



2020 Part D

Formulary

(List of Covered Drugs)

with a \$0 copay for Select Generics

Anthem Medicare Preferred (PPO) with Senior Rx Plus

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

This Formulary was updated on August 1, 2019.

For pharmacy-related benefits questions, please call us at **1-833-285-4630** or, for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please call Member Services, at **1-833-848-8730** or, for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit www.anthem.com/ca/csj.

Note to members:

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

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

When this *Formulary (Drug List)* refers to "we," "us" or "our," it means Anthem BC Health Insurance Company. When it refers to "plan" or "your plan," it means your 2020 group retiree drug plan.

This document includes a list of the covered Part D drugs for your plan which is current as of 1/1/2020. For updated *Formulary* information, please review the *Formulary* online at www.anthem.com/ca/csj, or call Pharmacy Member Services. Our contact information, along with the date we last updated the *Formulary*, appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your *Formulary* and pharmacy network may change on January 1, 2021, and from time to time during the year. You will receive notice when necessary.

Depending on your group sponsor's renewal date, your benefits, copayments/coinsurance may also change on January 1, 2021. The benefit information provided is not a complete description of benefits. Limitations, copayments and restrictions may apply. Please refer to your *Evidence of Coverage* online at www.anthem.com/ca/csj, or call the Pharmacy Member Services number listed on the front and back covers, for information specific to your plan.

Our plan has free language interpreter services available to answer questions from non-English speaking members. Please call the Member Services number listed on the front and back covers to request interpreter services.

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

Table of Contents

What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus <i>Part D</i> Formulary?.....	2
Can the <i>Part D</i> Formulary (Drug List) change?.....	2
How do I use the <i>Part D</i> Formulary?.....	4
What are generic drugs?.....	4
Are there any restrictions on my coverage?.....	4
What if my drug is not on the <i>Part D</i> Formulary?.....	5
How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus <i>Part D</i> Formulary?.....	5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?.....	6
For more information.....	6
Your plan's <i>Part D</i> Formulary.....	7
Select Generics for 2020.....	9
Covered Medications by Therapeutic Category - Part D-Eligible Drugs.....	11
Index of Drugs.....	113

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

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

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

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

If your plan uses a *Closed Drug List (Closed Formulary)*, you have coverage for most, but not all, Medicare Part D-eligible drugs. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. Not all drugs are on the *Closed Formulary*.

If your plan uses an *Open Drug List (Open Formulary)*, you have coverage for almost all Medicare Part D-eligible drugs.

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

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

To find out whether you have a *Closed or Open Formulary* benefit or if your plan includes coverage for additional drugs, please check the benefits chart located at the front of your *Evidence of Coverage*. For more information on how to fill your prescriptions, please review your *Evidence of Coverage* online at www.anthem.com/ca/csj, or call the Pharmacy Member Services number listed on the front and back covers.

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 *Formulary* that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

We evaluate new drugs as they come onto the market. Once we have completed a full evaluation based upon clinical effectiveness and cost relative to other drug therapies, the drug will be assigned to a drug plan tier or non-formulary designation. If a new Part D-eligible drug is designated as non-formulary following our review, this drug will not be covered on a *Closed Formulary*. You will have coverage for it only if your plan uses an *Open Formulary*. Please note that during the period between the time the drug is first available and our review, the drug will not be automatically covered on an *Open Formulary*. If your physician feels you should use the new drug, you or your physician may request a coverage exception.

This *Formulary* is current as of 1/1/2020. To get updated information about the drugs covered by your plan, please refer to your *Formulary* online at www.anthem.com/ca/csj, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

How do I use the *Part D Formulary*?

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

Medical condition

The *Formulary* begins on page 11. The drugs in this *Formulary* are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension / Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 11, then look under the category name for your drug.

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

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 113. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. If you have any questions on the below restrictions, please contact the Pharmacy Member Services number listed on the front and back covers.

These requirements and limits may include:

- **Prior authorization:** Your plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we cover 30 tablets per 30 days of *irbesartan 75 mg tablets*. This may be in addition to a standard one-month or three-month supply.

- **Step therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Day supply limits:** Short and long acting opioids are limited to a 7-day supply per fill for members who have not filled an opioid drug in the past 180 days. Members with cancer or members in hospice will be excluded from the 7-day supply limit.

You can find out if your drug has any additional requirements or limits by looking in the *Formulary* that begins on page 11.

We have posted online at www.anthem.com/ca/cs the prior authorization and step therapy restrictions. You may also ask us to send you a copy by calling the Pharmacy Member Services number located on the front and back covers.

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

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

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

If you learn that access to your drug is limited, for any reason, you have two options:

- You can ask Pharmacy Member Services for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask your provider to prescribe a similar drug that is covered by your plan.
- You can ask your plan to make an exception and cover your drug. See below for information about how to request an exception.

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

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

- You can ask us to cover a Part D-eligible drug even if it is not on our *Formulary*. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- You can ask us to cover a *Formulary* drug at a lower cost sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should call Pharmacy Member Services to ask us for an initial coverage decision for a *Formulary*, tiering or utilization restriction exception. Our contact information appears on the front and back covers.

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

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary one-month transition supply consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of your plan. If you need a drug that is not on our *Formulary* or if your ability to get your drugs is limited, but you are past the first 90 days of membership in your plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a *Formulary* exception.

For more information

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

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

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

Your plan's *Part D Formulary*

The *Formulary* that begins on page 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 113.

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

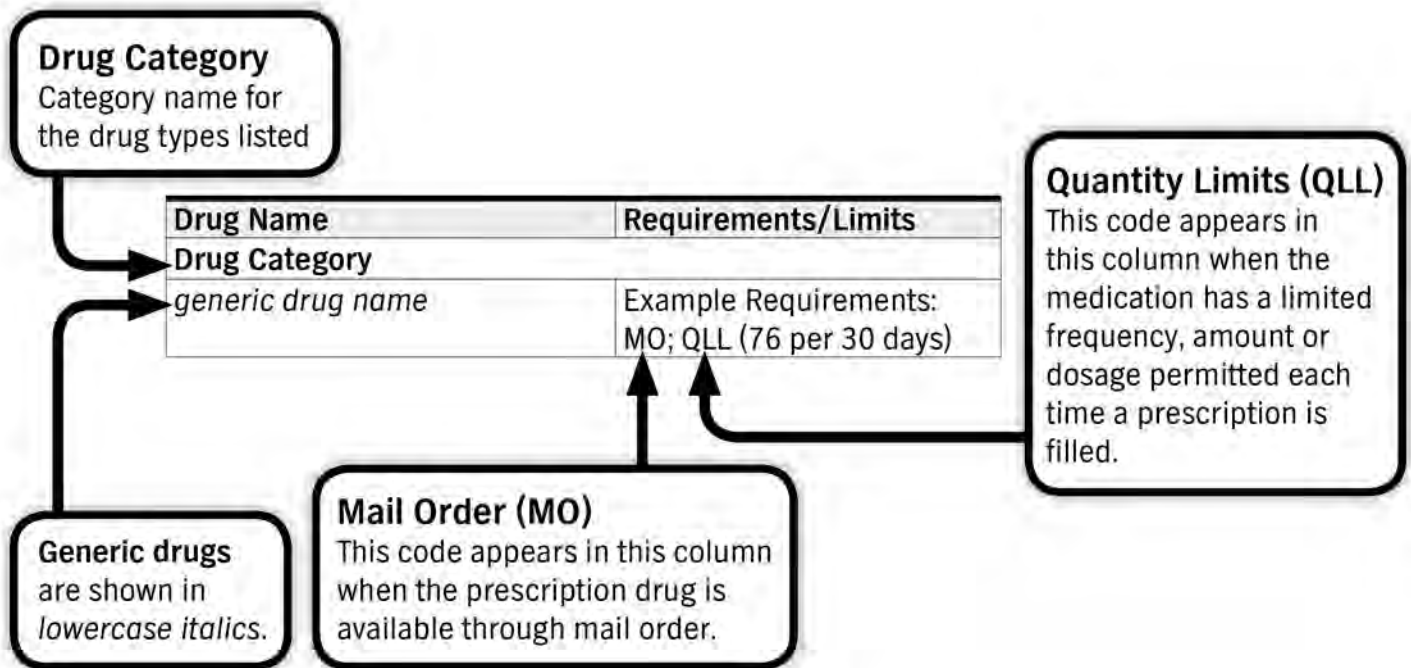
The **second column** of the chart identifies the tier placement of each medication covered in your *Formulary*. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find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

Tier Number	Tier Label
1	Generics
2	Preferred Brands
3	Non-Preferred Brands and Non-Formulary Drugs
4	Specialty Drugs (Generic and Brand)

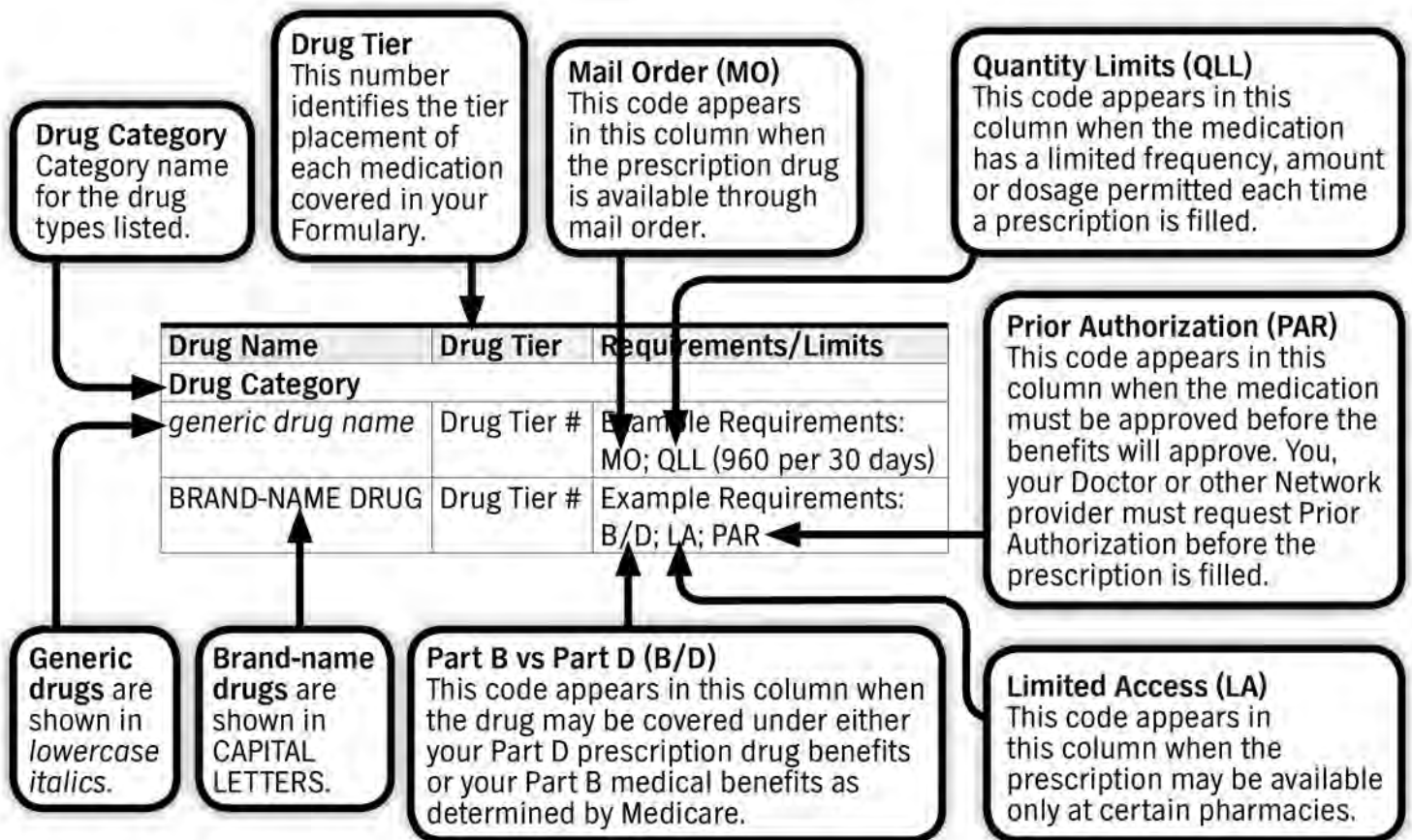
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$4,020. Please check your benefits chart and *Evidence of Coverage* online at www.anthem.com/ca/csj, for complete details on the cost you must pay for drugs covered by your drug plan.

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

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



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



Select Generics for 2020

The following drugs are covered under your retiree drug plan at a **\$0 copay**.

Legend

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

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

Drug Name	Requirements/ Limits
Blood Glucose Regulators	
<i>glimepiride oral tablet 1 mg</i>	MO; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	MO; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	MO; QLL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	MO; QLL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	MO; QLL (240 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 10 mg</i>	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	MO; QLL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	MO; QLL (60 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	MO; QLL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	MO; QLL (120 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	MO; QLL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	MO; QLL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	MO; QLL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	MO; QLL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	MO; QLL (60 per 30 days)

Drug Name	Requirements/ Limits
<i>metformin hcl oral tablet 500 mg</i>	MO; QLL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	MO; QLL (90 per 30 days)
Cardiovascular Agents	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	MO
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	MO
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	MO

Drug Name	Requirements/ Limits
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	<i>MO</i>
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	<i>MO</i>
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	<i>MO</i>
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	<i>MO</i>
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	<i>MO</i>
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	<i>MO</i>
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	<i>MO</i>
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	<i>MO</i>
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	<i>MO</i>

Drug Name	Requirements/ Limits
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	<i>MO</i>
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	<i>MO</i>
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	<i>MO</i>
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	<i>MO</i>
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	<i>MO</i>
Metabolic Bone Disease Agents	
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	<i>MO; QLL (30 per 30 days)</i>
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	<i>MO; QLL (4 per 28 days)</i>

Covered Medications by Therapeutic Category - Part D-Eligible Drugs

Legend

Generic drugs are shown in lowercase italics (e.g., *enalapril*)

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

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

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

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

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

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Member Services. The phone numbers are listed on the front and back covers.

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

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

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

S - Specialty: Specialty drugs cost \$670 or more for a 30-day supply. Most plans limit Specialty drug fills to a 30-day supply. You can find out if Specialty drug fills are limited to a 30-day supply by checking the benefits chart in the front of your *Evidence of Coverage* which can be found online at www.anthem.com/ca/csj, or call the Pharmacy Member Services number listed on the front and back covers.

Part D-Eligible Drugs

Drug Name	Drug Tier	Requirements /Limits
Anti - Infectives		
<i>abacavir oral solution</i>	1	MO; QLL (960 per 30 days)
<i>abacavir oral tablet</i>	1	MO; QLL (60 per 30 days)
<i>abacavir-lamivudine</i>	4	MO; S; QLL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	4	MO; S; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ABELCET	4	B/D PAR; MO; S
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/ 5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution 50mg/ml</i>	1	B/D PAR; MO
<i>adefovir</i>	1	PAR; MO
<i>albendazole</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
ALBENZA	4	MO; S
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QLL (180 per 30 days)
ALINIA ORAL TABLET	3	MO; QLL (6 per 30 days)
<i>amantadine hcl</i>	1	MO
AMBISOME	3	B/D PAR; MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg</i>	1	MO
<i>amoxicillin oral tablet, chewable 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>amphotericin b</i>	1	B/D PAR; MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	1	MO
<i>ampicillin sodium intravenous</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	1	MO
ANCOBON	3	MO
APTIVUS ORAL CAPSULE	4	MO; S; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	4	S; QLL (380 per 30 days)
ARIKAYCE	4	MO; LA; S
<i>atazanavir oral capsule 150 mg, 200 mg</i>	4	MO; S; QLL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	4	MO; S; QLL (30 per 30 days)
<i>atovaquone</i>	4	PAR; MO; S
<i>atovaquone-proguanil</i>	1	MO
ATRIPLA	4	MO; S; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	4	MO; S
AUGMENTIN XR	3	MO
AVELOX	3	MO
AVELOX IN NACL (ISO-OSMOTIC)	3	MO
AVYCAZ	4	MO; S
AZACTAM	2	MO
<i>azithromycin intravenous</i>	1	MO
AZITHROMYCIN ORAL PACKET	2	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg, 600 mg</i>	1	MO
<i>aztreonam</i>	1	MO
<i>baciim</i>	1	
<i>bacitracin intramuscular</i>	1	MO
BACTRIM	3	MO
BACTRIM DS	3	MO
BARACLUDE	4	PAR; MO; S
BAXDELA INTRAVENOUS	4	S
BAXDELA ORAL	3	MO
<i>benznidazole</i>	3	
BETHKIS	4	B/D PAR; MO; S
BICILLIN C-R	2	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	2	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	3	MO
BIKTARVY	4	MO; S; QLL (30 per 30 days)
BILTRICIDE	3	MO
CANCIDAS	4	B/D PAR; MO; S

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

Drug Name	Drug Tier	Requirements /Limits
CAPASTAT	2	
caspofungin intravenous recon soln 50 mg	4	B/D PAR; S
CASPOFUNGIN INTRAVENOUS RECON SOLN 70 MG	3	B/D PAR
CAYSTON	4	PAR; MO; LA; S
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefaclor oral suspension for reconstitution 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g	1	
cefazolin intravenous	1	
cefdinir	1	MO
CEFEPIME IN DEXTROSE 5 %	3	MO
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml	1	
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml	1	MO
cefepime injection	1	MO
cefixime	1	MO
CEFOTAN	3	

Drug Name	Drug Tier	Requirements /Limits
cefotaxime injection recon soln 1 gram, 500 mg	1	
CEFOTETAN IN DEXTROSE, ISO-OSM	3	
cefotetan injection 1 gram, 2 gram	1	
cefotetan intravenous soln	1	
cefoxitin in dextrose, iso-osm	1	
cefoxitin intravenous recon soln 1 gram, 2 gram	1	MO
cefoxitin intravenous recon soln 10 gram	1	
cefpodoxime	1	MO
cefprozil	1	MO
CEFTAZIDIME IN D5W	2	
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	
ceftriaxone in dextrose,iso-os	1	MO
ceftriaxone intravenous solution	1	MO
ceftriaxone intravenous solution injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone intravenous solution injection recon soln 10 gram, 100 gram	1	
cefuroxime axetil oral tablet 250 mg	1	MO
cefuroxime axetil oral tablet 500 mg	1	MO
cefuroxime sodium injection recon soln 750 mg	1	MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral capsule 750 mg	1	MO
cephalexin oral suspension for reconstitution 125 mg/5 ml	1	MO
cephalexin oral suspension for reconstitution 250 mg/5 ml	1	MO
cephalexin oral tablet	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>cidofovir</i>	4	B/D PAR; MO; S
CIMDUO	4	MO; S; QLL (30 per 30 days)
CIPRO IN D5W	3	
INTRAVENOUS PIGGYBACK 400 MG/200 ML		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
CIPRO XR	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	MO
<i>ciprofloxacin oral susp</i>	1	
<i>ciprofloxacin tablet extended release 24 hr mphase</i>	1	MO
<i>clarithromycin</i>	1	MO
CLEOCIN HCL	3	MO
CLEOCIN IN 5 %	3	
DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 900 MG/50 ML		
CLEOCIN IN 5 %	3	MO
DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML		
CLEOCIN INJECTION	3	MO
<i>cleocin intravenous solution 300 mg/2 ml</i>	3	
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML	3	MO
CLEOCIN INTRAVENOUS SOLUTION 900 MG/6 ML	3	
CLEOCIN PEDIATRIC	3	MO
<i>clindamycin hcl capsule</i>	1	MO
<i>clindamycin in 0.9 % sod chlor</i>	3	
<i>clindamycin in 5 % dextrose</i>	1	MO
<i>clindamycin oral soln</i>	1	MO
<i>clindamycin pediatric</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
<i>clotrimazole mucous membrane</i>	1	MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	1	MO
COLY-MYCIN M PARENTERAL	3	MO
COMBIVIR	4	MO; S; QLL (60 per 30 days)
COMPLERA	4	MO; S; QLL (30 per 30 days)
CRESEMBA INTRAVENOUS	4	PAR; S
CRESEMBA ORAL	4	PAR; MO; S
CRIVAN ORAL CAPSULE 200 MG	3	MO; QLL (360 per 30 days)
CRIVAN ORAL CAPSULE 400 MG	3	MO; QLL (180 per 30 days)
CUBICIN	4	MO; S
CUBICIN RF	4	S
CYCLOSERINE	3	MO
CYTOVENE	3	B/D PAR; MO
DAKLINZA ORAL TABLET 30 MG, 60 MG	4	PAR; MO; S; QLL (30 per 30 days)
DALVANCE	4	MO; S
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	S
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO; S
DARAPRIM	4	MO; S
DELSTRIGO	4	MO; S; QLL (30 per 30 days)
<i>demeclocycline</i>	1	MO
DESCOVY	4	MO; S; QLL (30 per 30 days)
<i>dicloxacillin</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>didanosine oral capsule,delayed release(dr/ec) 200 mg</i>	1	QLL (60 per 30 days)
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO; QLL (30 per 30 days)
DIFICID	4	PAR; MO; S
DIFLUCAN ORAL SUSPENSION	3	MO
DORIPENEM INTRAVENOUS RECON SOLN 250 MG	2	
DORIPENEM INTRAVENOUS RECON SOLN 500 MG	3	
DORYX MPC	3	MO
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	4	MO; S
DOVATO	4	MO; S; QLL (30 per 30 days)
<i>doxy-100</i>	1	MO
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	3	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg</i>	3	MO
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL, BIPHASE	3	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
E.E.S. GRANULES	4	MO; S

Drug Name	Drug Tier	Requirements /Limits
EDURANT	4	MO; S; QLL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	MO; QLL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	MO; QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	4	MO; S; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	MO; QLL (850 per 30 days)
EMVERM	4	MO; S
<i>entecavir</i>	4	PAR; MO; S
EPCLUSA	4	PAR; MO; S; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPIVIR ORAL SOLUTION	3	MO; QLL (960 per 30 days)
EPIVIR ORAL TABLET 150 MG	3	MO; QLL (60 per 30 days)
EPIVIR ORAL TABLET 300 MG	3	MO; QLL (30 per 30 days)
EPZICOM	4	MO; S; QLL (30 per 30 days)
ERAXIS(WATER DILUENT)	4	PAR; MO; S
<i>ertapenem</i>	3	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
ERYPED 200	4	MO; S
ERYPED 400	4	MO; S
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	MO
<i>erythromycin oral tablet</i>	1	MO
<i>ethambutol</i>	1	MO
EVOTAZ	4	MO; S; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	1	MO; QLL (21 per 7 days)
FIRVANQ	3	PAR; MO
FLAGYL	3	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in dextrose(iso-o)</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>flucytosine oral capsule 250 mg</i>	1	MO
<i>flucytosine oral capsule 500 mg</i>	4	MO; S
FLUMADINE ORAL TABLET	3	MO
<i>fosamprenavir</i>	4	MO; S; QLL (120 per 30 days)
FURADANTIN	3	PAR
FUZEON SUBCUTANEOUS RECON SOLN	4	MO; S; QLL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	B/D PAR; MO
<i>ganciclovir sodium intravenous recon soln 500 mg intravenous solution 50 mg/ml</i>	3	B/D PAR; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	2	

