN-A MICRO	54
PROTONIX 20 MG, 40 MG	84	ranitidine hcl 300 mg	83	RETIN-A MICRO PUMP 0.04 %, 0.1 %	54
PROTONIX 40 MG	84	RAPAFLO	66	RETIN-A MICRO PUMP 0.08 %	54
PROTOPIC	58	RAPAMUNE 0.5 MG	45	RETROVIR	42
protriptyline hcl	21	RAPAMUNE 1 MG, 2 MG	45	RETROVIR IV INFUSION	42
PROVENTIL HFA	15	RAPAMUNE 1 MG/ML	45	REVATIO 10 MG/12.5ML	48
PROVERA	79	RASUVO	2	REVATIO 20 MG	48
PROVIGIL	1	RAYOS 2 MG, 5 MG	53	REVLIMID	44
PROZAC	20	RAZADYNE	80	REXULTI 0.25 MG	41
PROZAC WEEKLY	20	RAZADYNE ER	80	REXULTI 0.5 MG	41
PULMICORT 0.25 MG/2ML	14	REBETOL 200 MG	44	REXULTI 1 MG	41
PULMICORT 0.5 MG/2ML	14	REBETOL 40 MG/ML	44	REXULTI 2 MG	41
PULMICORT 1 MG/2ML	14	REBIF	80	REXULTI 3 MG, 4 MG	41
PULMICORT FLEXHALER 180 MCG/ACT	14	REBIF REBIDOSE	80	REYATAZ 150 MG, 200 MG, 300 MG	42
PULMICORT FLEXHALER 90 MCG/ACT	14	REBIF REBIDOSE TITRATIONPACK	80	REYATAZ 50 MG	42
PULMOZYME	81	REBIF TITRATION PACK	80	RHEUMATREX	2
PURINETHOL	34	RECLAST	61	RHINOCORT AQUA	73
PURIXAN	34	RECOMBIVAX HB	85	ribavirin (hepatitis c)	44
PYLERA	84	RECTIV	9	ribavirin (hepatitis c) 200 mg	44
pyrazinamide	33	REGLAN	64	ribavirin (hepatitis c) 400 mg, 600 mg	44
pyridostigmine bromide 180 mg	32	REGRANEX	59	RIDAURA	2
pyridostigmine bromide 60 mg	32	RELENZA DISKHALER	44	rifabutin	33
QNASL	73	RELISTOR 12 MG/0.6ML	65	RIFADIN	33
QNASL CHILDRENS	73	RELISTOR 8 MG/0.4ML	65	rifampin 150 mg, 300 mg	33
QUALAQUIN	32	RELPAK	71	rifampin 600 mg	33
		REMERON	19	RIFATER	32
		REMERON SOLTAB	19	RILUTEK	74
		REMICADE	65	riluzole	74
				rimantadine hydrochloride	44

