

2015 Value Formulary

(List of Covered Drugs)

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

Health Net Healthy Heart (HMO) *in Alameda, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Stanislaus and Yolo Counties,*
Health Net Jade (HMO SNP) *in Arizona,* Health Net Jade Cardiovascular (HMO SNP),
Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO),
Health Net Ruby Select (HMO), Health Net Seniority Plus Ruby (HMO), Health Net Violet (PPO),
Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO), and Health Net Violet Option 3 (PPO)

HPMS Approved Formulary File Submission ID 15441, Version Number 27

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

Arizona Plans: 1-800-977-7522

California HMO Plans: 1-800-275-4737

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

California PPO Plans: 1-800-960-4638

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

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

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Health Net. When it refers to “plan” or “our plan,” it means Health Net Healthy Heart (HMO) *in Alameda, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Stanislaus and Yolo Counties*, Health Net Jade (HMO SNP) *in Arizona*, Health Net Jade Cardiovascular (HMO SNP), Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Ruby (HMO), Health Net Violet (PPO), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO), and Health Net Violet Option 3 (PPO).

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 Healthy Heart (HMO) in Alameda, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Stanislaus and Yolo Counties, Health Net Jade (HMO SNP) in Arizona, Health Net Jade Cardiovascular (HMO SNP), Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Ruby (HMO), Health Net Violet (PPO), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO), and Health Net Violet Option 3 (PPO) Value 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 Healthy Heart (HMO) in Alameda, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Stanislaus and Yolo Counties, Health Net Jade (HMO SNP) in Arizona, Health Net Jade Cardiovascular (HMO SNP), Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Ruby (HMO), Health Net Violet (PPO), Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO), and Health Net Violet Option 3 (PPO) Value 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 Healthy Heart (HMO) in Alameda, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Stanislaus and Yolo Counties, Health Net Jade (HMO SNP) in Arizona, Health Net Jade Cardiovascular (HMO SNP), Health Net Ruby (HMO), Health Net Ruby 1 (HMO), Health Net Ruby 4 (HMO), Health Net Ruby Select (HMO), Health Net Seniority Plus Ruby (HMO), Health Net Violet (PPO),

Health Net Violet Option 1 (PPO), Health Net Violet Option 2 (PPO), and Health Net Violet Option 3 (PPO) Value 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 Healthy Heart (HMO)
in Alameda, Los Angeles, Orange,
Placer, Riverside, Sacramento,
San Bernardino, San Diego,
San Francisco, Stanislaus and
Yolo Counties, Health Net Jade
(HMO SNP) in Arizona,
Health Net Jade Cardiovascular
(HMO SNP), Health Net Ruby
(HMO), Health Net Ruby 1
(HMO), Health Net Ruby 4
(HMO), Health Net Ruby Select
(HMO), Health Net Seniority Plus
Ruby (HMO), Health Net Violet
(PPO), Health Net Violet Option 1
(PPO), Health Net Violet Option
2 (PPO), and Health Net Violet
Option 3 (PPO) Value 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 and may include some non-preferred generic drugs. Brand drugs in this tier are not eligible for exceptions for payment at a lower tier. |
| 4 | Tier 4 copayment | Non-Preferred brand drugs and may include some non-preferred generic 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 Value Formulary?" |

Abbreviations

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

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

| <i>Abbreviation</i> | <i>Definition</i> | <i>Description</i> |
|---------------------|-----------------------------------|---|
| RX/OTC | Prescription and Over-The-Counter | Certain drugs are available both in a prescription form and in an OTC form. Other than some insulins and insulin supplies, only prescription drugs are covered by Health Net Medicare Part D plans. |
| ST | Step Therapy | <p>In some cases, Health Net requires you to first try certain drugs to treat your medical condition before covering another drug for that condition.</p> <p>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.</p> |
| * | Additional Gap Coverage | <p>Only for Health Net Healthy Heart (HMO) plans in Los Angeles, Orange, Riverside, and San Bernardino counties and Health Net Seniority Plus Ruby (HMO) plan in San Diego County:</p> <p>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.</p> |

| 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 cp24 1.25mg-1.25mg-1.25mg-1.25mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 5mg-5mg-5mg-5mg, 6.25mg-6.25mg-6.25mg-6.25mg, 7.5mg-7.5mg-7.5mg-7.5mg | 3 | MO |
| amphetamine-dextroamphetamine tabs 1.25mg-1.25mg-1.25mg-1.25mg, 1.875mg-1.875mg-1.875mg-1.875mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.125mg-3.125mg-3.125mg-3.125mg, 3.75mg-3.75mg-3.75mg-3.75mg, 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg | 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 | 3 | MO |
| dextroamphetamine sulfate tabs 10 mg, 5 mg | 3 | MO |
| methamphetamine hcl | 4 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| 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 |
| STRATTERA 40 MG | 3 | QL(2 ea daily); MO |
| Stimulants - Misc. | | |
| CONCERTA (Use Methylphenidate HCl) | NF | MO |
| DAYTRANA 30 MG/9HR | 4 | MO |
| dexmethylphenidate hcl cp24 10 mg, 15 mg, 20 mg | 2 | MO; * |
| dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg | 1 | MO; * |
| FOCALIN (Use Dexmethylphenidate HCl) | NF | MO |
| FOCALIN XR 10 MG, 20 MG (Use Dexmethylphenidate HCl) | 4 | MO |
| FOCALIN XR 15 MG (Use Dexmethylphenidate HCl) | NF | MO |
| METADATE CD (Use Methylphenidate HCl) | NF | MO |
| methylphenidate hcl cp24 or 20 mg, 40 mg | 3 | MO |
| methylphenidate hcl cp24 or 30 mg | 2 | MO; * |
| methylphenidate hcl cpcr or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg | 2 | MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>methylphenidate hcl tabs or 10 mg, 20 mg, 5 mg</i> | 2 | MO; * |
| <i>methylphenidate hcl tb24 or 18 mg, 27 mg, 36 mg, 54 mg</i> | 3 | MO |
| <i>methylphenidate hcl tbc or 10 mg</i> | 2 | MO; * |
| <i>methylphenidate hcl tbc or 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i> | 3 | MO |
| <i>modafinil 100 mg</i> | 2 | PA; MO; * |
| <i>modafinil 200 mg</i> | 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 |
| RITALIN LA 20 MG, 30 MG, 40 MG (Use Methylphenidate HCl) | NF | MO |
| RITALIN SR (Use Methylphenidate HCl) | 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%-0.9mg/ml, 0.9%-1.4mg/ml, 0.9%-1.6mg/ml, 0.9%-1mg/ml, 0.9%-2mg/ml</i> | 2 | * |
| <i>gentamicin in saline 0.9%-1.2mg/ml</i> | 1 | * |
| <i>gentamicin sulfate soln ij 10 mg/ml, 40 mg/ml</i> | 1 | MO; * |
| <i>gentamicin sulfate soln iv 10 mg/ml</i> | 2 | * |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>neomycin sulfate tabs or</i> | 1 | MO; * |
| <i>paromomycin sulfate</i> | 3 | MO |
| TOBI (Use Tobramycin) | 5 | B/D |
| TOBI PODHALER | 5 | |
| <i>tobramycin nebu in</i> | 2 | B/D; * |
| <i>tobramycin sulfate in saline</i> | 2 | * |
| <i>tobramycin sulfate soln ij 1.2 gm/30ml, 40 mg/ml, 80 mg/2ml</i> | 1 | MO; * |
| <i>tobramycin sulfate soln ij 10 mg/ml</i> | 2 | * |
| <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 |
| 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 |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| 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 (Use Naproxen Sodium) | NF | MO |
| ANAPROX DS (Use Naproxen Sodium) | NF | MO |
| ARTHROTEC 50 (Use Diclofenac w/ Misoprostol) | NF | MO |
| ARTHROTEC 75 (Use Diclofenac w/ Misoprostol) | NF | MO |
| CATAFLAM (Use Diclofenac Potassium) | NF | MO |
| CELEBREX (Use Celecoxib) | 3 | MO |
| celecoxib | 2 | MO; * |
| DAYPRO (Use Oxaprozin) | NF | MO |
| diclofenac potassium | 2 | MO; * |
| diclofenac sodium tb24 or 100 mg | 2 | MO; * |
| diclofenac sodium tbec or 25 mg, 50 mg, 75 mg | 2 | MO; * |
| diclofenac w/ misoprostol | 3 | MO |
| DUEXIS | 4 | MO |
| EC-NAPROSYN (Use Naproxen) | NF | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------|
| etodolac caps or 200 mg, 300 mg | 2 | MO; * |
| etodolac tabs or 400 mg, 500 mg | 2 | MO; * |
| etodolac tb24 or 400 mg, 500 mg, 600 mg | 2 | MO; * |
| FELDENE (Use Piroxicam) | NF | MO |
| fenoprofen calcium tabs 600 mg | 2 | 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; * |
| ketoprofen caps or 50 mg, 75 mg | 2 | MO; * |
| ketoprofen cp24 or 200 mg | 3 | 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; * |
| meclofenamate sodium caps or 50 mg | 2 | MO; * |
| mefenamic acid caps or | 4 | MO |
| meloxicam tabs or 15 mg, 7.5 mg | 1 | MO; * |
| MOBIC TABS 15 MG, 7.5 MG (Use Meloxicam) | NF | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>nabumetone</i> | 2 | MO; * |
| NAPRELAN 375 MG (<i>Use Naproxen Sodium</i>) | 4 | MO |
| NAPRELAN 375 MG, 750 MG | 4 | MO |
| NAPROSYN (<i>Use Naproxen</i>) | NF | MO |
| <i>naproxen sodium tabs or 275 mg, 550 mg</i> | 2 | MO; * |
| <i>naproxen sodium tb24 or 375 mg</i> | 2 | MO; * |
| <i>naproxen tabs or 250 mg, 375 mg, 500 mg</i> | 1 | MO; * |
| <i>naproxen tbec or 375 mg, 500 mg</i> | 2 | MO; * |
| <i>oxaprozin</i> | 3 | MO |
| <i>piroxicam caps or 10 mg, 20 mg</i> | 2 | MO; * |
| PONSTEL (<i>Use Mefenamic Acid</i>) | 5 | MO |
| SPRIX | 4 | AL; MO |
| <i>sulindac tabs or 150 mg, 200 mg</i> | 2 | MO; * |
| <i>tolmetin sodium caps 400 mg</i> | 1 | MO; * |
| <i>tolmetin sodium tabs 200 mg</i> | 1 | MO; * |
| <i>tolmetin sodium tabs 600 mg</i> | 2 | 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> | 3 | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------|
| 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 |
| 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 |

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

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|---|-----------|--------------------------|
| DILAUDID TABS OR 2 MG (Use Hydromorphone HCl) | NF | QL(29 ea daily); MO | FENTORA 100 MCG, 200 MCG | 5 | PA; QL(6 ea daily); MO |
| DILAUDID TABS OR 4 MG (Use Hydromorphone HCl) | NF | QL(14 ea daily); MO | FENTORA 400 MCG, 600 MCG, 800 MCG | 5 | PA; QL(4 ea daily); MO |
| DILAUDID TABS OR 8 MG (Use Hydromorphone HCl) | NF | QL(7 ea daily); MO | HYDROMORPHONE HCL ER | 4 | QL(2 ea daily); MO |
| DILAUDID-HP SOLN 10 MG/ML (Use Hydromorphone HCl) | NF | MO | hydromorphone hcl liqd or 1 mg/ml | 3 | QL(30 ml daily); MO |
| DOLOPHINE 10 MG (Use Methadone HCl) | NF | QL(19 ea daily); MO | hydromorphone hcl soln ij 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml | 3 | MO |
| DOLOPHINE 5 MG (Use Methadone HCl) | NF | QL(38 ea daily); MO | hydromorphone hcl t24a or 12 mg | 2 | QL(4 ea daily); MO; * |
| DURAGESIC 100 MCG/HR (Use Fentanyl) | NF | QL(1 ea daily); MO | hydromorphone hcl t24a or 16 mg | 2 | QL(3.67 ea daily); MO; * |
| DURAGESIC 12 MCG/HR (Use Fentanyl) | NF | QL(1.44 ea daily); MO | hydromorphone hcl t24a or 8 mg | 2 | QL(7 ea daily); MO; * |
| DURAGESIC 25 MCG/HR (Use Fentanyl) | NF | QL(0.7 ea daily); MO | hydromorphone hcl tabs or 2 mg | 3 | QL(29 ea daily); MO |
| DURAGESIC 50 MCG/HR (Use Fentanyl) | NF | QL(0.74 ea daily); MO | hydromorphone hcl tabs or 4 mg | 3 | QL(14 ea daily); MO |
| DURAGESIC 75 MCG/HR (Use Fentanyl) | NF | QL(0.61 ea daily); MO | hydromorphone hcl tabs or 8 mg | 3 | QL(7 ea daily); MO |
| EXALGO 12 MG (Use Hydromorphone HCl) | 4 | QL(4 ea daily); MO | HYSINGLA ER 100 MG, 120 MG | 4 | PA; QL(2 ea daily) |
| EXALGO 16 MG (Use Hydromorphone HCl) | 4 | QL(3.67 ea daily); MO | HYSINGLA ER 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 4 | PA; QL(2 ea daily); MO |
| EXALGO 32 MG | 4 | QL(2 ea daily); MO | KADIAN 10 MG (Use Morphine Sulfate) | NF | QL(6 ea daily); MO |
| EXALGO 8 MG (Use Hydromorphone HCl) | 4 | QL(7 ea daily); MO | KADIAN 100 MG (Use Morphine Sulfate) | 5 | QL(6 ea daily); MO |
| fentanyl 100 mcg/hr | 4 | QL(1 ea daily); MO | KADIAN 130 MG, 150 MG | 4 | PA; QL(1 ea daily) |
| fentanyl 12 mcg/hr | 4 | QL(1.44 ea daily); MO | KADIAN 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (Use Morphine Sulfate) | NF | QL(5 ea daily); MO |
| fentanyl 25 mcg/hr | 4 | QL(0.7 ea daily); MO | KADIAN 40 MG, 70 MG | 4 | PA; QL(5 ea daily); MO |
| fentanyl 50 mcg/hr | 4 | QL(0.74 ea daily); MO | LAZANDA 100 MCG/ACT | 5 | PA; QL(6 ea daily); MO |
| fentanyl 75 mcg/hr | 4 | QL(0.61 ea daily); MO | LAZANDA 400 MCG/ACT | 5 | PA; QL(4 ea daily) |
| fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg | 5 | PA; QL(4 ea daily); MO | meperidine hcl tabs or 100 mg, 50 mg | 2 | AL; MO; * |
| fentanyl citrate lpop bu 200 mcg | 5 | PA; QL(6 ea daily); MO | methadone hcl soln or 10 mg/5ml | 2 | QL(20 ml daily); MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------|
| <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; * |
| <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> | 4 | QL(5 ea daily); MO |
| <i>morphine sulfate soln ij 0.5 mg/ml</i> | 2 | * |
| <i>morphine sulfate soln ij 1 mg/ml</i> | 2 | MO; * |
| <i>morphine sulfate soln or 10 mg/5ml</i> | 2 | QL(60 ml daily); MO; * |
| <i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i> | 2 | QL(6 ml daily); MO; * |
| <i>morphine sulfate soln or 20 mg/5ml</i> | 2 | QL(30 ml daily); MO; * |
| <i>morphine sulfate tabs or 15 mg</i> | 2 | QL(8 ea daily); MO; * |
| <i>morphine sulfate tabs or 30 mg</i> | 2 | QL(14 ea daily); MO; * |
| <i>morphine sulfate tbc or 100 mg</i> | 3 | QL(6 ea daily); MO |
| <i>morphine sulfate tbc or 15 mg</i> | 3 | QL(8 ea daily); MO |
| <i>morphine sulfate tbc or 200 mg</i> | 3 | QL(3 ea daily); MO |
| <i>morphine sulfate tbc or 30 mg, 60 mg</i> | 3 | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------|
| 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 10 MG (Use Oxymorphone HCl) | NF | QL(4 ea daily); MO |
| OPANA 5 MG (Use Oxymorphone HCl) | NF | QL(8 ea daily); MO |
| OXAYDO 5 MG | 4 | QL(17 ea daily); MO |
| OXAYDO 7.5 MG | 4 | QL(11 ea daily) |
| OXECTA 5 MG | 4 | QL(17 ea daily); MO |
| OXECTA 7.5 MG | 4 | QL(11 ea daily) |
| <i>oxycodone hcl caps or 5 mg</i> | 2 | QL(17 ea daily); MO; * |
| <i>oxycodone hcl conc or 100 mg/5ml, 20 mg/ml</i> | 4 | 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> | 3 | QL(16 ea daily); MO |
| <i>oxycodone hcl tabs or 15 mg</i> | 3 | QL(11 ea daily); MO |
| <i>oxycodone hcl tabs or 20 mg</i> | 3 | QL(8 ea daily); MO |
| <i>oxycodone hcl tabs or 30 mg</i> | 3 | QL(15 ea daily); MO |
| <i>oxycodone hcl tabs or 5 mg</i> | 3 | QL(17 ea daily); MO |
| OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG | 3 | QL(2 ea daily); MO |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| ZOXYDRO ER C12A 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG | 4 | PA; QL(2 ea daily); MO |
| ZOXYDRO 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> | 4 | AL; QL(13 ea daily); MO |
| <i>butalbital-acetaminophen-caffeine w/ codeine 325mg-50mg-40mg-30mg</i> | 4 | 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 caps 5mg-500mg</i> | 2 | QL(8 ea daily); MO; * |
| <i>hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml, 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i> | 2 | QL(184 ml daily); MO; * |
| <i>hydrocodone-acetaminophen tabs 10mg-300mg, 5mg-300mg, 7.5mg-300mg</i> | 2 | QL(13 ea daily); MO; * |
| <i>hydrocodone-acetaminophen tabs 10mg-325mg, 5mg-325mg, 7.5mg-325mg</i> | 2 | QL(12 ea daily); MO; * |
| <i>hydrocodone-ibuprofen 200mg-10mg, 200mg-5mg, 200mg-7.5mg</i> | 3 | MO |
| <i>oxycodone w/ acetaminophen soln 5mg/5ml-325mg/5ml</i> | 2 | QL(61 ml daily); * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| <i>oxycodone w/ acetaminophen tabs 10mg-325mg</i> | 3 | QL(12 ea daily); MO |
| <i>oxycodone w/ acetaminophen tabs 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> | 3 | PA; QL(16 ea daily); MO |
| <i>buprenorphine hcl subl sl 8 mg</i> | 3 | PA; QL(4 ea daily); MO |
| <i>buprenorphine hcl-naloxone hcl dihydrate 2mg-0.5mg</i> | 4 | PA; QL(16 ea daily); MO |
| <i>buprenorphine hcl-naloxone hcl dihydrate 8mg-2mg</i> | 4 | PA; QL(4 ea daily); MO |
| <i>butorphanol tartrate soln na 10 mg/ml</i> | 1 | QL(4.2 ml daily); MO; * |
| BUTRANS 10 MCG/HR | 3 | QL(0.29 ea daily); MO |
| BUTRANS 15 MCG/HR | 3 | QL(0.19 ea daily); MO |
| BUTRANS 20 MCG/HR, 7.5 MCG/HR | 3 | QL(0.15 ea daily); MO |
| BUTRANS 5 MCG/HR | 3 | QL(0.58 ea daily); MO |
| <i>pentazocine w/ naloxone</i> | 3 | AL; MO |
| SUBOXONE | 4 | PA; MO |
| TALWIN | 4 | AL |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| 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 10 MG (Use Oxandrolone) | 5 | MO |
| OXANDRIN 2.5 MG (Use Oxandrolone) | NF | MO |
| <i>oxandrolone tabs or 10 mg</i> | 5 | MO |
| <i>oxandrolone tabs or 2.5 mg</i> | 2 | MO; * |
| 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 (Use Testosterone) | 3 | GL; MO |
| ANDROGEL PUMP | 3 | GL; MO |
| AVEED | 4 | LA |
| AXIRON | 4 | GL; MO |
| <i>danazol caps or 100 mg, 200 mg</i> | 3 | MO |
| <i>danazol caps or 50 mg</i> | 1 | MO; * |
| <i>fluoxymesterone tabs or</i> | 2 | * |
| FORTESTA | 4 | GL; MO |
| <i>methyltestosterone caps or</i> | 2 | MO; * |
| <i>methyltestosterone tabs or</i> | 2 | * |
| NATESTO | 4 | GL; MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| 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> | 3 | MO |
| UCERIS FOAM RE 2 MG/ACT | 4 | |
| Rectal Combinations | | |
| ANALPRAM-HC SINGLES 1%-1% (<i>Use Hydrocortisone Acetate w/ Pramoxine</i>) | NF | MO |
| <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 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| RECTIV | 4 | MO |
| ANTHELMINTICS - Drugs to Treat Worm Infections | | |
| Anthelmintics | | |
| ALBENZA | 4 | MO |
| BILTRICIDE | 3 | MO |
| <i>ivermectin tabs or</i> | 2 | MO; * |
| STROMEKTOL (<i>Use Ivermectin</i>) | 4 | MO |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | | |
| Anti-infective Agents - Misc. | | |
| AZACTAM (<i>Use Aztreonam</i>) | NF | MO |
| <i>aztreonam</i> | 2 | MO; * |
| CAYSTON | 5 | |
| <i>colistimethate sodium solr ij</i> | 1 | MO; * |
| COLY-MYCIN M (<i>Use Colistimethate Sodium</i>) | NF | MO |
| FLAGYL CAPS 375 MG (<i>Use Metronidazole</i>) | NF | QL(10 ea daily); MO |
| FLAGYL ER | 4 | QL(5 ea daily) |
| FLAGYL TABS 250 MG (<i>Use Metronidazole</i>) | NF | QL(16 ea daily); MO |
| FLAGYL TABS 500 MG (<i>Use Metronidazole</i>) | NF | QL(8 ea daily); MO |
| <i>metronidazole caps or 375 mg</i> | 2 | QL(10 ea daily); MO; * |
| <i>metronidazole in nacl</i> | 1 | * |
| <i>metronidazole tabs or 250 mg</i> | 2 | QL(16 ea daily); MO; * |
| <i>metronidazole tabs or 500 mg</i> | 2 | QL(8 ea daily); MO; * |
| NEBUPENT | 3 | MO; B/D |
| PENTAM 300 | 4 | MO |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| DORIBAX 500 MG | 4 | |
| imipenem-cilastatin 250mg-250mg | 1 | MO; * |
| imipenem-cilastatin 500mg-500mg | 3 | MO |
| INVANZ IJ | 4 | MO |
| meropenem 1 gm | 5 | MO |
| meropenem 500 mg | 1 | MO; * |
| MERREM 1 GM (Use Meropenem) | 5 | MO |
| MERREM 500 MG (Use Meropenem) | NF | MO |
| PRIMAXIN IV (Use Imipenem-Cilastatin) | NF | MO |
| Chloramphenicols | | |
| chloramphenicol sodium succinate | 2 | * |
| Cyclic Lipopeptides | | |
| CUBICIN | 5 | |
| Glycylcyclines | | |
| TYGACIL | 5 | |
| Ketolides | | |
| KETEK 300 MG | 4 | |
| KETEK 400 MG | 4 | MO |
| Leprostatics | | |
| dapsone tabs or 100 mg, 25 mg | 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| CLEOCIN PHOSPHATE IV 300MG/50ML-5%, 600MG/50ML-5%, 900MG/50ML-5% (Use Clindamycin Phosphate in D5W) | 4 | |
| clindamycin hcl caps or 150 mg, 300 mg, 75 mg | 2 | MO; * |
| clindamycin palmitate hydrochloride | 3 | MO |
| clindamycin phosphate in d5w | 2 | * |
| clindamycin phosphate soln ij 150 mg/ml, 9000 mg/60ml | 1 | * |
| clindamycin phosphate soln ij 600 mg/4ml, 900 mg/6ml | 1 | MO; * |
| clindamycin phosphate soln iv 150 mg/ml, 600 mg/4ml | 2 | * |
| LINCOCIN | 4 | MO |
| Oxazolidinones | | |
| linezolid soln iv 2 mg/ml | 5 | |
| linezolid tabs or 600 mg | 5 | MO |
| SIVEXTRO SOLR IV | 5 | |
| SIVEXTRO TABS OR | 5 | MO |
| ZYVOX SOLN IV 2 MG/ML (Use Linezolid) | 5 | |
| ZYVOX SUSR OR 100 MG/5ML | 5 | MO |
| ZYVOX TABS OR 600 MG (Use Linezolid) | 5 | MO |
| Polymyxins | | |
| polymyxin b sulfate solr ij | 2 | * |
| Streptogramins | | |
| SYNERCID | 5 | |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Antianginals-Other | | |
| RANEXA | 4 | PA; MO |
| Nitrates | | |
| DILATRATE SR | 4 | MO |
| ISORDIL TITRADOSE 40 MG | 4 | MO |
| ISORDIL TITRADOSE 5 MG (Use Isosorbide Dinitrate) | NF | MO |
| isosorbide dinitrate subl sl 2.5 mg | 1 | * |
| isosorbide dinitrate tabs or 10 mg, 20 mg, 30 mg, 5 mg | 1 | MO; * |
| isosorbide dinitrate tbc or 40 mg | 1 | MO; * |
| isosorbide mononitrate tabs 10 mg | 2 | MO; * |
| isosorbide mononitrate tabs 20 mg | 1 | MO; * |
| isosorbide mononitrate tb24 120 mg, 30 mg, 60 mg | 1 | MO; * |
| NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin) | NF | MO |
| NITRO-DUR 0.3 MG/HR, 0.8 MG/HR | 4 | MO |
| NITROGLYCERIN LINGUAL | 4 | MO |
| nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr | 1 | MO; * |
| nitroglycerin soln iv 5 mg/ml | 2 | * |
| nitroglycerin soln tl 0.4 mg/spray | 2 | MO; * |
| NITROLINGUAL PUMPSPRAY (Use Nitroglycerin) | NF | MO |
| NITROMIST | 4 | MO |
| NITROSTAT | 3 | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety | | |
| Antianxiety Agents - Misc. | | |
| <i>buspirone hcl tabs or 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | MO; * |
| <i>hydroxyzine hcl soln im 25 mg/ml, 50 mg/ml</i> | 2 | AL; MO; * |
| <i>hydroxyzine hcl soln or 10 mg/5ml</i> | 2 | AL; MO; * |
| <i>hydroxyzine hcl syrp or 10 mg/5ml</i> | 2 | AL; MO; * |
| <i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i> | 2 | AL; MO; * |
| <i>hydroxyzine pamoate caps or 100 mg, 25 mg, 50 mg</i> | 2 | AL; MO; * |
| <i>meprobamate</i> | 3 | AL; MO |
| <i>VISTARIL (Use Hydroxyzine Pamoate)</i> | 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; * |
| <i>ATIVAN SOLN IJ 2 MG/ML (Use Lorazepam)</i> | NF | MO |
| <i>ATIVAN SOLN IJ 4 MG/ML (Use Lorazepam)</i> | NF | |
| <i>ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (Use Lorazepam)</i> | 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; * |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------------|
| <i>flecainide acetate 150 mg</i> | 1 | QL(2 ea daily); MO; * |
| <i>flecainide acetate 50 mg</i> | 1 | QL(8 ea daily); MO; * |
| <i>propafenone hcl</i> | 1 | MO; * |
| RYTHMOL (Use <i>Propafenone HCl</i>) | NF | MO |
| RYTHMOL SR (Use <i>Propafenone HCl</i>) | NF | MO |
| Antiarrhythmics Type III | | |
| <i>amiodarone hcl soln iv 900 mg/18ml</i> | 2 | * |
| <i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i> | 1 | MO; * |
| CORDARONE (Use <i>Amiodarone HCl</i>) | NF | MO |
| MULTAQ | 3 | MO |
| TIKOSYN | 4 | |
| 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 | 28 actuations; QL(0.28 gm daily); MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| SPIRIVA RESPIMAT 2.5 MCG/ACT | 3 | 60 actuations; QL(0.14 gm daily); MO |
| TUDORZA PRESSAIR | 3 | QL(0.04 ea daily); MO |
| Leukotriene Modulators | | |
| ACCOLATE (Use <i>Zafirlukast</i>) | NF | MO |
| <i>montelukast sodium chew 4 mg, 5 mg</i> | 3 | QL(1 ea daily); MO |
| <i>montelukast sodium tabs 10 mg</i> | 3 | QL(1 ea daily); MO |
| SINGULAIR CHEW 4 MG, 5 MG (Use <i>Montelukast Sodium</i>) | NF | QL(1 ea daily); MO |
| SINGULAIR TABS 10 MG (Use <i>Montelukast Sodium</i>) | NF | QL(1 ea daily); MO |
| <i>zafirlukast</i> | 1 | MO; * |
| ZYFLO CR | 5 | QL(4 ea daily); MO |
| 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 |