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	
<i>gentamicin injection</i>	1	MO
<i>gentamicin sulfate (ped) (pf)</i>	1	MO
GENVOYA	4	MO; S; QLL (30 per 30 days)
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
HARVONI	4	PAR; MO; S; QLL (28 per 28 days)
HEPSERA	4	PAR; MO; S
HIPREX	3	MO
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
IMPAVIDO	4	MO; S
INTELENCE ORAL TABLET 100 MG	4	MO; S; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	4	MO; S; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	3	MO; QLL (480 per 30 days)
INVANZ INJECTION	3	MO
INVIRASE ORAL TABLET	4	MO; S; QLL (120 per 30 days)
ISENTRESS HD	4	MO; S; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	MO; S; QLL (180 per 30 days)
ISENTRESS ORAL TABLET	4	MO; S; QLL (120 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	4	MO; S; QLL (180 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	2	MO; QLL (720 per 30 days)
<i>isoniazid injection</i>	1	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet 100 mg</i>	1	MO
<i>isoniazid oral tablet 300 mg</i>	1	MO
<i>itraconazole oral capsule</i>	1	PAR; MO
<i>itraconazole oral solution</i>	4	MO; S
<i>ivermectin</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
JULUCA	4	MO; S; QLL (30 per 30 days)
KALETRA ORAL SOLUTION	4	MO; S; QLL (480 per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	4	MO; S; QLL (120 per 30 days)
<i>ketoconazole oral</i>	1	MO
KITABIS PAK	4	MO; S; QLL (280 per 28 days)
KRINTAFEL	3	MO
<i>lamivudine oral solution</i>	1	MO; QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	MO
<i>lamivudine oral tablet 150 mg</i>	1	MO; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	MO; QLL (60 per 30 days)
LEDIPASVIR-SOFOSBUVIR	4	PAR; MO; S; QLL (28 per 28 days)
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin intravenous</i>	3	MO
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	1	MO
<i>levofloxacin oral tablet 750 mg</i>	1	MO
LEXIVA ORAL SUSPENSION	3	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	4	MO; S; QLL (120 per 30 days)
LINCOCIN	3	MO
<i>lincomycin</i>	1	
<i>linezolid in dextrose 5%</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>linezolid oral suspension for reconstitution</i>	1	PAR; MO; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	4	PAR; MO; S; QLL (56 per 28 days)
<i>linezolid-0.9% sodium chloride</i>	3	
<i>lopinavir-ritonavir</i>	1	MO; QLL (480 per 30 days)
MACROBID	3	PAR; MO
MACRODANTIN	3	PAR; MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
MAVYRET	4	PAR; MO; S; QLL (90 per 30 days)
MAXIPIME INJECTION	3	MO
MAXIPIME INTRAVENOUS	3	
<i>mefloquine</i>	1	MO
MEPRON	4	PAR; MO; S
<i>meropenem intravenous solution</i>	1	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	3	MO
MERREM INTRAVENOUS RECON SOLN 1 GRAM	3	
MERREM INTRAVENOUS RECON SOLN 500 MG	3	
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>metro i.v.</i>	1	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>metronidazole oral</i>	1	MO
MINOCIN INTRAVENOUS	3	MO
MINOCIN ORAL CAPSULE 50 MG	3	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 55 mg, 80 mg</i>	4	MO; S
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 65 mg, 90 mg</i>	3	MO
<i>moderiba</i>	3	MO
<i>mondoxyne nl</i>	3	MO
MONUROL	3	MO
<i>morgidox</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
MOXIFLOXACIN-SOD.ACE, SUL-WATER	3	
MOXIFLOXACIN-SOD.CHLORIDE(ISO)	3	
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCAMINE	4	MO; S
MYCOBUTIN	4	MO; S
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	4	S
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	4	MO; S
<i>nafcillin intravenous recon soln 1 gram</i>	4	MO; S
<i>nafcillin intravenous recon soln 2 gram</i>	1	MO
NEBUPENT	2	B/D PAR; MO
<i>neomycin</i>	1	MO
<i>nevirapine oral suspension</i>	1	QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	1	MO; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO; QLL (30 per 30 days)
<i>nitrofurantoin</i>	1	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin macrocrystal</i>	1	PAR; MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	PAR; MO
NORVIR ORAL POWDER IN PACKET	3	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	2	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	2	MO; QLL (360 per 30 days)
NOXAFIL INTRAVENOUS	3	
NOXAFIL ORAL	4	PAR; MO; S
NUZYRA (7 DAY WITH LOAD DOSE)	4	S
NUZYRA (7 DAY)	4	S
NUZYRA INTRAVENOUS	4	S
NUZYRA ORAL	4	MO; S
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
ODEFSEY	4	MO; S; QLL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
<i>okebo oral capsule 75 mg</i>	1	MO
ORACEA	3	MO
ORAVIG	4	MO; S
ORBACTIV	4	MO; S
<i>oseltamivir</i>	1	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	3	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
<i>paromomycin</i>	1	MO
PASER	3	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	3	

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

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	MO
<i>penicillin g potassium</i>	1	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	1	MO
<i>penicillin g sodium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
PENTAM	2	MO
<i>pentamidine</i>	1	
<i>pfizerpen-g</i>	1	
PIFELTRO	4	MO; S; QLL (30 per 30 days)
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	MO
PLAQUENIL	3	MO
<i>polymyxin b sulfate</i>	1	MO
<i>praziquantel</i>	1	MO
PREVYMIS INTRAVENOUS	4	S
PREVYMIS ORAL	4	MO; S
PREZCOBIX	4	MO; S; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	4	MO; S; QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	3	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO; S; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	MO; QLL (300 per 30 days)
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>pyrazinamide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
QUALAQUIN	3	PAR; MO
<i>quinine sulfate capsule</i>	1	PAR; MO
REBETOL ORAL SOLUTION	4	MO; S
RELENZA DISKHALER	2	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	3	MO; QLL (180 per 30 days)
RETROVIR INTRAVENOUS	2	MO
RETROVIR ORAL CAPSULE	3	MO; QLL (180 per 30 days)
RETROVIR ORAL SYRUP	3	MO; QLL (1920 per 30 days)
REYATAZ ORAL CAPSULE 150 MG, 200 MG	4	MO; S; QLL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	4	MO; S; QLL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET	3	MO; QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	4	MO; S
<i>ribasphere ribapak oral tablets,dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	4	S
<i>ribasphere ribapak oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	MO; S
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	4	MO; S
<i>rifabutin</i>	1	MO
RIFADIN	3	MO
RIFAMATE	3	MO
<i>rifampin</i>	1	MO
RIFATER	3	MO
<i>rimantadine</i>	1	MO
RIMSO-50	3	MO
<i>ritonavir</i>	1	MO; QLL (360 per 30 days)
SELZENTRY ORAL SOLUTION	4	MO; S; QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	MO; S; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL TABLET 75 MG	3	MO; QLL (60 per 30 days)	SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SIRTURO	4	PAR; MO; LA; S	SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SIVEXTRO INTRAVENOUS	4	PAR; S	SUPRAX ORAL TABLET, CHEWABLE	3	MO
SIVEXTRO ORAL	4	PAR; MO; S; QLL (6 per 30 days)	SUSTIVA ORAL CAPSULE 200 MG	3	MO; QLL (120 per 30 days)
SOFOSBUVIR-VELPATASVIR	4	PAR; MO; S; QLL (30 per 30 days)	SUSTIVA ORAL CAPSULE 50 MG	3	MO; QLL (360 per 30 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 80 MG	4	MO; S	SUSTIVA ORAL TABLET	4	MO; S; QLL (30 per 30 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 55 MG, 65 MG	3	MO	SYMFI	4	MO; S; QLL (30 per 30 days)
SOLOSEC	3	MO	SYMFI LO	4	MO; S; QLL (30 per 30 days)
SOLOXIDE	3		SYMTUZA	4	MO; S; QLL (30 per 30 days)
SOVALDI	4	PAR; MO; S; QLL (30 per 30 days)	SYNAGIS	4	PAR; MO; LA; S
SPORANOX ORAL CAPSULE	4	PAR; MO; S	SYNERCID	4	S
SPORANOX ORAL SOLUTION	4	MO; S	TAMIFLU	3	MO
SPORANOX PULSEPAK	4	PAR; MO; S	TARGADOX	3	MO
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	MO; QLL (120 per 30 days)	TAZICEF INJECTION RECON SOLN 1 GRAM	3	
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	MO; QLL (60 per 30 days)	TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	3	MO
STREPTOMYCIN	2	MO	TAZICEF INTRAVENOUS	3	
STRIBILD	4	MO; S; QLL (30 per 30 days)	TEFLARO	4	MO; S
STROMEKTOL	3	MO	<i>tenofovir disoproxil fumarate</i>	4	MO; S; QLL (30 per 30 days)
<i>sulfadiazine</i>	1	MO	<i>terbinafine hcl oral</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	MO	<i>tetracycline</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO	TIGECYCLINE	4	S
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO	<i>tinidazole</i>	1	MO
<i>sulfatrim</i>	3	MO	TIVICAY ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
SUPRAX ORAL CAPSULE	3	MO	TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO; S; QLL (60 per 30 days)
			TOBI PODHALER INHALATION CAPSULE	4	S; QLL (224 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	4	MO; S; QLL (224 per 28 days)
TOBI SOLUTION FOR NEBULIZATION	4	B/D PAR; MO; S; QLL (280 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	4	B/D PAR; MO; S; QLL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	S
<i>tobramycin sulfate injection solution</i>	1	MO
TOLSURA	4	S
TRECTOR	3	MO
<i>trimethoprim</i>	1	MO
TRIUMEQ	4	MO; S; QLL (30 per 30 days)
TRIZIVIR	4	MO; S; QLL (60 per 30 days)
TROGARZO	4	MO; S; QLL (10.64 per 28 days)
TRUVADA	4	MO; S; QLL (30 per 30 days)
TYBOST	2	MO; QLL (30 per 30 days)
TYGACIL	4	MO; S
UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM	3	MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	
VABOMERE	4	S
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QLL (60 per 30 days)
VALCYTE	4	MO; S
<i>valganciclovir</i>	4	MO; S
VALTREX ORAL TABLET 1 GRAM	3	ST; MO; QLL (30 per 30 days)
VALTREX ORAL TABLET 500 MG	3	ST; MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VANCOCIN ORAL CAPSULE 125 MG	3	PAR; MO; QLL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	4	PAR; MO; S; QLL (80 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	2	
<i>vancomycin injection</i>	3	B/D PAR
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	1	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	2	B/D PAR; MO
<i>vancomycin oral capsule 125 mg</i>	4	PAR; MO; S; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PAR; MO; S; QLL (80 per 10 days)
VEMLIDY	4	PAR; MO; S; QLL (30 per 30 days)
VFEND IV	3	MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PAR; MO; S
VFEND ORAL TABLET 200 MG	4	PAR; MO; S
VFEND ORAL TABLET 50 MG	3	PAR; MO

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

Drug Name	Drug Tier	Requirements /Limits
VIBATIV INTRAVENOUS RECON SOLN 750 MG	4	PAR; S
VIBRAMYCIN ORAL CAPSULE 100 MG	3	MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	4	MO; S
VIBRAMYCIN ORAL SYRUP	3	MO
VIDEX 2 GRAM PEDIATRIC	3	MO; QLL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC	3	MO; QLL (1200 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	3	MO; QLL (90 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 200 MG	3	MO; QLL (60 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 250 MG, 400 MG	3	MO; QLL (30 per 30 days)
VIEKIRA PAK	4	PAR; MO; S; QLL (112 per 28 days)
VIRACEPT ORAL TABLET 250 MG	4	MO; S; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	MO; S; QLL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	3	MO; QLL (1200 per 30 days)
VIRAMUNE ORAL TABLET	4	MO; S; QLL (60 per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	MO; S; QLL (30 per 30 days)
VIREAD ORAL POWDER	4	MO; S; QLL (240 per 30 days)
VIREAD ORAL TABLET	4	MO; S; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	1	MO
<i>voriconazole oral suspension for reconstitution</i>	4	PAR; MO; S
<i>voriconazole oral tablet 200 mg</i>	4	PAR; MO; S
<i>voriconazole oral tablet 50 mg</i>	1	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
VOSEVI	4	PAR; MO; S; QLL (30 per 30 days)
XIFAXAN ORAL TABLET 200 MG	3	PAR; MO; QLL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	4	PAR; MO; S; QLL (84 per 28 days)
XIMINO	4	MO; S
XOFLUZA	2	MO
ZEMDRI	4	S
ZEPATIER	4	PAR; MO; S; QLL (30 per 30 days)
ZERBAXA	4	S
ZERIT ORAL CAPSULE 30 MG	3	MO; QLL (60 per 30 days)
ZIAGEN ORAL SOLUTION	3	MO; QLL (960 per 30 days)
ZIAGEN ORAL TABLET	3	MO; QLL (60 per 30 days)
<i>zidovudine oral capsule</i>	1	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	1	MO; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	1	MO; QLL (60 per 30 days)
ZITHROMAX INTRAVENOUS	3	MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZOSYN	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML		
ZOVIRAX ORAL	3	MO
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	4	S
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	PAR; MO; S; QLL (1800 per 30 days)
ZYVOX ORAL TABLET	4	PAR; MO; S; QLL (56 per 28 days)
Antineoplastic / Immunosuppressant Drugs		
<i>abiraterone</i>	4	PAR; MO; S; QLL (120 per 30 days)
ABRAXANE	4	PAR; MO; S
<i>adriamycin intravenous recon soln 10 mg</i>	1	B/D PAR
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	B/D PAR
<i>adriamycin intravenous solution</i>	1	B/D PAR
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	B/D PAR
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	1	B/D PAR; MO
AFINITOR	4	PAR; MO; S
AFINITOR DISPERZ	4	PAR; MO; S
ALECENSA	4	PAR; MO; S; QLL (240 per 30 days)
ALIMTA	4	PAR; MO; S
ALIQOPA	4	PAR; MO; LA; S
ALKERAN	3	B/D PAR; MO
ALKERAN (AS HCL)	3	B/D PAR
ALUNBRIG ORAL TABLET 180 MG	4	PAR; MO; S; QLL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PAR; MO; S; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLET 90 MG	4	PAR; MO; S; QLL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	4	PAR; MO; S; QLL (30 per 180 days)
<i>anastrozole</i>	1	MO; QLL (30 per 30 days)
ARIMIDEX	3	MO; QLL (30 per 30 days)
AROMASIN	4	MO; S; QLL (60 per 30 days)
ARRANON	2	B/D PAR
ARSENIC TRIOXIDE	4	S
ARZERRA	4	PAR; MO; S
ASTAGRAF XL	3	B/D PAR; MO
AVASTIN	4	PAR; MO; S
<i>azacitidine</i>	4	PAR; MO; S
AZASAN	3	B/D PAR; MO
<i>azathioprine</i>	1	B/D PAR; MO
<i>azathioprine sodium solution for injection</i>	1	B/D PAR
BALVERSA ORAL TABLET 3 4 MG	4	PAR; MO; LA; QLL (90 per 30 days)
BALVERSA ORAL TABLET 4 4 MG	4	PAR; MO; LA; QLL (60 per 30 days)
BALVERSA ORAL TABLET 5 4 MG	4	PAR; MO; LA; QLL (30 per 30 days)
BAVENCIO	4	PAR; MO; LA; S
BELEODAQ	4	PAR; MO; S
BENDEKA	4	B/D PAR; MO; S
BESPONSA	4	B/D PAR; MO; S
<i>bexarotene</i>	4	PAR; MO; S; QLL (300 per 30 days)
<i>bicalutamide</i>	1	MO; QLL (30 per 30 days)
BICNU	4	B/D PAR; MO; S
<i>bleomycin</i>	1	B/D PAR; MO
BLINCYTO INTRAVENOUS KIT	4	PAR; MO; S

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

Drug Name	Drug Tier	Requirements /Limits
BORTEZOMIB	4	PAR; MO; S
BOSULIF ORAL TABLET 100 MG	4	PAR; MO; S; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PAR; MO; S; QLL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	4	PAR; MO; LA; S; QLL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PAR; MO; LA; S; QLL (180 per 30 days)
<i>busulfan</i>	1	B/D PAR
BUSULFEX	2	B/D PAR
CABOMETYX	4	PAR; MO; LA; S; QLL (30 per 30 days)
CALQUENCE	4	PAR; MO; LA; S
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	3	B/D PAR; MO
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	3	B/D PAR
CAPRELSA ORAL TABLET 100 MG	4	PAR; LA; S; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	1	B/D PAR; MO
<i>carmustine</i>	4	B/D PAR; MO; S
CASODEX	3	MO; QLL (30 per 30 days)
CELLCEPT	4	B/D PAR; MO; S
CELLCEPT INTRAVENOUS	2	B/D PAR; MO
<i>cisplatin</i>	1	B/D PAR; MO
<i>cladribine</i>	4	B/D PAR; MO; S
<i>clofarabine</i>	4	B/D PAR; S
CLOLAR	4	B/D PAR; S
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PAR; MO; S; QLL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PAR; MO; S; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PAR; MO; S; QLL (84 per 28 days)
COPIKTRA	4	PAR; MO; LA; S; QLL (60 per 30 days)
COSMEGEN	4	B/D PAR; MO; S
COTELLIC	4	PAR; MO; LA; S; QLL (90 per 30 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram</i>	3	B/D PAR; MO
<i>cyclophosphamide intravenous recon soln 500 mg</i>	4	B/D PAR; MO; S
<i>cyclophosphamide oral capsule</i>	1	B/D PAR; MO
<i>cyclosporine intravenous</i>	1	B/D PAR
<i>cyclosporine modified</i>	1	B/D PAR; MO
<i>cyclosporine oral capsule</i>	1	B/D PAR; MO
CYRAMZA	4	PAR; MO; S
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PAR
<i>cytarabine injection solution 20mg/ml</i>	1	B/D PAR; MO
<i>dacarbazine</i>	1	B/D PAR; MO
DACOGEN	4	B/D PAR; MO; S
<i>dactinomycin</i>	4	B/D PAR; S
DARZALEX	4	PAR; MO; LA; S
<i>daunorubicin intravenous solution</i>	1	B/D PAR
DAURISMO ORAL TABLET 100 MG	4	PAR; MO; S; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PAR; MO; S; QLL (60 per 30 days)
<i>decitabine</i>	4	B/D PAR; MO; S
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	4	B/D PAR; S

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

Drug Name	Drug Tier	Requirements /Limits
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	4	B/D PAR; MO; S
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	4	B/D PAR; S
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PAR; MO; S
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	4	B/D PAR; S
DOXIL	4	PAR; MO; S
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PAR
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PAR; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PAR; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	4	B/D PAR; MO; S
<i>doxorubicin, peg-liposomal</i>	4	PAR; MO; S
DROXIA	2	MO
ELIGARD (1 MONTH)	2	PAR; MO; QLL (1 per 28 days)
ELIGARD (3 MONTH)	2	PAR; MO; QLL (1 per 84 days)
ELIGARD (4 MONTH)	3	PAR; MO; QLL (1 per 112 days)
ELIGARD (6 MONTH)	3	PAR; MO; QLL (1 per 168 days)
ELITEK	4	PAR; MO; S
ELLECE	3	B/D PAR; MO
EMCYT	3	MO
EMPLICITI	4	PAR; MO; S
ENVARUSUS XR	3	B/D PAR; MO
<i>epirubicin intravenous solution</i>	1	B/D PAR; MO
ERBITUX	4	PAR; MO; S
ERIVEDGE	4	PAR; MO; S; QLL (30 per 30 days)
ERLEADA	4	PAR; MO; S

Drug Name	Drug Tier	Requirements /Limits
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PAR; MO; S; QLL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PAR; MO; S; QLL (90 per 30 days)
ERWINAZE	4	PAR; MO; S
ETHYOL	3	PAR; MO
ETOPOPHOS	4	B/D PAR; MO; S
<i>etoposide intravenous</i>	1	B/D PAR; MO
EVOMELA	4	B/D PAR; MO; S
<i>exemestane</i>	1	MO; QLL (60 per 30 days)
FARESTON	4	MO; S; QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	4	PAR; MO; S; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	4	PAR; MO; S; QLL (30 per 30 days)
FASLODEX	4	PAR; MO; S
FEMARA	3	MO; QLL (30 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PAR; MO; S; QLL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	PAR; MO; QLL (1 per 28 days)
<i>floxuridine</i>	3	
<i>fludarabine intravenous recon soln</i>	1	B/D PAR; MO
<i>fludarabine intravenous solution</i>	4	B/D PAR; S
<i>fluorouracil intravenous</i>	1	B/D PAR; MO
<i>flutamide</i>	1	MO
FOLOTYN	4	B/D PAR; MO; S
FUSILEV	4	PAR; MO; S
GAZYVA	4	PAR; MO; S
<i>gemcitabine intravenous recon soln 1 gram</i>	1	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	4	B/D PAR; S

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine intravenous recon soln 200 mg</i>	3	B/D PAR; MO	IDHIFA ORAL TABLET 50 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PAR; MO; S	IFEX	3	B/D PAR; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PAR; S	<i>ifosfamide intravenous recon soln</i>	1	B/D PAR; MO
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	4	B/D PAR; S	<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PAR; MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PAR; MO	<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PAR
<i>gengraf oral solution</i>	1	B/D PAR; MO	<i>imatinib oral tablet 100 mg</i>	4	PAR; MO; S; QLL (240 per 30 days)
GILOTRIF	4	PAR; MO; S; QLL (30 per 30 days)	<i>imatinib oral tablet 400 mg</i>	4	PAR; MO; S; QLL (60 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PAR; MO; S; QLL (240 per 30 days)	IMBRUVICA ORAL CAPSULE 140 MG	4	PAR; MO; S; QLL (90 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PAR; MO; S; QLL (60 per 30 days)	IMBRUVICA ORAL CAPSULE 70 MG	4	PAR; MO; S; QLL (30 per 30 days)
GLEOSTINE	3	PAR; MO	IMBRUVICA ORAL TABLET 140 MG	4	PAR; MO; S; QLL (90 per 30 days)
HALAVEN	4	PAR; MO; S	IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PAR; MO; S; QLL (30 per 30 days)
HERCEPTIN	4	B/D PAR; MO; S	IMFINZI	4	PAR; MO; LA; S
HERCEPTIN HYLECTA	4	B/D PAR; MO; S	IMURAN	3	B/D PAR; MO
HYCAMTIN INTRAVENOUS	3	B/D PAR; MO	INFUGEM	4	B/D PAR; S
HYDREA	3	MO	INLYTA ORAL TABLET 1 MG	4	PAR; MO; S; QLL (240 per 30 days)
<i>hydroxyurea</i>	1	MO	INLYTA ORAL TABLET 5 MG	4	PAR; MO; S; QLL (120 per 30 days)
IBRANCE	4	PAR; MO; S; QLL (30 per 30 days)	IRESSA	4	MO; S
ICLUSIG ORAL TABLET 15 MG	4	PAR; MO; S; QLL (60 per 30 days)	<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PAR; MO
ICLUSIG ORAL TABLET 45 MG	4	PAR; MO; S; QLL (30 per 30 days)	<i>irinotecan intravenous solution 40 mg/2 ml</i>	4	B/D PAR; MO; S
IDAMYCIN PFS	4	B/D PAR; MO; S	<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	B/D PAR
<i>idarubicin</i>	4	B/D PAR; S	ISTODAX	4	PAR; MO; S
IDHIFA ORAL TABLET 100 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)			

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

Drug Name	Drug Tier	Requirements /Limits
IXEMPRA	4	PAR; MO; S
JAKAFI ORAL TABLET 10 MG	4	PAR; MO; S; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	4	PAR; MO; S; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	4	PAR; MO; S; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	4	PAR; MO; S; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	4	PAR; MO; S; QLL (300 per 30 days)
JEVTANA	4	PAR; MO; S
KADCYLA	4	PAR; MO; S
KEPIVANCE	3	MO
KEYTRUDA INTRAVENOUS SOLUTION	4	PAR; MO; S
KHAPZORY	4	PAR; S
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/ DAY(200 MG X 1)-2.5 MG	4	PAR; MO; S; QLL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/ DAY(200 MG X 2)-2.5 MG	4	PAR; MO; S; QLL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/ DAY(200 MG X 3)-2.5 MG	4	PAR; MO; S; QLL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PAR; MO; S; QLL (21 per 21 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PAR; MO; S; QLL (42 per 21 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PAR; MO; S; QLL (63 per 21 days)
KYPROLIS	4	PAR; MO; S
LARTRUVO	4	PAR; MO; LA; S

Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PAR; MO; S; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PAR; MO; S; QLL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PAR; MO; S; QLL (60 per 30 days)
<i>letrozole</i>	1	MO; QLL (30 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 500 mg</i>	1	B/D PAR; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	1	B/D PAR
<i>leucovorin calcium injection solution 10 mg/ml</i>	3	
<i>leucovorin calcium oral</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	PAR; MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	4	PAR; S
<i>levoleucovorin calcium intravenous solution</i>	4	PAR; S
LIBTAYO	4	PAR; MO; S
LONSURF	4	PAR; MO; S
LORBRENA ORAL TABLET 100 MG	4	PAR; MO; S; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PAR; MO; S; QLL (90 per 30 days)
LUMOXITI	4	PAR; MO; S
LUPRON DEPOT	4	PAR; MO; S; QLL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	4	PAR; MO; S; QLL (1 per 84 days)

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

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT (4 MONTH)	4	PAR; MO; S; QLL (1 per 112 days)
LUPRON DEPOT (6 MONTH)	4	PAR; MO; S; QLL (1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PAR; MO; S; QLL (1 per 28 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PAR; MO; S; QLL (1 per 84 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	3	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	4	PAR; MO; S; QLL (1 per 28 days)
LYNPARZA ORAL TABLET	4	PAR; MO; S; QLL (120 per 30 days)
LYSODREN	2	MO
MARQIBO	4	MO; S
MATULANE	4	MO; S
megestrol oral suspension 400 mg/ 10 ml (10 ml), 800 mg/20 ml (20 ml)	1	PAR
megestrol oral suspension 400 mg/ 10 ml (40 mg/ml)	1	PAR; MO
megestrol oral suspension 625 mg/ 5 ml	3	PAR; MO
megestrol oral tablet	1	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	4	PAR; MO; S; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PAR; MO; S; QLL (30 per 30 days)
MEKTOVI	4	PAR; MO; LA; S; QLL (180 per 30 days)
melphalan	1	B/D PAR; MO
melphalan hcl	1	B/D PAR
mercaptopurine	1	MO

Drug Name	Drug Tier	Requirements /Limits
mesna	1	PAR; MO
MESNEX	3	PAR; MO
methotrexate sodium	1	MO
methotrexate sodium (pf) injection recon soln	1	
methotrexate sodium (pf) injection solution	1	MO
mitomycin intravenous recon soln 20 mg, 5 mg	1	B/D PAR; MO
mitomycin intravenous recon soln 40 mg	4	B/D PAR; MO; S
mitoxantrone	1	B/D PAR; MO
MUTAMYCIN	4	B/D PAR; S
mycophenolate mofetil hcl	1	B/D PAR
mycophenolate mofetil oral capsule	1	B/D PAR; MO
mycophenolate mofetil oral suspension for reconstitution	4	B/D PAR; MO; S
mycophenolate mofetil oral tablet	1	B/D PAR; MO
mycophenolate sodium	1	B/D PAR; MO
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG	3	B/D PAR; MO
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 360 MG	4	B/D PAR; MO; S
MYLOTARG	4	PAR; MO; LA; S
NAVELBINE	4	B/D PAR; MO; S
NEORAL ORAL CAPSULE	3	B/D PAR; MO
NEORAL ORAL SOLUTION	4	B/D PAR; MO; S
NERLYNX	4	PAR; MO; LA; S; QLL (180 per 30 days)
NEXAVAR	4	PAR; MO; LA; S; QLL (120 per 30 days)
NILANDRON	4	MO; S; QLL (30 per 30 days)
nilutamide	4	MO; S; QLL (30 per 30 days)
NINLARO	4	PAR; MO; S; QLL (3 per 28 days)
NIPENT	4	B/D PAR; MO; S
NULOJIX	4	PAR; MO; S