RIOMET.....	22	SANCUSO.....	25	SIMCOR 20MG-1000MG, 20MG-	
risedronate sodium 150 mg..	61	SANDIMMUNE 100 MG, 25		500MG, 20MG-750MG.....	28
risedronate sodium 30 mg, 5		MG.....	45	SIMCOR 40MG-1000MG, 40MG-	
mg.....	61	SANDIMMUNE 100		500MG.....	28
risedronate sodium 35 mg...	61	MG/ML.....	45	SIMPONI.....	2
RISPERDAL.....	40	SANDIMMUNE 50 MG/ML.....	45	SIMPONI ARIA.....	2
RISPERDAL CONSTA 12.5		SANDOSTATIN 100		SIMULECT.....	45
MG.....	40	MCG/ML.....	62	simvastatin 10 mg.....	28
RISPERDAL CONSTA 25		SANDOSTATIN 200 MCG/ML,		simvastatin 20 mg.....	28
MG.....	40	50 MCG/ML.....	62	simvastatin 40 mg.....	28
RISPERDAL CONSTA 37.5 MG,		SANDOSTATIN LAR DEPOT		simvastatin 5 mg.....	28
50 MG.....	40	20 MG, 30 MG.....	62	simvastatin 80 mg.....	28
RISPERDAL M-TAB.....	40	SANTYL.....	58	SINEMET.....	39
risperidone.....	40	SAPHRIS 10 MG.....	40	SINEMET CR.....	39
RITALIN.....	2	SAPHRIS 2.5 MG.....	40	SINGULAIR 10 MG.....	13
RITALIN LA 10 MG.....	2	SAPHRIS 5 MG.....	40	SINGULAIR 4 MG, 5 MG....	13
RITALIN LA 20 MG, 30 MG, 40		SAVAYSA.....	15	sirolimus 0.5 mg, 1 mg....	45
MG.....	2	SAVELLA.....	80	sirolimus 2 mg.....	45
RITALIN SR.....	2	SAVELLA TITRATION		SIRTURO.....	33
RITUXAN.....	35	PACK.....	80	SIVEXTRO.....	11
rivastigmine.....	80	SEASONIQUE.....	51	SKELAXIN.....	73
rivastigmine tartrate.....	80	SECTRAL.....	46	sodium chloride (gu irrigant).	66
rizatriptan benzoate 10 mg..	71	selegiline hcl.....	39	sodium chloride 0.45 %....	72
rizatriptan benzoate 5 mg....	71	selenium sulfide 2.5 %....	55	sodium chloride 0.9 %....	72
ROBAXIN 500 MG.....	73	SELZENTRY.....	42	sodium fluoride 1 mg.....	72