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

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

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| 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 |
| SYMBICORT | 4 | QL(0.34 gm daily); MO |
| <i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i> | 1 | MO; * |
| VENTOLIN HFA | 4 | MO |
| XOPENEX (Use <i>Levalbuterol HCl</i>) | NF | MO; B/D |
| XOPENEX CONCENTRATE (Use <i>Levalbuterol HCl</i>) | NF | MO; B/D |
| XOPENEX HFA | 4 | MO |
| Xanthines | | |
| <i>aminophylline</i> | 2 | MO; * |
| <i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i> | 1 | MO; * |
| <i>theophylline tb24 400 mg, 600 mg</i> | 1 | MO; * |
| 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 <i>Warfarin Sodium</i>) | 4 | MO |
| <i>warfarin sodium</i> | 1 | MO; * |
| Direct Factor Xa Inhibitors | | |
| ELIQUIS | 4 | MO |
| SAVAYSA | 4 | MO |
| XARELTO | 3 | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| 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 <i>Fondaparinux Sodium</i>) | 5 | MO |
| ARIXTRA 2.5 MG/0.5ML (Use <i>Fondaparinux Sodium</i>) | NF | MO |
| <i>enoxaparin sodium ij 300 mg/3ml</i> | 4 | MO |
| <i>enoxaparin sodium sc 100 mg/ml, 60 mg/0.6ml, 80 mg/0.8ml</i> | 3 | 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> | 4 | 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 <i>Enoxaparin Sodium</i>) | NF | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------|
| LOVENOX SC 100 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>Use Enoxaparin Sodium</i>) | NF | MO |
| LOVENOX SC 120 MG/0.8ML, 150 MG/ML (<i>Use Enoxaparin Sodium</i>) | 4 | MO |
| Thrombin Inhibitors | | |
| <i>argatroban 250 mg/2.5ml</i> | 2 | MO; * |
| PRADAXA | 3 | MO |
| 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 (<i>Use Clonazepam</i>) | 4 | QL(40 ea daily); MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| KLONOPIN 1 MG (<i>Use Clonazepam</i>) | 4 | QL(20 ea daily); MO |
| KLONOPIN 2 MG (<i>Use Clonazepam</i>) | 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 |
| 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> | 3 | 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 (<i>Use Carbamazepine</i>) | NF | MO |
| <i>gabapentin caps or 100 mg, 300 mg, 400 mg</i> | 2 | MO; * |
| <i>gabapentin soln or 250 mg/5ml</i> | 2 | MO; * |
| <i>gabapentin tabs or 600 mg, 800 mg</i> | 2 | MO; * |
| KEPPRA (<i>Use Levetiracetam</i>) | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| KEPPRA XR (<i>Use Levetiracetam</i>) | 4 | MO |
| LAMICTAL CHEWABLE DISPERSIBLE (<i>Use Lamotrigine</i>) | 4 | MO |
| LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (<i>Use Lamotrigine</i>) | 4 | MO |
| LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE | 4 | MO |
| LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE | 4 | MO |
| LAMICTAL STARTER/TAKING VALPROATE | 4 | MO |
| LAMICTAL TABS 100 MG, 150 MG, 200 MG, 25 MG (<i>Use Lamotrigine</i>) | 4 | MO |
| LAMICTAL XR KIT | 4 | MO |
| LAMICTAL XR TB24 100 MG, 250 MG (<i>Use Lamotrigine</i>) | 4 | MO |
| LAMICTAL XR TB24 200 MG, 25 MG, 300 MG, 50 MG (<i>Use Lamotrigine</i>) | NF | 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, 250 mg</i> | 2 | MO; * |
| <i>lamotrigine tb24 200 mg, 25 mg, 300 mg, 50 mg</i> | 4 | 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> | 3 | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i> | 3 | MO |
| <i>levetiracetam tabs or 1000 mg, 250 mg, 500 mg, 750 mg</i> | 3 | MO |
| <i>levetiracetam tb24 or 500 mg, 750 mg</i> | 3 | MO |
| LYRICA CAPS 100 MG | 3 | QL(6 ea daily); MO |
| LYRICA CAPS 150 MG | 3 | QL(4 ea daily); MO |
| LYRICA CAPS 200 MG | 3 | QL(3 ea daily); MO |
| LYRICA CAPS 225 MG, 300 MG | 3 | QL(2 ea daily); MO |
| LYRICA CAPS 25 MG | 3 | QL(24 ea daily); MO |
| LYRICA CAPS 50 MG | 3 | QL(12 ea daily); MO |
| LYRICA CAPS 75 MG | 3 | QL(8 ea daily); MO |
| LYRICA SOLN 20 MG/ML | 3 | QL(30 ml daily); MO |
| MYSOLINE (<i>Use Primidone</i>) | 4 | MO |
| NEURONTIN (<i>Use Gabapentin</i>) | 4 | MO |
| <i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</i> | 3 | MO |
| <i>oxcarbazepine tabs 150 mg, 300 mg, 600 mg</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 (<i>Use Carbamazepine</i>) | 4 | MO |
| TEGRETOL-XR 100 MG | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| TEGRETOL-XR 200 MG, 400 MG (<i>Use Carbamazepine</i>) | 4 | MO |
| TOPAMAX (<i>Use Topiramate</i>) | 4 | MO |
| TOPAMAX SPRINKLE (<i>Use Topiramate</i>) | 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 SUSP 300 MG/5ML (<i>Use Oxcarbazepine</i>) | NF | MO |
| TRILEPTAL TABS 150 MG, 300 MG, 600 MG (<i>Use Oxcarbazepine</i>) | 4 | MO |
| VIMPAT SOLN IV 200 MG/20ML | 4 | |
| VIMPAT SOLN OR 10 MG/ML | 4 | MO |
| VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG | 4 | MO |
| ZONEGRAN (<i>Use Zonisamide</i>) | 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 (<i>Use Felbamate</i>) | 4 | MO |
| FELBATOL TABS 400 MG (<i>Use Felbamate</i>) | 4 | MO |
| FELBATOL TABS 600 MG (<i>Use Felbamate</i>) | 5 | MO |
| GABA Modulators | | |
| GABITRIL 12 MG, 16 MG | 4 | MO |
| GABITRIL 2 MG, 4 MG (<i>Use Tiagabine HCl</i>) | NF | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| SABRIL | 5 | LA |
| <i>tiagabine hcl</i> | 4 | MO |
| Hydantoins | | |
| CEREBYX 100 MG PE/2ML (<i>Use Fosphenytoin Sodium</i>) | 4 | |
| CEREBYX 500 MG PE/10ML (<i>Use Fosphenytoin Sodium</i>) | 4 | MO |
| DILANTIN-125 (<i>Use Phenytoin</i>) | 4 | MO |
| <i>fosphenytoin sodium 100 mg pe/2ml</i> | 2 | * |
| <i>fosphenytoin sodium 500 mg pe/10ml</i> | 2 | MO; * |
| PEGANONE | 4 | MO |
| <i>phenytoin chew or 50 mg</i> | 2 | MO; * |
| <i>phenytoin sodium extended</i> | 2 | MO; * |
| <i>phenytoin sodium soln ij</i> | 2 | * |
| <i>phenytoin susp or 125 mg/5ml</i> | 2 | MO; * |
| 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 (<i>Use Ethosuximide</i>) | 4 | MO |
| Valproic Acid | | |
| DEPACON (<i>Use Valproate Sodium</i>) | 4 | |
| DEPAKENE (<i>Use Valproate Sodium</i>) | 4 | MO |
| DEPAKENE (<i>Use Valproic Acid</i>) | 4 | MO |
| DEPAKOTE (<i>Use Divalproex Sodium</i>) | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------|
| DEPAKOTE ER (<i>Use Divalproex Sodium</i>) | 4 | MO |
| DEPAKOTE SPRINKLES (<i>Use Divalproex Sodium</i>) | 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 (<i>Use Mirtazapine</i>) | NF | MO |
| REMERON SOLTAB (<i>Use Mirtazapine</i>) | NF | MO |
| 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> | 3 | QL(4.5 ea daily); MO |
| <i>bupropion hcl tabs or 75 mg</i> | 3 | QL(6 ea daily); MO |
| <i>bupropion hcl tb12 or 100 mg</i> | 3 | QL(4 ea daily); MO |
| <i>bupropion hcl tb12 or 150 mg, 200 mg</i> | 3 | QL(2 ea daily); MO |
| <i>bupropion hcl tb24 or 150 mg</i> | 3 | QL(3 ea daily); MO |
| <i>bupropion hcl tb24 or 300 mg</i> | 3 | 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; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------|
| WELLBUTRIN 100 MG (<i>Use Bupropion HCl</i>) | NF | QL(4.5 ea daily); MO |
| WELLBUTRIN 75 MG (<i>Use Bupropion HCl</i>) | NF | QL(6 ea daily); MO |
| WELLBUTRIN SR 100 MG (<i>Use Bupropion HCl</i>) | NF | QL(4 ea daily); MO |
| WELLBUTRIN SR 150 MG, 200 MG (<i>Use Bupropion HCl</i>) | NF | QL(2 ea daily); MO |
| WELLBUTRIN XL 150 MG (<i>Use Bupropion HCl</i>) | NF | QL(3 ea daily); MO |
| WELLBUTRIN XL 300 MG (<i>Use Bupropion HCl</i>) | NF | QL(1 ea daily); MO |
| Monoamine Oxidase Inhibitors (MAOIs) | | |
| EMSAM | 5 | MO |
| MARPLAN | 4 | MO |
| NARDIL (<i>Use Phenelzine Sulfate</i>) | NF | MO |
| PARNATE (<i>Use Tranylcypromine Sulfate</i>) | NF | MO |
| <i>phenelzine sulfate tabs or</i> | 4 | MO |
| <i>tranylcypromine sulfate</i> | 3 | 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> | 4 | 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> | 3 | MO |
| <i>fluoxetine hcl caps or 10 mg, 20 mg, 40 mg</i> | 2 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <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 cp24 100 mg, 150 mg</i> | 3 | MO |
| <i>fluvoxamine maleate tabs 100 mg, 25 mg, 50 mg</i> | 2 | MO; * |
| LEXAPRO (Use Escitalopram Oxalate) | NF | MO |
| LUVOX CR (Use Fluvoxamine Maleate) | NF | MO |
| <i>paroxetine hcl</i> | 2 | MO; * |
| PAXIL CR (Use Paroxetine HCl) | NF | MO |
| PAXIL SUSP 10 MG/5ML | 4 | MO |
| PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use Paroxetine HCl) | NF | MO |
| PEXEVA | 4 | ST; MO |
| PROZAC (Use Fluoxetine HCl) | NF | MO |
| PROZAC WEEKLY (Use Fluoxetine HCl) | NF | MO |
| <i>sertraline hcl conc or 20 mg/ml</i> | 2 | MO; * |
| <i>sertraline hcl tabs or 100 mg, 25 mg, 50 mg</i> | 1 | MO; * |
| ZOLOFT (Use Sertraline HCl) | NF | MO |
| 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; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| 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 (Use Duloxetine HCl) | 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> | 3 | MO |
| EFFEXOR XR 150 MG (Use Venlafaxine HCl) | NF | QL(1 ea daily); MO |
| EFFEXOR XR 37.5 MG (Use Venlafaxine HCl) | NF | QL(6 ea daily); MO |
| EFFEXOR XR 75 MG (Use Venlafaxine HCl) | NF | QL(3 ea daily); MO |
| FETZIMA 120 MG, 40 MG, 80 MG | 4 | ST; QL(1 ea daily); MO |
| FETZIMA 20 MG | 4 | ST; QL(2 ea daily); MO |
| FETZIMA TITRATION PACK | 4 | ST; MO |
| KHEDEZLA | 4 | ST; MO |
| PRISTIQ | 4 | ST; MO |
| <i>venlafaxine hcl cp24 150 mg</i> | 3 | QL(1 ea daily); MO |
| <i>venlafaxine hcl cp24 37.5 mg</i> | 3 | QL(6 ea daily); MO |
| <i>venlafaxine hcl cp24 75 mg</i> | 3 | 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; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| <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; * |
| <i>ANAFRANIL (Use Clomipramine HCl)</i> | NF | AL; MO |
| <i>clomipramine hcl caps or 25 mg, 50 mg</i> | 3 | AL; MO |
| <i>clomipramine hcl caps or 75 mg</i> | 2 | AL; MO; * |
| <i>desipramine hcl tabs or 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 4 | 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> | 4 | AL; MO |
| <i>NORPRAMIN (Use Desipramine HCl)</i> | NF | MO |
| <i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i> | 1 | MO; * |
| <i>nortriptyline hcl soln or 10 mg/5ml</i> | 2 | MO; * |
| <i>PAMELOR (Use Nortriptyline HCl)</i> | NF | MO |

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

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

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

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| <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 |
| 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 |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| NOVOLIN N | 4 | QL(1.5 ml daily); MO |
| NOVOLIN N RELION | 4 | QL(1.5 ml daily); MO |
| NOVOLIN R | 4 | QL(1.5 ml daily); MO |
| NOVOLIN R RELION | 4 | QL(1.5 ml daily); MO |
| NOVOLOG | 4 | QL(1.5 ml daily); MO |
| NOVOLOG FLEXPEN | 4 | QL(1.5 ml daily); MO |
| NOVOLOG MIX 70/30 | 4 | QL(1.5 ml daily); MO |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN | 4 | QL(1.5 ml daily); MO |
| NOVOLOG PENFILL | 4 | QL(1.5 ml daily); MO |
| TOUJEO SOLOSTAR | 3 | Limit 15mL per month; QL(0.5 ml daily); MO |
| Meglitinide Analogues | | |
| <i>nateglinide</i> | 6 | QL(3 ea daily); MO; * |
| PRANDIN 0.5 MG (<i>Use Repaglinide</i>) | NF | QL(32 ea daily); MO |
| PRANDIN 1 MG (<i>Use Repaglinide</i>) | NF | QL(16 ea daily); MO |
| PRANDIN 2 MG (<i>Use Repaglinide</i>) | NF | QL(8 ea daily); MO |
| <i>repaglinide 0.5 mg</i> | 6 | QL(32 ea daily); MO; * |
| <i>repaglinide 1 mg</i> | 6 | QL(16 ea daily); MO; * |
| <i>repaglinide 2 mg</i> | 6 | QL(8 ea daily); MO; * |
| STARLIX (<i>Use Nateglinide</i>) | NF | QL(3 ea daily); MO |
| Sodium-Glucose Co-Transporter 2 (SGLT2) | | |
| FARXIGA | 4 | MO |
| INVOKANA | 3 | MO |
| JARDIANCE 10 MG | 3 | QL(2 ea daily); MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------------|
| JARDIANCE 25 MG | 3 | QL(1 ea daily); MO |
| Sulfonylureas | | |
| AMARYL 1 MG (<i>Use Glimepiride</i>) | NF | QL(8 ea daily); MO |
| AMARYL 2 MG (<i>Use Glimepiride</i>) | NF | QL(4 ea daily); MO |
| AMARYL 4 MG (<i>Use Glimepiride</i>) | NF | QL(2 ea daily); MO |
| <i>chlorpropamide 100 mg</i> | 2 | AL; QL(7.5 ea daily); MO; * |
| <i>chlorpropamide 250 mg</i> | 2 | AL; QL(3 ea daily); MO; * |
| DIABETA 1.25 MG (<i>Use Glyburide</i>) | 4 | AL; QL(16 ea daily); MO |
| DIABETA 2.5 MG (<i>Use Glyburide</i>) | 4 | AL; QL(8 ea daily); MO |
| DIABETA 5 MG (<i>Use Glyburide</i>) | 4 | AL; 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; * |
| <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 |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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> | 3 | MO; B/D |
| <i>ondansetron</i> | 2 | MO; B/D; * |
| <i>ondansetron hcl soln ij 4 mg/2ml</i> | 3 | MO |
| <i>ondansetron hcl soln ij 40 mg/20ml</i> | 2 | MO; * |
| <i>ondansetron hcl soln or 4 mg/5ml</i> | 2 | MO; B/D; * |
| <i>ondansetron hcl tabs or 24 mg, 4 mg, 8 mg</i> | 2 | MO; B/D; * |
| SANCUSO | 5 | MO |
| ZOFRAN ODT (Use Ondansetron) | NF | MO; B/D |
| ZOFRAN SOLN IJ 40 MG/20ML (Use Ondansetron HCl) | NF | MO |
| ZOFRAN SOLN OR 4 MG/5ML (Use Ondansetron HCl) | NF | MO; B/D |
| ZOFRAN TABS OR 4 MG, 8 MG (Use Ondansetron HCl) | NF | MO; B/D |
| 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 (Use Trimethobenzamide HCl) | NF | AL; MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| TRANSDERM-SCOP | 4 | MO |
| <i>trimethobenzamide hcl caps or 300 mg</i> | 2 | AL; MO; * |
| <i>trimethobenzamide hcl soln im 100 mg/ml</i> | 1 | AL; MO; * |
| 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</i> | 2 | MO; B/D; * |
| <i>dronabinol 5 mg</i> | 4 | MO; B/D |
| MARINOL 10 MG, 5 MG (Use <i>Dronabinol</i>) | 5 | MO; B/D |
| MARINOL 2.5 MG (Use <i>Dronabinol</i>) | NF | MO; B/D |
| 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 | |
| MYCAMINE 100 MG | 5 | MO |
| Antifungals | | |
| ABELCET | 5 | |
| AMBISOME | 5 | |
| <i>amphotericin b solr ij 50 mg</i> | 1 | MO; * |
| ANCOBON (Use <i>Flucytosine</i>) | NF | MO |
| <i>flucytosine</i> | 2 | MO; * |
| GRIS-PEG (Use <i>Griseofulvin Ultramicrosize</i>) | NF | MO |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| 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 |
| voriconazole solr iv 200 mg | 2 | * |
| voriconazole tabs or 200 mg, 50 mg | 5 | MO |
| ANTI-HISTAMINES - Drugs to Treat Allergies | | |
| Antihistamines - Ethanolamines | | |
| carbinoxamine maleate | 2 | AL; MO; * |
| clemastine fumarate syrup or 0.67 mg/5ml | 2 | AL; * |
| clemastine fumarate tabs or 2.68 mg | 2 | AL; MO; * |
| diphenhydramine hcl soln ij 50 mg/ml | 1 | AL; MO; * |
| Antihistamines - Non-Sedating | | |
| cetirizine hcl soln 1 mg/ml | 1 | RX/OTC; MO; * |
| cetirizine hcl syrup 1 mg/ml, 5 mg/5ml | 1 | RX/OTC; MO; * |
| CLARINEX REDITABS 5 MG (Use Desloratadine) | NF | MO |
| CLARINEX TABS 5 MG (Use Desloratadine) | NF | MO |
| desloratadine tabs 5 mg | 3 | MO |
| desloratadine tbdp 5 mg | 3 | MO |
| levocetirizine dihydrochloride soln 2.5 mg/5ml | 3 | MO |
| levocetirizine dihydrochloride tabs 5 mg | 2 | MO; * |
| XYZAL (Use Levocetirizine Dihydrochloride) | NF | MO |
| Antihistamines - Phenothiazines | | |
| promethazine hcl soln ij 25 mg/ml, 50 mg/ml | 2 | AL; MO; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------|
| promethazine hcl soln or 6.25 mg/5ml | 2 | AL; MO; * |
| promethazine hcl supp re 12.5 mg, 25 mg, 50 mg | 2 | AL; MO; * |
| promethazine hcl syrup or 6.25 mg/5ml | 2 | AL; MO; * |
| promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg | 2 | AL; MO; * |
| Antihistamines - Piperidines | | |
| cycloheptadine hcl syrup or 2 mg/5ml | 2 | AL; MO; * |
| cycloheptadine hcl tabs or 4 mg | 2 | AL; MO; * |
| ANTI-HYPERLIPIDEMICS - 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 |
| omega-3-acid ethyl esters | 2 | MO; * |
| VASCEPA | 4 | MO |
| Bile Acid Sequestrants | | |
| cholestyramine light | 1 | MO; * |
| cholestyramine pack or 4 gm | 2 | MO; * |
| cholestyramine powd or 4 gm/dose | 2 | Powder Canister; MO; * |
| COLESTID (Use Colestipol HCl) | NF | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------|
| 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; * |
| LIPOFEN | 4 | MO |
| LOPID (<i>Use Gemfibrozil</i>) | NF | MO |
| TRICOR (<i>Use Fenofibrate</i>) | NF | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------|
| 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; * |
| <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; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| ZOCOR 10 MG (<i>Use Simvastatin</i>) | NF | QL(8 ea daily); MO |
| ZOCOR 20 MG (<i>Use Simvastatin</i>) | NF | QL(4 ea daily); MO |
| ZOCOR 40 MG (<i>Use Simvastatin</i>) | NF | QL(2 ea daily); MO |
| ZOCOR 5 MG (<i>Use Simvastatin</i>) | NF | QL(16 ea daily); MO |
| ZOCOR 80 MG (<i>Use 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 (<i>Use 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 |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure | | |
| ACE Inhibitors | | |
| ACCUPRIL (<i>Use Quinapril HCl</i>) | NF | MO |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| VASOTEC 10 MG (<i>Use Enalapril Maleate</i>) | NF | QL(4 ea daily); MO |
| VASOTEC 2.5 MG (<i>Use Enalapril Maleate</i>) | NF | QL(16 ea daily); MO |
| VASOTEC 20 MG (<i>Use Enalapril Maleate</i>) | NF | QL(2 ea daily); MO |
| VASOTEC 5 MG (<i>Use Enalapril Maleate</i>) | NF | QL(8 ea daily); MO |
| ZESTRIL (<i>Use Lisinopril</i>) | NF | MO |
| Agents for Pheochromocytoma | | |
| DEMSER | 5 | MO |
| DIBENZYLINE (<i>Use Phenoxybenzamine HCl</i>) | 4 | MO |
| <i>phenoxybenzamine hcl caps or</i> | 2 | MO; * |
| Angiotensin II Receptor Antagonists | | |
| ATACAND (<i>Use Candesartan Cilexetil</i>) | NF | MO |
| AVAPRO (<i>Use Irbesartan</i>) | NF | MO |
| BENICAR | 3 | MO |
| <i>candesartan cilexetil</i> | 6 | MO; * |
| COZAAR (<i>Use Losartan Potassium</i>) | NF | MO |
| DIOVAN (<i>Use Valsartan</i>) | 3 | MO |
| EDARBI | 4 | MO |
| EPROSARTAN MESYLATE | 6 | MO; * |
| <i>irbesartan</i> | 6 | MO; * |
| <i>losartan potassium</i> | 6 | MO; * |
| MICARDIS (<i>Use Telmisartan</i>) | 4 | MO |
| <i>telmisartan</i> | 2 | MO; * |
| <i>valsartan</i> | 6 | MO; * |
| Antiadrenergic Antihypertensives | | |
| CARDURA (<i>Use Doxazosin Mesylate</i>) | NF | MO |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| ATACAND HCT (<i>Use Candesartan Cilexetil-Hydrochlorothiazide</i>) | NF | MO |
| <i>atenolol & chlorthalidone</i> | 1 | MO; * |
| AVALIDE (<i>Use Irbesartan-Hydrochlorothiazide</i>) | NF | MO |
| AZOR | 3 | MO |
| <i>benazepril & hydrochlorothiazide</i> | 6 | MO; * |
| BENICAR HCT | 3 | MO |
| <i>bisoprolol & hydrochlorothiazide</i> | 1 | MO; * |
| <i>candesartan cilexetil-hydrochlorothiazide</i> | 6 | MO; * |
| CAPTOPRIL/HYDROCHL OROTHIAZIDE | 6 | MO; * |
| CORZIDE (<i>Use Nadolol & Bendroflumethiazide</i>) | NF | MO |
| DIOVAN HCT (<i>Use Valsartan-Hydrochlorothiazide</i>) | NF | MO |
| EDARBYCLOR | 4 | MO |
| <i>enalapril maleate & hydrochlorothiazide</i> | 6 | MO; * |
| EXFORGE (<i>Use Amlodipine Besylate-Valsartan</i>) | 3 | MO |
| EXFORGE HCT (<i>Use Amlodipine-Valsartan-Hydrochlorothiazide</i>) | 3 | MO |
| <i>fosinopril sodium & hydrochlorothiazide</i> | 6 | MO; * |
| HYZAAR (<i>Use Losartan Potassium & Hydrochlorothiazide</i>) | NF | MO |
| <i>irbesartan-hydrochlorothiazide</i> | 6 | MO; * |
| <i>lisinopril & hydrochlorothiazide</i> | 6 | MO; * |
| LOPRESSOR HCT (<i>Use Metoprolol & Hydrochlorothiazide</i>) | NF | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>losartan potassium & hydrochlorothiazide</i> | 6 | MO; * |
| LOTENSIN HCT (<i>Use Benazepril & Hydrochlorothiazide</i>) | NF | MO |
| LOTREL (<i>Use Amlodipine Besylate-Benazepril HCl</i>) | NF | MO |
| <i>methyldopa & hydrochlorothiazide</i> | 2 | AL; MO; * |
| <i>metoprolol & hydrochlorothiazide 100mg-25mg, 50mg-25mg</i> | 1 | MO; * |
| <i>metoprolol & hydrochlorothiazide 100mg-50mg</i> | 2 | MO; * |
| MICARDIS HCT (<i>Use Telmisartan-Hydrochlorothiazide</i>) | 4 | MO |
| <i>moexipril-hydrochlorothiazide</i> | 6 | MO; * |
| <i>nadolol & bendroflumethiazide 40mg-5mg</i> | 1 | MO; * |
| <i>nadolol & bendroflumethiazide 80mg-5mg</i> | 2 | MO; * |
| <i>quinapril-hydrochlorothiazide</i> | 6 | MO; * |
| TEKAMLO 150MG-10MG | 3 | MO |
| TEKAMLO 150MG-5MG | 3 | |
| TEKTURNA HCT | 3 | MO |
| <i>telmisartan-amlodipine</i> | 2 | MO; * |
| <i>telmisartan-hydrochlorothiazide</i> | 2 | MO; * |
| TENORETIC 100 (<i>Use Atenolol & Chlorthalidone</i>) | NF | MO |
| TENORETIC 50 (<i>Use Atenolol & Chlorthalidone</i>) | NF | MO |
| TRIBENZOR | 3 | MO |
| TWYNSTA (<i>Use Telmisartan-Amlodipine</i>) | 4 | MO |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| chloroquine phosphate tabs or 250 mg, 500 mg | 1 | MO; * |
| DARAPRIM | 4 | MO |
| hydroxychloroquine sulfate tabs or | 2 | MO; * |
| mefloquine hcl | 1 | MO; * |
| PLAQUENIL (Use Hydroxychloroquine Sulfate) | NF | MO |
| PRIMAQUINE PHOSPHATE | 4 | MO |
| QUALAQUIN (Use Quinine Sulfate) | NF | PA; MO |
| quinine sulfate caps or | 3 | PA; MO |

ANTIMYASTHENIC/CHOLINERGIC AGENTS

Antimychasthenic/Cholinergic Agents

| | | |
|--|----|-------|
| guanidine hcl | 2 | * |
| MESTINON TABS 60 MG (Use Pyridostigmine Bromide) | NF | MO |
| MESTINON TIMESPAN (Use Pyridostigmine Bromide) | 4 | MO |
| pyridostigmine bromide tabs or 60 mg | 2 | MO; * |
| pyridostigmine bromide tbc or 180 mg | 2 | MO; * |

ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

Anti TB Combinations

| | | |
|----------------------|---|-------|
| isoniazid & rifampin | 2 | MO; * |
| RIFATER | 4 | MO |

Antimycobacterial Agents

| | | |
|---------------------------------------|---|-------|
| aminosalicylic acid pack or | 2 | MO; * |
| CAPASTAT SULFATE | 4 | |
| ethambutol hcl tabs or 100 mg, 400 mg | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>isoniazid syrp or 50 mg/5ml</i> | 2 | MO; * |
| <i>isoniazid tabs or 100 mg, 300 mg</i> | 1 | MO; * |
| MYAMBUTOL (Use Ethambutol HCl) | NF | MO |
| MYCOBUTIN (Use Rifabutin) | 4 | MO |
| PRIFTIN | 4 | MO |
| <i>pyrazinamide</i> | 1 | MO; * |
| <i>rifabutin</i> | 2 | MO; * |
| RIFADIN 300 MG, 600 MG (Use Rifampin) | NF | MO |
| <i>rifampin caps or 150 mg, 300 mg</i> | 2 | MO; * |
| <i>rifampin solr iv 600 mg</i> | 2 | MO; * |
| SIRTURO | 5 | |
| TRECATOR | 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> | 4 | |
| CISPLATIN | 4 | |
| <i>cyclophosphamide solr ij 1 gm, 500 mg</i> | 1 | MO; * |
| <i>cyclophosphamide tabs or 25 mg, 50 mg</i> | 1 | B/D; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 10 mg</i> | 1 | * |
| <i>lomustine 100 mg, 40 mg</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 | | |
| ALIMTA 100 MG | 5 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| 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> | 4 | |
| <i>fluorouracil soln iv 2.5 gm/50ml, 500 mg/10ml</i> | 4 | 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 |
| <i>mercaptopurine tabs or</i> | 2 | MO; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <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 | |
| RITUXAN | 5 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| VECTIBIX | 5 | |
| YERVOY | 5 | |
| Antineoplastic - Hedgehog Pathway Inhibitors | | |
| ERIVEDGE | 5 | LA |
| ODOMZO | 5 | 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> | 3 | 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> | 3 | MO |
| <i>letrozole</i> | 2 | MO; * |
| <i>leuprolide acetate kit ij</i> | 1 | * |
| LUPRON DEPOT | 5 | |
| LYSODREN | 3 | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| 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 | * |
| <i>doxorubicin hcl solr 50 mg</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| ELLENCE (<i>Use Epirubicin HCl</i>) | 4 | MO |
| <i>epirubicin hcl soln 200 mg/100ml</i> | 4 | MO |
| <i>epirubicin hcl soln 50 mg/25ml</i> | 2 | MO; * |
| IDAMYCIN PFS (<i>Use Idarubicin HCl</i>) | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------|-----------|----------------------|
| ISTODAX | 5 | |
| 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 | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ERWINAZE | 5 | |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Chemotherapy Adjuncts | | |
| 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 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| DOCETAXEL SOLN 160 MG/16ML, 20 MG/2ML, 200 MG/20ML, 80 MG/8ML | 5 | |
| 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 | 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| Antiparkinson Adjuvants | | |
| <i>carbidopa tabs or</i> | 2 | MO; * |
| 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> | 4 | 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 ix.

