

2015 Jade Formulary

(List of Covered Drugs)

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

Health Net Jade (HMO SNP) in California

HPMS Approved Formulary File Submission ID 15440, Version Number 23

This formulary was updated on 12/01/2015. For more recent information or other questions, please contact **Health Net at 1-800-431-9007** 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**.

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 Jade (HMO SNP) *in California*.

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 Jade (HMO SNP) in California Jade 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 Jade (HMO SNP) *in California* Jade 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 Jade (HMO SNP) in California Jade 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 Jade (HMO SNP) in
California Jade 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 Jade 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	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: <ul style="list-style-type: none"> • The FDA has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. You should talk to your doctor, or other prescriber, or pharmacist for details about getting limited access drugs.
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	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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR (Use Amphetamine-Dextroamphetamine)	NF	MO
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, 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
Attention-Deficit/Hyperactivity Disorder (ADHD)		
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
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

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 40 MG	3	QL(2 ea daily); MO
Stimulants - Misc.		
CONCERTA 18 MG, 27 MG, 36 MG (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 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
RITALIN (Use Methylphenidate HCl)	NF	MO
RITALIN LA 10 MG	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
RITALIN LA 20 MG, 30 MG, 40 MG (<i>Use Methylphenidate HCl</i>)	NF	MO
RITALIN SR (<i>Use Methylphenidate HCl</i>)	NF	MO
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<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%-1.2mg/ml</i>	1	*
<i>gentamicin in saline 0.9%-1.6mg/ml, 0.9%-1mg/ml, 0.9%-2mg/ml</i>	2	*
<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; *
TOBI (<i>Use Tobramycin</i>)	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebu in</i>	2	B/D; *
<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	*
<i>tobramycin sulfate solr ij 1.2 gm</i>	1	*
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA	5	PA

Drug Name	Drug Tier	Requirements/Limits
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
Antirheumatic - Enzyme Inhibitors		
XELJANZ	5	PA
Antirheumatic Antimetabolites		
OTREXUP	4	PA
RASUVO	4	PA
RHEUMATREX	3	MO
Gold Compounds		
RIDAURA	5	MO
Interleukin-1 Blockers		
ARCALYST	5	LA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET	5	PA
Interleukin-1beta Blockers		
ILARIS	5	LA
Interleukin-6 Receptor Inhibitors		
ACTEMRA	5	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX (<i>Use Naproxen Sodium</i>)	NF	MO
ANAPROX DS (<i>Use Naproxen Sodium</i>)	NF	MO
ARTHROTEC 50 (<i>Use Diclofenac w/ Misoprostol</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
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
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; *
ibuprofen tabs or 600 mg	1	QL(5 ea daily); MO; *
ibuprofen tabs or 800 mg	1	QL(4 ea daily); MO; *
INDOCIN SUSP OR 25 MG/5ML	4	AL; MO
indomethacin caps or 25 mg, 50 mg	2	AL; MO; *
indomethacin cpcr or 75 mg	2	AL; MO; *

Drug Name	Drug Tier	Requirements/Limits
ketoprofen caps or 50 mg, 75 mg	2	MO; *
ketoprofen cp24 or 200 mg	2	MO; *
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; *
mefenamic acid caps or	2	MO; *
meloxicam tabs or 15 mg, 7.5 mg	1	MO; *
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
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 caps 400 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>tolmetin sodium tabs 200 mg</i>	1	MO; *
VIMOVO	4	MO
VOLTAREN-XR (<i>Use Diclofenac Sodium</i>)	NF	MO
ZIPSOR	4	MO
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA	5	PA
Pyrimidine Synthesis Inhibitors		
ARAVA (<i>Use Leflunomide</i>)	NF	MO
<i>leflunomide</i>	2	MO; *
Selective Costimulation Modulators		
ORENCIA	5	PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL	5	PA
ENBREL SURECLICK	5	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Salicylates		
<i>diflunisal</i>	1	MO; *
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
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 (<i>Use Fentanyl Citrate</i>)	5	PA; QL(4 ea daily); MO
ACTIQ 200 MCG (<i>Use Fentanyl Citrate</i>)	5	PA; QL(6 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
AVINZA (<i>Use Morphine Sulfate Beads</i>)	4	QL(5 ea daily); MO
<i>codeine sulfate 15 mg</i>	2	QL(24 ea daily); MO; *
CODEINE SULFATE 15 MG (<i>Use Codeine Sulfate</i>)	4	QL(24 ea daily); MO
<i>codeine sulfate 30 mg</i>	2	QL(12 ea daily); MO; *
<i>codeine sulfate 60 mg</i>	2	QL(6 ea daily); MO; *
DEMEROL TABS OR 100 MG, 50 MG (<i>Use Meperidine HCl</i>)	NF	AL; MO
DILAUDID LIQD OR 1 MG/ML (<i>Use Hydromorphone HCl</i>)	NF	QL(30 ml daily); MO
DILAUDID TABS OR 2 MG (<i>Use Hydromorphone HCl</i>)	NF	QL(29 ea daily); MO
DILAUDID TABS OR 4 MG (<i>Use Hydromorphone HCl</i>)	NF	QL(14 ea daily); MO
DILAUDID TABS OR 8 MG (<i>Use Hydromorphone HCl</i>)	NF	QL(7 ea daily); MO
DILAUDID-HP (<i>Use Hydromorphone HCl</i>)	NF	MO
DOLOPHINE 10 MG (<i>Use Methadone HCl</i>)	NF	QL(19 ea daily); MO
DOLOPHINE 5 MG (<i>Use Methadone HCl</i>)	NF	QL(38 ea daily); MO
DURAGESIC 100 MCG/HR (<i>Use Fentanyl</i>)	5	QL(1 ea daily); MO
DURAGESIC 12 MCG/HR (<i>Use Fentanyl</i>)	NF	QL(1.44 ea daily); MO
DURAGESIC 25 MCG/HR (<i>Use Fentanyl</i>)	NF	QL(0.7 ea daily); MO
DURAGESIC 50 MCG/HR (<i>Use Fentanyl</i>)	NF	QL(0.74 ea daily); MO
DURAGESIC 75 MCG/HR (<i>Use Fentanyl</i>)	5	QL(0.61 ea daily); MO
EXALGO 12 MG (<i>Use Hydromorphone HCl</i>)	4	QL(4 ea daily); MO
EXALGO 16 MG (<i>Use Hydromorphone HCl</i>)	4	QL(3.67 ea daily); MO
EXALGO 32 MG	4	QL(2 ea daily); MO
EXALGO 8 MG (<i>Use Hydromorphone HCl</i>)	4	QL(7 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>fentanyl 100 mcg/hr</i>	2	QL(1 ea daily); MO; *
<i>fentanyl 12 mcg/hr</i>	2	QL(1.44 ea daily); MO; *
<i>fentanyl 25 mcg/hr</i>	2	QL(0.7 ea daily); MO; *
<i>fentanyl 50 mcg/hr</i>	2	QL(0.74 ea daily); MO; *
<i>fentanyl 75 mcg/hr</i>	2	QL(0.61 ea daily); MO; *
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL(4 ea daily); MO
<i>fentanyl citrate lpop bu 200 mcg</i>	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
<i>hydromorphone hcl liqd or 1 mg/ml</i>	2	QL(30 ml daily); MO; *
<i>hydromorphone hcl soln ij 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	2	MO; *
<i>hydromorphone hcl t24a or 12 mg</i>	2	QL(4 ea daily); MO; *
<i>hydromorphone hcl t24a or 16 mg</i>	2	QL(3.67 ea daily); MO; *
<i>hydromorphone hcl t24a or 8 mg</i>	2	QL(7 ea daily); MO; *
<i>hydromorphone hcl tabs or 2 mg</i>	2	QL(29 ea daily); MO; *
<i>hydromorphone hcl tabs or 4 mg</i>	2	QL(14 ea daily); MO; *
<i>hydromorphone hcl tabs or 8 mg</i>	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

Drug Name	Drug Tier	Requirements/Limits
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)
<i>meperidine hcl tabs or 100 mg, 50 mg</i>	2	AL; MO; *
<i>methadone hcl conc or 10 mg/ml</i>	2	QL(4 ml daily); MO; *
<i>methadone hcl soln or 10 mg/5ml</i>	2	QL(20 ml daily); MO; *
<i>methadone hcl soln or 5 mg/5ml</i>	2	QL(40 ml daily); MO; *
<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; *

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>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 r or 100 mg</i>	2	QL(6 ea daily); MO; *
<i>morphine sulfate tbc r or 15 mg</i>	2	QL(8 ea daily); MO; *
<i>morphine sulfate tbc r or 200 mg</i>	2	QL(3 ea daily); MO; *
<i>morphine sulfate tbc r 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
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)

Drug Name	Drug Tier	Requirements/ Limits
<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; *
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

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
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
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)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 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>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 soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	2	QL(184 ml daily); MO; *

Drug Name	Drug Tier	Requirements/Limits
<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-7.5mg</i>	2	MO; *
<i>oxycodone w/ acetaminophen soln 5mg/5ml-325mg/5ml</i>	2	QL(61 ml daily); *
<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
Opioid Partial Agonists		
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

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
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; *
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
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50	5	MO
OXANDRIN (<i>Use Oxandrolone</i>)	5	MO
<i>oxandrolone tabs or 10 mg</i>	5	MO
<i>oxandrolone tabs or 2.5 mg</i>	2	MO; *
Androgens		
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 (<i>Use Testosterone</i>)	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

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; *
TESTOSTERONE PUMP	4	GL; MO
VOGELXO	4	GL; MO
VOGELXO PUMP	4	GL; MO
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (<i>Use Hydrocortisone (Intrarectal)</i>)	NF	MO
CORTIFOAM	4	MO
<i>hydrocortisone (intrarectal)</i>	1	MO; *
UCERIS FOAM RE 2 MG/ACT	4	
Rectal Combinations		
<i>hydrocortisone acetate w/ pramoxine crea 1%-1%</i>	2	MO; *
Rectal Steroids		
<i>hydrocortisone (rectal)</i>	1	MO; *
PROCTOCORT CREA 1 % (<i>Use Hydrocortisone (Rectal)</i>)	NF	MO
Vasodilating Agents		
RECTIV	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
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA	4	MO
BILTRICIDE	3	MO
<i>ivermectin tabs or</i>	2	MO; *
STROMEKTOL (Use <i>Ivermectin</i>)	4	MO
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AZACTAM (Use <i>Aztreonam</i>)	NF	MO
<i>aztreonam</i>	2	MO; *
CAYSTON	5	
<i>colistimethate sodium solr ij</i>	1	MO; *
COLY-MYCIN M (Use <i>Colistimethate Sodium</i>)	NF	MO
FLAGYL CAPS 375 MG (Use <i>Metronidazole</i>)	NF	QL(10 ea daily); MO
FLAGYL ER	4	QL(5 ea daily)
FLAGYL TABS 250 MG (Use <i>Metronidazole</i>)	NF	QL(16 ea daily); MO
FLAGYL TABS 500 MG (Use <i>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
PENTAM 300	4	MO
PRIMSOL	3	MO

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

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>imipenem-cilastatin</i>	1	MO; *
INVANZ IJ	4	MO
<i>meropenem 1 gm</i>	5	MO
<i>meropenem 500 mg</i>	1	MO; *
MERREM 1 GM (Use Meropenem)	5	MO
MERREM 500 MG (Use Meropenem)	NF	MO
PRIMAXIN IV (Use Imipenem-Cilastatin)	NF	MO
Chloramphenicols		
<i>chloramphenicol sodium succinate</i>	2	*
Cyclic Lipopeptides		
CUBICIN	5	
Glycylcyclines		
TYGACIL	5	
Ketolides		
KETEK 300 MG	4	
KETEK 400 MG	4	MO
Leprostatics		
<i>dapsone tabs or 100 mg, 25 mg</i>	2	MO; *
Lincosamides		
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

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PHOSPHATE IV 300MG/50ML-5%, 600MG/50ML-5%, 900MG/50ML-5% (Use Clindamycin Phosphate in D5W)	4	
<i>clindamycin hcl caps or 150 mg, 300 mg, 75 mg</i>	2	MO; *
<i>clindamycin palmitate hydrochloride</i>	1	MO; *
<i>clindamycin phosphate in d5w</i>	2	*
<i>clindamycin phosphate soln ij 150 mg/ml, 9000 mg/60ml</i>	1	*
<i>clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml</i>	1	MO; *
<i>clindamycin phosphate soln iv 150 mg/ml, 600 mg/4ml</i>	2	*
LINCOCIN	4	MO
Oxazolidinones		
<i>linezolid soln iv 2 mg/ml</i>	5	
<i>linezolid tabs or 600 mg</i>	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
Polymyxins		
<i>polymyxin b sulfate solr ij</i>	2	*
Streptogramins		
SYNERCID	5	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA	4	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
Nitrates		
DILATRATE SR	4	MO
ISORDIL TITRADOSE 40 MG	4	MO
ISORDIL TITRADOSE 5 MG (Use Isosorbide Dinitrate)	NF	MO
<i>isosorbide dinitrate subl sl 2.5 mg</i>	1	*
<i>isosorbide dinitrate tabs or 10 mg, 20 mg, 5 mg</i>	1	MO; *
<i>isosorbide dinitrate tbc r or 40 mg</i>	1	MO; *
<i>isosorbide mononitrate tabs 10 mg</i>	2	MO; *
<i>isosorbide mononitrate tabs 20 mg</i>	1	MO; *
<i>isosorbide mononitrate tb24 120 mg, 30 mg, 60 mg</i>	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
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO; *
<i>nitroglycerin soln tl 0.4 mg/spray</i>	2	MO; *
NITROLINGUAL PUMPSPRAY (Use Nitroglycerin)	NF	MO
NITROMIST	4	MO
NITROSTAT	3	MO
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs or 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl soln im 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 25 mg, 50 mg</i>	2	AL; MO; *
<i>meprobamate</i>	2	AL; MO; *
VISTARIL (Use Hydroxyzine Pamoate)	NF	AL; MO
Benzodiazepines		
<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; *
<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	*

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>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
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate</i>	2	AL; MO; *
NORPACE (Use Disopyramide Phosphate)	NF	AL; MO
NORPACE CR 100 MG	4	AL; MO
<i>quinidine gluconate tbc or 324 mg</i>	1	MO; *
<i>quinidine sulfate 300 mg</i>	1	MO; *
Antiarrhythmics Type I-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
Antiarrhythmics Type I-C		
<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 Propafenone HCl)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
RYTHMOL SR (Use Propafenone HCl)	NF	MO
Antiarrhythmics Type III		
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	MO; *
CORDARONE (Use Amiodarone HCl)	NF	MO
MULTAQ	3	MO
TIKOSYN	4	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu in</i>	1	MO; B/D; *
Antiasthmatic - Monoclonal Antibodies		
XOLAIR	5	PA; LA
Bronchodilators - Anticholinergics		
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)
SPIRIVA RESPIMAT 2.5 MCG/ACT	3	60 actuations; QL(0.14 gm daily); MO
SPIRIVA RESPIMAT 2.5 MCG/ACT	3	28 actuations; QL(0.28 gm daily); MO
TUDORZA PRESSAIR	3	QL(0.04 ea daily); MO
Leukotriene Modulators		
ACCOLATE (Use Zafirlukast)	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>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 (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily); MO
SINGULAIR TABS 10 MG (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily); MO
<i>zafirlukast</i>	1	MO; *
ZYFLO CR	5	QL(4 ea daily); MO
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP	4	QL(1 ea daily); MO
Steroid Inhalants		
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
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; *

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use Budesonide (Inhalation)</i>)	NF	QL(8 ml daily); MO; B/D
PULMICORT 0.5 MG/2ML (<i>Use Budesonide (Inhalation)</i>)	NF	QL(4 ml daily); MO; B/D
PULMICORT 1 MG/2ML (<i>Use Budesonide (Inhalation)</i>)	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
Sympathomimetics		
ADVAIR DISKUS	3	QL(2 ea daily); MO
ADVAIR HFA	3	QL(4 gm daily); MO
<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 syrup 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

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
ARCAPTA NEOHALER	4	QL(1 ea daily); MO
BREO ELLIPTA 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH	3	Limit 1 inhaler per month; QL(2 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
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
epinephrine hcl sosy 0.1 mg/ml	2	MO; *
FORADIL AEROLIZER	3	QL(2 ea daily); MO
ipratropium-albuterol	1	MO; B/D; *
levalbuterol hcl nebu in 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	MO; B/D; *
PERFOROMIST	4	QL(4 ml daily); MO; B/D
PROAIR HFA	3	MO
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	QL(0.14 gm daily); MO
STRIVERDI RESPIMAT	3	Institutional Pack; QL(0.28 gm daily); MO

Drug Name	Drug Tier	Requirements/Limits
SYMBICORT	4	QL(0.34 gm daily); MO
terbutaline sulfate tabs or 2.5 mg, 5 mg	1	MO; *
VENTOLIN HFA	4	MO
XOPENEX (Use Levalbuterol HCl)	NF	MO; B/D
XOPENEX CONCENTRATE (Use Levalbuterol HCl)	NF	MO; B/D
XOPENEX HFA	4	MO
Xanthines		
aminophylline	2	MO; *
theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg	1	MO; *
theophylline tb24 400 mg, 600 mg	1	MO; *
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS OR 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (Use Warfarin Sodium)	4	MO
warfarin sodium	1	MO; *
Direct Factor Xa Inhibitors		
ELIQUIS	4	MO
SAVAYSA	4	MO
XARELTO	3	MO
XARELTO STARTER PACK	3	MO
Heparins And Heparinoid-Like Agents		
ARIXTRA 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML (Use Fondaparinux Sodium)	5	MO
ARIXTRA 2.5 MG/0.5ML (Use Fondaparinux 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
<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
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
Thrombin Inhibitors		
<i>argatroban 250 mg/2.5ml</i>	2	MO; *
PRADAXA	3	MO

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
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
Anticonvulsants - Benzodiazepines		
<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; *
<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
Anticonvulsants - Misc.		
APTIOM 200 MG	4	QL(6 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
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; *
CARBATROL (Use Carbamazepine)	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 (Use Levetiracetam)	4	MO
KEPPRA XR (Use Levetiracetam)	4	MO
LAMICTAL CHEWABLE DISPERSIBLE (Use Lamotrigine)	4	MO
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (Use Lamotrigine)	4	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	4	MO
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	4	MO

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER/TAKING VALPROATE	4	MO
LAMICTAL TABS 100 MG, 150 MG, 200 MG, 25 MG (Use Lamotrigine)	4	MO
LAMICTAL XR	4	MO
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (Use Lamotrigine)	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; *
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

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
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 (Use Primidone)	4	MO
NEURONTIN (Use Gabapentin)	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
<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

Drug Name	Drug Tier	Requirements/Limits
ZONEGRAN (Use Zonisamide)	4	MO
<i>zonisamide</i>	2	MO; *
Carbamates		
<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
GABA Modulators		
GABITRIL 12 MG, 16 MG	4	MO
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; *
Hydantoins		
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; *

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>phenytoin sodium soln ij</i>	2	*
<i>phenytoin susp or 125 mg/5ml</i>	2	MO; *
Succinimides		
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
Valproic Acid		
DEPACON (Use Valproate Sodium)	4	
DEPAKENE (Use Valproate Sodium)	4	MO
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
<i>divalproex sodium</i>	2	MO; *
<i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i>	2	*
<i>valproate sodium soln or 250 mg/5ml</i>	2	MO; *
<i>valproate sodium syrp or 250 mg/5ml</i>	2	MO; *
<i>valproic acid caps or</i>	2	MO; *
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine</i>	2	MO; *
REMERON (Use Mirtazapine)	NF	MO
REMERON SOLTAB (Use Mirtazapine)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
Antidepressants - Misc.		
APLENZIN 174 MG	4	ST; QL(3 ea daily); MO
APLENZIN 348 MG, 522 MG	4	ST; QL(1 ea daily); MO
<i>bupropion hcl tabs or 100 mg</i>	2	QL(4.5 ea daily); MO; *
<i>bupropion hcl tabs or 75 mg</i>	2	QL(6 ea daily); MO; *
<i>bupropion hcl tb12 or 100 mg</i>	2	QL(4 ea daily); MO; *
<i>bupropion hcl tb12 or 150 mg, 200 mg</i>	2	QL(2 ea daily); MO; *
<i>bupropion hcl tb24 or 150 mg</i>	2	QL(3 ea daily); MO; *
<i>bupropion hcl tb24 or 300 mg</i>	2	QL(1 ea daily); MO; *
FORFIVO XL	4	ST; MO
<i>maprotiline hcl 25 mg, 50 mg</i>	1	MO; *
<i>maprotiline hcl 75 mg</i>	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
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	5	MO
MARPLAN	4	MO
NARDIL (Use Phenezine Sulfate)	NF	MO
PARNATE (Use Tranylcypromine Sulfate)	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
<i>phenelzine sulfate tabs or</i>	2	MO; *
<i>tranylcypromine sulfate</i>	2	MO; *
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA 10 MG (<i>Use Citalopram Hydrobromide</i>)	NF	QL(4 ea daily); MO
CELEXA 20 MG (<i>Use Citalopram Hydrobromide</i>)	NF	QL(2 ea daily); MO
CELEXA 40 MG (<i>Use Citalopram Hydrobromide</i>)	NF	QL(1 ea daily); MO
<i>citalopram hydrobromide soln 10 mg/5ml</i>	2	QL(20 ml daily); MO; *
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(4 ea daily); MO; *
<i>citalopram hydrobromide tabs 20 mg</i>	1	QL(2 ea daily); MO; *
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily); MO; *
<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 (<i>Use Escitalopram Oxalate</i>)	NF	MO
LUVOX CR (<i>Use Fluvoxamine Maleate</i>)	NF	MO
<i>paroxetine hcl</i>	2	MO; *
PAXIL CR (<i>Use Paroxetine HCl</i>)	NF	MO
PAXIL SUSP 10 MG/5ML	4	MO
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (<i>Use Paroxetine HCl</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
PEXEVA	4	ST; MO
PROZAC (<i>Use Fluoxetine HCl</i>)	NF	MO
PROZAC WEEKLY (<i>Use Fluoxetine HCl</i>)	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 (<i>Use Sertraline HCl</i>)	NF	MO
Serotonin Modulators		
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
<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
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA (<i>Use Duloxetine HCl</i>)	NF	MO
DESVENLAFAXINE ER 100 MG, 50 MG	4	ST; Fumarate
DESVENLAFAXINE ER 100 MG, 50 MG	4	ST; MO
<i>duloxetine hcl 20 mg, 30 mg, 60 mg</i>	2	MO; *
EFFEXOR XR 150 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(1 ea daily); MO
EFFEXOR XR 37.5 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(6 ea daily); MO
EFFEXOR XR 75 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(3 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
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; *
<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; *
Tricyclic Agents		
<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; *
ANAFRANIL (Use Clomipramine HCl)	NF	AL; MO
<i>clomipramine hcl caps or 25 mg, 50 mg, 75 mg</i>	2	AL; MO; *

Drug Name	Drug Tier	Requirements/Limits
<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, 50 mg</i>	2	AL; MO; *
<i>imipramine pamoate</i>	2	AL; MO; *
NORPRAMIN (Use Desipramine HCl)	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; *
PAMELOR (Use Nortriptyline HCl)	NF	MO
<i>protriptyline hcl</i>	1	MO; *
SURMONTIL (Use Trimipramine Maleate)	4	AL; MO
TOFRANIL-PM (Use Imipramine Pamoate)	NF	AL; MO
<i>trimipramine maleate caps or 100 mg, 25 mg, 50 mg</i>	2	AL; MO; *
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	6	QL(3 ea daily); MO; *
GLYSET	6	QL(3 ea daily); MO; *
PRECOSE (Use Acarbose)	NF	QL(3 ea daily); MO
Antidiabetic - Amylin Analogs		
SYMLINPEN 120	4	QL(0.4 ml daily); MO
SYMLINPEN 60	4	QL(0.4 ml daily); MO
Antidiabetic Combinations		
ACTOPLUS MET (Use Pioglitazone HCl-Metformin HCl)	NF	QL(3 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
ACTOPLUS MET XR 15MG-1000MG	6	QL(2 ea daily); MO; *
ACTOPLUS MET XR 30MG-1000MG	6	QL(1 ea daily); MO; *
AVANDAMET 2MG-1000MG	6	QL(2 ea daily); LA; MO; *
AVANDAMET 2MG-500MG	6	QL(4 ea daily); LA; *
AVANDAMET 4MG-1000MG, 4MG-500MG	6	QL(2 ea daily); LA; *
AVANDARYL 4MG-1MG, 4MG-2MG	6	QL(2 ea daily); LA; *
AVANDARYL 4MG-4MG, 8MG-4MG	6	QL(1 ea daily); LA; MO; *
AVANDARYL 8MG-2MG	6	QL(1 ea daily); LA; *
DUETACT (Use Pioglitazone HCl-Glimepiride)	NF	QL(1.5 ea daily); MO
glipizide-metformin hcl 2.5mg-250mg	6	QL(8 ea daily); MO; *
glipizide-metformin hcl 2.5mg-500mg, 5mg-500mg	6	QL(4 ea daily); MO; *
GLUCOVANCE 1.25MG-250MG (Use Glyburide-Metformin)	NF	AL; QL(8 ea daily); MO
GLUCOVANCE 2.5MG-500MG, 5MG-500MG (Use Glyburide-Metformin)	NF	AL; QL(4 ea daily); MO
glyburide-metformin 1.25mg-250mg	2	AL; QL(8 ea daily); MO; *
glyburide-metformin 2.5mg-500mg, 5mg-500mg	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; *

Drug Name	Drug Tier	Requirements/Limits
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; *
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
Biguanides		
FORTAMET 1000 MG (Use Metformin HCl)	NF	Osmotic; QL(2 ea daily); MO
FORTAMET 500 MG (Use Metformin HCl)	NF	Osmotic; QL(5 ea daily); MO
GLUCOPHAGE 1000 MG (Use Metformin HCl)	NF	QL(2.5 ea daily); MO
GLUCOPHAGE 500 MG (Use Metformin HCl)	NF	QL(5 ea daily); MO
GLUCOPHAGE 850 MG (Use Metformin HCl)	NF	QL(3 ea daily); MO
GLUCOPHAGE XR 500 MG (Use Metformin HCl)	NF	QL(4 ea daily); MO
GLUCOPHAGE XR 750 MG (Use Metformin HCl)	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; *

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>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; *
Diabetic Other		
GLUCAGEN HYPOKIT	3	MO
<i>glucagon (rdna)</i>	1	MO; *
PROGLYCEM	4	MO
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA	6	MO; *
NESINA	3	MO
ONGLYZA	3	MO
TRADJENTA	6	MO; *
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	4	QL(6 ea daily); MO
Incretin Mimetic Agents (GLP-1 Receptor)		
BYDUREON	6	ST; MO; *
BYETTA	6	ST; MO; *
TANZEUM	4	ST; MO
TRULICITY	4	ST; MO
VICTOZA	6	ST; MO; *
Insulin Sensitizing Agents		
ACTOS 15 MG (<i>Use Pioglitazone HCl</i>)	NF	QL(3 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
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; *
Insulin		
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	6	QL(1.5 ml daily); MO; *
HUMALOG KWIKPEN	6	QL(1.5 ml daily); MO; *
HUMALOG MIX 50/50	6	QL(1.5 ml daily); MO; *
HUMALOG MIX 50/50 KWIKPEN	6	QL(1.5 ml daily); MO; *
HUMALOG MIX 75/25	6	QL(1.5 ml daily); MO; *
HUMALOG MIX 75/25 KWIKPEN	6	QL(1.5 ml daily); MO; *
HUMULIN 70/30	6	QL(1.5 ml daily); MO; *
HUMULIN 70/30 KWIKPEN	6	QL(1.5 ml daily); MO; *
HUMULIN 70/30 PEN	6	QL(1.5 ml daily); MO; *
HUMULIN N	6	QL(1.5 ml daily); MO; *
HUMULIN N KWIKPEN	6	QL(1.5 ml daily); MO; *
HUMULIN N U-100 PEN	6	QL(1.5 ml daily); MO; *
HUMULIN R	6	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
HUMULIN R U-500 (CONCENTRATED)	6	QL(1.5 ml daily); MO; *
LANTUS	6	QL(1.5 ml daily); MO; *
LANTUS SOLOSTAR	6	QL(1.5 ml daily); MO; *
LEVEMIR	6	QL(1.5 ml daily); MO; *
LEVEMIR FLEXPEN	6	QL(1.5 ml daily); MO; *
LEVEMIR FLEXTOUCH	6	QL(1.5 ml daily); MO; *
NOVOLIN 70/30	4	QL(1.5 ml daily); MO
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	6	Limit 15mL per month; QL(0.5 ml daily); MO; *
Meglitinide Analogues		
<i>nateglinide</i>	6	QL(3 ea daily); MO; *
PRANDIN 0.5 MG (Use <i>Repaglinide</i>)	NF	QL(32 ea daily); MO
PRANDIN 1 MG (Use <i>Repaglinide</i>)	NF	QL(16 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
PRANDIN 2 MG (Use <i>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 (Use <i>Nateglinide</i>)	NF	QL(3 ea daily); MO
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA	4	MO
INVOKANA	3	MO
JARDIANCE 10 MG	3	QL(2 ea daily); MO
JARDIANCE 25 MG	3	QL(1 ea daily); MO
Sulfonylureas		
AMARYL 1 MG (Use <i>Glimepiride</i>)	NF	QL(8 ea daily); MO
AMARYL 2 MG (Use <i>Glimepiride</i>)	NF	QL(4 ea daily); MO
AMARYL 4 MG (Use <i>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	4	AL; QL(16 ea daily); MO
DIABETA 2.5 MG	4	AL; QL(8 ea daily); MO
DIABETA 5 MG	4	AL; QL(4 ea daily); 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; *