ROBAXIN-750.....	73	SEMPREX-D.....	53	sodium polystyrene	
ROBINUL 0.2 MG/ML.....	83	SENSIPAR 30 MG.....	62	sulfonate.....	45
ROBINUL 1 MG.....	83	SENSIPAR 60 MG, 90 MG		sodium polystyrene sulfonate	15
ROBINUL FORTE.....	83	62		gm/60ml.....	45
ROCALTROL.....	62	SEREVENT DISKUS.....	15	SOLARAZE.....	55
ropinirole hydrochloride.....	39	SEROQUEL 100 MG, 200 MG,		SOLTAMOX.....	35
ROTARIX.....	85	25 MG, 50 MG.....	40	SOLU-CORTEF 100 MG, 250	
ROTATEQ.....	85	SEROQUEL 300 MG, 400		MG.....	53
ROWASA.....	65	MG.....	40	SOLU-MEDROL 1000 MG, 125	
ROXICODONE 15 MG.....	7	SEROQUEL XR 150 MG, 200		MG, 40 MG.....	53
ROXICODONE 30 MG.....	7	MG, 300 MG, 50 MG.....	40	SOLU-MEDROL 2 GM.....	53
ROXICODONE 5 MG.....	7	SEROQUEL XR 400 MG..	40	SOMA 350 MG.....	73
ROZEREM.....	68	SEROSTIM 4 MG, 6 MG..	61	SOMATULINE DEPOT.....	63
RUCONEST.....	66	sertraline hcl 100 mg, 25 mg,		SOMAVERT.....	61
RYTARY.....	39	50 mg.....	20	SONATA.....	68
RYTHMOL.....	13	sertraline hcl 20 mg/ml....	20	SOOLANTRA.....	59
RYTHMOL SR.....	13	SEVELAMER		SORIATANE.....	55
SABRIL.....	18	CARBONATE.....	65	SORILUX.....	55
SAFYRAL.....	51	SIGNIFOR.....	63	sotalol hcl.....	46
SALAGEN.....	72	SIGNIFOR LAR 20 MG....	63	sotalol hcl (afib/afi)....	46
SAMSCA.....	63	SIGNIFOR LAR 40 MG, 60		Sotalol Hcl IV Soln.....	46
SANCTURA.....	84	MG.....	63	SOTYLIZE.....	46
SANCTURA XR.....	85	sildenafil citrate (pulmonary		SOVALDI.....	44
		hypertension).....	48	SPIRIVA HANDIHALER....	13
		SILENOR.....	68		
		SILVADENE.....	56		
		silver sulfadiazine.....	56		
		SIMBRINZA.....	75		