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG (Use <i>Pramipexole Dihydrochloride</i>) | 4 | MO |
| MIRAPEX ER 2.25 MG, 3.75 MG | 4 | MO |
| NEUPRO | 4 | MO |
| PARLODEL (Use <i>Bromocriptine Mesylate</i>) | NF | MO |
| <i>pramipexole dihydrochloride</i> | 2 | MO; * |
| REQUIP (Use <i>Ropinirole Hydrochloride</i>) | NF | MO |
| REQUIP XL (Use <i>Ropinirole Hydrochloride</i>) | NF | MO |
| <i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 2 | MO; * |
| <i>ropinirole hydrochloride tb24 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | 3 | MO |
| RYTARY | 4 | MO |
| SINEMET (Use <i>Carbidopa-Levodopa</i>) | NF | MO |
| SINEMET CR (Use <i>Carbidopa-Levodopa</i>) | NF | MO |
| STALEVO 100 (Use <i>Carbidopa-Levodopa-Entacapone</i>) | NF | MO |
| STALEVO 125 (Use <i>Carbidopa-Levodopa-Entacapone</i>) | NF | MO |
| STALEVO 150 (Use <i>Carbidopa-Levodopa-Entacapone</i>) | NF | MO |
| STALEVO 200 (Use <i>Carbidopa-Levodopa-Entacapone</i>) | NF | MO |
| STALEVO 50 (Use <i>Carbidopa-Levodopa-Entacapone</i>) | NF | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| STALEVO 75 (Use <i>Carbidopa-Levodopa-Entacapone</i>) | NF | MO |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| AZILECT | 3 | MO |
| ELDEPRYL (Use <i>Selegiline HCl</i>) | NF | MO |
| <i>selegiline hcl caps or</i> | 2 | MO; * |
| <i>selegiline hcl tabs or</i> | 2 | MO; * |
| ZELAPAR | 4 | MO |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| <i>lithium</i> | 1 | MO; * |
| <i>lithium carbonate caps or 150 mg, 300 mg, 600 mg</i> | 2 | MO; * |
| <i>lithium carbonate tabs or 300 mg</i> | 2 | MO; * |
| <i>lithium carbonate tbc or 300 mg, 450 mg</i> | 2 | MO; * |
| LITHOBID (Use <i>Lithium Carbonate</i>) | NF | MO |
| Antipsychotics - Misc. | | |
| EQUETRO | 4 | MO |
| GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use <i>Ziprasidone HCl</i>) | NF | MO |
| GEODON SOLR IM 20 MG | 4 | MO |
| LATUDA 120 MG | 5 | PA; QL(1 ea daily); MO |
| LATUDA 20 MG | 5 | PA; QL(8 ea daily); MO |
| LATUDA 40 MG | 5 | PA; QL(4 ea daily); MO |
| LATUDA 60 MG | 4 | PA; QL(2.67 ea daily); MO |
| LATUDA 80 MG | 5 | PA; QL(2 ea daily); MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------|
| <i>ziprasidone hcl</i> | 4 | MO |
| Benzisoxazoles | | |
| FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG | 4 | MO |
| FANAPT 6 MG, 8 MG | 5 | MO |
| 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 soln 1 mg/ml</i> | 3 | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 2 | MO; * |
| <i>risperidone tbdp 0.25 mg, 3 mg, 4 mg</i> | 2 | MO; * |
| <i>risperidone tbdp 0.5 mg, 1 mg, 2 mg</i> | 3 | 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 |
| <i>haloperidol</i> | 2 | MO; * |
| <i>haloperidol decanoate</i> | 2 | MO; * |
| <i>haloperidol lactate</i> | 1 | MO; * |
| Dibenzapines | | |
| ADASUVE | 4 | |
| CLOZAPINE ODT | 4 | |
| <i>clozapine tabs 100 mg, 25 mg</i> | 3 | |
| <i>clozapine tabs 200 mg, 50 mg</i> | 2 | * |
| <i>clozapine tbdp 100 mg, 25 mg</i> | 2 | * |
| 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 solr im 10 mg</i> | 3 | MO |
| <i>olanzapine tabs or 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 3 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>olanzapine tbdp or 10 mg, 15 mg, 20 mg, 5 mg</i> | 4 | MO |
| <i>quetiapine fumarate</i> | 3 | 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 (Use Quetiapine Fumarate) | NF | MO |
| SEROQUEL XR 150 MG, 200 MG, 300 MG, 50 MG | 4 | PA; MO |
| SEROQUEL XR 400 MG | 5 | PA; MO |
| VERSACLOZ | 5 | PA; QL(18 ml daily) |
| ZYPREXA (Use Olanzapine) | NF | MO |
| ZYPREXA ZYDIS (Use Olanzapine) | 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> | 3 | 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; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <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 (Use Aripiprazole) | 5 | QL(3 ea daily); MO |
| ABILIFY TABS OR 15 MG (Use Aripiprazole) | 5 | QL(2 ea daily); MO |
| ABILIFY TABS OR 2 MG (Use Aripiprazole) | 5 | QL(15 ea daily); MO |
| ABILIFY TABS OR 20 MG, 30 MG (Use Aripiprazole) | 5 | QL(1 ea daily); MO |
| ABILIFY TABS OR 5 MG (Use Aripiprazole) | 5 | QL(6 ea daily); MO |
| ARIPIPRAZOLE ODT 10 MG | 5 | QL(3 ea daily) |
| ARIPIPRAZOLE ODT 15 MG | 5 | QL(2 ea daily) |
| <i>aripiprazole soln 1 mg/ml</i> | 2 | QL(30 ml daily); MO; * |
| <i>aripiprazole tabs 10 mg</i> | 2 | QL(3 ea daily); MO; * |
| <i>aripiprazole tabs 15 mg</i> | 2 | QL(2 ea daily); MO; * |
| <i>aripiprazole tabs 2 mg</i> | 2 | QL(15 ea daily); MO; * |
| <i>aripiprazole tabs 20 mg, 30 mg</i> | 5 | QL(1 ea daily); MO |
| <i>aripiprazole tabs 5 mg</i> | 2 | QL(6 ea daily); MO; * |
| REXULTI 0.25 MG | 5 | PA; QL(16 ea daily); MO |
| REXULTI 0.5 MG | 5 | PA; QL(8 ea daily); MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|------------------------|
| 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> | 4 | MO |
| <i>abacavir sulfate-lamivudine-zidovudine</i> | 5 | MO |
| APTIVUS CAPS 250 MG | 5 | MO |
| 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 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---------------------------------------|-----------|----------------------|
| 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 |
| <i>lamivudine soln 10 mg/ml</i> | 2 | MO; * |
| <i>lamivudine tabs 150 mg, 300 mg</i> | 3 | 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> | 3 | 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 |
| stavudine caps 15 mg | 2 | MO; * |
| stavudine caps 20 mg, 30 mg, 40 mg | 1 | MO; * |
| stavudine solr 1 mg/ml | 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 (Use Abacavir Sulfate-Lamivudine-Zidovudine) | 5 | MO |
| TRUVADA | 5 | MO |
| TYBOST | 4 | MO |
| VIDEX EC (Use Didanosine) | NF | MO |
| VIDEXPEDIATRIC | 4 | MO |
| VIRACEPT | 5 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VIRAMUNE SUSP 50 MG/5ML | 4 | MO |
| VIRAMUNE TABS 200 MG (Use Nevirapine) | NF | MO |
| VIRAMUNE XR 100 MG | 4 | |
| VIRAMUNE XR 400 MG (Use Nevirapine) | 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 (Use Stavudine) | NF | MO |
| ZIAGEN SOLN 20 MG/ML | 3 | MO |
| ZIAGEN TABS 300 MG (Use Abacavir Sulfate) | NF | MO |
| zidovudine caps 100 mg | 1 | MO; * |
| zidovudine syrp 50 mg/5ml | 2 | MO; * |
| zidovudine tabs 300 mg | 1 | MO; * |
| CMV Agents | | |
| cidofovir | 5 | |
| CYTOVENE (Use Ganciclovir Sodium) | NF | MO |
| ganciclovir sodium | 2 | MO; * |
| VALCYTE 450 MG (Use Valganciclovir HCl) | 5 | MO |
| VALCYTE 50 MG/ML | 5 | MO |
| valganciclovir hcl | 5 | MO |
| VISTIDE (Use Cidofovir) | 5 | |
| Hepatitis Agents | | |
| adefovir dipivoxil | 5 | MO |
| BARACLUDE SOLN 0.05 MG/ML | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| BARACLUDE TABS 0.5 MG, 1 MG (<i>Use Entecavir</i>) | 5 | MO |
| COPEGUS (<i>Use Ribavirin (Hepatitis C)</i>) | NF | |
| <i>entecavir</i> | 5 | MO |
| EPIVIR HBV 100 MG (<i>Use Lamivudine (HBV)</i>) | 3 | MO |
| EPIVIR HBV 5 MG/ML | 3 | MO |
| HARVONI | 5 | PA |
| HEPSERA (<i>Use Adefovir Dipivoxil</i>) | 5 | MO |
| INCIVEK | 5 | PA |
| <i>lamivudine (hbv)</i> | 2 | MO; * |
| OLYSIO | 5 | PA |
| PEG-INTRON | 5 | |
| PEG-INTRON REDIPEN | 5 | |
| PEG-INTRON REDIPEN PAK 4 | 5 | |
| PEGASYS | 5 | |
| PEGASYS PROCLICK | 5 | |
| PEGINTRON | 5 | |
| REBETOL CAPS 200 MG (<i>Use Ribavirin (Hepatitis C)</i>) | NF | |
| REBETOL SOLN 40 MG/ML | 3 | |
| <i>ribavirin (hepatitis c) caps 200 mg</i> | 4 | |
| <i>ribavirin (hepatitis c) misc</i> | 2 | * |
| <i>ribavirin (hepatitis c) tabs 200 mg</i> | 4 | |
| <i>ribavirin (hepatitis c) tabs 400 mg, 600 mg</i> | 2 | * |
| SOVALDI | 5 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| 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; * |
| <i>acyclovir tabs or 400 mg, 800 mg</i> | 2 | MO; * |
| <i>famciclovir 125 mg</i> | 2 | MO; * |
| <i>famciclovir 250 mg, 500 mg</i> | 3 | MO |
| FAMVIR (<i>Use Famciclovir</i>) | NF | MO |
| <i>valacyclovir hcl tabs or 1 gm, 1000 mg, 500 mg</i> | 3 | MO |
| VALTREX (<i>Use Valacyclovir HCl</i>) | NF | MO |
| ZOVIRAX CAPS OR 200 MG (<i>Use Acyclovir</i>) | NF | MO |
| ZOVIRAX SUSP OR 200 MG/5ML (<i>Use Acyclovir</i>) | NF | MO |
| ZOVIRAX TABS OR 400 MG, 800 MG (<i>Use Acyclovir</i>) | NF | MO |
| Influenza Agents | | |
| FLUMADINE (<i>Use Rimantadine Hydrochloride</i>) | NF | MO |
| RELENZA DISKHALER | 4 | MO |
| <i>rimantadine hydrochloride</i> | 1 | MO; * |
| TAMIFLU | 4 | MO |
| Respiratory Syncytial Virus (RSV) Agents | | |
| VIRAZOLE | 4 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| ASSORTED CLASSES - Miscellaneous Drugs | | |
| Chelating Agents | | |
| DEPEN TITRATABS | 3 | MO |
| SYPRINE | 5 | MO |
| Enzymes | | |
| XIAFLEX | 5 | |
| Immunomodulators | | |
| REVLIMID | 5 | LA |
| THALOMID | 5 | |
| Immunosuppressive Agents | | |
| 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 CAPS 250 MG (Use Mycophenolate Mofetil) | NF | MO; B/D |
| CELLCEPT INTRAVENOUS | 4 | B/D |
| CELLCEPT SUSR 200 MG/ML (Use Mycophenolate Mofetil) | 5 | MO; B/D |
| CELLCEPT TABS 500 MG (Use Mycophenolate Mofetil) | NF | MO; B/D |
| <i>cyclosporine caps or 100 mg, 25 mg</i> | 3 | MO; B/D |
| <i>cyclosporine modified (for microemulsion) caps 100 mg, 25 mg</i> | 3 | MO; B/D |
| <i>cyclosporine modified (for microemulsion) caps 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> | 3 | MO; B/D |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>mycophenolate mofetil susr 200 mg/ml</i> | 5 | MO; B/D |
| <i>mycophenolate mofetil tabs 500 mg</i> | 3 | 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)) | NF | MO; B/D |
| NULOJIX | 5 | B/D |
| PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use Tacrolimus) | NF | MO; B/D |
| PROGRAF SOLN IV 5 MG/ML | 4 | B/D |
| RAPAMUNE SOLN 1 MG/ML | 3 | MO; B/D |
| RAPAMUNE TABS 0.5 MG (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) | NF | 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> | 3 | MO; B/D |
| THYMOGLOBULIN | 3 | B/D |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| 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> | 3 | 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 | | |
| <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; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 |
| 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 |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------|
| <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/afl)</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 | | |
| ADAGEN | 5 | LA |
| CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Calcium Channel Blockers | | |
| ADALAT CC (<i>Use Nifedipine</i>) | NF | MO |
| <i>amlodipine besylate tabs or 10 mg</i> | 1 | QL(1 ea daily); MO; * |
| <i>amlodipine besylate tabs or 2.5 mg</i> | 1 | QL(4 ea daily); MO; * |
| <i>amlodipine besylate tabs or 5 mg</i> | 1 | QL(2 ea daily); MO; * |
| CALAN (<i>Use Verapamil HCl</i>) | NF | MO |
| CALAN SR (<i>Use Verapamil HCl</i>) | NF | MO |
| CARDIZEM (<i>Use Diltiazem HCl</i>) | NF | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| CARDIZEM CD (<i>Use Diltiazem HCl Coated Beads</i>) | NF | MO |
| CARDIZEM LA 120 MG | 4 | MO |
| CARDIZEM LA 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use Diltiazem HCl Coated Beads</i>) | NF | MO |
| <i>diltiazem hcl coated beads</i> | 1 | MO; * |
| <i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i> | 1 | MO; * |
| <i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i> | 1 | MO; * |
| <i>diltiazem hcl extended release beads</i> | 1 | MO; * |
| <i>diltiazem hcl solr iv 100 mg</i> | 2 | * |
| <i>diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg</i> | 1 | MO; * |
| <i>felodipine</i> | 1 | MO; * |
| <i>nicardipine hcl caps or 20 mg, 30 mg</i> | 1 | MO; * |
| <i>nifedipine caps or 10 mg, 20 mg</i> | 2 | AL; MO; * |
| <i>nifedipine tb24 or 30 mg, 60 mg, 90 mg</i> | 1 | MO; * |
| <i>nimodipine caps or</i> | 2 | MO; * |
| <i>nisoldipine 17 mg, 34 mg, 8.5 mg</i> | 1 | MO; * |
| NORVASC 10 MG (<i>Use Amlodipine Besylate</i>) | NF | QL(1 ea daily); MO |
| NORVASC 2.5 MG (<i>Use Amlodipine Besylate</i>) | NF | QL(4 ea daily); MO |
| NORVASC 5 MG (<i>Use Amlodipine Besylate</i>) | NF | QL(2 ea daily); MO |
| NYMALIZE | 5 | |
| PROCARDIA (<i>Use Nifedipine</i>) | NF | AL; MO |
| PROCARDIA XL (<i>Use Nifedipine</i>) | NF | MO |
| SULAR (<i>Use Nisoldipine</i>) | NF | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| TIAZAC (Use Diltiazem HCl Extended Release Beads) | NF | MO |
| verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg | 1 | MO; * |
| verapamil hcl tabs or 120 mg, 40 mg, 80 mg | 1 | MO; * |
| verapamil hcl tbc or 120 mg, 180 mg, 240 mg | 1 | MO; * |
| VERELAN (Use Verapamil HCl) | NF | MO |
| VERELAN PM (Use Verapamil HCl) | NF | MO |
| 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 |
| 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 | | |
| amlodipine besylate-atorvastatin calcium | 2 | MO; * |
| BIDIL | 4 | MO |
| CADUET (Use Amlodipine Besylate-Atorvastatin Calcium) | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------|
| 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 (Use Sildenafil Citrate (Pulmonary Hypertension)) | 5 | PA |
| REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension)) | 5 | PA |
| sildenafil citrate (pulmonary hypertension) | 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 |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| 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 (Use <i>Cephalexin</i>) | NF | MO |
| KEFLEX 750 MG (Use <i>Cephalexin</i>) | 4 | MO |
| Cephalosporins - 2nd Generation | | |
| <i>cefaclor caps 250 mg, 500 mg</i> | 1 | MO; * |
| <i>cefotetan disodium</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 <i>Cefuroxime Axetil</i>) | 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 | * |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------|
| <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 <i>Cefuroxime Sodium</i>) | NF | |
| ZINACEF SOLR IJ 750 MG (Use <i>Cefuroxime Sodium</i>) | NF | MO |
| Cephalosporins - 3rd Generation | | |
| CEDAX CAPS 400 MG | 4 | QL(1 ea daily); MO |
| <i>cefdinir caps 300 mg</i> | 2 | MO; * |
| <i>cefdinir susr 125 mg/5ml</i> | 2 | MO; * |
| <i>cefdinir susr 250 mg/5ml</i> | 3 | MO |
| <i>cefixime chew 100 mg</i> | 2 | * |
| <i>cefixime chew 200 mg</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> | 3 | MO |
| <i>ceftazidime ij 6 gm</i> | 1 | * |
| CEFTIBUTEN CAPS 400 MG | 4 | QL(1 ea daily); MO |
| <i>ceftriaxone sodium solr ij 1 gm</i> | 3 | QL(4 ea daily); MO |
| <i>ceftriaxone sodium solr ij 2 gm</i> | 3 | 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> | 3 | QL(8 ea daily); MO |
| <i>ceftriaxone sodium solr iv 1 gm</i> | 1 | QL(4 ea daily); * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------|
| <i>ceftriaxone sodium solr iv 10 gm</i> | 3 | MO |
| <i>ceftriaxone sodium solr iv 2 gm</i> | 2 | QL(2 ea daily); MO; * |
| CLAFORAN IJ 1 GM, 10 GM (<i>Use Cefotaxime Sodium</i>) | NF | MO |
| CLAFORAN IJ 2 GM, 500 MG (<i>Use Cefotaxime Sodium</i>) | NF | |
| FORTAZ SOLR IJ 1 GM, 2 GM (<i>Use Ceftazidime</i>) | NF | MO |
| FORTAZ SOLR IJ 6 GM (<i>Use Ceftazidime</i>) | NF | |
| SUPRAX CAPS 400 MG | 4 | MO |
| SUPRAX SUSR 500 MG/5ML | 4 | |
| Cephalosporins - 4th Generation | | |
| <i>cefepime hcl</i> | 3 | MO |
| CEFEPIME SOLN 1 GM/50ML, 2 GM/100ML | 4 | |
| MAXIPIME IJ 1 GM, 2 GM (<i>Use Cefepime HCl</i>) | NF | MO |
| Cephalosporins - 5th Generation | | |
| TEFLARO | 4 | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | |
| Combination Contraceptives - Oral | | |
| BEYAZ | 4 | MO |
| BREVICON-28 (<i>Use Norethindrone & Eth Estradiol</i>) | NF | MO |
| DESOGEN (<i>Use Desogestrel & Ethinyl Estradiol</i>) | NF | MO |
| <i>desogestrel & ethinyl estradiol</i> | 1 | MO; * |
| <i>desogestrel-ethinyl estradiol (biphasic)</i> | 1 | MO; * |
| <i>drospirenone-ethinyl estradiol</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>ethynodiol diacet & eth estrad 1mg-35mcg</i> | 1 | MO; * |
| <i>ethynodiol diacet & eth estrad 1mg-50mcg</i> | 2 | MO; * |
| FEMCON FE (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>) | NF | MO |
| GENERESS FE (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>) | 4 | MO |
| <i>levonorgestrel & eth estradiol</i> | 1 | MO; * |
| <i>levonorgestrel-eth estradiol (triphasic)</i> | 1 | MO; * |
| <i>levonorgestrel-ethinyl estradiol (91-day)</i> | 1 | MO; * |
| LO LOESTRIN FE | 4 | MO |
| LO MINASTRIN FE | 4 | |
| LOSEASONIQUE (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>) | NF | MO |
| MINASTRIN 24 FE | 4 | MO |
| MODICON (<i>Use Norethindrone & Eth Estradiol</i>) | NF | MO |
| <i>norethin acet & estrad-fe 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i> | 1 | MO; * |
| <i>norethindrone & eth estradiol 0.4mg-35mcg, 1mg-35mcg</i> | 1 | MO; * |
| <i>norethindrone & eth estradiol 0.5mg-35mcg</i> | 2 | MO; * |
| <i>norethindrone & ethinyl estradiol-fe</i> | 2 | MO; * |
| <i>norethindrone acet & eth estra</i> | 1 | MO; * |
| <i>norethindrone-eth estradiol (triphasic)</i> | 2 | MO; * |
| <i>norgestimate-ethinyl estradiol</i> | 1 | MO; * |
| <i>norgestimate-ethinyl estradiol (triphasic)</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>norgestrel & ethinyl estradiol</i> | 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 | | |
| <i>norelgestromin-ethinyl estradiol</i> | 2 | MO; * |
| ORTHO EVRA (Use Norelgestromin-Ethinyl Estradiol) | 3 | MO |
| Combination Contraceptives - Vaginal | | |
| NUVARING | 3 | MO |
| Emergency Contraceptives | | |
| ELLA | 3 | |
| <i>levonorgestrel (emergency oc) 0.75 mg</i> | 1 | * |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>levonorgestrel (emergency oc) 1.5 mg</i> | 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 |
| <i>medroxyprogesterone acetate (contraceptive)</i> | 1 | MO; * |
| Progestin Contraceptives - Oral | | |
| NOR-QD (Use Norethindrone (Contraceptive)) | NF | MO |
| <i>norethindrone (contraceptive)</i> | 1 | MO; * |
| ORTHO MICRONOR (Use Norethindrone (Contraceptive)) | NF | MO |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | |
| Glucocorticosteroids | | |
| <i>betamethasone sod phosphate & acetate</i> | 1 | MO; * |
| <i>budesonide cp24 or</i> | 5 | MO |
| CELESTONE-SOLUSPAN (Use Betamethasone Sod Phosphate & Acetate) | 4 | MO |
| CORTEF (Use Hydrocortisone) | NF | MO |
| <i>cortisone acetate tabs or</i> | 1 | MO; * |
| DEPO-MEDROL 20 MG/ML | 4 | MO |
| DEPO-MEDROL 40 MG/ML, 80 MG/ML (Use Methylprednisolone Acetate) | NF | MO |
| <i>dexamethasone conc or 1 mg/ml</i> | 2 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <i>dexamethasone elix or 0.5 mg/5ml</i> | 2 | MO; * |
| <i>dexamethasone sodium phosphate soln ij 10 mg/ml</i> | 1 | Preservative Free;MO; * |
| <i>dexamethasone sodium phosphate soln ij 10 mg/ml, 120 mg/30ml</i> | 1 | * |
| <i>dexamethasone sodium phosphate soln ij 100 mg/10ml, 20 mg/5ml, 4 mg/ml</i> | 1 | MO; * |
| <i>dexamethasone soln or 0.5 mg/5ml</i> | 2 | MO; * |
| <i>dexamethasone tabs or 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 1 | MO; * |
| <i>dexamethasone tabs or 1.5 mg</i> | 2 | MO; * |
| ENTOCORT EC (Use Budesonide) | 5 | MO |
| FLO-PRED | 4 | MO |
| <i>hydrocortisone sod succinate</i> | 1 | MO; * |
| <i>hydrocortisone tabs or 10 mg, 20 mg, 5 mg</i> | 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 |
| <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; * |
| MILLIPRED TABS 5 MG | 4 | MO |
| ORAPRED ODT 10 MG,15 MG,30 MG | 4 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| 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 20 mg/5ml, 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 syrp 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 | |
| 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 | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| CLARINEX-D 12 HOUR | 4 | MO |
| CLARINEX-D 24 HOUR | 4 | MO |
| <i>promethazine & phenylephrine</i> | 2 | AL; 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 <i>Isotretinoin</i>) | NF | |
| ACANYA | 4 | MO |
| <i>adapalene crea 0.1 %</i> | 1 | MO; * |
| <i>adapalene gel 0.1 %</i> | 3 | MO |
| <i>adapalene gel 0.3 %</i> | 2 | MO; * |
| ATRALIN (Use <i>Tretinoin</i>) | 4 | MO |
| AZELEX | 4 | MO |
| BENZACLIN (Use <i>Clindamycin Phosphate-Benzoyl Peroxide</i>) | NF | MO |
| BENZACLIN WITH PUMP (Use <i>Clindamycin Phosphate-Benzoyl Peroxide</i>) | NF | MO |
| BENZAMYCIN (Use <i>Benzoyl Peroxide-Erythromycin</i>) | NF | MO |
| <i>benzoyl peroxide-erythromycin</i> | 1 | MO; * |
| CLEOCIN-T (Use <i>Clindamycin Phosphate (Topical)</i>) | NF | MO |
| <i>clindamycin phosphate (topical) foam</i> | 3 | MO |
| <i>clindamycin phosphate (topical) gel</i> | 2 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| <i>clindamycin phosphate (topical) lotn</i> | 2 | MO; * |
| <i>clindamycin phosphate (topical) soln</i> | 2 | MO; * |
| <i>clindamycin phosphate (topical) swab</i> | 2 | MO; * |
| <i>clindamycin phosphate-benzoyl peroxide</i> | 3 | MO |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 3 | MO |
| DIFFERIN CREA 0.1 % (Use <i>Adapalene</i>) | NF | MO |
| DIFFERIN GEL 0.1 % (Use <i>Adapalene</i>) | NF | MO |
| DIFFERIN GEL 0.3 % (Use <i>Adapalene</i>) | 4 | MO |
| DUAC (Use <i>Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i>) | NF | MO |
| EPIDUO | 4 | MO |
| <i>erythromycin (acne aid) gel</i> | 1 | MO; * |
| <i>erythromycin (acne aid) soln</i> | 1 | MO; * |
| EVOCLIN (Use <i>Clindamycin Phosphate (Topical)</i>) | NF | MO |
| FABIOR | 4 | QL(3.34 gm daily); MO |
| <i>isotretinoin caps or 10 mg, 30 mg</i> | 2 | * |
| <i>isotretinoin caps or 20 mg</i> | 1 | * |
| <i>isotretinoin caps or 40 mg</i> | 4 | |
| KLARON (Use <i>Sulfacetamide Sodium (Acne)</i>) | NF | MO |
| RETIN-A (Use <i>Tretinoin</i>) | NF | MO |
| RETIN-A MICRO (Use <i>Tretinoin Microsphere</i>) | NF | MO |
| RETIN-A MICRO PUMP 0.04 %, 0.1 % (Use <i>Tretinoin Microsphere</i>) | NF | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| RETIN-A MICRO PUMP 0.08 % | 4 | MO |
| <i>sulfacetamide sodium (acne)</i> | 1 | MO; * |
| <i>tretinoin crea ex 0.025 %, 0.05 %, 0.1 %</i> | 2 | MO; * |
| <i>tretinoin crea ex 0.038 %</i> | 2 | * |
| <i>tretinoin gel ex 0.01 %, 0.025 %, 0.05 %</i> | 2 | MO; * |
| <i>tretinoin microsphere</i> | 4 | MO |
| VELTIN | 4 | MO |
| ZIANA | 4 | MO |
| Agents for External Genital and Perianal Warts | | |
| VEREGEN | 4 | MO |
| Anti-inflammatory Agents - Topical | | |
| <i>diclofenac sodium (topical)</i> | 2 | MO; * |
| FLECTOR | 4 | PA; MO |
| PENNSAID 1.5 % (<i>Use Diclofenac Sodium (Topical)</i>) | 4 | MO |
| PENNSAID 2 % | 4 | MO |
| VOLTAREN | 4 | MO |
| Antibiotics - Topical | | |
| ALTABAX | 4 | MO |
| BACTROBAN (<i>Use Mupirocin Calcium (Topical)</i>) | NF | MO |
| BACTROBAN (<i>Use Mupirocin</i>) | NF | MO |
| CORTISPORIN CREA EX 10000UNIT/GM-0.5%-0.5% | 3 | MO |
| CORTISPORIN OINT EX 400UNIT/GM-5000UNIT/GM-0.5%-1% | 3 | MO |
| <i>gentamicin sulfate (topical)</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>mupirocin calcium (topical)</i> | 2 | MO; * |
| <i>mupirocin oint ex</i> | 2 | MO; * |
| Antifungals - Topical | | |
| <i>ciclopirox gel 0.77 %</i> | 3 | MO |
| <i>ciclopirox olamine crea ex</i> | 2 | MO; * |
| <i>ciclopirox olamine susp ex</i> | 2 | MO; * |
| <i>ciclopirox sham 1 %</i> | 3 | MO |
| <i>ciclopirox soln 8 %</i> | 2 | MO; * |
| <i>clotrimazole (topical)</i> | 2 | RX/OTC; MO; * |
| <i>clotrimazole w/ betamethasone crea</i> | 2 | MO; * |
| <i>clotrimazole w/ betamethasone lotn</i> | 3 | 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) crea</i> | 2 | MO; * |
| <i>ketoconazole (topical) foam</i> | 3 | MO |
| <i>ketoconazole (topical) sham</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; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| 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> | 3 | MO |
| OXISTAT | 4 | MO |
| 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> | 4 | 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 crea</i> | 4 | MO |
| <i>calcipotriene oint</i> | 4 | MO |
| <i>calcipotriene soln</i> | 3 | MO |
| CALCITRIOL OINT EX 3 MCG/GM | 4 | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| 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; |
| TAZORAC | 3 | MO |
| VECTICAL | 4 | MO |
| Antiseborrheic Products | | |
| <i>selenium sulfide lotn ex 2.5 %</i> | 2 | MO; * |
| Antivirals - Topical | | |
| <i>acyclovir topical</i> | 4 | MO |
| DENAVIR | 4 | MO |
| XERESE | 4 | MO |
| ZOVIRAX CREA EX 5 % | 4 | MO |
| ZOVIRAX OINT EX 5 % (<i>Use Acyclovir Topical</i>) | NF | MO |
| Burn Products | | |
| SILVADENE (<i>Use Silver Sulfadiazine</i>) | NF | MO |
| <i>silver sulfadiazine crea ex</i> | 2 | MO; * |
| SULFAMYLLON CREA 85 MG/GM | 4 | MO |
| Corticosteroids - Topical | | |
| <i>alclometasone dipropionate</i> | 1 | MO; * |
| <i>amcinonide crea</i> | 3 | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>amcinonide lotn</i> | 2 | MO; * |
| <i>amcinonide oint</i> | 2 | MO; * |
| <i>betamethasone dipropionate (topical)</i> | 2 | MO; * |
| <i>betamethasone dipropionate augmented crea</i> | 2 | MO; * |
| <i>betamethasone dipropionate augmented gel</i> | 2 | MO; * |
| <i>betamethasone dipropionate augmented lotn</i> | 3 | MO |
| <i>betamethasone dipropionate augmented oint</i> | 3 | MO |
| <i>betamethasone valerate crea ex 0.1 %</i> | 2 | MO; * |
| <i>betamethasone valerate foam ex 0.12 %</i> | 3 | 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; * |
| CAPEX | 4 | MO |
| <i>clobetasol propionate crea ex</i> | 2 | MO; * |
| <i>clobetasol propionate emollient base</i> | 2 | MO; * |
| <i>clobetasol propionate emulsion</i> | 4 | MO |
| <i>clobetasol propionate foam ex</i> | 3 | MO |
| <i>clobetasol propionate gel ex</i> | 2 | MO; * |
| <i>clobetasol propionate liqd ex</i> | 2 | MO; * |
| <i>clobetasol propionate lotn ex</i> | 4 | MO |
| <i>clobetasol propionate oint ex</i> | 2 | MO; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>clobetasol propionate sham ex</i> | 3 | 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 |
| DERMATOP CREA (Use Prednicarbate) | NF | MO |
| DESONATE | 4 | MO |
| <i>desonide crea ex</i> | 3 | MO |
| <i>desonide lotn ex</i> | 3 | MO |
| <i>desonide oint ex</i> | 2 | MO; * |
| DESOWEN 0.05 % (Use Desonide) | NF | MO |
| <i>desoximetasone crea ex 0.25 %</i> | 3 | MO |
| <i>desoximetasone gel ex 0.05 %</i> | 3 | MO |
| DESOXIMETASONE OINT EX 0.05 % | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>desoximetasone oint ex 0.25 %</i> | 3 | 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> | 3 | MO |
| <i>fluocinonide crea ex 0.05 %, 0.1 %</i> | 2 | MO; * |
| <i>fluocinonide emulsified base</i> | 1 | MO; * |
| <i>fluocinonide gel ex 0.05 %</i> | 2 | MO; * |
| <i>fluocinonide oint ex 0.05 %</i> | 2 | MO; * |
| <i>fluocinonide soln ex 0.05 %</i> | 2 | MO; * |
| <i>fluticasone propionate crea ex 0.05 %</i> | 1 | MO; * |
| <i>fluticasone propionate lotn ex 0.05 %</i> | 4 | MO |
| <i>fluticasone propionate oint ex 0.005 %</i> | 1 | MO; * |
| <i>halobetasol propionate</i> | 3 | MO |
| HALOG CREA | 4 | MO |
| <i>hydrocortisone (topical) crea 1 %</i> | 1 | RX/OTC; MO; * |
| <i>hydrocortisone (topical) crea 2.5 %</i> | 1 | MO; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <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 crea</i> | 2 | MO; * |
| <i>hydrocortisone valerate oint</i> | 3 | 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 |
| <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 Clobetasol Propionate) | NF | MO |
| OLUX-E (Use Clobetasol Propionate Emulsion) | NF | MO |
| <i>pramoxine-hc 1%-1%</i> | 1 | MO; * |
| <i>prednicarbate crea</i> | 1 | MO; * |
| SYNALAR (Use Fluocinolone Acetonide) | NF | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| TACLONEX OINT (<i>Use Calcipotriene-Betamethasone Dipropionate</i>) | 4 | MO |
| TACLONEX SUSP | 5 | MO |
| TEMOVATE (<i>Use Clobetasol Propionate</i>) | NF | MO |
| TEMOVATE E (<i>Use 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 (<i>Use Halobetasol Propionate</i>) | NF | MO |
| VANOS (<i>Use Fluocinonide</i>) | 4 | MO |
| WESTCORT (<i>Use Hydrocortisone Valerate</i>) | NF | MO |
| Emollients | | |
| LAC-HYDRIN (<i>Use 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; * |
| Enzymes - Topical | | |
| SANTYL | 3 | MO |
| Immunomodulating Agents - Topical | | |
| ALDARA (<i>Use Imiquimod</i>) | NF | MO |
| <i>imiquimod crea ex</i> | 4 | MO |
| ZYCLARA | 5 | MO |
| ZYCLARA PUMP | 5 | MO |
| Immunosuppressive Agents - Topical | | |
| ELIDEL | 4 | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| PROTOPIC (<i>Use Tacrolimus (Topical)</i>) | 4 | MO |
| <i>tacrolimus (topical)</i> | 2 | MO; * |
| Keratolytic/Antimitotic Agents | | |
| CONDYLOX GEL | 4 | MO |
| CONDYLOX SOLN (<i>Use Podofilox</i>) | NF | MO |
| <i>podofilox soln ex</i> | 1 | MO; * |
| Local Anesthetics - Topical | | |
| EMLA (<i>Use Lidocaine-Prilocaine</i>) | NF | MO |
| <i>lidocaine hcl gel ex 2 %</i> | 2 | RX/OTC; MO; * |
| <i>lidocaine hcl soln ex 4 %</i> | 2 | MO; * |
| <i>lidocaine oint ex 5 %</i> | 2 | MO; * |
| <i>lidocaine ptch ex 5 %</i> | 3 | PA; MO |
| <i>lidocaine-prilocaine crea</i> | 3 | MO |
| LIDODERM (<i>Use Lidocaine</i>) | NF | PA; MO |
| XYLOCAINE EX 4 % (<i>Use Lidocaine HCl</i>) | NF | MO |
| Pigmenting-Depigmenting Agents | | |
| OXSORALEN | 4 | MO |
| Rosacea Agents | | |
| DOXYCYCLINE | 4 | MO |
| FINACEA GEL | 4 | MO |
| METROCREAM (<i>Use Metronidazole (Topical)</i>) | NF | MO |
| METROGEL (<i>Use Metronidazole (Topical)</i>) | NF | MO |
| METROLOTION (<i>Use Metronidazole (Topical)</i>) | NF | MO |
| <i>metronidazole (topical)</i> | 3 | MO |
| MIRVASO | 4 | PA; MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| NORITATE | 4 | MO |
| ORACEA | 4 | MO |
| SOOLANTRA | 4 | MO |
| Scabicides & Pediculicides | | |
| EURAX | 4 | MO |
| <i>lindane lotn</i> | 1 | MO; * |
| <i>malathion</i> | 3 | MO |
| OVIDE 0.5 % (<i>Use Malathion</i>) | NF | MO |
| <i>permethrin crea ex 5 %</i> | 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 |
| 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 | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide cp12 or 500 mg</i> | 1 | MO; * |
| <i>acetazolamide tabs or 125 mg</i> | 2 | MO; * |
| <i>acetazolamide tabs or 250 mg</i> | 1 | MO; * |
| DIAMOX (<i>Use Acetazolamide</i>) | NF | MO |
| <i>methazolamide tabs or 25 mg, 50 mg</i> | 1 | MO; * |
| Diuretic Combinations | | |
| ALDACTAZIDE 25MG-25MG (<i>Use Spironolactone & Hydrochlorothiazide</i>) | NF | MO |
| ALDACTAZIDE 50MG-50MG | 3 | MO |
| <i>amiloride & hydrochlorothiazide</i> | 1 | MO; * |
| DYAZIDE (<i>Use Triamterene & Hydrochlorothiazide</i>) | NF | MO |
| MAXZIDE (<i>Use Triamterene & Hydrochlorothiazide</i>) | NF | MO |
| MAXZIDE-25 (<i>Use Triamterene & Hydrochlorothiazide</i>) | NF | MO |
| <i>spironolactone & hydrochlorothiazide</i> | 1 | MO; * |
| <i>triamterene & hydrochlorothiazide caps 37.5mg-25mg</i> | 1 | MO; * |
| <i>triamterene & hydrochlorothiazide caps 50mg-25mg</i> | 2 | MO; * |
| <i>triamterene & hydrochlorothiazide tabs 37.5mg-25mg, 75mg-50mg</i> | 1 | MO; * |
| Loop Diuretics | | |
| <i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i> | 1 | MO; * |
| BUMEX (<i>Use Bumetanide</i>) | NF | MO |
| DEMADEX (<i>Use Torsemide</i>) | NF | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| 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 soln or 8 mg/ml</i> | 2 | 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>methyclothiazide</i> | 2 | MO; * |
| <i>metolazone</i> | 1 | MO; * |
| MICROZIDE (Use Hydrochlorothiazide) | NF | MO |
| ZAROXOLYN (Use Metolazone) | NF | MO |
| ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Bone Density Regulators | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---------------------------|
| 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; * |
| ATELVIA (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; * |
| <i>etidronate disodium 200 mg</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; * |
| <i>risedronate sodium tabs 30 mg, 5 mg</i> | 2 | QL(1 ea daily); MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--------------------------|
| <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> | 4 | |
| Growth Hormone Receptor Antagonists | | |
| SOMAVERT | 5 | LA |
| Growth Hormone Releasing Hormones (GHRH) | | |
| EGRIFTA | 5 | |
| Growth Hormones | | |
| GENOTROPIN 5 MG | 5 | PA |
| GENOTROPIN MINIQUEL 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 |
| OMNITROPE SOLN 10 MG/1.5ML, 5 MG/1.5ML | 5 | PA |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------|
| 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 |
| KUVAN TBSO 100 MG | 5 | LA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <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</i> | 3 | MO |
| <i>paricalcitol caps or 2 mcg, 4 mcg</i> | 2 | MO; * |
| ROCALTRON (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> | 3 | MO |
| <i>desmopressin acetate spray refrigerated</i> | 3 | 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> | 3 | MO |
| Somatostatic Agents | | |
| <i>octreotide acetate 100 mcg/ml</i> | 4 | |
| <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 | | |
| ACTIVEVELLA (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 ix.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>estradiol-norgestimate</i> | 2 | AL; MO; * |
| 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 |
| ENJUVIA 0.3 MG, 0.45 MG, 0.9 MG, 1.25 MG | 4 | AL; MO |
| ENJUVIA 0.625 MG | 4 | AL |
| <i>estradiol cypionate oil im</i> | 2 | MO; * |
| <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; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| EVAMIST | 4 | AL; MO |
| MENOSTAR | 4 | AL; MO |
| MINIVELLE | 4 | AL; MO |
| PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 4 | AL; MO |
| VIVELLE-DOT (<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> | 3 | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| 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 |
| LEVAQUIN SOLN OR 25 MG/ML (<i>Use Levofloxacin</i>) | NF | MO |
| LEVAQUIN TABS OR 250 MG, 750 MG (<i>Use Levofloxacin</i>) | NF | MO |
| LEVAQUIN TABS OR 500 MG (<i>Use Levofloxacin</i>) | 4 | 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> | 3 | MO |
| <i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i> | 2 | MO; * |
| <i>moxifloxacin hcl tabs or 400 mg</i> | 2 | MO; * |
| 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> | 3 | MO |
| Gastrointestinal Antiallergy Agents | | |
| <i>cromolyn sodium (mastocytosis)</i> | 4 | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| GASTROCROM (<i>Use Cromolyn Sodium (Mastocytosis)</i>) | NF | MO |
| Gastrointestinal Chloride Channel Activators | | |
| AMITIZA | 3 | MO |
| Gastrointestinal Stimulants | | |
| <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> | 3 | 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> | 4 | MO |
| <i>mesalamine w/ cleanser</i> | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| PENTASA | 4 | MO |
| REMICADE | 5 | PA |
| ROWASA (<i>Use Mesalamine w/ Cleanser</i>) | NF | MO |
| <i>sulfasalazine tabs or</i> | 2 | MO; * |
| <i>sulfasalazine tbec or</i> | 2 | MO; * |
| Intestinal Acidifiers | | |
| <i>lactulose (encephalopathy)</i> | 2 | MO; * |
| Irritable Bowel Syndrome (IBS) Agents | | |
| <i>alosetron hcl</i> | 5 | MO |
| LINZESS | 3 | MO |
| LOTIRONEX (<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)</i> | 2 | MO; * |
| FOSRENOL | 3 | MO |
| PHOSLO (<i>Use Calcium Acetate (Phosphate Binder)</i>) | NF | MO |
| PHOSLYRA | 4 | MO |
| RENAGEL 800 MG | 4 | MO |
| REVELA | 3 | MO |
| SEVELAMER CARBONATE | 3 | MO |