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection solution</i> 1,000 mcg/ml	3	PAR; MO	PURIXAN	4	PAR; S
<i>octreotide acetate injection solution</i> 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PAR; MO	RAPAMUNE ORAL SOLUTION	4	B/D PAR; MO; S
<i>octreotide acetate injection syringe</i> 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	1	PAR; MO	RAPAMUNE ORAL TABLET 0.5 MG	3	B/D PAR; MO
<i>octreotide acetate injection syringe</i> 500 mcg/ml (1 ml)	4	PAR; MO; S	RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	B/D PAR; MO; S
ODOMZO	4	PAR; MO; LA; S; QLL (30 per 30 days)	REVLIMID ORAL CAPSULE 10 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
ONCASPAR	4	PAR; MO; S	REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
ONIVYDE	4	B/D PAR; MO; S	REVLIMID ORAL CAPSULE 5 MG	4	PAR; MO; LA; S; QLL (150 per 30 days)
OPDIVO	4	PAR; MO; S	RITUXAN	4	B/D PAR; MO; S
<i>oxaliplatin intravenous recon soln</i> 100 mg	4	B/D PAR; MO; S	RITUXAN HYCELA	4	B/D PAR; MO; S
<i>oxaliplatin intravenous recon soln</i> 50 mg	4	B/D PAR; S	ROMIDEPSIN	4	PAR; S
<i>oxaliplatin intravenous solution</i> 100 mg/20 ml	1	B/D PAR; MO	RUBRACA ORAL TABLET 200 MG	4	PAR; MO; LA; S; QLL (180 per 30 days)
<i>oxaliplatin intravenous solution</i> 50 mg/10 ml (5 mg/ml)	3	B/D PAR; MO	RUBRACA ORAL TABLET 250 MG, 300 MG	4	PAR; MO; LA; S; QLL (120 per 30 days)
<i>paclitaxel</i>	1	B/D PAR; MO	RYDAPT	4	PAR; MO; S; QLL (240 per 30 days)
PERJETA	4	PAR; MO; S	SANDIMMUNE INTRAVENOUS	3	B/D PAR; MO
POMALYST ORAL CAPSULE 1 MG	4	PAR; MO; LA; S; QLL (120 per 30 days)	SANDIMMUNE ORAL CAPSULE 100 MG	4	B/D PAR; MO; S
POMALYST ORAL CAPSULE 2 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)	SANDIMMUNE ORAL CAPSULE 25 MG	3	B/D PAR; MO
POMALYST ORAL CAPSULE 3 MG, 4 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)	SANDIMMUNE ORAL SOLUTION	3	B/D PAR; MO
PORTRAZZA	4	MO; S	SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PAR; MO
POTELIGEO	4	B/D PAR; MO; S	SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	PAR; MO; S
PROGRAF INTRAVENOUS	4	B/D PAR; MO; S	SIGNIFOR	4	PAR; MO; S
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B/D PAR; MO			
PROGRAF ORAL CAPSULE 5 MG	4	B/D PAR; MO; S			
PROGRAF ORAL GRANULES IN PACKET	3	B/D PAR; MO			

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

Drug Name	Drug Tier	Requirements /Limits
SIGNIFOR LAR	4	PAR; MO; S; QLL (1 per 28 days)
SIMULECT INTRAVENOUS RECON SOLN 10 MG	4	B/D PAR; S
SIMULECT INTRAVENOUS RECON SOLN 20 MG	4	B/D PAR; MO; S
<i>sirolimus oral solution</i>	4	B/D PAR; MO; S
<i>sirolimus oral tablet</i>	1	B/D PAR; MO
SOLTAMOX	4	MO; S
SOMATULINE DEPOT	4	PAR; MO; S
SPRYCEL	4	PAR; MO; S; QLL (30 per 30 days)
STIVARGA	4	PAR; MO; S; QLL (120 per 30 days)
SUPPRELIN LA	3	PAR; MO
SUTENT ORAL CAPSULE 12.5 MG	4	PAR; MO; S; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	4	PAR; MO; S; QLL (30 per 30 days)
SYLVANT	4	PAR; MO; S
SYNRIBO	4	PAR; MO; S
TABLOID	3	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	1	B/D PAR; MO
<i>tacrolimus oral capsule 5 mg</i>	4	B/D PAR; MO; S
TAFINLAR	4	PAR; MO; S; QLL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PAR; MO; S; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TALZENNA ORAL CAPSULE 1 MG	4	PAR; MO; S; QLL (60 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PAR; MO; S; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PAR; MO; S; QLL (90 per 30 days)
TARGRETIN ORAL	4	PAR; MO; S; QLL (300 per 30 days)
TARGRETIN TOPICAL	4	PAR; MO; S; QLL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PAR; MO; S; QLL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PAR; MO; S; QLL (56 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	4	B/D PAR; MO; S
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	4	PAR; MO; LA; S; QLL (20 per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	4	PAR; MO; S; QLL (28 per 30 days)
TEMODAR INTRAVENOUS	3	B/D PAR; MO
<i>temsirolimus</i>	4	PAR; MO; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PAR; MO; S; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PAR; MO; S; QLL (60 per 30 days)
<i>thiotepa</i>	1	B/D PAR; MO
TIBSOVO	4	PAR; MO; S; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>toposar</i>	1	B/D PAR; MO	VENCLEXTA ORAL TABLET 100 MG	4	PAR; MO; LA; S; QLL (180 per 30 days)
<i>topotecan intravenous recon soln</i>	4	B/D PAR; S	VENCLEXTA ORAL TABLET 50 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
<i>topotecan intravenous solution</i>	4	B/D PAR; MO; S	VENCLEXTA STARTING PACK	4	PAR; MO; LA; S; QLL (84 per 365 days)
<i>toremifene</i>	4	MO; S; QLL (30 per 30 days)	VERZENIO	4	PAR; MO; LA; S; QLL (60 per 30 days)
TORISEL	4	PAR; MO; S	VIDAZA	4	PAR; MO; S
TOTECT INTRAVENOUS RECON SOLN 500 MG	4	B/D PAR; S	<i>vinblastine intravenous solution 1mg/ml</i>	1	B/D PAR; MO
TREANDA INTRAVENOUS RECON SOLN	4	B/D PAR; MO; S	<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	B/D PAR; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PAR; MO; S; QLL (1 per 84 days)	<i>vincristine</i>	1	B/D PAR; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PAR; MO; S; QLL (1 per 168 days)	<i>vinorelbine</i>	1	B/D PAR; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PAR; MO; S; QLL (1 per 28 days)	VISTOGARD	4	MO; S
<i>tretinoin (chemotherapy)</i>	4	MO; S	VITRAKVI ORAL CAPSULE 100 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
TREXALL	3	MO	VITRAKVI ORAL CAPSULE 25 MG	4	PAR; MO; LA; S; QLL (180 per 30 days)
TRIPTODUR	4	PAR; MO; S; QLL (1 per 180 days)	VITRAKVI ORAL SOLUTION	4	PAR; MO; LA; S; QLL (300 per 30 days)
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	4	B/D PAR; MO; S	VIZIMPRO ORAL TABLET 15 MG	4	PAR; MO; S; QLL (90 per 30 days)
TYKERB	4	PAR; MO; LA; S; QLL (180 per 30 days)	VIZIMPRO ORAL TABLET 30 MG, 45 MG	4	PAR; MO; S; QLL (30 per 30 days)
UNITUXIN	4	B/D PAR; MO; S	VOTRIENT	4	PAR; MO; S; QLL (120 per 30 days)
<i>valrubicin</i>	4	B/D PAR; S	VYXEOS	4	B/D PAR; MO; S
VALSTAR	4	B/D PAR; MO; S	XALKORI	4	PAR; MO; S; QLL (60 per 30 days)
VANTAS	3	B/D PAR; MO	XATMEP	3	MO
VECTIBIX	4	PAR; MO; S			
VELCADE	4	PAR; MO; S			
VENCLEXTA ORAL TABLET 10 MG	3	PAR; MO; LA; QLL (60 per 30 days)			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
XERMELO	4	PAR; MO; LA; S; QLL (90 per 30 days)	ZYKADIA ORAL CAPSULE	4	PAR; MO; S; QLL (90 per 30 days)
XGEVA	4	PAR; MO; S; QLL (1.7 per 28 days)	ZYTIGA ORAL TABLET 250 MG	4	PAR; MO; S; QLL (120 per 30 days)
XOSPATA	4	PAR; MO; LA; S; QLL (90 per 30 days)	ZYTIGA ORAL TABLET 500 MG	4	PAR; MO; S; QLL (60 per 30 days)
XTANDI	4	PAR; MO; S; QLL (120 per 30 days)	Autonomic / Cns Drugs, Neurology / Psych		
YERVOY	4	PAR; MO; S	ABILIFY MAINTENA	4	MO; S; QLL (1 per 28 days)
YONDELIS	4	B/D PAR; MO; S	ABILIFY MYCITE	4	MO; S; QLL (30 per 30 days)
YONSA	4	PAR; MO; S; QLL (120 per 30 days)	ABILIFY ORAL TABLET 10 MG	4	MO; S; QLL (90 per 30 days)
ZALTRAP	4	PAR; MO; S	ABILIFY ORAL TABLET 15 MG	4	MO; S; QLL (60 per 30 days)
ZANOSAR	4	B/D PAR; MO; S	ABILIFY ORAL TABLET 2 MG	4	MO; S; QLL (450 per 30 days)
ZEJULA	4	PAR; MO; LA; S; QLL (90 per 30 days)	ABILIFY ORAL TABLET 20 MG, 30 MG	4	MO; S; QLL (30 per 30 days)
ZELBORAF	4	PAR; MO; S; QLL (240 per 30 days)	ABILIFY ORAL TABLET 5 MG	4	MO; S; QLL (180 per 30 days)
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	3	B/D PAR; MO	ABSTRAL	4	PAR; MO; S; QLL (120 per 30 days)
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 500 MG	4	B/D PAR; MO; S	<i>acetaminophen-cafff-dihydrocod oral capsule</i>	3	MO; QLL (180 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	3	B/D PAR; MO; QLL (1 per 84 days)	<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	1	QLL (900 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	3	B/D PAR; MO; QLL (1 per 28 days)	<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QLL (900 per 30 days)
ZOLINZA	4	PAR; MO; S; QLL (120 per 30 days)	<i>acetaminophen-codeine oral tablet</i>	1	MO; QLL (180 per 30 days)
ZORTRESS	4	B/D PAR; MO; S	ACTIQ	4	PAR; MO; S; QLL (120 per 30 days)
ZYDELIG	4	PAR; MO; S; QLL (60 per 30 days)	ADASUVE	3	QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PAR; MO; QLL (90 per 30 days)	AMRIX	4	PAR; MO; S
ADDERALL ORAL TABLET 30 MG	3	PAR; MO; QLL (60 per 30 days)	AMYTAL	2	PAR
ADDERALL XR	3	PAR; MO; QLL (30 per 30 days)	ANAFRANIL	4	PAR; MO; S
ADZENYS ER	3	MO	APLENZIN ORAL TABLET 174 MG	4	MO; S; QLL (90 per 30 days)
ADZENYS XR-ODT	3	MO	APLENZIN ORAL TABLET 348 MG	4	MO; S; QLL (45 per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	3	PAR; MO; QLL (1 per 30 days)	APLENZIN ORAL TABLET 522 MG	4	MO; S; QLL (30 per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PAR; MO; QLL (2 per 30 days)	APOKYN	4	PAR; MO; LA; S
AJOVY	3	PAR; MO; QLL (1.5 per 30 days)	APTENSIO XR	3	PAR; MO; QLL (30 per 30 days)
ALLZITAL	4	PAR; MO; S; QLL (180 per 30 days)	APTOM	4	ST; MO; S
<i>almotriptan malate</i>	1	MO; QLL (9 per 30 days)	ARICEPT ORAL TABLET 10 MG, 5 MG	3	MO; QLL (30 per 30 days)
<i>alprazolam</i>	1	MO; QLL (120 per 30 days)	ARICEPT ORAL TABLET 23 MG	3	ST; MO; QLL (30 per 30 days)
<i>alprazolam intensol</i>	1	MO; QLL (300 per 30 days)	<i>aripiprazole oral solution</i>	1	MO; QLL (900 per 30 days)
AMBIEN	3	PAR; MO; QLL (30 per 30 days)	<i>aripiprazole oral tablet 10 mg</i>	1	MO; QLL (90 per 30 days)
AMBIEN CR	3	PAR; MO; QLL (30 per 30 days)	<i>aripiprazole oral tablet 15 mg</i>	1	MO; QLL (60 per 30 days)
AMERGE ORAL TABLET 1 MG	3	MO; QLL (9 per 30 days)	<i>aripiprazole oral tablet 2 mg</i>	1	MO; QLL (450 per 30 days)
AMERGE ORAL TABLET 2.5 MG	4	MO; S; QLL (9 per 30 days)	<i>aripiprazole oral tablet 20 mg, 30 mg</i>	4	MO; S; QLL (30 per 30 days)
<i>amitriptyline</i>	1	PAR; MO	<i>aripiprazole oral tablet 5 mg</i>	1	MO; QLL (180 per 30 days)
<i>amitriptyline-chlordiazepoxide</i>	1	PAR; MO	<i>aripiprazole oral tablet, disintegrating 10 mg</i>	4	MO; S; QLL (90 per 30 days)
<i>amoxapine</i>	1	PAR; MO	<i>aripiprazole oral tablet, disintegrating 15 mg</i>	4	MO; S; QLL (60 per 30 days)
<i>amphetamine sulfate oral tablet 10 mg</i>	3	PAR; MO; QLL (180 per 30 days)	ARISTADA INITIO	4	MO; S; QLL (4.8 per 365 days)
<i>amphetamine sulfate oral tablet 5 mg</i>	3	PAR; MO; QLL (90 per 30 days)	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	4	MO; S; QLL (3.9 per 60 days)
AMPYRA	4	PAR; MO; LA; S; QLL (60 per 30 days)			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	MO; S; QLL (1.6 per 30 days)	<i>baclofen oral</i>	1	MO
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	MO; S; QLL (2.4 per 30 days)	BANZEL ORAL SUSPENSION	4	PAR; MO; S; QLL (2400 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	MO; S; QLL (3.2 per 30 days)	BANZEL ORAL TABLET 200 MG	4	PAR; MO; S; QLL (480 per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PAR; MO; QLL (30 per 30 days)	BANZEL ORAL TABLET 400 MG	4	PAR; MO; S; QLL (240 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	1	PAR; MO; QLL (60 per 30 days)	BELBUCA	3	PAR; MO; QLL (60 per 30 days)
ARTHROTEC 50	3	MO	BELSOMRA	3	MO; QLL (30 per 30 days)
ARTHROTEC 75	3	MO	<i>benztropine injection</i>	4	MO; S
ARYMO ER ORAL TABLET, ORAL ONLY,EXTND RELEASE 15 MG, 30 MG	3	PAR; MO; QLL (90 per 30 days)	<i>benztropine oral</i>	1	PAR; MO
ARYMO ER ORAL TABLET, ORAL ONLY,EXTND RELEASE 60 MG	4	PAR; MO; S; QLL (90 per 30 days)	BLOXIVERZ	3	
<i>ascomp with codeine</i>	3	PAR; MO; QLL (180 per 30 days)	BRISDELLE	3	MO
ATIVAN INJECTION	3	MO	BRIVIACT INTRAVENOUS	3	PAR
ATIVAN ORAL	4	MO; S	BRIVIACT ORAL SOLUTION	4	PAR; MO; S; QLL (600 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	PAR; MO; QLL (60 per 30 days)	BRIVIACT ORAL TABLET 10 MG	4	PAR; MO; S; QLL (600 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	PAR; MO; QLL (30 per 30 days)	BRIVIACT ORAL TABLET 100 MG, 75 MG	4	PAR; MO; S; QLL (60 per 30 days)
AUBAGIO	4	PAR; MO; S; QLL (30 per 30 days)	BRIVIACT ORAL TABLET 25 MG	4	PAR; MO; S; QLL (240 per 30 days)
AUSTEDO	4	PAR; MO; LA; S; QLL (120 per 30 days)	BRIVIACT ORAL TABLET 50 MG	4	PAR; MO; S; QLL (120 per 30 days)
AZILECT	3	MO	<i>bromocriptine</i>	1	MO
<i>baclofen intrathecal solution 10, 000 mcg/20ml (500 mcg/ml), 20, 000 mcg/20ml (1,000 mcg/ml)</i>	3	B/D PAR	BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	MO; QLL (180 per 30 days)
<i>baclofen intrathecal solution 40, 000 mcg/20ml (2,000 mcg/ml)</i>	4	B/D PAR; S	BUNAVAIL BUCCAL FILM 4.2-0.7 MG	3	MO; QLL (90 per 30 days)
			BUNAVAIL BUCCAL FILM 6.3-1 MG	4	MO; S; QLL (60 per 30 days)
			BUPAP ORAL TABLET 50-300 MG	3	PAR; MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BUPRENEX	4	MO; S; QLL (90 per 30 days)	<i>butalbital-acetaminop-caf-cod</i>	3	PAR; MO; QLL (180 per 30 days)
BUPRENORPHINE	3	PAR; MO; QLL (4 per 28 days)	<i>butalbital-acetaminophen oral capsule</i>	3	PAR; MO; QLL (180 per 30 days)
<i>buprenorphine hcl injection solution</i>	1	MO; QLL (90 per 30 days)	<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	3	PAR; MO; QLL (180 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	QLL (90 per 30 days)	<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PAR; MO; QLL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	MO; QLL (240 per 30 days)	<i>butalbital-acetaminophen-caff oral capsule</i>	1	PAR; MO; QLL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	MO; QLL (60 per 30 days)	<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PAR; MO; QLL (180 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QLL (60 per 30 days)	<i>butalbital-aspirin-caffeine</i>	1	PAR; MO; QLL (180 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QLL (360 per 30 days)	BUTISOL ORAL TABLET 30 MG	3	PAR; MO; QLL (42 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	3	MO; QLL (180 per 30 days)	<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QLL (240 per 30 days)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	3	MO; QLL (90 per 30 days)	<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QLL (120 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QLL (360 per 30 days)	<i>butorphanol tartrate nasal</i>	1	MO; QLL (5 per 28 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QLL (90 per 30 days)	BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	3	PAR; MO; QLL (4 per 28 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QLL (135 per 30 days)	BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	PAR; MO
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QLL (180 per 30 days)	CAFERGOT	4	MO; S
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QLL (90 per 30 days)	CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	3	MO
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QLL (30 per 30 days)	CAMBIA	3	MO; QLL (9 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QLL (30 per 30 days)	<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	1	MO; QLL (120 per 30 days)	<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	1	MO; QLL (60 per 30 days)	<i>carbamazepine oral suspension 200 mg/10 ml</i>	1	
<i>bupirone</i>	1	MO	<i>carbamazepine oral tablet</i>	1	MO
<i>butalbital compound w/codeine</i>	3	PAR; MO; QLL (180 per 30 days)	<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL	3	MO
<i>carbidopa</i>	4	MO; S
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>carisoprodol</i>	1	PAR; MO
<i>carisoprodol-asa-codeine</i>	3	PAR; MO
<i>carisoprodol-aspirin</i>	3	PAR; MO
CELEBREX	3	PAR; MO
<i>celecoxib</i>	1	PAR; MO
CELEXA ORAL TABLET 10 MG	3	MO; QLL (120 per 30 days)
CELEXA ORAL TABLET 20 MG	3	MO; QLL (60 per 30 days)
CELEXA ORAL TABLET 40 MG	3	MO; QLL (30 per 30 days)
CELONTIN ORAL CAPSULE 300 MG	3	MO
CEREBYX	3	
<i>chlordiazepoxide hcl</i>	1	MO; QLL (120 per 30 days)
<i>chlorpromazine</i>	1	MO
<i>chlorzoxazone oral tablet 250 mg</i>	3	
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	3	PAR
<i>chlorzoxazone oral tablet 500 mg</i>	3	PAR; MO
<i>citalopram oral solution</i>	1	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>clobazam oral suspension</i>	4	PAR; MO; S; QLL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>clobazam oral tablet 20 mg</i>	4	PAR; MO; S; QLL (60 per 30 days)
<i>clomipramine</i>	1	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet 0.5 mg</i>	1	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QLL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	1	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	1	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	1	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	1	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QLL (300 per 30 days)
<i>clonidine (pf) epidural solution 5, 000 mcg/10 ml</i>	3	
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<i>clorazepate dipotassium</i>	1	MO
<i>clozapine oral tablet 100 mg</i>	1	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	1	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	1	MO; QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	1	QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	1	QLL (2160 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	S; QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	S; QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	1	QLL (1080 per 30 days)
CLOZARIL ORAL TABLET 100 MG	4	S; QLL (270 per 30 days)
CLOZARIL ORAL TABLET 25 MG	3	QLL (1080 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>codeine sulfate oral tablet</i>	1	MO; QLL (180 per 30 days)
<i>codeine-butalbital-asa-caff</i>	3	PAR; QLL (180 per 30 days)
COGENTIN	3	MO
COMTAN	3	MO
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	PAR; MO; QLL (30 per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	PAR; MO; QLL (60 per 30 days)
CONZIP	3	PAR; MO; QLL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PAR; MO; S; QLL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PAR; MO; S; QLL (12 per 28 days)
COTEMPLA XR-ODT	3	PAR; MO; QLL (60 per 30 days)
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	4	PAR; MO; S
<i>cyclobenzaprine oral tablet</i>	1	PAR; MO
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QLL (180 per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QLL (120 per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 60 MG	3	MO; QLL (60 per 30 days)
D.H.E.45	4	PAR; MO; S
<i>dalfampridine</i>	4	PAR; MO; S; QLL (60 per 30 days)
DANTRIUM INTRAVENOUS	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
<i>dantrolene</i>	1	MO
DAYPRO	3	MO