SPIRIVA RESPIMAT 1.25 MCG/ACT	13	sulfacetamide sodium (ophth)	75	TALWIN	8
SPIRIVA RESPIMAT 2.5 MCG/ACT	13	sulfadiazine	81	TAMIFLU	44
spironolactone & hydrochlorothiazide	60	sulfamethoxazole-trimethoprim 160mg-800mg, 80mg-400mg	10	tamoxifen citrate 10 mg, 20 mg	35
spironolactone 100 mg, 25 mg, 50 mg	60	sulfamethoxazole-trimethoprim 40mg/5ml-200mg/5ml	10	tamsulosin hcl	66
SPORANOX 10 MG/ML	26	sulfamethoxazole-trimethoprim 80mg/5ml-400mg/5ml	10	TANZEUM	23
SPORANOX 100 MG	26	SULFAMYLON 85 MG/GM	56	TARCEVA	36
SPORANOX PULSEPAK	26	sulfasalazine	65	TARGRETIN	37
SPRIX	4	sulindac 150 mg, 200 mg	4	TARKA 2MG-240MG, 4MG-240MG	31
SPRYCEL	36	sumatriptan succinate 100 mg	71	TASIGNA	36
STALEVO 100	39	sumatriptan succinate 25 mg	71	TASMAR	38
STALEVO 125	39	sumatriptan succinate 4 mg/0.5ml	71	TAXOL	38
STALEVO 150	39	sumatriptan succinate 50 mg	71	TAXOTERE	38
STALEVO 200	39	sumatriptan succinate 6 mg/0.5ml	71	TAZORAC	55
STALEVO 50	39	SUMAVEL DOSEPRO 4 MG/0.5ML	71	TECFIDERA	80
STALEVO 75	39	SUMAVEL DOSEPRO 6 MG/0.5ML	71	TECFIDERA STARTER PACK	80
STARLIX	24	SUPRAX 400 MG	50	TEFLARO	50
stavudine 1 mg/ml	43	SUPRAX 500 MG/5ML	50	TEGRETOL	18
stavudine 15 mg	42	SUPREP BOWEL PREP	69	TEGRETOL-XR	18
stavudine 20 mg, 30 mg, 40 mg	42	SURMONTIL	21	TEKAMLO 150MG-10MG	31
STELARA	55	SUSTIVA 200 MG, 50 MG	43	TEKAMLO 150MG-5MG	31
STIMATE	62	SUSTIVA 600 MG	43	TEKTURNA	32
STIOLTO RESPIMAT	15	SUTENT	36	TEKTURNA HCT	31
STIVARGA	36	SYLATRON	37	telmisartan	30
STRATTERA 10 MG	1	SYMBICORT	15	telmisartan-amlodipine	31
STRATTERA 100 MG, 60 MG, 80 MG	1	SYMBYAX	80	telmisartan-hydrochlorothiazide	31
STRATTERA 18 MG	1	SYMLINPEN 120	21	temazepam	68
STRATTERA 25 MG	1	SYMLINPEN 60	21	TEMODAR 100 MG	33
STRATTERA 40 MG	1	SYNAGIS	78	TEMOVATE	58
streptomycin sulfate	2	SYNALAR	58	TEMOVATE E	58
STRIBILD	43	SYNAREL	62	TENEX	30
STRIVERDI RESPIMAT	15	SYNERCID	11	TENIVAC	82
STROMECTOL	9	SYNRIBO	37	TENORETIC 100	31
SUBOXONE	8	SYNTHROID	82	TENORETIC 50	31
SUBSYS 100 MCG, 200 MCG	7	SYPRINE	44	TENORMIN	46
SUBSYS 1200 MCG, 1600 MCG	7	TABLOID	34	TERAZOL 3	86
SUBSYS 400 MCG, 600 MCG, 800 MCG	7	TACLONEX	58	TERAZOL 7	86
sucralfate	83	tacrolimus (topical)	58	terazosin hcl	30
SULAR	47	tacrolimus 0.5 mg, 1 mg, 5 mg	45	terbutaline sulfate 2.5 mg, 5 mg	15
sulfacetamide sod-prednisolone	76	TAFINLAR	36	terconazole vaginal	86
sulfacetamide sodium (acne)	54			TESTIM	9
				TESTOSTERONE 1 %, 10 MG/ACT, 50 MG/5GM	9