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

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| VELPHORO | 5 | MO |
| Short Bowel Syndrome (SBS) Agents | | |
| GATTEX | 5 | PA; LA |
| 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; * |
| UROCIT-K 10 (<i>Use Potassium Citrate (Alkalinizer)</i>) | NF | MO |
| UROCIT-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; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------|
| FLOMAX (<i>Use Tamsulosin HCl</i>) | NF | MO |
| JALYN | 3 | GL; MO |
| PROSCAR (<i>Use Finasteride</i>) | NF | GL; MO |
| RAPAFLO | 4 | MO |
| <i>tamsulosin hcl</i> | 2 | MO; * |
| UROXATRAL (<i>Use Alfuzosin HCl</i>) | NF | MO |
| 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 (<i>Use Allopurinol</i>) | NF | QL(8 ea daily); MO |
| ZYLOPRIM 300 MG (<i>Use 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| RUCONEST | 5 | |
| Hematorheologic Agents | | |
| <i>pentoxifylline tbc or</i> | 2 | MO; * |
| Plasma Kallikrein Inhibitors | | |
| KALBITOR | 5 | |
| Platelet Aggregation Inhibitors | | |
| AGGRENOX | 3 | MO |
| AGRYLIN (<i>Use Anagrelide HCl</i>) | NF | MO |
| <i>anagrelide hcl</i> | 1 | MO; * |
| ASPIRIN/DIPYRIDAMOLE | 3 | MO |
| BRILINTA | 3 | MO |
| <i>cilostazol</i> | 1 | MO; * |
| <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 (<i>Use Dipyridamole</i>) | NF | AL; MO |
| PLAVIX 300 MG (<i>Use Clopidogrel Bisulfate</i>) | NF | |
| PLAVIX 75 MG (<i>Use Clopidogrel Bisulfate</i>) | NF | MO |
| PLETAL (<i>Use 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 |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------|
| CEREZYME | 5 | LA |
| ELELYSO | 5 | |
| VPRIV | 5 | |
| ZAVESCA | 5 | LA |
| Agents for Sick 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 10000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 4 | PA |
| EPOGEN 2000 UNIT/ML | 4 | PA; Procrit Preferred |
| 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| NEULASTA DELIVERY KIT | 5 | PA |
| NEUMEGA | 3 | PA |
| NEUPOGEN | 5 | PA |
| PROCRT 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | PA |
| PROCRT 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> | 3 | 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> | 3 | MO |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| Barbiturate Hypnotics | | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------|
| BUTISOL SODIUM | 4 | AL; MO |
| <i>pentobarbital sodium soln ij</i> | 2 | * |
| <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; * |
| 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; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---------------------------|
| <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 tbcr 12.5 mg</i> | 4 | AL; QL(1 ea daily); MO |
| <i>zolpidem tartrate tbcr 6.25 mg</i> | 4 | AL; QL(2 ea daily); MO |
| ZOLPIMIST | 4 | AL; MO |
| Orexin Receptor Antagonists | | |
| BELSOMRA 10 MG | 4 | PA; QL(2 ea daily); MO |
| BELSOMRA 15 MG, 20 MG | 4 | PA; QL(1 ea daily); MO |
| BELSOMRA 5 MG | 4 | PA; QL(4 ea daily); MO |
| 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 | | |
| <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 % (<i>Use Lidocaine HCl (Local Anesth.)</i>) | NF | MO |
| XYLOCAINE-MPF 1 % (<i>Use Lidocaine HCl (Local Anesth.)</i>) | 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 (<i>Use Azithromycin</i>) | NF | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (<i>Use Azithromycin</i>) | NF | MO |
| ZITHROMAX TABS OR 250 MG, 500 MG, 600 MG (<i>Use Azithromycin</i>) | NF | MO |
| ZITHROMAX TRI-PAK (<i>Use Azithromycin</i>) | NF | MO |
| ZITHROMAX Z-PAK (<i>Use Azithromycin</i>) | NF | MO |
| ZMAX | 4 | MO |
| Clarithromycin | | |
| BIAXIN (<i>Use Clarithromycin</i>) | NF | MO |
| BIAXIN XL (<i>Use Clarithromycin</i>) | NF | MO |
| BIAXIN XL PAC (<i>Use Clarithromycin</i>) | NF | MO |
| <i>clarithromycin susr or 125 mg/5ml</i> | 2 | MO; * |
| <i>clarithromycin susr or 250 mg/5ml</i> | 3 | 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); * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-------------------------|
| 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 | | |
| INSULIN SYRINGES AND PEN NEEDLES | 3 | MO |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Migraine Combinations | | |
| MIGERGOT | 4 | 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 |
| ERGOMAR | 4 | |
| MIGRANAL | 5 | MO |
| Serotonin Agonists | | |
| <i>almotriptan malate</i> | 2 | QL(0.4 ea daily); MO; * |

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

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--------------------------|
| <i>rizatriptan benzoate tbdp 10 mg</i> | 3 | QL(0.4 ea daily); MO |
| <i>rizatriptan benzoate tbdp 5 mg</i> | 3 | 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> | 4 | QL(0.27 ml daily); MO |
| <i>sumatriptan succinate sosy sc 6 mg/0.5ml</i> | 2 | * |
| <i>sumatriptan succinate tabs or 100 mg</i> | 2 | QL(0.3 ea daily); MO; * |
| <i>sumatriptan succinate tabs or 25 mg</i> | 2 | QL(0.9 ea daily); MO; * |
| <i>sumatriptan succinate tabs or 50 mg</i> | 2 | QL(0.6 ea daily); MO; * |
| SUMAVEL DOSEPRO 4 MG/0.5ML | 4 | QL(0.14 ml daily) |
| SUMAVEL DOSEPRO 6 MG/0.5ML | 4 | QL(0.14 ml daily); MO |
| <i>zolmitriptan tabs 2.5 mg</i> | 2 | QL(4 ea daily); MO; * |
| <i>zolmitriptan tabs 5 mg</i> | 2 | QL(2 ea daily); MO; * |
| <i>zolmitriptan tbdp 2.5 mg</i> | 2 | QL(4 ea daily); MO; * |
| <i>zolmitriptan tbdp 5 mg</i> | 2 | QL(2 ea daily); MO; * |
| ZOMIG NASAL SPRAY | 4 | QL(2 ea daily); MO |
| ZOMIG SOLN NA 2.5 MG | 4 | QL(4 ea daily); MO |
| ZOMIG TABS OR 2.5 MG (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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| 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; * |
| <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 %</i> | 2 | * |
| <i>potassium chloride soln or 20 %</i> | 2 | MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| <i>potassium chloride tbc 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; * |
| Antiseptics - Mouth/Throat | | |
| <i>chlorhexidine gluconate (mouth-throat)</i> | 1 | MO; * |
| PERIDEX (Use Chlorhexidine Gluconate (Mouth-Throat)) | NF | MO |
| Steroids - Mouth/Throat | | |
| <i>triamcinolone acetanide (mouth)</i> | 2 | MO; * |
| Throat Products - Misc. | | |
| <i>cevimeline hcl</i> | 3 | 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; * |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <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> | 3 | AL; MO |
| <i>methocarbamol tabs or 500 mg, 750 mg</i> | 2 | 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 |
| 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> | 3 | QL(18 ea daily); MO |
| <i>tizanidine hcl caps or 4 mg</i> | 3 | QL(9 ea daily); MO |
| <i>tizanidine hcl caps or 6 mg</i> | 3 | 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 |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>dantrolene sodium caps or 100 mg, 50 mg</i> | 1 | MO; * |
| <i>dantrolene sodium caps or 25 mg</i> | 3 | MO |
| Muscle Relaxant Combinations | | |
| <i>carisoprodol w/ aspirin</i> | 3 | 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 |
| Nasal Antiallergy | | |
| ASTEPRO (<i>Use Azelastine HCl</i>) | 3 | MO |
| <i>azelastine hcl</i> | 2 | MO; * |
| <i>olopatadine hcl (nasal)</i> | 2 | MO; * |
| PATANASE (<i>Use Olopatadine HCl (Nasal)</i>) | 4 | MO |
| Nasal Anticholinergics | | |
| ATROVENT (<i>Use Ipratropium Bromide (Nasal)</i>) | NF | MO |
| <i>ipratropium bromide (nasal)</i> | 2 | MO; * |
| Nasal Steroids | | |
| BECONASE AQ | 4 | MO |
| <i>budesonide (nasal)</i> | 2 | MO; * |
| FLONASE (<i>Use Fluticasone Propionate (Nasal)</i>) | NF | RX/OTC; MO |
| <i>flunisolide (nasal)</i> | 2 | MO; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>fluticasone propionate (nasal)</i> | 2 | RX/OTC; MO; * |
| NASONEX | 3 | MO |
| OMNARIS | 4 | MO |
| QNASL | 4 | MO |
| QNASL CHILDRENS | 4 | MO |
| RHINOCORT AQUA (<i>Use Budesonide (Nasal)</i>) | 4 | MO |
| <i>triamcinolone acetonide (nasal)</i> | 2 | RX/OTC; MO; * |
| VERAMYST | 4 | MO |
| ZETONNA | 4 | MO |
| Sympathomimetic Decongestants | | |
| <i>tetrahydrozoline hcl soln na</i> | 2 | * |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| ALS Agents | | |
| RILUTEK (<i>Use Riluzole</i>) | 5 | MO |
| <i>riluzole</i> | 2 | MO; * |
| Neuromuscular Blocking Agent - Neurotoxins | | |
| BOTOX | 4 | PA |
| XEOMIN | 4 | PA |
| NUTRIENTS | | |
| Carbohydrates | | |
| <i>dextrose soln iv 10 %</i> | 2 | B/D; * |
| <i>dextrose soln iv 5 %</i> | 1 | MO; B/D; * |
| Lipids | | |
| <i>fat emulsion 20 gm/100ml</i> | 3 | B/D |
| Proteins | | |
| <i>amino acid infusion 15%</i> | 4 | B/D |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| AMINOSYN II 15% (<i>Use amino acid infusion</i>) | 4 | B/D |
| CLINIMIX 2.75%/DEXTROSE 5% | 4 | B/D |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | |
| Beta-blockers - Ophthalmic | | |
| BETAGAN (<i>Use Levobunolol HCl</i>) | NF | MO |
| <i>betaxolol hcl (ophth)</i> | 1 | MO; * |
| BETIMOL | 4 | MO |
| BETOPTIC-S | 3 | MO |
| <i>carteolol hcl (ophth)</i> | 1 | MO; * |
| COMBIGAN | 4 | MO |
| COSOPT (<i>Use Dorzolamide HCl-Timolol Maleate</i>) | NF | MO |
| COSOPT PF | 4 | MO |
| <i>dorzolamide hcl-timolol maleate</i> | 2 | MO; * |
| ISTALOL | 3 | MO |
| <i>levobunolol hcl 0.5 %</i> | 2 | MO; * |
| <i>metipranolol</i> | 1 | MO; * |
| <i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i> | 2 | Gel Forming Soln; MO; * |
| <i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i> | 1 | MO; * |
| TIMOPTIC (<i>Use Timolol Maleate (Ophth)</i>) | NF | MO |
| TIMOPTIC-XE (<i>Use Timolol Maleate (Ophth)</i>) | NF | Gel Forming Soln; MO |
| Cycloplegic Mydriatics | | |
| <i>cyclopentolate hcl soln op 0.5 %</i> | 2 | MO; * |
| <i>cyclopentolate hcl soln op 1 %, 2 %</i> | 1 | MO; * |
| Miotics | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| ISOPTO CARPINE (<i>Use Pilocarpine HCl</i>) | 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 % (<i>Use Brimonidine Tartrate</i>) | NF | MO |
| <i>apraclonidine hcl</i> | 1 | MO; * |
| <i>brimonidine tartrate</i> | 2 | MO; * |
| IOPIDINE 0.5 % (<i>Use Apraclonidine HCl</i>) | NF | MO |
| IOPIDINE 1 % | 4 | MO |
| SIMBRINZA | 4 | MO |
| Ophthalmic Anti-infectives | | |
| AZASITE | 4 | MO |
| <i>bacitracin-polymyxin b (ophth)</i> | 1 | MO; * |
| BESIVANCE | 4 | MO |
| BLEPH-10 (<i>Use Sulfacetamide Sodium (Ophth)</i>) | NF | MO |
| CILOXAN OINT | 4 | MO |
| CILOXAN SOLN (<i>Use Ciprofloxacin HCl (Ophth)</i>) | NF | MO |
| <i>ciprofloxacin hcl (ophth)</i> | 2 | MO; * |
| <i>erythromycin (ophth)</i> | 2 | MO; * |
| <i>gatifloxacin (ophth)</i> | 2 | MO; * |
| <i>gentamicin sulfate (ophth)</i> | 2 | MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <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 |
| <i>trifluridine soln op</i> | 3 | MO |
| VIGAMOX | 3 | MO |
| VIROPTIC (Use Trifluridine) | NF | MO |
| ZIRGAN | 4 | MO |
| ZYMAXID (Use Gatifloxacin (Ophth)) | NF | MO |
| Ophthalmic Decongestants | | |
| <i>naphazoline hcl</i> | 1 | MO; * |
| Ophthalmic Immunomodulators | | |
| RESTASIS | 3 | MO |
| Ophthalmic Local Anesthetics | | |
| <i>proparacaine hcl soln op</i> | 1 | MO; * |
| Ophthalmic Steroids | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| 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; * |
| <i>neomycin-polymyxin-hc (ophth)</i> | 2 | MO; * |
| 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>prednisolone sodium phosphate (ophth)</i> | 2 | MO; * |
| <i>sulfacetamide sod-prednisolone oint 10%-0.2%</i> | 2 | MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|
| <i>sulfacetamide sod-prednisolone soln 10%-0.23%</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 |
| ALOCIL | 4 | MO |
| ALOMIDE | 4 | MO |
| <i>azelastine hcl (ophth)</i> | 2 | MO; * |
| AZOPT | 3 | MO |
| BEPREVE | 4 | MO |
| <i>bromfenac sodium (ophth)</i> | 1 | MO; * |
| <i>bromfenac sodium (ophth)</i> | 2 | Once daily dosing; MO; * |
| <i>cromolyn sodium (ophth)</i> | 2 | MO; * |
| CYSTARAN | 4 | Limited to 60 ml per 28 days; QL (2.15 ml daily); LA |
| <i>diclofenac sodium (ophth)</i> | 3 | MO |
| <i>dorzolamide hcl</i> | 2 | MO; * |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| ELESTAT (Use Epinastine HCl (Ophth)) | 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; * |
| LASTACFT | 4 | MO |
| NEVANAC | 3 | MO |
| OCUFEN (Use Flurbiprofen Sodium) | NF | MO |
| OPTIVAR (Use Azelastine HCl (Ophth)) | NF | MO |
| PATADAY | 3 | MO |
| PATANOL | 4 | MO |
| PROLENSA | 4 | MO |
| TRUSOPT (Use Dorzolamide HCl) | NF | MO |
| Prostaglandins - Ophthalmic | | |
| BIMATOPROST | 3 | MO |
| <i>latanoprost</i> | 2 | MO; * |
| LUMIGAN | 3 | MO |
| RESCULA | 4 | |
| TRAVATAN Z | 3 | MO |
| XALATAN (Use Latanoprost) | NF | MO |
| ZIOPTAN | 4 | MO |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| <i>acetic acid (otic)</i> | 1 | MO; * |
| <i>acetic acid-aluminum acetate</i> | 1 | MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| 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 Neomycin-Polymyxin-HC (Otic)) | NF | MO |
| CORTISPORIN-TC | 4 | MO |
| <i>neomycin-polymyxin-hc (otic)</i> | 2 | MO; * |
| Otic Steroids | | |
| DERMOTIC (Use Fluocinolone Acetonide (Otic)) | NF | MO |
| <i>fluocinolone acetonide (otic)</i> | 2 | MO; * |
| <i>hydrocortisone w/acetic acid</i> | 3 | MO |
| VOSOL HC (Use Hydrocortisone w/Acetic Acid) | NF | MO |
| OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding | | |
| Oxytocics | | |
| <i>methylergonovine maleate tabs or 0.2 mg</i> | 3 | MO |
| PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Immune Serums | | |
| BIVIGAM | 5 | B/D |
| FLEBOGAMMA DIF 10 % | 5 | B/D |
| GAMASTAN S/D | 4 | B/D |
| GAMMAGARD LIQUID | 5 | B/D |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| 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; * |
| <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; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| <i>penicillin g potassium 5000000 unit</i> | 4 | MO |
| <i>penicillin v potassium</i> | 2 | MO; * |
| PFIZERPEN-G 5000000 UNIT (<i>Use Penicillin G Potassium</i>) | 4 | 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 (<i>Use Amoxicillin & Pot Clavulanate</i>) | NF | MO |
| AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (<i>Use Amoxicillin & Pot Clavulanate</i>) | NF | MO |
| AUGMENTIN TABS 500MG-125MG, 875MG-125MG (<i>Use Amoxicillin & Pot Clavulanate</i>) | NF | MO |
| AUGMENTIN XR (<i>Use Amoxicillin & Pot Clavulanate</i>) | NF | MO |
| <i>piperacillin sodium-tazobactam sodium 0.25gm-2gm, 0.375gm-3gm, 4.5gm-36gm</i> | 3 | |
| <i>piperacillin sodium-tazobactam sodium 0.5gm-4gm</i> | 1 | * |
| UNASYN 1GM-2GM (<i>Use Ampicillin & Sulbactam Sodium</i>) | NF | MO |
| ZOSYN SOLN 0.25GM/50ML-2GM/50ML-5%, 0.375GM/50ML-3GM/50ML-5%, 0.5GM/100ML-4GM/100ML-5% | 4 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| ZOSYN SOLR 0.25GM-2GM, 0.375GM-3GM, 0.5GM-4GM, 4.5GM-36GM (<i>Use Piperacillin Sodium-Tazobactam Sodium</i>) | 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 (<i>Use Megestrol Acetate (Appetite)</i>) | 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 (<i>Use Progesterone Micronized</i>) | NF | MO |
| PROVERA (<i>Use Medroxyprogesterone Acetate</i>) | NF | MO |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | |
| Agents for Chemical Dependency | | |
| <i>acamprosate calcium</i> | 3 | MO |
| CAMPRAL (<i>Use Acamprosate Calcium</i>) | NF | MO |
| <i>disulfiram tabs or 250 mg, 500 mg</i> | 3 | MO |
| Anti-Cataleptic Agents | | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------|
| XYREM | 5 | LA |
| Antidementia Agents | | |
| ARICEPT (Use Donepezil Hydrochloride) | NF | MO |
| ARICEPT ODT (Use Donepezil Hydrochloride) | NF | MO |
| donepezil hydrochloride | 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 |
| galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg | 3 | MO |
| galantamine hydrobromide soln 4 mg/ml | 2 | MO; * |
| galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg | 3 | MO |
| memantine hcl soln 2 mg/ml | 2 | AL; MO; * |
| memantine hcl tabs 10 mg, 5 mg | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| RAZADYNE ER (Use Galantamine Hydrobromide) | NF | MO |
| rivastigmine | 2 | MO; * |
| rivastigmine tartrate | 3 | MO |
| Combination Psychotherapeutics | | |
| chlordiazepoxide-amitriptyline | 2 | AL; MO; * |
| olanzapine-fluoxetine hcl | 4 | MO |
| perphenazine-amitriptyline | 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 | | |
| tetrabenazine | 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 |
| glatiramer acetate | 5 | PA |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|-----------------------|
| LEMTRADA | 5 | PA; LA |
| PLEGRIDY | 5 | PA |
| PLEGRIDY STARTER PACK | 5 | PA |
| REBIF | 5 | PA |
| REBIF REBIDOSE | 5 | PA |
| REBIF REBIDOSE TITRATIONPACK | 5 | PA |
| REBIF TITRATION PACK | 5 | PA |
| TECFIDERA | 5 | PA |
| TECFIDERA STARTER PACK | 5 | PA |
| TYSABRI | 5 | PA |
| 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 | | |
| NUDEXTA | 3 | MO |
| Psychotherapeutic and Neurological Agents - | | |
| <i>ergoloid mesylates tabs or</i> | 2 | AL; MO; * |
| ORAP (<i>Use Pimozide</i>) | 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 |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|------------------------|
| CHANTIX CONTINUING MONTHPAK | 4 | PA; MO |
| CHANTIX STARTING MONTH PAK | 4 | PA; MO |
| NICOTROL INHALER | 4 | QL(17 ea daily); MO |
| NICOTROL NS | 4 | MO |
| ZYBAN (<i>Use Bupropion HCl (Smoking Deterrent)</i>) | NF | QL(2 ea daily); MO |
| 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 | | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| Tetracyclines | | |
| ADOXA PAK 1/100 (<i>Use Doxycycline (Monohydrate)</i>) | NF | MO |
| ADOXA PAK 1/150 (<i>Use Doxycycline (Monohydrate)</i>) | NF | MO |
| ADOXA PAK 2/100 (<i>Use Doxycycline (Monohydrate)</i>) | NF | MO |
| ADOXA TABS 100 MG, 50 MG, 75 MG (<i>Use Doxycycline (Monohydrate)</i>) | NF | MO |
| <i>demeclocycline hcl</i> | 1 | MO; * |
| DORYX 150 MG (<i>Use Doxycycline Hyclate</i>) | NF | MO |
| DORYX 200 MG | 4 | PA; MO |
| <i>doxycycline (monohydrate) caps 100 mg, 50 mg, 75 mg</i> | 2 | MO; * |
| <i>doxycycline (monohydrate) susr 25 mg/5ml</i> | 2 | MO; * |
| <i>doxycycline (monohydrate) tabs 100 mg, 150 mg, 50 mg, 75 mg</i> | 2 | MO; * |
| <i>doxycycline hyclate caps or 100 mg, 50 mg</i> | 1 | MO; * |
| <i>doxycycline hyclate solr iv 100 mg</i> | 2 | MO; * |
| <i>doxycycline hyclate tabs or 100 mg, 20 mg</i> | 1 | MO; * |
| <i>doxycycline hyclate tbec or 100 mg, 150 mg</i> | 3 | MO |
| <i>doxycycline hyclate tbec or 75 mg</i> | 2 | MO; * |
| MINOCIN CAPS OR 100 MG, 50 MG, 75 MG (<i>Use Minocycline HCl</i>) | NF | MO |
| <i>minocycline hcl caps or 100 mg, 50 mg, 75 mg</i> | 2 | MO; * |
| <i>minocycline hcl tabs or 100 mg, 50 mg</i> | 3 | MO |