Drug Name	Drug Tier	Requirements /Limits
DAYTRANA	3	MO; QLL (30 per 30 days)
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 75 MG/1.5 ML	3	PAR; QLL (120 per 30 days)
<i>demerol (pf) injection solution 100 mg/ml</i>	3	PAR; MO; QLL (120 per 30 days)
DEMEROL (PF) INJECTION SOLUTION 50 MG/ML	3	PAR; MO; QLL (120 per 30 days)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML	3	PAR; MO; QLL (120 per 30 days)
DEMEROL (PF) INJECTION SYRINGE 75 MG/ML	3	PAR; QLL (120 per 30 days)
DEMEROL INJECTION	3	PAR; MO; QLL (120 per 30 days)
DEMEROL ORAL TABLET 100 MG	4	PAR; MO; S; QLL (180 per 30 days)
DEPACON	3	MO
DEPAKENE	4	MO; S
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
<i>desipramine</i>	1	PAR; MO
DESOXYN	4	PAR; MO; S; QLL (150 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	MO; QLL (240 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	MO; QLL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	1	MO; QLL (480 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	1	MO; QLL (240 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 5 MG	4	MO; S; QLL (60 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	4	MO; S; QLL (120 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	3	MO; QLL (30 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 20 mg</i>	3	MO; QLL (60 per 30 days)
<i>dexmethylphenidate oral tablet</i>	3	MO; QLL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	3	MO; QLL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	3	MO; QLL (120 per 30 days)
<i>dextroamphetamine oral solution</i>	3	MO; QLL (1920 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	1	MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	PAR; MO; QLL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PAR; MO; QLL (60 per 30 days)
DIASTAT	3	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	4	MO; S
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	3	MO
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	MO
<i>diazepam intensol</i>	1	MO; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral concentrate</i>	1	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	MO; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	1	MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	3	MO; QLL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QLL (1000 per 30 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>dihydroergotamine injection</i>	4	PAR; MO; S
<i>dihydroergotamine nasal</i>	4	MO; S; QLL (8 per 28 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	MO
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 30 MG	2	MO
DILANTIN-125	3	MO
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML	3	QLL (180 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 2 MG/ML	3	MO; QLL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QLL (720 per 30 days)
DILAUDID ORAL TABLET 2 MG, 4 MG	3	MO; QLL (180 per 30 days)
DILAUDID ORAL TABLET 8 MG	4	MO; S; QLL (180 per 30 days)
<i>divalproex</i>	1	MO
DOLOPHINE ORAL	3	PAR; MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)	<i>eletriptan</i>	1	MO; QLL (9 per 30 days)
<i>donepezil oral tablet 23 mg</i>	1	ST; MO; QLL (30 per 30 days)	EMBEDA ORAL CAPSULE, ORAL ONLY,EXT.REL PELL 100-4 MG, 60-2.4 MG	4	PAR; MO; S; QLL (60 per 30 days)
<i>donepezil oral tablet,disintegrating</i>	1	MO; QLL (30 per 30 days)	EMBEDA ORAL CAPSULE, ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG, 80-3.2 MG	3	PAR; MO; QLL (60 per 30 days)
DOPRAM	3		EMGALITY PEN	3	PAR; MO; QLL (1 per 30 days)
<i>doxepin oral</i>	1	PAR; MO	EMGALITY SYRINGE	3	PAR; MO; QLL (1 per 30 days)
DUEXIS	4	PAR; MO; S; QLL (90 per 30 days)	EMSAM	4	PAR; MO; S; QLL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(drlec) 20 mg</i>	1	MO; QLL (180 per 30 days)	<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule,delayed release(drlec) 30 mg</i>	1	MO; QLL (120 per 30 days)	<i>entacapone</i>	1	MO
<i>duloxetine oral capsule,delayed release(drlec) 40 mg</i>	1	MO; QLL (90 per 30 days)	EPIDIOLEX	4	PAR; MO; LA; S
<i>duloxetine oral capsule,delayed release(drlec) 60 mg</i>	1	MO; QLL (60 per 30 days)	<i>epitol</i>	1	MO
DUOPA	4	PAR; MO; S	EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	MO; QLL (480 per 30 days)
DURAGESIC	4	PAR; MO; S; QLL (15 per 30 days)	EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	MO; QLL (240 per 30 days)
TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 50 MCG/HR, 75 MCG/HR			EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	MO; QLL (180 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR	3	PAR; MO; QLL (15 per 30 days)	<i>ergoloid</i>	1	PAR; MO
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QLL (180 per 30 days)	ERGOMAR	3	MO
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QLL (180 per 30 days)	<i>ergotamine-caffeine</i>	3	MO
DYANAVAL XR	3	MO	<i>escitalopram oxalate oral solution</i>	1	MO; QLL (600 per 30 days)
EDLUAR	3	PAR; MO; QLL (30 per 30 days)	<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QLL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	MO; QLL (60 per 30 days)	<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QLL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG	3	MO; QLL (180 per 30 days)	<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QLL (120 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; QLL (90 per 30 days)	ESGIC	3	PAR; MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>estazolam</i>	1	MO; QLL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QLL (30 per 30 days)
<i>ethosuximide</i>	1	MO
<i>etodolac</i>	1	MO
EVEKEO ORAL TABLET 10 MG	3	PAR; MO; QLL (180 per 30 days)
EVEKEO ORAL TABLET 5 MG	3	PAR; MO; QLL (90 per 30 days)
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	4	MO; S; QLL (0.8 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	4	PAR; MO; S; QLL (30 per 30 days)
EXELON TRANSDERMAL	3	MO; QLL (30 per 30 days)
EXONDYS 51	4	PAR; MO; S
FANAPT ORAL TABLET 1 MG	3	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	4	ST; MO; S; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	3	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	ST; MO; S; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	4	ST; MO; S; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	4	ST; MO; S; QLL (90 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	3	ST; MO; QLL (16 per 365 days)
FAZACLO ORAL TABLET, DISINTEGRATING 100 MG	3	QLL (270 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 12.5 MG	3	QLL (2160 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG	3	QLL (180 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 200 MG	4	S; QLL (120 per 30 days)
FAZACLO ORAL TABLET, DISINTEGRATING 25 MG	3	QLL (1080 per 30 days)
<i>felbamate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
FELBATOL ORAL SUSPENSION	3	MO
FELBATOL ORAL TABLET	4	MO; S
FELDENE	3	MO
FENOPROFEN ORAL CAPSULE 400 MG	3	MO
<i>fenopropfen oral tablet</i>	1	MO
<i>fentanyl citrate (pf) injection</i>	4	MO; S
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	3	
<i>fentanyl citrate lozenge</i>	4	PAR; MO; S; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PAR; MO; QLL (15 per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	3	PAR; MO; QLL (15 per 30 days)
FENTORA	4	PAR; MO; S; QLL (120 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	3	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG	3	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG	3	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 40 MG	3	PAR; MO; QLL (90 per 30 days)
FEXMID	3	PAR
FIORICET ORAL CAPSULE 50-300-40MG	3	PAR; MO; QLL (180 per 30 days)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PAR; MO; QLL (180 per 30 days)
FIORINAL	3	PAR; MO; QLL (180 per 30 days)
FIORINAL-CODEINE #3	4	PAR; MO; S; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
FIRDAPSE	4	PAR; MO; LA; S; QLL (240 per 30 days)
FLECTOR	3	PAR; MO; QLL (60 per 30 days)
<i>flumazenil</i>	3	MO
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QLL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QLL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QLL (120 per 30 days)
FLUOXETINE ORAL TABLET 60 MG	3	MO; QLL (30 per 30 days)
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>flurazepam</i>	1	MO; QLL (30 per 30 days)
<i>flurbiprofen</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr 100 mg</i>	3	MO; QLL (90 per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr 150 mg</i>	3	MO; QLL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QLL (180 per 30 days)
FOCALIN	3	MO; QLL (60 per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 5 MG	3	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 20 MG	3	MO; QLL (60 per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 40 MG	4	MO; S; QLL (30 per 30 days)
FORFIVO XL	3	MO; QLL (30 per 30 days)
<i>fosphenytoin</i>	1	MO
FROVA	4	MO; S; QLL (12 per 30 days)
<i>frovatriptan</i>	1	MO; QLL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	3	MO; QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	3	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	4	MO; S; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	3	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	4	MO; S; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	1	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/ 5 ml</i>	1	MO; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/ 5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG	3	MO
GABITRIL ORAL TABLET 16 MG	4	MO; S

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

Effective 1/1/2020

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GABLOFEN INTRATHECAL SOLUTION 40,000 MCG/20ML (2,000 MCG/ML)	4	B/D PAR; MO; S	<i>guanfacine oral tablet extended release 24 hr</i>	1	PAR; MO; QLL (30 per 30 days)
GABLOFEN INTRATHECAL SYRINGE 40,000 MCG/20ML (2,000 MCG/ML)	4	B/D PAR; MO; S	<i>guanidine</i>	1	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO; QLL (30 per 30 days)	HALCION ORAL TABLET 0.25 MG	3	MO; QLL (30 per 30 days)
<i>galantamine oral solution</i>	1	MO; QLL (180 per 30 days)	HALDOL	3	MO
<i>galantamine oral tablet</i>	1	MO; QLL (60 per 30 days)	HALDOL DECANOATE	3	MO
GEODON INTRAMUSCULAR	2	MO; QLL (6 per 28 days)	<i>haloperidol decanoate</i>	1	MO
GEODON ORAL CAPSULE 20 MG	3	MO; QLL (240 per 30 days)	<i>haloperidol lactate injection</i>	1	MO
GEODON ORAL CAPSULE 40 MG	3	MO; QLL (120 per 30 days)	<i>haloperidol lactate intramuscular</i>	1	
GEODON ORAL CAPSULE 60 MG	3	MO; QLL (60 per 30 days)	<i>haloperidol lactate oral conc</i>	1	MO
GEODON ORAL CAPSULE 80 MG	4	MO; S; QLL (60 per 30 days)	<i>haloperidol oral tablet</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	4	PAR; MO; S; QLL (30 per 30 days)	HETLIOZ	4	PAR; MO; S; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PAR; MO; S; QLL (30 per 30 days)	HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PAR; MO; QLL (120 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PAR; MO; S; QLL (12 per 28 days)	HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PAR; MO; QLL (60 per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PAR; MO; S; QLL (30 per 30 days)	<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	3	QLL (2700 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PAR; MO; S; QLL (12 per 28 days)	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QLL (2700 per 30 days)
GOCOVRI	4	MO; S	<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO; QLL (180 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QLL (30 per 30 days)	<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QLL (50 per 10 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	MO; QLL (90 per 30 days)	<i>hydromorphone (pf) 10mg/ml injection solution</i>	1	MO
			HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML	1	QLL (180 per 30 days)
			<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	QLL (180 per 30 days)
			<i>hydromorphone (pf) injection solution 4 mg/ml</i>	1	QLL (60 per 30 days)
			<i>hydromorphone injection solution 1 mg/ml</i>	1	QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO; QLL (180 per 30 days)
<i>hydromorphone injection solution 4 mg/ml</i>	1	MO; QLL (60 per 30 days)
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	2	QLL (180 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	1	MO; QLL (180 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QLL (180 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO; QLL (60 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; QLL (720 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QLL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	3	PAR; MO; QLL (30 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	4	PAR; MO; S; QLL (30 per 30 days)
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 80 MG	4	PAR; MO; S; QLL (30 per 30 days)
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PAR; MO; QLL (30 per 30 days)
<i>ibu oral tablet 400 mg</i>	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO
IBUDONE	3	MO; QLL (50 per 10 days)
IBUPROFEN LYSINE (PF)	3	
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-oxycodone</i>	1	MO; QLL (28 per 7 days)
<i>imipramine hcl</i>	1	PAR; MO
<i>imipramine pamoate</i>	3	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
IMITREX NASAL	3	MO
IMITREX ORAL	3	MO; QLL (9 per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 6 MG/0.5 ML	4	MO; S
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML	3	MO
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	4	MO; S
IMITREX SUBCUTANEOUS	3	MO
INDOCIN ORAL	3	PAR; MO
INDOCIN RECTAL	3	MO
<i>indomethacin oral</i>	1	PAR; MO
<i>indomethacin sodium intravenous solution</i>	1	PAR
INFUMORPH P/F	3	B/D PAR; MO; QLL (120 per 30 days)
INGREZZA ORAL CAPSULE 40 MG	4	PAR; MO; LA; S; QLL (60 per 30 days)
INGREZZA ORAL CAPSULE 80 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
INTERMEZZO	3	PAR; MO; QLL (30 per 30 days)
INTUNIV ER	3	PAR; MO; QLL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	3	MO; QLL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	4	MO; S; QLL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; S; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	4	MO; S; QLL (30 per 30 days)	KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	4	MO; S; QLL (180 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; S; QLL (0.75 per 28 days)	KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	4	MO; S; QLL (120 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; S; QLL (1 per 28 days)	<i>ketoprofen oral capsule 25 mg, 75 mg</i>	1	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; S; QLL (1.5 per 28 days)	<i>ketoprofen oral capsule 50 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QLL (0.25 per 28 days)	<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; S; QLL (0.5 per 28 days)	<i>ketorolac injection cartridge 30 mg/ml</i>	1	PAR; MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	4	MO; S; QLL (0.875 per 90 days)	<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	PAR; MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	MO; S; QLL (1.315 per 90 days)	<i>ketorolac injection syringe 15 mg/ml</i>	1	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; S; QLL (1.75 per 90 days)	<i>ketorolac injection syringe 30 mg/ml</i>	1	PAR; MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	4	MO; S; QLL (2.625 per 90 days)	<i>ketorolac intramuscular cartridge</i>	3	PAR; MO
KADIAN ORAL CAPSULE, EXTEND.RELEASE PELLETS 10 MG, 20 MG, 30 MG	3	PAR; MO; QLL (60 per 30 days)	<i>ketorolac intramuscular solution</i>	1	PAR; MO
KADIAN ORAL CAPSULE, EXTEND.RELEASE PELLETS 100 MG, 200 MG, 40 MG, 50 MG, 60 MG, 80 MG	4	PAR; MO; S; QLL (60 per 30 days)	<i>ketorolac intramuscular syringe</i>	1	PAR
KAPVAY	3	MO	<i>ketorolac oral</i>	1	PAR; MO
KEPPRA INTRAVENOUS	3	MO	KEVEYIS	4	PAR; MO; S; QLL (120 per 30 days)
KEPPRA ORAL SOLUTION	4	MO; S	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QLL (120 per 30 days)
KEPPRA ORAL TABLET 1,000 MG, 750 MG	4	MO; S	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; MO; QLL (240 per 30 days)
KEPPRA ORAL TABLET 250 MG, 500 MG	3	MO	KLONOPIN ORAL TABLET 0.5 MG	3	MO; QLL (1200 per 30 days)
			KLONOPIN ORAL TABLET 1 MG	3	MO; QLL (600 per 30 days)
			KLONOPIN ORAL TABLET 2 MG	3	MO; QLL (300 per 30 days)
			LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	4	MO; S
			LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG, 25 MG, 50 MG	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL ODT STARTER (BLUE)	3	MO
LAMICTAL ODT STARTER (GREEN)	3	MO
LAMICTAL ODT STARTER (ORANGE)	3	MO
LAMICTAL ORAL TABLET	4	MO; S
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	4	MO; S
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 250 MG, 300 MG	4	MO; S
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	4	MO; S
LAMICTAL XR STARTER (ORANGE)	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	3	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7)</i>	3	MO
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	4	MO; S

Drug Name	Drug Tier	Requirements /Limits
LATUDA ORAL TABLET 120 MG, 60 MG	4	PAR; MO; S; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	4	PAR; MO; S; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	4	PAR; MO; S; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	4	PAR; MO; S; QLL (60 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	4	PAR; MO; S; QLL (30 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY	4	PAR; S; QLL (30 per 30 days)
LEMTRADA	4	PAR; MO; S; QLL (6 per 365 days)
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	4	MO; S
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	MO; QLL (120 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	4	MO; S; QLL (180 per 30 days)
LEXAPRO ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LEXAPRO ORAL TABLET 5 MG	3	MO; QLL (120 per 30 days)	LYRICA ORAL CAPSULE 150 MG	3	PAR; MO; QLL (120 per 30 days)
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	4	B/D PAR; MO; S	LYRICA ORAL CAPSULE 200 MG	3	PAR; MO; QLL (90 per 30 days)
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PAR	LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PAR; MO; QLL (60 per 30 days)
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PAR; MO	LYRICA ORAL CAPSULE 25 MG	3	PAR; MO; QLL (720 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO	LYRICA ORAL CAPSULE 50 MG	3	PAR; MO; QLL (360 per 30 days)
<i>lithium carbonate oral capsule 600 mg</i>	1	MO	LYRICA ORAL CAPSULE 75 MG	3	PAR; MO; QLL (240 per 30 days)
<i>lithium carbonate oral tablet</i>	1	MO	LYRICA ORAL SOLUTION	3	PAR; MO; QLL (900 per 30 days)
<i>lithium carbonate oral tablet extended release</i>	1	MO	<i>maprotiline oral tablet 25 mg</i>	1	MO; QLL (270 per 30 days)
LITHIUM CITRATE ORAL SOLUTION 8 MEQ/5 ML	2	MO	<i>maprotiline oral tablet 50 mg</i>	1	MO; QLL (135 per 30 days)
LITHOBID	3	MO	<i>maprotiline oral tablet 75 mg</i>	1	MO
<i>Iodine oral tablet</i>	4	S	MARPLAN	3	MO
LODOSYN	4	ST; MO; S	MAXALT ORAL TABLET 10 MG	3	MO; QLL (12 per 30 days)
<i>lorazepam injection solution</i>	1	MO	MAXALT-MLT	3	MO; QLL (12 per 30 days)
<i>lorazepam injection syringe</i>	1		<i>meclofenamate</i>	1	MO
<i>lorazepam intensol</i>	1	MO	<i>mefenamic acid</i>	1	MO
<i>lorazepam oral</i>	1	MO	<i>meloxicam oral tablet</i>	1	MO
<i>lorcet (hydrocodone)</i>	1	MO; QLL (180 per 30 days)	<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PAR; MO; QLL (30 per 30 days)
<i>lorcet hd</i>	1	MO; QLL (180 per 30 days)	<i>memantine oral solution</i>	1	PAR; MO; QLL (300 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO; QLL (180 per 30 days)	<i>memantine oral tablet 10 mg</i>	1	PAR; MO; QLL (60 per 30 days)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	MO; QLL (2025 per 30 days)	<i>memantine oral tablet 5 mg</i>	1	PAR; MO; QLL (90 per 30 days)
LORZONE	3	PAR; MO	MEMANTINE ORAL TABLETS,DOSE PACK	3	PAR; MO; QLL (60 per 30 days)
<i>loxapine succinate</i>	1	MO	<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	3	PAR; MO; QLL (120 per 30 days)
LUCEMYRA	4	MO; S; QLL (224 per 14 days)	<i>meperidine (pf) injection solution 25 mg/ml</i>	3	PAR; QLL (120 per 30 days)
LUNESTA	3	ST; MO; QLL (30 per 30 days)	<i>meperidine oral solution</i>	3	PAR; MO; QLL (900 per 30 days)
LYRICA CR	3	PAR; MO; QLL (30 per 30 days)			
LYRICA ORAL CAPSULE 100 MG	3	PAR; MO; QLL (180 per 30 days)			

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

Drug Name	Drug Tier	Requirements /Limits
<i>meperidine oral tablet</i>	3	PAR; MO; QLL (180 per 30 days)
<i>meprobamate</i>	3	PAR; MO
MESTINON ORAL	4	MO; S
MESTINON TIMESPAN	4	MO; S
<i>metadate er</i>	3	PAR; MO; QLL (90 per 30 days)
<i>metaxall</i>	4	PAR; MO; S
<i>metaxalone</i>	3	PAR; MO
<i>methadone injection solution</i>	1	QLL (30 per 30 days)
<i>methadone intensol</i>	1	MO; QLL (180 per 30 days)
<i>methadone oral concentrate</i>	1	MO; QLL (180 per 30 days)
<i>methadone oral solution</i>	1	MO; QLL (900 per 30 days)
<i>methadone oral tablet</i>	1	MO; QLL (180 per 30 days)
<i>methadose oral concentrate</i>	1	MO; QLL (180 per 30 days)
<i>methamphetamine</i>	4	PAR; MO; S; QLL (150 per 30 days)
<i>methocarbamol injection</i>	3	PAR
<i>methocarbamol oral</i>	1	PAR; MO
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	PAR; MO; QLL (900 per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	PAR; MO; QLL (1800 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	PAR; MO; QLL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	3	PAR; MO; QLL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	3	PAR; MO; QLL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	3	PAR; MO; QLL (1800 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral tablet</i>	1	MO; QLL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	3	PAR; MO; QLL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	3	PAR; MO; QLL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	3	PAR; MO; QLL (60 per 30 days)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	PAR; MO; QLL (30 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	3	MO
<i>midazolam (pf) injection cartridge</i>	1	
<i>midazolam (pf) injection solution 1 mg/ml</i>	1	
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	MO
<i>midazolam (pf) injection syringe</i>	1	
<i>midazolam injection</i>	1	
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	MO
<i>migergot</i>	4	MO; S
MIGRANAL	4	MO; S; QLL (8 per 28 days)
MIRAPEX	3	MO
MIRAPEX ER	3	ST; MO
<i>mirtazapine oral tablet 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	1	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	1	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
MITIGO (PF) INJECTION SOLUTION 10 MG/ML	3	QLL (180 per 30 days)
MITIGO (PF) INJECTION SOLUTION 25 MG/ML	3	QLL (120 per 30 days)
MOBIC ORAL TABLET	3	MO
<i>modafinil oral tablet 100 mg</i>	1	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>molindone</i>	1	
MORPHABOND ER ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 100 MG, 60 MG	4	PAR; MO; S; QLL (60 per 30 days)
MORPHABOND ER ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG	3	PAR; MO; QLL (60 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	1	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	1	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QLL (180 per 30 days)
<i>morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	QLL (180 per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML	3	QLL (180 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	1	QLL (180 per 30 days)
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	MO; QLL (180 per 30 days)
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	1	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	QLL (180 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	3	PAR; MO; QLL (30 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 100 mg, 40 mg</i>	4	PAR; MO; S; QLL (60 per 30 days)
<i>morphine oral solution</i>	1	MO; QLL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1	MO; QLL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	MO; QLL (90 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG	4	PAR; MO; S; QLL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PAR; MO; QLL (90 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	4	PAR; MO; S; QLL (90 per 30 days)
MYDAYIS	3	PAR; MO; QLL (30 per 30 days)
MYSOLINE	4	MO; S
<i>nabumetone</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QLL (60 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QLL (90 per 30 days)
NALFON ORAL CAPSULE 400 MG	3	MO
NALFON ORAL TABLET	3	
NALOCET	4	S; QLL (360 per 30 days)
<i>naloxone</i>	1	MO
<i>naltrexone</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
NAMENDA ORAL TABLET 10 MG	3	PAR; MO; QLL (60 per 30 days)
NAMENDA ORAL TABLET 5 MG	3	PAR; MO; QLL (90 per 30 days)
NAMENDA TITRATION PAK	3	PAR; MO; QLL (60 per 30 days)
NAMENDA XR ORAL CAP, SPRINKLE,ER 24HR DOSE PACK	2	PAR; MO; QLL (56 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PAR; MO; QLL (30 per 30 days)
NAMZARIC	2	PAR; MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	4	MO; S
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg</i>	4	MO; S
<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg</i>	3	MO
<i>naratriptan</i>	1	MO; QLL (9 per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ ACTUATION	2	MO
NARDIL	3	MO
<i>nefazodone oral tablet 100 mg</i>	1	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	1	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	1	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	1	MO; QLL (72 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>nefazodone oral tablet 50 mg</i>	1	MO; QLL (360 per 30 days)
NEMBUTAL SODIUM	3	PAR
NEOPROFEN (IBUPROFEN LYSN)(PF)	3	
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	3	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	3	
NEUPRO	2	PAR; MO; QLL (30 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG	3	MO; QLL (1080 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QLL (360 per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	MO; QLL (270 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QLL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	4	MO; S; QLL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	4	MO; S; QLL (120 per 30 days)
NORCO	3	MO; QLL (180 per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	PAR; MO
<i>nortriptyline oral capsule 10 mg, 25 mg</i>	1	PAR; MO
<i>nortriptyline oral capsule 50 mg, 75 mg</i>	1	PAR; MO
NORTRIPTYLINE ORAL SOLUTION	1	PAR; MO
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 50 MG	3	PAR; MO; QLL (60 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 150 MG, 200 MG, 250 MG	4	PAR; MO; S; QLL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG	3	MO; QLL (181 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
NUCYNTA ORAL TABLET 75 MG	3	MO; QLL (242 per 30 days)
NUEDEXTA	2	PAR; MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	4	PAR; MO; S; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PAR; MO; S; QLL (30 per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	PAR; MO; QLL (30 per 30 days)
NUVIGIL ORAL TABLET 50 MG	3	PAR; MO; QLL (60 per 30 days)
OCREVUS	4	PAR; MO; S
<i>olanzapine intramuscular</i>	1	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	1	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	1	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	1	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	3	MO; QLL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i>	3	MO; QLL (90 per 30 days)
ONFI ORAL SUSPENSION	4	PAR; MO; S; QLL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ONFI ORAL TABLET 10 MG	4	PAR; MO; S; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	4	PAR; MO; S; QLL (60 per 30 days)
ONPATTRO	3	PAR; MO
ONZETRA XSAIL	3	MO; QLL (8 per 30 days)
OPANA ORAL TABLET 10 MG	4	MO; S; QLL (180 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QLL (180 per 30 days)
<i>orphenadrine citrate</i>	3	PAR; MO
OSMOLEX ER	3	MO
<i>oxaprozin</i>	1	MO
OXAYDO ORAL TABLET, ORAL ONLY 5 MG	3	MO; QLL (180 per 30 days)
OXAYDO ORAL TABLET, ORAL ONLY 7.5 MG	4	MO; S; QLL (180 per 30 days)
<i>oxazepam</i>	1	MO; QLL (120 per 30 days)
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QLL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QLL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	MO; S; QLL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QLL (180 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QLL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QLL (900 per 30 days)
OXYCODONE ORAL SYRINGE	3	QLL (180 per 30 days)
<i>oxycodone oral tablet</i>	1	MO; QLL (180 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY,	3	PAR; MO; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
EXT.REL.12 HR 10 MG, 20 MG, 40 MG		
OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG, 60 MG	3	PAR; QLL (60 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 80 MG	4	PAR; MO; S; QLL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QLL (180 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QLL (180 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	3	PAR; MO; QLL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 60 MG, 80 MG	4	PAR; MO; S; QLL (60 per 30 days)
<i>oxymorphone oral tablet</i>	3	MO; QLL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PAR; MO; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	MO; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	1	MO; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; S; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	4	MO; S; QLL (30 per 30 days)
PAMELOR	4	PAR; MO; S
PARLODEL	3	MO
PARNATE	4	MO; S
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QLL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	1	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	MO; QLL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	3	MO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QLL (180 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QLL (90 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO; QLL (900 per 30 days)
PAXIL ORAL TABLET 10 MG	3	MO; QLL (180 per 30 days)
PAXIL ORAL TABLET 20 MG	3	MO; QLL (90 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
PAXIL ORAL TABLET 40 MG	3	MO; QLL (45 per 30 days)
PEGANONE	3	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	MO; S
<i>pentazocine-naloxone</i>	3	PAR; MO; QLL (360 per 30 days)
<i>pentobarbital sodium injection solution</i>	3	PAR
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	4	MO; S; QLL (180 per 30 days)
PERCOCET ORAL TABLET 2.5-325 MG	3	MO; QLL (180 per 30 days)
<i>perphenazine</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PAR; MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PERSERIS	4	MO; S; QLL (1 per 28 days)	PHRENILIN FORTE(WITH CAFFEINE)	3	PAR; MO; QLL (180 per 30 days)
PEXEVA ORAL TABLET 10 MG	3	MO; QLL (180 per 30 days)	<i>pimozide</i>	1	MO
PEXEVA ORAL TABLET 20 MG	3	MO; QLL (90 per 30 days)	<i>piroxicam</i>	1	MO
PEXEVA ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)	<i>pramipexole oral tablet</i>	1	MO
PEXEVA ORAL TABLET 40 MG	3	MO; QLL (45 per 30 days)	<i>pramipexole oral tablet extended release 24 hr</i>	3	MO
<i>phenelzine</i>	1	MO	PRIALT	3	MO
<i>phenobarbital oral elixir</i>	1	PAR; MO; QLL (3000 per 30 days)	<i>primidone</i>	1	MO
<i>phenobarbital oral tablet 100 mg</i>	1	PAR; MO; QLL (120 per 30 days)	PRIMLEV ORAL TABLET 10-300 MG	4	MO; S; QLL (180 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	1	PAR; MO; QLL (800 per 30 days)	PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	3	MO; QLL (180 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	1	PAR; MO; QLL (741 per 30 days)	PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	PAR; MO; QLL (400 per 30 days)	PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QLL (480 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	1	PAR; MO; QLL (370 per 30 days)	PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	1	PAR; MO; QLL (200 per 30 days)	<i>procentra</i>	3	MO; QLL (1920 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	1	PAR; MO; QLL (185 per 30 days)	<i>protriptyline</i>	1	PAR; MO
<i>phenobarbital oral tablet 97.2 mg</i>	1	PAR; MO; QLL (123 per 30 days)	PROVIGIL ORAL TABLET 100 MG	4	PAR; MO; S; QLL (30 per 30 days)
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	PAR; MO	PROVIGIL ORAL TABLET 200 MG	4	PAR; MO; S; QLL (60 per 30 days)
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	PAR	PROZAC ORAL CAPSULE 10 MG	3	MO; QLL (240 per 30 days)
PHENYTEK	3	MO	PROZAC ORAL CAPSULE 20 MG	3	MO; QLL (120 per 30 days)
<i>phenytoin oral suspension 100 mg/4 ml</i>	1		PROZAC ORAL CAPSULE 40 MG	4	MO; S; QLL (60 per 30 days)
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO	<i>pyridostigmine bromide oral syrup</i>	4	MO; S
<i>phenytoin oral tablet, chewable</i>	1	MO	<i>pyridostigmine bromide oral tablet</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO	<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO	QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG	3	PAR; MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	4	PAR; MO; S; QLL (60 per 30 days)	RAZADYNE ORAL TABLET 12 MG, 8 MG	3	MO; QLL (60 per 30 days)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG	3	PAR; MO; QLL (480 per 30 days)	RAZADYNE ORAL TABLET 4 MG	3	MO
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG	4	PAR; MO; S; QLL (240 per 30 days)	<i>regonal</i>	1	
<i>quetiapine oral tablet 100 mg</i>	1	MO; QLL (240 per 30 days)	RELEXXII	3	PAR; QLL (30 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	MO; QLL (120 per 30 days)	RELPAK	3	MO; QLL (9 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	1	MO; QLL (960 per 30 days)	REMERON ORAL TABLET 15 MG	3	MO; QLL (90 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	1	MO; QLL (80 per 30 days)	REMERON ORAL TABLET 30 MG	3	MO; QLL (45 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	1	MO; QLL (60 per 30 days)	REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG	3	MO; QLL (90 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	1	MO; QLL (480 per 30 days)	REMERON SOLTAB ORAL TABLET,DISINTEGRATING 30 MG	3	MO; QLL (45 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	1	PAR; MO; QLL (150 per 30 days)	REMERON SOLTAB ORAL TABLET,DISINTEGRATING 45 MG	3	MO; QLL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	PAR; MO; QLL (120 per 30 days)	REQUIP ORAL TABLET 0.5 MG, 4 MG, 5 MG	3	MO
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	1	PAR; MO; QLL (80 per 30 days)	REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	ST; MO; S
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	1	PAR; MO; QLL (60 per 30 days)	REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 2 MG, 4 MG, 6 MG, 8 MG	3	ST; MO
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	1	PAR; MO; QLL (480 per 30 days)	RESTORIL ORAL CAPSULE 15 MG	4	MO; S; QLL (30 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	3	PAR; MO; QLL (30 per 30 days)	RESTORIL ORAL CAPSULE 22.5 MG, 30 MG, 7.5 MG	3	MO; QLL (30 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	3	PAR; MO; QLL (60 per 30 days)	<i>revonto</i>	3	
QUILLIVANT XR	3	PAR; MO; QLL (360 per 30 days)	REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	4	PAR; MO; S; QLL (60 per 30 days)
RADICAVA	4	MO; S	REXULTI ORAL TABLET 3 MG, 4 MG	4	PAR; MO; S; QLL (30 per 30 days)
<i>rasagiline</i>	1	MO	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML	2	MO; QLL (2 per 28 days)
RAZADYNE ER	3	MO; QLL (30 per 30 days)			