TESTOSTERONE 25 MG/2.5GM.....	9	tizanidine hcl 4 mg.....	73	trandolapril-verapamil hcl 2mg-240mg, 4mg-240mg.....	31
testosterone 25 mg/2.5gm, 50 mg/5gm.....	9	tizanidine hcl 6 mg.....	73	tranexamic acid 100 mg/ml.....	68
testosterone 75 mg.....	9	TOBI.....	2	tranexamic acid 650 mg.....	68
testosterone cypionate.....	9	TOBI PODHALER.....	2	TRANSDERM-SCOP.....	26
testosterone enanthate.....	9	TOBRADEX.....	76	TRANXENE T.....	12
TESTOSTERONE PUMP.....	9	TOBRADEX ST.....	76	tranylcypropramine sulfate.....	19
TETANUS TOXOID ADSORBED.....	82	tobramycin.....	2	TRAVATAN Z.....	77
TETANUS/DIPHThERIA TOXOIDS-ADSORBED.....	82	tobramycin (ophth).....	75	travoprost.....	77
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT.....	82	tobramycin sulfate 1.2 gm.....	2	trazodone hcl 100 mg, 150 mg, 300 mg, 50 mg.....	20
tetrabenazine.....	80	tobramycin sulfate 1.2 gm/30ml, 40 mg/ml, 80 mg/2ml.....	2	TREANDA.....	33
tetracycline hcl 250 mg, 500 mg.....	82	tobramycin sulfate 10 mg/ml.....	2	TRECTOR.....	33
tetrahydrozoline hcl.....	74	tobramycin sulfate in saline.....	2	TRELSTAR.....	35
TEV-TROPIN.....	61	tobramycin-dexamethasone.....	76	TRELSTAR MIXJECT.....	35
THALOMID.....	44	TOBEX.....	75	tretinoin (chemotherapy).....	37
theophylline 100 mg, 200 mg, 300 mg, 450 mg.....	15	TOFRANIL-PM.....	21	tretinoin 0.01 %, 0.025 %, 0.05 %.....	54
theophylline 100mg, 200 mg, 300 mg, 400 mg.....	15	tolazamide 250 mg.....	25	tretinoin 0.025 %, 0.05 %, 0.075 %, 0.1 %.....	54
theophylline 400 mg, 600 mg.....	15	TOLAZAMIDE 500 MG.....	25	tretinoin 0.038 %.....	54
theophylline 80 mg/15ml.....	15	TOLBUTAMIDE.....	25	tretinoin microsphere.....	54
THERACYS.....	37	tolcapone.....	38	tretinoin w/ cleanser & moisturizer 0.025%, 0.1%.....	54
thioridazine hcl 10 mg, 100 mg, 25 mg, 50 mg.....	41	tolmetin sodium.....	4	tretinoin w/ cleanser & moisturizer 0.05%.....	54
THIOTEPA.....	33	tolterodine tartrate.....	85	TREXIMET.....	70
thiothixene.....	41	TOPAMAX.....	18	triamcinolone acetonide & emollient.....	58
THYMOGLOBULIN.....	45	TOPAMAX SPRINKLE.....	18	triamcinolone acetonide (mouth).....	72
tiagabine hcl 2 mg.....	18	TOPICORT.....	58	triamcinolone acetonide (nasal).....	73
tiagabine hcl 4 mg.....	18	topiramate 100 mg, 200 mg, 25 mg, 50 mg.....	18	triamcinolone acetonide (topical).....	58
TIAZAC.....	47	topiramate 15 mg, 25 mg.....	18	triamterene & hydrochlorothiazide.....	60
TICE BCG.....	37	topotecan hcl 4 mg.....	38	triazolam.....	68
ticlopidine hcl.....	67	TOPROL XL.....	46	TRIBENZOR.....	31
TIGAN.....	25	TORISEL.....	36	TRICOR.....	28
TIKOSYN.....	13	torsemide 10 mg, 100 mg, 20 mg, 5 mg.....	60	trifluoperazine hcl.....	41
timolol maleate (ophth) 0.25 %, 0.5 %.....	75	torsemide 20 mg/2ml, 50 mg/5ml.....	60	trifluridine.....	75
timolol maleate 10 mg.....	46	TOTECT.....	37	trihexyphenidyl hcl.....	38
timolol maleate 20 mg.....	46	TOUJEO SOLOSTAR.....	24	TRILEPTAL.....	18
timolol maleate 5 mg.....	46	TOVIAZ.....	85	TRILIPIX.....	28
TIMOPTIC.....	75	TRACLEER.....	48	trimethobenzamide hcl 100 mg/ml.....	26
TIMOPTIC-XE.....	75	TRADJENTA.....	23	trimethobenzamide hcl 300 mg.....	26
TINDAMAX.....	10	tramadol hcl 100 mg.....	7	trimethoprim.....	10
tinidazole 250 mg, 500 mg.....	10	tramadol hcl 200 mg, 300 mg.....	7	trimipramine maleate 100 mg, 25 mg, 50 mg.....	21
TIVICAY.....	43	tramadol hcl 50 mg.....	7		
tizanidine hcl 2 mg.....	73	tramadol-acetaminophen.....	8		
		TRANDATE.....	46		
		trandolapril.....	29		