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| MONODOX (<i>Use Doxycycline (Monohydrate)</i>) | NF | MO |
| <i>tetracycline hcl caps or 250 mg, 500 mg</i> | 1 | MO; * |
| VIBRAMYCIN CAPS 100 MG (<i>Use Doxycycline Hyclate</i>) | NF | MO |
| 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| INFANRIX | 4 | |
| TENIVAC | 4 | B/D |
| TETANUS/DIPHThERIA TOXOIDS-ADSORBED | 4 | B/D |
| TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT | 4 | B/D |
| Toxoids | | |
| TETANUS TOXOID ADSORBED | 4 | B/D |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics | | |
| BENTYL CAPS OR 10 MG (Use Dicyclomine HCl) | NF | MO |
| BENTYL TABS OR 20 MG (Use Dicyclomine HCl) | NF | MO |
| CANTIL | 4 | MO |
| dicyclomine hcl caps 10 mg | 2 | MO; * |
| dicyclomine hcl tabs 20 mg | 2 | MO; * |
| glycopyrrolate soln ij 0.2 mg/ml | 2 | MO; * |
| glycopyrrolate tabs or 1 mg | 1 | QL(8 ea daily); MO; * |
| glycopyrrolate tabs or 2 mg | 1 | QL(4 ea daily); MO; * |
| methscopolamine bromide tabs or 2.5 mg, 5 mg | 1 | MO; * |
| PAMINE (Use Methscopolamine Bromide) | NF | MO |
| PAMINE FORTE (Use Methscopolamine Bromide) | NF | MO |
| propantheline bromide tabs or | 2 | MO; * |
| ROBINUL FORTE (Use Glycopyrrolate) | NF | QL(4 ea daily); MO |
| ROBINUL SOLN IJ 0.2 MG/ML (Use Glycopyrrolate) | NF | MO |
| ROBINUL TABS OR 1 MG (Use Glycopyrrolate) | NF | QL(8 ea daily); MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| H-2 Antagonists | | |
| cimetidine tabs or 200 mg | 1 | RX/OTC; MO; * |
| cimetidine tabs or 300 mg, 400 mg, 800 mg | 1 | MO; * |
| famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml | 1 | * |
| famotidine susr or 40 mg/5ml | 3 | MO |
| famotidine tabs or 20 mg | 1 | RX/OTC; MO; * |
| famotidine tabs or 40 mg | 1 | MO; * |
| nizatidine caps 150 mg, 300 mg | 1 | MO; * |
| PEPCID 20 MG, 40 MG/5ML (Use Famotidine) | NF | MO |
| ranitidine hcl caps or 150 mg, 300 mg | 2 | MO; * |
| ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml | 3 | MO |
| ranitidine hcl tabs or 150 mg | 1 | RX/OTC; MO; * |
| ranitidine hcl tabs or 300 mg | 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 |
| sucralfate tabs or | 2 | MO; * |
| Proton Pump Inhibitors | | |
| DEXILANT | 3 | ST; MO |
| esomeprazole magnesium 20 mg | 2 | ST; RX/OTC; MO; * |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>esomeprazole magnesium 40 mg</i> | 2 | ST; MO; * |
| ESOMEPRAZOLE STRONTIUM | 4 | ST |
| <i>lansoprazole cpdr or 15 mg</i> | 4 | RX/OTC; MO |
| <i>lansoprazole cpdr or 30 mg</i> | 4 | MO |
| NEXIUM CPDR 20 MG | 4 | ST; RX/OTC; MO |
| NEXIUM CPDR 20 MG (Use <i>Esomeprazole Magnesium</i>) | 4 | ST; RX/OTC; MO |
| NEXIUM CPDR 40 MG | 4 | ST; MO |
| NEXIUM CPDR 40 MG (Use <i>Esomeprazole Magnesium</i>) | 4 | ST; MO |
| NEXIUM PACK 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG | 4 | ST; MO |
| <i>omeprazole cpdr or 10 mg, 20 mg, 40 mg</i> | 2 | MO; * |
| <i>pantoprazole sodium solr iv 40 mg</i> | 2 | * |
| <i>pantoprazole sodium tbec or 20 mg, 40 mg</i> | 1 | MO; * |
| PREVACID 15 MG (Use <i>Lansoprazole</i>) | NF | RX/OTC; MO |
| PREVACID 30 MG (Use <i>Lansoprazole</i>) | NF | MO |
| PRILOSEC CPDR 10 MG, 20 MG, 40 MG (Use <i>Omeprazole</i>) | NF | MO |
| PROTONIX PACK OR 40 MG | 4 | QL(1 ea daily); MO |
| PROTONIX SOLR IV 40 MG (Use <i>Pantoprazole Sodium</i>) | NF | |
| PROTONIX TBEC OR 20 MG, 40 MG (Use <i>Pantoprazole Sodium</i>) | NF | MO |
| Ulcer Drugs - Prostaglandins | | |
| CYTOTEC (Use <i>Misoprostol</i>) | NF | MO |
| <i>misoprostol tabs or 100 mcg, 200 mcg</i> | 2 | MO; * |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Ulcer Therapy Combinations | | |
| <i>amoxicillin-clarithromycin w/ lansoprazole</i> | 4 | MO |
| <i>omeprazole-sodium bicarbonate 20mg-1100mg</i> | 2 | RX/OTC; MO; * |
| <i>omeprazole-sodium bicarbonate 40mg-1100mg</i> | 4 | MO |
| PREVPAC (Use <i>Amoxicillin-Clarithromycin w/ Lansoprazole</i>) | NF | MO |
| PYLERA | 4 | MO |
| ZEGERID CAPS 20MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i>) | NF | RX/OTC; MO |
| ZEGERID CAPS 40MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i>) | NF | MO |
| ZEGERID PACK 20MG-1680MG | 4 | ST; MO |
| ZEGERID PACK 40MG-1680MG | 4 | MO |
| URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections | | |
| Urinary Anti-infectives | | |
| FURADANTIN (Use <i>Nitrofurantoin</i>) | NF | AL; MO |
| HIPREX (Use <i>Methenamine Hippurate</i>) | NF | MO |
| MACROBID (Use <i>Nitrofurantoin Monohyd Macro</i>) | NF | MO |
| MACRODANTIN 100 MG, 50 MG (Use <i>Nitrofurantoin Macrocrystal</i>) | NF | AL; MO |
| MACRODANTIN 25 MG (Use <i>Nitrofurantoin Macrocrystal</i>) | 4 | AL; MO |
| <i>methenamine hippurate</i> | 2 | MO; * |
| MONUROL | 4 | MO |
| <i>nitrofurantoin macrocrystal caps or 100 mg, 25 mg, 50 mg</i> | 2 | AL; MO; * |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>nitrofurantoin monohydrate macro</i> | 2 | MO; * |
| <i>nitrofurantoin susp or</i> | 4 | AL; MO |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics | | |
| DETROL (<i>Use Tolterodine Tartrate</i>) | NF | MO |
| DETROL LA (<i>Use Tolterodine Tartrate</i>) | NF | MO |
| DITROPAN XL (<i>Use Oxybutynin Chloride</i>) | NF | MO |
| ENABLEX | 3 | MO |
| GELNIQUE | 4 | MO |
| <i>oxybutynin chloride syrp 5 mg/5ml</i> | 2 | MO; * |
| <i>oxybutynin chloride tabs 5 mg</i> | 3 | MO |
| <i>oxybutynin chloride tb24 10 mg, 15 mg, 5 mg</i> | 3 | MO |
| OXYTROL | 4 | RX/OTC; MO |
| SANCTURA (<i>Use Trospium Chloride</i>) | 4 | MO |
| SANCTURA XR (<i>Use Trospium Chloride</i>) | NF | MO |
| <i>tolterodine tartrate cp24 2 mg, 4 mg</i> | 2 | MO; * |
| <i>tolterodine tartrate tabs 1 mg, 2 mg</i> | 3 | MO |
| TOVIAZ | 3 | MO |
| <i>trospium chloride cp24 60 mg</i> | 3 | MO |
| <i>trospium chloride tabs 20 mg</i> | 2 | MO; * |
| VESICARE | 3 | MO |
| Urinary Antispasmodics - Beta-3 Adrenergic | | |
| MYRBETRIQ | 4 | MO |
| Urinary Antispasmodics - Cholinergic Agonists | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| <i>bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | MO; * |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| <i>flavoxate hcl</i> | 1 | MO; * |
| VACCINES | | |
| Bacterial Vaccines | | |
| ACTHIB | 4 | |
| 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 | |
| ENGRIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML | 4 | B/D |
| GARDASIL | 4 | |
| HAVRIX | 4 | |
| IMOVAX RABIES (<i>H.D.C.V.</i>) | 4 | B/D |
| IPOLEN INACTIVATED IPV | 4 | |
| IXIARO | 4 | |
| M-M-R II | 4 | |
| PROQUAD | 4 | |
| RABAVERT | 4 | B/D |
| RECOMBIVAX HB | 4 | B/D |
| ROTARIX | 4 | |

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

| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|
| ROTATEQ | 3 | |
| TWINRIX | 4 | |
| VAQTA | 4 | |
| VARIVAX | 4 | |
| YF-VAX | 4 | |
| ZOSTAVAX | 4 | |
| VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones | | |
| Vaginal Anti-infectives | | |
| <i>butoconazole nitrate (one dose)</i> | 2 | MO; * |
| CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal) | NF | MO |
| CLEOCIN SUPP VA 100 MG | 4 | MO |
| <i>clindamycin phosphate vaginal</i> | 1 | MO; * |
| METROGEL-VAGINAL (Use Metronidazole Vaginal) | NF | MO |
| <i>metronidazole vaginal</i> | 2 | MO; * |
| <i>miconazole nitrate vaginal supp 200 mg</i> | 2 | MO; * |
| TERAZOL 3 (Use Terconazole Vaginal) | NF | MO |
| TERAZOL 7 (Use Terconazole Vaginal) | NF | MO |
| <i>terconazole vaginal</i> | 2 | MO; * |
| Vaginal Estrogens | | |
| ESTRING | 4 | MO |
| FEMRING | 4 | MO |
| PREMARIN CREA VA 0.625 MG/GM | 3 | MO |
| VAGIFEM | 4 | MO |
| Vaginal Progestins | | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| CRINONE | 4 | MO |
| ENDOMETRIN | 4 | MO |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| ADRENACLICK | 3 | MO |
| AUVI-Q | 3 | MO |
| EPINEPHRINE SOAJ IJ 0.15 MG/0.15ML, 0.3 MG/0.3ML | 3 | MO |
| EPIPEN 2-PAK | 3 | MO |
| EPIPEN-JR 2-PAK | 3 | MO |
| 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> | 3 | MO |

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

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| abacavir sulfate..... | 42 | ACTIQ 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG..... | 4 | AFINITOR..... | 36 |
| abacavir sulfate-lamivudine-zidovudine | 42 | ACTIQ 200 MCG..... | 4 | AFINITOR DISPERZ..... | 36 |
| ABELCET..... | 26 | ACTIVELLA..... | 62 | AFREZZA..... | 23 |
| ABILIFY 1 MG/ML..... | 41 | ACTONEL 150 MG..... | 60 | AGGRENEX..... | 66 |
| ABILIFY 10 MG..... | 41 | ACTONEL 30 MG, 5 MG.. | 60 | AGRYLIN..... | 66 |
| ABILIFY 15 MG..... | 41 | ACTONEL 35 MG..... | 60 | AKYNZEO..... | 26 |
| ABILIFY 2 MG..... | 41 | ACTOPLUS MET..... | 21 | ALBENZA..... | 9 |
| ABILIFY 20 MG, 30 MG..... | 41 | ACTOPLUS MET XR 15MG-1000MG..... | 21 | albuterol sulfate 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml... 14 | |
| ABILIFY 5 MG..... | 41 | ACTOPLUS MET XR 30MG-1000MG..... | 21 | albuterol sulfate 2 mg, 4 mg. 14 | |
| ABILIFY 9.75 MG/1.3ML..... | 41 | ACTOS 15 MG..... | 23 | albuterol sulfate 2 mg/5ml... 14 | |
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| ABSTRAL 200 MCG..... | 4 | acyclovir 400 mg, 800 mg. 44 | | ALDARA..... | 58 |
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| ACCURETIC..... | 30 | adapalene 0.1 %..... | 53 | ALKERAN 2 MG..... | 33 |
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| acetaminophen w/ codeine 300mg-15mg, 300mg-30mg, 300mg-60mg..... | 7 | adefovir dipivoxil..... | 43 | ALOCRIIL..... | 76 |
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| acetic acid (otic)..... | 76 | ADEMPAS 2 MG..... | 48 | ALPHAGAN P 0.1 %..... | 74 |
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| | | AEROSPAN..... | 13 | | |

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| AMARYL 2 MG..... | 24 | amphetamine-dextroamphetamine 1.25mg-1.25mg-1.25mg, 1.875mg-1.875mg-1.875mg-1.875mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.125mg-3.125mg-3.125mg-3.125mg, 3.75mg-3.75mg-3.75mg-3.75mg, 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg..... | 1 | ANTARA 30 MG..... | 28 |
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| amiloride hcl..... | 60 | AMTURNIDE 300MG-5MG-12.5MG, 300MG-5MG-25MG..... | 30 | APTIOM 600 MG..... | 16 |
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| amlodipine-valsartan-hydrochlorothiazide..... | 30 | | | aripiprazole 1 mg/ml..... | 41 |
| ammonium chloride..... | 71 | | | aripiprazole 10 mg..... | 41 |
| amoxapine 100 mg, 25 mg, 50 mg..... | 21 | | | aripiprazole 15 mg..... | 41 |
| amoxapine 150 mg..... | 21 | | | aripiprazole 2 mg..... | 41 |
| amoxicillin & pot clavulanate..... | 78 | | | aripiprazole 20 mg, 30 mg..... | 41 |
| amoxicillin 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml..... | 77 | | | aripiprazole 5 mg..... | 41 |
| | | | | ARIPIPRAZOLE ODT 10 MG..... | 41 |

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| ARIPIRAZOLE ODT 15 MG..... | 41 | ATROVENT HFA..... | 13 | AZOPT..... | 76 |
| ARIXTRA 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML..... | 15 | AUBAGIO..... | 79 | AZOR..... | 31 |
| ARIXTRA 2.5 MG/0.5ML..... | 15 | AUGMENTIN 250MG/5ML-62.5MG/5ML..... | 78 | aztreonam..... | 9 |
| ARNUITY ELLIPTA..... | 13 | AUGMENTIN 500MG-125MG, 875MG-125MG..... | 78 | AZULFIDINE..... | 64 |
| AROMASIN..... | 35 | AUGMENTIN ES-600..... | 78 | AZULFIDINE EN-TABS..... | 64 |
| ARRANON..... | 34 | AUGMENTIN XR..... | 78 | bacitracin-poly-neomycin-hc | 75 |
| ARTHROTEC 50..... | 3 | AURYXIA..... | 65 | bacitracin-polymyxin b (ophth)..... | 74 |
| ARTHROTEC 75..... | 3 | AUVI-Q..... | 85 | baclofen 10 mg..... | 72 |
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| ASMANEX HFA 100 MCG/ACT..... | 13 | AVANDAMET 2MG-500MG..... | 21 | BACTRIM DS..... | 10 |
| ASMANEX HFA 200 MCG/ACT..... | 13 | AVANDAMET 4MG-1000MG, 4MG-500MG..... | 21 | BACTROBAN..... | 54 |
| ASMANEX TWISTHALER 120 METERED DOSES..... | 13 | AVANDARYL 4MG-1MG, 4MG-2MG..... | 21 | BACTROBAN NASAL..... | 73 |
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| ASMANEX TWISTHALER 30 METERED DOSES 110 MCG/INH..... | 13 | AVANDARYL 8MG-2MG..... | 21 | BANZEL 200 MG..... | 16 |
| ASMANEX TWISTHALER 30 METERED DOSES 220 MCG/INH..... | 14 | AVANDIA 2 MG..... | 23 | BANZEL 40 MG/ML..... | 16 |
| ASMANEX TWISTHALER 60 METERED DOSES..... | 14 | AVANDIA 4 MG..... | 23 | BANZEL 400 MG..... | 16 |
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| ASTAGRAF XL..... | 45 | AVASTIN..... | 34 | BECONASE AQ..... | 73 |
| ASTEPRO..... | 73 | AVEED..... | 8 | BELEODAQ..... | 36 |
| ATACAND..... | 30 | AVELOX 400 MG..... | 63 | BELSOMRA 10 MG..... | 68 |
| ATACAND HCT..... | 31 | AVELOX ABC PACK..... | 63 | BELSOMRA 15 MG, 20 MG..... | 68 |
| ATELVIA..... | 60 | AVINZA..... | 4 | BELSOMRA 5 MG..... | 68 |
| atenolol & chlorthalidone..... | 31 | AVODART..... | 65 | benazepril & hydrochlorothiazide..... | 31 |
| atenolol 100 mg, 25 mg, 50 mg..... | 46 | AVONEX..... | 79 | benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg..... | 29 |
| ATGAM..... | 45 | AVONEX PEN..... | 79 | BENICAR..... | 30 |
| ATIVAN 0.5 MG, 1 MG, 2 MG..... | 12 | AXERT..... | 70 | BENICAR HCT..... | 31 |
| ATIVAN 2 MG/ML..... | 12 | AXIRON..... | 8 | BENLYSTA..... | 46 |
| ATIVAN 4 MG/ML..... | 12 | azacitidine..... | 34 | BENTYL 10 MG..... | 82 |
| atorvastatin calcium..... | 28 | AZACTAM..... | 9 | BENTYL 20 MG..... | 82 |
| atovaquone..... | 10 | AZASITE..... | 74 | BENZACLIN..... | 53 |
| atovaquone-proguanil hcl 250mg-100mg..... | 32 | azathioprine 100 mg, 50 mg, 75 mg..... | 45 | BENZACLIN WITH PUMP..... | 53 |
| atovaquone-proguanil hcl 62.5mg-25mg..... | 32 | azelastine hcl..... | 73 | BENZAMYCIN..... | 53 |
| ATRALIN..... | 53 | azelastine hcl (ophth)..... | 76 | benzoyl peroxide-erythromycin..... | 53 |
| ATRIPLA..... | 42 | AZELEX..... | 53 | benztropine mesylate 0.5 mg, 1 mg, 2 mg..... | 38 |
| ATROVENT..... | 73 | AZILECT..... | 39 | benztropine mesylate 1 mg/ml..... | 38 |
| | | azithromycin 100 mg/5ml, 200 mg/5ml..... | 69 | BEPREVE..... | 76 |
| | | azithromycin 250 mg, 500 mg, 600 mg..... | 69 | BERINERT..... | 66 |
| | | azithromycin 500 mg..... | 69 | BESIVANCE..... | 74 |
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| | | | | betamethasone dipropionate (topical)..... | 56 |

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| betamethasone dipropionate augmented..... | 56 | BREO ELLIPTA 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH..... | 14 | BUTISOL SODIUM..... | 68 |
| betamethasone sod phosphate & acetate..... | 51 | BREVICON-28..... | 50 | butoconazole nitrate (one dose)..... | 85 |
| betamethasone valerate 0.1 %..... | 56 | BRILINTA..... | 66 | butorphanol tartrate 10 mg/ml..... | 8 |
| betamethasone valerate 0.12 %..... | 56 | brimonidine tartrate..... | 74 | BUTRANS 10 MCG/HR..... | 8 |
| BETAPACE..... | 46 | BRINTELLIX 10 MG..... | 20 | BUTRANS 15 MCG/HR..... | 8 |
| BETAPACE AF..... | 46 | BRINTELLIX 20 MG..... | 20 | BUTRANS 20 MCG/HR, 7.5 MCG/HR..... | 8 |
| BETASERON..... | 79 | BRINTELLIX 5 MG..... | 20 | BUTRANS 5 MCG/HR..... | 8 |
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| etidronate disodium 200 mg | 60 | FARYDAK | 36 | FIRMAGON 120 MG | 35 |
| etodolac 200 mg, 300 mg | 3 | FASLODEX | 35 | FIRMAGON 80 MG | 35 |
| etodolac 400 mg, 500 mg | 3 | fat emulsion 20 gm/100ml | 73 | FLAGYL 250 MG | 9 |
| etodolac 400 mg, 500 mg, 600 mg | 3 | FAZACLO | 40 | FLAGYL 375 MG | 9 |
| ETOPOPHOS | 38 | felbamate 400 mg | 18 | FLAGYL 500 MG | 9 |
| etoposide 1 gm/50ml, 100 mg/5ml | 38 | felbamate 600 mg | 18 | FLAGYL ER | 9 |
| etoposide 500 mg/25ml | 38 | felbamate 600 mg/5ml | 18 | FLAREX | 75 |
| EURAX | 59 | FELBATOL 400 MG | 18 | flavoxate hcl | 84 |
| EVAMIST | 63 | FELBATOL 600 MG | 18 | FLEBOGAMMA DIF 10 % | 77 |
| EVISTA | 61 | FELBATOL 600 MG/5ML | 18 | flecainide acetate 100 mg | 12 |
| EVOCLIN | 53 | FELDENE | 3 | flecainide acetate 150 mg | 13 |
| EVOTAZ | 42 | felodipine | 47 | flecainide acetate 50 mg | 13 |
| EVOXAC | 72 | FEMARA | 35 | FLECTOR | 54 |
| EVZIO | 25 | FEMCON FE | 50 | FLO-PRED | 52 |
| EXALGO 12 MG | 5 | FEMHRT LOW DOSE | 63 | FLOMAX | 66 |
| EXALGO 16 MG | 5 | FEMRING | 85 | FLONASE | 73 |
| EXALGO 32 MG | 5 | FENOFIBRATE 120 MG, 40 MG | 28 | FLOVENT DISKUS 100 MCG/BLIST | 14 |
| EXALGO 8 MG | 5 | fenofibrate 145 mg, 48 mg | 28 | FLOVENT DISKUS 250 MCG/BLIST | 14 |
| EXELDERM | 54 | FENOFIBRATE 150 MG, 50 MG | 28 | FLOVENT DISKUS 50 MCG/BLIST | 14 |
| EXELON 1.5 MG, 3 MG, 4.5 MG, 6 MG | 79 | fenofibrate 160 mg, 54 mg | 28 | FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT | 14 |
| EXELON 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR | 79 | fenofibrate micronized 130 mg | 28 | FLOVENT HFA 44 MCG/ACT | 14 |
| exemestane | 35 | fenofibrate micronized 134 mg, 200 mg, 67 mg | 28 | fluconazole 10 mg/ml | 26 |
| EXFORGE | 31 | fenofibrate micronized 43 mg | 28 | fluconazole 100 mg, 150 mg, 200 mg, 50 mg | 26 |
| EXFORGE HCT | 31 | FENOGLIDE | 28 | fluconazole 40 mg/ml | 26 |
| EXJADE | 25 | fenoprofen calcium 600 mg | 3 | fluconazole in dextrose | 26 |
| EXTAVIA | 79 | fentanyl 100 mcg/hr | 5 | fluconazole in nacl | 26 |
| EXTINA | 54 | fentanyl 12 mcg/hr | 5 | flucytosine | 26 |
| EYLEA | 74 | fentanyl 25 mcg/hr | 5 | | |
| FABIOR | 53 | | | | |