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

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 25 MG/2 ML	3	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	4	MO; S; QLL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO; QLL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QLL (1920 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	4	MO; S; QLL (960 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QLL (480 per 30 days)
RISPERDAL ORAL TABLET 2 MG	4	MO; S; QLL (240 per 30 days)
RISPERDAL ORAL TABLET 3 MG	3	MO; QLL (150 per 30 days)
RISPERDAL ORAL TABLET 4 MG	4	MO; S; QLL (120 per 30 days)
<i>risperidone oral solution</i>	1	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	1	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	1	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	MO; QLL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QLL (120 per 30 days)
RITALIN	3	MO; QLL (90 per 30 days)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 40 MG	3	PAR; MO; QLL (30 per 30 days)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 20 MG	4	PAR; MO; S; QLL (30 per 30 days)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 30 MG	3	PAR; MO; QLL (60 per 30 days)
<i>rivastigmine tartrate</i>	1	MO; QLL (60 per 30 days)
<i>rivastigmine transdermal</i>	1	MO; QLL (30 per 30 days)
<i>rizatriptan</i>	1	MO; QLL (12 per 30 days)
ROBAXIN INJECTION	3	PAR; MO
ROBAXIN-750	3	PAR; MO
<i>ropinirole</i>	1	MO
<i>roweepra oral tablet 1,000 mg, 750 mg</i>	3	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>roweepra xr oral tablet extended release 24 hr 500 mg</i>	3	MO; QLL (180 per 30 days)
<i>roweepra xr oral tablet extended release 24 hr 750 mg</i>	3	MO; QLL (120 per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	MO; QLL (180 per 30 days)
ROXICODONE ORAL TABLET 30 MG	4	MO; S; QLL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QLL (180 per 30 days)
ROXYBOND	4	S; QLL (180 per 30 days)
ROZEREM	2	MO; QLL (30 per 30 days)
RYTARY	3	ST; MO
SABRIL ORAL POWDER IN PACKET	3	PAR; MO; LA; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SABRIL ORAL TABLET	4	PAR; MO; LA; S; QLL (180 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	PAR; MO; QLL (480 per 30 days)
<i>salsalate</i>	1	MO	<i>sertraline oral concentrate</i>	1	MO; QLL (300 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	4	MO; S; QLL (60 per 30 days)	<i>sertraline oral tablet 100 mg</i>	1	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	3	MO; QLL (240 per 30 days)	<i>sertraline oral tablet 25 mg</i>	1	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	3	MO; QLL (120 per 30 days)	<i>sertraline oral tablet 50 mg</i>	1	MO; QLL (120 per 30 days)
SARAFEM ORAL TABLET 10 MG	4	MO; S; QLL (240 per 30 days)	SILENOR	3	PAR; MO; QLL (30 per 30 days)
SARAFEM ORAL TABLET 20 MG	3	MO; QLL (120 per 30 days)	SINEMET	3	ST; MO
<i>seconal sodium</i>	1	PAR; MO; QLL (14 per 30 days)	SINEMET CR	3	ST; MO
<i>selegiline hcl</i>	1	MO	SKELAXIN	3	PAR; MO
SEROQUEL ORAL TABLET 100 MG	3	PAR; MO; QLL (240 per 30 days)	SOMA ORAL TABLET 250 MG	3	PAR; MO
SEROQUEL ORAL TABLET 200 MG	3	PAR; MO; QLL (120 per 30 days)	SOMA ORAL TABLET 350 MG	4	PAR; MO; S
SEROQUEL ORAL TABLET 25 MG	3	PAR; MO; QLL (960 per 30 days)	SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	3	PAR; MO; QLL (60 per 30 days)
SEROQUEL ORAL TABLET 300 MG	4	PAR; MO; S; QLL (80 per 30 days)	SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PAR; MO; QLL (120 per 30 days)
SEROQUEL ORAL TABLET 400 MG	4	PAR; MO; S; QLL (60 per 30 days)	SPRIX	4	S; QLL (5 per 30 days)
SEROQUEL ORAL TABLET 50 MG	3	PAR; MO; QLL (480 per 30 days)	STALEVO 100	4	MO; S
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	PAR; MO; QLL (150 per 30 days)	STALEVO 125	3	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	PAR; MO; QLL (120 per 30 days)	STALEVO 150	4	MO; S
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PAR; MO; QLL (80 per 30 days)	STALEVO 200	4	MO; S
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	PAR; MO; S; QLL (60 per 30 days)	STALEVO 50	3	MO
			STALEVO 75	3	MO
			STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	PAR; MO; QLL (60 per 30 days)
			STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	PAR; MO; QLL (30 per 30 days)
			SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QLL (60 per 30 days)
			SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QLL (360 per 30 days)
			SUBOXONE SUBLINGUAL FILM 4-1 MG	3	MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	MO; QLL (90 per 30 days)
SUBSYS	4	PAR; MO; S; QLL (120 per 30 days)
<i>subvenite</i>	3	MO
SUBVENITE STARTER (BLUE) KIT	3	MO
SUBVENITE STARTER (GREEN) KIT	4	MO; S
SUBVENITE STARTER (ORANGE) KIT	3	MO
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	1	MO
<i>sumatriptan nasal spray</i>	1	MO
<i>sumatriptan succinate oral</i>	1	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO
<i>sumatriptan succinate subcutaneous solution</i>	1	MO
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO
<i>sumatriptan-naproxen</i>	4	MO; S; QLL (9 per 30 days)
SURMONTIL	3	PAR; MO
SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG	3	MO; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO; QLL (90 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PAR; MO; S; QLL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PAR; MO; QLL (30 per 30 days)
TASMAR ORAL TABLET 100 MG	4	PAR; MO; S; QLL (180 per 30 days)
TECFIDERA	4	PAR; MO; LA; S
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
TEGRETOL XR	3	MO
TEGSEDI	4	PAR; MO; LA; S; QLL (6 per 28 days)
<i>temazepam</i>	1	MO; QLL (30 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	3	PAR; MO; QLL (180 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PAR; MO; S; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PAR; MO; S; QLL (120 per 30 days)
<i>thioridazine</i>	1	ST; MO
<i>thiothixene</i>	1	MO
<i>tiagabine</i>	1	MO
TIVORBEX	3	ST; MO
<i>tizanidine</i>	1	MO
TOFRANIL ORAL TABLET 10 MG, 25 MG	4	PAR; MO; S
TOFRANIL ORAL TABLET 50 MG	3	PAR; MO
<i>tolcapone</i>	4	PAR; MO; S; QLL (180 per 30 days)
<i>tolmetin</i>	1	MO
TOPAMAX ORAL CAPSULE, SPRINKLE	4	PAR; MO; S
TOPAMAX ORAL TABLET 100 MG	4	PAR; MO; S; QLL (480 per 30 days)
TOPAMAX ORAL TABLET 200 MG	4	PAR; MO; S; QLL (240 per 30 days)
TOPAMAX ORAL TABLET 25 MG	3	PAR; MO; QLL (1920 per 30 days)
TOPAMAX ORAL TABLET 50 MG	3	PAR; MO; QLL (960 per 30 days)
<i>topiramate oral capsule, sprinkle</i>	1	PAR; MO
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER	3	PAR; MO; QLL (120 per 30 days)
24HR 100 MG		

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	3	PAR; MO; QLL (60 per 30 days)	<i>trifluoperazine</i>	1	MO
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG	3	PAR; MO; QLL (480 per 30 days)	<i>trihexyphenidyl</i>	1	PAR; MO
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG	3	PAR; MO; QLL (240 per 30 days)	TRILEPTAL ORAL SUSPENSION	4	MO; S
<i>topiramate oral tablet 100 mg</i>	1	PAR; MO; QLL (480 per 30 days)	TRILEPTAL ORAL TABLET 150 MG, 300 MG	3	MO
<i>topiramate oral tablet 200 mg</i>	1	PAR; MO; QLL (240 per 30 days)	TRILEPTAL ORAL TABLET 600 MG	4	MO; S
<i>topiramate oral tablet 25 mg</i>	1	PAR; MO; QLL (1920 per 30 days)	<i>trimipramine</i>	1	PAR; MO
<i>topiramate oral tablet 50 mg</i>	1	PAR; MO; QLL (960 per 30 days)	TRINTELLIX ORAL TABLET 10 MG	3	ST; MO; QLL (60 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PAR; MO; QLL (30 per 30 days)	TRINTELLIX ORAL TABLET 20 MG	3	ST; MO; QLL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PAR; MO; QLL (30 per 30 days)	TRINTELLIX ORAL TABLET 5 MG	3	ST; MO; QLL (120 per 30 days)
<i>tramadol oral tablet</i>	1	MO; QLL (240 per 30 days)	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PAR; MO
<i>tramadol oral tablet extended release 24 hr</i>	1	PAR; MO; QLL (30 per 30 days)	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PAR; MO; S
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PAR; MO; QLL (30 per 30 days)	TYLENOL-CODEINE #3	3	MO; QLL (180 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QLL (40 per 5 days)	TYLENOL-CODEINE #4	3	MO; QLL (180 per 30 days)
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	MO	TYSABRI	4	PAR; MO; LA; S
<i>tranylcypromine</i>	1	MO	ULTRACET	3	MO; QLL (40 per 5 days)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO	ULTRAM	3	MO; QLL (240 per 30 days)
<i>trazodone oral tablet 300 mg</i>	1	MO	VALIUM ORAL TABLET 10 MG	3	MO; QLL (120 per 30 days)
TREXIMET	4	MO; S; QLL (9 per 30 days)	VALIUM ORAL TABLET 2 MG	3	MO; QLL (600 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	MO; QLL (180 per 30 days)	VALIUM ORAL TABLET 5 MG	3	MO; QLL (240 per 30 days)
<i>triazolam</i>	1	MO; QLL (30 per 30 days)	<i>valproate sodium</i>	1	MO
			<i>valproic acid</i>	1	MO
			<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
			<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>		

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VANATOL LQ	4	PAR; MO; S; QLL (2700 per 30 days)	<i>vigadrone</i>	4	PAR; MO; S; QLL (180 per 30 days)
VANATOL S	3	PAR; MO; QLL (2700 per 30 days)	VIIBRYD ORAL TABLET 10 MG	3	ST; MO; QLL (120 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	MO; QLL (60 per 30 days)	VIIBRYD ORAL TABLET 20 MG	3	ST; MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	1	MO; QLL (180 per 30 days)	VIIBRYD ORAL TABLET 40 MG	3	ST; MO; QLL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QLL (90 per 30 days)	VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; MO; QLL (30 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	1	MO; QLL (113 per 30 days)	VIMOVO	4	PAR; MO; S; QLL (60 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	1	MO; QLL (450 per 30 days)	VIMPAT INTRAVENOUS	3	QLL (1200 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	MO; QLL (300 per 30 days)	VIMPAT ORAL SOLUTION	4	MO; S; QLL (1200 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	1	MO; QLL (225 per 30 days)	VIMPAT ORAL TABLET 100 MG	3	MO; QLL (120 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	1	MO; QLL (150 per 30 days)	VIMPAT ORAL TABLET 150 MG	3	MO; QLL (60 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	MO; QLL (60 per 30 days)	VIMPAT ORAL TABLET 200 MG	4	MO; S; QLL (60 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	1	MO; QLL (30 per 30 days)	VIMPAT ORAL TABLET 50 MG	3	MO; QLL (240 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	1	MO; QLL (180 per 30 days)	VIVITROL	4	PAR; MO; S
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	MO; QLL (90 per 30 days)	VIVLODEX	3	MO
VERSACLOZ	3	QLL (600 per 30 days)	VOLTAREN TOPICAL	3	MO; QLL (1000 per 30 days)
<i>vicodin</i>	1	MO; QLL (180 per 30 days)	VRAYLAR ORAL CAPSULE	4	PAR; MO; S; QLL (30 per 30 days)
<i>vicodin es</i>	1	MO; QLL (180 per 30 days)	VRAYLAR ORAL CAPSULE, DOSE PACK	3	PAR; MO; QLL (14 per 365 days)
<i>vicodin hp</i>	1	MO; QLL (180 per 30 days)	VYVANSE ORAL CAPSULE	2	MO; QLL (30 per 30 days)
<i>vigabatrin oral powder in packet</i>	4	PAR; MO; LA; S; QLL (180 per 30 days)	VYVANSE ORAL TABLET, CHEWABLE	3	MO; QLL (30 per 30 days)
<i>vigabatrin oral tablet</i>	4	PAR; MO; S; QLL (180 per 30 days)	WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG	3	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 150 MG, 200 MG	3	MO; QLL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; S; QLL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; S; QLL (30 per 30 days)
XADAGO	3	MO
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	3	MO; QLL (120 per 30 days)
XANAX ORAL TABLET 2 MG	4	MO; S; QLL (120 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 3 MG	3	MO; QLL (120 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG	4	MO; S; QLL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	4	PAR; MO; LA; S; QLL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PAR; MO; LA; S; QLL (120 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 9 MG	3	PAR; MO; QLL (60 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL,ER12HR(DONT CRUSH) 36 MG	4	PAR; MO; S; QLL (60 per 30 days)
XYREM	4	PAR; MO; LA; S; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	PAR; MO; QLL (30 per 30 days)
ZANAFLEX ORAL CAPSULE 2 MG	4	MO; S
ZANAFLEX ORAL CAPSULE 4 MG, 6 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
ZANAFLEX ORAL TABLET	3	MO
ZARONTIN	3	MO
<i>zebutal oral capsule 50-325-40 mg</i>	3	PAR; MO; QLL (180 per 30 days)
ZELAPAR	4	MO; S
ZEMBRACE SYMTOUCH	4	MO; S; QLL (4 per 30 days)
<i>zenzedi oral tablet 10 mg</i>	1	PAR; MO; QLL (180 per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG	3	PAR; MO; QLL (90 per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	3	PAR; MO; QLL (60 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	1	PAR; MO; QLL (90 per 30 days)
ZENZEDI ORAL TABLET 7.5 MG	3	PAR; MO; QLL (180 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	MO; QLL (60 per 30 days)
ZIPSOR	4	MO; S
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PAR; MO; QLL (60 per 30 days)
<i>zolmitriptan</i>	1	MO; QLL (9 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	MO; QLL (300 per 30 days)
ZOLOFT ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)
ZOLOFT ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)
<i>zolpidem oral</i>	1	PAR; MO; QLL (30 per 30 days)
<i>zolpidem sublingual</i>	3	PAR; MO; QLL (30 per 30 days)
ZOMIG NASAL	3	MO
ZOMIG ORAL	4	MO; S; QLL (9 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ZOMIG ZMT ORAL TABLET, 3		MO; QLL (9 per 30 days)	ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QLL (60 per 30 days)
DISINTEGRATING 2.5 MG			ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG	4	MO; S; QLL (40 per 30 days)
ZOMIG ZMT ORAL TABLET, 4		MO; S; QLL (9 per 30 days)	ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 20 MG	4	MO; S; QLL (30 per 30 days)
DISINTEGRATING 5 MG			ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 5 MG	3	MO; QLL (120 per 30 days)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	MO; S	Cardiovascular, Hypertension / Lipids		
<i>zonisamide</i>	1	MO	ACCUPRIL	3	MO
ZORVOLEX	3	MO	ACCURETIC	3	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG	3	MO; QLL (660 per 30 days)	<i>acebutolol</i>	1	MO
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	3	MO; QLL (360 per 30 days)	ADALAT CC	3	MO
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	MO; QLL (30 per 30 days)	<i>adenosine</i>	3	
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	3	MO; QLL (180 per 30 days)	<i>afeditab cr</i>	1	
ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG	3	MO; QLL (90 per 30 days)	AGGRASTAT	3	
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QLL (60 per 30 days)	CONCENTRATE		
ZYPREXA INTRAMUSCULAR	3	MO; QLL (60 per 30 days)	AGGRASTAT IN SODIUM CHLORIDE	3	
ZYPREXA ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)	AGGRENOX	3	ST; MO; QLL (60 per 30 days)
ZYPREXA ORAL TABLET 15 MG	4	MO; S; QLL (40 per 30 days)	ALDACTAZIDE	3	MO
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QLL (240 per 30 days)	ALDACTONE	3	MO
ZYPREXA ORAL TABLET 20 MG	4	MO; S; QLL (30 per 30 days)	<i>aliskiren</i>	1	MO
ZYPREXA ORAL TABLET 5 MG	3	MO; QLL (120 per 30 days)	ALTACE	3	MO
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QLL (80 per 30 days)	ALTOPREV	3	PAR; MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QLL (2 per 28 days)	AMICAR ORAL SOLUTION	4	MO; S
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	4	MO; S; QLL (2 per 28 days)	AMICAR ORAL TABLET 1, 000 MG	3	MO
			AMICAR ORAL TABLET 500 MG	4	MO; S
			<i>amiloride</i>	1	MO
			<i>amiloride-hydrochlorothiazide</i>	1	MO
			<i>aminocaproic acid intravenous</i>	3	MO
			<i>aminocaproic acid oral tablet 1, 000 mg</i>	3	MO
			<i>aminocaproic acid oral tablet 500 mg</i>	4	MO; S
			<i>amiodarone intravenous solution</i>	1	B/D PAR; MO
			<i>amiodarone intravenous syringe</i>	1	B/D PAR