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>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
GLUCOTROL XL 5 MG (<i>Use Glipizide</i>)	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 (<i>Use Glyburide Micronized</i>)	NF	AL; QL(8 ea daily); MO
GLYNASE 3 MG (<i>Use Glyburide Micronized</i>)	NF	AL; QL(4 ea daily); MO
GLYNASE 6 MG (<i>Use Glyburide Micronized</i>)	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; *
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		

Drug Name	Drug Tier	Requirements/Limits
FULYZAQ	4	PA; QL(2 ea daily); MO
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine</i>	2	MO; *
LOMOTIL (<i>Use Diphenoxylate w/ Atropine</i>)	NF	MO
<i>loperamide hcl caps or 2 mg</i>	2	RX/OTC; MO; *
MOTOFEN	4	MO
<i>opium tincture</i>	5	MO
ANTIDOTES - Drugs to Treat Overdose or Toxicity		
Antidotes - Chelating Agents		
CHEMET	4	MO
EXJADE	5	LA
JADENU	5	
Opioid Antagonists		
EVZIO	4	PA; MO
<i>naloxone hcl soln ij 1 mg/ml</i>	2	MO; *
<i>naltrexone hcl tabs or</i>	1	MO; *
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<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 (<i>Use Ondansetron</i>)	NF	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
ZOFRAN SOLN IJ 40 MG/20ML (<i>Use Ondansetron HC</i>)	NF	MO
ZOFRAN SOLN OR 4 MG/5ML (<i>Use Ondansetron HC</i>)	NF	MO; B/D
ZOFRAN TABS OR 4 MG, 8 MG (<i>Use Ondansetron HC</i>)	NF	MO; B/D
Antiemetics - Anticholinergic		
<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 (<i>Use Trimethobenzamide HC</i>)	NF	AL; MO
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; *
Antiemetics - Miscellaneous		
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 (<i>Use Dronabinol</i>)	5	MO; B/D
MARINOL 2.5 MG (<i>Use Dronabinol</i>)	NF	MO; B/D
Substance P/Neurokinin 1 (NK1) Receptor		
EMEND CAPS OR 125 MG, 80 MG	4	MO; B/D
EMEND CAPS OR 40 MG	4	PA; MO
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
ERAXIS 100 MG	4	

Drug Name	Drug Tier	Requirements/Limits
MYCAMINE 100 MG	5	MO
Antifungals		
ABELCET	5	
AMBISOME	5	
<i>amphotericin b solr ij 50 mg</i>	1	MO; *
ANCOBON (<i>Use Flucytosine</i>)	NF	MO
<i>flucytosine</i>	2	MO; *
GRIS-PEG (<i>Use Griseofulvin Ultramicrosize</i>)	NF	MO
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	MO; *
<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 (<i>Use Terbinafine HC</i>)	NF	MO
<i>nystatin tabs or</i>	1	MO; *
<i>terbinafine hcl tabs or</i>	2	MO; *
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	5	MO
CRESEMBA SOLR IV 372 MG	5	
DIFLUCAN (<i>Use 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; *

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>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 Itraconazole)	NF	MO
SPORANOX PULSEPAK (Use Itraconazole)	NF	MO
SPORANOX SOLN 10 MG/ML	5	MO
VFEND IV (Use Voriconazole)	NF	
VFEND TABS 200 MG, 50 MG (Use Voriconazole)	5	MO
<i>voriconazole solr iv 200 mg</i>	2	*
<i>voriconazole tabs or 200 mg, 50 mg</i>	5	MO
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate</i>	2	AL; MO; *
<i>clemastine fumarate tabs or 2.68 mg</i>	2	AL; MO; *
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	AL; MO; *
Antihistamines - Non-Sedating		
<i>cetirizine hcl soln 1 mg/ml</i>	1	RX/OTC; MO; *
<i>cetirizine hcl syrps 1 mg/ml, 5 mg/5ml</i>	1	RX/OTC; MO; *
CLARINEX REDITABS 5 MG (Use Desloratadine)	NF	MO
CLARINEX TABS 5 MG (Use Desloratadine)	NF	MO
<i>desloratadine tabs 5 mg</i>	2	MO; *
<i>desloratadine tbdp 5 mg</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride</i>	2	MO; *
XYZAL (Use Levocetirizine Dihydrochloride)	NF	MO
Antihistamines - Phenothiazines		
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	2	AL; MO; *
<i>promethazine hcl soln or 6.25 mg/5ml</i>	2	AL; MO; *
<i>promethazine hcl supp re 12.5 mg, 25 mg</i>	2	AL; MO; *
<i>promethazine hcl syrps or 6.25 mg/5ml</i>	2	AL; MO; *
<i>promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg</i>	2	AL; MO; *
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrps or 2 mg/5ml</i>	2	AL; MO; *
<i>cyproheptadine hcl tabs or 4 mg</i>	2	AL; MO; *
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
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
Antihyperlipidemics - Misc.		
KYNAMRO	5	PA; LA
LOVAZA (Use Omega-3-acid Ethyl Esters)	4	MO
<i>omega-3-acid ethyl esters</i>	2	MO; *
VASCEPA	4	MO
Bile Acid Sequestrants		
<i>cholestyramine light</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>cholestyramine pack or 4 gm</i>	2	MO; *
<i>cholestyramine powd or 4 gm/dose</i>	2	Powder Canister;MO; *
COLESTID (<i>Use Colestipol HCl</i>)	NF	MO
COLESTID FLAVORED GRAN 5 GM (<i>Use Colestipol HCl</i>)	NF	MO
<i>colestipol hcl gran 5 gm</i>	1	MO; *
<i>colestipol hcl pack 5 gm</i>	2	MO; *
<i>colestipol hcl tabs 1 gm</i>	1	MO; *
WELCHOL	4	MO
Fibric Acid Derivatives		
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; *

Drug Name	Drug Tier	Requirements/Limits
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
HMG CoA Reductase Inhibitors		
ADVICOR	4	MO
ALTOPREV	4	MO
<i>atorvastatin calcium</i>	6	MO; *
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; *

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>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 (Use <i>Simvastatin</i>)	NF	QL(8 ea daily); MO
ZOCOR 20 MG (Use <i>Simvastatin</i>)	NF	QL(4 ea daily); MO
ZOCOR 40 MG (Use <i>Simvastatin</i>)	NF	QL(2 ea daily); MO
ZOCOR 5 MG (Use <i>Simvastatin</i>)	NF	QL(16 ea daily); MO
ZOCOR 80 MG (Use <i>Simvastatin</i>)	NF	QL(1 ea daily); MO
Intestinal Cholesterol Absorption Inhibitors		
ZETIA	3	MO
Microsomal Triglyceride Transfer Protein (MTP)		
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
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic)</i>	2	MO; *
NIASPAN (Use <i>Niacin (Antihyperlipidemic)</i>)	NF	MO
Proprotein Convertase Subtilisin/Kexin Type 9		
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

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use <i>Quinapril HCl</i>)	NF	MO
ACEON 4 MG (Use <i>Perindopril Erbumine</i>)	NF	QL(4 ea daily); MO
ACEON 8 MG (Use <i>Perindopril Erbumine</i>)	NF	QL(2 ea daily); MO
ALTACE (Use <i>Ramipril</i>)	NF	MO
<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 (Use <i>Benazepril HCl</i>)	NF	MO
MAVIK (Use <i>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 (Use <i>Lisinopril</i>)	NF	MO
<i>quinapril hcl</i>	6	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>ramipril</i>	6	MO; *
<i>trandolapril</i>	6	MO; *
UNIVASC (Use <i>Moexipril HCl</i>)	NF	MO
VASOTEC 10 MG (Use <i>Enalapril Maleate</i>)	NF	QL(4 ea daily); MO
VASOTEC 2.5 MG (Use <i>Enalapril Maleate</i>)	NF	QL(16 ea daily); MO
VASOTEC 20 MG (Use <i>Enalapril Maleate</i>)	NF	QL(2 ea daily); MO
VASOTEC 5 MG (Use <i>Enalapril Maleate</i>)	NF	QL(8 ea daily); MO
ZESTRIL (Use <i>Lisinopril</i>)	NF	MO
Agents for Pheochromocytoma		
DEMSER	5	MO
DIBENZYLINE (Use <i>Phenoxybenzamine HCl</i>)	4	MO
<i>phenoxybenzamine hcl caps or</i>	2	MO; *
Angiotensin II Receptor Antagonists		
ATACAND (Use <i>Candesartan Cilexetil</i>)	NF	MO
AVAPRO (Use <i>Irbesartan</i>)	NF	MO
BENICAR	3	MO
<i>candesartan cilexetil</i>	6	MO; *
COZAAR (Use <i>Losartan Potassium</i>)	NF	MO
DIOVAN (Use <i>Valsartan</i>)	3	MO
EDARBI	4	MO
EPROSARTAN MESYLATE	6	MO; *
<i>irbesartan</i>	6	MO; *
<i>losartan potassium</i>	6	MO; *
MICARDIS (Use <i>Telmisartan</i>)	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan</i>	2	MO; *
<i>valsartan</i>	6	MO; *
Antiadrenergic Antihypertensives		
CARDURA (Use <i>Doxazosin Mesylate</i>)	NF	MO
CATAPRES (Use <i>Clonidine HCl</i>)	NF	MO
CATAPRES-TTS-1 (Use <i>Clonidine HCl</i>)	NF	MO
CATAPRES-TTS-2 (Use <i>Clonidine HCl</i>)	NF	MO
CATAPRES-TTS-3 (Use <i>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 (Use <i>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 (Use <i>Guanfacine HCl</i>)	NF	AL; MO
<i>terazosin hcl</i>	1	MO; *
Antihypertensive Combinations		
ACCURETIC (Use <i>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; *

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
AMTURNIDE 300MG-10MG-12.5MG, 300MG-10MG-25MG	3	
AMTURNIDE 300MG-5MG-12.5MG, 300MG-5MG-25MG	3	MO
ATACAND HCT (Use Candesartan Cilexetil-Hydrochlorothiazide)	NF	MO
atenolol & chlorthalidone	1	MO; *
AVALIDE (Use Irbesartan-Hydrochlorothiazide)	NF	MO
AZOR	3	MO
benazepril & hydrochlorothiazide	6	MO; *
BENICAR HCT	3	MO
bisoprolol & hydrochlorothiazide	1	MO; *
candesartan cilexetil-hydrochlorothiazide	6	MO; *
CAPTOPRIL/HYDROCHL OROTHIAZIDE	6	MO; *
CORZIDE (Use Nadolol & Bendroflumethiazide)	NF	MO
DIOVAN HCT (Use Valsartan-Hydrochlorothiazide)	NF	MO
EDARBYCLOR	4	MO
enalapril maleate & hydrochlorothiazide	6	MO; *
EXFORGE (Use Amlodipine Besylate-Valsartan)	3	MO
EXFORGE HCT (Use Amlodipine-Valsartan-Hydrochlorothiazide)	3	MO
fosinopril sodium & hydrochlorothiazide	6	MO; *
HYZAAR (Use Losartan Potassium & Hydrochlorothiazide)	NF	MO
irbesartan-hydrochlorothiazide	6	MO; *

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide	6	MO; *
LOPRESSOR HCT (Use Metoprolol & Hydrochlorothiazide)	NF	MO
losartan potassium & hydrochlorothiazide	6	MO; *
LOTENSIN HCT (Use Benazepril & Hydrochlorothiazide)	NF	MO
LOTREL (Use Amlodipine Besylate-Benazepril HCl)	NF	MO
metoprolol & hydrochlorothiazide 100mg-25mg, 50mg-25mg	1	MO; *
metoprolol & hydrochlorothiazide 100mg-50mg	2	MO; *
MICARDIS HCT (Use Telmisartan-Hydrochlorothiazide)	4	MO
moexipril-hydrochlorothiazide	6	MO; *
nadolol & bendroflumethiazide 40mg-5mg	1	MO; *
nadolol & bendroflumethiazide 80mg-5mg	2	MO; *
quinapril-hydrochlorothiazide	6	MO; *
TARKA 2MG-240MG, 4MG-240MG (Use Trandolapril-Verapamil HCl)	NF	MO
TEKAMLO 150MG-10MG	3	MO
TEKAMLO 150MG-5MG	3	
TEKTURNA HCT	3	MO
telmisartan-amlodipine	2	MO; *
telmisartan-hydrochlorothiazide	2	MO; *
TENORETIC 100 (Use Atenolol & Chlorthalidone)	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
TENORETIC 50 (<i>Use Atenolol & Chlorthalidone</i>)	NF	MO
<i>trandolapril-verapamil hcl 2mg-240mg, 4mg-240mg</i>	1	MO; *
TRIBENZOR	3	MO
TWYNSTA (<i>Use Telmisartan-Amlodipine</i>)	4	MO
UNIRETIC (<i>Use Moexipril-Hydrochlorothiazide</i>)	NF	MO
<i>valsartan-hydrochlorothiazide</i>	6	MO; *
VASERETIC (<i>Use Enalapril Maleate & Hydrochlorothiazide</i>)	NF	MO
ZESTORETIC (<i>Use Lisinopril & Hydrochlorothiazide</i>)	NF	MO
ZIAC (<i>Use Bisoprolol & Hydrochlorothiazide</i>)	NF	MO
Direct Renin Inhibitors		
TEKTURNA	3	MO
Selective Aldosterone Receptor Antagonists		
<i>eplerenone 25 mg</i>	1	MO; *
<i>eplerenone 50 mg</i>	2	MO; *
INSPRA (<i>Use Eplerenone</i>)	NF	MO
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO; *
<i>minoxidil tabs or 10 mg, 2.5 mg</i>	1	MO; *
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	2	MO; *
COARTEM	3	MO
MALARONE 250MG-100MG (<i>Use Atovaquone-Proguanil HCl</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
MALARONE 62.5MG-25MG (<i>Use Atovaquone-Proguanil HCl</i>)	4	MO
Antimalarials		
ARALEN (<i>Use Chloroquine Phosphate</i>)	NF	MO
<i>chloroquine phosphate tabs or 250 mg, 500 mg</i>	1	MO; *
DARAPRIM	4	MO
<i>hydroxychloroquine sulfate tabs or</i>	2	MO; *
<i>mefloquine hcl</i>	1	MO; *
PLAQUENIL (<i>Use Hydroxychloroquine Sulfate</i>)	NF	MO
PRIMAQUINE PHOSPHATE	4	MO
QUALAQUIN (<i>Use Quinine Sulfate</i>)	NF	PA; MO
<i>quinine sulfate caps or</i>	1	PA; MO; *
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>guanidine hcl</i>	2	*
MESTINON TABS 60 MG (<i>Use Pyridostigmine Bromide</i>)	NF	MO
MESTINON TIMESPAN (<i>Use Pyridostigmine Bromide</i>)	4	MO
<i>pyridostigmine bromide tabs or 60 mg</i>	2	MO; *
<i>pyridostigmine bromide tbc or 180 mg</i>	2	MO; *
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
<i>isoniazid & rifampin</i>	2	MO; *
RIFATER	4	MO
Antimycobacterial Agents		

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 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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
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	*
<i>carboplatin 450 mg/45ml, 50 mg/5ml</i>	1	MO; *
<i>cisplatin</i>	2	*

Drug Name	Drug Tier	Requirements/Limits
<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	
ZANOSAR	4	MO
Antimetabolites		

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

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine tabs or</i>	2	MO; *
<i>methotrexate sodium soln ij 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>	1	Preservative Free; *
<i>methotrexate sodium soln ij 25 mg/ml</i>	2	*
<i>methotrexate sodium solr ij 1 gm</i>	2	*
<i>methotrexate sodium tabs or 10 mg, 15 mg, 2.5 mg</i>	1	MO; *
<i>methotrexate sodium tabs or 5 mg, 7.5 mg</i>	2	MO; *
PURINETHOL (Use Mercaptopurine)	NF	MO
PURIXAN	5	
TABLOID	3	MO
VIDAZA (Use Azacitidine)	5	
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN	5	
CYRAMZA	5	LA
ZALTRAP	5	
Antineoplastic - Antibodies		
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	
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE	5	LA
ODOMZO	4	PA
Antineoplastic - Hormonal and Related Agents		
<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	
Antineoplastic - Immunomodulators		
POMALYST	5	LA
Antineoplastic Antibiotics		
<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 HCl)	4	MO
<i>epirubicin hcl soln 200 mg/100ml, 50 mg/25ml</i>	2	MO; *
IDAMYCIN PFS (Use Idarubicin HCl)	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	
Antineoplastic Enzyme Inhibitors		
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
Antineoplastic Enzymes		
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	
Antineoplastics Misc.		
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	
Chemotherapy Adjuncts		

Drug Name	Drug Tier	Requirements/Limits
ELITEK	5	
KEPIVANCE	5	MO
Chemotherapy Rescue/Antidote Agents		
<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	
Mitotic Inhibitors		
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</i>	2	MO; *
<i>vincristine sulfate</i>	1	IV Solution; MO; *
<i>vinorelbine tartrate</i>	2	MO; *
Topoisomerase I Inhibitors		
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; *
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs or</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
LODOSYN (Use Carbidopa)	4	MO
Antiparkinson Anticholinergics		
<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; *
Antiparkinson COMT Inhibitors		
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; *
Antiparkinson Dopaminergics		
<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
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT	3	MO

Drug Name	Drug Tier	Requirements/Limits
ELDEPRYL (Use Selegiline HCl)	NF	MO
selegiline hcl caps or	2	MO; *
selegiline hcl tabs or	2	MO; *
ZELAPAR	4	MO
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
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
Antipsychotics - Misc.		
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; *
Benzisoxazoles		
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 (<i>Use Paliperidone</i>)	5	QL(8 ea daily); MO
INVEGA 3 MG (<i>Use Paliperidone</i>)	5	QL(4 ea daily); MO
INVEGA 6 MG (<i>Use Paliperidone</i>)	5	QL(2 ea daily); MO
INVEGA 9 MG (<i>Use Paliperidone</i>)	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 (<i>Use Risperidone</i>)	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 (<i>Use Risperidone</i>)	NF	MO
<i>risperidone</i>	2	MO; *
Butyrophenones		
HALDOL (<i>Use Haloperidol Lactate</i>)	NF	MO
HALDOL DECANOATE 100 (<i>Use Haloperidol Decanoate</i>)	NF	MO
HALDOL DECANOATE 50 (<i>Use Haloperidol Decanoate</i>)	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; *
Dibenzapines		
ADASUVE	4	
<i>clozapine</i>	2	*
CLOZAPINE ODT	4	
CLOZARIL (<i>Use Clozapine</i>)	NF	
FAZACLO 100 MG, 25 MG (<i>Use Clozapine</i>)	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 (<i>Use Quetiapine Fumarate</i>)	NF	MO
SEROQUEL 300 MG, 400 MG (<i>Use Quetiapine Fumarate</i>)	5	MO
SEROQUEL XR	4	PA; MO
VERSACLOZ	5	PA; QL(18 ml daily)
ZYPREXA SOLR IM 10 MG (<i>Use Olanzapine</i>)	NF	MO
ZYPREXA TABS OR 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>Use Olanzapine</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
ZYPREXA TABS OR 15 MG, 20 MG (<i>Use Olanzapine</i>)	5	MO
ZYPREXA ZYDIS (<i>Use Olanzapine</i>)	NF	MO
Phenothiazines		
<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 conc or 5 mg/ml</i>	2	MO; *
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	2	MO; *
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</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; *
Quinolinone Derivatives		
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 (<i>Use Aripiprazole</i>)	5	QL(3 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
ABILIFY TABS OR 15 MG (<i>Use Aripiprazole</i>)	5	QL(2 ea daily); MO
ABILIFY TABS OR 2 MG (<i>Use Aripiprazole</i>)	5	QL(15 ea daily); MO
ABILIFY TABS OR 20 MG, 30 MG (<i>Use Aripiprazole</i>)	5	QL(1 ea daily); MO
ABILIFY TABS OR 5 MG (<i>Use Aripiprazole</i>)	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
Thioxanthenes		
<i>thiothixene</i>	2	MO; *
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<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; *
CMV Agents		
<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	
Hepatitis Agents		
<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; *
MODERIBA 1200 DOSE PACK	5	
OLYSIO	5	PA

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	5	
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	
RIBASPHERE 600 MG	5	
RIBASPHERE RIBAPAK 600 MG	5	
RIBATAB TABS 600 MG	5	
<i>ribavirin (hepatitis c) caps</i>	1	*
<i>ribavirin (hepatitis c) misc</i>	2	Dose Pack; *
<i>ribavirin (hepatitis c) tabs</i>	1	*
<i>ribavirin (hepatitis c) tabs</i>	2	Dose Pack; *
SOVALDI	5	PA
TYZEKA	5	MO
VICTRELIS	5	PA
VIEKIRA PAK	5	PA
Herpes Agents		
<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; *

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir tabs or 400 mg, 800 mg</i>	2	MO; *
<i>famciclovir</i>	2	MO; *
FAMVIR (Use Famciclovir)	NF	MO
<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
Influenza Agents		
FLUMADINE (Use Rimantadine Hydrochloride)	NF	MO
RELENZA DISKHALER	4	MO
<i>rimantadine hydrochloride</i>	1	MO; *
TAMIFLU	4	MO
Respiratory Syncytial Virus (RSV) Agents		
VIRAZOLE	4	
ASSORTED CLASSES - Miscellaneous Drugs		
Chelating Agents		
DEPEN TITRATABS	3	MO
SYPRINE	5	MO
Enzymes		
XIAFLEX	5	
Immunomodulators		
REVLIMID	5	LA
THALOMID	5	
Immunosuppressive Agents		

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
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; *
CELLCEPT (Use Mycophenolate Mofetil)	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 (Use Azathioprine)	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 (Use Mycophenolate Sodium)	4	MO; B/D
MYFORTIC 360 MG (Use Mycophenolate Sodium)	5	MO; B/D
NEORAL CAPS 100 MG, 25 MG (Use Cyclosporine Modified (For Microemulsion))	4	MO; B/D
NULOJIX	5	B/D
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	4	MO; B/D
PROGRAF SOLN IV 5 MG/ML	4	B/D
RAPAMUNE SOLN 1 MG/ML	3	MO; B/D

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE TABS 0.5 MG (Use Sirolimus)	3	MO; B/D
RAPAMUNE TABS 1 MG, 2 MG (Use Sirolimus)	5	MO; B/D
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use Cyclosporine)	4	MO; B/D
SANDIMMUNE SOLN IV 50 MG/ML (Use Cyclosporine)	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
Irrigation Solutions		
<i>irrigation solutions, physiological</i>	2	*
<i>water for irrigation, sterile</i>	1	MO; *
Potassium Removing Resins		
KAYEXALATE (Use Sodium Polystyrene Sulfonate)	NF	MO
<i>sodium polystyrene sulfonate powd or</i>	2	MO; *
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	2	MO; *
Systemic Lupus Erythematosus Agents		
BENLYSTA	5	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		

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 12.5 mg</i>	1	QL(8 ea daily); MO; *
<i>carvedilol 25 mg</i>	1	QL(4 ea daily); MO; *
<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 (Use Carvedilol)	NF	QL(8 ea daily); MO
COREG 25 MG (Use Carvedilol)	NF	QL(4 ea daily); MO
COREG 3.125 MG (Use Carvedilol)	NF	QL(32 ea daily); MO
COREG 6.25 MG (Use Carvedilol)	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 (Use Labetalol HCl)	NF	MO
Beta Blockers Cardio-Selective		
<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 (Use Betaxolol HCl)	NF	MO
LOPRESSOR TABS OR 100 MG, 50 MG (Use Metoprolol Tartrate)	NF	MO
<i>metoprolol succinate</i>	1	MO; *
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	MO; *
SECTRAL (Use Acebutolol HCl)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
TENORMIN (Use Atenolol)	NF	MO
TOPROL XL (Use Metoprolol Succinate)	NF	MO
ZEBETA (Use Bisoprolol Fumarate)	NF	MO
Beta Blockers Non-Selective		
BETAPACE (Use Sotalol HCl)	NF	tabs;MO
BETAPACE AF (Use Sotalol HCl (AFIB/AFL))	NF	MO
CORGARD (Use Nadolol)	NF	MO
INDERAL LA (Use Propranolol HCl)	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 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/af)</i>	2	MO; *
Sotalol Hcl IV Soln	NF	
SOTYLIZE	4	
BIOLOGICALS MISC - Drugs to Treat Low Enzymes		
Allergenic Extracts		
GRASTEK	4	PA; MO
RAGWITEK	4	PA; MO
Biologicals Misc		

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
ADAGEN	5	LA
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
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 tabs or 120 mg, 30 mg, 60 mg, 90 mg	1	MO; *
felodipine	1	MO; *
nicardipine 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; *

Drug Name	Drug Tier	Requirements/Limits
nimodipine caps or	2	MO; *
nisoldipine 17 mg, 34 mg, 8.5 mg	1	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 360 MG (Use Verapamil HCl)	NF	MO
VERELAN PM 300 MG (Use Verapamil HCl)	NF	MO
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN OR 0.05 MG/ML	4	MO
digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg	2	MO; *
LANOXIN PEDIATRIC	4	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	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
LANOXIN TABS OR 187.5 MCG, 62.5 MCG	4	MO
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	MO; *
BIDIL	4	MO
CADUET (<i>Use Amlodipine Besylate-Atorvastatin Calcium</i>)	4	MO
ENTRESTO	4	PA; MO
Prostaglandin Vasodilators		
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
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS	5	LA
OPSUMIT	5	
TRACLEER	5	LA
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA	5	PA
REVATIO SOLN IV 10 MG/12.5ML (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	5	PA

Drug Name	Drug Tier	Requirements/Limits
REVATIO TABS OR 20 MG (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	5	PA
<i>sildenafil citrate (pulmonary hypertension)</i>	5	PA
Pulmonary Hypertension - Sol Guanylate Cyclase		
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)
Sinus Node Inhibitors		
CORLANOR	4	QL(2 ea daily); MO
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<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 sodium solr ij 1 gm, 10 gm</i>	1	MO; *
<i>cefazolin sodium solr ij 500 mg</i>	2	MO; *
<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; *
KEFLEX 250 MG, 500 MG (<i>Use Cephalexin</i>)	NF	MO
KEFLEX 750 MG (<i>Use Cephalexin</i>)	4	MO
Cephalosporins - 2nd Generation		

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>cefaclor caps 250 mg, 500 mg</i>	1	MO; *
<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	*
ZINACEF SOLR IJ 1.5 GM, 7.5 GM (Use Cefuroxime Sodium)	NF	
ZINACEF SOLR IJ 750 MG (Use Cefuroxime Sodium)	NF	MO
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	4	QL(1 ea daily); MO
<i>cefdinir</i>	2	MO; *
<i>cefotaxime sodium 1 gm</i>	1	MO; *
<i>cefotaxime sodium 10 gm</i>	2	MO; *
<i>cefotaxime sodium 2 gm, 500 mg</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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium in dextrose</i>	2	QL(200 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; *
<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	
Cephalosporins - 4th Generation		
<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
Cephalosporins - 5th Generation		
TEFLARO	4	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ	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
BREVICON-28 (Use Norethindrone & Eth Estradiol)	NF	MO
DESOGEN (Use Desogestrel & Ethinyl Estradiol)	NF	MO
desogestrel & ethinyl estradiol	1	MO; *
desogestrel-ethinyl estradiol (biphasic)	1	MO; *
drospirenone-ethinyl estradiol	1	MO; *
ethynodiol diacet & eth estrad	1	MO; *
FEMCON FE (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	MO
GENERESS FE (Use Norethindrone & Ethinyl Estradiol-Fe)	4	MO
levonorgestrel & eth estradiol	1	MO; *
levonorgestrel-eth estradiol (triphasic)	1	MO; *
levonorgestrel-ethinyl estradiol (91-day)	1	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
norethin acet & estrad-fe 75mg-20mcg-1mg, 75mg-30mcg-1.5mg	1	MO; *
norethindrone & eth estradiol 0.4mg-35mcg, 1mg-35mcg	1	MO; *
norethindrone & eth estradiol 0.5mg-35mcg	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
norethindrone & ethinyl estradiol-fe	2	MO; *
norethindrone acet & eth estra	1	MO; *
norethindrone-eth estradiol (triphasic)	2	MO; *
norgestimate-ethinyl estradiol	1	MO; *
norgestimate-ethinyl estradiol (triphasic)	1	MO; *
norgestrel & ethinyl estradiol	1	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
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	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
ORTHO EVRA (Use Norelgestromin-Ethinyl Estradiol)	3	MO
Combination Contraceptives - Vaginal		
NUVARING	3	MO
Emergency Contraceptives		
ELLA	3	
levonorgestrel (emergency oc) 0.75 mg	1	*
levonorgestrel (emergency oc) 1.5 mg	1	RX/OTC; *
PLAN B ONE-STEP (Use Levonorgestrel (Emergency OC))	4	RX/OTC
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE (Use Medroxyprogesterone Acetate (Contraceptive))	NF	MO
DEPO-SUBQ PROVERA 104	4	MO
medroxyprogesterone acetate (contraceptive)	1	MO; *
Progestin Contraceptives - Oral		
NOR-QD (Use Norethindrone (Contraceptive))	NF	MO
norethindrone (contraceptive)	1	MO; *
ORTHO MICRONOR (Use Norethindrone (Contraceptive))	NF	MO
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
betamethasone sod phosphate & acetate	1	MO; *
budesonide cp24 or	5	MO
CELESTONE-SOLUSPAN (Use Betamethasone Sod Phosphate & Acetate)	4	MO