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|---|----|---|----|---|----|
| gentamicin sulfate (ophth)... | 74 | glyburide-metformin 1.25mg-250mg..... | 22 | heparin sodium (porcine) 10000 unit/ml, 20000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml..... | 15 |
| gentamicin sulfate (topical)... | 54 | glyburide-metformin 2.5mg-500mg, 5mg-500mg..... | 22 | HEPSERA..... | 44 |
| gentamicin sulfate 10 mg/ml... | 2 | glycopyrrolate 0.2 mg/ml... | 82 | HERCEPTIN..... | 34 |
| gentamicin sulfate 10 mg/ml, 40 mg/ml..... | 2 | glycopyrrolate 1 mg..... | 82 | HETLIOZ..... | 68 |
| GEODON 20 MG..... | 39 | glycopyrrolate 2 mg..... | 82 | HEXALEN..... | 33 |
| GEODON 20 MG, 40 MG, 60 MG, 80 MG..... | 39 | GLYNASE 1.5 MG..... | 25 | HIPREX..... | 83 |
| GILENYA..... | 79 | GLYNASE 3 MG..... | 25 | HIZENTRA 1 GM/5ML..... | 77 |
| GILOTRIF..... | 36 | GLYNASE 6 MG..... | 25 | HIZENTRA 10 GM/50ML, 2 GM/10ML, 4 GM/20ML..... | 77 |
| GLASSIA..... | 80 | GLYSET..... | 21 | HORIZANT..... | 80 |
| glatiramer acetate..... | 79 | GOLYTELY 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM..... | 68 | HUMALOG..... | 23 |
| GLEEVEC..... | 36 | GOLYTELY 236GM-22.74GM-5.86GM-2.97GM-6.74GM..... | 68 | HUMALOG KWIKPEN..... | 23 |
| GLEOSTINE..... | 33 | GRALISE..... | 80 | HUMALOG MIX 50/50..... | 23 |
| glimepiride 1 mg..... | 24 | GRALISE STARTER..... | 80 | HUMALOG MIX 50/50 KWIKPEN..... | 23 |
| glimepiride 2 mg..... | 24 | granisetron hcl 1 mg..... | 25 | HUMALOG MIX 75/25..... | 23 |
| glimepiride 4 mg..... | 24 | GRANIX..... | 67 | HUMALOG MIX 75/25 KWIKPEN..... | 23 |
| glipizide 10 mg..... | 24 | GRASTEK..... | 47 | HUMATROPE..... | 61 |
| glipizide 2.5 mg..... | 24 | GRIS-PEG..... | 26 | HUMATROPE COMBO PACK..... | 61 |
| glipizide 5 mg..... | 24 | griseofulvin microsize 125 mg/5ml..... | 26 | HUMIRA..... | 2 |
| glipizide-metformin hcl 2.5mg-250mg..... | 22 | griseofulvin microsize 500 mg..... | 26 | HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK..... | 2 |
| glipizide-metformin hcl 2.5mg-500mg, 5mg-500mg..... | 22 | griseofulvin ultramicrosize 125 mg..... | 26 | HUMIRA PEN..... | 2 |
| GLUCAGEN HYPOKIT..... | 22 | griseofulvin ultramicrosize 250 mg..... | 26 | HUMIRA PEN-CROHNS DISEASESTARTER..... | 2 |
| glucagon (rdna)..... | 23 | guanfacine hcl..... | 30 | HUMIRA PEN-PSORIASIS STARTER..... | 2 |
| GLUCOPHAGE 1000 MG..... | 22 | guanfacine hcl (adhd)..... | 1 | HUMULIN 70/30..... | 23 |
| GLUCOPHAGE 500 MG..... | 22 | guanidine hcl..... | 32 | HUMULIN 70/30 KWIKPEN..... | 23 |
| GLUCOPHAGE 850 MG..... | 22 | H.P. ACTHAR..... | 61 | HUMULIN 70/30 PEN..... | 23 |
| GLUCOPHAGE XR 500 MG..... | 22 | HALAVEN..... | 38 | HUMULIN N..... | 23 |
| GLUCOPHAGE XR 750 MG..... | 22 | HALCION..... | 68 | HUMULIN N KWIKPEN..... | 23 |
| GLUCOTROL 10 MG..... | 24 | HALDOL..... | 40 | HUMULIN N U-100 PEN..... | 23 |
| GLUCOTROL 5 MG..... | 24 | HALDOL DECANOATE 100..... | 40 | HUMULIN R..... | 23 |
| GLUCOTROL XL 10 MG..... | 24 | HALDOL DECANOATE 50..... | 40 | HUMULIN R U-500 (CONCENTRATED)..... | 23 |
| GLUCOTROL XL 2.5 MG..... | 24 | halobetasol propionate..... | 57 | HYCANTIN 4 MG..... | 38 |
| GLUCOTROL XL 5 MG..... | 24 | HALOG..... | 57 | hydralazine hcl 10 mg, 100 mg, 25 mg, 50 mg..... | 32 |
| GLUCOVANCE 1.25MG-250MG..... | 22 | haloperidol..... | 40 | HYDREA..... | 37 |
| GLUCOVANCE 2.5MG-500MG, 5MG-500MG..... | 22 | haloperidol decanoate..... | 40 | hydrochlorothiazide 12.5 mg..... | 60 |
| GLUMETZA 1000 MG..... | 22 | haloperidol lactate..... | 40 | hydrochlorothiazide 12.5 mg, 25 mg, 50 mg..... | 60 |
| GLUMETZA 500 MG..... | 22 | HARVONI..... | 44 | hydrocodone-acetaminophen 10mg-300mg, 5mg-300mg, 7.5mg-300mg..... | 7 |
| glyburide 1.25 mg..... | 25 | HAVRIX..... | 84 | | |
| glyburide 2.5 mg..... | 25 | HECTOROL 0.5 MCG, 2.5 MCG..... | 61 | | |
| glyburide 5 mg..... | 25 | HECTOROL 1 MCG..... | 61 | | |
| glyburide micronized 1.5 mg..... | 25 | heparin sodium (porcine) 1000 unit/ml..... | 15 | | |
| glyburide micronized 3 mg..... | 25 | | | | |
| glyburide micronized 6 mg..... | 25 | | | | |

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|--|----|--|----|---|----|
| hydrocodone-acetaminophen 10mg-325mg, 5mg-325mg, 7.5mg-325mg..... | 7 | ibandronate sodium 150 mg..... | 60 | indomethacin 75 mg..... | 3 |
| hydrocodone-acetaminophen 10mg/15ml-325mg/15ml, 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml..... | 7 | ibandronate sodium 3 mg/3ml..... | 60 | INFANRIX..... | 82 |
| hydrocodone-acetaminophen 5mg-500mg..... | 7 | IBRANCE..... | 36 | INLYTA..... | 36 |
| hydrocodone-ibuprofen 200mg- 10mg, 200mg-5mg, 200mg- 7.5mg..... | 7 | ibuprofen 100 mg/5ml..... | 3 | INNOPRAN XL..... | 46 |
| hydrocortisone (intrarectal)..... | 9 | ibuprofen 400 mg..... | 3 | INSPRA..... | 32 |
| hydrocortisone (rectal)..... | 9 | ibuprofen 600 mg..... | 3 | INSULIN SYRINGES AND PEN NEEDLES..... | 70 |
| hydrocortisone (topical) 1 %..... | 57 | ibuprofen 800 mg..... | 3 | INTELENCE 100 MG, 200 MG..... | 42 |
| hydrocortisone (topical) 2.5 %..... | 57 | ICLUSIG..... | 36 | INTELENCE 25 MG..... | 42 |
| hydrocortisone 10 mg, 20 mg, 5 mg..... | 52 | IDAMYCIN PFS..... | 36 | INTERMEZZO..... | 68 |
| hydrocortisone acetate w/ pramoxine 1%-1%..... | 9 | idarubicin hcl..... | 36 | INTRON A 10 MU, 18 MU, 50 MU..... | 37 |
| hydrocortisone butyrate..... | 57 | IFEX..... | 33 | INTRON A 10 MU/ML..... | 37 |
| hydrocortisone butyrate hydrophilic lipo base..... | 57 | ifosfamide 1 gm..... | 33 | INTRON A 6000000 UNIT/ML..... | 37 |
| hydrocortisone sod succinate..... | 52 | ifosfamide 1 gm/20ml, 3 gm/60ml..... | 33 | INTRON A W/DILUENT..... | 37 |
| hydrocortisone valerate..... | 57 | IFOSFAMIDE 3 GM..... | 33 | INTUNIV..... | 1 |
| hydrocortisone w/acetic acid..... | 77 | ILARIS..... | 3 | INVANZ..... | 10 |
| hydromorphone hcl 1 mg/ml..... | 5 | ILEVRO..... | 76 | INVEGA 1.5 MG..... | 40 |
| hydromorphone hcl 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml..... | 5 | IMBRUVICA..... | 36 | INVEGA 3 MG..... | 40 |
| hydromorphone hcl 12 mg..... | 5 | imipenem-cilastatin 250mg- 250mg..... | 10 | INVEGA 6 MG..... | 40 |
| hydromorphone hcl 16 mg..... | 5 | imipenem-cilastatin 500mg- 500mg..... | 10 | INVEGA 9 MG..... | 40 |
| hydromorphone hcl 2 mg..... | 5 | imipramine hcl 10 mg, 25 mg, 50 mg..... | 21 | INVEGA SUSTENNA 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML..... | 40 |
| hydromorphone hcl 4 mg..... | 5 | imipramine pamoate..... | 21 | INVEGA SUSTENNA 39 MG/0.25ML, 78 MG/0.5ML..... | 40 |
| hydromorphone hcl 8 mg..... | 5 | imiquimod..... | 58 | INVEGA TRINZA..... | 40 |
| HYDROMORPHONE HCL ER5 | | IMITREX 100 MG..... | 70 | INVIRASE..... | 42 |
| hydroxychloroquine sulfate..... | 32 | IMITREX 25 MG..... | 70 | INVOKAMET 150MG-1000MG, 150MG-500MG, 50MG- 1000MG..... | 22 |
| hydroxyurea..... | 37 | IMITREX 50 MG..... | 70 | INVOKAMET 50MG-500MG..... | 22 |
| hydroxyzine hcl 10 mg, 25 mg, 50 mg..... | 12 | IMITREX 6 MG/0.5ML..... | 70 | INVOKANA..... | 24 |
| hydroxyzine hcl 10 mg/5ml..... | 12 | IMITREX STATDOSE REFILL 4 MG/0.5ML..... | 70 | IOPIDINE 0.5 %..... | 74 |
| hydroxyzine hcl 25 mg/ml, 50 mg/ml..... | 12 | IMITREX STATDOSE REFILL 6 MG/0.5ML..... | 70 | IOPIDINE 1 %..... | 74 |
| hydroxyzine pamoate 100 mg, 25 mg, 50 mg..... | 12 | IMITREX STATDOSE SYSTEM 4 MG/0.5ML..... | 70 | IPOL INACTIVATED IPV..... | 84 |
| HYQVIA..... | 77 | IMITREX STATDOSE SYSTEM 6 MG/0.5ML..... | 70 | ipratropium bromide..... | 13 |
| HYSINGLA ER 100 MG, 120 MG..... | 5 | IMOVAX RABIES (H.D.C.V.)..... | 84 | ipratropium bromide (nasal)..... | 73 |
| HYSINGLA ER 20 MG, 30 MG, 40 MG, 60 MG, 80 MG..... | 5 | IMURAN..... | 45 | ipratropium-albuterol..... | 14 |
| HYZAAR..... | 31 | INCIVEK..... | 44 | irbesartan..... | 30 |
| | | INCRELEX..... | 61 | irbesartan-hydrochlorothiazide | 31 |
| | | INCRUSE ELLIPTA..... | 13 | IRESSA..... | 36 |
| | | indapamide..... | 60 | irinotecan hcl 100 mg/5ml, 40 mg/2ml..... | 38 |
| | | INDERAL LA..... | 46 | irinotecan hcl 500 mg/25ml..... | 38 |
| | | INDERAL XL..... | 46 | irrigation solutions, physiological..... | 46 |
| | | INDOCIN 25 MG/5ML..... | 3 | ISENTRESS 100 MG..... | 42 |
| | | indomethacin 25 mg, 50 mg..... | 3 | | |

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|---|----|---|----|---|----|
| ISENTRESS 25 MG..... | 42 | KADIAN 10 MG..... | 5 | KOMBIGLYZE XR 5MG-1000MG, 5MG-500MG..... | 22 |
| ISENTRESS 400 MG..... | 42 | KADIAN 100 MG..... | 5 | KUVAN 100 MG..... | 61 |
| isoniazid & rifampin..... | 32 | KADIAN 130 MG, 150 MG.. | 5 | KYNAMRO..... | 27 |
| isoniazid 100 mg, 300 mg... | 33 | KADIAN 20 MG, 30 MG, 50 MG, 60 MG, 80 MG..... | 5 | labetalol hcl 100 mg, 200 mg, 300 mg..... | 46 |
| isoniazid 50 mg/5ml..... | 33 | KADIAN 40 MG, 70 MG.... | 5 | LAC-HYDRIN..... | 58 |
| ISOPTO CARPINE..... | 74 | KALBITOR..... | 66 | lactated ringer's..... | 71 |
| ISORDIL TITRADOSE 40 MG..... | 11 | KALETRA 100MG-25MG.. | 42 | lactic acid (ammonium lactate) 12 %..... | 58 |
| ISORDIL TITRADOSE 5 MG | 11 | KALETRA 200MG-50MG.. | 42 | lactulose..... | 69 |
| isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg..... | 11 | KALETRA 400MG/5ML-100MG/5ML | 42 | lactulose (encephalopathy)... | 65 |
| isosorbide dinitrate 2.5 mg... | 11 | KALYDECO 150 MG..... | 80 | LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG..... | 17 |
| isosorbide dinitrate 40 mg... | 11 | KALYDECO 50 MG, 75 MG..... | 80 | LAMICTAL CHEWABLE DISPERSIBLE..... | 17 |
| isosorbide mononitrate 10 mg..... | 11 | KAPVAY..... | 1 | LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG..... | 17 |
| isosorbide mononitrate 120 mg, 30 mg, 60 mg..... | 11 | KAYEXALATE..... | 46 | LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE.. | 17 |
| isosorbide mononitrate 20 mg..... | 11 | KAZANO..... | 22 | LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE..... | 17 |
| isotretinoin 10 mg, 30 mg... | 53 | KEFLEX 250 MG, 500 MG | 49 | LAMICTAL STARTER/TAKING VALPROATE..... | 17 |
| isotretinoin 20 mg..... | 53 | KEFLEX 750 MG..... | 49 | LAMICTAL XR..... | 17 |
| isotretinoin 40 mg..... | 53 | KENALOG..... | 57 | LAMICTAL XR 100 MG, 250 MG..... | 17 |
| ISTALOL..... | 74 | KENALOG-10..... | 52 | LAMICTAL XR 200 MG, 25 MG, 300 MG, 50 MG..... | 17 |
| ISTODAX..... | 36 | KENALOG-40..... | 52 | LAMISIL 125 MG, 187.5 MG | 26 |
| itraconazole..... | 26 | KEPIVANCE..... | 37 | LAMISIL 250 MG..... | 26 |
| ivermectin..... | 9 | KEPPRA..... | 16 | lamivudine (hbv)..... | 44 |
| IXEMPRA KIT..... | 38 | KEPPRA XR..... | 17 | lamivudine 10 mg/ml..... | 42 |
| IXIARO..... | 84 | KERLONE..... | 46 | lamivudine 150 mg, 300 mg.. | 42 |
| JADENU..... | 25 | KERYDIN..... | 54 | lamivudine-zidovudine..... | 42 |
| JAKAFI..... | 36 | KETEK 300 MG..... | 10 | lamotrigine 100 mg, 150 mg, 200 mg, 25 mg..... | 17 |
| JALYN..... | 66 | KETEK 400 MG..... | 10 | lamotrigine 100 mg, 200 mg, 25 mg, 50 mg..... | 17 |
| JANUMET..... | 22 | ketoconazole..... | 26 | lamotrigine 100 mg, 250 mg.. | 17 |
| JANUMET XR 100MG-1000MG..... | 22 | ketoconazole (topical).... | 54 | lamotrigine 200 mg, 25 mg, 300 mg, 50 mg..... | 17 |
| JANUMET XR 50MG-1000MG, 50MG-500MG..... | 22 | ketoprofen 200 mg..... | 3 | lamotrigine 25 mg, 5 mg..... | 17 |
| JANUVIA..... | 23 | ketoprofen 50 mg, 75 mg... | 3 | LANOXIN 125 MCG, 250 MCG..... | 48 |
| JARDIANCE 10 MG..... | 24 | ketorolac tromethamine (ophth)..... | 76 | LANOXIN 187.5 MCG, 62.5 MCG..... | 48 |
| JARDIANCE 25 MG..... | 24 | ketorolac tromethamine 10 mg..... | 3 | LANOXIN PEDIATRIC..... | 48 |
| JENTADUETO..... | 22 | ketorolac tromethamine 15 mg/ml, 30 mg/ml..... | 3 | lansoprazole 15 mg..... | 83 |
| JEVTANA..... | 38 | ketorolac tromethamine 30 mg/ml, 60 mg/2ml..... | 3 | lansoprazole 30 mg..... | 83 |
| JUBLIA..... | 54 | KEYTRUDA..... | 34 | LANTUS..... | 23 |
| JUXTAPID 10 MG..... | 29 | KHEDEZLA..... | 20 | LANTUS SOLOSTAR..... | 23 |
| JUXTAPID 20 MG..... | 29 | KINERET..... | 3 | | |
| JUXTAPID 30 MG..... | 29 | KLARON..... | 53 | | |
| JUXTAPID 40 MG, 60 MG.. | 29 | KLONOPIN 0.5 MG..... | 16 | | |
| JUXTAPID 5 MG..... | 29 | KLONOPIN 1 MG..... | 16 | | |
| K-TAB 10 MEQ..... | 71 | KLONOPIN 2 MG..... | 16 | | |
| KADCYLA..... | 34 | KOMBIGLYZE XR 2.5MG-1000MG..... | 22 | | |

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|------------------------------------|----|----------------------------------|----|----------------------------------|----|
| LASIX..... | 60 | LEVETIRACETAM | | LIDODERM..... | 58 |
| LASTACFT..... | 76 | 1000MG/100ML- | | LINCOCIN..... | 11 |
| latanoprost..... | 76 | 750MG/100ML, | | lindane..... | 59 |
| LATUDA 120 MG..... | 39 | 1500MG/100ML- | | linezolid 2 mg/ml..... | 11 |
| LATUDA 20 MG..... | 39 | 540MG/100ML, 500MG/100ML- | | linezolid 600 mg..... | 11 |
| LATUDA 40 MG..... | 39 | 820MG/100ML..... | 17 | LINZESS..... | 65 |
| LATUDA 60 MG..... | 39 | levetiracetam 500 mg, 750 | 17 | liothyronine sodium 25 mcg, 5 | 5 |
| LATUDA 80 MG..... | 39 | mg..... | 17 | mcg, 50 mcg..... | 81 |
| LAZANDA 100 MCG/ACT..... | 5 | levetiracetam 500 mg/5ml..... | 17 | LIPITOR..... | 28 |
| LAZANDA 400 MCG/ACT..... | 5 | levobunolol hcl 0.5 %..... | 74 | LIPOFEN..... | 28 |
| leflunomide..... | 4 | levocarnitine (metabolic | | LIPTRUZET..... | 27 |
| LEMTRADA..... | 80 | modifiers) 330 mg..... | 62 | lisinopril & | |
| LENVIMA 10MG DAILY | | levocetirizine dihydrochloride | | hydrochlorothiazide..... | 31 |
| DOSE..... | 36 | 2.5 mg/5ml..... | 27 | lisinopril 10 mg, 2.5 mg, 20 mg, | |
| LENVIMA 14MG DAILY | | levocetirizine dihydrochloride 5 | 27 | 30 mg, 40 mg, 5 mg..... | 29 |
| DOSE..... | 36 | mg..... | 27 | lithium..... | 39 |
| LENVIMA 20MG DAILY | | levofloxacin (ophth)..... | 75 | lithium carbonate 150 mg, 300 | |
| DOSE..... | 36 | levofloxacin 25 mg/ml..... | 64 | mg, 600 mg..... | 39 |
| LENVIMA 24MG DAILY | | levofloxacin 250 mg, 500 mg, | 64 | lithium carbonate 300 mg..... | 39 |
| DOSE..... | 36 | 750 mg..... | 64 | lithium carbonate 300 mg, 450 | |
| LESCOL..... | 28 | levofloxacin in d5w | | mg..... | 39 |
| LESCOL XL..... | 28 | 250mg/50ml-5%, | | LITHOBID..... | 39 |
| LETAIRIS..... | 48 | 500mg/100ml-5%..... | 64 | LIVALO..... | 28 |
| letrozole..... | 35 | levofloxacin in d5w | | LO LOESTRIN FE..... | 50 |
| leucovorin calcium 10 mg, 15 mg, | | 750mg/150ml-5%..... | 64 | LO MINASTRIN FE..... | 50 |
| 25 mg, 5 mg..... | 37 | LEVOLEUCOVORIN..... | 37 | LOCOID..... | 57 |
| leucovorin calcium 100 mg, 200 | | levoleucovorin calcium..... | 37 | LOCOID LIPOCREAM..... | 57 |
| mg, 350 mg..... | 37 | levonorgestrel & eth | | LODOSYN..... | 38 |
| leucovorin calcium 50 mg, 500 | | estradiol..... | 50 | LOMOTIL..... | 25 |
| mg..... | 37 | levonorgestrel (emergency oc) | | lomustine 10 mg..... | 33 |
| LEUKERAN..... | 33 | 0.75 mg..... | 51 | lomustine 100 mg, 40 mg..... | 33 |
| LEUKINE..... | 67 | levonorgestrel (emergency oc) | | loperamide hcl 2 mg..... | 25 |
| leuprolide acetate..... | 35 | 1.5 mg..... | 51 | LOPID..... | 28 |
| levalbuterol hcl 0.31 mg/3ml, 0.63 | | levonorgestrel-eth estradiol | | LOPRESSOR 100 MG, 50 | |
| mg/3ml, 1.25 mg/0.5ml, 1.25 | | (triphasic)..... | 50 | MG..... | 46 |
| mg/3ml..... | 14 | levonorgestrel-ethinyl estradiol | | LOPRESSOR HCT..... | 31 |
| LEVAQUIN 25 MG/ML..... | 64 | (91-day)..... | 50 | LOPROX..... | 54 |
| LEVAQUIN 250 MG, 750 | | levothyroxine sodium 100 mcg, | | LOPROX SHAMPOO..... | 54 |
| MG..... | 64 | 112 mcg, 125 mcg, 137 mcg, | | lorazepam 0.5 mg, 1 mg, 2 | |
| LEVAQUIN 250MG/50ML-5%, | | 150 mcg, 175 mcg, 200 mcg, | | mg..... | 12 |
| 500MG/100ML-5%..... | 64 | 25 mcg, 300 mcg, 50 mcg, 75 | | lorazepam 2 mg/ml..... | 12 |
| LEVAQUIN 500 MG..... | 64 | mcg, 88 mcg..... | 81 | lorazepam 2 mg/ml, 20 | |
| LEVAQUIN 750MG/150ML- | | LEXAPRO..... | 20 | mg/10ml..... | 12 |
| 5%..... | 64 | LEXIVA 50 MG/ML..... | 42 | lorazepam 4 mg/ml..... | 12 |
| LEVATOL..... | 46 | LEXIVA 700 MG..... | 42 | losartan potassium..... | 30 |
| LEVEMIR..... | 23 | LIALDA..... | 64 | losartan potassium & | |
| LEVEMIR FLEXPEN..... | 23 | lidocaine 5 %..... | 58 | hydrochlorothiazide..... | 31 |
| LEVEMIR FLEXTOUCH..... | 23 | lidocaine hcl (cardiac)..... | 12 | LOSEASONIQUE..... | 50 |
| levetiracetam 100 mg/ml, 500 | | lidocaine hcl (local anesth.) 1 | | LOTEMAX..... | 75 |
| mg/5ml..... | 17 | %, 2 %..... | 69 | LOTENSIN..... | 29 |
| levetiracetam 1000 mg, 250 mg, | | lidocaine hcl (mouth-throat) 2 | | | |
| 500 mg, 750 mg..... | 17 | %..... | 72 | | |
| | | lidocaine hcl 2 %..... | 58 | | |
| | | lidocaine hcl 4 %..... | 58 | | |
| | | lidocaine-prilocaine..... | 58 | | |

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| LOTENSIN HCT..... | 31 | maprotiline hcl 75 mg..... | 19 | MEPRON..... | 10 |
| LOTREL..... | 31 | MARINOL 10 MG, 5 MG...26 | | mercaptapurine..... | 34 |
| LOTRISONE..... | 54 | MARINOL 2.5 MG..... | 26 | meropenem 1 gm..... | 10 |
| LOTRONEX..... | 65 | MARPLAN..... | 19 | meropenem 500 mg..... | 10 |
| lovastatin..... | 28 | MATULANE..... | 37 | MERREM 1 GM..... | 10 |
| LOVAZA..... | 27 | MAVIK..... | 29 | MERREM 500 MG..... | 10 |
| LOVENOX 100 MG/ML, 30 | | MAXALT 10 MG..... | 70 | mesalamine..... | 64 |
| MG/0.3ML, 40 MG/0.4ML, 60 | | MAXALT 5 MG..... | 70 | mesalamine w/ cleanser.... | 64 |
| MG/0.6ML, 80 MG/0.8ML.... | 16 | MAXALT-MLT 10 MG..... | 70 | mesna..... | 37 |
| LOVENOX 120 MG/0.8ML, 150 | | MAXALT-MLT 5 MG..... | 70 | MESNEX 100 MG/ML..... | 37 |
| MG/ML..... | 16 | MAXIDEX..... | 75 | MESNEX 400 MG..... | 37 |
| LOVENOX 300 MG/3ML..... | 15 | MAXIPIME 1 GM, 2 GM...50 | | MESTINON 60 MG..... | 32 |
| loxapine succinate 10 mg, 25 mg, | | MAXITROL..... | 75 | MESTINON TIMESPAN..... | 32 |
| 5 mg, 50 mg..... | 40 | MAXZIDE..... | 59 | METADATE CD..... | 1 |
| LUMIGAN..... | 76 | MAXZIDE-25..... | 59 | metaxalone..... | 72 |
| LUMIZYME..... | 62 | meclizine hcl 12.5 mg, 25 | | metformin hcl 1000 mg..... | 22 |
| LUNESTA..... | 68 | mg..... | 25 | metformin hcl 500 mg..... | 22 |
| LUPRON DEPOT..... | 35 | meclofenamate sodium 50 | | metformin hcl 750 mg..... | 22 |
| LUPRON DEPOT-PED 11.25 | | mg..... | 3 | metformin hcl 850 mg..... | 22 |
| MG..... | 61 | MEDROL 16 MG, 32 MG, 4 | | methadone hcl 10 mg..... | 6 |
| LUPRON DEPOT-PED 11.25 | | MG, 8 MG..... | 52 | methadone hcl 10 mg/5ml.... | 5 |
| MG, 7.5 MG..... | 61 | MEDROL 2 MG..... | 52 | methadone hcl 5 mg..... | 6 |
| LUPRON DEPOT-PED 15 | | MEDROL DOSEPAK..... | 52 | methadone hcl 5 mg/5ml.... | 6 |
| MG..... | 61 | medroxyprogesterone | | methamphetamine hcl..... | 1 |
| LUPRON DEPOT-PED 30 | | acetate..... | 78 | methazolamide 25 mg, 50 | |
| MG..... | 61 | medroxyprogesterone acetate | | mg..... | 59 |
| LUVOX CR..... | 20 | (contraceptive)..... | 51 | methenamine hippurate..... | 83 |
| LUXIQ..... | 57 | mefenamic acid..... | 3 | methimazole 10 mg, 5 mg...81 | |
| LUZU..... | 54 | mefloquine hcl..... | 32 | methocarbamol 500 mg, 750 | |
| LYNPARZA..... | 36 | MEGACE ES..... | 78 | mg..... | 72 |
| LYRICA 100 MG..... | 17 | MEGACE ORAL..... | 35 | methotrexate sodium 1 gm...34 | |
| LYRICA 150 MG..... | 17 | megestrol acetate | | methotrexate sodium 1 gm/40ml, | |
| LYRICA 20 MG/ML..... | 17 | (appetite)..... | 78 | 100 mg/4ml, 200 mg/8ml, 25 | |
| LYRICA 200 MG..... | 17 | megestrol acetate 20 mg, 40 | | mg/ml, 250 mg/10ml, 50 | |
| LYRICA 225 MG, 300 MG...17 | | mg..... | 35 | mg/2ml..... | 34 |
| LYRICA 25 MG..... | 17 | megestrol acetate 40 mg/ml, | | methotrexate sodium 10 mg, 15 | |
| LYRICA 50 MG..... | 17 | 400 mg/10ml..... | 35 | mg, 2.5 mg..... | 34 |
| LYRICA 75 MG..... | 17 | MEKINIST..... | 36 | methotrexate sodium 25 | |
| LYSODREN..... | 35 | meloxicam 15 mg, 7.5 mg...3 | | mg/ml..... | 34 |
| LYSTEDA..... | 67 | melphalan hcl..... | 33 | methotrexate sodium 5 mg, 7.5 | |
| M-M-R II..... | 84 | memantine hcl 10 mg, 5 | | mg..... | 34 |
| MACROBID..... | 83 | mg..... | 79 | methoxsalen rapid..... | 55 |
| MACRODANTIN 100 MG, 50 | | memantine hcl 2 mg/ml....79 | | methscopolamine bromide 2.5 | |
| MG..... | 83 | MENACTRA..... | 84 | mg, 5 mg..... | 82 |
| MACRODANTIN 25 MG..... | 83 | MENOMUNE-A/C/Y/W-135 | | methyclothiazide..... | 60 |
| magnesium sulfate 50 %....71 | | | 84 | methyl dopa..... | 30 |
| MALARONE 250MG-100MG32 | | MENOSTAR..... | 63 | methyl dopa & | |
| MALARONE 62.5MG-25MG.32 | | MENVEO..... | 84 | hydrochlorothiazide..... | 31 |
| malathion..... | 59 | meperidine hcl 100 mg, 50 | | methylergonovine maleate 0.2 | |
| maprotiline hcl 25 mg, 50 mg19 | | mg..... | 5 | mg..... | 77 |
| | | meprobamate..... | 12 | | |