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

Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone oral</i>	1	MO
<i>amlodipine besylate tablet</i>	1	MO
<i>amlodipine-atorvastatin</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	MO
ANDEXXA	4	S
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST; MO
ARGATROBAN	3	
ARGATROBAN IN 0.9 % SOD CHLOR	3	
ARGATROBAN IN NACL (ISO-OS)	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	4	MO; S; QLL (24 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	MO; S; QLL (15 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	4	MO; S; QLL (12 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	4	MO; S; QLL (18 per 30 days)
<i>aspirin-dipyridamole</i>	1	ST; MO; QLL (60 per 30 days)
ATACAND	3	MO
ATACAND HCT	3	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin</i>	1	MO
AVALIDE	3	MO
AVAPRO	3	MO
AZOR	3	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	MO
BENICAR HCT	3	MO
BETAPACE AF ORAL TABLET 120 MG, 80 MG	3	MO
BETAPACE AF ORAL TABLET 160 MG	4	MO; S
BETAPACE ORAL TABLET 120 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
BETAPACE ORAL TABLET 160 MG, 80 MG	4	MO; S
<i>betaxolol oral</i>	1	MO
BEVYXXA	3	MO; QLL (43 per 365 days)
BIDIL	2	MO; QLL (180 per 30 days)
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BREVIBLOC IN NACL (ISO-OSM)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
BRILINTA	2	MO; QLL (60 per 30 days)
<i>bumetanide</i>	1	MO
BYSTOLIC	3	ST; MO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	MO
CALAN ORAL TABLET 120 MG	3	MO
CALAN SR	3	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazide</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML	3	
CARDENE IV IN SODIUM CHLORIDE	3	
<i>cardioplegic soln</i>	3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 240 MG, 300 MG, 360 MG	4	MO; S
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG	3	MO
CARDIZEM LA	3	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO	CORLOPAM	3	
CARDURA	3	MO	CORVERT	3	MO
CARDURA XL	3	MO	CORZIDE	3	MO
CAROSPIR	3	MO	COUMADIN ORAL	2	MO
<i>cartia xt</i>	1	MO	COZAAR	3	MO
<i>carvedilol</i>	1	MO	CRESTOR	3	MO
<i>carvedilol phosphate</i>	3	MO	DEMSEER	4	MO; S
CATAPRES	3	MO	DIBENZYLINE	4	MO; S
CATAPRES-TTS-1	3	MO; QLL (4 per 28 days)	<i>digitek oral tablet 125 mcg</i>	1	MO
CATAPRES-TTS-2	3	MO; QLL (4 per 28 days)	<i>digitek oral tablet 250 mcg</i>	1	PAR; MO
CATAPRES-TTS-3	3	MO; QLL (4 per 28 days)	<i>digox oral tablet 125 mcg</i>	1	MO
CEPROTIN (BLUE BAR)	3	MO	<i>digox oral tablet 250 mcg</i>	1	PAR; MO
CEPROTIN (GREEN BAR)	3	MO	<i>digoxin injection solution</i>	3	PAR; MO
<i>chlorothiazide oral tablet 250 mg</i>	1	MO	DIGOXIN ORAL SOLUTION 50 MCG/ML	2	MO
<i>chlorothiazide oral tablet 500 mg</i>	1	MO	<i>digoxin oral tablet 125 mcg</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO	<i>digoxin oral tablet 250 mcg</i>	1	PAR; MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO	DILATRATE-SR	3	MO
<i>cholestyramine (with sugar)</i>	1	MO	<i>dilt-xr</i>	1	MO
<i>cholestyramine light</i>	1	MO	<i>diltiazem hcl intravenous</i>	1	
<i>cilostazol</i>	1	MO	<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	1	MO
CLEVIPREX	3		<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>clonidine (pf) epidural solution 1, 000 mcg/10 ml (100 mcg/ml)</i>	3		<i>diltiazem hcl oral capsule, extended release 24 hr</i>	1	MO
<i>clonidine hcl oral tablet</i>	1	MO	<i>diltiazem hcl oral capsule, extended release 24hr</i>	1	MO
<i>clonidine transdermal patch</i>	1	MO; QLL (4 per 28 days)	<i>diltiazem hcl oral tablet</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO; QLL (1 per 30 days)	<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QLL (30 per 30 days)	DIOVAN	3	MO
<i>colesevelam</i>	1	MO	DIOVAN HCT	3	MO
COLESTID	3	MO	<i>dipyridamole intravenous</i>	3	
COLESTID FLAVORED	3	MO	<i>dipyridamole oral</i>	3	PAR; MO
<i>colestipol</i>	1	MO	<i>disopyramide phosphate oral capsule</i>	3	PAR; MO
COREG	3	MO	DIURIL	3	MO
COREG CR	3	MO	DIURIL IV	3	
CORGARD	3	MO	<i>dobutamine</i>	3	
CORLANOR	3	PAR; MO; QLL (60 per 30 days)	<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	3		<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QLL (28 per 28 days)
<i>dofetilide</i>	1	MO	<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QLL (22.4 per 28 days)
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	3		<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO; QLL (8.4 per 28 days)
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	3	MO	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QLL (11.2 per 28 days)
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	3		<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO; QLL (16.8 per 28 days)
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	3	MO	ENTRESTO	3	PAR; MO
DOPTelet (10 TAB PACK)	4	PAR; MO; LA; S; QLL (15 per 30 days)	EPANED ORAL SOLUTION	3	MO
DOPTelet (15 TAB PACK)	4	PAR; MO; LA; S; QLL (15 per 30 days)	EPHEDRINE SULFATE INTRAVENOUS	3	
<i>doxazosin</i>	1	MO	<i>eplerenone</i>	1	MO
DUTOPROL	3	MO	<i>epoprostenol (glycine)</i>	3	PAR; MO
DYAZIDE	3	MO	<i>eprosartan</i>	1	MO
DYRENIUM	3	MO	<i>esmolol in nacl (iso-osm)</i>	3	
EDARBI	3	MO	<i>esmolol intravenous solution</i>	3	
EDARBYCLOR	3	MO	<i>ethacrynate sodium</i>	3	
EDECIN	4	MO; S	<i>ethacrynic acid</i>	3	MO
EFFIENT	3	MO; QLL (30 per 30 days)	EXFORGE	3	MO
ELIQUIS ORAL TABLET 2.5 MG	2	MO; QLL (60 per 30 days)	EXFORGE HCT	3	MO
ELIQUIS ORAL TABLET 5 MG	2	MO; QLL (74 per 30 days)	<i>ezetimibe</i>	1	MO
ELIQUIS ORAL TABLETS, DOSE PACK	2	MO; QLL (74 per 180 days)	<i>ezetimibe-simvastatin</i>	1	PAR; MO; QLL (30 per 30 days)
<i>enalapril maleate</i>	1	MO	<i>felodipine</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO	<i>fenofibrate micronized</i>	1	MO
<i>enalaprilat intravenous solution</i>	3		<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	1	MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QLL (84 per 28 days)	FENOFIBRATE NANOCRYSTALLIZED 48 MG, 145 MG ORAL TABLET 160 MG	3	
			FENOFIBRATE ORAL CAPSULE	3	MO
			FENOFIBRATE ORAL TABLET 120 MG, 40 MG	3	MO
			<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
			<i>fenofibric acid (choline) dr capsules oral capsule, delayed release(dr/ec) 45mg, 135 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibric acid tablet 105 mg, 35 mg</i>	1	MO
FENOGLIDE ORAL TABLET 120 MG	4	MO; S
FENOGLIDE ORAL TABLET 40 MG	3	MO
FIBRICOR ORAL TABLET 105 MG	3	MO
FIBRICOR ORAL TABLET 35 MG	3	
<i>flecainide</i>	1	MO
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG	3	PAR; MO
FLOLAN INTRAVENOUS RECON SOLN 1.5 MG	4	PAR; MO; S
FLOLIPID	3	MO; QLL (150 per 30 days)
<i>fluvastatin</i>	1	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	4	MO; S; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	4	MO; S; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	4	MO; S; QLL (18 per 30 days)
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO; S
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO; S
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
<i>furosemide injection</i>	1	MO
<i>furosemide oral solution 10 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil</i>	1	MO
GONITRO	3	MO
<i>guanfacine oral tablet</i>	1	PAR; MO
HEMANGEOL	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf)</i>	1	B/D PAR
<i>heparin (porcine) injection cartridge</i>	1	B/D PAR; MO
<i>heparin (porcine) injection solution</i>	1	B/D PAR; MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	1	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	1	B/D PAR; MO
<i>heparin, porcine (pf) 1,000unit/ml, 5,000 unit/0.5ml injection</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	3	MO
<i>ibutilide fumarate</i>	3	MO
<i>indapamide</i>	1	MO
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG	4	MO; S
INDERAL LA ORAL CAPSULE,EXTENDED	3	MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
RELEASE 24 HR 60 MG, 80 MG			<i>lidocaine (pf) intravenous syringe</i>	1	
INDERAL XL	3	MO	<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution</i>	3	
INNOPRAN XL	3	MO	4 mg/ml (0.4 %), 8 mg/ml (0.8 %)		
INSPIRA	3	MO	LIPITOR	3	MO
<i>irbesartan</i>	1	MO	LIPOFEN	2	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO	<i>lisinopril</i>	1	MO
<i>isoproterenol hcl</i>	3		<i>lisinopril-hydrochlorothiazide</i>	1	MO
ISORDIL	4	MO; S	LIVALO	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO	LOPID	3	MO
<i>isosorbide dinitrate oral tablet</i>	1	MO	LOPRESSOR ORAL	3	MO
<i>isosorbide dinitrate oral tablet extended release</i>	1		<i>losartan</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO	<i>losartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO	LOTENSIN HCT	3	MO
ISUPREL	3		LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
<i>jantoven</i>	1	MO	LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
JUXTAPID	4	PAR; MO; LA; S; QLL (30 per 30 days)	<i>lovastatin</i>	1	MO
KAPSPARGO SPRINKLE	3	MO	LOVAZA	3	MO
KYNAMRO	4	PAR; MO; LA; S; QLL (4 per 28 days)	LOVENOX SUBCUTANEOUS SOLUTION	3	MO; QLL (84 per 28 days)
<i>labetalol intravenous solution</i>	1	MO	LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	4	MO; S; QLL (28 per 28 days)
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1		LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	4	MO; S; QLL (22.4 per 28 days)
<i>labetalol oral</i>	1	MO	LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML	3	MO; QLL (8.4 per 28 days)
LANOXIN INJECTION	3	PAR	LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QLL (11.2 per 28 days)
LANOXIN ORAL TABLET 125 MCG	3	MO	LOVENOX SUBCUTANEOUS SYRINGE 60 MG/0.6 ML	4	MO; S; QLL (16.8 per 28 days)
LANOXIN ORAL TABLET 187.5 MCG	2	PAR; MO	<i>mannitol 20 %</i>	1	
LANOXIN ORAL TABLET 250 MCG	3	PAR; MO	<i>mannitol 25 % intravenous solution</i>	1	MO
LANOXIN ORAL TABLET 62.5 MCG	2	MO	<i>matzim la</i>	1	MO
LANOXIN PEDIATRIC	3				
LASIX	3	MO			
LESCOL XL	3	MO			
LEVOPHED (BITARTRATE)	3	MO			
<i>lidocaine (pf) in d7.5w</i>	3	MO			
<i>lidocaine (pf) intravenous solution</i>	1	MO			

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

Drug Name	Drug Tier	Requirements /Limits
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	1	PAR; MO
<i>methyldopa-hydrochlorothiazide</i>	3	PAR; MO
<i>methyldopate</i>	3	PAR
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide</i>	1	MO
<i>mexiletine</i>	1	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
MICROZIDE	3	MO
<i>milrinone</i>	3	MO
<i>milrinone in 5 % dextrose</i>	3	MO
MINIPRESS	3	MO
MINITRAN	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
MULPLETA	4	PAR; MO; S; QLL (7 per 30 days)
MULTAQ	3	MO; QLL (60 per 30 days)
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	1	MO
NATRECOR	3	MO
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML)	3	B/D PAR
NEXTERONE INTRAVENOUS SOLUTION 360 MG/200 ML (1.8 MG/ML)	3	B/D PAR; MO
<i>niacin oral tablet 500 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>niacin oral tablet extended release 24 hr</i>	1	MO
NIACOR	2	MO
NIASPAN EXTENDED-RELEASE	3	MO
<i>nicardipine intravenous solution</i>	1	MO
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral capsule</i>	3	PAR; MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	3	MO
<i>nitro-bid</i>	1	MO
NITRO-DUR	3	MO
TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR		
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	3	
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	3	MO
<i>nitroglycerin intravenous</i>	1	B/D PAR
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	3	MO
NITROLINGUAL	3	MO
NITROPRESS	3	MO
NITROSTAT	3	MO
<i>norepinephrine bitartrate</i>	3	
NORPACE	3	PAR; MO
NORPACE CR	3	PAR; MO
NORVASC	3	MO
NPLATE	4	PAR; MO; S

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

Drug Name	Drug Tier	Requirements /Limits
NYMALIZE ORAL SOLUTION 30 MG/10 ML	3	
NYMALIZE ORAL SOLUTION 60 MG/20 ML	3	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>omega-3 acid ethyl esters</i>	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PAR; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PAR; MO; S
OSMITROL 10 %	3	
<i>osmitrol 15 %</i>	1	
<i>osmitrol 20 %</i>	1	
OSMITROL 5 %	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>pentoxifylline</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	4	MO; S
<i>phentolamine injection recon soln</i>	3	
<i>pindolol</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QLL (30 per 30 days)
PLEGISOL	3	
PRADAXA	3	MO; QLL (60 per 30 days)
PRALUENT PEN	4	PAR; MO; S; QLL (2 per 28 days)
<i>prasugrel</i>	1	MO; QLL (30 per 30 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	MO
<i>pravastatin</i>	1	MO
PRAXBIND	4	S
<i>prazosin</i>	1	MO
PRESTALIA	3	MO
<i>prevalite</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO
<i>procainamide injection solution 500 mg/ml</i>	1	
PROCAINAMIDE INTRAVENOUS	3	
PROCARDIA	3	PAR; MO
PROCARDIA XL	3	MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	4	PAR; MO; LA; S; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	4	PAR; MO; LA; S; QLL (90 per 30 days)
<i>propafenone oral capsule, extended release 12 hr</i>	3	MO
<i>propafenone oral tablet</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol oral tablet 60 mg</i>	1	MO
<i>propranolol-hydrochlorothiazide</i>	1	MO
<i>protamine</i>	3	
QBRELIS	4	MO; S; QLL (1200 per 30 days)
QUESTRAN	3	MO
QUESTRAN LIGHT ORAL POWDER	3	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine gluconate oral</i>	3	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>ramipril</i>	1	MO
RANEXA	2	ST; MO
<i>ranolazine</i>	1	ST; MO
REMODULIN	4	PAR; MO; LA; S
REOPRO	3	

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
REPATHA PUSHTRONEX	4	PAR; MO; S; QLL (3.5 per 28 days)	TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	MO
REPATHA SURECLICK	4	PAR; MO; S; QLL (3 per 28 days)	TAVALISSE	4	PAR; MO; LA; S; QLL (60 per 30 days)
REPATHA SYRINGE	4	PAR; MO; S; QLL (3 per 28 days)	<i>taztia xt</i>	1	MO
RESECTISOL	3		TEKTURNA	2	MO
<i>rosuvastatin</i>	1	MO	TEKTURNA HCT	2	MO
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG	3	MO	<i>telmisartan</i>	1	MO
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 325 MG, 425 MG	4	MO; S	<i>telmisartan-amlodipine</i>	1	MO
SAVAYSA	3	MO; QLL (30 per 30 days)	<i>telmisartan-hydrochlorothiazide</i>	1	MO
<i>simvastatin</i>	1	MO	TENORETIC 100	3	MO
SODIUM EDECRIN	3		TENORETIC 50	3	MO
<i>sodium nitroprusside</i>	3		TENORMIN	3	MO
<i>sorine oral tablet 120 mg, 160 mg</i>	1	MO	<i>terazosin capsule</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1		THROMBATE III	3	
<i>sorine oral tablet 80 mg</i>	1	MO	TIAZAC	3	MO
<i>sotalol aforal tablet 120 mg, 160 mg</i>	1	MO	TIKOSYN	3	MO
<i>sotalol aforal tablet 80 mg</i>	1	MO	<i>timolol maleate oral</i>	1	MO
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	1	MO	TOPROL XL	3	MO
<i>sotalol oral tablet 80 mg</i>	1	MO	<i>torseamide oral</i>	1	MO
SOTYLIZE	4	MO; S	<i>trandolapril</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	MO	<i>trandolapril-verapamil</i>	1	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO	<i>treprostinil sodium</i>	4	PAR; MO; S
<i>spironolactone-hydrochlorothiazide</i>	1	MO	<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG	4	MO; S	<i>triamterene-hydrochlorothiazide oral capsule 50-25 mg</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 34 MG, 8.5 MG	3	MO	<i>triamterene-hydrochlorothiazide oral tablet</i>	1	MO
			TRIBENZOR	3	MO
			TRICOR	3	MO
			TRIGLIDE ORAL TABLET 160 MG	3	MO
			TRILIPIX	3	MO
			TWYNSTA	3	MO
			UPTRAVI ORAL TABLET	4	PAR; MO; LA; S; QLL (60 per 30 days)
			UPTRAVI ORAL TABLETS, DOSE PACK	4	PAR; MO; LA; S; QLL (400 per 365 days)
			<i>valsartan</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASCEPA	3	MO
VASERETIC	3	MO
VASOTEC ORAL TABLET 10 MG, 20 MG	4	MO; S
VASOTEC ORAL TABLET 2.5 MG, 5 MG	3	MO
VECAMYL	3	
<i>veletri intravenous recon soln 0.5 mg</i>	3	PAR; MO
<i>veletri intravenous recon soln 1.5 mg</i>	4	PAR; MO; S
<i>verapamil intravenous solution</i>	1	MO
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	MO
VERAPAMIL ORAL CAPSULE,EXT REL. PELLETS 24 HR 360 MG	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release 120 mg</i>	1	MO
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
VYTORIN 10-10	3	PAR; MO; QLL (30 per 30 days)
VYTORIN 10-20	3	PAR; MO; QLL (30 per 30 days)
VYTORIN 10-40	3	PAR; MO; QLL (30 per 30 days)
VYTORIN 10-80	3	PAR; MO; QLL (30 per 30 days)
<i>warfarin</i>	1	MO
WELCHOL	3	MO
XARELTO ORAL TABLET 10 MG, 20 MG	2	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	2	MO; QLL (42 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XARELTO ORAL TABLET 2.5 MG	2	MO; QLL (60 per 30 days)
XARELTO ORAL TABLETS, DOSE PACK	2	MO; QLL (102 per 365 days)
XYLOCAINE (CARDIAC) (PF)	3	
YOSPRALA	3	MO
ZESTORETIC	3	MO
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3	MO
ZESTRIL ORAL TABLET 30 MG	4	MO; S
ZETIA	3	MO
ZIAC ORAL TABLET 2.5-6.25 MG	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	MO
ZONTIVITY	3	MO; QLL (30 per 30 days)
ZYPITAMAG	3	MO
Dermatologicals/Topical Therapy		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	MO; S
ABSORICA ORAL CAPSULE 25 MG	3	
ABSORICA ORAL CAPSULE 35 MG	3	MO
ACANYA TOPICAL GEL WITH PUMP	3	MO; QLL (50 per 30 days)
<i>acitretin oral capsule 10 mg</i>	1	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	4	MO; S
<i>acyclovir topical cream</i>	1	MO; QLL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	MO; QLL (30 per 30 days)
ACZONE	3	MO
<i>adapalene topical cream</i>	1	MO
<i>adapalene topical gel</i>	1	MO
<i>adapalene topical gel with pump</i>	1	MO
<i>adapalene topical solution</i>	4	S
<i>adapalene topical swab</i>	3	
<i>adapalene-benzoyl peroxide</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
AKTIPAK	3	MO
<i>ala-cort topical cream</i>	1	MO
ALA-SCALP	4	MO; S
<i>alclometasone</i>	1	MO
ALDARA	4	MO; S
ALTRENO	3	PAR; MO; QLL (45 per 30 days)
<i>amcinonide topical cream</i>	1	MO
<i>amcinonide topical lotion</i>	1	MO
<i>amcinonide topical ointment</i>	1	
<i>ammonium lactate</i>	1	MO
<i>amnestem</i>	1	MO
ANALPRAM-HC TOPICAL	3	MO
<i>apexicon e</i>	1	MO
ARTICADENT DENTAL	3	
ATRALIN	3	PAR; MO; QLL (45 per 30 days)
<i>avita topical cream</i>	1	PAR; MO; QLL (45 per 30 days)
AVITA TOPICAL GEL	3	PAR; MO; QLL (45 per 30 days)
<i>azelaic acid</i>	1	MO
AZELEX	3	MO
BENZACLIN	3	MO
BENZACLIN PUMP	3	MO
BENZAMYCIN	3	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
BRYHALI	3	ST; MO
<i>calcipotriene scalp</i>	1	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	1	MO; QLL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO
<i>calcitrene</i>	1	MO; QLL (120 per 30 days)
<i>calcitriol topical</i>	3	MO
CAPEX	3	MO
CARAC	4	MO; S
CARBOCAINE (PF) INJECTION SOLUTION 10 MG/ML (1 %)	3	

Drug Name	Drug Tier	Requirements /Limits
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	3	
CARBOCAINE (PF) INJECTION SOLUTION 20 MG/ML (2 %)	3	MO
CARBOCAINE INJECTION SOLUTION 1 % (10 MG/ML)	3	MO
CARBOCAINE INJECTION SOLUTION 2 %	3	
CENTANY	3	MO
<i>chloroprocaine (pf)</i>	3	
<i>ciclodan topical solution</i>	1	MO
<i>ciclopirox</i>	1	MO
CITANEST PLAIN DENTAL	3	
<i>claravis</i>	1	MO
CLEOCIN T TOPICAL GEL	3	MO
CLEOCIN T TOPICAL LOTION	3	MO
CLEOCIN T TOPICAL SWAB	3	MO
<i>clindacin etz topical swab</i>	3	MO
<i>clindacin p</i>	3	MO
CLINDAGEL	4	MO; S
<i>clindamycin phosphate topical foam</i>	1	MO
<i>clindamycin phosphate topical gel</i>	1	MO
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	3	MO
<i>clindamycin phosphate topical lotion</i>	1	MO
<i>clindamycin phosphate topical solution</i>	1	MO
<i>clindamycin phosphate topical swab</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	3	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	3	MO; QLL (50 per 30 days)
<i>clindamycin-tretinoin</i>	1	MO
<i>clobetasol scalp</i>	1	MO
<i>clobetasol topical cream</i>	1	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical foam</i>	1	MO; QLL (100 per 30 days)
<i>clobetasol topical gel</i>	1	MO
<i>clobetasol topical lotion</i>	1	MO
<i>clobetasol topical ointment</i>	1	MO; QLL (120 per 30 days)
<i>clobetasol topical shampoo</i>	1	MO
<i>clobetasol topical spray, non-aerosol</i>	1	MO
<i>clobetasol-emollient topical cream</i>	1	MO; QLL (120 per 30 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QLL (100 per 30 days)
CLOBEX TOPICAL LOTION	4	MO; S
CLOBEX TOPICAL SHAMPOO	4	MO; S
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	MO
CLOCORTOLONE PIVALATE	3	MO
<i>clodan 0.05% shampoo</i>	3	MO
CLODERM	3	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole-betamethasone</i>	1	MO
CONDYLOX TOPICAL GEL	3	MO
CORDRAN TAPE LARGE ROLL	3	MO
CORTISPORIN TOPICAL	3	MO
COSENTYX	4	PAR; MO; S; QLL (2 per 28 days)
COSENTYX (2 SYRINGES)	4	PAR; MO; S; QLL (2 per 28 days)
COSENTYX PEN	4	PAR; MO; S; QLL (2 per 28 days)
COSENTYX PEN (2 PENS)	4	PAR; MO; S; QLL (2 per 28 days)
<i>crotan</i>	1	
CUTIVATE TOPICAL CREAM	3	MO
CUTIVATE TOPICAL LOTION	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dapsone topical</i>	3	MO
DENAVIR	4	MO; S; QLL (5 per 30 days)
DERMA-SMOOTHIE/FS BODY OIL	3	MO; QLL (120 per 30 days)
DERMA-SMOOTHIE/FS SCALP OIL	3	MO; QLL (120 per 30 days)
DESONATE	3	MO
<i>desonide</i>	1	MO
DESOWEN 0.05% LOTION	3	MO
DESOWEN 0.05% TOPICAL CREAM	3	MO
<i>desoximetasone topical cream</i>	1	MO
<i>desoximetasone topical gel</i>	1	MO
<i>desoximetasone topical ointment</i>	1	MO
<i>desoximetasone topical spray, non-aerosol</i>	3	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PAR; MO; S; QLL (100 per 30 days)
DIFFERIN TOPICAL CREAM	3	MO
DIFFERIN TOPICAL GEL WITH PUMP	3	MO
DIFFERIN TOPICAL LOTION	3	MO
<i>diflorasone</i>	1	MO
DIPROLENE TOPICAL OINTMENT	3	MO
DOVONEX TOPICAL CREAM	3	MO; QLL (120 per 30 days)
<i>doxepin topical</i>	4	MO; S
DUAC	3	MO
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PAR; MO; S; QLL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PAR; MO; S; QLL (4 per 28 days)
<i>econazole</i>	1	MO
EFUDEX TOPICAL CREAM	3	MO
ELIDEL	3	PAR; MO; QLL (100 per 90 days)
ELIMITE	3	
ELOCON TOPICAL CREAM	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
ENSTILAR	4	MO; S
EPIDUO FORTE	3	MO
EPIDUO TOPICAL GEL WITH PUMP	3	MO
EPIFOAM	3	MO
ERTACZO	3	MO
<i>ery pads</i>	1	MO
<i>erygel</i>	3	MO
<i>erythromycin with ethanol</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
EUCRISA	3	MO
EURAX	3	MO
EVOCLIN	3	MO
EXELDERM	3	MO
EXTINA	3	MO
FABIOR	3	MO
FINACEA TOPICAL FOAM	3	MO
FINACEA TOPICAL GEL	2	MO
<i>fluocinolone and shower cap</i>	1	MO; QLL (120 per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	1	MO
<i>fluocinolone topical cream 0.025 %</i>	1	MO; QLL (120 per 30 days)
<i>fluocinolone topical oil</i>	1	MO; QLL (120 per 30 days)
<i>fluocinolone topical ointment</i>	1	MO; QLL (120 per 30 days)
<i>fluocinolone topical solution</i>	1	MO; QLL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QLL (240 per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	4	MO; S; QLL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QLL (240 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QLL (240 per 30 days)
<i>fluocinonide-e</i>	1	MO; QLL (240 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLUOROURACIL TOPICAL CREAM 0.5 %	4	MO; S
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>flurandrenolide</i>	3	MO
<i>fluticasone propionate topical</i>	1	MO
<i>gentamicin topical</i>	1	MO
<i>glydo</i>	3	MO
<i>halobetasol propionate topical cream</i>	1	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	4	MO; S
<i>halobetasol propionate topical ointment</i>	1	MO
HALOG TOPICAL CREAM	4	MO; S
HALOG TOPICAL OINTMENT	3	MO
<i>hydrocortisone butyr-emollient cream</i>	1	MO
<i>hydrocortisone butyrate topical cream</i>	1	MO
<i>hydrocortisone butyrate topical lotion</i>	3	MO
<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical solution</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
ILUMYA	4	PAR; MO; S; QLL (1 per 84 days)
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	4	S
<i>imiquimod topical cream in packet</i>	1	MO
IMPOYZ	3	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg</i>	3	