Drug Name	Drug Tier	Requirements/Limits
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 elix or 0.5 mg/5ml	2	MO; *
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
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

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>methylprednisolone acetate susp ij 40 mg/ml, 80 mg/ml</i>	1	MO; *
<i>methylprednisolone sod succ</i>	1	MO; *
<i>methylprednisolone tabs or 16 mg, 32 mg, 4 mg, 8 mg</i>	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
<i>prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1	MO; *
<i>prednisolone sodium phosphate soln or 25 mg/5ml</i>	2	MO; *
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	2	MO; *
<i>prednisolone soln 15 mg/5ml</i>	1	MO; *
<i>prednisolone syr 15 mg/5ml</i>	1	MO; *
<i>prednisolone tabs 5 mg</i>	2	MO; *
<i>prednisone conc or 5 mg/ml</i>	2	MO; *
<i>prednisone soln or 5 mg/5ml</i>	2	MO; *
<i>prednisone tabs or 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO; *
<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 Methylprednisolone Sod Succ)	NF	MO
SOLU-MEDROL 2 GM	4	

Drug Name	Drug Tier	Requirements/Limits
UCERIS TB24 OR 9 MG	5	MO
Mineralocorticoids		
<i>fludrocortisone acetate tabs or</i>	2	MO; *
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR	4	MO
CLARINEX-D 24 HOUR	4	MO
SEMPREX-D	4	MO
Mucolytics		
<i>acetylcysteine soln in 10 %, 20 %</i>	1	MO; B/D; *
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 30 MG (Use Isotretinoin)	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 Tretinoin)	4	MO
AZELEX	4	MO
BENZAACLIN (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	MO
BENZAACLIN WITH PUMP (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	MO
BENZAMYCIN (Use Benzoyl Peroxide-Erythromycin)	NF	MO
<i>benzoyl peroxide-erythromycin</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
CLEOCIN-T (Use Clindamycin Phosphate (Topical))	NF	MO
clindamycin phosphate (topical)	2	MO; *
clindamycin phosphate-benzoyl peroxide	1	MO; *
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	MO; *
DIFFERIN CREA 0.1 % (Use Adapalene)	NF	MO
DIFFERIN GEL 0.1 % (Use Adapalene)	NF	MO
DIFFERIN GEL 0.3 % (Use Adapalene)	4	MO
DUAC (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	4	MO
EPIDUO	4	MO
erythromycin (acne aid) gel	1	MO; *
erythromycin (acne aid) soln	1	MO; *
EVOCLIN (Use Clindamycin Phosphate (Topical))	NF	MO
FABIOR	4	QL(3.34 gm daily); MO
isotretinoin caps or 10 mg, 30 mg	2	*
isotretinoin caps or 20 mg, 40 mg	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

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (acne)	1	MO; *
tretinoin crea ex 0.025 %, 0.05 %, 0.1 %	2	MO; *
tretinoin crea ex 0.038 %	2	*
tretinoin gel ex 0.01 %, 0.025 %, 0.05 %	2	MO; *
tretinoin microsphere	2	MO; *
VELTIN	4	MO
ZIANA	4	MO
Agents for External Genital and Perianal Warts		
VEREGEN	4	MO
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical)	2	MO; *
FLECTOR	4	PA; MO
PENNSAID 1.5 % (Use Diclofenac Sodium (Topical))	4	MO
PENNSAID 2 %	4	MO
VOLTAREN	4	MO
Antibiotics - Topical		
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
mupirocin calcium (topical)	2	MO; *
mupirocin oint ex	2	MO; *
Antifungals - Topical		

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>ciclopirox gel 0.77 %</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
EXTINA (<i>Use Ketoconazole (Topical)</i>)	NF	MO
JUBLIA	4	PA; MO
KERYDIN	4	PA; MO
<i>ketoconazole (topical)</i>	2	MO; *
LOPROX (<i>Use Ciclopirox</i>)	NF	MO
LOPROX SHAMPOO (<i>Use Ciclopirox</i>)	NF	MO
LOTRISONE (<i>Use Clotrimazole w/ Betamethasone</i>)	NF	MO
LUZU	4	MO
<i>naftifine hcl</i>	2	MO; *
NAFTIN 1 % (<i>Use Naftifine HCl</i>)	4	MO
NAFTIN 1 %,2 %	4	MO
NIZORAL (<i>Use Ketoconazole (Topical)</i>)	NF	MO
<i>nystatin (topical)</i>	2	MO; *
<i>nystatin-triamcinolone</i>	2	MO; *
OXISTAT	4	MO

Drug Name	Drug Tier	Requirements/ Limits
PENLAC NAIL LACQUER (<i>Use Ciclopirox</i>)	NF	MO
Antineoplastic or Premalignant Lesion Agents -		
CARAC	3	MO
<i>diclofenac sodium (actinic keratoses)</i>	5	MO
EFUDEX (<i>Use Fluorouracil (Topical)</i>)	NF	MO
<i>fluorouracil (topical)</i>	2	MO; *
FLUOROURACIL CREA EX 0.5 %	3	MO
PANRETIN	5	MO
PICATO	5	MO
SOLARAZE (<i>Use Diclofenac Sodium (Actinic Keratoses)</i>)	5	MO
TARGRETIN 1 %,75 MG	5	
VALCHLOR	5	PA
Antipsoriatics		
<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 (<i>Use Calcipotriene</i>)	NF	MO
<i>methoxsalen rapid</i>	5	MO
OXSORALEN ULTRA (<i>Use Methoxsalen Rapid</i>)	5	MO
SORIATANE (<i>Use Acitretin</i>)	5	MO
SORILUX	4	MO
STELARA	5	PA;

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
TAZORAC	3	MO
VECTICAL	4	MO
Antiseborrheic Products		
<i>selenium sulfide lotn ex 2.5 %</i>	2	MO; *
Antivirals - Topical		
<i>acyclovir topical</i>	2	MO; *
DENAVIR	4	MO
XERESE	4	MO
ZOVIRAX CREA EX 5 %	4	MO
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	MO
Burn Products		
SILVADENE (Use Silver Sulfadiazine)	NF	MO
<i>silver sulfadiazine crea ex</i>	2	MO; *
SULFAMYLON CREA 85 MG/GM	4	MO
Corticosteroids - Topical		
<i>alclometasone dipropionate</i>	1	MO; *
<i>amcinonide crea</i>	1	MO; *
<i>betamethasone dipropionate (topical)</i>	2	MO; *
<i>betamethasone dipropionate augmented</i>	2	MO; *
<i>betamethasone valerate crea ex 0.1 %</i>	2	MO; *
<i>betamethasone valerate foam ex 0.12 %</i>	2	MO; *
<i>betamethasone valerate lotn ex 0.1 %</i>	2	MO; *
<i>betamethasone valerate oint ex 0.1 %</i>	2	MO; *
<i>calcipotriene-betamethasone dipropionate</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
CAPEX	4	MO
<i>clobetasol propionate crea ex</i>	2	MO; *
<i>clobetasol propionate emollient base</i>	2	MO; *
<i>clobetasol propionate emulsion</i>	2	MO; *
<i>clobetasol propionate foam ex</i>	2	MO; *
<i>clobetasol propionate gel ex</i>	2	MO; *
<i>clobetasol propionate liqd ex</i>	2	MO; *
<i>clobetasol propionate lotn ex</i>	2	MO; *
<i>clobetasol propionate oint ex</i>	2	MO; *
<i>clobetasol propionate sham ex</i>	2	MO; *
<i>clobetasol propionate soln ex</i>	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

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
DERMATOP CREA (Use Prednicarbate)	NF	MO
DESONATE	4	MO
<i>desonide crea ex</i>	2	MO; *
<i>desonide lotn ex</i>	2	MO; *
<i>desonide oint ex</i>	2	MO; *
DESOWEN 0.05 % (Use Desonide)	NF	MO
<i>desoximetasone crea ex 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 oint</i>	1	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; *

Drug Name	Drug Tier	Requirements/Limits
<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; *
<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 (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 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 1%-1%</i>	1	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 LIQD 0.25 %	4	MO
TOPICORT OINT 0.05 %	4	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
Emollients		
LAC-HYDRIN (Use <i>Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC; MO
<i>lactic acid (ammonium lactate) crea 12 %</i>	2	RX/OTC; MO; *
<i>lactic acid (ammonium lactate) lotn 12 %</i>	2	RX/OTC; MO; *

Drug Name	Drug Tier	Requirements/Limits
Enzymes - Topical		
SANTYL	3	MO
Immunomodulating Agents - Topical		
ALDARA (Use <i>Imiquimod</i>)	4	MO
<i>imiquimod crea ex</i>	2	MO; *
ZYCLARA	5	MO
ZYCLARA PUMP	5	MO
Immunosuppressive Agents - Topical		
ELIDEL	4	MO
PROTOPIC (Use <i>Tacrolimus (Topical)</i>)	4	MO
<i>tacrolimus (topical)</i>	2	MO; *
Keratolytic/Antimitotic Agents		
CONDYLOX GEL	4	MO
CONDYLOX SOLN (Use <i>Podofilox</i>)	NF	MO
<i>podofilox soln ex</i>	1	MO; *
Local Anesthetics - Topical		
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; *
LIDODERM (Use <i>Lidocaine</i>)	NF	PA; MO
XYLOCAINE EX 4 % (Use <i>Lidocaine HCl</i>)	NF	MO
Pigmenting-Depigmenting Agents		
OXSORALEN	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
Rosacea Agents		
DOXYCYCLINE	4	MO
FINACEA GEL	4	MO
METROCREAM (Use Metronidazole (Topical))	NF	MO
METROGEL (Use Metronidazole (Topical))	NF	MO
METROLOTION (Use Metronidazole (Topical))	NF	MO
metronidazole (topical)	2	MO; *
MIRVASO	4	PA; MO
NORITATE	4	MO
ORACEA	4	MO
SOOLANTRA	4	MO
Scabicides & Pediculicides		
EURAX	4	MO
lindane lotn	1	MO; *
malathion	1	MO; *
OVIDE 0.5 % (Use Malathion)	NF	MO
permethrin crea ex 5 %	2	MO; *
Wound Care Products		
REGRANEX	5	MO
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON	3	MO
PANCREAZE	3	MO
PANCRELIPASE	4	MO
PERTZYE	4	MO

Drug Name	Drug Tier	Requirements/Limits
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
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide cp12 or 500 mg	1	MO; *
acetazolamide tabs or 250 mg	1	MO; *
DIAMOX (Use Acetazolamide)	NF	MO
methazolamide tabs or 25 mg, 50 mg	1	MO; *
Diuretic Combinations		
ALDACTAZIDE 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	MO
ALDACTAZIDE 50MG-50MG	3	MO
amiloride & hydrochlorothiazide	1	MO; *
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; *

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
Loop Diuretics		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	MO; *
BUMEX (Use Bumetanide)	NF	MO
DEMADEX (Use Torsemide)	NF	MO
EDECIN	4	MO
<i>furosemide soln ij 10 mg/ml</i>	1	MO; *
<i>furosemide soln or 10 mg/ml</i>	1	MO; *
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	MO; *
LASIX (Use Furosemide)	NF	MO
<i>torsemide tabs or 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO; *
Potassium Sparing Diuretics		
ALDACTONE (Use Spironolactone)	NF	MO
<i>amiloride hcl</i>	1	MO; *
DYRENIUM	4	MO
<i>spironolactone tabs or 100 mg, 25 mg, 50 mg</i>	1	MO; *
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide 500 mg</i>	1	MO; *
<i>chlorthalidone 25 mg, 50 mg</i>	2	MO; *
<i>hydrochlorothiazide caps or 12.5 mg</i>	1	MO; *
<i>hydrochlorothiazide tabs or 12.5 mg, 25 mg, 50 mg</i>	1	MO; *
<i>indapamide</i>	1	MO; *
<i>metolazone</i>	1	MO; *
MICROZIDE (Use Hydrochlorothiazide)	NF	MO
ZAROXOLYN (Use Metolazone)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
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
<i>alendronate sodium tabs 10 mg, 5 mg</i>	1	MO; *
<i>alendronate sodium tabs 35 mg, 70 mg</i>	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
<i>calcitonin (salmon)</i>	2	MO; *
FORTEO	3	QL(0.09 ml daily)
FOSAMAX (Use Alendronate Sodium)	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 Calcitonin (Salmon))	NF	MO
NATPARA	5	PA; LA
PROLIA	3	QL(0.01 ml daily)
RECLAST (Use Zoledronic Acid)	NF	QL(0.28 ml daily)
<i>risedronate sodium tabs 150 mg</i>	2	QL(0.04 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>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	
ZOMETA CONC 4 MG/5ML (<i>Use Zoledronic Acid</i>)	5	
Corticotropin		
H.P. ACTHAR	5	PA; LA
Fertility Regulators		
<i>chorionic gonadotropin solr im</i>	1	*
Growth Hormone Receptor Antagonists		
SOMAVERT	5	LA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA	5	
Growth Hormones		
GENOTROPIN 5 MG	5	PA
GENOTROPIN MINIQUICK 0.4 MG	5	PA
HUMATROPE	5	PA
HUMATROPE COMBO PACK	5	PA
NORDITROPIN FLEXPOR 10 MG/1.5ML, 5 MG/1.5ML	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ PEN 20 MG/2ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
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
Hormone Receptor Modulators		
EVISTA (<i>Use Raloxifene HCl</i>)	NF	QL(1 ea daily); MO
<i>raloxifene hcl</i>	2	QL(1 ea daily); MO; *
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	LA
LHRH/GnRH Agonist Analog Pituitary		
LUPRON DEPOT-PED 11.25 MG	5	3 Month Kit;
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
Metabolic Modifiers		
<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 (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	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 (<i>Use Doxercalciferol</i>)	4	MO
HECTOROL CAPS OR 1 MCG (<i>Use Doxercalciferol</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
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	
SENSIPAR 60 MG, 90 MG	5	
VIMIZIM	5	
ZEMPLAR CAPS OR 1 MCG, 2 MCG, 4 MCG (Use Paricalcitol)	NF	MO
Posterior Pituitary Hormones		
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; *

Drug Name	Drug Tier	Requirements/Limits
STIMATE	4	
Prolactin Inhibitors		
<i>cabergoline</i>	2	MO; *
Somatostatic Agents		
<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	
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	
Vasopressin Receptor Antagonists		
SAMSCA	5	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
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
<i>estradiol & norethindrone acetate</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
FEMHRT LOW DOSE (<i>Use Norethindrone Acetate-Ethinyl Estradiol</i>)	4	AL; MO
<i>norethindrone acetate-ethinyl estradiol 2.5mcg-0.5mg</i>	2	AL; MO; *
PREMPHASE	4	AL; MO
PREMPRO	4	AL; MO
Estrogens		
ALORA	4	AL; MO
CENESTIN	4	AL
CLIMARA (<i>Use Estradiol</i>)	NF	AL; MO
DELESTROGEN 20 MG/ML, 40 MG/ML (<i>Use Estradiol Valerate</i>)	NF	MO
DIVIGEL	4	MO
ELESTRIN	4	AL; MO
ENJUWIA 0.3 MG, 0.45 MG, 0.9 MG, 1.25 MG	4	AL; MO
ENJUWIA 0.625 MG	4	AL
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	AL; MO; *
<i>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</i>	2	AL; MO; *
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	2	AL; MO; *
<i>estradiol valerate oil im 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	MO; *
<i>estropipate 0.75 mg, 1.5 mg</i>	2	AL; MO; *
EVAMIST	4	AL; MO
MENOSTAR	4	AL; MO

Drug Name	Drug Tier	Requirements/Limits
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 (<i>Use Estradiol</i>)	4	AL; MO
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK (<i>Use Moxifloxacin HCl</i>)	4	MO
AVELOX TABS OR 400 MG (<i>Use Moxifloxacin HCl</i>)	4	MO
CIPRO I.V.-IN D5W 200MG/100ML-5% (<i>Use Ciprofloxacin in D5W</i>)	NF	
CIPRO I.V.-IN D5W 400MG/200ML-5% (<i>Use Ciprofloxacin in D5W</i>)	NF	MO
CIPRO SUSR 5 GM/100ML, 500 MG/5ML (<i>Use Ciprofloxacin</i>)	3	MO
CIPRO TABS 250 MG, 500 MG (<i>Use Ciprofloxacin HCl</i>)	NF	MO
CIPRO XR (<i>Use 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% (<i>Use Levofloxacin in D5W</i>)	NF	
LEVAQUIN SOLN IV 750MG/150ML-5% (<i>Use Levofloxacin in D5W</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
LEVAQUIN SOLN OR 25 MG/ML (<i>Use Levofloxacin</i>)	NF	MO
LEVAQUIN TABS OR 250 MG, 500 MG, 750 MG (<i>Use 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; *
<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	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Gallstone Solubilizing Agents		
ACTIGALL (<i>Use Ursodiol</i>)	NF	MO
CHENODAL	5	LA
URSO 250 (<i>Use Ursodiol</i>)	NF	MO
URSO FORTE (<i>Use Ursodiol</i>)	NF	MO
<i>ursodiol caps or 300 mg</i>	2	MO; *
<i>ursodiol tabs or 250 mg, 500 mg</i>	2	MO; *
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	1	MO; *
GASTROCROM (<i>Use Cromolyn Sodium (Mastocytosis)</i>)	NF	MO
Gastrointestinal Chloride Channel Activators		
AMITIZA	3	MO
Gastrointestinal Stimulants		

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use Metoclopramide HCl</i>)	NF	MO
Inflammatory Bowel Agents		
APRISO	3	MO
ASACOL HD	3	MO
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; *

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>sulfasalazine tbec or</i>	2	MO; *
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	2	MO; *
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl</i>	5	MO
LINZESS	3	MO
LOTRONEX (<i>Use Alosetron HCl</i>)	5	MO
Peripheral Opioid Receptor Antagonists		
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
Phosphate Binder Agents		
AURYXIA	5	MO
<i>calcium acetate (phosphate binder) caps</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
Short Bowel Syndrome (SBS) Agents		
GATTEX	5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) 1080 mg</i>	2	MO; *
<i>potassium citrate (alkalinizer) 540 mg</i>	1	MO; *
UROKIT-K 10 (<i>Use Potassium Citrate (Alkalinizer)</i>)	NF	MO
UROKIT-K 5 (<i>Use Potassium Citrate (Alkalinizer)</i>)	NF	MO
Cystinosis Agents		
CYSTAGON	4	
PROCYSBI	4	LA
Genitourinary Irrigants		
<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; *
Interstitial Cystitis Agents		
ELMIRON	4	MO
Prostatic Hypertrophy Agents		
<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

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
RAPAFLO	4	MO
<i>tamsulosin hcl</i>	2	MO; *
UROXATRAL (Use <i>Alfuzosin HCl</i>)	NF	MO
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	MO; *
Gout Agents		
<i>allopurinol tabs or 100 mg</i>	1	QL(8 ea daily); MO; *
<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 (Use <i>Allopurinol</i>)	NF	QL(8 ea daily); MO
ZYLOPRIM 300 MG (Use <i>Allopurinol</i>)	NF	QL(2 ea daily); MO
Uricosurics		
<i>probenecid</i>	2	MO; *
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR	5	
Complement Inhibitors		
BERINERT	5	
CINRYZE	5	LA
RUCONEST	5	
Hematorheologic Agents		
<i>pentoxifylline tbcr or</i>	2	MO; *
Plasma Kallikrein Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
KALBITOR	5	
Platelet Aggregation Inhibitors		
AGGRENEX	3	MO
AGRYLIN (Use <i>Anagrelide HCl</i>)	NF	MO
<i>anagrelide hcl</i>	1	MO; *
ASPIRIN/DIPYRIDAMOLE	3	MO
BRILINTA	3	MO
<i>cilostazol</i>	1	MO; *
<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
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	5	PA
CEREZYME	5	LA
ELELYSO	5	
VPRIV	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
ZAVESCA	5	LA
Agents for Sickle Cell Anemia		
DROXIA	4	MO
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 10 MCG/0.4ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
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

Drug Name	Drug Tier	Requirements/Limits
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
ZARXIO	5	PA
Stem Cell Mobilizers		
MOZOBIL	5	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
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; *
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
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; *

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
Hypnotics - Tricyclic Agents		
SILENOR	4	MO
Non-Barbiturate Hypnotics		
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
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
Orexin Receptor Antagonists		
BELSOMRA 10 MG	4	PA; QL(2 ea daily); MO

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA 15 MG, 20 MG	4	PA; QL(1 ea daily); MO
BELSOMRA 5 MG	4	PA; QL(4 ea daily); MO
Selective Melatonin Receptor Agonists		
HETLIOZ	5	PA
ROZEREM	4	MO
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
<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 (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	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 (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	MO
MOVIPREP	4	MO
NULYTELY/FLAVOR PACKS (<i>Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride</i>)	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
Laxatives - Miscellaneous		

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>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; *
Saline Laxatives		
OSMOPREP	4	MO
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) 1 %, 2 %</i>	1	MO; *
XYLOCAINE IJ 1 %, 2 % (Use Lidocaine HCl (Local Anesth.))	NF	MO
XYLOCAINE-MPF 1 % (Use Lidocaine HCl (Local Anesth.))	NF	MO
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<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
Clarithromycin		

Drug Name	Drug Tier	Requirements/Limits
BIAXIN (Use Clarithromycin)	NF	MO
BIAXIN XL (Use Clarithromycin)	NF	MO
BIAXIN XL PAC (Use Clarithromycin)	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; *
Erythromycins		
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 ethylsuccinate tabs or</i>	2	QL(10 ea daily); MO; *
<i>erythromycin lactobionate</i>	2	500 MG; QL(8 ea daily); *
PCE 333 MG	4	QL(12 ea daily); MO
PCE 500 MG	4	QL(8 ea daily); MO
Fidaxomicin		
DIFICID	5	MO
MEDICAL DEVICES		
Bandages-Dressings-Tape		
<i>gauze pads 2" x 2"</i>	1	RX/OTC; MO
Misc. Devices		
ALCOHOL PADS	3	RX/OTC; MO
Parenteral Therapy Supplies		

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
INSULIN SYRINGES AND PEN NEEDLES	3	MO
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
<i>ergotamine w/ caffeine</i>	2	MO; *
TREXIMET	4	MO
Migraine Products - NSAIDs		
CAMBIA	4	MO
Migraine Products		
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
Serotonin Agonists		
<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
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

Drug Name	Drug Tier	Requirements/Limits
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; *
RELPAK	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; *
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	2	QL(0.27 ml daily); MO; *
<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; *

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>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 (Use Zolmitriptan)	NF	QL(4 ea daily); MO
ZOMIG TABS OR 5 MG (Use Zolmitriptan)	NF	QL(2 ea daily); MO
ZOMIG ZMT 2.5 MG (Use Zolmitriptan)	NF	QL(4 ea daily); MO
ZOMIG ZMT 5 MG (Use Zolmitriptan)	NF	QL(2 ea daily); MO
MINERALS & ELECTROLYTES		
Chloride		
<i>ammonium chloride soln iv</i>	2	MO; *
Electrolyte Mixtures		
<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	*
<i>dextrose w/ sodium chloride 0.9%-5%</i>	1	MO; *
<i>lactated ringer's</i>	1	*
<i>parenteral electrolytes</i>	2	B/D; *

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in dextrose & sodium chloride 0.45%-20meq/l-5%</i>	1	*
Fluoride		
<i>sodium fluoride tabs or 1 mg</i>	1	*
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	MO; *
Potassium		
K-TAB 10 MEQ (Use Potassium Chloride)	NF	MO
MICRO-K (Use Potassium Chloride)	NF	MO
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	2	MO; *
POTASSIUM CHLORIDE ER	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; *
Sodium		
<i>sodium chloride soln iv 0.45 %</i>	2	*
<i>sodium chloride soln iv 0.9 %</i>	2	MO; *
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	2	MO; *
Anti-infectives - Throat		
<i>clotrimazole lozg mt</i>	2	MO; *
<i>clotrimazole troc mt</i>	2	MO; *
<i>nystatin (mouth-throat)</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
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	MO; *
PERIDEX (Use Chlorhexidine Gluconate (Mouth-Throat))	NF	MO
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth)</i>	2	MO; *
Throat Products - Misc.		
<i>cevimeline hcl</i>	2	MO; *
EVOXAC (Use Cevimeline HCl)	NF	MO
<i>pilocarpine hcl (oral)</i>	2	MO; *
SALAGEN (Use Pilocarpine HCl (Oral))	NF	MO
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<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; *
NORFLEX (Use Orphenadrine Citrate)	NF	AL; MO
<i>orphenadrine citrate soln ij 30 mg/ml</i>	2	AL; MO; *
<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

Drug Name	Drug Tier	Requirements/Limits
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
Direct Muscle Relaxants		
DANTRIUM (Use Dantrolene Sodium)	NF	MO
<i>dantrolene sodium caps or 100 mg, 25 mg, 50 mg</i>	1	MO; *
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin</i>	2	AL; MO; *
<i>carisoprodol w/ aspirin & codeine</i>	2	AL; MO; *
<i>orphenadrine w/ aspirin & caff</i>	2	AL; *
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA	4	MO
Nasal Anti-infectives		
BACTROBAN NASAL	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
Nasal Antiallergy		
ASTEPRO (Use Azelastine HCl)	3	MO
azelastine hcl	2	MO; *
olopatadine hcl (nasal)	2	MO; *
PATANASE (Use Olopatadine HCl (Nasal))	4	MO
Nasal Anticholinergics		
ATROVENT (Use Ipratropium Bromide (Nasal))	NF	MO
ipratropium bromide (nasal)	2	MO; *
Nasal Steroids		
BECONASE AQ	4	MO
budesonide (nasal)	2	MO; *
FLONASE (Use Fluticasone Propionate (Nasal))	NF	RX/OTC; MO
fluticasone propionate (nasal)	2	RX/OTC; MO; *
NASONEX	3	MO
OMNARIS	4	MO
QNASL	4	MO
QNASL CHILDRENS	4	MO
RHINOCORT AQUA (Use Budesonide (Nasal))	4	MO
triamcinolone acetonide (nasal)	2	RX/OTC; MO; *
VERAMYST	4	MO
ZETONNA	4	MO
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK (Use Riluzole)	5	MO

Drug Name	Drug Tier	Requirements/Limits
riluzole	2	MO; *
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX	4	PA
XEOMIN	4	PA
NUTRIENTS		
Carbohydrates		
dextrose soln iv 10 %	2	B/D; *
dextrose soln iv 5 %	1	MO; B/D; *
Lipids		
fat emulsion 20 gm/100ml	2	B/D; *
LIPOSYN III 1.2GM/100ML- 20GM/100ML- 2.5GM/100ML (Use Fat Emulsion)	4	B/D
Proteins		
amino acid infusion 15%	2	B/D
AMINOSYN II 15% (Use amino acid infusion)	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
BETAGAN (Use Levobunolol HCl)	NF	MO
betaxolol hcl (ophth)	1	MO; *
BETIMOL	4	MO
BETOPTIC-S	3	MO
carteolol hcl (ophth)	1	MO; *
COMBIGAN	4	MO
COSOPT (Use Dorzolamide HCl-Timolol Maleate)	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
COSOPT PF	4	MO
<i>dorzolamide hcl-timolol maleate</i>	2	MO; *
ISTALOL	3	MO
<i>levobunolol hcl 0.5 %</i>	2	MO; *
<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 Timolol Maleate (Ophth))	NF	MO
TIMOPTIC-XE (Use Timolol Maleate (Ophth))	NF	MO
Cycloplegic Mydriatics		
<i>cyclopentolate hcl soln op 0.5 %</i>	2	MO; *
<i>cyclopentolate hcl soln op 1 %, 2 %</i>	1	MO; *
Miotics		
ISOPTO CARPINE (Use Pilocarpine HCl)	4	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	2	MO; *
Ophthalmic - Angiogenesis Inhibitors		
EYLEA	5	LA
Ophthalmic Adrenergic Agents		
ALPHAGAN P 0.1 %	3	MO
ALPHAGAN P 0.15 % (Use Brimonidine Tartrate)	NF	MO
<i>apraclonidine hcl</i>	1	MO; *
<i>brimonidine tartrate</i>	2	MO; *
IOPIDINE 0.5 % (Use Apraclonidine HCl)	NF	MO
IOPIDINE 1 %	4	MO
SIMBRINZA	4	MO