TRISENOX.....	37	valproate sodium 100 mg/ml, 500 mg/5ml.....	19	verapamil hcl 120 mg, 40 mg, 80 mg.....	47
TRIUMEQ.....	43	valproate sodium 250 mg/5ml.....	19	VEREGEN.....	54
TRIZIVIR.....	43	valproic acid.....	19	VERELAN.....	47
tropium chloride.....	85	valsartan.....	30	VERELAN PM.....	47
TRULICITY.....	23	valsartan-hydrochlorothiazide .....	32	VERSACLOZ.....	40
TRUSOPT.....	77	VALSTAR.....	36	VESICARE.....	85
TRUVADA.....	43	VALTRESX.....	44	VEXOL.....	76
TUDORZA PRESSAIR.....	13	VANCOCCIN HCL.....	10	VFEND 200 MG, 50 MG.....	27
TWINRIX.....	85	vancomycin hcl 10 gm, 1000 mg, 5000 mg, 750 mg.....	10	VFEND IV.....	26
TWYNSTA.....	32	vancomycin hcl 125 mg, 250 mg.....	10	VIBRAMYCIN 100 MG.....	82
TYBOST.....	43	vancomycin hcl 500 mg.....	10	VIBRAMYCIN 25 MG/5ML.....	82
TYGACIL.....	10	VANCOMYCIN HCL IN DEXTROSE.....	10	VIBRAMYCIN 50 MG/5ML.....	82
TYKERB.....	36	VANOS.....	58	VICOPROFEN.....	8
TYPHIM VI.....	85	VANTAS.....	35	VICTOZA.....	23
TYSABRI.....	80	VAQTA.....	85	VICTRELIS.....	44
TYVASO.....	48	VARIVAX.....	85	VIDAZA.....	34
TYVASO REFILL.....	48	VARIZIG.....	78	VIDEX EC.....	43
TYVASO STARTER.....	48	VASCEPA.....	27	VIDEXPEDIATRIC.....	43
TYZEKA.....	44	VASERETIC.....	32	VIEKIRA PAK.....	44
UCERIS 2 MG/ACT.....	9	VASOTEC 10 MG.....	29	VIGAMOX.....	75
UCERIS 9 MG.....	53	VASOTEC 2.5 MG.....	29	VIIBRYD.....	20
ULORIC.....	66	VASOTEC 20 MG.....	29	VIIBRYD STARTER PACK.....	20
ULTRACET.....	8	VASOTEC 5 MG.....	30	VIMIZIM.....	62
ULTRAM.....	7	VECTIBIX.....	35	VIMOVO.....	4
ULTRAM ER 100 MG.....	7	VECTICAL.....	55	VIMPAT 10 MG/ML.....	18
ULTRAM ER 200 MG, 300 MG.....	7	VELCADE.....	36	VIMPAT 100 MG, 150 MG, 200 MG, 50 MG.....	18
ULTRAVATE.....	58	VELPHORO.....	65	VIMPAT 200 MG/20ML.....	18
UNASYN 1GM-2GM.....	79	VELTIN.....	54	vinblastine sulfate 1 mg/ml.....	38
UNIRETIC.....	32	venlafaxine hcl 100 mg.....	20	vinblastine sulfate 10 mg.....	38
UNIVASC.....	29	venlafaxine hcl 150 mg.....	20	vincristine sulfate.....	38
UROCIT-K 10.....	65	venlafaxine hcl 25 mg.....	21	vinorelbine tartrate.....	38
UROCIT-K 5.....	65	venlafaxine hcl 37.5 mg.....	20	VIOKACE.....	59
UROXATRAL.....	66	venlafaxine hcl 50 mg.....	21	VIRACEPT.....	43
URSO 250.....	64	venlafaxine hcl 75 mg.....	20	VIRAMUNE 200 MG.....	43
URSO FORTE.....	64	VENLAFAXINE HCL ER.....	20	VIRAMUNE 50 MG/5ML.....	43
ursodiol 250 mg, 500 mg.....	64	VENTAVIS 10 MCG/ML.....	48	VIRAMUNE XR 100 MG.....	43
ursodiol 300 mg.....	64	VENTAVIS 20 MCG/ML.....	48	VIRAMUNE XR 400 MG.....	43
UVADEX.....	37	VENTOLIN HFA.....	15	VIRAZOLE.....	44
VAGIFEM.....	86	VERAMYST.....	73	VIREAD 150 MG, 200 MG, 300 MG.....	43
valacyclovir hcl 1 gm, 1000 mg, 500 mg.....	44	verapamil hcl 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg.....	47	VIREAD 250 MG.....	43
VALCHLOR.....	55	verapamil hcl 120 mg, 180 mg, 240 mg.....	47	VIREAD 40 MG/GM.....	43
VALCYTE.....	43			VIROPTIC.....	75
valganciclovir hcl.....	43			VISTARIL.....	12
VALIUM.....	12			VISTIDE.....	43