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| methylphenidate hcl 10 mg... 2 | MICRO-K.....71 | morphine sulfate 20 mg, 30 mg, 50 mg, 60 mg, 80 mg.....6 |
| methylphenidate hcl 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg.....1 | MICROZIDE.....60 | morphine sulfate 20 mg/5ml...6 |
| methylphenidate hcl 10 mg, 20 mg, 5 mg.....2 | midodrine hcl.....85 | morphine sulfate 200 mg.....6 |
| methylphenidate hcl 18 mg, 20 mg, 27 mg, 36 mg, 54 mg.....2 | MIGERGOT.....70 | morphine sulfate 30 mg.....6 |
| methylphenidate hcl 18 mg, 27 mg, 36 mg, 54 mg.....2 | MIGRANAL.....70 | morphine sulfate 30 mg, 60 mg.....6 |
| methylphenidate hcl 20 mg, 40 mg.....1 | MILLIPRED 5 MG.....52 | morphine sulfate beads.....6 |
| methylphenidate hcl 30 mg.....1 | MINASTRIN 24 FE.....50 | MOTOFEN.....25 |
| methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg.....52 | MINIPRESS.....30 | MOVANTIK.....65 |
| methylprednisolone acetate 40 mg/ml, 80 mg/ml.....52 | MINIVELLE.....63 | MOVIPREP.....68 |
| methylprednisolone sod succ.....52 | MINOCIN 100 MG, 50 MG, 75 MG.....81 | MOXEZA.....75 |
| methyltestosterone.....8 | minocycline hcl 100 mg, 50 mg.....81 | moxifloxacin hcl 400 mg.....64 |
| metipranolol.....74 | minocycline hcl 100 mg, 50 mg, 75 mg.....81 | MOZOBIL.....67 |
| metoclopramide hcl 10 mg, 5 mg.....64 | minoxidil 10 mg, 2.5 mg...32 | MS CONTIN 100 MG.....6 |
| metoclopramide hcl 10 mg/10ml, 5 mg/5ml.....64 | MIRAPEX.....38 | MS CONTIN 15 MG.....6 |
| metoclopramide hcl 5 mg/ml.....64 | MIRAPEX ER.....39 | MS CONTIN 200 MG.....6 |
| metolazone.....60 | MIRCERA 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML.....67 | MS CONTIN 30 MG, 60 MG...6 |
| metoprolol & hydrochlorothiazide 100mg-25mg, 50mg-25mg...31 | MIRCERA 200 MCG/0.3ML.....67 | MULTAQ.....13 |
| metoprolol & hydrochlorothiazide 100mg-50mg.....31 | mirtazapine.....19 | mupirocin.....54 |
| metoprolol succinate.....46 | MIRVASO.....58 | mupirocin calcium (topical)...54 |
| metoprolol tartrate 100 mg, 25 mg, 50 mg.....46 | misoprostol 100 mcg, 200 mcg.....83 | MUSTARGEN.....33 |
| METROCREAM.....58 | mitomycin 20 mg, 40 mg, 5 mg.....36 | MYALEPT.....62 |
| METROGEL.....58 | mitoxantrone hcl.....36 | MYAMBUTOL.....33 |
| METROGEL-VAGINAL.....85 | MOBIC 15 MG, 7.5 MG.....3 | MYCAMINE 100 MG.....26 |
| METROLOTION.....58 | modafinil 100 mg.....2 | MYCOBUTIN.....33 |
| metronidazole (topical).....58 | modafinil 200 mg.....2 | mycophenolate mofetil 200 mg/ml.....45 |
| metronidazole 250 mg.....9 | MODICON.....50 | mycophenolate mofetil 250 mg.....45 |
| metronidazole 375 mg.....9 | moexipril hcl.....29 | mycophenolate mofetil 500 mg.....45 |
| metronidazole 500 mg.....9 | moexipril-hydrochlorothiazide.....31 | mycophenolate sodium 180 mg.....45 |
| metronidazole in nacl.....9 | mometasone furoate.....57 | mycophenolate sodium 360 mg.....45 |
| metronidazole vaginal.....85 | MONODOX.....81 | MYFORTIC 180 MG.....45 |
| MEVACOR.....28 | montelukast sodium 10 mg 13 | MYFORTIC 360 MG.....45 |
| mexiletine hcl.....12 | montelukast sodium 4 mg, 5 mg.....13 | MYOZYME.....62 |
| MIACALCIN 200 UNIT/ACT...60 | MONUROL.....83 | MYRBETRIQ.....84 |
| MIACALCIN 200 UNIT/ML...60 | morphine sulfate 0.5 mg/ml.6 | MYSOLINE.....17 |
| MICARDIS.....30 | morphine sulfate 1 mg/ml...6 | nabumetone.....4 |
| MICARDIS HCT.....31 | morphine sulfate 10 mg.....6 | nadolol & bendroflumethiazide 40mg-5mg.....31 |
| miconazole nitrate vaginal 200 mg.....85 | morphine sulfate 10 mg/5ml.6 | nadolol & bendroflumethiazide 80mg-5mg.....31 |
| | morphine sulfate 100 mg.....6 | nadolol 20 mg, 40 mg, 80 mg.....47 |
| | morphine sulfate 100 mg/5ml, 20 mg/ml.....6 | nafcillin sodium 1 gm.....78 |
| | morphine sulfate 15 mg.....6 | nafcillin sodium 10 gm.....78 |

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| nafcillin sodium 2 gm..... | 78 | NEUMEGA..... | 67 | NIZORAL..... | 55 |
| naftifine hcl..... | 54 | NEUPOGEN..... | 67 | NOR-QD..... | 51 |
| NAFTIN..... | 55 | NEUPRO..... | 39 | NORDITROPIN FLEXPOR 10 | |
| NAGLAZYME..... | 62 | NEURONTIN..... | 17 | MG/1.5ML, 5 MG/1.5ML..... | 61 |
| naloxone hcl 1 mg/ml..... | 25 | NEVANAC..... | 76 | norelgestromin-ethinyl | |
| naltrexone hcl..... | 25 | nevirapine 100 mg..... | 42 | estradiol..... | 51 |
| NAMENDA 10 MG, 5 MG..... | 79 | nevirapine 200 mg..... | 42 | norethin acet & estrad-fe 75mg- | |
| NAMENDA 10 MG/5ML..... | 79 | nevirapine 400 mg..... | 42 | 20mcg-1mg, 75mg-30mcg- | |
| NAMENDA TITRATION PAK79 | | NEVIRAPINE 50 MG/5ML..... | 42 | 1.5mg..... | 50 |
| NAMENDA XR 14 MG..... | 79 | NEXAVAR..... | 36 | norethindrone & eth estradiol | |
| NAMENDA XR 21 MG, 28 | | NEXIUM 10 MG, 2.5 MG, 20 | | 0.4mg-35mcg, 1mg-35mcg .. | 50 |
| MG..... | 79 | MG, 40 MG, 5 MG..... | 83 | norethindrone & eth estradiol | |
| NAMENDA XR 7 MG..... | 79 | NEXIUM 20 MG..... | 83 | 0.5mg-35mcg..... | 50 |
| NAMENDA XR TITRATION | | NEXIUM 40 MG..... | 83 | norethindrone & ethinyl estradiol- | |
| PACK..... | 79 | niacin (antihyperlipidemic)..... | 29 | fe..... | 50 |
| naphazoline hcl..... | 75 | NIASPAN..... | 29 | norethindrone | |
| NAPRELAN 375 MG..... | 4 | nicardipine hcl 20 mg, 30 | | (contraceptive)..... | 51 |
| NAPRELAN 375 MG, 750 MG4 | | mg..... | 47 | norethindrone acet & eth | |
| NAPROSYN..... | 4 | NICOTROL INHALER..... | 80 | estra..... | 50 |
| naproxen 250 mg, 375 mg, 500 | | NICOTROL NS..... | 80 | norethindrone acetate..... | 78 |
| mg..... | 4 | nifedipine 10 mg, 20 mg... .. | 47 | norethindrone acetate-ethinyl | |
| naproxen 375 mg, 500 mg... .. | 4 | nifedipine 30 mg, 60 mg, 90 | | estradiol 2.5mcg-0.5mg | 63 |
| naproxen sodium 275 mg, 550 | | mg..... | 47 | norethindrone-eth estradiol | |
| mg..... | 4 | NILANDRON..... | 35 | (triphasic)..... | 50 |
| naproxen sodium 375 mg... .. | 4 | nimodipine..... | 47 | norgestimate-ethinyl | |
| naratriptan hcl..... | 70 | NIPENT..... | 37 | estradiol..... | 50 |
| NARDIL..... | 19 | NIRAVAM..... | 12 | norgestimate-ethinyl estradiol | |
| NASONEX..... | 73 | nisoldipine 17 mg, 34 mg, 8.5 | | (triphasic)..... | 50 |
| NATACYN..... | 75 | mg..... | 47 | norgestrel & ethinyl estradiol..... | 51 |
| nateglinide..... | 24 | NITRO-DUR 0.1 MG/HR, 0.2 | | NORINYL 1+35..... | 51 |
| NATESTO..... | 8 | MG/HR, 0.4 MG/HR, 0.6 | | NORITATE..... | 59 |
| NATPARA..... | 60 | MG/HR..... | 11 | NORPACE..... | 12 |
| NAVELBINE..... | 38 | NITRO-DUR 0.3 MG/HR, 0.8 | | NORPACE CR 100 MG..... | 12 |
| NEBUPENT..... | 9 | MG/HR..... | 11 | NORPRAMIN..... | 21 |
| nefazodone hcl..... | 20 | nitrofurantoin..... | 84 | NORTHERA 100 MG..... | 85 |
| neomycin sulfate..... | 2 | nitrofurantoin macrocrystal | | NORTHERA 200 MG..... | 85 |
| neomycin-bacitracin zn- | | mg, 25 mg, 50 mg..... | 83 | NORTHERA 300 MG..... | 85 |
| polymyxin..... | 75 | nitrofurantoin monohyd | | nortriptyline hcl 10 mg, 25 mg, 50 | |
| neomycin-polymy-dexameth..... | 75 | macro..... | 84 | mg, 75 mg..... | 21 |
| neomycin-polymyxin-gramicidin | | nitroglycerin 0.1 mg/hr, 0.2 | | nortriptyline hcl 10 mg/5ml... .. | 21 |
| | 75 | mg/hr, 0.4 mg/hr, 0.6 | | NORVASC 10 MG..... | 47 |
| neomycin-polymyxin-hc | | mg/hr..... | 11 | NORVASC 2.5 MG..... | 47 |
| (ophth)..... | 75 | nitroglycerin 0.4 mg/spray..... | 11 | NORVASC 5 MG..... | 47 |
| neomycin-polymyxin-hc | | nitroglycerin 5 mg/ml..... | 11 | NORVIR..... | 42 |
| (otic)..... | 77 | NITROGLYCERIN | | NOVOLIN 70/30..... | 23 |
| neomycin/polymyxin b gu..... | 65 | LINGUAL..... | 11 | NOVOLIN 70/30 RELION... .. | 23 |
| NEORAL 100 MG, 25 MG... .. | 45 | NITROLINGUAL | | NOVOLIN N..... | 24 |
| NESINA..... | 23 | PUMPSPRAY..... | 11 | NOVOLIN N RELION..... | 24 |
| NEULASTA..... | 67 | NITROMIST..... | 11 | NOVOLIN R..... | 24 |
| NEULASTA DELIVERY KIT..... | 67 | NITROSTAT..... | 11 | NOVOLIN R RELION..... | 24 |
| | | nizatidine 150 mg, 300 mg..... | 82 | NOVOLOG..... | 24 |
| | | | | NOVOLOG FLEXPEN..... | 24 |

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| NOVOLOG MIX 70/30..... | 24 | OLUX-E..... | 57 | ORTHO-CEPT..... | 51 |
| NOVOLOG MIX 70/30 | | OLYSIO..... | 44 | ORTHO-CYCLEN..... | 51 |
| PREFILLED FLEXPEN..... | 24 | omega-3-acid ethyl esters. | 27 | ORTHO-NOVUM 1/35..... | 51 |
| NOVOLOG PENFILL..... | 24 | omeprazole 10 mg, 20 mg, 40 | | ORTHO-NOVUM 7/7/7..... | 51 |
| NOXAFIL 100 MG..... | 26 | mg..... | 83 | OSENI 12.5MG-15MG..... | 22 |
| NOXAFIL 300 MG/16.7ML.. | 26 | omeprazole-sodium | | OSENI 12.5MG-30MG, 12.5MG- | |
| NOXAFIL 40 MG/ML..... | 26 | bicarbonate 20mg-1100mg | 83 | 45MG, 25MG-15MG, 25MG- | |
| NUCYNTA 100 MG..... | 6 | omeprazole-sodium | | 30MG, 25MG-45MG..... | 22 |
| NUCYNTA 50 MG..... | 6 | bicarbonate 40mg-1100mg | 83 | OSMOPREP..... | 69 |
| NUCYNTA 75 MG..... | 6 | OMNARIS..... | 73 | OTEZLA..... | 4 |
| NUCYNTA ER 100 MG..... | 6 | OMNIPRED..... | 75 | OTREXUP..... | 2 |
| NUCYNTA ER 150 MG, 200 MG, | | OMNITROPE 10 MG/1.5ML, 5 | | OVIDE..... | 59 |
| 250 MG..... | 6 | MG/1.5ML..... | 61 | oxaliplatin 100 mg, 50 mg... | 33 |
| NUCYNTA ER 50 MG..... | 6 | ONCASPAR..... | 37 | oxaliplatin 100 mg/20ml..... | 33 |
| NUDEXTA..... | 80 | ondansetron..... | 25 | oxaliplatin 50 mg/10ml..... | 33 |
| NULOJIX..... | 45 | ondansetron hcl 24 mg, 4 mg, 8 | | OXANDRIN 10 MG..... | 8 |
| NULYTELY/FLAVOR | | mg..... | 25 | OXANDRIN 2.5 MG..... | 8 |
| PACKS..... | 69 | ondansetron hcl 4 mg/2ml. | 25 | oxandrolone 10 mg..... | 8 |
| NUTROPIN AQ NUSPIN 20. | 61 | ondansetron hcl 4 mg/5ml. | 25 | oxandrolone 2.5 mg..... | 8 |
| NUTROPIN AQ PEN 20 | | ondansetron hcl 40 | | oxaprozin..... | 4 |
| MG/2ML..... | 61 | mg/20ml..... | 25 | OXAYDO 5 MG..... | 6 |
| NUVARING..... | 51 | ONFI 10 MG, 5 MG..... | 16 | OXAYDO 7.5 MG..... | 6 |
| NUVIGIL..... | 2 | ONFI 2.5 MG/ML..... | 16 | oxazepam..... | 12 |
| NYMALIZE..... | 47 | ONFI 20 MG..... | 16 | oxcarbazepine 150 mg, 300 mg, | |
| nystatin..... | 26 | ONGLYZA..... | 23 | 600 mg..... | 17 |
| nystatin (mouth-throat)..... | 72 | ONMEL..... | 26 | oxcarbazepine 300 mg/5ml, 60 | |
| nystatin (topical)..... | 55 | OPANA 10 MG..... | 6 | mg/ml..... | 17 |
| nystatin-triamcinolone..... | 55 | OPANA 5 MG..... | 6 | OXECTA 5 MG..... | 6 |
| OCTAGAM 10 GM/100ML, 2 | | OPDIVO..... | 34 | OXECTA 7.5 MG..... | 6 |
| GM/20ML, 20 GM/200ML, 5 | | opium tincture..... | 25 | OXISTAT..... | 55 |
| GM/50ML..... | 77 | OPSUMIT..... | 48 | OXSORALEN..... | 58 |
| octreotide acetate 100 | | OPTIVAR..... | 76 | OXSORALEN ULTRA..... | 55 |
| mcg/ml..... | 62 | ORACEA..... | 59 | oxybutynin chloride 10 mg, 15 | |
| octreotide acetate 1000 mcg/5ml, | | ORAP..... | 80 | mg, 5 mg..... | 84 |
| 200 mcg/ml, 50 mcg/ml..... | 62 | ORAPRED ODT..... | 52 | oxybutynin chloride 5 mg.... | 84 |
| OCUFEN..... | 76 | ORENCIA..... | 4 | oxybutynin chloride 5 | |
| OCUFLOX..... | 75 | ORENITRAM 0.125 MG... | 48 | mg/5ml..... | 84 |
| ODOMZO..... | 35 | ORENITRAM 0.25 MG, 1 MG, | | oxycodone hcl 10 mg..... | 6 |
| OFEV..... | 80 | 2.5 MG..... | 48 | oxycodone hcl 100 mg/5ml, 20 | |
| ofloxacin (ophth)..... | 75 | ORFADIN..... | 62 | mg/ml..... | 6 |
| ofloxacin (otic)..... | 77 | ORKAMBI..... | 80 | oxycodone hcl 15 mg..... | 6 |
| olanzapine 10 mg..... | 40 | orphenadrine citrate 100 | | oxycodone hcl 20 mg..... | 6 |
| olanzapine 10 mg, 15 mg, 2.5 | | mg..... | 72 | oxycodone hcl 30 mg..... | 6 |
| mg, 20 mg, 5 mg, 7.5 mg... | 40 | orphenadrine citrate 30 | | oxycodone hcl 5 mg..... | 6 |
| olanzapine 10 mg, 15 mg, 20 mg, | | mg/ml..... | 72 | OXYCODONE HCL ER 10 MG, | |
| 5 mg..... | 41 | orphenadrine w/ aspirin & | | 20 MG, 40 MG..... | 6 |
| olanzapine-fluoxetine hcl.... | 79 | caff..... | 73 | OXYCODONE HCL ER 80 | |
| OLEPTRO..... | 20 | ORTHO EVRA..... | 51 | MG..... | 6 |
| olopatadine hcl (nasal)..... | 73 | ORTHO MICRONOR..... | 51 | oxycodone w/ acetaminophen | |
| OLUX..... | 57 | ORTHO TRI-CYCLEN..... | 51 | 10mg-325mg..... | 8 |

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|---|----|--|----|---|----|
| oxycodone w/ acetaminophen 2.5mg-325mg, 5mg-325mg, 7.5mg-325mg..... | 8 | PCE 500 MG..... | 70 | phenytoin 50 mg..... | 18 |
| oxycodone w/ acetaminophen 5mg/5ml-325mg/5ml..... | 7 | PEDVAX HIB..... | 84 | phenytoin sodium..... | 18 |
| oxycodone-aspirin..... | 8 | peg 3350-kcl-sod bicarb-sod chloride-sod sulfate..... | 69 | phenytoin sodium extended..... | 18 |
| OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG..... | 6 | peg 3350-potassium chloride- sod bicarbonate-sod chloride..... | 69 | PHOSLO..... | 65 |
| OXYCONTIN 80 MG..... | 7 | PEG-INTRON..... | 44 | PHOSLYRA..... | 65 |
| oxymorphone hcl 10 mg..... | 7 | PEG-INTRON REDIPEN..... | 44 | PHOSPHOLINE IODIDE..... | 74 |
| oxymorphone hcl 15 mg..... | 7 | PEG-INTRON REDIPEN PAK 4..... | 44 | PICATO..... | 55 |
| oxymorphone hcl 20 mg..... | 7 | PEGANONE..... | 18 | pilocarpine hcl (oral)..... | 72 |
| oxymorphone hcl 30 mg, 40 mg..... | 7 | PEGASYS..... | 44 | pilocarpine hcl 1 %, 2 %, 4 %..... | 74 |
| oxymorphone hcl 5 mg..... | 7 | PEGASYS PROCLICK..... | 44 | pimozide..... | 80 |
| oxymorphone hcl 7.5 mg..... | 7 | PEGINTRON..... | 44 | pindolol..... | 47 |
| OXYTROL..... | 84 | penicillin g potassium 20 mu, 2000000 unit..... | 77 | pioglitazone hcl 15 mg..... | 23 |
| paclitaxel 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml..... | 38 | penicillin g potassium 5000000 unit..... | 78 | pioglitazone hcl 30 mg, 45 mg..... | 23 |
| paclitaxel 150 mg/25ml..... | 38 | penicillin v potassium..... | 78 | pioglitazone hcl-glimepiride..... | 22 |
| paliperidone 1.5 mg..... | 40 | PENLAC NAIL LACQUER..... | 55 | pioglitazone hcl-metformin hcl..... | 22 |
| paliperidone 3 mg..... | 40 | PENNSAID..... | 54 | piperacillin sodium-tazobactam sodium 0.25gm-2gm, 0.375gm- 3gm, 4.5gm-36gm..... | 78 |
| paliperidone 6 mg..... | 40 | PENTAM 300..... | 9 | piperacillin sodium-tazobactam sodium 0.5gm-4gm..... | 78 |
| paliperidone 9 mg..... | 40 | PENTASA..... | 65 | piroxicam 10 mg, 20 mg..... | 4 |
| PAMELOR..... | 21 | pentazocine w/ naloxone..... | 8 | PLAN B ONE-STEP..... | 51 |
| PAMINE..... | 82 | pentobarbital sodium..... | 68 | PLAQUENIL..... | 32 |
| PAMINE FORTE..... | 82 | pentoxifylline..... | 66 | PLAVIX 300 MG..... | 66 |
| PANCREAZE..... | 59 | PEPCID..... | 82 | PLAVIX 75 MG..... | 66 |
| PANCRELIPASE..... | 59 | PERCODAN..... | 8 | PLEGRIDY..... | 80 |
| PANRETIN..... | 55 | PERFOROMIST..... | 14 | PLEGRIDY STARTER PACK..... | 80 |
| pantoprazole sodium 20 mg, 40 mg..... | 83 | PERIDEX..... | 72 | PLETAL..... | 66 |
| pantoprazole sodium 40 mg..... | 83 | perindopril erbumine 2 mg..... | 29 | podofilox..... | 58 |
| PARAFON FORTE DSC..... | 72 | perindopril erbumine 4 mg..... | 29 | polyethylene glycol 3350..... | 69 |
| parenteral electrolytes..... | 71 | perindopril erbumine 8 mg..... | 29 | polymyxin b sulfate..... | 11 |
| paricalcitol 1 mcg..... | 62 | PERJETA..... | 34 | polymyxin b-trimethoprim..... | 75 |
| paricalcitol 2 mcg, 4 mcg..... | 62 | permethrin 5 %..... | 59 | POLYTRIM..... | 75 |
| PARLODEL..... | 39 | perphenazine 16 mg, 2 mg, 4 mg, 8 mg..... | 41 | POMALYST..... | 35 |
| PARNATE..... | 19 | perphenazine-amitriptyline..... | 79 | PONSTEL..... | 4 |
| paromomycin sulfate..... | 2 | PERSANTINE..... | 66 | potassium chloride 10 %..... | 71 |
| paroxetine hcl..... | 20 | PERTZYE..... | 59 | potassium chloride 10 meq, 8 meq..... | 71 |
| PATADAY..... | 76 | PEXEVA..... | 20 | potassium chloride 2 meq/ml..... | 71 |
| PATANASE..... | 73 | PFIZERPEN-G..... | 78 | potassium chloride 20 %..... | 71 |
| PATANOL..... | 76 | phenelzine sulfate..... | 19 | POTASSIUM CHLORIDE ER..... | 71 |
| PAXIL 10 MG, 20 MG, 30 MG, 40 MG..... | 20 | phenobarbital 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg..... | 68 | potassium chloride in dextrose & sodium chloride 0.45%-20meq/l- 5%..... | 71 |
| PAXIL 10 MG/5ML..... | 20 | phenobarbital 20 mg/5ml..... | 68 | | |
| PAXIL CR..... | 20 | phenoxybenzamine hcl..... | 30 | | |
| PCE 333 MG..... | 70 | phenytoin 125 mg/5ml..... | 18 | | |

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| potassium chloride microencapsulated crystals cr..... | 71 | PREVACID 15 MG..... | 83 | PROMACTA 25 MG..... | 67 |
| potassium citrate (alkalinizer) 1080 mg..... | 65 | PREVACID 30 MG..... | 83 | PROMACTA 50 MG..... | 67 |
| potassium citrate (alkalinizer) 540 mg..... | 65 | PREVPAC..... | 83 | PROMACTA 75 MG..... | 67 |
| POTIGA 200 MG..... | 17 | PREZCOBIX..... | 42 | promethazine & phenylephrine..... | 53 |
| POTIGA 300 MG..... | 17 | PREZISTA 100 MG/ML..... | 42 | promethazine hcl 12.5 mg, 25 mg, 50 mg..... | 27 |
| POTIGA 400 MG..... | 17 | PREZISTA 150 MG..... | 42 | promethazine hcl 25 mg/ml, 50 mg/ml..... | 27 |
| POTIGA 50 MG..... | 17 | PREZISTA 400 MG..... | 42 | promethazine hcl 6.25 mg/5ml..... | 27 |
| PRADAXA..... | 16 | PREZISTA 600 MG, 800 MG..... | 43 | PROMETRIUM..... | 78 |
| PRALUENT 150 MG/ML..... | 29 | PREZISTA 75 MG..... | 43 | propafenone hcl..... | 13 |
| PRALUENT 75 MG/ML..... | 29 | PRIFTIN..... | 33 | propantheline bromide..... | 82 |
| pramipexole dihydrochloride..... | 39 | PRILOSEC 10 MG, 20 MG, 40 MG..... | 83 | proparacaine hcl..... | 75 |
| pramoxine-hc 1%-1%..... | 57 | PRIMAQUINE PHOSPHATE..... | 32 | propranolol hcl 10 mg, 20 mg, 40 mg, 60 mg, 80 mg..... | 47 |
| PRANDIMET..... | 22 | PRIMAXIN IV..... | 10 | propranolol hcl 120 mg, 160 mg, 60 mg, 80 mg..... | 47 |
| PRANDIN 0.5 MG..... | 24 | primidone 250 mg, 50 mg..... | 17 | propylthiouracil..... | 81 |
| PRANDIN 1 MG..... | 24 | PRIMSOL..... | 10 | PROQUAD..... | 84 |
| PRANDIN 2 MG..... | 24 | PRINIVIL..... | 29 | PROSCAR..... | 66 |
| PRAVACHOL..... | 28 | PRISTIQ..... | 20 | PROTONIX 20 MG, 40 MG..... | 83 |
| pravastatin sodium..... | 28 | PRIVIGEN..... | 77 | PROTONIX 40 MG..... | 83 |
| prazosin hcl..... | 30 | PROAIR HFA..... | 14 | PROTOPIC..... | 58 |
| PRECOSE..... | 21 | PROAIR RESPICLICK..... | 14 | protriptyline hcl..... | 21 |
| PRED FORTE..... | 75 | probenecid..... | 66 | PROVENTIL HFA..... | 14 |
| PRED MILD..... | 75 | procainamide hcl 500 mg/ml..... | 12 | PROVERA..... | 78 |
| prednicarbate..... | 57 | PROCARDIA..... | 47 | PROVIGIL..... | 2 |
| prednisolone 15 mg/5ml..... | 52 | PROCARDIA XL..... | 47 | PROZAC..... | 20 |
| prednisolone 5 mg..... | 52 | prochlorperazine..... | 41 | PROZAC WEEKLY..... | 20 |
| prednisolone acetate (ophth)..... | 75 | prochlorperazine edisylate..... | 41 | PULMICORT 0.25 MG/2ML..... | 14 |
| prednisolone sodium phosphate (ophth)..... | 75 | prochlorperazine maleate 10 mg, 5 mg..... | 41 | PULMICORT 0.5 MG/2ML..... | 14 |
| prednisolone sodium phosphate 10 mg, 15 mg, 30 mg..... | 52 | PROCRIT 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML..... | 67 | PULMICORT 1 MG/2ML..... | 14 |
| prednisolone sodium phosphate 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml..... | 52 | PROCRIT 20000 UNIT/ML, 40000 UNIT/ML..... | 67 | PULMICORT FLEXHALER 180 MCG/ACT..... | 14 |
| prednisolone sodium phosphate 20 mg/5ml, 25 mg/5ml..... | 52 | PROCTOCORT 1 %..... | 9 | PULMICORT FLEXHALER 90 MCG/ACT..... | 14 |
| prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg..... | 52 | PROCYSBI..... | 65 | PULMOZYME..... | 80 |
| prednisone 10 mg, 5 mg..... | 52 | progesterone micronized 100 mg, 200 mg..... | 78 | PURINETHOL..... | 34 |
| prednisone 5 mg/5ml..... | 52 | PROGLYCEM..... | 23 | PURIXAN..... | 34 |
| prednisone 5 mg/ml..... | 52 | PROGRAF 0.5 MG, 1 MG, 5 MG..... | 45 | PYLERA..... | 83 |
| PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG..... | 63 | PROGRAF 5 MG/ML..... | 45 | pyrazinamide..... | 33 |
| PREMARIN 0.625 MG/GM..... | 85 | PROLASTIN-C..... | 80 | pyridostigmine bromide 180 mg..... | 32 |
| PREMPHASE..... | 63 | PROLENSA..... | 76 | pyridostigmine bromide 60 mg..... | 32 |
| PREMPRO..... | 63 | PROLEUKIN..... | 37 | QNASL..... | 73 |
| PREPOPIK..... | 69 | PROLIA..... | 60 | QNASL CHILDRENS..... | 73 |
| | | PROMACTA 12.5 MG..... | 67 | QUALAQUIN..... | 32 |