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-infectives		
AZASITE	4	MO
<i>bacitracin-polymyxin b (ophth)</i>	1	MO; *
BESIVANCE	4	MO
BLEPH-10 (Use Sulfacetamide Sodium (Ophth))	NF	MO
CILOXAN OINT	4	MO
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	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 Ofloxacin (Ophth))	NF	MO
<i>ofloxacin (ophth)</i>	2	MO; *
<i>polymyxin b-trimethoprim</i>	2	MO; *
POLYTRIM (Use Polymyxin B-Trimethoprim)	NF	MO
<i>sulfacetamide sodium (ophth)</i>	2	MO; *
<i>tobramycin (ophth)</i>	2	MO; *
TOBREX OINT	4	MO
TOBREX SOLN (Use Tobramycin (Ophth))	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>trifluridine soln op</i>	1	MO; *
VIGAMOX	3	MO
VIROPTIC (Use Trifluridine)	NF	MO
ZIRGAN	4	MO
ZYMAXID (Use Gatifloxacin (Ophth))	NF	MO
Ophthalmic Immunomodulators		
RESTASIS	3	MO
Ophthalmic Local Anesthetics		
<i>proparacaine hcl soln op</i>	1	MO; *
Ophthalmic Steroids		
ALREX	4	MO
<i>bacitracin-poly-neomycin-hc</i>	1	MO; *
BLEPHAMIDE	4	MO
<i>dexamethasone sodium phosphate (ophth)</i>	1	MO; *
DUREZOL	3	MO
FLAREX	3	MO
<i>fluorometholone (ophth)</i>	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-Polymy-Dexameth)	NF	MO
<i>neomycin-polymy-dexameth</i>	2	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
<i>prednisolone acetate (ophth)</i>	2	MO; *
<i>sulfacetamide sod-prednisolone</i>	1	MO; *
TOBRADEX OINT	4	MO
TOBRADEX ST	4	MO
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	NF	MO
<i>tobramycin-dexamethasone</i>	2	MO; *
VEXOL	4	MO
ZYLET	3	MO
Ophthalmics - Misc.		
ACULAR (Use Ketorolac Tromethamine (Ophth))	NF	MO
ACULAR LS (Use Ketorolac Tromethamine (Ophth))	NF	MO
ACUVAIL	4	MO
ALOCRIAL	4	MO
ALOMIDE	4	MO
<i>azelastine hcl (ophth)</i>	2	MO; *
AZOPT	3	MO
BEPREVE	4	MO
<i>bromfenac sodium (ophth)</i>	2	Once daily dosing; MO; *
<i>cromolyn sodium (ophth)</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
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 (Use <i>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; *
LASTACAFT	4	MO
NEVANAC	3	MO
OCUFEN (Use <i>Flurbiprofen Sodium</i>)	NF	MO
OPTIVAR (Use <i>Azelastine HCl (Ophth)</i>)	NF	MO
PATADAY	3	MO
PATANOL	4	MO
PROLENSA	4	MO
TRUSOPT (Use <i>Dorzolamide HCl</i>)	NF	MO
Prostaglandins - Ophthalmic		
BIMATOPROST	3	MO
<i>latanoprost</i>	2	MO; *
LUMIGAN	3	MO
RESCULA	4	
TRAVATAN Z	3	MO
XALATAN (Use <i>Latanoprost</i>)	NF	MO

Drug Name	Drug Tier	Requirements/Limits
ZIOPTAN	4	MO
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	MO; *
Otic Anti-infectives		
<i>ofloxacin (otic)</i>	2	MO; *
Otic Combinations		
CIPRO HC	4	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
CORTISPORIN SOLN OT 10000UNIT/ML-3.5MG/ML-1% (Use <i>Neomycin-Polymyxin-HC (Otic)</i>)	NF	MO
CORTISPORIN-TC	4	MO
<i>neomycin-polymyxin-hc (otic)</i>	2	MO; *
Otic Steroids		
DERMOTIC (Use <i>Fluocinolone Acetonide (Otic)</i>)	NF	MO
<i>fluocinolone acetonide (otic)</i>	2	MO; *
<i>hydrocortisone w/acetic acid</i>	2	MO; *
VOSOL HC (Use <i>Hydrocortisone w/Acetic Acid</i>)	NF	MO
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	MO; *
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		

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
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	
Monoclonal Antibodies		
SYNAGIS	5	
Passive Immunizing Agents - Combinations		
HYQVIA	5	B/D
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	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; *
<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; *

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium iv 10 gm</i>	2	*
Natural Penicillins		
BICILLIN L-A 1200000 UNIT/2ML, 2400000 UNIT/4ML	4	MO
<i>penicillin g potassium 20 mu, 20000000 unit</i>	1	MO; *
<i>penicillin g potassium 5000000 unit</i>	2	MO; *
<i>penicillin v potassium</i>	2	MO; *
Penicillin Combinations		
<i>amoxicillin & pot clavulanate</i>	2	MO; *
<i>ampicillin & sulbactam sodium ij 1gm-2gm</i>	1	MO; *
<i>ampicillin & sulbactam sodium iv 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
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	

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
ZOSYN SOLR 0.25GM-2GM, 0.375GM-3GM, 0.5GM-4GM, 4.5GM-36GM (Use Piperacillin Sodium-Tazobactam Sodium)	NF	
Penicillinase-Resistant Penicillins		
<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 2 gm</i>	2	*
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<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
PROVERA (Use Medroxyprogesterone Acetate)	NF	MO
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	2	MO; *
CAMPRAL (Use Acamprosate Calcium)	NF	MO
<i>disulfiram tabs or 250 mg, 500 mg</i>	1	MO; *
Anti-Cataplectic Agents		

Drug Name	Drug Tier	Requirements/Limits
XYREM	5	LA
Antidementia Agents		
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
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; *

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
Combination Psychotherapeutics		
<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
Fibromyalgia Agents		
SAVELLA	4	PA; MO
SAVELLA TITRATION PACK	4	PA; MO
Movement Disorder Drug Therapy		
<i>tetrabenazine</i>	5	
XENAZINE (Use Tetrabenazine)	5	LA
Multiple Sclerosis Agents		
AMPYRA	5	
AUBAGIO	5	PA
AVONEX	5	PA
AVONEX PEN	5	PA
BETASERON	5	PA
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

Drug Name	Drug Tier	Requirements/Limits
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
Postherpetic Neuralgia (PHN) Agents		
GRALISE	4	MO
GRALISE STARTER	4	MO
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) cap 10 mg, 20 mg</i>	NF	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	MO
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs or</i>	2	AL; MO; *
ORAP (Use Pimozide)	4	MO
<i>pimozide</i>	2	MO; *
Restless Leg Syndrome (RLS) Agents		
HORIZANT	4	MO
Smoking Deterrents		
<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

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
NICOTROL NS	4	MO
ZYBAN (Use Bupropion HCl (Smoking Deterrent))	NF	QL(2 ea daily); MO
Vasomotor Symptom Agents		
BRISDELLE	4	MO
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP 1000 MG	5	LA
GLASSIA	4	LA
PROLASTIN-C	5	LA
ZEMAIRA	5	LA
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	5	PA
KALYDECO TABS 150 MG	5	PA; LA
ORKAMBI	5	PA
PULMOZYME	5	B/D
Pulmonary Fibrosis Agents		
ESBRIET	5	PA; LA
OFEV	5	PA; QL(2 ea daily); LA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs or</i>	2	MO; *
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 (Use Doxycycline (Monohydrate))	NF	MO

Drug Name	Drug Tier	Requirements/Limits
ADOXA PAK 1/150 (Use Doxycycline (Monohydrate))	NF	MO
ADOXA PAK 2/100 (Use Doxycycline (Monohydrate))	NF	MO
ADOXA TABS 100 MG, 50 MG, 75 MG (Use Doxycycline (Monohydrate))	NF	MO
<i>demeclocycline hcl</i>	1	MO; *
DORYX 150 MG (Use Doxycycline Hyclate)	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; *
MINOCIN CAPS OR 100 MG, 50 MG, 75 MG (Use Minocycline HCl)	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 Doxycycline (Monohydrate))	NF	MO
<i>tetracycline hcl caps or 250 mg, 500 mg</i>	1	MO; *
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	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
VIBRAMYCIN SUSR 25 MG/5ML (<i>Use 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 (<i>Use 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 (<i>Use Levothyroxine Sodium</i>)	4	MO
TOXOIDS		
Toxoid Combinations		
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

Drug Name	Drug Tier	Requirements/Limits
Toxoids		
TETANUS TOXOID ADSORBED	4	B/D
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL CAPS OR 10 MG (<i>Use Dicyclomine HCl</i>)	NF	MO
BENTYL TABS OR 20 MG (<i>Use Dicyclomine HCl</i>)	NF	MO
CANTIL	4	MO
<i>dicyclomine hcl caps 10 mg</i>	2	MO; *
<i>dicyclomine hcl tabs 20 mg</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 2 mg</i>	1	QL(4 ea daily); MO; *
<i>methscopolamine bromide tabs or 2.5 mg, 5 mg</i>	1	MO; *
PAMINE (<i>Use Methscopolamine Bromide</i>)	NF	MO
PAMINE FORTE (<i>Use Methscopolamine Bromide</i>)	NF	MO
ROBINUL FORTE (<i>Use Glycopyrrolate</i>)	NF	QL(4 ea daily); MO
ROBINUL SOLN IJ 0.2 MG/ML (<i>Use Glycopyrrolate</i>)	NF	MO
ROBINUL TABS OR 1 MG (<i>Use Glycopyrrolate</i>)	NF	QL(8 ea daily); MO
H-2 Antagonists		
AXID CAPS 300 MG (<i>Use Nizatidine</i>)	NF	MO
<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 soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</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>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 Famotidine)	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 Ranitidine HCl)	NF	MO
ZANTAC TABS OR 150 MG (Use Ranitidine HCl)	NF	RX/OTC; MO
ZANTAC TABS OR 300 MG (Use Ranitidine HCl)	NF	MO
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	4	MO
CARAFATE TABS 1 GM (Use Sucralfate)	NF	MO
<i>sucralfate tabs or</i>	2	MO; *
Proton Pump Inhibitors		
DEXILANT	3	ST; MO
<i>esomeprazole magnesium 20 mg</i>	2	ST; RX/OTC; MO; *
<i>esomeprazole magnesium 40 mg</i>	2	ST; MO; *
ESOMEPRAZOLE STRONTIUM	4	ST
<i>lansoprazole cpdr or 15 mg</i>	2	RX/OTC; MO; *
<i>lansoprazole cpdr or 30 mg</i>	2	MO; *

Drug Name	Drug Tier	Requirements/Limits
NEXIUM CPDR 20 MG	4	ST; RX/OTC; MO
NEXIUM CPDR 20 MG (Use Esomeprazole Magnesium)	4	ST; RX/OTC; MO
NEXIUM CPDR 40 MG	4	ST; MO
NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium)	4	ST; MO
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 Lansoprazole)	NF	RX/OTC; MO
PREVACID 30 MG (Use Lansoprazole)	NF	MO
PRILOSEC CPDR 10 MG, 20 MG, 40 MG (Use Omeprazole)	NF	MO
PROTONIX PACK OR 40 MG	4	QL(1 ea daily); MO
PROTONIX SOLR IV 40 MG (Use Pantoprazole Sodium)	NF	
PROTONIX TBEC OR 20 MG, 40 MG (Use Pantoprazole Sodium)	NF	MO
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use Misoprostol)	NF	MO
<i>misoprostol tabs or 100 mcg, 200 mcg</i>	2	MO; *
Ulcer Therapy Combinations		
<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; *

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
PREVPAC (Use Amoxicillin-Clarithromycin w/ Lansoprazole)	NF	MO
PYLERA	4	MO
ZEGERID CAPS 20MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	NF	RX/OTC; MO
ZEGERID CAPS 40MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	NF	MO
ZEGERID PACK 20MG-1680MG	4	ST; MO
ZEGERID PACK 40MG-1680MG	4	MO
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN (Use Nitrofurantoin)	5	AL; MO
HIPREX (Use Methenamine Hippurate)	NF	MO
MACROBID (Use Nitrofurantoin Monohyd Macro)	NF	MO
MACRODANTIN 100 MG, 50 MG (Use Nitrofurantoin Macrocrystal)	NF	AL; MO
MACRODANTIN 25 MG (Use Nitrofurantoin Macrocrystal)	4	AL; MO
methenamine hippurate	2	MO; *
MONUROL	4	MO
nitrofurantoin macrocrystal caps or 100 mg, 25 mg, 50 mg	2	AL; MO; *
nitrofurantoin monohyd macro	2	MO; *
nitrofurantoin susp or	2	AL; MO; *
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		

Drug Name	Drug Tier	Requirements/Limits
Urinary Antispasmodic - Antimuscarinics		
DETROL (Use Tolterodine Tartrate)	NF	MO
DETROL LA (Use Tolterodine Tartrate)	NF	MO
DITROPAN XL (Use Oxybutynin Chloride)	NF	MO
ENABLEX	3	MO
GELNIQUE	4	MO
oxybutynin chloride syr 5 mg/5ml	2	MO; *
oxybutynin chloride tabs 5 mg	1	MO; *
oxybutynin chloride tb24 10 mg, 15 mg, 5 mg	2	MO; *
OXYTROL	4	RX/OTC; MO
SANCTURA (Use Trospium Chloride)	NF	MO
SANCTURA XR (Use Trospium Chloride)	NF	MO
tolterodine tartrate	2	MO; *
TOVIAZ	3	MO
trospium chloride	2	MO; *
VESICARE	3	MO
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ	4	MO
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg	2	MO; *
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	MO; *
VACCINES		
Bacterial Vaccines		
ACTHIB	4	

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
MENACTRA	4	
MENOMUNE-A/C/Y/W-135	4	
MENVEO	4	
PEDVAX HIB	4	
TYPHIM VI	4	
Mixed Vaccine Combinations		
COMVAX	4	
Viral Vaccines		
CERVARIX	4	
ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML	4	B/D
GARDASIL	4	
HAVRIX	4	
IMOVAX RABIES (H.D.C.V.)	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	

Drug Name	Drug Tier	Requirements/Limits
ZOSTAVAX	4	
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	NF	MO
CLEOCIN SUPP VA 100 MG	4	MO
clindamycin phosphate vaginal	1	MO; *
METROGEL-VAGINAL (Use Metronidazole Vaginal)	NF	MO
metronidazole vaginal	2	MO; *
TERAZOL 3 (Use Terconazole Vaginal)	NF	MO
TERAZOL 7 (Use Terconazole Vaginal)	NF	MO
terconazole vaginal	2	MO; *
Vaginal Estrogens		
ESTRING	4	MO
FEMRING	4	MO
PREMARIN CREA VA 0.625 MG/GM	3	MO
VAGIFEM	4	MO
Vaginal Progestins		
CRINONE	4	MO
ENDOMETRIN	4	MO
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENACLICK	3	MO
AUVI-Q	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
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
Neurogenic Orthostatic Hypotension (NOH) -		
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)
Vasopressors		
<i>dobutamine hcl</i>	1	*
<i>dopamine hcl 80 mg/ml</i>	2	*
<i>midodrine hcl</i>	1	MO; *

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

Index

abacavir sulfate.....	40	ACTIVELLA.....	60	AGGRENEX.....	64
abacavir sulfate-lamivudine- zidovudine.....	40	ACTONEL 150 MG.....	58	AGRYLIN.....	64
ABELCET.....	25	ACTONEL 30 MG, 5 MG..	58	AKYNZEO.....	25
ABILIFY 1 MG/ML.....	40	ACTONEL 35 MG.....	58	ALBENZA.....	9
ABILIFY 10 MG.....	40	ACTOPLUS MET.....	20	albuterol sulfate 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml... 13	
ABILIFY 15 MG.....	40	ACTOPLUS MET XR 15MG- 1000MG.....	21	albuterol sulfate 2 mg, 4 mg. 13	
ABILIFY 2 MG.....	40	ACTOPLUS MET XR 30MG- 1000MG.....	21	albuterol sulfate 2 mg/5ml... 13	
ABILIFY 20 MG, 30 MG.....	40	ACTOS 15 MG.....	22	albuterol sulfate 4 mg, 8 mg. 13	
ABILIFY 5 MG.....	40	ACTOS 30 MG, 45 MG.....	22	alclometasone dipropionate. 54	
ABILIFY 9.75 MG/1.3ML.....	40	ACULAR.....	73	ALCOHOL PADS.....	67
ABILIFY DISCMELT 10 MG. 40		ACULAR LS.....	73	ALDACTAZIDE 25MG- 25MG.....	57
ABILIFY DISCMELT 15 MG. 40		ACUVAIL.....	73	ALDACTAZIDE 50MG- 50MG.....	57
ABILIFY MAINTENA.....	40	acyclovir 200 mg.....	43	ALDACTONE.....	58
ABRAXANE.....	36	acyclovir 200 mg/5ml.....	43	ALDARA.....	56
ABSORICA 30 MG.....	51	acyclovir 400 mg, 800 mg. 43		alendronate sodium 10 mg, 5 mg.....	58
ABSTRAL 100 MCG.....	4	acyclovir sodium 50 mg/ml. 43		alendronate sodium 35 mg, 70 mg.....	58
ABSTRAL 200 MCG.....	4	acyclovir sodium 500 mg.. 43		alfuzosin hcl.....	63
ABSTRAL 300 MCG, 400 MCG, 600 MCG, 800 MCG.....	4	acyclovir topical.....	54	ALIMTA 100 MG.....	33
acamprosate calcium.....	76	ADACEL.....	79	ALIMTA 500 MG.....	33
ACANYA.....	51	ADAGEN.....	46	ALINIA 500 MG.....	9
acarbose.....	20	ADALAT CC.....	46	ALKERAN 2 MG.....	32
ACCOLATE.....	12	adapalene 0.1 %.....	51	ALKERAN 50 MG.....	32
ACCUPRIL.....	28	adapalene 0.3 %.....	51	allopurinol 100 mg.....	64
ACCURETIC.....	29	ADASUVE.....	39	allopurinol 300 mg.....	64
acebutolol hcl 200 mg, 400 mg.....	45	ADCIRCA.....	47	almotriptan malate.....	68
ACEON 4 MG.....	28	ADDERALL XR.....	1	ALOCRIL.....	73
ACEON 8 MG.....	28	adefovir dipivoxil.....	42	ALOMIDE.....	73
acetaminophen w/ codeine 120mg/5ml-12mg/5ml.....	7	ADEMPAS 0.5 MG.....	47	ALORA.....	61
acetaminophen w/ codeine 300mg-15mg, 300mg-30mg, 300mg-60mg.....	7	ADEMPAS 1 MG.....	47	alose tron hcl.....	63
acetazolamide 250 mg.....	57	ADEMPAS 1.5 MG.....	47	ALPHAGAN P 0.1 %.....	72
acetazolamide 500 mg.....	57	ADEMPAS 2 MG.....	47	ALPHAGAN P 0.15 %.....	72
acetic acid (otic).....	74	ADEMPAS 2.5 MG.....	47	alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	11
acetic acid 0.25 %.....	63	ADOXA 100 MG, 50 MG, 75 MG.....	78	alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg.....	11
acetylcysteine 10 %, 20 %..	51	ADOXA PAK 1/100.....	78	ALREX.....	73
acitretin.....	53	ADOXA PAK 1/150.....	78	ALTABAX.....	52
ACTEMRA.....	2	ADOXA PAK 2/100.....	78	ALTACE.....	28
ACTHIB.....	81	ADRENACLICK.....	82	ALTOPREV.....	27
ACTIGALL.....	62	ADVAIR DISKUS.....	13	ALVESCO 160 MCG/ACT... 13	
ACTIMMUNE.....	36	ADVAIR HFA.....	13	ALVESCO 80 MCG/ACT... 13	
ACTIQ 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG.....	4	ADVICOR.....	27	amantadine hcl 100 mg..... 37	
ACTIQ 200 MCG.....	4	AEROSPAN.....	13	amantadine hcl 50 mg/5ml... 37	
		AFINITOR.....	35	AMARYL 1 MG.....	23
		AFINITOR DISPERZ.....	35		
		AFREZZA.....	22		

AMARYL 2 MG.....	23	amphetamine-	ARALAST NP 1000 MG.....	78
AMARYL 4 MG.....	23	dextroamphetamine.....	ARALEN.....	31
AMBIEN 10 MG.....	66	amphotericin b 50 mg.....	ARANESP ALBUMIN FREE 10	
AMBIEN 5 MG.....	66	ampicillin & sulbactam sodium	MCG/0.4ML, 25 MCG/ML, 40	
AMBIEN CR 12.5 MG.....	66	1gm-2gm.....	MCG/ML, 60 MCG/ML.....	65
AMBIEN CR 6.25 MG.....	66	ampicillin & sulbactam sodium	ARANESP ALBUMIN FREE 100	
AMBISOME.....	25	5gm-10gm.....	MCG/0.5ML, 150 MCG/0.3ML,	
amcinonide.....	54	ampicillin 250 mg, 500 mg.....	200 MCG/0.4ML, 300	
AMERGE.....	68	ampicillin sodium 1 gm.....	MCG/0.6ML, 500 MCG/ML.....	65
AMICAR 1000 MG.....	65	ampicillin sodium 10 gm.....	ARANESP ALBUMIN FREE 100	
amifostine crystalline.....	36	ampicillin sodium 125 mg.....	MCG/ML, 150 MCG/0.75ML, 200	
amikacin sulfate 1 gm/4ml, 500		ampicillin sodium 2 gm.....	MCG/ML, 300 MCG/ML.....	65
mg/2ml.....	2	AMPYRA.....	ARANESP ALBUMIN FREE 25	
amiloride &		AMTURNIDE 300MG-10MG-	MCG/0.42ML, 40 MCG/0.4ML, 60	
hydrochlorothiazide.....	57	12.5MG, 300MG-10MG-	MCG/0.3ML.....	65
amiloride hcl.....	58	25MG.....	ARAVA.....	4
amino acid infusion 15%.....	71	AMTURNIDE 300MG-5MG-	ARCALYST.....	2
AMINOCAPROIC ACID 1000		12.5MG, 300MG-5MG-	ARCAPTA NEOHALER.....	14
MG.....	65	25MG.....	argatroban 250 mg/2.5ml.....	15
aminocaproic acid 500 mg.....	65	ANADROL-50.....	ARICEPT.....	76
aminophylline.....	14	ANAFRANIL.....	ARICEPT ODT.....	76
aminosalicylic acid.....	32	anagrelide hcl.....	ARIMIDEX.....	34
AMINOSYN II 15% (Use amino		ANAPROX.....	aripirazole 1 mg/ml.....	40
acid infusion).....	71	ANAPROX DS.....	aripirazole 10 mg.....	40
amiodarone hcl 100 mg, 200 mg,		anastrozole.....	aripirazole 15 mg.....	40
400 mg.....	12	ANCOBON.....	aripirazole 2 mg.....	40
AMITIZA.....	62	ANDRODERM.....	aripirazole 20 mg, 30 mg.....	40
amitriptyline hcl.....	20	ANDROGEL.....	aripirazole 5 mg.....	40
amlodipine besylate 10 mg.....	46	ANDROGEL PUMP.....	ARIPIPRAZOLE ODT 10	
amlodipine besylate 2.5 mg.....	46	ANGELIQ 0.5MG-1MG.....	MG.....	40
amlodipine besylate 5 mg.....	46	ANORO ELLIPTA.....	ARIPIPRAZOLE ODT 15	
amlodipine besylate-atorvastatin		ANTARA 130 MG.....	MG.....	40
calcium.....	47	ANTARA 30 MG.....	ARIXTRA 10 MG/0.8ML, 5	
amlodipine besylate-benazepril		ANTARA 43 MG.....	MG/0.4ML, 7.5 MG/0.6ML.....	14
hcl.....	29	ANTARA 90 MG.....	ARIXTRA 2.5 MG/0.5ML.....	14
amlodipine besylate-		APIDRA.....	ARNUITY ELLIPTA.....	13
valsartan.....	29	APIDRA SOLOSTAR.....	AROMASIN.....	34
amlodipine-valsartan-		APLENZIN 174 MG.....	ARRANON.....	33
hydrochlorothiazide.....	29	APLENZIN 348 MG, 522	ARTHROTEC 50.....	2
ammonium chloride.....	69	MG.....	ARTHROTEC 75.....	3
amoxapine 100 mg, 25 mg, 50		18	ARZERRA.....	33
mg.....	20	APOKYN.....	ASACOL HD.....	62
amoxapine 150 mg.....	20	apraclonidine hcl.....	ASMANEX HFA 100	
amoxicillin & pot clavulanate.....	75	APRISO.....	MCG/ACT.....	13
amoxicillin 125 mg/5ml, 200		APTIOM 200 MG.....	ASMANEX HFA 200	
mg/5ml, 250 mg/5ml, 400		APTIOM 400 MG.....	MCG/ACT.....	13
mg/5ml.....	75	APTIOM 600 MG.....	ASMANEX TWISTHALER 120	
amoxicillin 250 mg, 500 mg.....	75	APTIOM 800 MG.....	METERED DOSES.....	13
amoxicillin 500 mg, 875 mg.....	75	APTIVUS 100 MG/ML.....	ASMANEX TWISTHALER 14	
amoxicillin-clarithromycin w/		APTIVUS 250 MG.....	METERED DOSES.....	13
lansoprazole.....	80		ASMANEX TWISTHALER 30	
			METERED DOSES 110	
			MCG/INH.....	13