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

Drug Name	Drug Tier	Requirements /Limits
<i>isotretinoin oral capsule 40 mg</i>	4	S
JUBLIA	3	PAR; MO; QLL (4 per 30 days)
KENALOG TOPICAL	4	MO; S
KERYDIN	3	PAR; MO; QLL (4 per 30 days)
<i>ketoconazole topical cream</i>	1	MO
<i>ketoconazole topical foam</i>	3	MO
<i>ketoconazole topical shampoo</i>	1	MO
KLARON	3	MO
LEVULAN	3	MO
LEXETTE	4	ST; MO; S
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	3	MO
<i>lidocaine hcl injection solution</i>	1	MO
<i>lidocaine hcl laryngotracheal</i>	1	MO; QLL (300 per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	1	PAR; MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	PAR; MO; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch, medicated</i>	1	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	PAR; MO; QLL (150 per 30 days)
<i>lidocaine viscous</i>	1	PAR; MO
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	3	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	3	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO; QLL (30 per 30 days)
LIDODERM	3	PAR; MO; QLL (90 per 30 days)
<i>lindane topical shampoo</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
LOCOID LIPOCREAM	3	MO
LOCOID TOPICAL CREAM	3	MO
LOCOID TOPICAL LOTION	3	MO
LOCOID TOPICAL SOLUTION	3	MO
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	
LOPROX TOPICAL SHAMPOO	4	MO; S
LOTRISONE TOPICAL CREAM	3	MO
LULICONAZOLE	3	ST; MO
LUXIQ	3	MO
LUZU	3	ST; MO
<i>mafenide acetate</i>	3	MO
<i>malathion</i>	1	MO
MENTAX	3	MO
<i>methoxsalen</i>	4	PAR; MO; S
METROCREAM	3	MO
METROGEL TOPICAL GEL 1 %	3	MO
METROGEL TOPICAL GEL WITH PUMP	3	MO
METROLOTION	4	MO; S
<i>metronidazole topical</i>	1	MO
MICONAZOLE NITRATE-ZINC OX-PET	3	
MIRVASO	3	MO
<i>mometasone topical</i>	1	MO
<i>mupirocin topical cream</i>	1	MO
<i>mupirocin topical ointment</i>	1	MO
<i>myorisan</i>	1	MO
<i>naftifine</i>	1	MO
NAFTIN TOPICAL CREAM 2 %	3	MO
NAFTIN TOPICAL GEL	3	MO
NATROBA	3	MO
NEO-SYNALAR	3	MO
NESACAINE	3	
NESACAINE-MPF	3	
<i>neuac</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
NIZORAL TOPICAL SHAMPOO	3	MO
<i>nolix topical cream</i>	4	S
<i>nolix topical lotion</i>	3	MO
NORITATE	4	MO; S
<i>nyamyc</i>	1	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
OLUX	3	MO; QLL (100 per 30 days)
OLUX-E	3	MO; QLL (100 per 30 days)
ONEXTON TOPICAL GEL WITH PUMP	3	MO
OVIDE	3	MO
<i>oxiconazole</i>	1	MO
OXISTAT	3	MO
OXSORALEN ULTRA	4	PAR; MO; S
PANDEL	4	MO; S
PANRETIN	4	MO; S
PENLAC	4	MO; S
<i>permethrin topical cream</i>	1	MO
PICATO	4	MO; S
<i>pimecrolimus</i>	1	PAR; MO; QLL (100 per 90 days)
PLIAGLIS	3	MO
<i>podofilox</i>	1	MO
<i>polocaine injection solution</i>	3	
<i>polocaine-mpf</i>	3	
PRAMOSONE TOPICAL CREAM 1-1 %	3	MO
PRAMOSONE TOPICAL LOTION	3	MO
<i>prednicarbate</i>	1	MO
PROCTOCORT TOPICAL	3	MO
PROTOPIC	3	PAR; MO; QLL (100 per 90 days)
<i>prudoxin</i>	1	MO
PSORCON	4	S
REGRANEX	4	PAR; MO; S
RETIN-A	3	PAR; MO; QLL (45 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.1 %	3	PAR; MO; QLL (50 per 30 days)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	4	PAR; MO; S; QLL (50 per 30 days)
RETIN-A MICRO TOPICAL GEL 0.04 %	3	PAR; MO; QLL (50 per 30 days)
RETIN-A MICRO TOPICAL GEL 0.1 %	4	PAR; MO; S; QLL (50 per 30 days)
RHOFADE	3	MO
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
SANTYL	3	MO; QLL (30 per 30 days)
<i>selenium sulfide topical lotion</i>	1	MO
SERNIVO	4	MO; S
SILIQ	4	PAR; MO; S; QLL (4.5 per 28 days)
SILVADENE	3	MO
SILVER SULFADIAZINE	2	MO
SKLICE	3	MO
SOOLANTRA	3	MO
SORIATANE ORAL CAPSULE 10 MG, 25 MG	4	MO; S
SORILUX	4	MO; S; QLL (120 per 30 days)
SSD 1% TOPICAL CREAM	2	MO
STELARA INTRAVENOUS	4	PAR; MO; S
STELARA SUBCUTANEOUS	4	PAR; MO; S; QLL (1 per 28 days)
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	3	MO
SULFAMYLON TOPICAL PACKET	4	MO; S
SYNALAR TOPICAL CREAM	3	MO; QLL (120 per 30 days)
SYNALAR TOPICAL OINTMENT	3	QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
SYNALAR TOPICAL SOLUTION	3	MO; QLL (120 per 30 days)
SYNERA	3	MO
TACLONEX	4	MO; S
<i>tacrolimus topical</i>	1	PAR; MO; QLL (100 per 90 days)
TALTZ AUTOINJECTOR	4	PAR; MO; S
TALTZ AUTOINJECTOR (2 PACK)	4	PAR; MO; S
TALTZ AUTOINJECTOR (3 PACK)	4	PAR; MO; S
TALTZ SYRINGE	4	PAR; MO; S
<i>tazarotene</i>	1	PAR; MO
TAZORAC	3	PAR; MO
TEMOVATE TOPICAL CREAM	4	MO; S; QLL (120 per 30 days)
TEMOVATE TOPICAL OINTMENT	3	MO; QLL (120 per 30 days)
TEXACORT	3	MO
TOLAK	3	ST; MO; QLL (40 per 365 days)
TOPICORT	3	MO
TREMFYA	4	PAR; MO; S; QLL (2 per 28 days)
<i>tretinoin microspheres</i>	3	PAR; MO; QLL (50 per 30 days)
<i>tretinoin topical cream</i>	1	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.05 %</i>	3	PAR; MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical aerosol</i>	1	MO
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	MO
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>trianex</i>	4	MO; S

Drug Name	Drug Tier	Requirements /Limits
<i>triderm topical cream</i>	1	MO
<i>tridesilon</i>	3	MO
ULTRAVATE TOPICAL CREAM	3	MO
ULTRAVATE TOPICAL LOTION	4	MO; S
ULTRAVATE TOPICAL OINTMENT	3	MO
UVADEX	2	B/D PAR
VALCHLOR	4	PAR; MO; S
VANOS	4	MO; S; QLL (120 per 30 days)
VECTICAL	4	MO; S
VEREGEN	4	MO; S
VUSION	3	MO
XEPI	3	MO
XERESE	4	MO; S; QLL (5 per 30 days)
<i>xylocaine dental-epinephrine</i>	3	
XYLOCAINE INJECTION	3	
XYLOCAINE WITH EPINEPHRINE	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	3	MO
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 1.5 %-1:200,000	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000	3	MO
<i>zenatane</i>	1	MO
ZIANA	3	PAR; MO
ZONALON	3	MO
ZOVIRAX TOPICAL CREAM	3	MO; QLL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	4	MO; S; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ZTLIDO	3	PAR; MO; QLL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	MO; S
ZYCLARA TOPICAL CREAM IN PACKET	3	MO
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	1	MO; QLL (180 per 30 days)
ACETADOTE	3	MO
<i>acetic acid irrigation</i>	1	MO
<i>acetylcysteine intravenous</i>	1	MO
ADAGEN	4	MO; S
AGRYLIN	4	MO; S
<i>alendronate oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
AMMONUL	3	
<i>anagrelide</i>	1	MO
ANTABUSE	3	MO
ARALAST NP	4	PAR; MO; LA; S
AURYXIA	4	PAR; MO; S
BUPHENYL ORAL POWDER	3	PAR; MO
BUPHENYL ORAL TABLET	4	PAR; MO; S
<i>bupropion hcl (smoking deter) 150 mg, 12 hr sustained-release</i>	1	MO; QLL (60 per 30 days)
CAFCIT INTRAVENOUS	3	
<i>caffeine citrate intravenous</i>	3	
<i>caffeine citrate oral</i>	3	MO
CARBAGLU	4	PAR; MO; LA; S
CARNITOR	3	B/D PAR; MO
CARNITOR (SUGAR-FREE)	3	B/D PAR; MO
<i>cevimeline</i>	1	MO
CHANTIX	3	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	3	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	3	PAR; MO; QLL (106 per 365 days)
CHEMET	3	MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PAR
CLINIMIX E 2.75%/D10W SUL FREE	2	B/D PAR

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 2.75%/D5W SULF FREE	2	B/D PAR
CLINIMIX N9G20E 2.75%-D10W(SF)	2	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox</i>	4	PAR; MO; S
<i>deferoxamine</i>	3	MO
DESFERAL INJECTION	3	MO
RECON SOLN 500 MG		
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO
<i>dextrose 20 % in water (d20w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 30 % in water (d30w)</i>	1	
<i>dextrose 40 % in water (d40w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	MO
<i>dextrose 70 % in water (d70w)</i>	1	MO
<i>dextrose with sodium chloride</i>	1	
<i>disulfiram</i>	1	MO
ENDARI	4	MO; S
<i>etidronate disodium oral tablet 400 mg</i>	4	MO; S
EVOXAC	3	MO
EXJADE	4	PAR; MO; LA; S
FERRIPROX ORAL SOLUTION	4	PAR; S
FERRIPROX ORAL TABLET	4	PAR; MO; S
FOSRENOL	4	ST; MO; S
GLASSIA	4	PAR; MO; LA; S
INCRELEX	4	PAR; MO; LA; S
JADENU	4	PAR; MO; S
JADENU SPRINKLE	4	PAR; MO; S
<i>kionex (with sorbitol)</i>	1	MO
<i>lactated ringers irrigation</i>	1	MO
<i>lanthanum</i>	4	ST; MO; S
<i>levocarnitine (with sugar)</i>	1	B/D PAR; MO
<i>levocarnitine oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
LITHOSTAT	3	MO
LOKELMA	3	MO
<i>midodrine</i>	1	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	1	MO
NICOTROL	3	MO
NICOTROL NS	2	MO; QLL (120 per 30 days)
NITYR	4	PAR; MO; LA; S
NORTHERA ORAL CAPSULE 100 MG	4	PAR; MO; S; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	4	PAR; MO; S; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	4	PAR; MO; S; QLL (180 per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	PAR; LA; S
ORFADIN ORAL CAPSULE 20 MG	4	PAR; MO; LA; S
ORFADIN ORAL SUSPENSION	4	PAR; MO; LA; S
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	3	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	4	PAR; LA; S
PROLASTIN-C INTRAVENOUS SOLUTION	4	PAR; MO; S
PROTOPAM CHLORIDE	3	
RAVICTI	4	PAR; MO; S; QLL (525 per 30 days)
RECLAST	3	PAR; MO
RENAGEL ORAL TABLET 800 MG	4	ST; MO; S
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	4	MO; S; QLL (540 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	4	MO; S; QLL (180 per 30 days)
RENVELA ORAL TABLET	4	MO; S; QLL (540 per 30 days)
REVCovi	4	MO; S
RILUTEK	4	MO; S
<i>riluzole</i>	1	MO
<i>ringer's irrigation</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	ST; MO; QLL (30 per 30 days)
SALAGEN (PILOCARPINE)	3	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	MO; S; QLL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	MO; S; QLL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	1	MO; QLL (540 per 30 days)
<i>sevelamer hcl</i>	1	ST; MO
<i>sodium benzoate-sod phenylacet</i>	3	
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	4	PAR; MO; S
<i>sodium polystyrene sulfonate oral</i>	1	MO
<i>sodium polystyrene sulfonate rectal</i>	1	
SOLIRIS	4	PAR; MO; S
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
SURVANTA	3	
SYPRINE	4	MO; S
THIOLA	4	PAR; MO; S
TIGLUTIK	4	MO; S
<i>tis-u-sol pentalyte</i>	1	MO
<i>trientine</i>	4	MO; S
ULTOMIRIS	4	PAR; MO; S
VELPHORO	4	ST; MO; S; QLL (180 per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM	4	MO; S
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
WATER FOR IRRIGATION, STERILE	2	MO
XIAFLEX	4	PAR; MO; S
XURIDEN	4	PAR; MO; S; QLL (120 per 30 days)
ZEMAIRA	4	PAR; MO; LA; S
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PAR; MO
ZYBAN	3	MO; QLL (60 per 30 days)
Ear, Nose / Throat Medications		
<i>acetic acid otic (ear)</i>	1	MO
ARESTIN	4	MO; S
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	MO; QLL (30 per 25 days)
<i>azelastine nasal</i>	1	MO; QLL (30 per 25 days)
BACTROBAN NASAL	3	MO
CETRAXAL	3	MO
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CIPRO HC	3	MO
CIPRODEX	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	3	MO
CLINPRO 5000	3	MO
COLY-MYCIN S	3	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
DERMOTIC OIL	3	MO
FLAC OTIC OIL	3	
<i>fluocinolone acetonide oil otic (ear)</i>	1	MO
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
<i>olopatadine nasal</i>	1	MO; QLL (31 per 30 days)
<i>oralone</i>	1	MO
OTOVEL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>paroex oral rinse</i>	1	MO
PATANASE	3	MO; QLL (31 per 30 days)
<i>periogard</i>	1	MO
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE	3	MO
<i>sf</i>	3	MO
<i>sf 5000 plus</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
Endocrine/Diabetes		
<i>acarbose oral tablet 100 mg</i>	1	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QLL (180 per 30 days)
ACTHAR H.P.	4	PAR; MO; S
ACTOPLUS MET	3	MO; QLL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QLL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QLL (45 per 30 days)
ACTOS ORAL TABLET 15 MG	3	MO; QLL (90 per 30 days)
ACTOS ORAL TABLET 30 MG	3	MO; QLL (45 per 30 days)
ACTOS ORAL TABLET 45 MG	3	MO; QLL (30 per 30 days)
ADLYXIN	4	MO; S
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT	4	PAR; MO; S; QLL (270 per 30 days)	METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)		
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90)	3	PAR; MO; QLL (540 per 30 days)	ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/ 2.5GRAM)	4	PAR; MO; S; QLL (300 per 30 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT/8 UNIT/ 12 UNIT (60)	3	PAR; MO; QLL (360 per 365 days)	ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PAR; MO; QLL (300 per 30 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	PAR; MO; QLL (360 per 30 days)	ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/ 1.25 GRAM)	2	PAR; MO; QLL (112.5 per 30 days)
<i>alcohol pads</i>	1	MO	ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	2	PAR; MO; QLL (150 per 30 days)
ALDURAZYME	4	PAR; MO; S	APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
ALOGLIPTIN ORAL TABLET 12.5 MG	3	MO; QLL (60 per 30 days)	APIDRA U-100 INSULIN	3	ST; MO
ALOGLIPTIN ORAL TABLET 25 MG	3	MO; QLL (30 per 30 days)	<i>armour thyroid</i>	1	PAR; MO
ALOGLIPTIN ORAL TABLET 6.25 MG	3	MO; QLL (120 per 30 days)	AVANDIA ORAL TABLET 2 MG	3	PAR; MO; QLL (120 per 30 days)
ALOGLIPTIN-METFORMIN	3	MO; QLL (60 per 30 days)	AVANDIA ORAL TABLET 4 MG	3	PAR; MO; QLL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG	3	MO; QLL (60 per 30 days)	AVEED	3	PAR; MO; LA
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QLL (30 per 30 days)	BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
AMARYL ORAL TABLET 1 MG	3	MO; QLL (240 per 30 days)	<i>betamethasone acet,sod phos</i>	3	MO
AMARYL ORAL TABLET 2 MG	3	MO; QLL (120 per 30 days)	BYDUREON BCISE	2	MO; QLL (4 per 28 days)
AMARYL ORAL TABLET 4 MG	3	MO; QLL (60 per 30 days)	BYDUREON SUBCUTANEOUS PEN INJECTOR	2	MO; QLL (4 per 28 days)
ANADROL-50	4	PAR; MO; S	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/ DOSE(250 MCG/ML) 2.4 ML	2	MO; QLL (2.4 per 30 days)
ANDRODERM	3	PAR; MO; QLL (30 per 30 days)	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/ DOSE (250 MCG/ML) 1.2 ML	2	MO; QLL (1.2 per 30 days)
ANDROGEL TRANSDERMAL GEL IN	2	PAR; MO; QLL (150 per 30 days)	<i>cabergoline</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>calcitonin (salmon)</i>	1	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	B/D PAR; MO
CELESTONE SOLUSPAN	3	MO
CERDELGA	4	PAR; MO; S
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PAR; MO; S
<i>chlorpropamide oral tablet 100 mg</i>	1	PAR; MO; QLL (210 per 30 days)
<i>chlorpropamide oral tablet 250 mg</i>	1	PAR; MO; QLL (90 per 30 days)
<i>chorionic gonadotropin, human intramuscular</i>	3	PAR; MO
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	B/D PAR; MO; S; QLL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	4	B/D PAR; MO; S; QLL (120 per 30 days)
CORTEF	3	MO
<i>cortisone tablet</i>	1	MO
CRYSVITA	4	MO; S
CYCLOSET	3	ST; MO; QLL (180 per 30 days)
CYTOMEL	3	MO
<i>danazol</i>	1	MO
DDAVP	3	MO
<i>decadron oral elixir</i>	3	MO
<i>decadron oral tablet</i>	3	
<i>deltasone oral tablet 20 mg</i>	1	MO
DEPO-MEDROL	3	MO
DEPO-TESTOSTERONE	3	PAR; MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	1	MO
<i>dexamethasone oral tablets, dose pack</i>	1	MO
<i>dexamethasone sodium phos (pf)</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
DEXPAK 10 DAY	3	MO
DEXPAK 13 DAY	3	MO
DEXPAK 6 DAY	3	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg</i>	3	B/D PAR; MO
<i>doxercalciferol oral capsule 1 mcg</i>	3	MO
<i>doxercalciferol oral capsule 2.5 mcg</i>	4	MO; S
DUETACT	3	MO; QLL (30 per 30 days)
ELAPRASE	4	PAR; MO; S
ELELYSO	3	PAR; MO
EMFLAZA	4	PAR; MO; LA; S
FABRAZYME	4	PAR; MO; S
FARXIGA	3	PAR; MO; QLL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	ST; MO
<i>fludrocortisone</i>	1	MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	4	MO; S; QLL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QLL (150 per 30 days)
FORTESTA	3	PAR; MO; QLL (120 per 30 days)
GALAFOLD	4	MO; LA; S
<i>gauze pads 2 x 2</i>	1	MO; QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>glimepiride oral tablet 4 mg</i>	1	MO; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QLL (60 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QLL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QLL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QLL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QLL (60 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QLL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QLL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLUMETZA ORAL TABLET, 4 ER GAST.RETENTION 24 HR 500 MG	4	ST; MO; S; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	1	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PAR; MO; QLL (120 per 30 days)
GLYNASE ORAL TABLET 1.5 MG	3	PAR; MO; QLL (240 per 30 days)
GLYNASE ORAL TABLET 3 MG	3	PAR; MO; QLL (120 per 30 days)
GLYNASE ORAL TABLET 6 MG	3	PAR; MO; QLL (60 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QLL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QLL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QLL (180 per 30 days)
GLYXAMBI	3	PAR; MO; QLL (30 per 30 days)
HECTOROL INTRAVENOUS	3	MO
<i>hidex</i>	1	
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	4	PAR; MO; S
HUMULIN R U-500 (CONC) KWIKPEN	4	PAR; MO; S
<i>hydrocortisone oral</i>	1	MO
INSULIN LISPRO	2	
<i>insulin pen needle</i>	1	MO; QLL (200 per 30 days)
<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml</i>	1	MO; QLL (200 per 30 days)
INVOKAMET	3	PAR; MO; QLL (60 per 30 days)
INVOKAMET XR	3	PAR; MO; QLL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	PAR; MO; QLL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	PAR; MO; QLL (30 per 30 days)
JANUMET	2	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	2	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JANUVIA ORAL TABLET 25 MG	2	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	2	MO; QLL (60 per 30 days)
JARDIANCE	2	MO; QLL (30 per 30 days)
JENTADUETO	2	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QLL (30 per 30 days)
JYNARQUE ORAL TABLET 15 MG	4	PAR; LA; S; QLL (30 per 30 days)
JYNARQUE ORAL TABLET 30 MG	4	PAR; LA; S; QLL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PAR; MO; LA; S; QLL (14 per 28 days)
KANUMA	4	PAR; MO; S
KAZANO	3	MO; QLL (60 per 30 days)
KENALOG INJECTION	3	MO
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	PAR; MO; QLL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	PAR; MO; QLL (30 per 30 days)
KORLYM	4	PAR; MO; S
KUVAN	4	PAR; MO; S
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LEVEMIR FLEXTOUCH U-100 INSULN	2	MO
LEVEMIR U-100 INSULIN	2	MO
LEVO-T	3	
LEVOTHYROXINE	4	MO; S
INTRAVENOUS RECON SOLN 100 MCG		

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

Drug Name	Drug Tier	Requirements /Limits
<i>levothyroxine intravenous recon soln 200 mcg</i>	4	MO; S
<i>levothyroxine intravenous recon soln 500 mcg</i>	3	MO
<i>levothyroxine oral</i>	1	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
<i>liothyronine intravenous</i>	4	MO; S
<i>liothyronine oral</i>	1	MO
LUMIZYME	3	PAR; MO
MEDROL (PAK)	3	MO
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	MO
MEDROL ORAL TABLET 2 MG	2	MO
MEPSEVII	4	PAR; MO; S
<i>metformin oral tablet 1,000 mg</i>	1	MO; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QLL (60 per 30 days)
<i>metformin oral tablet extended release 24 hrs osm-tab 500mg</i>	3	MO; QLL (150 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	3	MO; QLL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	4	MO; S; QLL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	4	MO; S; QLL (120 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
METHITEST	3	MO
<i>methylprednisolone</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
<i>methyltestosterone oral capsule</i>	4	MO; S
MIACALCIN INJECTION	4	B/D PAR; MO; S
<i>miglitol oral tablet 100 mg</i>	1	MO; QLL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	MO; QLL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	MO; QLL (180 per 30 days)
<i>miglustat</i>	4	PAR; MO; LA; S
<i>millipred dp</i>	1	MO
<i>millipred oral tablet</i>	1	MO
MYALEPT	4	PAR; MO; LA; S
NAGLAZYME	4	PAR; MO; LA; S
<i>nateglinide oral tablet 120 mg</i>	1	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QLL (180 per 30 days)
NATESTO	3	MO; QLL (21.96 per 30 days)
NATPARA	4	PAR; MO; LA; S; QLL (2 per 28 days)
NATURE-THROID ORAL TABLET 65 MG	3	MO
<i>needles, insulin disp.,safety</i>	1	MO; QLL (200 per 30 days)
NESINA ORAL TABLET 12.5 MG	3	MO; QLL (60 per 30 days)
NESINA ORAL TABLET 25 MG	3	MO; QLL (30 per 30 days)
NESINA ORAL TABLET 6.25 MG	3	MO; QLL (120 per 30 days)
NOC DURNA (MEN)	3	MO
NOC DURNA (WOMEN)	3	MO
NOCTIVA	3	MO
<i>novarel intramuscular recon soln 10,000 unit</i>	3	PAR; MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	PAR; MO	<i>pamidronate intravenous recon soln</i>	1	MO
NOVOLIN 70-30 FLEXPEN U-100	3	ST; MO	<i>pamidronate intravenous solution</i>	1	MO
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO	<i>30 mg/10 ml (3 mg/ml), 90 mg/ 10 ml (9 mg/ml)</i>		
NOVOLIN N NPH U-100 INSULIN	3	ST; MO	<i>pamidronate intravenous solution</i>	1	B/D PAR; MO
NOVOLIN R REGULAR U- 100 INSULIN	3	ST; MO	<i>60 mg/10 ml (6 mg/ml)</i>		
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO	PARICALCITOL	3	B/D PAR
NOVOLOG MIX 70-30 U-100 INSULIN	3	ST; MO	HEMODIALYSIS PORT INJECTION		
NOVOLOG MIX 70- 30FLEXPEN U-100	3	ST; MO	<i>paricalcitol intravenous solution 2</i>	3	B/D PAR
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO	<i>mcg/ml</i>		
NOVOLOG U-100 INSULIN ASPART	3	ST; MO	<i>paricalcitol intravenous solution 5</i>	3	B/D PAR; MO
NOVOPEN ECHO	2	MO	<i>mcg/ml</i>		
<i>np thyroid</i>	3	PAR; MO	<i>paricalcitol oral capsule 1 mcg, 2</i>	1	MO
ONGLYZA ORAL TABLET 2.5 MG	3	PAR; MO; QLL (60 per 30 days)	<i>mcg</i>		
ONGLYZA ORAL TABLET 5 MG	3	PAR; MO; QLL (30 per 30 days)	<i>paricalcitol oral capsule 4 mcg</i>	4	MO; S
ORAPRED ODT	3	MO	PARSABIV	4	MO; S
ORILISSA ORAL TABLET 150 MG	3	PAR; MO; QLL (30 per 30 days)	<i>pioglitazone oral tablet 15 mg</i>	1	MO; QLL (90 per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PAR; MO; QLL (60 per 30 days)	<i>pioglitazone oral tablet 30 mg</i>	1	MO; QLL (45 per 30 days)
OSENI ORAL TABLET 12.5- 15 MG	3	MO; QLL (60 per 30 days)	<i>pioglitazone oral tablet 45 mg</i>	1	MO; QLL (30 per 30 days)
OSENI ORAL TABLET 12.5- 30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QLL (30 per 30 days)	<i>pioglitazone-glimepiride</i>	1	MO; QLL (30 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	1	PAR; MO; QLL (60 per 30 days)	<i>pioglitazone-metformin</i>	1	MO; QLL (90 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PAR; MO; QLL (240 per 30 days)	PRANDIN ORAL TABLET 1 MG	3	MO; QLL (480 per 30 days)
OZEMPIC	2	MO	PRANDIN ORAL TABLET 2 MG	4	MO; S; QLL (240 per 30 days)
PALYNZIQ	4	PAR; MO; LA; S	PRECOSE ORAL TABLET 100 MG	3	MO; QLL (90 per 30 days)
			PRECOSE ORAL TABLET 25 MG	3	MO; QLL (360 per 30 days)
			PRECOSE ORAL TABLET 50 MG	3	MO; QLL (180 per 30 days)
			<i>prednisolone oral solution 15 mg/ 5 ml</i>	1	MO
			<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml),</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)		
prednisolone sodium phosphate oral tablet, disintegrating	1	MO
prednisone intensol	1	MO
prednisone oral solution	1	MO
prednisone oral tablet 1 mg	1	MO
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	MO
prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)	1	MO
prednisone oral tablets, dose pack 10 mg, 5 mg	1	MO
PREGNYL	3	PAR; MO
PROGLYCEM	4	MO; S
propylthiouracil	1	MO
QTERN	3	PAR; MO
RAYALDEE	4	MO; S
RAYOS	4	MO; S
repaglinide oral tablet 0.5 mg	1	MO; QLL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QLL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QLL (240 per 30 days)
repaglinide-metformin	1	MO; QLL (150 per 30 days)
RIOMET	3	MO; QLL (780 per 30 days)
ROCALTROL	3	B/D PAR; MO
SAMSCA ORAL TABLET 15 MG	4	PAR; MO; S; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	4	PAR; MO; S; QLL (60 per 30 days)
SEGLUROMET	3	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	4	B/D PAR; MO; S; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	4	B/D PAR; MO; S; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SOLQUA 100/33	3	MO
SOLU-CORTEF	3	MO
SOLU-CORTEF (PF)	3	MO
SOLU-MEDROL	3	MO
SOLU-MEDROL (PF)	3	MO
SOMAVERT	4	PAR; MO; S
STARLIX ORAL TABLET 120 MG	3	MO; QLL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QLL (180 per 30 days)
STEGLATRO	3	PAR; MO; QLL (30 per 30 days)
STEGLUJAN	3	PAR; MO; QLL (30 per 30 days)
STIMATE	4	MO; S
STRENSIQ	4	PAR; MO; LA; S
STRIANT	3	MO
SYMLINPEN 120	4	PAR; MO; S; QLL (11 per 30 days)
SYMLINPEN 60	4	PAR; MO; S; QLL (6 per 30 days)
SYNAREL	4	PAR; MO; S
SYNJARDY	2	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	MO; QLL (30 per 30 days)
SYNTHROID	2	MO
TAPAZOLE	3	MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS)	3	MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	MO
TESTIM	3	PAR; MO; QLL (300 per 30 days)
TESTOPEL	4	MO; S