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| QUARTETTE..... | 51 | RENAGEL 800 MG..... | 65 | RIOMET..... | 22 |
| quetiapine fumarate..... | 41 | REVELA..... | 65 | risedronate sodium 150 mg..... | 60 |
| quinapril hcl..... | 29 | repaglinide 0.5 mg..... | 24 | risedronate sodium 30 mg, 5 | 60 |
| quinapril-hydrochlorothiazide | 31 | repaglinide 1 mg..... | 24 | mg..... | 60 |
| quinidine gluconate 324 mg..... | 12 | repaglinide 2 mg..... | 24 | risedronate sodium 35 mg..... | 61 |
| quinidine sulfate..... | 12 | REQUIP..... | 39 | RISPERDAL..... | 40 |
| quinine sulfate..... | 32 | REQUIP XL..... | 39 | RISPERDAL CONSTA 12.5 | 40 |
| QVAR..... | 14 | RESCRIPTOR 100 MG..... | 43 | MG..... | 40 |
| RABAVERT..... | 84 | RESCRIPTOR 200 MG..... | 43 | RISPERDAL CONSTA 25 | 40 |
| RAGWITEK..... | 47 | RESCULA..... | 76 | MG..... | 40 |
| raloxifene hcl..... | 61 | reserpine 0.1 mg, 0.25 mg..... | 30 | RISPERDAL CONSTA 37.5 MG, | 40 |
| ramipril..... | 29 | RESTASIS..... | 75 | 50 MG..... | 40 |
| RANEXA..... | 11 | RESTORIL..... | 68 | RISPERDAL M-TAB..... | 40 |
| ranitidine hcl 15 mg/ml, 150 | 82 | RETIN-A..... | 53 | risperidone 0.25 mg, 0.5 mg, 1 | 40 |
| mg/10ml, 75 mg/5ml..... | 82 | RETIN-A MICRO..... | 53 | mg, 2 mg, 3 mg, 4 mg..... | 40 |
| ranitidine hcl 150 mg..... | 82 | RETIN-A MICRO PUMP 0.04 | 53 | risperidone 0.25 mg, 3 mg, 4 | 40 |
| ranitidine hcl 150 mg, 300 | 82 | %, 0.1 %..... | 53 | mg..... | 40 |
| mg..... | 82 | RETIN-A MICRO PUMP 0.08 | 54 | risperidone 0.5 mg, 1 mg, 2 | 40 |
| ranitidine hcl 300 mg..... | 82 | %..... | 54 | mg..... | 40 |
| RAPAFLO..... | 66 | RETROVIR..... | 43 | risperidone 1 mg/ml..... | 40 |
| RAPAMUNE 0.5 MG..... | 45 | RETROVIR IV INFUSION..... | 43 | RITALIN..... | 2 |
| RAPAMUNE 1 MG, 2 MG..... | 45 | REVATIO 10 MG/12.5ML..... | 48 | RITALIN LA 10 MG..... | 2 |
| RAPAMUNE 1 MG/ML..... | 45 | REVATIO 20 MG..... | 48 | RITALIN LA 20 MG, 30 MG, 40 | 2 |
| RASUVO..... | 2 | REVLIMID..... | 45 | MG..... | 2 |
| RAYOS 2 MG, 5 MG..... | 52 | REXULTI 0.25 MG..... | 41 | RITALIN SR..... | 2 |
| RAZADYNE..... | 79 | REXULTI 0.5 MG..... | 41 | RITUXAN..... | 34 |
| RAZADYNE ER..... | 79 | REXULTI 1 MG..... | 42 | rivastigmine..... | 79 |
| REBETOL 200 MG..... | 44 | REXULTI 2 MG..... | 42 | rivastigmine tartrate..... | 79 |
| REBETOL 40 MG/ML..... | 44 | REXULTI 3 MG, 4 MG..... | 42 | rizatriptan benzoate 10 mg..... | 70 |
| REBIF..... | 80 | REXULTI 3 MG, 4 MG..... | 42 | rizatriptan benzoate 5 mg..... | 70 |
| REBIF REBIDOSE..... | 80 | REYATAZ 150 MG, 200 MG, | 43 | ROBAXIN 500 MG..... | 72 |
| REBIF REBIDOSE | 80 | 300 MG..... | 43 | ROBAXIN-750..... | 72 |
| TITRATIONPACK..... | 80 | REYATAZ 50 MG..... | 43 | ROBINUL 0.2 MG/ML..... | 82 |
| REBIF TITRATION PACK..... | 80 | RHEUMATREX..... | 3 | ROBINUL 1 MG..... | 82 |
| RECLAST..... | 60 | RHINOCORT AQUA..... | 73 | ROBINUL FORTE..... | 82 |
| RECOMBIVAX HB..... | 84 | ribavirin (hepatitis c)..... | 44 | ROCALTROL..... | 62 |
| RECTIV..... | 9 | ribavirin (hepatitis c) 200 | 44 | ropinirole hydrochloride 0.25 mg, | 9 |
| REGLAN..... | 64 | mg..... | 44 | 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, | 39 |
| REGRANEX..... | 59 | ribavirin (hepatitis c) 400 mg, | 44 | 5 mg..... | 39 |
| RELENZA DISKHALER..... | 44 | 600 mg..... | 44 | ropinirole hydrochloride 12 mg, 2 | 39 |
| RELISTOR 12 MG/0.6ML..... | 65 | RIDAURA..... | 3 | mg, 4 mg, 6 mg, 8 mg..... | 39 |
| RELISTOR 8 MG/0.4ML..... | 65 | rifabutin..... | 33 | ROTARIX..... | 84 |
| RELPAK..... | 70 | RIFADIN..... | 33 | ROTATEQ..... | 85 |
| REMERON..... | 19 | rifampin 150 mg, 300 mg..... | 33 | ROWASA..... | 65 |
| REMERON SOLTAB..... | 19 | rifampin 600 mg..... | 33 | ROXICODONE 15 MG..... | 7 |
| REMICADE..... | 65 | RIFATER..... | 32 | ROXICODONE 30 MG..... | 7 |
| REMODULIN..... | 48 | RILUTEK..... | 73 | ROXICODONE 5 MG..... | 7 |
| | | riluzole..... | 73 | ROZEREM..... | 68 |
| | | rimantadine hydrochloride..... | 44 | RUCONEST..... | 66 |
| | | | | RYTARY..... | 39 |
| | | | | RYTHMOL..... | 13 |

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| RYTHMOL SR..... | 13 | SILENOR..... | 68 | sotalol hcl..... | 47 |
| SABRIL..... | 18 | SILVADENE..... | 55 | sotalol hcl (afib/afI)..... | 47 |
| SAFYRAL..... | 51 | silver sulfadiazine..... | 55 | Sotalol Hcl IV Soln..... | 47 |
| SALAGEN..... | 72 | SIMBRINZA..... | 74 | SOTYLIZE..... | 47 |
| SAMSCA..... | 62 | SIMCOR 20MG-1000MG, 20MG-500MG, 20MG- 750MG..... | 28 | SOVALDI..... | 44 |
| SANCTURA..... | 84 | SIMCOR 40MG-1000MG, 40MG-500MG..... | 28 | SPIRIVA HANDIHALER..... | 13 |
| SANCTURA XR..... | 84 | SIMPONI..... | 2 | SPIRIVA RESPIMAT 1.25 MCG/ACT..... | 13 |
| SANCUSO..... | 25 | SIMPONI ARIA..... | 2 | SPIRIVA RESPIMAT 2.5 MCG/ACT..... | 13 |
| SANDIMMUNE 100 MG, 25 MG..... | 45 | SIMULECT..... | 45 | spironolactone & hydrochlorothiazide..... | 59 |
| SANDIMMUNE 100 MG/ML..... | 45 | simvastatin 10 mg..... | 28 | spironolactone 100 mg, 25 mg, 50 mg..... | 60 |
| SANDIMMUNE 50 MG/ML..... | 45 | simvastatin 20 mg..... | 28 | SPORANOX 10 MG/ML..... | 27 |
| SANDOSTATIN 100 MCG/ML..... | 62 | simvastatin 40 mg..... | 28 | SPORANOX 100 MG..... | 26 |
| SANDOSTATIN 200 MCG/ML, 50 MCG/ML..... | 62 | simvastatin 5 mg..... | 28 | SPORANOX PULSEPAK..... | 27 |
| SANDOSTATIN LAR DEPOT 20 MG, 30 MG..... | 62 | simvastatin 80 mg..... | 28 | SPRIX..... | 4 |
| SANTYL..... | 58 | SINEMET..... | 39 | SPRYCEL..... | 36 |
| SAPHRIS 10 MG..... | 41 | SINEMET CR..... | 39 | STALEVO 100..... | 39 |
| SAPHRIS 2.5 MG..... | 41 | SINGULAIR 10 MG..... | 13 | STALEVO 125..... | 39 |
| SAPHRIS 5 MG..... | 41 | SINGULAIR 4 MG, 5 MG.. | 13 | STALEVO 150..... | 39 |
| SAVAYSA..... | 15 | sirolimus 0.5 mg, 1 mg..... | 45 | STALEVO 200..... | 39 |
| SAVELLA..... | 79 | sirolimus 2 mg..... | 45 | STALEVO 50..... | 39 |
| SAVELLA TITRATION PACK..... | 79 | SIRTURO..... | 33 | STALEVO 75..... | 39 |
| SEASONIQUE..... | 51 | SIVEXTRO..... | 11 | STARLIX..... | 24 |
| SECTRAL..... | 46 | SKELAXIN..... | 72 | stavudine 1 mg/ml..... | 43 |
| selegiline hcl..... | 39 | sodium chloride (gu irrigant)..... | 65 | stavudine 15 mg..... | 43 |
| selenium sulfide 2.5 %..... | 55 | sodium chloride 0.45 %..... | 72 | stavudine 20 mg, 30 mg, 40 mg..... | 43 |
| SELZENTRY..... | 43 | sodium chloride 0.9 %..... | 72 | STELARA..... | 55 |
| SEMPREX-D..... | 53 | sodium fluoride 1 mg..... | 71 | STIMATE..... | 62 |
| SENSIPAR 30 MG..... | 62 | sodium polystyrene sulfonate..... | 46 | STIOLTO RESPIMAT..... | 15 |
| SENSIPAR 60 MG, 90 MG.. | 62 | sodium polystyrene sulfonate 15 gm/60ml..... | 46 | STIVARGA..... | 36 |
| SEREVENT DISKUS..... | 14 | SOLARAZE..... | 55 | STRATTERA 10 MG..... | 1 |
| SEROQUEL..... | 41 | SOLTAMOX..... | 35 | STRATTERA 100 MG, 60 MG, 80 MG..... | 1 |
| SEROQUEL XR 150 MG, 200 MG, 300 MG, 50 MG..... | 41 | SOLU-CORTEF 100 MG, 250 MG..... | 52 | STRATTERA 18 MG..... | 1 |
| SEROQUEL XR 400 MG.... | 41 | SOLU-MEDROL 1000 MG, 125 MG, 40 MG..... | 52 | STRATTERA 25 MG..... | 1 |
| SEROSTIM 4 MG, 6 MG.... | 61 | SOLU-MEDROL 2 GM..... | 52 | STRATTERA 40 MG..... | 1 |
| sertraline hcl 100 mg, 25 mg, 50 mg..... | 20 | SOMA 350 MG..... | 72 | STRIBILD..... | 43 |
| sertraline hcl 20 mg/ml..... | 20 | SOMATULINE DEPOT.... | 62 | STRIVERDI RESPIMAT..... | 15 |
| SEVELAMER CARBONATE..... | 65 | SOMAVERT..... | 61 | STROMECTOL..... | 9 |
| SIGNIFOR..... | 62 | SONATA..... | 68 | SUBOXONE..... | 8 |
| SIGNIFOR LAR 20 MG..... | 62 | SOOLANTRA..... | 59 | SUBSYS 100 MCG, 200 MCG7 SUBSYS 1200 MCG, 1600 MCG..... | 7 |
| SIGNIFOR LAR 40 MG, 60 MG..... | 62 | SORIATANE..... | 55 | SUBSYS 400 MCG, 600 MCG, 800 MCG..... | 7 |
| sildenafil citrate (pulmonary hypertension)..... | 48 | SORILUX..... | 55 | sucralfate..... | 82 |

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| SULAR..... | 47 | TACLONEX..... | 58 | TESTIM..... | 9 |
| sulfacetamide sod-prednisolone | | tacrolimus (topical)..... | 58 | TESTOSTERONE 1 %, 10 | |
| 10%-0.2%..... | 75 | tacrolimus 0.5 mg, 1 mg, 5 | | MG/ACT, 50 MG/5GM..... | 9 |
| sulfacetamide sod-prednisolone | | mg..... | 45 | TESTOSTERONE 25 | |
| 10%-0.23%..... | 76 | TAFINLAR..... | 36 | MG/2.5GM..... | 9 |
| sulfacetamide sodium (acne) | 54 | TALWIN..... | 8 | testosterone 25 mg/2.5gm, 50 | |
| sulfacetamide sodium | | TAMIFLU..... | 44 | mg/5gm..... | 9 |
| (ophth)..... | 75 | tamoxifen citrate 10 mg, 20 | | testosterone cypionate..... | 9 |
| sulfadiazine..... | 80 | mg..... | 35 | testosterone enanthate..... | 9 |
| sulfamethoxazole-trimethoprim | | tamsulosin hcl..... | 66 | TESTOSTERONE PUMP..... | 9 |
| 160mg-800mg, 80mg- | | TANZEUM..... | 23 | TETANUS TOXOID | |
| 400mg..... | 10 | TARCEVA..... | 36 | ADSORBED..... | 82 |
| sulfamethoxazole-trimethoprim | | TARGRETIN..... | 37 | TETANUS/DIPHThERIA | |
| 40mg/5ml-200mg/5ml..... | 10 | TASIGNA..... | 36 | TOXOIDS-ADSORBED..... | 82 |
| sulfamethoxazole-trimethoprim | | TASMAR..... | 38 | TETANUS/DIPHThERIA | |
| 80mg/5ml-400mg/5ml..... | 10 | TAXOL..... | 38 | TOXOIDS-ADSORBED | |
| SULFAMYLON 85 MG/GM..... | 55 | TAXOTERE..... | 38 | ADULT..... | 82 |
| sulfasalazine..... | 65 | TAZORAC..... | 55 | tetrabenazine..... | 79 |
| sulindac 150 mg, 200 mg..... | 4 | TECFIDERA..... | 80 | tetracycline hcl 250 mg, 500 | |
| sumatriptan succinate 100 | | TECFIDERA STARTER | | mg..... | 81 |
| mg..... | 71 | PACK..... | 80 | tetrahydrozoline hcl..... | 73 |
| sumatriptan succinate 25 mg | 71 | TEFLARO..... | 50 | TEV-TROPIN..... | 61 |
| sumatriptan succinate 4 | | TEGRETOL..... | 17 | THALOMID..... | 45 |
| mg/0.5ml..... | 71 | TEGRETOL-XR..... | 17 | theophylline 100 mg, 200 mg, | |
| sumatriptan succinate 50 mg | 71 | TEKAMLO 150MG-10MG..... | 31 | 300 mg, 450 mg..... | 15 |
| sumatriptan succinate 6 | | TEKAMLO 150MG-5MG..... | 31 | theophylline 400 mg, 600 mg | 15 |
| mg/0.5ml..... | 71 | TEKURNA..... | 32 | THERACYS..... | 37 |
| SUMAVEL DOSEPRO 4 | | TEKURNA HCT..... | 31 | thioridazine hcl 10 mg, 100 mg, | |
| MG/0.5ML..... | 71 | telmisartan..... | 30 | 25 mg, 50 mg..... | 41 |
| SUMAVEL DOSEPRO 6 | | telmisartan-amlodipine..... | 31 | THIOTEPA..... | 33 |
| MG/0.5ML..... | 71 | telmisartan-hydrochlorothiazide | | thiothixene..... | 42 |
| SUPRAX 400 MG..... | 50 | | 31 | THYMOGLOBULIN..... | 45 |
| SUPRAX 500 MG/5ML..... | 50 | temazepam..... | 68 | tiagabine hcl..... | 18 |
| SUPREP BOWEL PREP..... | 69 | TEMODAR 100 MG..... | 33 | TIAZAC..... | 48 |
| SURMONTIL..... | 21 | TEMOVATE..... | 58 | TICE BCG..... | 37 |
| SUSTIVA 200 MG, 50 MG..... | 43 | TEMOVATE E..... | 58 | ticlopidine hcl..... | 66 |
| SUSTIVA 600 MG..... | 43 | TENEX..... | 30 | TIGAN..... | 25 |
| SUTENT..... | 36 | TENIVAC..... | 82 | TIKOSYN..... | 13 |
| SYLATRON..... | 37 | TENORETIC 100..... | 31 | timolol maleate (ophth) 0.25 %, | |
| SYMBICORT..... | 15 | TENORETIC 50..... | 31 | 0.5 %..... | 74 |
| SYMBYAX..... | 79 | TENORMIN..... | 46 | TIMOPTIC..... | 74 |
| SYMLINPEN 120..... | 21 | TERAZOL 3..... | 85 | TIMOPTIC-XE..... | 74 |
| SYMLINPEN 60..... | 21 | TERAZOL 7..... | 85 | TINDAMAX..... | 10 |
| SYNAGIS..... | 77 | terazosin hcl..... | 30 | tinidazole 250 mg, 500 mg..... | 10 |
| SYNALAR..... | 57 | terbinafine hcl..... | 26 | TIVICAY..... | 43 |
| SYNAREL..... | 61 | terbutaline sulfate 2.5 mg, 5 | | tizanidine hcl 2 mg..... | 72 |
| SYNERCID..... | 11 | mg..... | 15 | tizanidine hcl 4 mg..... | 72 |
| SYNRIBO..... | 37 | terconazole vaginal..... | 85 | tizanidine hcl 6 mg..... | 72 |
| SYNTHROID..... | 81 | | | TOBI..... | 2 |
| SYPRINE..... | 45 | | | TOBI PODHALER..... | 2 |
| TABLOID..... | 34 | | | TOBRADEX..... | 76 |

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| TOBRADEX ST..... | 76 | TRANXENE T..... | 12 | TRIZIVIR..... | 43 | | | | | |
| tobramycin..... | 2 | tranylcypromine sulfate.... | 19 | trospium chloride 20 mg..... | 84 | | | | | |
| tobramycin (ophth)..... | 75 | TRAVATAN Z..... | 76 | trospium chloride 60 mg..... | 84 | | | | | |
| tobramycin sulfate 1.2 gm..... | 2 | trazodone hcl 100 mg, 150 mg, | 300 mg, 50 mg..... | 20 | TRULICITY..... | 23 | | | | |
| tobramycin sulfate 1.2 gm/30ml, | 40 mg/ml, 80 mg/2ml..... | 2 | TREANDA..... | 33 | TRUSOPT..... | 76 | | | | |
| tobramycin sulfate 10 mg/ml.. | 2 | TRECATOR..... | 33 | TRUVADA..... | 43 | | | | | |
| tobramycin sulfate in saline... | 2 | TRELSTAR..... | 35 | TUDORZA PRESSAIR..... | 13 | | | | | |
| tobramycin-dexamethasone. | 76 | TRELSTAR MIXJECT..... | 35 | TWINRIX..... | 85 | | | | | |
| TOBREX..... | 75 | tretinoin (chemotherapy)... | 37 | TWYNSTA..... | 31 | | | | | |
| TOFRANIL-PM..... | 21 | tretinoin 0.01 %, 0.025 %, 0.05 | %..... | 54 | TYBOST..... | 43 | | | | |
| tolazamide 250 mg..... | 25 | tretinoin 0.025 %, 0.05 %, 0.1 | %..... | 54 | TYGACIL..... | 10 | | | | |
| tolazamide 500 mg..... | 25 | tretinoin 0.038 %..... | 54 | TYKERB..... | 36 | | | | | |
| tolbutamide..... | 25 | tretinoin microsphere..... | 54 | TYPHIM VI..... | 84 | | | | | |
| tolcapone..... | 38 | TREXIMET..... | 70 | TYSABRI..... | 80 | | | | | |
| tolmetin sodium 200 mg..... | 4 | triamcinolone acetonide | (mouth)..... | 72 | TYVASO..... | 48 | | | | |
| tolmetin sodium 400 mg..... | 4 | triamcinolone acetonide | (nasal)..... | 73 | TYVASO REFILL..... | 48 | | | | |
| tolmetin sodium 600 mg..... | 4 | triamcinolone acetonide | (topical)..... | 58 | TYZEKA..... | 44 | | | | |
| tolterodine tartrate 1 mg, 2 | mg..... | 84 | triamterene & | hydrochlorothiazide 37.5mg- | 25mg..... | 59 | | | | |
| tolterodine tartrate 2 mg, 4 | mg..... | 84 | triamterene & | hydrochlorothiazide 37.5mg- | 25mg, 75mg-50mg..... | 59 | | | | |
| TOPAMAX..... | 18 | triamterene & | hydrochlorothiazide 50mg- | 25mg..... | 59 | triazolam..... | 68 | | | |
| TOPAMAX SPRINKLE..... | 18 | triazolam..... | 68 | TRIBENZOR..... | 31 | TRICOR..... | 28 | | | |
| TOPICORT 0.05 %..... | 58 | TRICOR..... | 28 | trifluoperazine hcl..... | 41 | trifluridine..... | 75 | | | |
| TOPICORT 0.25 %..... | 58 | trifluoperazine hcl..... | 41 | trihexyphenidyl hcl..... | 38 | TRILEPTAL 150 MG, 300 MG, | 600 MG..... | 18 | | |
| topiramate 100 mg, 200 mg, 25 | mg, 50 mg..... | 18 | trifluridine..... | 75 | TRILEPTAL 300 MG/5ML..... | 18 | TRILIPIX..... | 28 | | |
| topiramate 15 mg, 25 mg.... | 18 | trihexyphenidyl hcl..... | 38 | trimethobenzamide hcl 100 | mg/ml..... | 26 | trimethobenzamide hcl 300 | mg..... | 26 | |
| topotecan hcl 4 mg..... | 38 | TRILEPTAL 150 MG, 300 MG, | 600 MG..... | 18 | trimethoprim..... | 10 | trimipramine maleate 100 | mg..... | 21 | |
| TOPROL XL..... | 46 | TRILEPTAL 300 MG/5ML..... | 18 | TRILIPIX..... | 28 | trimipramine maleate 25 mg, 50 | mg..... | 21 | TRISENOX..... | 37 |
| TORISEL..... | 36 | TRISENOX..... | 37 | TRIUMEQ..... | 43 | | | | | |
| torsemide 10 mg, 100 mg, 20 mg, | 5 mg..... | 60 | | | | | | | | |
| TOTECT..... | 37 | | | | | | | | | |
| TOUJEO SOLOSTAR..... | 24 | | | | | | | | | |
| TOVIAZ..... | 84 | | | | | | | | | |
| TRACLEER..... | 48 | | | | | | | | | |
| TRADJENTA..... | 23 | | | | | | | | | |
| tramadol hcl 100 mg..... | 7 | | | | | | | | | |
| tramadol hcl 200 mg, 300 mg. | 7 | | | | | | | | | |
| tramadol hcl 50 mg..... | 7 | | | | | | | | | |
| tramadol-acetaminophen..... | 8 | | | | | | | | | |
| TRANDATE..... | 46 | | | | | | | | | |
| trandolapril..... | 29 | | | | | | | | | |
| tranexamic acid 100 mg/ml.. | 67 | | | | | | | | | |
| tranexamic acid 650 mg..... | 67 | | | | | | | | | |
| TRANSDERM-SCOP..... | 26 | | | | | | | | | |

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|---|----|---|----|---|----|
| valproate sodium 250 mg/5ml..... | 19 | VEREGEN..... | 54 | VOGELXO PUMP..... | 9 |
| valproic acid..... | 19 | VERELAN..... | 48 | VOLTAREN..... | 54 |
| valsartan..... | 30 | VERELAN PM..... | 48 | VOLTAREN-XR..... | 4 |
| valsartan-hydrochlorothiazide..... | 32 | VERSACLOZ..... | 41 | voriconazole 200 mg..... | 27 |
| VALSTAR..... | 36 | VESICARE..... | 84 | voriconazole 200 mg, 50 mg..... | 27 |
| VALTREX..... | 44 | VEXOL..... | 76 | VOSOL HC..... | 77 |
| VANCOCIN HCL..... | 10 | VFEND 200 MG, 50 MG..... | 27 | VOTRIENT..... | 36 |
| vancomycin hcl 10 gm, 1000 mg, 5000 mg, 750 mg..... | 10 | VFEND IV..... | 27 | VPRIV..... | 67 |
| vancomycin hcl 125 mg, 250 mg..... | 10 | VIBRAMYCIN 100 MG..... | 81 | VYTORIN 10MG-10MG..... | 27 |
| vancomycin hcl 500 mg..... | 10 | VIBRAMYCIN 25 MG/5ML..... | 81 | VYTORIN 10MG-20MG..... | 27 |
| VANCOMYCIN HCL IN DEXTROSE..... | 10 | VIBRAMYCIN 50 MG/5ML..... | 81 | VYTORIN 40MG-10MG..... | 27 |
| VANOS..... | 58 | VICOPROFEN..... | 8 | VYTORIN 80MG-10MG..... | 27 |
| VANTAS..... | 35 | VICTOZA..... | 23 | VYVANSE 10 MG..... | 1 |
| VAQTA..... | 85 | VICTRELIS..... | 44 | VYVANSE 20 MG..... | 1 |
| VARIVAX..... | 85 | VIDAZA..... | 34 | VYVANSE 30 MG..... | 1 |
| VARIZIG..... | 77 | VIDEX EC..... | 43 | VYVANSE 40 MG, 50 MG, 60 MG, 70 MG..... | 1 |
| VASCEPA..... | 27 | VIDEXPEDIATRIC..... | 43 | warfarin sodium..... | 15 |
| VASERETIC..... | 32 | VIEKIRA PAK..... | 44 | water for irrigation, sterile..... | 46 |
| VASOTEC 10 MG..... | 30 | VIGAMOX..... | 75 | WELCHOL..... | 28 |
| VASOTEC 2.5 MG..... | 30 | VIIBRYD..... | 20 | WELLBUTRIN 100 MG..... | 19 |
| VASOTEC 20 MG..... | 30 | VIIBRYD STARTER PACK..... | 20 | WELLBUTRIN 75 MG..... | 19 |
| VASOTEC 5 MG..... | 30 | VIMIZIM..... | 62 | WELLBUTRIN SR 100 MG..... | 19 |
| VECTIBIX..... | 35 | VIMOVO..... | 4 | WELLBUTRIN SR 150 MG, 200 MG..... | 19 |
| VECTICAL..... | 55 | VIMPAT 10 MG/ML..... | 18 | WELLBUTRIN XL 150 MG..... | 19 |
| VELCADE..... | 36 | VIMPAT 100 MG, 150 MG, 200 MG, 50 MG..... | 18 | WELLBUTRIN XL 300 MG..... | 19 |
| VELPHORO..... | 65 | VIMPAT 200 MG/20ML..... | 18 | WESTCORT..... | 58 |
| VELTIN..... | 54 | vinblastine sulfate..... | 38 | XALATAN..... | 76 |
| venlafaxine hcl 100 mg..... | 20 | vincristine sulfate..... | 38 | XALKORI..... | 36 |
| venlafaxine hcl 150 mg..... | 20 | vinorelbine tartrate..... | 38 | XANAX..... | 12 |
| venlafaxine hcl 25 mg..... | 20 | VIOKACE..... | 59 | XANAX XR..... | 12 |
| venlafaxine hcl 37.5 mg..... | 20 | VIRACEPT..... | 43 | XARELTO..... | 15 |
| venlafaxine hcl 50 mg..... | 21 | VIRAMUNE 200 MG..... | 43 | XARELTO STARTER PACK..... | 15 |
| venlafaxine hcl 75 mg..... | 20 | VIRAMUNE 50 MG/5ML..... | 43 | XELJANZ..... | 2 |
| VENLAFAXINE HCL ER..... | 20 | VIRAMUNE XR 100 MG..... | 43 | XENAZINE..... | 79 |
| VENTAVIS 10 MCG/ML..... | 48 | VIRAMUNE XR 400 MG..... | 43 | XEOMIN..... | 73 |
| VENTAVIS 20 MCG/ML..... | 48 | VIRAZOLE..... | 44 | XERESE..... | 55 |
| VENTOLIN HFA..... | 15 | VIREAD 150 MG, 200 MG, 300 MG..... | 43 | XGEVA..... | 61 |
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| verapamil hcl 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg..... | 48 | VIREAD 40 MG/GM..... | 43 | XIFAXAN..... | 10 |
| verapamil hcl 120 mg, 180 mg, 240 mg..... | 48 | VIROPTIC..... | 75 | XIGDUO XR 10MG-1000MG, 10MG-500MG..... | 22 |
| verapamil hcl 120 mg, 40 mg, 80 mg..... | 48 | VISTARIL..... | 12 | XIGDUO XR 5MG-1000MG, 5MG-500MG..... | 22 |
| | | VISTIDE..... | 43 | XOLAIR..... | 13 |
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| | | VOGELXO..... | 9 | | |

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| XOPENEX HFA..... | 15 | ZESTORETIC..... | 32 | zolpidem tartrate 12.5 mg.... | 68 |
| XTANDI..... | 35 | ZESTRIL..... | 30 | zolpidem tartrate 5 mg..... | 68 |
| XYLOCAINE 1 %, 2 %..... | 69 | ZETIA..... | 29 | zolpidem tartrate 6.25 mg.... | 68 |
| XYLOCAINE 20 MG/ML..... | 12 | ZETONNA..... | 73 | ZOLPIMIST..... | 68 |
| XYLOCAINE 4 %..... | 58 | ZIAC..... | 32 | ZOMACTON 5 MG..... | 61 |
| XYLOCAINE-MPF 1 %..... | 69 | ZIAGEN 20 MG/ML..... | 43 | ZOMETA 4 MG/5ML..... | 61 |
| XYREM..... | 79 | ZIAGEN 300 MG..... | 43 | ZOMIG 2.5 MG..... | 71 |
| XYZAL..... | 27 | ZIANA..... | 54 | ZOMIG 5 MG..... | 71 |
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| zafirlukast..... | 13 | ZINECARD..... | 37 | ZONTIVITY..... | 66 |
| zaleplon..... | 68 | ZIOPTAN..... | 76 | ZORTRESS 0.25 MG..... | 46 |
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| ZANAFLEX 4 MG..... | 72 | ZIRGAN..... | 75 | ZOSTAVAX..... | 85 |
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| ZANOSAR..... | 33 | MG/5ML..... | 69 | 3GM, 0.5GM-4GM, 4.5GM- | |
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| ZANTAC 300 MG..... | 82 | ZITHROMAX 500 MG..... | 69 | 2GM/50ML-5%, 0.375GM/50ML- | |
| ZARONTIN..... | 18 | ZITHROMAX TRI-PAK..... | 69 | 3GM/50ML-5%, 0.5GM/100ML- | |
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| ZEGERID 20MG-1680MG..... | 83 | ZOCOR 5 MG..... | 29 | ZUBSOLV 1.4MG-0.36MG, | |
| ZEGERID 40MG-1100MG..... | 83 | ZOCOR 80 MG..... | 29 | 5.7MG-1.4MG, 8.6MG-2.1MG | 8 |
| ZEGERID 40MG-1680MG..... | 83 | ZOFRAN 4 MG, 8 MG..... | 25 | ZUBSOLV 11.4MG-2.9MG, | |
| ZELAPAR..... | 39 | ZOFRAN 4 MG/5ML..... | 25 | 2.9MG-0.71MG..... | 8 |
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| ZEMAIRA..... | 80 | ZOFRAN ODT..... | 25 | ZYCLARA..... | 58 |
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This formulary was updated on 12/01/2015.
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California PPO Plans: 1-800-960-4638

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

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