ASMANEX TWISTHALER 30 METERED DOSES 220 MCG/INH.....	13	AVASTIN.....	33	BELSOMRA 10 MG.....	66
ASMANEX TWISTHALER 60 METERED DOSES.....	13	AVEED.....	8	BELSOMRA 15 MG, 20 MG.....	66
ASMANEX TWISTHALER 7 METERED DOSES.....	13	AVELOX 400 MG.....	61	BELSOMRA 5 MG.....	66
ASPIRIN/DIPYRIDAMOLE.....	64	AVELOX ABC PACK.....	61	benazepril & hydrochlorothiazide.....	30
ASTAGRAF XL.....	44	AVINZA.....	4	benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg.....	28
ASTEPRO.....	71	AVODART.....	63	BENICAR.....	29
ATACAND.....	29	AVONEX.....	77	BENICAR HCT.....	30
ATACAND HCT.....	30	AXERT.....	68	BENLYSTA.....	44
ATELVIA.....	58	AXID 300 MG.....	79	BENTYL 10 MG.....	79
atenolol & chlorthalidone.....	30	AXIRON.....	8	BENTYL 20 MG.....	79
atenolol 100 mg, 25 mg, 50 mg.....	45	azacitidine.....	33	BENZACLIN.....	51
ATGAM.....	44	AZACTAM.....	9	BENZACLIN WITH PUMP.....	51
ATIVAN 0.5 MG, 1 MG, 2 MG.....	11	AZASITE.....	72	BENZAMYCIN.....	51
ATIVAN 2 MG/ML.....	11	azathioprine 100 mg, 50 mg, 75 mg.....	44	benzoyl peroxide- erythromycin.....	51
ATIVAN 4 MG/ML.....	11	azelastine hcl.....	71	benztropine mesylate 0.5 mg, 1 mg, 2 mg.....	37
atorvastatin calcium.....	27	azelastine hcl (ophth).....	73	benztropine mesylate 1 mg/ml.....	37
atovaquone.....	9	AZELEX.....	51	BEPREVE.....	73
atovaquone-proguanil hcl.....	31	AZILECT.....	38	BERINERT.....	64
ATRALIN.....	51	azithromycin 100 mg/5ml, 200 mg/5ml.....	67	BESIVANCE.....	72
ATRIPLA.....	41	azithromycin 250 mg, 500 mg, 600 mg.....	67	BETAGAN.....	71
ATROVENT.....	71	azithromycin 500 mg.....	67	betamethasone dipropionate (topical).....	54
ATROVENT HFA.....	12	AZOPT.....	73	betamethasone dipropionate augmented.....	54
AUBAGIO.....	77	AZOR.....	30	betamethasone sod phosphate & acetate.....	50
AUGMENTIN 250MG/5ML- 62.5MG/5ML.....	75	aztreonam.....	9	betamethasone valerate 0.1 %.....	54
AUGMENTIN 500MG-125MG, 875MG-125MG.....	75	AZULFIDINE.....	62	betamethasone valerate 0.12 %.....	54
AUGMENTIN ES-600.....	75	AZULFIDINE EN-TABS.....	62	BETAPACE.....	45
AUGMENTIN XR.....	75	bacitracin-poly-neomycin-hc	73	BETAPACE AF.....	45
AURYXIA.....	63	bacitracin-polymyxin b (ophth).....	72	BETASERON.....	77
AUVI-Q.....	82	baclofen 10 mg.....	70	betaxolol hcl (ophth).....	71
AVALIDE.....	30	baclofen 20 mg.....	70	betaxolol hcl 10 mg.....	45
AVANDAMET 2MG-1000MG21		BACTRIM.....	9	betaxolol hcl 20 mg.....	45
AVANDAMET 2MG-500MG.....	21	BACTRIM DS.....	9	bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg.....	81
AVANDAMET 4MG-1000MG, 4MG-500MG.....	21	BACTROBAN.....	52	BETHKIS.....	2
AVANDARYL 4MG-1MG, 4MG- 2MG.....	21	BACTROBAN NASAL.....	70	BETIMOL.....	71
AVANDARYL 4MG-4MG, 8MG- 4MG.....	21	balsalazide disodium.....	62	BETOPTIC-S.....	71
AVANDARYL 8MG-2MG.....	21	BANZEL 200 MG.....	16	bexarotene.....	36
AVANDIA 2 MG.....	22	BANZEL 40 MG/ML.....	16	BEYAZ.....	48
AVANDIA 4 MG.....	22	BANZEL 400 MG.....	16	BIAXIN.....	67
AVANDIA 8 MG.....	22	BARACLUDE 0.05 MG/ML.....	42	BIAXIN XL.....	67
AVAPRO.....	29	BARACLUDE 0.5 MG, 1 MG.....	42	BIAXIN XL PAC.....	67
		BECONASE AQ.....	71		
		BELEODAQ.....	35		

bicalutamide	34	BUNAVAIL	7	CAMPRAL	76
BICILLIN L-A 1200000 UNIT/2ML, 2400000 UNIT/4ML	75	buprenorphine hcl 2 mg	7	CAMPTOSAR 100 MG/5ML, 40 MG/2ML	37
BICNU	32	buprenorphine hcl 8 mg	7	CAMPTOSAR 300 MG/15ML	37
BIDIL	47	buprenorphine hcl-naloxone hcl dihydrate 2mg-0.5mg	7	CANASA	62
BILTRICIDE	9	buprenorphine hcl-naloxone hcl dihydrate 8mg-2mg	7	candesartan cilexetil	29
BIMATOPROST	74	bupropion hcl (smoking deterrent)	77	candesartan cilexetil- hydrochlorothiazide	30
bisacodyl-peg 3350-pot chloride- sod bicarb-sod chloride	66	bupropion hcl 100 mg	18	CANTIL	79
bisoprolol & hydrochlorothiazide	30	bupropion hcl 150 mg	18	CAPASTAT SULFATE	32
bisoprolol fumarate	45	bupropion hcl 150 mg, 200 mg	18	CAPEX	54
BIVIGAM	75	bupropion hcl 300 mg	18	CAPRELSA	35
bleomycin sulfate 15 unit	34	bupropion hcl 75 mg	18	captopril 100 mg, 12.5 mg, 25 mg, 50 mg	28
bleomycin sulfate 30 unit	34	buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	11	CAPTOPRIL/HYDROCHLOROT HIAZIDE	30
BLEPH-10	72	BUSULFEX	32	CARAC	53
BLEPHAMIDE	73	butalbital-acetaminophen- caffeine w/ codeine 300mg- 50mg-40mg-30mg	7	CARAFATE 1 GM	80
BLINCYTO	33	butalbital-acetaminophen- caffeine w/ codeine 325mg- 50mg-40mg-30mg	7	CARAFATE 1 GM/10ML	80
BONIVA 150 MG	58	butalbital-aspirin-caffeine w/cod	7	carbamazepine 100 mg	16
BONIVA 3 MG/3ML	58	BUTISOL SODIUM	65	carbamazepine 100 mg, 200 mg, 300 mg	16
BOOSTRIX	79	butorphanol tartrate 10 mg/ml	7	carbamazepine 100 mg/5ml	16
BOSULIF	35	BUTRANS 10 MCG/HR	7	carbamazepine 200 mg	16
BOTOX	71	BUTRANS 15 MCG/HR	7	carbamazepine 200 mg, 400 mg	16
BREO ELLIPTA 25MCG/INH- 100MCG/INH, 25MCG/INH- 200MCG/INH	14	BUTRANS 20 MCG/HR, 7.5 MCG/HR	8	CARBATROL	16
BREVICON-28	49	BUTRANS 5 MCG/HR	8	carbidopa	37
BRILINTA	64	BYDUREON	22	carbidopa-levodopa	37
brimonidine tartrate	72	BYETTA	22	carbidopa-levodopa-entacapone	37
BRINTELLIX 10 MG	19	BYSTOLIC	45	carbinoxamine maleate	26
BRINTELLIX 20 MG	19	cabergoline	60	carboplatin 150 mg/15ml, 600 mg/60ml	32
BRINTELLIX 5 MG	19	CADUET	47	carboplatin 450 mg/45ml, 50 mg/5ml	32
BRISDELLE	78	CALAN	46	CARDIZEM	46
bromfenac sodium (ophth)	73	CALAN SR	46	CARDIZEM CD	46
bromocriptine mesylate 2.5 mg	37	calcipotriene	53	CARDIZEM LA 120 MG	46
bromocriptine mesylate 5 mg	37	calcipotriene-betamethasone dipropionate	54	CARDIZEM LA 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	46
BROVANA	14	calcitonin (salmon)	58	CARDURA	29
budesonide	50	calcitriol 0.25 mcg, 0.5 mcg	59	CARDURA XL	63
budesonide (inhalation) 0.25 mg/2ml	13	calcitriol 1 mcg/ml	59	carisoprodol 250 mg, 350 mg	70
budesonide (inhalation) 0.5 mg/2ml	13	CALCITRIOL 3 MCG/GM	53	carisoprodol w/ aspirin	70
budesonide (inhalation) 1 mg/2ml	13	calcium acetate (phosphate binder)	63	carisoprodol w/ aspirin & codeine	70
budesonide (nasal)	71	CAMBIA	68	CARNITOR 330 MG	59
bumetanide 0.5 mg, 1 mg, 2 mg	58			carteolol hcl (ophth)	71
BUMEX	58			carvedilol 12.5 mg	45

carvedilol 25 mg.....	45	celecoxib.....	3	chlorthalidone 25 mg, 50 mg	58
carvedilol 3.125 mg.....	45	CELESTONE-SOLUSPAN	50	chlorzoxazone.....	70
carvedilol 6.25 mg.....	45	CELEXA 10 MG.....	19	cholestyramine 4 gm.....	27
CASODEX.....	34	CELEXA 20 MG.....	19	cholestyramine 4 gm/dose..	27
CATAFLAM.....	3	CELEXA 40 MG.....	19	cholestyramine light.....	26
CATAPRES.....	29	CELLCEPT.....	44	choline fenofibrate.....	27
CATAPRES-TTS-1.....	29	CELLCEPT		chorionic gonadotropin.....	59
CATAPRES-TTS-2.....	29	INTRAVENOUS.....	44	ciclopirox 0.77 %.....	53
CATAPRES-TTS-3.....	29	CELONTIN.....	18	ciclopirox 1 %.....	53
CAYSTON.....	9	CENESTIN.....	61	ciclopirox 8 %.....	53
CEDAX 400 MG.....	48	cephalexin 125 mg/5ml, 250		ciclopirox olamine.....	53
cefaclor 250 mg, 500 mg....	48	mg/5ml.....	47	cidofovir.....	42
cefadroxil 1 gm.....	47	cephalexin 250 mg, 500		cilostazol.....	64
cefadroxil 250 mg/5ml.....	47	mg.....	47	CILOXAN.....	72
cefadroxil 500 mg.....	47	cephalexin 750 mg.....	47	cimetidine 200 mg.....	79
cefadroxil 500 mg/5ml.....	47	CERDELGA.....	64	cimetidine 300 mg, 400 mg, 800	
cefazolin sodium 1 gm, 10		CEREBYX 100 MG		mg.....	79
gm.....	47	PE/2ML.....	17	CIMZIA.....	62
cefazolin sodium 500 mg....	47	CEREBYX 500 MG		CIMZIA STARTER KIT.....	62
cefdinir.....	48	PE/10ML.....	17	CINRYZE.....	64
CEFEPIME 1 GM/50ML, 2		CEREZYME.....	64	CIPRO 250 MG, 500 MG....	61
GM/100ML.....	48	CERVARIX.....	82	CIPRO 5 GM/100ML, 500	
cefepime hcl.....	48	CESAMET.....	25	MG/5ML.....	61
cefotaxime sodium 1 gm....	48	cetirizine hcl 1 mg/ml.....	26	CIPRO HC.....	74
cefotaxime sodium 10 gm....	48	cetirizine hcl 1 mg/ml, 5		CIPRO I.V.-IN D5W	
cefotaxime sodium 2 gm, 500		mg/5ml.....	26	200MG/100ML-5%.....	61
mg.....	48	cevimeline hcl.....	70	CIPRO I.V.-IN D5W	
cefoxitin sodium in dextrose.	48	CHANTIX.....	77	400MG/200ML-5%.....	61
cefpodoxime proxetil.....	48	CHANTIX CONTINUING		CIPRO XR.....	61
cefprozil 125 mg/5ml.....	48	MONTHPAK.....	77	CIPRODEX.....	74
cefprozil 250 mg, 500 mg....	48	CHANTIX STARTING MONTH		ciprofloxacin 250 mg/5ml, 500	
cefprozil 250 mg/5ml.....	48	PAK.....	77	mg/5ml.....	61
ceftazidime 1 gm, 2 gm.....	48	CHEMET.....	24	ciprofloxacin hcl (ophth)....	72
ceftazidime 6 gm.....	48	CHENODAL.....	62	ciprofloxacin hcl 100 mg, 250 mg,	
CEFTIBUTEN 400 MG.....	48	chloramphenicol sodium		500 mg, 750 mg.....	61
CEFTIN 250 MG, 500 MG....	48	succinate.....	10	ciprofloxacin in d5w	
ceftriaxone sodium 1 gm....	48	chlordiazepoxide hcl.....	11	200mg/100ml-5%.....	61
ceftriaxone sodium 10 gm....	48	chlordiazepoxide-amitriptyline		ciprofloxacin in d5w	
ceftriaxone sodium 2 gm....	48	77	400mg/200ml-5%.....	61
ceftriaxone sodium 250 mg..	48	chlorhexidine gluconate		ciprofloxacin-ciprofloxacin	
ceftriaxone sodium 500 mg..	48	(mouth-throat).....	70	hcl.....	61
ceftriaxone sodium in		chloroquine phosphate 250 mg,		cisplatin.....	32
dextrose.....	48	500 mg.....	31	citalopram hydrobromide 10	
cefuroxime axetil.....	48	chlorothiazide 500 mg.....	58	mg.....	19
cefuroxime sodium 1.5 gm....	48	chlorpromazine hcl 10 mg, 100		citalopram hydrobromide 10	
cefuroxime sodium 7.5 gm....	48	mg, 200 mg, 25 mg, 50 mg		mg/5ml.....	19
cefuroxime sodium 750 mg..	48	chlorpromazine hcl 25		citalopram hydrobromide 20	
CELEBREX.....	3	mg/ml.....	40	mg.....	19
		chlorpromazine hcl 50		citalopram hydrobromide 40	
		mg/2ml.....	40	mg.....	19
		chlorpropamide 100 mg....	23	cladribine.....	33
		chlorpropamide 250 mg....	23	CLAFORAN 1 GM, 10 GM..	48

CLAFORAN 2 GM, 500 MG	48
CLARINEX 5 MG	26
CLARINEX REDITABS 5 MG	26
CLARINEX-D 12 HOUR	51
CLARINEX-D 24 HOUR	51
clarithromycin 125 mg/5ml, 250 mg/5ml	67
clarithromycin 250 mg, 500 mg	67
clarithromycin 500 mg	67
clemastine fumarate 2.68 mg	26
CLEOCIN 100 MG	82
CLEOCIN 150 MG, 300 MG, 75 MG	10
CLEOCIN 2 %	82
CLEOCIN IN D5W	10
CLEOCIN PHOSPHATE 300MG/50ML-5%, 600MG/50ML-5%, 900MG/50ML-5%	10
CLEOCIN PHOSPHATE 600 MG/4ML, 900 MG/6ML	10
CLEOCIN-T	52
CLIMARA	61
CLIMARA PRO	60
clindamycin hcl 150 mg, 300 mg, 75 mg	10
clindamycin palmitate hydrochloride	10
clindamycin phosphate (topical)	52
clindamycin phosphate 150 mg/ml, 600 mg/4ml	10
clindamycin phosphate 150 mg/ml, 9000 mg/60ml	10
clindamycin phosphate 600 mg/4ml, 900 mg/6ml	10
clindamycin phosphate in d5w	10
clindamycin phosphate vaginal	82
clindamycin phosphate-benzoyl peroxide	52
clindamycin phosphate-benzoyl peroxide (refrigerate)	52
CLINIMIX 2.75%/DEXTROSE 5%	71
clobetasol propionate	54
clobetasol propionate emollient base	54
clobetasol propionate emulsion	54
CLOBEX	54
CLOCORTOLONE PIVALATE	54
CLOCORTOLONE PIVALATE PUMP	54
CLODERM	54
CLODERM PUMP	54
CLOLAR	33
clomipramine hcl 25 mg, 50 mg, 75 mg	20
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	15
clonazepam 0.5 mg	15
clonazepam 1 mg	15
clonazepam 2 mg	15
clonidine hcl (adhd)	1
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg	29
clonidine hcl 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	29
clopidogrel bisulfate 300 mg	64
clopidogrel bisulfate 75 mg	64
clorazepate dipotassium	11
clotrimazole	69
clotrimazole (topical)	53
clotrimazole w/ betamethasone	53
clozapine	39
CLOZAPINE ODT	39
CLOZARIL	39
COARTEM	31
codeine sulfate 15 mg	4
CODEINE SULFATE 15 MG	4
codeine sulfate 30 mg	4
codeine sulfate 60 mg	4
COGENTIN	37
COLAZAL	62
COLCHICINE	64
colchicine w/ probenecid	64
COLCRYST	64
COLESTID	27
COLESTID FLAVORED 5 GM	27
colestipol hcl 1 gm	27
colestipol hcl 5 gm	27
colistimethate sodium	9
COLY-MYCIN M	9
COLY-MYCIN S	74
COLYTE-FLAVOR PACKS 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	66
COLYTE-FLAVOR PACKS 240GM-22.72GM-5.84GM-2.98GM-6.72GM	66
COMBIGAN	71
COMBIPATCH	60
COMBIVENT RESPIMAT	14
COMBIVIR	41
COMETRIQ	35
COMPLERA	41
COMTAN	37
COMVAX	82
CONCERTA	1
CONDYLOX	56
COPAXONE	77
COPEGUS	42
CORDARONE	12
CORDRAN TAPE	54
COREG 12.5 MG	45
COREG 25 MG	45
COREG 3.125 MG	45
COREG 6.25 MG	45
COREG CR	45
CORGARD	45
CORLANOR	47
CORTEF	50
CORTENEMA	8
CORTIFOAM	8
cortisone acetate	50
CORTISPORIN 10000UNIT/GM-0.5%-0.5%	52
CORTISPORIN 10000UNIT/ML-3.5MG/ML-1%	74
CORTISPORIN 400UNIT/GM-5000UNIT/GM-0.5%-1%	52
CORTISPORIN-TC	74
CORZIDE	30
COSENTYX	53
COSENTYX SENSOREADY PEN	53
COSMEGEN	34
COSOPT	71
COSOPT PF	72
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	14
COZAAR	29
CREON	57
CRESEMBA 186 MG	25
CRESEMBA 372 MG	25

CRESTOR.....	27	DARAPRIM.....	31	desogestrel-ethinyl estradiol (biphasic).....	49
CRINONE.....	82	daunorubicin hcl.....	34	DESONATE.....	55
CRIXIVAN.....	41	DAUNOXOME.....	34	desonide.....	55
cromolyn sodium.....	12	DAYPRO.....	3	DESOWEN.....	55
cromolyn sodium (mastocytosis).....	62	DAYTRANA 30 MG/9HR.....	1	desoximetasone 0.05 %.....	55
cromolyn sodium (ophth).....	73	DDAVP.....	60	DESOXIMETASONE 0.05 %.....	55
CUBICIN.....	10	decitabine.....	33	desoximetasone 0.25 %.....	55
CUTIVATE.....	54	DELESTROGEN.....	61	DESOXYN.....	1
cyclobenzaprine hcl 10 mg, 5 mg, 7.5 mg.....	70	DELZICOL.....	62	DESVENLAFAXINE ER 100 MG, 50 MG.....	19
cyclopentolate hcl 0.5 %.....	72	DEMADEX.....	58	DETROL.....	81
cyclopentolate hcl 1 %, 2 %.....	72	demeclocycline hcl.....	78	DETROL LA.....	81
cyclophosphamide 1 gm, 500 mg.....	32	DEMEROL 100 MG, 50 MG.....	4	dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	50
cyclophosphamide 25 mg, 50 mg.....	32	DEMSEK.....	29	dexamethasone 0.5 mg/5ml.....	50
cycloserine.....	32	DENAVIR.....	54	dexamethasone 1.5 mg.....	50
CYCLOSET.....	22	DEPACON.....	18	dexamethasone sodium phosphate (ophth).....	73
cyclosporine 100 mg, 25 mg.....	44	DEPAKENE.....	18	dexamethasone sodium phosphate 10 mg/ml.....	50
cyclosporine 50 mg/ml.....	44	DEPAKOTE.....	18	dexamethasone sodium phosphate 10 mg/ml, 120 mg/30ml.....	50
cyclosporine modified (for microemulsion) 100 mg, 25 mg, 50 mg.....	44	DEPAKOTE ER.....	18	dexamethasone sodium phosphate 100 mg/10ml, 20 mg/5ml, 4 mg/ml.....	50
CYKLOKAPRON.....	65	DEPAKOTE SPRINKLES.....	18	DEXEDRINE.....	1
CYMBALTA.....	19	DEPEN TITRATABS.....	43	DEXILANT.....	80
cyproheptadine hcl 2 mg/5ml.....	26	DEPO-MEDROL 20 MG/ML.....	50	dexmethylphenidate hcl 10 mg, 15 mg, 20 mg.....	1
cyproheptadine hcl 4 mg.....	26	DEPO-MEDROL 40 MG/ML, 80 MG/ML.....	50	dexmethylphenidate hcl 10 mg, 2.5 mg, 5 mg.....	1
CYRAMZA.....	33	DEPO-PROVERA.....	34	dexrazoxane.....	36
CYSTADANE.....	59	DEPO-PROVERA CONTRACEPTIVE.....	50	dextroamphetamine sulfate 10 mg, 15 mg, 5 mg.....	1
CYSTAGON.....	63	DEPO-SUBQ PROVERA 104.....	50	dextroamphetamine sulfate 10 mg, 5 mg.....	1
CYSTARAN.....	74	DERMA-SMOOTH/FS BODY.....	54	dextrose 10 %.....	71
cytarabine 100 mg/ml.....	33	DERMA-SMOOTH/FS SCALP.....	54	dextrose 5 %.....	71
cytarabine 20 mg/ml.....	33	DERMATOP.....	55	dextrose in lactated ringers.....	69
CYTOMEL.....	79	DERMOTIC.....	74	dextrose w/ sodium chloride 0.45%-2.5%.....	69
CYTOTEC.....	80	desipramine hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg.....	20	dextrose w/ sodium chloride 0.45%-5%.....	69
CYTOVENE.....	42	desloratadine 5 mg.....	26	dextrose w/ sodium chloride 0.9%-5%.....	69
D.H.E. 45.....	68	desmopressin acetate 0.1 mg, 0.2 mg.....	60	DIABETA 1.25 MG.....	23
dacarbazine 100 mg.....	36	desmopressin acetate 4 mcg/ml.....	60	DIABETA 2.5 MG.....	23
dacarbazine 200 mg.....	36	desmopressin acetate refrigerated.....	60	DIABETA 5 MG.....	23
DACOGEN.....	33	desmopressin acetate spray.....	60	DIAMOX.....	57
DALIRESP.....	13	desmopressin acetate spray refrigerated.....	60	DIASTAT ACUDIAL.....	15
danazol 100 mg, 200 mg, 50 mg.....	8	DESOGEN.....	49		
DANTRIUM.....	70	desogestrel & ethinyl estradiol.....	49		
dantrolene sodium 100 mg, 25 mg, 50 mg.....	70				
dapsone 100 mg, 25 mg.....	10				
DAPTACEL.....	79				

DIASTAT PEDIATRIC.....	15	diltiazem hcl extended release beads.....	46	doxorubicin hcl 2 mg/ml.....	34
diazepam 1 mg/ml.....	11	dimenhydrinate 50 mg/ml.....	25	doxorubicin hcl 50 mg.....	35
diazepam 10 mg, 2 mg, 5 mg.....	11	DIOVAN.....	29	doxorubicin hcl liposomal.....	34
DIAZEPAM 10 MG, 2.5 MG, 20 MG.....	15	DIOVAN HCT.....	30	DOXYCYCLINE.....	57
diazepam 5 mg/ml.....	11	DIPENTUM.....	62	doxycycline (monohydrate) 100 mg, 150 mg, 50 mg, 75 mg.....	78
DIBENZYLINE.....	29	diphenhydramine hcl 50 mg/ml.....	26	doxycycline (monohydrate) 100 mg, 50 mg, 75 mg.....	78
diclofenac potassium.....	3	diphenoxylate w/ atropine.....	24	doxycycline (monohydrate) 25 mg/5ml.....	78
diclofenac sodium (actinic keratoses).....	53	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	79	doxycycline hyclate 100 mg.....	78
diclofenac sodium (ophth).....	74	DIPROLENE.....	55	doxycycline hyclate 100 mg, 150 mg, 75 mg.....	78
diclofenac sodium (topical).....	52	DIPROLENE AF.....	55	doxycycline hyclate 100 mg, 20 mg.....	78
diclofenac sodium 100 mg.....	3	dipyridamole 25 mg, 50 mg, 75 mg.....	64	doxycycline hyclate 100 mg, 50 mg.....	78
diclofenac sodium 25 mg, 50 mg, 75 mg.....	3	disopyramide phosphate.....	12	dronabinol 10 mg.....	25
diclofenac w/ misoprostol.....	3	disulfiram 250 mg, 500 mg.....	76	dronabinol 2.5 mg, 5 mg.....	25
dicloxacillin sodium.....	76	DITROPAN XL.....	81	drosiprenone-ethinyl estradiol.....	49
dicyclomine hcl 10 mg.....	79	divalproex sodium.....	18	DROXIA.....	65
dicyclomine hcl 20 mg.....	79	DIVIGEL.....	61	DUAC.....	52
didanosine 125 mg.....	41	dobutamine hcl.....	83	DUAVEE.....	60
didanosine 200 mg, 250 mg, 400 mg.....	41	DOCEFREZ.....	36	DUETACT.....	21
DIFFERIN 0.1 %.....	52	DOCETAXEL 140 MG/7ML, 20 MG/0.5ML, 20 MG/ML, 80 MG/2ML, 80 MG/4ML.....	36	DUEXIS.....	3
DIFFERIN 0.3 %.....	52	DOCETAXEL 160 MG/16ML, 20 MG/2ML, 200 MG/20ML, 80 MG/8ML.....	36	DULERA.....	14
DIFICID.....	67	docetaxel 20 mg/ml, 80 mg/4ml.....	36	duloxetine hcl 20 mg, 30 mg, 60 mg.....	19
diflorasone diacetate.....	55	DOLOPHINE 10 MG.....	4	DUONEB.....	14
DIFLUCAN.....	25	DOLOPHINE 5 MG.....	4	DUOPA.....	37
diflunisal.....	4	donepezil hydrochloride.....	76	DURAGESIC 100 MCG/HR.....	4
DIGOXIN 0.05 MG/ML.....	46	dopamine hcl 80 mg/ml.....	83	DURAGESIC 12 MCG/HR.....	4
digoxin 0.125 mg, 0.25 mg, 125 mcg, 250 mcg.....	46	DORIBAX 500 MG.....	9	DURAGESIC 25 MCG/HR.....	4
dihydroergotamine mesylate 1 mg/ml.....	68	DORYX 150 MG.....	78	DURAGESIC 50 MCG/HR.....	4
DIHYDROERGOTAMINE MESYLATE 4 MG/ML.....	68	DORYX 200 MG.....	78	DURAGESIC 75 MCG/HR.....	4
DILANTIN-125.....	17	dorzolamide hcl.....	74	DUREZOL.....	73
DILATRATE SR.....	11	dorzolamide hcl-timolol maleate.....	72	DYAZIDE.....	57
DILAUDID 1 MG/ML.....	4	DOVONEX.....	53	DYMISTA.....	70
DILAUDID 2 MG.....	4	doxazosin mesylate.....	29	DYRENIUM.....	58
DILAUDID 4 MG.....	4	doxepin hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg.....	20	E.E.S. GRANULES.....	67
DILAUDID 8 MG.....	4	doxepin hcl 10 mg/ml.....	20	EC-NAPROSYN.....	3
DILAUDID-HP.....	4	doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg.....	59	econazole nitrate.....	53
diltiazem hcl 120 mg, 180 mg, 240 mg.....	46	DOXIL.....	34	EDARBI.....	29
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg.....	46	doxorubicin hcl 10 mg.....	34	EDARBYCLOR.....	30
diltiazem hcl 120 mg, 60 mg, 90 mg.....	46			EDECRIN.....	58
diltiazem hcl coated beads.....	46			EDLUAR.....	66
				EDURANT.....	41
				EFFEXOR XR 150 MG.....	19

EFFEXOR XR 37.5 MG	19	entacapone	37	estradiol & norethindrone acetate	60
EFFEXOR XR 75 MG	19	entecavir	42	estradiol 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	61
EFFIENT	64	ENTOCORT EC	50	estradiol 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr	61
EFUDEX	53	ENTRESTO	47	estradiol 0.5 mg, 1 mg, 2 mg	61
EGRIFTA	59	ENTYVIO	62	estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml	61
ELDEPRYL	38	EPIDUO	52	ESTRING	82
ELELYSO	64	epinastine hcl (ophth)	74	estropipate 0.75 mg, 1.5 mg	61
ELESTAT	74	EPINEPHRINE 0.15 MG/0.15ML, 0.3 MG/0.3ML	83	eszopiclone	66
ELESTRIN	61	epinephrine hcl 0.1 mg/ml	14	ethambutol hcl 100 mg, 400 mg	32
ELIDEL	56	EPIPEN 2-PAK	83	ethosuximide 250 mg	18
ELIGARD	34	EPIPEN-JR 2-PAK	83	ethosuximide 250 mg/5ml	18
ELIQUIS	14	epirubicin hcl 200 mg/100ml, 50 mg/25ml	50	ethynodiol diacet & eth estrad	49
ELITEK	36	EPIVIR 10 MG/ML	41	ETHYOL	36
ELLA	50	EPIVIR 150 MG, 300 MG	41	etodolac 200 mg, 300 mg	3
ELLENCE	35	EPIVIR HBV	42	etodolac 400 mg, 500 mg	3
ELMIRON	63	eplerenone 25 mg	31	etodolac 400 mg, 500 mg, 600 mg	3
ELOCON	55	eplerenone 50 mg	31	ETOPOPHOS	37
ELOXATIN 100 MG/20ML	32	EPOGEN	65	etoposide 1 gm/50ml, 100 mg/5ml	37
ELOXATIN 50 MG/10ML	32	EPROSARTAN	29	etoposide 500 mg/25ml	37
EMCYT	34	MESYLATE	29	EURAX	57
EMEND 125 MG, 80 MG	25	EPZICOM	41	EVAMIST	61
EMEND 40 MG	25	EQUETRO	38	EVISTA	59
EMLA	56	ERAXIS 100 MG	25	EVOCLIN	52
EMSAM	18	ERBITUX	33	EVOTAZ	41
EMTRIVA	41	ergoloid mesylates	77	EVOXAC	70
ENABLEX	81	ergotamine tartrate	68	EVZIO	24
enalapril maleate & hydrochlorothiazide	30	ergotamine w/ caffeine	68	EXALGO 12 MG	4
enalapril maleate 10 mg	28	ERIVEDGE	34	EXALGO 16 MG	4
enalapril maleate 2.5 mg	28	ERWINAZE	35	EXALGO 32 MG	4
enalapril maleate 20 mg	28	ERYPED 200	67	EXALGO 8 MG	4
enalapril maleate 5 mg	28	ERYPED 400	67	EXELDERM	53
enalaprilat	28	erythromycin (acne aid)	52	EXELON 1.5 MG, 3 MG, 4.5 MG, 6 MG	76
ENBREL	4	erythromycin (ophth)	72	EXELON 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	76
ENBREL SURECLICK	4	erythromycin base 250 mg	67	exemestane	34
ENDOMETRIN	82	erythromycin base 500 mg	67	EXFORGE	30
ENGERIX-B 10 MCG/0.5ML, 20 MCG/ML	82	erythromycin	67	EXFORGE HCT	30
ENJUVIA 0.3 MG, 0.45 MG, 0.9 MG, 1.25 MG	61	ethylsuccinate	67	EXJADE	24
ENJUVIA 0.625 MG	61	erythromycin lactobionate	67	EXTAVIA	77
enoxaparin sodium 100 mg/ml, 60 mg/0.6ml, 80 mg/0.8ml	15	ESBRIET	78		
enoxaparin sodium 120 mg/0.8ml, 150 mg/ml	15	escitalopram oxalate	19		
enoxaparin sodium 30 mg/0.3ml, 40 mg/0.4ml	15	esomeprazole magnesium 20 mg	80		
enoxaparin sodium 300 mg/3ml	15	esomeprazole magnesium 40 mg	80		
		ESOMEPRAZOLE	80		
		STRONTIUM	80		