VITEKTA	43	XOLAIR	13	ZENPEP 10000UNIT-3000UNIT-16000UNIT, 17000UNIT-5000UNIT-27000UNIT, 34000UNIT-10000UNIT-55000UNIT, 51000UNIT-15000UNIT-82000UNIT, 68000UNIT-20000UNIT-109000UNIT, 85000UNIT-25000UNIT-136000UNIT	59
VIVELLE-DOT	63	XOPENEX	15	ZENPEP 136000UNIT-40000UNIT-218000UNIT	59
VOGELXO	9	XOPENEX CONCENTRATE	15	ZERIT	43
VOGELXO PUMP	9	XOPENEX HFA	15	ZESTORETIC	32
VOLTAREN	54	XTANDI	35	ZESTRIL	30
VOLTAREN-XR	4	XYLOCAINE 1 %, 2 %	69	ZETIA	29
voriconazole 200 mg	27	XYLOCAINE 20 MG/ML	12	ZETONNA	74
voriconazole 200 mg, 50 mg	27	XYLOCAINE 4 %	59	ZIAC	32
VOSOL HC	77	XYLOCAINE-MPF 1 %	69	ZIAGEN 20 MG/ML	43
VOTRIENT	36	XYREM	79	ZIAGEN 300 MG	43
VPRIV	67	XYZAL	27	ZIANA	54
VYTORIN 10MG-10MG	27	YASMIN 28	51	zidovudine 100 mg	43
VYTORIN 10MG-20MG	27	YAZ	51	zidovudine 300 mg	43
VYTORIN 40MG-10MG	27	YERVOY	35	zidovudine 50 mg/5ml	43
VYTORIN 80MG-10MG	27	YF-VAX	85	ZINACEF 1.5 GM, 7.5 GM	49
VYVANSE 10 MG	1	YONDELIS	33	ZINACEF 750 MG	49
VYVANSE 20 MG	1	zafirlukast	13	ZINECARD	37
VYVANSE 30 MG	1	zaleplon	68	ZIOPTAN	77
VYVANSE 40 MG, 50 MG, 60 MG, 70 MG	1	ZALTRAP	34	ziprasidone hcl	39
warfarin sodium	15	ZANAFLEX 2 MG	73	ZIPSOR	4
water for irrigation, sterile	45	ZANAFLEX 4 MG	73	ZIRGAN	76
WELCHOL	28	ZANAFLEX 6 MG	73	ZITHROMAX 100 MG/5ML, 200 MG/5ML	69
WELLBUTRIN 100 MG	19	ZANOSAR	34	ZITHROMAX 250 MG, 500 MG, 600 MG	69
WELLBUTRIN 75 MG	19	ZANTAC 15 MG/ML	83	ZITHROMAX 500 MG	69
WELLBUTRIN SR 100 MG	19	ZANTAC 150 MG	83	ZITHROMAX TRI-PAK	69
WELLBUTRIN SR 150 MG, 200 MG	19	ZANTAC 300 MG	83	ZITHROMAX Z-PAK	69
WELLBUTRIN XL 150 MG	19	ZARONTIN	18	ZMAX	69
WELLBUTRIN XL 300 MG	19	ZAROXOLYN	60	ZOCOR 10 MG	28
WESTCORT	58	ZARXIO	68	ZOCOR 20 MG	28
XALATAN	77	ZAVESCA	67	ZOCOR 40 MG	28
XALKORI	36	ZEBETA	46	ZOCOR 5 MG	28
XANAX	12	ZEGERID 20MG-1100MG	84	ZOCOR 80 MG	29
XANAX XR	12	ZEGERID 20MG-1680MG	84	ZOFRAN 4 MG, 8 MG	25
XARELTO	15	ZEGERID 40MG-1100MG	84	ZOFRAN 4 MG/5ML	25
XARELTO STARTER PACK	15	ZEGERID 40MG-1680MG	84	ZOFRAN 40 MG/20ML	25
XELJANZ	2	ZELAPAR	39	ZOFRAN ODT	25
XENAZINE	80	ZELBORAF	36	ZOHYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	7
XEOMIN	74	ZEMAIRA	81		
XERESE	56	ZEMPLAR 1 MCG, 2 MCG, 4 MCG	62		
XGEVA	61				
XIAFLEX	44				
XIFAXAN	10				
XIGDUO XR 10MG-1000MG, 10MG-500MG	22				
XIGDUO XR 5MG-1000MG, 5MG-500MG	22				