EXTINA.....	53	fentanyl 50 mcg/hr.....	5	FLUDARA.....	33
EYLEA.....	72	fentanyl 75 mcg/hr.....	5	fludarabine phosphate 50	
FABIOR.....	52	fentanyl citrate 1200 mcg, 1600		mg.....	33
FABRAZYME 35 MG.....	59	mcg, 400 mcg, 600 mcg, 800		fludarabine phosphate 50	
famciclovir.....	43	mcg.....	5	mg/2ml.....	33
famotidine 20 mg.....	80	fentanyl citrate 200 mcg.....	5	fludrocortisone acetate.....	51
famotidine 20 mg/2ml, 200		FENTORA 100 MCG, 200		FLUMADINE.....	43
mg/20ml, 40 mg/4ml.....	79	MCG.....	5	fluocinolone acetonide (otic).....	74
famotidine 40 mg.....	80	FENTORA 400 MCG, 600		fluocinolone acetonide 0.01	
famotidine 40 mg/5ml.....	80	MCG, 800 MCG.....	5	%.....	55
FAMVIR.....	43	FETZIMA 120 MG, 40 MG, 80		fluocinolone acetonide 0.01 %,	
FANAPT 1 MG, 10 MG, 12 MG, 2		MG.....	20	0.025 %.....	55
MG, 4 MG.....	38	FETZIMA 20 MG.....	20	fluocinolone acetonide 0.025	
FANAPT 6 MG, 8 MG.....	38	FETZIMA TITRATION		%.....	55
FANAPT TITRATION PACK.....	39	PACK.....	20	fluocinonide 0.05 %.....	55
FARESTON.....	34	FINACEA.....	57	fluocinonide 0.05 %, 0.1 %..	55
FARXIGA.....	23	finasteride.....	63	fluocinonide emulsified base.....	55
FARYDAK.....	35	FIORINAL/CODEINE #3.....	7	fluorometholone (ophth).....	73
FASLODEX.....	34	FIRAZYR.....	64	fluorouracil (topical).....	53
fat emulsion 20 gm/100ml... 71		FIRMAGON 120 MG.....	34	FLUOROURACIL 0.5 %.....	53
FAZACLO.....	39	FIRMAGON 80 MG.....	34	fluorouracil 1 gm/20ml.....	33
felbamate 400 mg.....	17	FLAGYL 250 MG.....	9	fluorouracil 2.5 gm/50ml, 5	
felbamate 600 mg.....	17	FLAGYL 375 MG.....	9	gm/100ml, 500 mg/10ml.....	33
felbamate 600 mg/5ml.....	17	FLAGYL 500 MG.....	9	fluoxetine hcl (PMDD) cap 10 mg,	
FELBATOL 400 MG.....	17	FLAGYL ER.....	9	20 mg.....	77
FELBATOL 600 MG.....	17	FLAREX.....	73	fluoxetine hcl 10 mg, 20 mg.....	19
FELBATOL 600 MG/5ML.....	17	flavoxate hcl.....	81	fluoxetine hcl 10 mg, 20 mg, 40	
FELDENE.....	3	FLEBOGAMMA DIF 10 %.....	75	mg.....	19
felodipine.....	46	flecainide acetate 100 mg.....	12	fluoxetine hcl 20 mg/5ml.....	19
FEMARA.....	34	flecainide acetate 150 mg.....	12	FLUOXETINE HCL 60 MG.....	19
FEMCON FE.....	49	flecainide acetate 50 mg.....	12	fluoxetine hcl 90 mg.....	19
FEMHRT LOW DOSE.....	61	FLECTOR.....	52	fluoxymesterone.....	8
FEMRING.....	82	FLO-PRED.....	50	fluphenazine decanoate.....	40
FENOFIBRATE 120 MG, 40		FLOMAX.....	63	fluphenazine hcl 1 mg, 10 mg, 2.5	
MG.....	27	FLOINASE.....	71	mg, 5 mg.....	40
fenofibrate 145 mg, 48 mg... 27		FLOVENT DISKUS 100		fluphenazine hcl 2.5 mg/ml..	40
FENOFIBRATE 150 MG, 50		MCG/BLIST.....	13	fluphenazine hcl 5 mg/ml.....	40
MG.....	27	FLOVENT DISKUS 250		flurazepam hcl.....	66
fenofibrate 160 mg, 54 mg... 27		MCG/BLIST.....	13	flurbiprofen 100 mg, 50 mg... 3	
fenofibrate micronized 130		FLOVENT DISKUS 50		flurbiprofen sodium.....	74
mg.....	27	MCG/BLIST.....	13	flutamide.....	34
fenofibrate micronized 134 mg,		FLOVENT HFA 110 MCG/ACT,		fluticasone propionate	
200 mg, 67 mg.....	27	220 MCG/ACT.....	13	(nasal).....	71
fenofibrate micronized 43		FLOVENT HFA 44		fluticasone propionate 0.005	
mg.....	27	MCG/ACT.....	13	%.....	55
FENOGLIDE.....	27	fluconazole 10 mg/ml, 40		fluticasone propionate 0.05	
fentanyl 100 mcg/hr.....	5	mg/ml.....	25	%.....	55
fentanyl 12 mcg/hr.....	5	fluconazole 100 mg, 150 mg,		fluvastatin sodium 20 mg, 40	
fentanyl 25 mcg/hr.....	5	200 mg, 50 mg.....	25	mg.....	27
		fluconazole in dextrose.....	25	fluvastatin sodium 80 mg.....	27
		fluconazole in nacl.....	25	fluvoxamine maleate.....	19
		flucytosine.....	25	FML.....	73

FML FORTE	73	FYCOMPA 8 MG	15	GLEOSTINE	32
FML LIQUIFILM	73	gabapentin 100 mg, 300 mg, 400 mg	16	glimepiride 1 mg	23
FOCALIN	1	gabapentin 250 mg/5ml	16	glimepiride 2 mg	23
FOCALIN XR 10 MG, 20 MG	1	gabapentin 600 mg, 800 mg	16	glimepiride 4 mg	23
FOCALIN XR 15 MG	1	GABITRIL	17	glipizide 10 mg	23
FOLOTYN	33	galantamine hydrobromide	76	glipizide 2.5 mg	24
fondaparinux sodium 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	15	GAMASTAN S/D	75	glipizide 5 mg	24
fondaparinux sodium 2.5 mg/0.5ml	15	GAMMAGARD LIQUID	75	glipizide-metformin hcl 2.5mg- 250mg	21
FORADIL AEROLIZER	14	GAMMAKED	75	glipizide-metformin hcl 2.5mg- 500mg, 5mg-500mg	21
FORFIVO XL	18	GAMUNEX-C	75	GLUCAGEN HYPOKIT	22
FORTAMET 1000 MG	21	ganciclovir sodium	42	glucagon (rdna)	22
FORTAMET 500 MG	21	GARDASIL	82	GLUCOPHAGE 1000 MG	21
FORTAZ 1 GM, 2 GM	48	GASTROCROM	62	GLUCOPHAGE 500 MG	21
FORTAZ 6 GM	48	gatifloxacin (ophth)	72	GLUCOPHAGE 850 MG	21
FORTEO	58	GATTEX	63	GLUCOPHAGE XR 500 MG	21
FORTESTA	8	gauze pads 2" X 2"	67	GLUCOPHAGE XR 750 MG	21
FOSAMAX	58	GAZYVA	33	GLUCOTROL 10 MG	24
FOSAMAX PLUS D	58	GELNIQUE	81	GLUCOTROL 5 MG	24
fosinopril sodium	28	GEMCITABINE	33	GLUCOTROL XL 10 MG	24
fosinopril sodium & hydrochlorothiazide	30	gemcitabine hcl 1 gm	33	GLUCOTROL XL 2.5 MG	24
fosphenytoin sodium 100 mg pe/2ml	17	gemcitabine hcl 2 gm	33	GLUCOTROL XL 5 MG	24
fosphenytoin sodium 500 mg pe/10ml	17	gemcitabine hcl 200 mg	33	GLUCOVANCE 1.25MG- 250MG	21
FOSRENOL	63	gemfibrozil	27	GLUCOVANCE 2.5MG-500MG, 5MG-500MG	21
FRAGMIN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	15	GEMZAR 1 GM	33	GLUMETZA 1000 MG	21
FRAGMIN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 25000 UNIT/ML, 7500 UNIT/0.3ML	15	GEMZAR 200 MG	33	GLUMETZA 500 MG	21
FRAGMIN 95000 UNIT/3.8ML	15	GENERESS FE	49	glyburide 1.25 mg	24
FROVA	68	GENOTROPIN 5 MG	59	glyburide 2.5 mg	24
FULYZAQ	24	GENOTROPIN MINIQUICK 0.4 MG	59	glyburide 5 mg	24
FURADANTIN	81	gentamicin in saline 0.9%- 0.8mg/ml	2	glyburide micronized 1.5 mg	24
furosemide 10 mg/ml	58	gentamicin in saline 0.9%- 1.2mg/ml	2	glyburide micronized 3 mg	24
furosemide 20 mg, 40 mg, 80 mg	58	gentamicin in saline 0.9%- 1.6mg/ml, 0.9%-1mg/ml, 0.9%- 2mg/ml	2	glyburide micronized 6 mg	24
FUSILEV	36	gentamicin sulfate (ophth)	72	glyburide-metformin 1.25mg- 250mg	21
FUZEON	41	gentamicin sulfate 10 mg/ml	2	glyburide-metformin 2.5mg- 500mg, 5mg-500mg	21
FYCOMPA 10 MG	15	gentamicin sulfate 10 mg/ml, 40 mg/ml	2	glycopyrrolate 0.2 mg/ml	79
FYCOMPA 12 MG	15	GEODON 20 MG	38	glycopyrrolate 1 mg	79
FYCOMPA 2 MG	15	GEODON 20 MG, 40 MG, 60 MG, 80 MG	38	glycopyrrolate 2 mg	79
FYCOMPA 4 MG	15	GILENYA	77	GLYNASE 1.5 MG	24
FYCOMPA 6 MG	15	GILOTRIF	35	GLYNASE 3 MG	24
		GLASSIA	78	GLYNASE 6 MG	24
		glatiramer acetate	77	GLYSET	20
		GLEEVEC	35	GOLYTELY 227.1GM-21.5GM- 5.53GM-2.82GM-6.36GM	66
				GOLYTELY 236GM-22.74GM- 5.86GM-2.97GM-6.74GM	66

GRALISE.....	77	HUMALOG MIX 75/25.....	22	hydrocortisone butyrate	
GRALISE STARTER.....	77	HUMALOG MIX 75/25		hydrophilic lipo base.....	55
granisetron hcl 1 mg.....	24	KWIKPEN.....	22	hydrocortisone sod	
GRANIX.....	65	HUMATROPE.....	59	succinate.....	50
GRASTEK.....	45	HUMATROPE COMBO		hydrocortisone valerate.....	55
GRIS-PEG.....	25	PACK.....	59	hydrocortisone w/acetic acid.....	74
griseofulvin microsize 125		HUMIRA.....	2	hydromorphone hcl 1 mg/ml..	5
mg/5ml.....	25	HUMIRA PEDIATRIC CROHNS		hydromorphone hcl 10 mg/ml, 2	
griseofulvin microsize 500		DISEASE STARTER PACK.....	2	mg/ml, 50 mg/5ml, 500	
mg.....	25	HUMIRA PEN.....	2	mg/50ml.....	5
griseofulvin ultramicrosize.....	25	HUMIRA PEN-CROHNS		hydromorphone hcl 12 mg....	5
guanfacine hcl.....	29	DISEASESTARTER.....	2	hydromorphone hcl 16 mg....	5
guanfacine hcl (adhd).....	1	HUMIRA PEN-PSORIASIS		hydromorphone hcl 2 mg.....	5
guanidine hcl.....	31	STARTER.....	2	hydromorphone hcl 4 mg.....	5
H.P. ACTHAR.....	59	HUMULIN 70/30.....	22	hydromorphone hcl 8 mg.....	5
HALAVEN.....	37	HUMULIN 70/30		HYDROMORPHONE HCL ER5	
HALCION.....	66	KWIKPEN.....	22	hydroxychloroquine sulfate..	31
HALDOL.....	39	HUMULIN 70/30 PEN.....	22	hydroxyurea.....	36
HALDOL DECANOATE 100.....	39	HUMULIN N.....	22	hydroxyzine hcl 10 mg, 25 mg, 50	
HALDOL DECANOATE 50.....	39	HUMULIN N KWIKPEN.....	22	mg.....	11
halobetasol propionate.....	55	HUMULIN N U-100 PEN.....	22	hydroxyzine hcl 10 mg/5ml..	11
HALOG.....	55	HUMULIN R.....	22	hydroxyzine hcl 50 mg/ml....	11
haloperidol.....	39	HUMULIN R U-500		hydroxyzine pamoate 25 mg, 50	
haloperidol decanoate.....	39	(CONCENTRATED).....	23	mg.....	11
haloperidol lactate.....	39	HYCAMTIN 4 MG.....	37	HYQVIA.....	75
HARVONI.....	42	hydralazine hcl 10 mg, 100 mg,		HYSINGLA ER 100 MG, 120	
HAVRIX.....	82	25 mg, 50 mg.....	31	MG.....	5
HECTOROL 0.5 MCG, 2.5		HYDREA.....	36	HYSINGLA ER 20 MG, 30 MG,	
MCG.....	59	hydrochlorothiazide 12.5		40 MG, 60 MG, 80 MG.....	5
HECTOROL 1 MCG.....	59	mg.....	58	HYZAAR.....	30
heparin sodium (porcine) 1000		hydrochlorothiazide 12.5 mg,		ibandronate sodium 150 mg.....	58
unit/ml.....	15	25 mg, 50 mg.....	58	ibandronate sodium 3	
heparin sodium (porcine) 10000		hydrocodone-acetaminophen		mg/3ml.....	58
unit/ml, 20000 unit/ml, 5000		10mg-300mg, 5mg-300mg,		IBRANCE.....	35
unit/0.5ml, 5000 unit/ml.....	15	7.5mg-300mg.....	7	ibuprofen 100 mg/5ml.....	3
HEPSERA.....	42	hydrocodone-acetaminophen		ibuprofen 400 mg.....	3
HERCEPTIN.....	33	10mg-325mg, 5mg-325mg,		ibuprofen 600 mg.....	3
HETLIOZ.....	66	7.5mg-325mg.....	7	ibuprofen 800 mg.....	3
HEXALEN.....	32	hydrocodone-acetaminophen		ICLUSIG.....	35
HIPREX.....	81	2.5mg/5ml-108mg/5ml,		IDAMYCIN PFS.....	35
HIZENTRA 1 GM/5ML.....	75	5mg/10ml-217mg/10ml,		idarubicin hcl.....	35
HIZENTRA 10 GM/50ML, 2		7.5mg/15ml-325mg/15ml....	7	IFEX.....	32
GM/10ML, 4 GM/20ML.....	75	hydrocodone-ibuprofen 200mg-		ifosfamide 1 gm.....	32
HORIZANT.....	77	10mg, 200mg-7.5mg.....	7	ifosfamide 1 gm/20ml, 3	
HUMALOG.....	22	hydrocortisone (intrarectal).....	8	gm/60ml.....	32
HUMALOG KWIKPEN.....	22	hydrocortisone (rectal).....	8	IFOSFAMIDE 3 GM.....	32
HUMALOG MIX 50/50.....	22	hydrocortisone (topical) 1		ILARIS.....	2
HUMALOG MIX 50/50		%.....	55	ILEVRO.....	74
KWIKPEN.....	22	hydrocortisone (topical) 2.5		IMBRUVICA.....	35
		%.....	55	imipenem-cilastatin.....	10
		hydrocortisone 10 mg, 20 mg, 5			
		mg.....	50		
		hydrocortisone acetate w/			
		pramoxine 1%-1%.....	8		
		hydrocortisone butyrate.....	55		

imipramine hcl 10 mg, 25 mg, 50 mg.....	20	INVEGA SUSTENNA 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML.....	39	itraconazole.....	25
imipramine pamoate.....	20	INVEGA SUSTENNA 39 MG/0.25ML, 78 MG/0.5ML.....	39	ivermectin.....	9
imiquimod.....	56	INVEGA TRINZA.....	39	IXEMPRA KIT.....	37
IMITREX 100 MG.....	68	INVIRASE.....	41	IXIARO.....	82
IMITREX 25 MG.....	68	INVOKAMET 150MG-1000MG, 150MG-500MG, 50MG-1000MG.....	21	JADENU.....	24
IMITREX 50 MG.....	68	INVOKAMET 50MG-500MG.....	21	JAKAFI.....	35
IMITREX 6 MG/0.5ML.....	68	INVOKANA.....	23	JALYN.....	63
IMITREX STATDOSE REFILL 4 MG/0.5ML.....	68	IOPIDINE 0.5 %.....	72	JANUMET.....	21
IMITREX STATDOSE REFILL 6 MG/0.5ML.....	68	IOPIDINE 1 %.....	72	JANUMET XR 100MG-1000MG.....	21
IMITREX STATDOSE SYSTEM 4 MG/0.5ML.....	68	IPOLE INACTIVATED IPV.....	82	JANUMET XR 50MG-1000MG, 50MG-500MG.....	21
IMITREX STATDOSE SYSTEM 6 MG/0.5ML.....	68	ipratropium bromide.....	12	JANUVIA.....	22
IMOVAX RABIES (H.D.C.V.).....	82	ipratropium bromide (nasal).....	71	JARDIANCE 10 MG.....	23
IMURAN.....	44	ipratropium-albuterol.....	14	JARDIANCE 25 MG.....	23
INCIVEK.....	42	irbesartan.....	29	JENTADUETO.....	21
INCRELEX.....	59	irbesartan-hydrochlorothiazide.....	30	JEVTANA.....	37
INCRUSE ELLIPTA.....	12	IRESSA.....	35	JUBLIA.....	53
indapamide.....	58	irinotecan hcl 100 mg/5ml, 40 mg/2ml.....	37	JUXTAPID 10 MG.....	28
INDERAL LA.....	45	irinotecan hcl 500 mg/25ml.....	37	JUXTAPID 20 MG.....	28
INDERAL XL.....	45	irrigation solutions, physiological.....	44	JUXTAPID 30 MG.....	28
INDOCIN 25 MG/5ML.....	3	ISENTRESS 100 MG.....	41	JUXTAPID 40 MG, 60 MG.....	28
indomethacin 25 mg, 50 mg.....	3	ISENTRESS 25 MG.....	41	JUXTAPID 5 MG.....	28
indomethacin 75 mg.....	3	ISENTRESS 400 MG.....	41	K-TAB 10 MEQ.....	69
INFANRIX.....	79	isoniazid & rifampin.....	31	KADCYLA.....	33
INLYTA.....	35	isoniazid 100 mg, 300 mg.....	32	KADIAN 10 MG.....	5
INNOPRAN XL.....	45	ISOPTO CARPINE.....	72	KADIAN 100 MG.....	5
INSPIRA.....	31	ISORDIL TITRADOSE 40 MG.....	11	KADIAN 130 MG, 150 MG.....	5
INSULIN SYRINGES AND PEN NEEDLES.....	68	ISORDIL TITRADOSE 5 MG.....	11	KADIAN 20 MG, 30 MG, 50 MG, 60 MG, 80 MG.....	5
INTELENCE 100 MG, 200 MG.....	41	isosorbide dinitrate 10 mg, 20 mg, 5 mg.....	11	KADIAN 40 MG, 70 MG.....	5
INTELENCE 25 MG.....	41	isosorbide dinitrate 2.5 mg.....	11	KALBITOR.....	64
INTERMEZZO.....	66	isosorbide dinitrate 40 mg.....	11	KALETRA 100MG-25MG.....	41
INTRON A 10 MU, 18 MU, 50 MU.....	36	isosorbide dinitrate 10 mg.....	11	KALETRA 200MG-50MG.....	41
INTRON A 10 MU/ML.....	36	isosorbide mononitrate 10 mg.....	11	KALETRA 400MG/5ML-100MG/5ML.....	41
INTRON A 6000000 UNIT/ML.....	36	isosorbide mononitrate 120 mg, 30 mg, 60 mg.....	11	KALYDECO 150 MG.....	78
INTRON A W/DILUENT.....	36	isosorbide mononitrate 20 mg.....	11	KALYDECO 50 MG, 75 MG.....	78
INTUNIV.....	1	isotretinoin 10 mg, 30 mg.....	52	KAPVAY.....	1
INVANZ.....	10	isotretinoin 20 mg, 40 mg.....	52	KAYEXALATE.....	44
INVEGA 1.5 MG.....	39	ISTALOL.....	72	KAZANO.....	21
INVEGA 3 MG.....	39	ISTODAX.....	35	KEFLEX 250 MG, 500 MG.....	47
INVEGA 6 MG.....	39			KEFLEX 750 MG.....	47
INVEGA 9 MG.....	39			KENALOG.....	55
				KENALOG-10.....	50
				KENALOG-40.....	50
				KEPIVANCE.....	36
				KEPPRA.....	16

KEPPRA XR.....	16	LAMISIL 125 MG, 187.5 MG.....	25	leucovorin calcium 50 mg, 500 mg.....	36
KERLONE.....	45	LAMISIL 250 MG.....	25	LEUKERAN.....	32
KERYDIN.....	53	lamivudine.....	41	LEUKINE.....	65
KETEK 300 MG.....	10	lamivudine (hbv).....	42	leuprolide acetate.....	34
KETEK 400 MG.....	10	lamivudine-zidovudine.....	41	levalbuterol hcl 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml.....	14
ketoconazole.....	26	lamotrigine 100 mg, 150 mg, 200 mg, 25 mg.....	16	LEVAQUIN 25 MG/ML.....	62
ketoconazole (topical).....	53	lamotrigine 100 mg, 200 mg, 250 mg, 300 mg, 50 mg.....	16	LEVAQUIN 250 MG, 500 MG, 750 MG.....	62
ketoprofen 200 mg.....	3	lamotrigine 100 mg, 200 mg, 250 mg, 50 mg.....	16	LEVAQUIN 250MG/50ML-5%, 500MG/100ML-5%.....	61
ketoprofen 50 mg, 75 mg.....	3	lamotrigine 25 mg, 5 mg.....	16	LEVAQUIN 750MG/150ML-5%.....	61
ketorolac tromethamine (ophth).....	74	LANOXIN 125 MCG, 250 MCG.....	46	LEVATOL.....	45
ketorolac tromethamine 10 mg.....	3	LANOXIN 187.5 MCG, 62.5 MCG.....	47	LEVEMIR.....	23
ketorolac tromethamine 15 mg/ml, 30 mg/ml.....	3	LANOXIN PEDIATRIC.....	46	LEVEMIR FLEXPEN.....	23
ketorolac tromethamine 30 mg/ml, 60 mg/2ml.....	3	lansoprazole 15 mg.....	80	LEVEMIR FLEXTOUCH.....	23
KEYTRUDA.....	33	lansoprazole 30 mg.....	80	levetiracetam 100 mg/ml, 500 mg/5ml.....	16
KHEDEZLA.....	20	LANTUS.....	23	levetiracetam 1000 mg, 250 mg, 500 mg, 750 mg.....	16
KINERET.....	2	LANTUS SOLOSTAR.....	23	LEVETIRACETAM 1000MG/100ML-750MG/100ML, 1500MG/100ML-540MG/100ML, 500MG/100ML-820MG/100ML.....	16
KLARON.....	52	LASIX.....	58	levetiracetam 500 mg, 750 mg.....	16
KLONOPIN 0.5 MG.....	15	LASTACRAFT.....	74	levetiracetam 500 mg/5ml.....	16
KLONOPIN 1 MG.....	15	latanoprost.....	74	levobunolol hcl 0.5 %.....	72
KLONOPIN 2 MG.....	15	LATUDA 120 MG.....	38	levocarnitine (metabolic modifiers) 330 mg.....	60
KOMBIGLYZE XR 2.5MG-1000MG.....	21	LATUDA 20 MG.....	38	levocetirizine dihydrochloride.....	26
KOMBIGLYZE XR 5MG-1000MG, 5MG-500MG.....	21	LATUDA 40 MG.....	38	levofloxacin (ophth).....	72
KUVAN 100 MG.....	60	LATUDA 60 MG.....	38	levofloxacin 25 mg/ml.....	62
KYNAMRO.....	26	LATUDA 80 MG.....	38	levofloxacin 250 mg, 500 mg, 750 mg.....	62
labetalol hcl 100 mg, 200 mg, 300 mg.....	45	LAZANDA 100 MCG/ACT.....	5	levofloxacin in d5w 250mg/50ml-5%, 500mg/100ml-5%.....	62
LAC-HYDRIN.....	56	LAZANDA 400 MCG/ACT.....	5	levofloxacin in d5w 750mg/150ml-5%.....	62
lactated ringer's.....	69	leflunomide.....	4	LEVOLEUCOVORIN.....	36
lactic acid (ammonium lactate) 12 %.....	56	LEMTRADA.....	77	levoleucovorin calcium.....	36
lactulose.....	67	LENVIMA 10MG DAILY DOSE.....	35	levonorgestrel & eth estradiol.....	49
lactulose (encephalopathy).....	63	LENVIMA 14MG DAILY DOSE.....	35	levonorgestrel (emergency oc) 0.75 mg.....	50
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG.....	16	LENVIMA 20MG DAILY DOSE.....	35	levonorgestrel (emergency oc) 1.5 mg.....	50
LAMICTAL CHEWABLE DISPERSIBLE.....	16	LENVIMA 24MG DAILY DOSE.....	35	levonorgestrel-eth estradiol (triphasic).....	49
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG.....	16	LESCOL.....	27	levonorgestrel-ethinyl estradiol (91-day).....	49
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE.....	16	LESCOL XL.....	27		
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE.....	16	LETAIRIS.....	47		
LAMICTAL STARTER/TAKING VALPROATE.....	16	letrozole.....	34		
LAMICTAL XR.....	16	leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg.....	36		
		leucovorin calcium 100 mg, 200 mg, 350 mg.....	36		