ZOLADEX.....	35	ZYLOPRIM 100 MG.....	66
ZOLEDRONIC ACID 4 MG..	61	ZYLOPRIM 300 MG.....	66
zoledronic acid 4 mg/5ml....	61	ZYMAXID.....	76
zoledronic acid 5 mg/100ml..	61	ZYPREXA 10 MG.....	40
ZOLINZA.....	36	ZYPREXA 10 MG, 2.5 MG, 5	41
zolmitriptan 2.5 mg.....	71	MG, 7.5 MG.....	41
zolmitriptan 5 mg.....	71	ZYPREXA 15 MG, 20 MG.	41
ZOLOFT.....	20	ZYPREXA ZYDIS.....	41
zolpidem tartrate 10 mg.....	68	ZYTIGA.....	35
zolpidem tartrate 12.5 mg....	68	ZYVOX 100 MG/5ML.....	11
zolpidem tartrate 5 mg.....	68	ZYVOX 2 MG/ML.....	11
zolpidem tartrate 6.25 mg....	68	ZYVOX 600 MG.....	11
ZOLPIMIST.....	68		
ZOMACTON 5 MG.....	61		
ZOMETA 4 MG/5ML.....	61		
ZOMIG 2.5 MG.....	71		
ZOMIG 5 MG.....	71		
ZOMIG NASAL SPRAY.....	71		
ZOMIG ZMT 2.5 MG.....	71		
ZOMIG ZMT 5 MG.....	71		
ZONEGRAN.....	18		
zonisamide.....	18		
ZONTIVITY.....	67		
ZORTRESS 0.25 MG.....	45		
ZORTRESS 0.5 MG, 0.75			
MG.....	45		
ZOSTAVAX.....	85		
ZOSYN 0.25GM-2GM, 0.375GM-			
3GM, 0.5GM-4GM, 4.5GM-			
36GM.....	79		
ZOSYN 0.25GM/50ML-			
2GM/50ML-5%, 0.375GM/50ML-			
3GM/50ML-5%, 0.5GM/100ML-			
4GM/100ML-5%.....	79		
ZOVIRAX 200 MG.....	44		
ZOVIRAX 200 MG/5ML.....	44		
ZOVIRAX 400 MG, 800 MG.	44		
ZOVIRAX 5 %.....	56		
ZUBSOLV 1.4MG-0.36MG,			
5.7MG-1.4MG, 8.6MG-2.1MG	8		
ZUBSOLV 11.4MG-2.9MG,			
2.9MG-0.71MG.....	8		
ZYBAN.....	81		
ZYCLARA.....	58		
ZYCLARA PUMP.....	58		
ZYDELIG.....	36		
ZYFLO CR.....	13		
ZYKADIA.....	36		
ZYLET.....	76		

This formulary was updated on 12/01/2015.

For more recent information or other questions, please contact Health Net at:

**Arizona Plans:** 1-800-977-7522

**California HMO Plans:** 1-800-275-4737

**California HMO SNP Plans:** 1-800-431-9007

**California PPO Plans:** 1-800-960-4638

**Oregon/Washington Plans:** 1-888-445-8913

or, for **TTY users, 711**, 8:00 a.m. - 8:00 p.m., seven days a week (automated telephone service is used on some weekends and holidays), or visit [www.healthnet.com/medicare](http://www.healthnet.com/medicare).

This information is available for free in other languages. Please call Member Services at the phone number listed above.

Esta información está disponible en forma gratuita en otros idiomas. Por favor llame a nuestro número de servicio al cliente al número de teléfono que aparece arriba.

本資訊備有其他語言版本，可免費提供。請撥打本冊子開頭所列的免付費電話，聯絡我們的客戶服務部。

Health Net has a contract with Medicare to offer HMO, PPO, and HMO SNP plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.