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.....	79	loperamide hcl 2 mg.....	24	LYRICA 20 MG/ML.....	17
LEXAPRO.....	19	LOPID.....	27	LYRICA 200 MG.....	16
LEXIVA 50 MG/ML.....	41	LOPRESSOR 100 MG, 50 MG.....	45	LYRICA 225 MG, 300 MG...	16
LEXIVA 700 MG.....	41	LOPRESSOR HCT.....	30	LYRICA 25 MG.....	16
LIALDA.....	62	LOPROX.....	53	LYRICA 50 MG.....	17
lidocaine 5 %.....	56	LOPROX SHAMPOO.....	53	LYRICA 75 MG.....	17
lidocaine hcl (cardiac).....	12	lorazepam 0.5 mg, 1 mg, 2 mg.....	12	LYSODREN.....	34
lidocaine hcl (local anesth.) 1 %, 2 %.....	67	lorazepam 2 mg/ml.....	11	LYSTEDA.....	65
lidocaine hcl (mouth-throat) 2 %.....	69	lorazepam 2 mg/ml, 20 mg/10ml.....	11	M-M-R II.....	82
lidocaine hcl 2 %.....	56	lorazepam 4 mg/ml.....	11	MACROBID.....	81
lidocaine hcl 4 %.....	56	losartan potassium.....	29	MACRODANTIN 100 MG, 50 MG.....	81
lidocaine-prilocaine.....	56	losartan potassium & hydrochlorothiazide.....	30	MACRODANTIN 25 MG.....	81
LIDODERM.....	56	LOSEASONIQUE.....	49	magnesium sulfate 50 %....	69
LINCOCIN.....	10	LOTEMAX.....	73	MALARONE 250MG-100MG	31
lindane.....	57	LOTENSIN.....	28	MALARONE 62.5MG-25MG	31
linezolid 2 mg/ml.....	10	LOTENSIN HCT.....	30	malathion.....	57
linezolid 600 mg.....	10	LOTREL.....	30	maprotiline hcl 25 mg, 50 mg	18
LINZESS.....	63	LOTRISONE.....	53	maprotiline hcl 75 mg.....	18
liothyronine sodium 25 mcg, 5 mcg, 50 mcg.....	79	LOTRONEX.....	63	MARINOL 10 MG, 5 MG....	25
LIPITOR.....	27	lovastatin.....	27	MARINOL 2.5 MG.....	25
LIPOFEN.....	27	LOVAZA.....	26	MARPLAN.....	18
LIPOSYN III 1.2GM/100ML-20GM/100ML-2.5GM/100ML.....	71	LOVENOX 100 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML.....	15	MATULANE.....	36
LIPTRUZET.....	26	LOVENOX 120 MG/0.8ML, 150 MG/ML.....	15	MAVIK.....	28
lisinopril & hydrochlorothiazide.....	30	LOVENOX 300 MG/3ML.....	15	MAXALT 10 MG.....	68
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg.....	28	loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg.....	39	MAXALT 5 MG.....	68
lithium.....	38	LUMIGAN.....	74	MAXALT-MLT 10 MG.....	68
lithium carbonate 150 mg, 300 mg, 600 mg.....	38	LUMIZYME.....	60	MAXALT-MLT 5 MG.....	68
lithium carbonate 300 mg....	38	LUNESTA.....	66	MAXIDEX.....	73
lithium carbonate 300 mg, 450 mg.....	38	LUPRON DEPOT.....	34	MAXIPIME 1 GM, 2 GM....	48
LITHOBID.....	38	LUPRON DEPOT-PED 11.25 MG.....	59	MAXITROL.....	73
LIVALO.....	27	LUPRON DEPOT-PED 11.25 MG, 7.5 MG.....	59	MAXZIDE.....	57
LO LOESTRIN FE.....	49	LUPRON DEPOT-PED 15 MG.....	59	MAXZIDE-25.....	57
LO MINASTRIN FE.....	49	LUPRON DEPOT-PED 30 MG.....	59	meclizine hcl 12.5 mg, 25 mg.....	25
LOCOID.....	55	LUVOX CR.....	19	MEDROL 16 MG, 32 MG, 4 MG, 8 MG.....	50
LOCOID LIPOCREAM.....	55	LUXIQ.....	55	MEDROL 2 MG.....	50
LODOSYN.....	37	LUZU.....	53	MEDROL DOSEPAK.....	50
LOMOTIL.....	24	LYNPARZA.....	35	medroxyprogesterone acetate.....	76
lomustine.....	32	LYRICA 100 MG.....	16	medroxyprogesterone acetate (contraceptive).....	50
		LYRICA 150 MG.....	16	mefenamic acid.....	3
				mefloquine hcl.....	31
				MEGACE ES.....	76
				MEGACE ORAL.....	34
				megestrol acetate (appetite).....	76

megestrol acetate 20 mg, 40 mg.....	34	methotrexate sodium 1 gm.....	33	metronidazole 375 mg.....	9
megestrol acetate 40 mg/ml, 400 mg/10ml.....	34	methotrexate sodium 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml.....	33	metronidazole 500 mg.....	9
MEKINIST.....	35	methotrexate sodium 10 mg, 15 mg, 2.5 mg.....	33	metronidazole in nacl.....	9
meloxicam 15 mg, 7.5 mg.....	3	methotrexate sodium 25 mg/ml.....	33	metronidazole vaginal.....	82
melphalan hcl.....	32	methotrexate sodium 5 mg, 7.5 mg.....	33	MEVACOR.....	27
memantine hcl 10 mg, 5 mg.....	76	methoxsalen rapid.....	53	mexiletine hcl.....	12
memantine hcl 2 mg/ml.....	76	methscopolamine bromide 2.5 mg, 5 mg.....	79	MIACALCIN 200 UNIT/ACT.....	58
MENACTRA.....	82	methylphenidate.....	29	MIACALCIN 200 UNIT/ML.....	58
MENOMUNE-A/C/Y/W-135.....	82	methylphenidate hcl 0.2 mg.....	74	MICARDIS.....	29
MENOSTAR.....	61	methylphenidate hcl 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg.....	1	MICARDIS HCT.....	30
MENVEO.....	82	methylphenidate hcl 10 mg, 20 mg, 5 mg.....	1	MICRO-K.....	69
meperidine hcl 100 mg, 50 mg.....	5	methylphenidate hcl 18 mg, 20 mg, 27 mg, 36 mg, 54 mg.....	1	MICROZIDE.....	58
meprobamate.....	11	methylphenidate hcl 18 mg, 27 mg, 36 mg, 54 mg.....	1	midodrine hcl.....	83
MEPRON.....	9	methylphenidate hcl 20 mg, 30 mg, 40 mg.....	1	MIGRANAL.....	68
mercaptapurine.....	33	methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg.....	51	MINASTRIN 24 FE.....	49
meropenem 1 gm.....	10	methylprednisolone acetate 40 mg/ml, 80 mg/ml.....	51	MINIPRESS.....	29
meropenem 500 mg.....	10	methylprednisolone sod succ.....	51	MINIVELLE.....	61
MERREM 1 GM.....	10	metoclopramide hcl 10 mg, 5 mg.....	62	MINOCIN 100 MG, 50 MG, 75 MG.....	78
MERREM 500 MG.....	10	metoclopramide hcl 10 mg/10ml, 5 mg/5ml.....	62	minocycline hcl 100 mg, 50 mg.....	78
mesalamine.....	62	metoclopramide hcl 5 mg/ml.....	62	minocycline hcl 100 mg, 50 mg, 75 mg.....	78
mesalamine w/ cleanser.....	62	metolazone.....	58	minoxidil 10 mg, 2.5 mg.....	31
mesna.....	36	metoprolol & hydrochlorothiazide 100mg-25mg, 50mg-25mg.....	30	MIRAPEX.....	37
MESNEX 100 MG/ML.....	36	metoprolol & hydrochlorothiazide 100mg-50mg.....	30	MIRAPEX ER.....	38
MESNEX 400 MG.....	36	metoprolol succinate.....	45	MIRCERA 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML.....	65
MESTINON 60 MG.....	31	metoprolol tartrate 100 mg, 25 mg, 50 mg.....	45	MIRCERA 200 MCG/0.3ML.....	65
MESTINON TIMESPAN.....	31	METROCREAM.....	57	mirtazapine.....	18
METADATE CD.....	1	METROGEL.....	57	MIRVASO.....	57
metaxalone.....	70	METROGEL-VAGINAL.....	82	misoprostol 100 mcg, 200 mcg.....	80
metformin hcl 1000 mg.....	21	METROLOTION.....	57	mitomycin 20 mg, 40 mg, 5 mg.....	35
metformin hcl 500 mg.....	21	metronidazole (topical).....	57	mitoxantrone hcl.....	35
metformin hcl 750 mg.....	22	metronidazole 250 mg.....	9	MOBIC 15 MG, 7.5 MG.....	3
metformin hcl 850 mg.....	22			modafinil 100 mg.....	1
methadone hcl 10 mg.....	5			modafinil 200 mg.....	1
methadone hcl 10 mg/5ml.....	5			MODERIBA 1200 DOSE PACK.....	42
methadone hcl 10 mg/ml.....	5			MODICON.....	49
methadone hcl 5 mg.....	5			moexipril hcl.....	28
methadone hcl 5 mg/5ml.....	5			moexipril-hydrochlorothiazide.....	30
METHADOSE.....	5			mometasone furoate.....	56
METHADOSE SUGAR-FREE.....	5			MONODOX.....	78
methamphetamine hcl.....	1			montelukast sodium 10 mg.....	13
methazolamide 25 mg, 50 mg.....	57			montelukast sodium 4 mg, 5 mg.....	13
methenamine hippurate.....	81				
methimazole 10 mg, 5 mg.....	79				
methocarbamol 500 mg, 750 mg.....	70				

MONUROL.....	81	nabumetone.....	3	neomycin-polymy-dexameth	73
morphine sulfate 0.5 mg/ml... 5		nadolol & bendroflumethiazide		neomycin-polymyxin-gramicidin	72
morphine sulfate 1 mg/ml..... 5		40mg-5mg.....	30	72
morphine sulfate 10 mg..... 5		nadolol & bendroflumethiazide		neomycin-polymyxin-hc	
morphine sulfate 10 mg/5ml... 5		80mg-5mg.....	30	(otic).....	74
morphine sulfate 100 mg..... 5		nadolol 20 mg, 40 mg, 80		neomycin/polymyxin b gu...	63
morphine sulfate 100 mg/5ml, 20		mg.....	45	NEORAL 100 MG, 25 MG... 44	
mg/ml.....	5	nafcillin sodium 1 gm.....	76	NESINA.....	22
morphine sulfate 15 mg..... 6		nafcillin sodium 10 gm.....	76	NEULASTA.....	65
morphine sulfate 20 mg, 30 mg,		nafcillin sodium 2 gm.....	76	NEULASTA DELIVERY KIT... 65	
50 mg, 60 mg, 80 mg..... 5		naftifine hcl.....	53	NEUMEGA.....	65
morphine sulfate 20 mg/5ml... 6		NAFTIN.....	53	NEUPOGEN.....	65
morphine sulfate 200 mg..... 6		NAGLAZYME.....	60	NEUPRO.....	38
morphine sulfate 30 mg..... 6		naloxone hcl 1 mg/ml.....	24	NEURONTIN.....	17
morphine sulfate 30 mg, 60		naltrexone hcl.....	24	NEVANAC.....	74
mg.....	6	NAMENDA 10 MG, 5 MG... 76		nevirapine 100 mg.....	41
morphine sulfate beads..... 5		NAMENDA 10 MG/5ML... 76		nevirapine 200 mg.....	41
MOTOFEN.....	24	NAMENDA TITRATION		nevirapine 400 mg.....	41
MOVANTIK.....	63	PAK.....	76	NEVIRAPINE 50 MG/5ML... 41	
MOVIPREP.....	66	NAMENDA XR 14 MG... 76		NEXAVAR.....	35
MOXEZA.....	72	NAMENDA XR 21 MG, 28		NEXIUM 10 MG, 2.5 MG, 20 MG,	
moxifloxacin hcl 400 mg... 62		MG.....	76	40 MG, 5 MG.....	80
MOZOBIL.....	65	NAMENDA XR 7 MG... 76		NEXIUM 20 MG.....	80
MS CONTIN 100 MG..... 6		NAMENDA XR TITRATION		NEXIUM 40 MG.....	80
MS CONTIN 15 MG..... 6		PACK.....	76	niacin (antihyperlipidemic)... 28	
MS CONTIN 200 MG..... 6		NAPRELAN 375 MG.....	3	NIASPAN.....	28
MS CONTIN 30 MG, 60 MG... 6		NAPRELAN 375 MG, 750		nicardipine hcl 20 mg, 30 mg	46
MULTAQ.....	12	MG.....	3	NICOTROL INHALER.....	77
mupirocin.....	52	NAPRELAN 500 MG.....	3	NICOTROL NS.....	78
mupirocin calcium (topical)... 52		NAPROSYN.....	3	nifedipine 10 mg, 20 mg... 46	
MUSTARGEN.....	32	naproxen 250 mg, 375 mg, 500		nifedipine 30 mg, 60 mg, 90	
MYALEPT.....	60	mg.....	3	mg.....	46
MYAMBUTOL.....	32	naproxen 375 mg, 500 mg... 3		NILANDRON.....	34
MYCAMINE 100 MG..... 25		naproxen sodium 275 mg, 550		nimodipine.....	46
MYCOBUTIN.....	32	mg.....	3	NIPENT.....	36
mycophenolate mofetil 200		naproxen sodium 375 mg, 500		NIRAVAM.....	12
mg/ml.....	44	mg.....	3	nisoldipine 17 mg, 34 mg, 8.5	
mycophenolate mofetil 250		naratriptan hcl.....	68	mg.....	46
mg.....	44	NARDIL.....	18	NITRO-DUR 0.1 MG/HR, 0.2	
mycophenolate mofetil 500		NASONEX.....	71	MG/HR, 0.4 MG/HR, 0.6	
mg.....	44	NATACYN.....	72	MG/HR.....	11
mycophenolate sodium 180		nateglinide.....	23	NITRO-DUR 0.3 MG/HR, 0.8	
mg.....	44	NATESTO.....	8	MG/HR.....	11
mycophenolate sodium 360		NATPARA.....	58	nitrofurantoin.....	81
mg.....	44	NAVELBINE.....	37	nitrofurantoin macrocrystal 100	
MYFORTIC 180 MG..... 44		NEBUPENT.....	9	mg, 25 mg, 50 mg.....	81
MYFORTIC 360 MG..... 44		nefazodone hcl.....	19	nitrofurantoin monohyd	
MYOZYME.....	60	neomycin sulfate.....	2	macro.....	81
MYRBETRIQ.....	81	neomycin-bacitracin zn-		nitroglycerin 0.1 mg/hr, 0.2 mg/hr,	
MYSOLINE.....	17	polymyxin.....	72	0.4 mg/hr, 0.6 mg/hr.....	11
				nitroglycerin 0.4 mg/spray... 11	

NITROGLYCERIN LINGUAL	11	NOVOLIN 70/30	23	ofloxacin (otic)	74
NITROLINGUAL		NOVOLIN 70/30 RELION	23	olanzapine	39
PUMPSPRAY	11	NOVOLIN N	23	olanzapine-fluoxetine hcl	77
NITROMIST	11	NOVOLIN N RELION	23	OLEPTRO	19
NITROSTAT	11	NOVOLIN R	23	olopatadine hcl (nasal)	71
nizatidine 150 mg, 300 mg	80	NOVOLIN R RELION	23	OLUX	56
NIZORAL	53	NOVOLOG	23	OLUX-E	56
NOR-QD	50	NOVOLOG FLEXPEN	23	OLYSIO	42
NORDITROPIN FLEXPRO 10		NOVOLOG MIX 70/30	23	omega-3-acid ethyl esters	26
MG/1.5ML, 5 MG/1.5ML	59	NOVOLOG MIX 70/30		omeprazole 10 mg, 20 mg, 40	
norelgestromin-ethinyl		PREFILLED FLEXPEN	23	mg	80
estradiol	49	NOVOLOG PENFILL	23	omeprazole-sodium bicarbonate	
norethin acet & estrad-fe 75mg-		NOXAFIL 100 MG	26	20mg-1100mg	80
20mcg-1mg, 75mg-30mcg-		NOXAFIL 300 MG/16.7ML	26	omeprazole-sodium bicarbonate	
1.5mg	49	NOXAFIL 40 MG/ML	26	40mg-1100mg	80
norethindrone & eth estradiol		NUCYNTA 100 MG	6	OMNARIS	71
0.4mg-35mcg, 1mg-35mcg	49	NUCYNTA 50 MG	6	OMNIPRED	73
norethindrone & eth estradiol		NUCYNTA 75 MG	6	OMNITROPE 10 MG/1.5ML, 5	
0.5mg-35mcg	49	NUCYNTA ER 100 MG	6	MG/1.5ML	59
norethindrone & ethinyl estradiol-		NUCYNTA ER 150 MG, 200		ONCASPAR	36
fe	49	MG, 250 MG	6	ondansetron	24
norethindrone		NUCYNTA ER 50 MG	6	ondansetron hcl 24 mg, 4 mg, 8	
(contraceptive)	50	NUEDEXTA	77	mg	24
norethindrone acet & eth		NULOJIX	44	ondansetron hcl 4 mg/2ml, 40	
estra	49	NULYTELY/FLAVOR		mg/20ml	24
norethindrone acetate	76	PACKS	66	ondansetron hcl 4 mg/5ml	24
norethindrone acetate-ethinyl		NUTROPIN AQ NUSPIN		ONFI 10 MG, 5 MG	15
estradiol 2.5mcg-0.5mg	61	20	59	ONFI 2.5 MG/ML	15
norethindrone-eth estradiol		NUTROPIN AQ PEN 20		ONFI 20 MG	15
(triphasic)	49	MG/2ML	59	ONGLYZA	22
NORFLEX	70	NUVARING	50	ONMEL	26
norgestimate-ethinyl		NUVIGIL	1	OPANA 10 MG	6
estradiol	49	NYMALIZE	46	OPANA 5 MG	6
norgestimate-ethinyl estradiol		nystatin	25	OPDIVO	33
(triphasic)	49	nystatin (mouth-throat)	69	opium tincture	24
norgestrel & ethinyl estradiol	49	nystatin (topical)	53	OPSUMIT	47
NORINYL 1+35	49	nystatin-triamcinolone	53	OPTIVAR	74
NORITATE	57	OCTAGAM 10 GM/100ML, 2		ORACEA	57
NOROXIN	62	GM/20ML, 20 GM/200ML, 5		ORAP	77
NORPACE	12	GM/50ML	75	ORAPRED ODT	51
NORPACE CR 100 MG	12	octreotide acetate 100		ORENCIA	4
NORPRAMIN	20	mcg/ml	60	ORENITRAM 0.125 MG	47
NORTHERA 100 MG	83	octreotide acetate 1000		ORENITRAM 0.25 MG, 1 MG,	
NORTHERA 200 MG	83	mcg/5ml, 200 mcg/ml, 50		2.5 MG	47
NORTHERA 300 MG	83	mcg/ml	60	ORFADIN	60
nortriptyline hcl 10 mg, 25 mg, 50		OCUFEN	74	ORKAMBI	78
mg, 75 mg	20	OCUFLOX	72	orphenadrine citrate 100 mg	70
nortriptyline hcl 10 mg/5ml	20	ODOMZO	34	orphenadrine citrate 30	
NORVASC 10 MG	46	OFEV	78	mg/ml	70
NORVASC 2.5 MG	46	ofloxacin (ophth)	72		
NORVASC 5 MG	46				
NORVIR	41				

orphenadrine w/ aspirin & caff.....	70	oxycodone w/ acetaminophen 10mg-325mg, 2.5mg-325mg, 5mg-325mg, 7.5mg-325mg. 7	PCE 333 MG.....	67
ORTHO EVRA.....	50	oxycodone w/ acetaminophen 5mg/5ml-325mg/5ml.....	PCE 500 MG.....	67
ORTHO MICRONOR.....	50	oxycodone-aspirin.....	PEDVAX HIB.....	82
ORTHO TRI-CYCLEN.....	49	OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG.....	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	66
ORTHO-CEPT.....	49	OXYCONTIN 80 MG.....	peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	66
ORTHO-CYCLEN.....	49	oxymorphone hcl 10 mg.....	PEG-INTRON.....	43
ORTHO-NOVUM 1/35.....	49	oxymorphone hcl 15 mg.....	PEG-INTRON REDIPEN.....	43
ORTHO-NOVUM 7/7/7.....	49	oxymorphone hcl 20 mg.....	PEG-INTRON REDIPEN PAK 4.....	43
OSENI 12.5MG-15MG.....	21	oxymorphone hcl 30 mg, 40 mg.....	PEGANONE.....	17
OSENI 12.5MG-30MG, 12.5MG-45MG, 25MG-15MG, 25MG-30MG, 25MG-45MG.....	21	oxymorphone hcl 5 mg.....	PEGASYS.....	43
OSMOPREP.....	67	oxymorphone hcl 7.5 mg.....	PEGASYS PROCLICK.....	43
OTEZLA.....	4	OXYTROL.....	PEGINTRON.....	43
OTREXUP.....	2	paclitaxel 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml.....	penicillin g potassium 20 mu, 20000000 unit.....	75
OVIDE.....	57	paclitaxel 150 mg/25ml.....	penicillin g potassium 5000000 unit.....	75
oxaliplatin 100 mg, 50 mg.....	32	paliperidone 1.5 mg.....	penicillin v potassium.....	75
oxaliplatin 100 mg/20ml.....	32	paliperidone 3 mg.....	PENLAC NAIL LACQUER... ..	53
oxaliplatin 50 mg/10ml.....	32	paliperidone 6 mg.....	PENNSAID.....	52
OXANDRIN.....	8	paliperidone 9 mg.....	PENTAM 300.....	9
oxandrolone 10 mg.....	8	PAMELOR.....	PENTASA.....	62
oxandrolone 2.5 mg.....	8	PAMINE.....	pentazocine w/ naloxone.....	8
oxaprozin.....	3	PAMINE FORTE.....	pentoxifylline.....	64
OXAYDO 5 MG.....	6	PANCREAZE.....	PEPCID.....	80
OXAYDO 7.5 MG.....	6	PANCRELIPASE.....	PERCODAN.....	7
oxazepam.....	12	PANRETIN.....	PERFOROMIST.....	14
oxcarbazepine.....	17	pantoprazole sodium 20 mg, 40 mg.....	PERIDEX.....	70
OXECTA 5 MG.....	6	pantoprazole sodium 40 mg.....	perindopril erbumine 2 mg... ..	28
OXECTA 7.5 MG.....	6	PARAFON FORTE DSC... ..	perindopril erbumine 4 mg... ..	28
OXISTAT.....	53	parenteral electrolytes.....	perindopril erbumine 8 mg... ..	28
OXSORALEN.....	56	paricalcitol 1 mcg, 2 mcg, 4 mcg.....	PERJETA.....	33
OXSORALEN ULTRA.....	53	PARLODEL.....	permethrin 5 %.....	57
oxybutynin chloride 10 mg, 15 mg, 5 mg.....	81	PARNATE.....	perphenazine 16 mg, 2 mg, 4 mg, 8 mg.....	40
oxybutynin chloride 5 mg.....	81	paromomycin sulfate.....	perphenazine-amitriptyline ..	77
oxybutynin chloride 5 mg/5ml.....	81	paroxetine hcl.....	PERSANTINE.....	64
oxycodone hcl 10 mg.....	6	PATADAY.....	PERTZYE.....	57
oxycodone hcl 100 mg/5ml, 20 mg/ml.....	6	PATANASE.....	PEXEVA.....	19
oxycodone hcl 15 mg.....	6	PATANOL.....	phenelzine sulfate.....	19
oxycodone hcl 20 mg.....	6	PAXIL 10 MG, 20 MG, 30 MG, 40 MG.....	phenobarbital 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg.....	65
oxycodone hcl 30 mg.....	6	PAXIL 10 MG/5ML.....	phenobarbital 20 mg/5ml... ..	65
oxycodone hcl 5 mg.....	6	PAXIL CR.....	phenoxybenzamine hcl.....	29
OXYCODONE HCL ER 10 MG, 20 MG, 40 MG.....	6		phenytoin 125 mg/5ml.....	18
OXYCODONE HCL ER 80 MG.....	6		phenytoin 50 mg.....	17

phenytoin sodium.....	18	POTIGA 200 MG.....	17	PREZISTA 150 MG.....	41
phenytoin sodium extended	17	POTIGA 300 MG.....	17	PREZISTA 400 MG.....	41
PHOSLO.....	63	POTIGA 400 MG.....	17	PREZISTA 600 MG, 800 MG	41
PHOSLYRA.....	63	POTIGA 50 MG.....	17	PREZISTA 75 MG.....	41
PHOSPHOLINE IODIDE.....	72	PRADAXA.....	15	PRIFTIN.....	32
PICATO.....	53	PRALUENT 150 MG/ML.....	28	PRIOLOSEC 10 MG, 20 MG, 40	80
pilocarpine hcl (oral).....	70	PRALUENT 75 MG/ML.....	28	MG.....	80
pilocarpine hcl 1 %, 2 %, 4	72	pramipexole		PRIMAQUINE PHOSPHATE	31
%.....	72	dihydrochloride.....	38	PRIMAXIN IV.....	10
pimozide.....	77	pramoxine-hc 1%-1%.....	56	primidone 250 mg, 50 mg...	17
pindolol.....	45	PRANDIMET.....	21	PRIMSOL.....	9
pioglitazone hcl 15 mg.....	22	PRANDIN 0.5 MG.....	23	PRINIVIL.....	28
pioglitazone hcl 30 mg, 45	22	PRANDIN 1 MG.....	23	PRISTIQ.....	20
mg.....	22	PRANDIN 2 MG.....	23	PRIVIGEN.....	75
pioglitazone hcl-glimepiride.....	21	PRAVACHOL.....	27	PROAIR HFA.....	14
pioglitazone hcl-metformin	21	pravastatin sodium.....	27	PROAIR RESPICLICK.....	14
hcl.....	21	prazosin hcl.....	29	probenecid.....	64
piperacillin sodium-tazobactam	75	PRECOSE.....	20	PROCARDIA.....	46
sodium.....	75	PRED FORTE.....	73	PROCARDIA XL.....	46
piroxicam 10 mg, 20 mg.....	3	PRED MILD.....	73	prochlorperazine.....	40
PLAN B ONE-STEP.....	50	prednicarbate.....	56	prochlorperazine edisylate...	40
PLAQUENIL.....	31	prednisolone 15 mg/5ml...	51	prochlorperazine maleate 10 mg,	40
PLAVIX 300 MG.....	64	prednisolone 5 mg.....	51	5 mg.....	40
PLAVIX 75 MG.....	64	prednisolone acetate		PROCRIT 10000 UNIT/ML, 2000	65
PLEGRIDY.....	77	(ophth).....	73	UNIT/ML, 3000 UNIT/ML, 4000	65
PLEGRIDY STARTER	77	prednisolone sodium		UNIT/ML.....	65
PACK.....	77	phosphate 10 mg, 15 mg, 30		PROCRIT 20000 UNIT/ML,	65
PLETAL.....	64	mg.....	51	40000 UNIT/ML.....	65
podofilox.....	56	prednisolone sodium		PROCTOCORT 1 %.....	8
polyethylene glycol 3350.....	67	phosphate 15 mg/5ml, 5		PROCYSBI.....	63
polymyxin b sulfate.....	10	mg/5ml, 6.7 mg/5ml.....	51	progesterone micronized 100 mg,	76
polymyxin b-trimethoprim.....	72	prednisolone sodium		200 mg.....	76
POLYTRIM.....	72	phosphate 25 mg/5ml.....	51	PROGLYCEM.....	22
POMALYST.....	34	prednisone 1 mg, 10 mg, 2.5		PROGRAF 0.5 MG, 1 MG, 5	44
PONSTEL.....	3	mg, 20 mg, 5 mg, 50 mg...	51	MG.....	44
potassium chloride 10 %, 20	69	prednisone 10 mg, 5 mg...	51	PROGRAF 5 MG/ML.....	44
%.....	69	prednisone 5 mg/5ml.....	51	PROLASTIN-C.....	78
potassium chloride 10 meq, 8	69	prednisone 5 mg/ml.....	51	PROLENSA.....	74
meq.....	69	PREMARIN 0.3 MG, 0.45 MG,		PROLEUKIN.....	36
potassium chloride 2 meq/ml	69	0.625 MG, 0.9 MG, 1.25		PROLIA.....	58
POTASSIUM CHLORIDE	69	MG.....	61	PROMACTA 12.5 MG.....	65
ER.....	69	PREMARIN 0.625 MG/GM	82	PROMACTA 25 MG.....	65
potassium chloride in dextrose &	69	PREMPHASE.....	61	PROMACTA 50 MG.....	65
sodium chloride 0.45%-20meq/l-	69	PREMPRO.....	61	PROMACTA 75 MG.....	65
5%.....	69	PREPOPIK.....	66	promethazine hcl 12.5 mg, 25	26
potassium chloride	69	PREVACID 15 MG.....	80	mg.....	26
microencapsulated crystals	69	PREVACID 30 MG.....	80	promethazine hcl 12.5 mg, 25	26
cr.....	69	PREVPAC.....	81	mg, 50 mg.....	26
potassium citrate (alkalinizer)	63	PREZCOBIX.....	41	promethazine hcl 25 mg/ml, 50	26
1080 mg.....	63	PREZISTA 100 MG/ML.....	41	mg/ml.....	26
potassium citrate (alkalinizer)	540				
mg.....	63				

promethazine hcl 6.25 mg/5ml	26	RAGWITEK	45	RESCULA	74
PROMETRIUM	76	raloxifene hcl	59	reserpine 0.1 mg, 0.25 mg	29
propafenone hcl	12	ramipril	29	RESTASIS	73
proparacaine hcl	73	RANEXA	10	RESTORIL	66
propranolol hcl 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	45	ranitidine hcl 15 mg/ml, 150 mg/10ml, 75 mg/5ml	80	RETIN-A	52
propranolol hcl 120 mg, 160 mg, 60 mg, 80 mg	45	ranitidine hcl 150 mg	80	RETIN-A MICRO	52
propylthiouracil	79	ranitidine hcl 150 mg, 300 mg	80	RETIN-A MICRO PUMP 0.04 %, 0.1 %	52
PROQUAD	82	ranitidine hcl 300 mg	80	RETIN-A MICRO PUMP 0.08 %	52
PROSCAR	63	RAPAFLO	64	RETROVIR	41
PROTONIX 20 MG, 40 MG	80	RAPAMUNE 0.5 MG	44	RETROVIR IV INFUSION	41
PROTONIX 40 MG	80	RAPAMUNE 1 MG, 2 MG	44	REVATIO 10 MG/12.5ML	47
PROTOPIC	56	RAPAMUNE 1 MG/ML	44	REVATIO 20 MG	47
protriptyline hcl	20	RASUVO	2	REVLIMID	43
PROVENTIL HFA	14	RAYOS 2 MG, 5 MG	51	REXULTI 0.25 MG	40
PROVERA	76	RAZADYNE	76	REXULTI 0.5 MG	40
PROVIGIL	1	RAZADYNE ER	76	REXULTI 1 MG	40
PROZAC	19	REBETOL 200 MG	43	REXULTI 2 MG	40
PROZAC WEEKLY	19	REBETOL 40 MG/ML	43	REXULTI 3 MG, 4 MG	40
PULMICORT 0.25 MG/2ML	13	REBIF	77	REYATAZ 150 MG, 200 MG, 300 MG	41
PULMICORT 0.5 MG/2ML	13	REBIF REBIDOSE	77	REYATAZ 50 MG	41
PULMICORT 1 MG/2ML	13	REBIF REBIDOSE TITRATIONPACK	77	RHEUMATREX	2
PULMICORT FLEXHALER 180 MCG/ACT	13	REBIF TITRATION PACK	77	RHINOCORT AQUA	71
PULMICORT FLEXHALER 90 MCG/ACT	13	RECLAST	58	RIBASPHERE 600 MG	43
PULMOZYME	78	RECOMBIVAX HB	82	RIBASPHERE RIBAPAK 600 MG	43
PURINETHOL	33	RECTIV	8	RIBATAB 600 MG	43
PURIXAN	33	REGLAN	62	ribavirin (hepatitis c)	43
PYLERA	81	REGRANEX	57	RIDAURA	2
pyrazinamide	32	RELENZA DISKHALER	43	rifabutin	32
pyridostigmine bromide 180 mg	31	RELISTOR 12 MG/0.6ML	63	RIFADIN	32
pyridostigmine bromide 60 mg	31	RELISTOR 8 MG/0.4ML	63	rifampin 150 mg, 300 mg	32
QNASL	71	RELPAK	68	rifampin 600 mg	32
QNASL CHILDRENS	71	REMERON	18	RIFATER	31
QUALAQUIN	31	REMERON SOLTAB	18	RILUTEK	71
QUARTETTE	49	REMICADE	62	riluzole	71
quetiapine fumarate	39	REMODULIN	47	rimantadine hydrochloride	43
quinapril hcl	28	RENAGEL 800 MG	63	RIOMET	22
quinapril-hydrochlorothiazide	30	REVELA	63	risedronate sodium 150 mg	58
quinidine gluconate 324 mg	12	repaglinide 0.5 mg	23	risedronate sodium 30 mg, 5 mg	59
quinidine sulfate 300 mg	12	repaglinide 1 mg	23	risedronate sodium 35 mg	59
quinine sulfate	31	repaglinide 2 mg	23	RISPERDAL	39
QVAR	13	REQUIP	38	RISPERDAL CONSTA 12.5 MG	39
RABAVERT	82	REQUIP XL	38	RISPERDAL CONSTA 25 MG	39
		RESCRIPTOR 100 MG	41		
		RESCRIPTOR 200 MG	41		

RISPERDAL CONSTA 37.5 MG, 50 MG.....	39	SANTYL.....	56	simvastatin 80 mg.....	28
RISPERDAL M-TAB.....	39	SAPHRIS 10 MG.....	39	SINEMET.....	38
risperidone.....	39	SAPHRIS 2.5 MG.....	39	SINEMET CR.....	38
RITALIN.....	1	SAPHRIS 5 MG.....	39	SINGULAIR 10 MG.....	13
RITALIN LA 10 MG.....	1	SAVAYSA.....	14	SINGULAIR 4 MG, 5 MG.....	13
RITALIN LA 20 MG, 30 MG, 40 MG.....	2	SAVELLA.....	77	sirolimus 0.5 mg, 1 mg.....	44
RITALIN SR.....	2	SAVELLA TITRATION PACK.....	77	sirolimus 2 mg.....	44
RITUXAN.....	34	SEASONIQUE.....	49	SIRTURO.....	32
rivastigmine.....	76	SECTRAL.....	45	SIVEXTRO.....	10
rivastigmine tartrate.....	76	selegiline hcl.....	38	SKELAXIN.....	70
rizatriptan benzoate 10 mg.....	68	selenium sulfide 2.5 %.....	54	sodium chloride (gu irrigant).....	63
rizatriptan benzoate 5 mg.....	68	SELZENTRY.....	41	sodium chloride 0.45 %.....	69
ROBAXIN 500 MG.....	70	SEMPREX-D.....	51	sodium chloride 0.9 %.....	69
ROBAXIN-750.....	70	SENSIPAR 30 MG.....	60	sodium fluoride 1 mg.....	69
ROBINUL 0.2 MG/ML.....	79	SENSIPAR 60 MG, 90 MG.....	60	sodium polystyrene sulfonate.....	44
ROBINUL 1 MG.....	79	SEREVENT DISKUS.....	14	sodium polystyrene sulfonate 15 gm/60ml.....	44
ROBINUL FORTE.....	79	SEROQUEL 100 MG, 200 MG, 25 MG, 50 MG.....	39	SOLARAZE.....	53
ROCALTROL.....	60	SEROQUEL 300 MG, 400 MG.....	39	SOLTAMOX.....	34
ropinirole hydrochloride.....	38	SEROQUEL XR.....	39	SOLU-CORTEF 100 MG, 250 MG.....	51
ROTARIX.....	82	SEROSTIM 4 MG, 6 MG.....	59	SOLU-MEDROL 1000 MG, 125 MG, 40 MG.....	51
ROTATEQ.....	82	sertraline hcl 100 mg, 25 mg, 50 mg.....	19	SOLU-MEDROL 2 GM.....	51
ROWASA.....	62	sertraline hcl 20 mg/ml.....	19	SOMA 350 MG.....	70
ROXICODONE 15 MG.....	6	SEVELAMER CARBONATE.....	63	SOMATULINE DEPOT.....	60
ROXICODONE 30 MG.....	6	SIGNIFOR.....	60	SOMAVERT.....	59
ROXICODONE 5 MG.....	6	SIGNIFOR LAR 20 MG.....	60	SONATA.....	66
ROZEREM.....	66	SIGNIFOR LAR 40 MG, 60 MG.....	60	SOOLANTRA.....	57
RUCONEST.....	64	sildenafil citrate (pulmonary hypertension).....	47	SORIATANE.....	53
RYTARY.....	38	SILENOR.....	66	SORILUX.....	53
RYTHMOL.....	12	SILVADENE.....	54	sotalol hcl.....	45
RYTHMOL SR.....	12	silver sulfadiazine.....	54	sotalol hcl (afib/afi).....	45
SABRIL.....	17	SIMBRINZA.....	72	Sotalol Hcl IV Soln.....	45
SAFYRAL.....	49	SIMCOR 20MG-1000MG, 20MG-500MG, 20MG- 750MG.....	27	SOTYLIZE.....	45
SALAGEN.....	70	SIMCOR 40MG-1000MG, 40MG-500MG.....	27	SOVALDI.....	43
SAMSCA.....	60	SIMPONI.....	2	SPIRIVA HANDIHALER.....	12
SANCTURA.....	81	SIMPONI ARIA.....	2	SPIRIVA RESPIMAT 1.25 MCG/ACT.....	12
SANCTURA XR.....	81	SIMULECT.....	44	SPIRIVA RESPIMAT 2.5 MCG/ACT.....	12
SANCUSO.....	24	simvastatin 10 mg.....	27	spironolactone & hydrochlorothiazide.....	57
SANDIMMUNE 100 MG, 25 MG.....	44	simvastatin 20 mg.....	27	spironolactone 100 mg, 25 mg, 50 mg.....	58
SANDIMMUNE 100 MG/ML.....	44	simvastatin 40 mg.....	28	SPORANOX 10 MG/ML.....	26
SANDIMMUNE 50 MG/ML.....	44	simvastatin 5 mg.....	28	SPORANOX 100 MG.....	26
SANDOSTATIN 100 MCG/ML.....	60			SPORANOX PULSEPAK.....	26
SANDOSTATIN 200 MCG/ML, 50 MCG/ML.....	60			SPRIX.....	3
SANDOSTATIN LAR DEPOT 20 MG, 30 MG.....	60				

SPRYCEL.....	35	sumatriptan succinate 25 mg.....	68	TAXOTERE.....	37
STALEVO 100.....	38	sumatriptan succinate 4 mg/0.5ml.....	68	TAZORAC.....	54
STALEVO 125.....	38	sumatriptan succinate 50 mg.....	69	TECFIDERA.....	77
STALEVO 150.....	38	sumatriptan succinate 6 mg/0.5ml.....	68	TECFIDERA STARTER PACK.....	77
STALEVO 200.....	38	SUMAVEL DOSEPRO 4 MG/0.5ML.....	69	TEFLARO.....	48
STALEVO 50.....	38	SUMAVEL DOSEPRO 6 MG/0.5ML.....	69	TEGRETOL.....	17
STALEVO 75.....	38	SUPRAX 400 MG.....	48	TEGRETOL-XR.....	17
STARLIX.....	23	SUPRAX 500 MG/5ML.....	48	TEKAMLO 150MG-10MG.....	30
stavudine 1 mg/ml.....	42	SUPREP BOWEL PREP.....	66	TEKAMLO 150MG-5MG.....	30
stavudine 15 mg.....	41	SURMONTIL.....	20	TEKURNA.....	31
stavudine 20 mg, 30 mg, 40 mg.....	41	SUSTIVA 200 MG, 50 MG.....	42	TEKURNA HCT.....	30
STELARA.....	53	SUSTIVA 600 MG.....	42	telmisartan.....	29
STIMATE.....	60	SUTENT.....	35	telmisartan-amlodipine.....	30
STIOLTO RESPIMAT.....	14	SYLATRON.....	36	telmisartan-hydrochlorothiazide.....	30
STIVARGA.....	35	SYMBICORT.....	14	temazepam.....	66
STRATTERA 10 MG.....	1	SYMBYAX.....	77	TEMODAR 100 MG.....	32
STRATTERA 100 MG, 60 MG, 80 MG.....	1	SYMLINPEN 120.....	20	TEMOVATE.....	56
STRATTERA 18 MG.....	1	SYMLINPEN 60.....	20	TEMOVATE E.....	56
STRATTERA 25 MG.....	1	SYNAGIS.....	75	TENEX.....	29
STRATTERA 40 MG.....	1	SYNALAR.....	56	TENIVAC.....	79
STRIBILD.....	42	SYNAREL.....	59	TENORETIC 100.....	30
STRIVERDI RESPIMAT.....	14	SYNERCID.....	10	TENORETIC 50.....	31
STROMECTOL.....	9	SYNRIBO.....	36	TENORMIN.....	45
SUBOXONE.....	8	SYNTHROID.....	79	TERAZOL 3.....	82
SUBSYS 100 MCG, 200 MCG.....	7	SYPRINE.....	43	TERAZOL 7.....	82
SUBSYS 1200 MCG, 1600 MCG.....	7	TABLOID.....	33	terazosin hcl.....	29
SUBSYS 400 MCG, 600 MCG, 800 MCG.....	7	TACLONEX.....	56	terbutaline sulfate 2.5 mg, 5 mg.....	14
sucralfate.....	80	tacrolimus (topical).....	56	terconazole vaginal.....	82
SULAR.....	46	tacrolimus 0.5 mg, 1 mg, 5 mg.....	44	TESTIM.....	8
sulfacetamide sod-prednisolone.....	73	TAFINLAR.....	35	TESTOSTERONE 1 %, 10 MG/ACT, 50 MG/5GM.....	8
sulfacetamide sodium (acne).....	52	TALWIN.....	8	TESTOSTERONE 25 MG/2.5GM.....	8
sulfacetamide sodium (ophth).....	72	TAMIFLU.....	43	testosterone 25 mg/2.5gm, 50 mg/5gm.....	8
sulfadiazine.....	78	tamoxifen citrate 10 mg, 20 mg.....	34	testosterone cypionate.....	8
sulfamethoxazole-trimethoprim 160mg-800mg, 80mg-400mg.....	9	tamsulosin hcl.....	64	testosterone enanthate.....	8
sulfamethoxazole-trimethoprim 40mg/5ml-200mg/5ml.....	9	TANZEUM.....	22	TESTOSTERONE PUMP.....	8
sulfamethoxazole-trimethoprim 80mg/5ml-400mg/5ml.....	9	TARCEVA.....	35	TETANUS TOXOID ADSORBED.....	79
SULFAMYLON 85 MG/GM.....	54	TARGRETIN.....	36	TETANUS/DIPHThERIA TOXOIDS-ADSORBED.....	79
sulfasalazine.....	62	TARKA 2MG-240MG, 4MG-240MG.....	30	TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT.....	79
sulindac 150 mg, 200 mg.....	3	TASIGNA.....	35	tetrabenazine.....	77
sumatriptan succinate 100 mg.....	68	TASMAR.....	37		
		TAXOL.....	37		

tetracycline hcl 250 mg, 500 mg.....	78	tolmetin sodium 400 mg.....	3	triamcinolone acetonide (nasal).....	71
TEV-TROPIN.....	59	tolterodine tartrate.....	81	triamcinolone acetonide (topical).....	56
THALOMID.....	43	TOPAMAX.....	17	triamterene & hydrochlorothiazide.....	57
theophylline 100 mg, 200 mg, 300 mg, 450 mg.....	14	TOPAMAX SPRINKLE.....	17	triazolam.....	66
theophylline 400 mg, 600 mg.....	14	TOPICORT 0.05 %.....	56	TRIBENZOR.....	31
THERACYS.....	36	TOPICORT 0.25 %.....	56	TRICOR.....	27
thioridazine hcl 10 mg, 100 mg, 25 mg, 50 mg.....	40	topiramate 100 mg, 200 mg, 25 mg, 50 mg.....	17	trifluoperazine hcl.....	40
THIOTEPA.....	32	topiramate 15 mg, 25 mg.....	17	trifluridine.....	73
thiothixene.....	40	topotecan hcl 4 mg.....	37	trihexyphenidyl hcl.....	37
THYMOGLOBULIN.....	44	TOPROL XL.....	45	TRILEPTAL.....	17
tiagabine hcl 2 mg.....	17	TORISEL.....	35	TRILIPIX.....	27
tiagabine hcl 4 mg.....	17	torsemide 10 mg, 100 mg, 20 mg, 5 mg.....	58	trimethobenzamide hcl 100 mg/ml.....	25
TIAZAC.....	46	TOTECT.....	36	trimethobenzamide hcl 300 mg.....	25
TICE BCG.....	36	TOUJEO SOLOSTAR.....	23	trimethoprim.....	9
ticlopidine hcl.....	64	TOVIAZ.....	81	trimipramine maleate 100 mg, 25 mg, 50 mg.....	20
TIGAN.....	25	TRACLEER.....	47	TRISENOX.....	36
TIKOSYN.....	12	TRADJENTA.....	22	TRIUMEQ.....	42
timolol maleate (ophth) 0.25 %, 0.5 %.....	72	tramadol hcl 100 mg.....	7	TRIZIVIR.....	42
TIMOPTIC.....	72	tramadol hcl 200 mg, 300 mg.....	7	tropium chloride.....	81
TIMOPTIC-XE.....	72	tramadol hcl 50 mg.....	7	TRULICITY.....	22
TINDAMAX.....	9	tramadol-acetaminophen.....	7	TRUSOPT.....	74
tinidazole 250 mg, 500 mg.....	9	TRANDATE.....	45	TRUVADA.....	42
TIVICAY.....	42	trandolapril.....	29	TUDORZA PRESSAIR.....	12
tizanidine hcl 2 mg.....	70	trandolapril-verapamil hcl 2mg-240mg, 4mg-240mg.....	31	TWINRIX.....	82
tizanidine hcl 4 mg.....	70	tranexamic acid 100 mg/ml.....	65	TWYNSTA.....	31
tizanidine hcl 6 mg.....	70	tranexamic acid 650 mg.....	65	TYBOST.....	42
TOBI.....	2	TRANSDERM-SCOP.....	25	TYKERB.....	35
TOBI PODHALER.....	2	TRANXENE T.....	12	TYPHIM VI.....	82
TOBRADEX.....	73	tranylcypromine sulfate.....	19	TYSABRI.....	77
TOBRADEX ST.....	73	TRAVATAN Z.....	74	TYVASO.....	47
tobramycin.....	2	trazodone hcl 100 mg, 150 mg, 300 mg, 50 mg.....	19	TYVASO REFILL.....	47
tobramycin (ophth).....	72	TREANDA.....	32	TYVASO STARTER.....	47
tobramycin sulfate 1.2 gm.....	2	TRECATOR.....	32	TYZEKA.....	43
tobramycin sulfate 1.2 gm/30ml, 40 mg/ml, 80 mg/2ml.....	2	TRELSTAR.....	34	UCERIS 2 MG/ACT.....	8
tobramycin sulfate 10 mg/ml.....	2	TRELSTAR MIXJECT.....	34	UCERIS 9 MG.....	51
tobramycin-dexamethasone.....	73	tretinoin (chemotherapy).....	36	ULORIC.....	64
TOBREX.....	72	tretinoin 0.01 %, 0.025 %, 0.05 %.....	52	ULTRACET.....	7
TOFRANIL-PM.....	20	tretinoin 0.025 %, 0.05 %, 0.1 %.....	52	ULTRAM.....	7
tolazamide 250 mg.....	24	tretinoin 0.038 %.....	52	ULTRAM ER 100 MG.....	7
TOLAZAMIDE 500 MG.....	24	tretinoin microsphere.....	52	ULTRAM ER 200 MG, 300 MG.....	7
TOLBUTAMIDE.....	24	TREXIMET.....	68	ULTRAVATE.....	56
tolcapone.....	37	triamcinolone acetonide (mouth).....	70		
tolmetin sodium 200 mg.....	4				

UNASYN 1GM-2GM.....	75	VELCADE.....	35	vinblastine sulfate.....	37
UNIRETIC.....	31	VELPHORO.....	63	vincristine sulfate.....	37
UNIVASC.....	29	VELTIN.....	52	vinorelbine tartrate.....	37
UROCIT-K 10.....	63	venlafaxine hcl 100 mg.....	20	VIOKACE.....	57
UROCIT-K 5.....	63	venlafaxine hcl 150 mg.....	20	VIRACEPT.....	42
UROXATRAL.....	64	venlafaxine hcl 25 mg.....	20	VIRAMUNE 200 MG.....	42
URSO 250.....	62	venlafaxine hcl 37.5 mg.....	20	VIRAMUNE 50 MG/5ML.....	42
URSO FORTE.....	62	venlafaxine hcl 50 mg.....	20	VIRAMUNE XR 100 MG.....	42
ursodiol 250 mg, 500 mg.....	62	venlafaxine hcl 75 mg.....	20	VIRAMUNE XR 400 MG.....	42
ursodiol 300 mg.....	62	VENLAFAXINE HCL ER.....	20	VIRAZOLE.....	43
UVADEX.....	36	VENTAVIS 10 MCG/ML.....	47	VIREAD 150 MG, 200 MG, 300 MG.....	42
VAGIFEM.....	82	VENTAVIS 20 MCG/ML.....	47	VIREAD 250 MG.....	42
valacyclovir hcl 1 gm, 1000 mg, 500 mg.....	43	VENTOLIN HFA.....	14	VIREAD 40 MG/GM.....	42
VALCHLOR.....	53	VERAMYST.....	71	VIROPTIC.....	73
VALCYTE.....	42	verapamil hcl 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg.....	46	VISTARIL.....	11
valganciclovir hcl.....	42	verapamil hcl 120 mg, 180 mg, 240 mg.....	46	VISTIDE.....	42
VALIUM.....	12	verapamil hcl 120 mg, 40 mg, 80 mg.....	46	VITEKTA.....	42
valproate sodium 100 mg/ml, 500 mg/5ml.....	18	VEREGEN.....	52	VIVELLE-DOT.....	61
valproate sodium 250 mg/5ml.....	18	VERELAN.....	46	VOGELXO.....	8
valproic acid.....	18	VERELAN PM.....	46	VOGELXO PUMP.....	8
valsartan.....	29	VERSACLOZ.....	39	VOLTAREN.....	52
valsartan-hydrochlorothiazide	31	VESICARE.....	81	VOLTAREN-XR.....	4
VALSTAR.....	35	VEXOL.....	73	voriconazole 200 mg.....	26
VALTREX.....	43	VFEND 200 MG, 50 MG.....	26	voriconazole 200 mg, 50 mg.....	26
VANCOCIN HCL.....	9	VFEND IV.....	26	VOSOL HC.....	74
vancomycin hcl 10 gm, 1000 mg, 5000 mg.....	9	VIBRAMYCIN 100 MG.....	78	VOTRIENT.....	35
vancomycin hcl 125 mg, 250 mg.....	9	VIBRAMYCIN 25 MG/5ML.....	79	VPRIV.....	64
vancomycin hcl 500 mg.....	9	VIBRAMYCIN 50 MG/5ML.....	79	VYTORIN 10MG-10MG.....	26
VANCOMYCIN HCL IN DEXTROSE.....	9	VICOPROFEN.....	7	VYTORIN 10MG-20MG.....	26
VANOS.....	56	VICTOZA.....	22	VYTORIN 40MG-10MG.....	26
VANTAS.....	34	VICTRELIS.....	43	VYTORIN 80MG-10MG.....	26
VAQTA.....	82	VIDAZA.....	33	VYVANSE 10 MG.....	1
VARIVAX.....	82	VIDEX EC.....	42	VYVANSE 20 MG.....	1
VARIZIG.....	75	VIDEXPEDIATRIC.....	42	VYVANSE 30 MG.....	1
VASCEPA.....	26	VIEKIRA PAK.....	43	VYVANSE 40 MG, 50 MG, 60 MG, 70 MG.....	1
VASERETIC.....	31	VIGAMOX.....	73	warfarin sodium.....	14
VASOTEC 10 MG.....	29	VIIBRYD.....	19	water for irrigation, sterile.....	44
VASOTEC 2.5 MG.....	29	VIIBRYD STARTER PACK.....	19	WELCHOL.....	27
VASOTEC 20 MG.....	29	VIMIZIM.....	60	WELLBUTRIN 100 MG.....	18
VASOTEC 5 MG.....	29	VIMOVO.....	4	WELLBUTRIN 75 MG.....	18
VECTIBIX.....	34	VIMPAT 10 MG/ML.....	17	WELLBUTRIN SR 100 MG.....	18
VECTICAL.....	54	VIMPAT 100 MG, 150 MG, 200 MG, 50 MG.....	17	WELLBUTRIN SR 150 MG, 200 MG.....	18
		VIMPAT 200 MG/20ML.....	17	WELLBUTRIN XL 150 MG.....	18
				WELLBUTRIN XL 300 MG.....	18

WESTCORT	56	ZAVESCA	65	ZOCOR 10 MG	28
XALATAN	74	ZEBETA	45	ZOCOR 20 MG	28
XALKORI	35	ZEGERID 20MG-1100MG	81	ZOCOR 40 MG	28
XANAX	12	ZEGERID 20MG-1680MG	81	ZOCOR 5 MG	28
XANAX XR	12	ZEGERID 40MG-1100MG	81	ZOCOR 80 MG	28
XARELTO	14	ZEGERID 40MG-1680MG	81	ZOFRAN 4 MG, 8 MG	25
XARELTO STARTER PACK	14	ZELAPAR	38	ZOFRAN 4 MG/5ML	25
XELJANZ	2	ZELBORAF	35	ZOFRAN 40 MG/20ML	25
XENAZINE	77	ZEMAIRA	78	ZOFRAN ODT	24
XEOMIN	71	ZEMPLAR 1 MCG, 2 MCG, 4 MCG	60	ZOHYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	7
XERESE	54	ZENPEP 10000UNIT-3000UNIT-16000UNIT, 17000UNIT-5000UNIT-27000UNIT, 34000UNIT-10000UNIT-55000UNIT, 51000UNIT-15000UNIT-82000UNIT, 68000UNIT-20000UNIT-109000UNIT, 85000UNIT-25000UNIT-136000UNIT	57	ZOLADEX	34
XGEVA	59	ZENPEP 136000UNIT-40000UNIT-218000UNIT	57	ZOLEDRONIC ACID 4 MG	59
XIAFLEX	43	ZERIT	42	zoledronic acid 4 mg/5ml	59
XIFAXAN	9	ZESTORETIC	31	zoledronic acid 5 mg/100ml	59
XIGDUO XR 10MG-1000MG, 10MG-500MG	21	ZESTRIL	29	ZOLINZA	35
XIGDUO XR 5MG-1000MG, 5MG-500MG	21	ZETIA	28	zolmitriptan 2.5 mg	69
XOLAIR	12	ZETONNA	71	zolmitriptan 5 mg	69
XOPENEX	14	ZIAC	31	ZOLOFT	19
XOPENEX CONCENTRATE	14	ZIAGEN 20 MG/ML	42	zolpidem tartrate 10 mg	66
XOPENEX HFA	14	ZIAGEN 300 MG	42	zolpidem tartrate 12.5 mg	66
XTANDI	34	ZIANA	52	zolpidem tartrate 5 mg	66
XYLOCAINE 1 %, 2 %	67	zidovudine 100 mg	42	zolpidem tartrate 6.25 mg	66
XYLOCAINE 20 MG/ML	12	zidovudine 300 mg	42	ZOLPIMIST	66
XYLOCAINE 4 %	56	zidovudine 50 mg/5ml	42	ZOMACTON 5 MG	59
XYLOCAINE-MPF 1 %	67	ZINACEF 1.5 GM, 7.5 GM	48	ZOMETA 4 MG/5ML	59
XYREM	76	ZINACEF 750 MG	48	ZOMIG 2.5 MG	69
XYZAL	26	ZINECARD	36	ZOMIG 5 MG	69
YASMIN 28	49	ZIOPTAN	74	ZOMIG NASAL SPRAY	69
YAZ	49	ziprasidone hcl	38	ZOMIG ZMT 2.5 MG	69
YERVOY	34	ZIPSOR	4	ZOMIG ZMT 5 MG	69
YF-VAX	82	ZIRGAN	73	ZONEGRAN	17
YONDELIS	32	ZITHROMAX 100 MG/5ML, 200 MG/5ML	67	zonisamide	17
zafirlukast	13	ZITHROMAX 250 MG, 500 MG, 600 MG	67	ZONTIVITY	64
zaleplon	66	ZITHROMAX 500 MG	67	ZORTRESS 0.25 MG	44
ZALTRAP	33	ZITHROMAX TRI-PAK	67	ZORTRESS 0.5 MG, 0.75 MG	44
ZANAFLEX 2 MG	70	ZITHROMAX Z-PAK	67	ZOSTAVAX	82
ZANAFLEX 4 MG	70	ZMAX	67	ZOSYN 0.25GM-2GM, 0.375GM-3GM, 0.5GM-4GM, 4.5GM-36GM	76
ZANAFLEX 6 MG	70			ZOSYN 0.25GM/50ML-2GM/50ML-5%, 0.375GM/50ML-3GM/50ML-5%, 0.5GM/100ML-4GM/100ML-5%	75
ZANOSAR	32			ZOVIRAX 200 MG	43
ZANTAC 15 MG/ML	80			ZOVIRAX 200 MG/5ML	43
ZANTAC 150 MG	80			ZOVIRAX 400 MG, 800 MG	43
ZANTAC 300 MG	80				
ZARONTIN	18				
ZAROXOLYN	58				
ZARXIO	65				

ZOVIRAX 5 %.....	54
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.....	78
ZYCLARA.....	56
ZYCLARA PUMP.....	56
ZYDELIG.....	35
ZYFLO CR.....	13
ZYKADIA.....	35
ZYLET.....	73
ZYLOPRIM 100 MG.....	64
ZYLOPRIM 300 MG.....	64
ZYMAXID.....	73
ZYPREXA 10 MG.....	39
ZYPREXA 10 MG, 2.5 MG, 5 MG, 7.5 MG.....	39
ZYPREXA 15 MG, 20 MG...	40
ZYPREXA ZYDIS.....	40
ZYTIGA.....	34
ZYVOX 100 MG/5ML.....	10
ZYVOX 2 MG/ML.....	10
ZYVOX 600 MG.....	10

This formulary was updated on 12/01/2015.
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