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

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate</i>	1	PAR; MO
<i>testosterone enanthate</i>	1	PAR; MO
TESTOSTERONE TRANSDERMAL GEL	3	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	PAR; MO; QLL (120 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PAR; MO; QLL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PAR; MO; QLL (112.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PAR; MO; QLL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PAR; MO; QLL (180 per 30 days)
<i>thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg</i>	1	PAR
<i>thyroid (pork) oral tablet 15 mg, 90 mg</i>	1	PAR; MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
TIROSINT	3	MO
TIROSINT-SOL	3	MO
<i>tolazamide oral tablet 250 mg</i>	1	MO; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QLL (60 per 30 days)
<i>tolbutamide</i>	1	MO; QLL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO

Drug Name	Drug Tier	Requirements /Limits
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	2	MO; QLL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO; QLL (30 per 30 days)
TRESIBA FLEXTOUCH U-200	3	ST; MO; QLL (18 per 30 days)
TRESIBA U-100 INSULIN	3	ST; MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection</i>	1	MO
TRIESENCE (PF)	3	MO
TRIOSTAT	3	MO
TRULICITY	2	MO; QLL (2 per 28 days)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
<i>unithroid oral tablet 137 mcg</i>	1	MO
VASOSTRICT	3	MO
<i>veripred 20</i>	1	
VICTOZA 2-PAK	2	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	2	MO; QLL (9 per 30 days)
VIMIZIM	3	PAR; MO
VOGELXO	3	PAR; MO; QLL (300 per 30 days)
VPRIV	4	PAR; MO; S
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	PAR; MO; QLL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	PAR; MO; QLL (60 per 30 days)
XULTOPHY 100/3.6	4	MO; S
XYOSTED	4	PAR; MO; S
ZAVESCA	4	PAR; MO; LA; S
ZEMPLAR INTRAVENOUS	3	B/D PAR; MO

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ZEMPLAR ORAL CAPSULE 1	3	B/D PAR; MO MCG	<i>aprepitant oral capsule, dose pack</i>	1	B/D PAR; MO; QLL (15 per 30 days)
ZEMPLAR ORAL CAPSULE 2	4	B/D PAR; MO; S MCG	APRISO	3	MO
ZILRETTA	3	MO	ASACOL HD	3	MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	PAR	<i>atropine injection solution 0.4 mg/ml</i>	1	MO
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	PAR; MO	<i>atropine injection syringe 0.05 mg/ml</i>	1	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	PAR	<i>atropine injection syringe 0.1 mg/ml</i>	1	MO
Gastroenterology			AZULFIDINE	3	MO
ACIPHEX	3	MO; QLL (30 per 30 days)	AZULFIDINE EN-TABS	3	MO
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	4	MO; S; QLL (30 per 30 days)	<i>balsalazide</i>	1	MO
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	3	MO; QLL (30 per 30 days)	BENTYL INTRAMUSCULAR	3	MO
ACTIGALL	4	MO; S	BONJESTA	3	PAR; MO; QLL (60 per 30 days)
AKYNZEO (FOSNETUPITANT)	3	MO	<i>budesonide oral capsule, delayed, extend. release</i>	4	MO; S
<i>alosetron</i>	4	PAR; MO; S; QLL (60 per 30 days)	<i>budesonide oral tablet, delayed and ext. release</i>	4	PAR; MO; S
ALOXI	3	PAR; MO	CANASA	4	MO; S
AMITIZA	2	MO; QLL (60 per 30 days)	<i>carafate oral suspension</i>	3	MO
<i>amoxicil-clarithromy-lansopraz</i>	3	MO	CARAFATE ORAL TABLET	3	MO
ANALPRAM-HC RECTAL CREAM 1-1 %	3	MO	CESAMET	3	B/D PAR; MO
ANUSOL-HC TOPICAL	3	MO	CHENODAL	3	PAR; LA
<i>aprepitant oral capsule 125 mg</i>	1	B/D PAR; MO; QLL (5 per 30 days)	<i>chlordiazepoxide-clidinium</i>	3	PAR; MO
<i>aprepitant oral capsule 40 mg</i>	1	B/D PAR; MO; QLL (1 per 28 days)	CHOLBAM	4	PAR; MO; S; QLL (120 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	B/D PAR; MO; QLL (10 per 30 days)	<i>cimetidine</i>	1	MO
			<i>cimetidine hcl oral soln</i>	1	MO
			CIMZIA	4	PAR; MO; S; QLL (6 per 28 days)
			CIMZIA POWDER FOR RECONST	4	PAR; MO; S; QLL (6 per 28 days)
			CIMZIA STARTER KIT	4	PAR; MO; S; QLL (6 per 28 days)
			CINVANTI	3	MO
			CLENPIQ	3	MO
			COLAZAL	4	MO; S

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

Drug Name	Drug Tier	Requirements /Limits
<i>colocort</i>	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	MO
COMPAZINE ORAL TABLET 10 MG	3	MO
COMPAZINE RECTAL	3	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTENEMA	3	MO
CORTIFOAM	3	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CUVPOSA	3	MO
CYSTADANE	4	S
CYTOTEC	3	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	MO
DEXILANT	3	MO; QLL (30 per 30 days)
DICLEGIS	3	PAR; MO; QLL (120 per 30 days)
<i>dicyclomine intramuscular</i>	3	MO
<i>dicyclomine oral capsule</i>	1	PAR; MO
<i>dicyclomine oral solution</i>	1	PAR; MO
<i>dicyclomine oral tablet</i>	1	PAR; MO
<i>dimenhydrinate injection solution</i>	3	MO
DIPENTUM	4	MO; S
<i>diphenoxylate-atropine oral liquid</i>	1	PAR; MO
<i>diphenoxylate-atropine oral tablet</i>	1	PAR; MO
<i>dronabinol oral capsule 10 mg</i>	4	B/D PAR; MO; S; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	B/D PAR; MO; QLL (120 per 30 days)
<i>droperidol injection solution</i>	3	MO
EMEND (FOSAPREPITANT) INTRAVENOUS SOLUTION	3	MO
EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 28 days)
EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (10 per 30 days)
EMEND ORAL CAPSULE, DOSE PACK	4	B/D PAR; MO; S; QLL (15 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PAR; MO; QLL (15 per 30 days)
ENTEREG	3	MO
ENTOCORT EC	4	MO; S
ENTYVIO	4	PAR; MO; S; QLL (1 per 56 days)
<i>enulose</i>	1	MO
<i>esomeprazole magnesium</i>	1	ST; MO; QLL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>esomeprazole strontium oral capsule, delayed release(dr/ec) 49.3 mg</i>	1	ST; MO; QLL (30 per 30 days)
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	4	PAR; MO; S
GATTEX ONE-VIAL	4	PAR; MO; S
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
GLYCATE	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	3	

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

Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	4	S
GOLYTELY	3	MO
<i>granisetron (pf)</i>	1	MO
<i>granisetron hcl intravenous</i>	1	MO
<i>granisetron hcl oral</i>	1	B/D PAR; MO; QLL (30 per 30 days)
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	MO
INFLECTRA	4	PAR; MO; S
KRISTALOSE	3	MO
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	MO; QLL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrating, delay rel</i>	3	MO; QLL (30 per 30 days)
LIALDA	2	MO
LIBRAX (WITH CLIDINIUM)	4	PAR; MO; S
LINZESS	2	MO; QLL (30 per 30 days)
LOMOTIL	3	PAR; MO
<i>loperamide oral capsule</i>	1	MO
LOTRONEX	4	PAR; MO; S; QLL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG	4	B/D PAR; MO; S; QLL (120 per 30 days)
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	3	B/D PAR; MO; QLL (120 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with delayed release tablets)</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
MESALAMINE ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG	1	MO
<i>mesalamine rectal enema</i>	1	MO
<i>mesalamine rectal suppository</i>	4	MO; S
<i>mesalamine with cleansing wipe</i>	1	MO
<i>methscopolamine</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	3	MO
MICORT-HC	3	MO
<i>misoprostol</i>	1	MO
MOTEGRITY	3	MO; QLL (30 per 30 days)
MOTOFEN	3	PAR; MO
MOVANTIK	2	MO; QLL (30 per 30 days)
MOVIPREP	3	MO
MYTESI	3	MO
NEXIUM	3	ST; MO; QLL (30 per 30 days)
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO
NEXIUM PACKET	3	ST; MO; QLL (30 per 30 days)
<i>nizatidine oral capsule</i>	1	MO
<i>nizatidine oral solution</i>	3	MO
NULYTELY WITH FLAVOR PACKS	3	MO
OALIVA	4	PAR; MO; LA; S; QLL (30 per 30 days)
OMECLAMOX-PAK	3	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	MO; QLL (30 per 30 days)
<i>omeprazole-sodium bicarbonate</i>	4	MO; S; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron disintegrating tablet</i>	1	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron hcl (pf)</i>	1	MO
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PAR; MO; QLL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D PAR; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PAR; MO; QLL (90 per 30 days)
<i>opium tincture</i>	1	MO
OSMOPREP	3	MO
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	PAR
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	3	MO
<i>palonosetron intravenous syringe</i>	3	PAR
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 21,000-54,700- 83,900 UNIT	4	ST; MO; S
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral</i>	1	MO; QLL (30 per 30 days)
<i>paregoric</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>peg-electrolyte soln</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO

Drug Name	Drug Tier	Requirements /Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO; S
PEPCID ORAL TABLET	3	MO
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT	4	ST; MO; S
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
PLENVU	3	MO
<i>polyethylene glycol 3350</i>	1	MO
PREPOPIK	3	MO
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG	4	MO; S; QLL (30 per 30 days)
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QLL (30 per 30 days)
PREVACID SOLUTAB	3	MO; QLL (30 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>prochlorperazine rectal supp</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
PROCTOFOAM HC	3	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
<i>propantheline</i>	1	PAR; MO
PROTONIX INTRAVENOUS	3	MO
PROTONIX ORAL	3	MO; QLL (30 per 30 days)
PYLERA	4	MO; S
<i>rabeprazole</i>	3	MO; QLL (30 per 30 days)
<i>ranitidine hcl injection</i>	1	MO
<i>ranitidine hcl oral capsule</i>	3	MO
<i>ranitidine hcl oral syrup</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
RECTIV	3	MO; QLL (30 per 30 days)
REGLAN ORAL	3	MO
RELISTOR ORAL	4	PAR; MO; S; QLL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	PAR; MO; S; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PAR; MO; S; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PAR; MO; S; QLL (12 per 30 days)
REMICADE	4	PAR; MO; S
RENFLEXIS	4	PAR; MO; S
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	4	PAR; MO; S; QLL (4 per 28 days)
<i>scopolamine transdermal</i>	1	MO; QLL (10 per 28 days)
SFROWASA	4	MO; S
SUCRAID	4	MO; S
<i>sucralfate oral tablet</i>	1	MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	2	MO
SUSTOL	4	S
SYMPROIC	3	ST; MO
SYNDROS	4	B/D PAR; MO; S
TIGAN INTRAMUSCULAR	3	MO
TIGAN ORAL CAPSULE 300 MG	3	MO
TRANSDERM-SCOP	2	MO; QLL (10 per 28 days)
<i>trilyte with flavor packets</i>	1	MO
<i>trimethobenzamide oral</i>	3	MO
TRULANCE	3	MO; QLL (30 per 30 days)
UCERIS ORAL	4	PAR; MO; S

Drug Name	Drug Tier	Requirements /Limits
UCERIS RECTAL	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol</i>	1	MO
VARUBI ORAL	3	B/D PAR; MO; QLL (4 per 28 days)
VIBERZI	4	PAR; MO; S
VIOKACE ORAL TABLET 10, 440-39,150- 39,150 UNIT	3	MO
VIOKACE ORAL TABLET 20, 880-78,300- 78,300 UNIT	4	MO; S
ZANTAC INJECTION	3	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QLL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	4	MO; S; QLL (30 per 30 days)
ZEGERID ORAL PACKET	4	MO; S; QLL (30 per 30 days)
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	ST; MO
ZOFRAN ORAL TABLET	4	B/D PAR; MO; S; QLL (90 per 30 days)
ZUPLENZ	3	B/D PAR; MO

Immunology, Vaccines / Biotechnology

ACTHIB (PF)	2	MO
ACTIMMUNE	4	PAR; MO; S
ADACEL(TDAP ADOLESN/ ADULT)(PF)	2	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	4	PAR; MO; S
ARANESP (IN POLYSORBATE) INJECTION	2	PAR; MO

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

Drug Name	Drug Tier	Requirements /Limits
SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML		
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	2	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	4	PAR; MO; S
ARCALYST	4	PAR; MO; S
ATGAM	3	B/D PAR
AVONEX (WITH ALBUMIN)	4	PAR; MO; S; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PAR; MO; S; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PAR; MO; S; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	2	MO
BETASERON SUBCUTANEOUS KIT	4	PAR; MO; S
BEXSERO	2	MO
BIVIGAM	4	PAR; MO; S
BOOSTRIX TDAP	2	MO
BOTOX	3	PAR; MO
CUVITRU	4	PAR; MO; S
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	MO; S
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPOST	3	PAR; MO
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PAR; MO; S
ENGRIX-B (PF)	2	B/D PAR; MO
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	B/D PAR; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML,	3	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		
EXTAVIA SUBCUTANEOUS KIT	4	PAR; MO; S
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PAR; S
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	3	PAR; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	4	PAR; MO; S
<i>fomepizole</i>	4	S
FULPHILA	4	PAR; MO; S; QLL (1.2 per 28 days)
GAMASTAN	3	PAR; MO
GAMASTAN S/D 15 %- 18% RANGE INTRAMUSCULAR SOLUTION	3	PAR; MO
GAMMAGARD LIQUID	4	PAR; MO; S
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PAR; MO; S
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	4	PAR; MO; S
GAMMAKED INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	3	PAR; MO
GAMMAPLEX	4	PAR; MO; S
GAMMAPLEX (WITH SORBITOL)	4	PAR; MO; S
GAMUNEX-C	4	PAR; MO; S
GARDASIL 9 (PF)	2	MO
GENOTROPIN	4	PAR; MO; S
GENOTROPIN MINISQUICK	4	PAR; MO; S
GRANIX	4	PAR; MO; S
GRASSTK	3	PAR; MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML	3	
HEPAGAM B INJECTION SOLUTION GREATER THAN 312 UNIT/ML (5 ML)	3	MO
HIBERIX (PF)	2	MO
HIZENTRA	4	PAR; MO; S
HUMATROPE	4	PAR; MO; S
HYPERHEP B S-D NEONATAL	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PAR; MO; S
HYQVIA SUBCUTANEOUS SOLUTION 2.5 GRAM /25 ML (10 %)	3	PAR; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PAR; MO; LA; S
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF)	2	MO
INTRON A INJECTION RECON SOLN 10 MILLION	3	MO

Drug Name	Drug Tier	Requirements /Limits
UNIT (1 ML), 18 MILLION UNIT (1 ML)		
INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML)	4	MO; S
INTRON A INJECTION SOLUTION	4	MO; S
IPOLE SUSPENSION FOR INJECTION 40 UNIT-8 UNIT-32 UNIT/0.5 ML	2	MO
IXIARO (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
LEUKINE 250MCG INJECTION RECON SOLN	4	PAR; MO; S
M-M-R II (PF)	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 75 MCG/0.3 ML	4	PAR; MO; S; QLL (0.6 per 28 days)
MOZOBIL	4	PAR; MO; S
MYOBLOC	3	PAR; MO
NABI-HB	4	MO; S
NEULASTA	4	PAR; MO; S; QLL (1.2 per 28 days)
NEUPOGEN	4	PAR; MO; S
NIVESTYM INJECTION	4	PAR; S
NIVESTYM SUBCUTANEOUS	4	PAR; MO; S
NORDITROPIN FLEXPOR	4	PAR; MO; S
NUTROPIN AQ NUSPIN	4	PAR; MO; S
OCTAGAM	4	PAR; MO; S
OMNITROPE	4	PAR; MO; S
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PAR; MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PANZYGA INTRAVENOUS SOLUTION 10 %	4	PAR; MO; S	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	B/D PAR; MO
PANZYGA INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	4	PAR; S	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	B/D PAR
PEDIARIX (PF)	2	MO	RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 40,000 UNIT/ML	4	PAR; MO; S; QLL (12 per 28 days)
PEDVAX HIB (PF)	2	MO	RETACRIT INJECTION SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PAR; MO; QLL (12 per 28 days)
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	4	MO; S	ROTARIX	2	
PEGASYS SUBCUTANEOUS SYR	4	MO; S	ROTATEQ VACCINE	2	MO
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	MO; S	SAIZEN	4	PAR; MO; S
PENTACEL (PF)	2	MO	SAIZEN SAIZENPREP	4	PAR; MO; S
PLEGRIDY	4	PAR; MO; S; QLL (1 per 28 days)	SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PAR; MO; S
PRIVIGEN	4	PAR; MO; S	SHINGRIX (PF)	2	MO
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML	3	PAR; MO	STAMARIL (PF)	2	
PROCRT INJECTION SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PAR; MO	SYLATRON	4	PAR; MO; S
PROCRT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PAR; MO; S	TDVAX	2	MO
PROLEUKIN	4	B/D PAR; MO; S	TENIVAC (PF)	2	MO
PROQUAD (PF)	2	MO	TETANUS,DIPHThERIA TOX PED(PF)	2	MO
QUADRACEL (PF)	2	MO	THYMOGLOBULIN	4	B/D PAR; S
RABAVERT (PF)	2	MO	TICE BCG	2	B/D PAR; MO
RAGWITEK	3	PAR; MO; QLL (30 per 30 days)	TRUMENBA	2	MO
REBIF (WITH ALBUMIN)	4	PAR; MO; S	TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
REBIF REBIDOSE	4	PAR; MO; S	TYPHIM VI INTRAMUSCULAR SOLUTION	2	MO
REBIF TITRATION PACK	4	PAR; MO; S	TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	B/D PAR; MO	UDENYCA	4	PAR; MO; S; QLL (1.2 per 28 days)
			VAQTA (PF)	2	MO
			VARIVAX (PF)	2	MO
			VARIZIG INTRAMUSCULAR SOLUTION	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	2	PAR; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	4	PAR; MO; S
YF-VAX (PF)	2	MO
ZARXIO	4	PAR; MO; S
ZINPLAVA	4	PAR; MO; S
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	4	PAR; MO; S
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PAR; MO
ZORBTIVE	4	PAR; MO; S
ZOSTAVAX (PF)	2	MO
Miscellaneous Gastrointestinal Agents		
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
Musculoskeletal / Rheumatology		
ACTEMRA	4	PAR; MO; S
ACTEMRA ACTPEN	4	PAR; MO; S
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QLL (1 per 28 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QLL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	3	ST; MO; QLL (30 per 30 days)
<i>alendronate oral solution</i>	1	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QLL (4 per 28 days)
<i>allopurinol</i>	1	MO
<i>allopurinol intravenous solution</i>	1	
<i>aloprim</i>	1	
ARAVA	3	MO
ATELVIA	3	MO; QLL (4 per 28 days)
BENLYSTA	4	PAR; MO; S
BINOSTO	3	MO; QLL (4 per 28 days)
BONIVA INTRAVENOUS	3	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
BONIVA ORAL	3	ST; MO; QLL (1 per 28 days)
COLCHICINE	3	MO
COLCRYS	2	MO
CUPRIMINE	4	MO; S
DEPEN TITRATABS	4	MO; S
DUZALLO	3	PAR; MO; QLL (30 per 30 days)
ENBREL MINI	4	PAR; MO; S; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	4	PAR; MO; S; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	4	PAR; MO; S; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	4	PAR; MO; S; QLL (8 per 28 days)
ENBREL SURECLICK	4	PAR; MO; S; QLL (8 per 28 days)
EVISTA	3	MO; QLL (30 per 30 days)
FORTEO	4	PAR; MO; S; QLL (3 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QLL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QLL (4 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PAR; MO; S; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	4	PAR; MO; S; QLL (12 per 365 days)
HUMIRA PEN	4	PAR; MO; S; QLL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN CROHNS-UC-HS START	4	PAR; MO; S; QLL (12 per 365 days)	KRYSTEXXA	4	PAR; MO; S; QLL (2 per 28 days)
HUMIRA PEN PSOR- UVEITS-ADOL HS	4	PAR; MO; S; QLL (8 per 365 days)	<i>leflunomide</i>	1	MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PAR; MO; S; QLL (2 per 28 days)	MITIGARE	3	MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PAR; MO; S; QLL (4 per 28 days)	OLUMIANT	4	PAR; MO; S; QLL (30 per 30 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PAR; MO; S; QLL (6 per 365 days)	ORENCIA (WITH MALTOSE)	4	PAR; MO; S; QLL (8 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML- 40 MG/0.4 ML	4	PAR; MO; S; QLL (4 per 365 days)	ORENCIA CLICKJECT	4	PAR; MO; S; QLL (4 per 28 days)
HUMIRA(CF) PEN CROHNS- UC-HS	4	PAR; MO; S; QLL (6 per 365 days)	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PAR; MO; S; QLL (4 per 28 days)
HUMIRA(CF) PEN PSOR-UV- ADOL HS	4	PAR; MO; S; QLL (6 per 365 days)	ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PAR; MO; S; QLL (1.6 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PAR; MO; S; QLL (4 per 28 days)	ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PAR; MO; S; QLL (2.8 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/ 0.2 ML	4	PAR; MO; S; QLL (2 per 28 days)	OTEZLA	4	PAR; MO; S; QLL (60 per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PAR; MO; S; QLL (4 per 28 days)	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PAR; MO; S; QLL (110 per 365 days)
<i>ibandronate intravenous</i>	1	B/D PAR; MO	OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/ 0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	MO
<i>ibandronate oral</i>	1	MO; QLL (1 per 28 days)	<i>penicillamine</i>	4	MO; S
KEVZARA	4	PAR; MO; S; QLL (2.28 per 28 days)	<i>probenecid</i>	1	MO
KINERET	4	PAR; MO; S; QLL (28 per 28 days)	<i>probenecid-colchicine</i>	1	MO
			PROLIA	2	PAR; MO; QLL (2 per 365 days)
			<i>raloxifene</i>	1	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
RASUVO (PF)	3	MO
SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML		
RIDAURA	4	MO; S
<i>risedronate oral tablet 150 mg</i>	1	ST; MO; QLL (1 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	ST; MO; QLL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	ST; MO; QLL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QLL (4 per 28 days)
SAVELLA ORAL TABLET 100 MG	2	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	2	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	2	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	2	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK	2	MO; QLL (110 per 365 days)
SIMPONI	4	PAR; MO; S; QLL (1 per 28 days)
SIMPONI ARIA	4	PAR; MO; S
TYMLOS	4	PAR; MO; S; QLL (1 per 28 days)
ULORIC	2	ST; MO
XELJANZ	4	PAR; MO; S; QLL (60 per 30 days)
XELJANZ XR	4	PAR; MO; S; QLL (30 per 30 days)
ZYLOPRIM	3	MO
Obstetrics / Gynecology		
ACTIVELLA	3	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
ALORA	3	PAR; MO; QLL (8 per 28 days)
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amabelz</i>	1	PAR; MO
<i>amethia</i>	1	MO
<i>amethia lo</i>	1	MO
<i>amethyst (28)</i>	1	MO
ANGELIQ	3	PAR; MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aubra eq</i>	3	MO
AVC VAGINAL	3	MO
<i>aviane</i>	1	MO
AYGESTIN	3	MO
<i>azurette (28)</i>	1	MO
<i>balziva (28)</i>	1	MO
<i>bekyree (28)</i>	1	MO
BEYAZ	3	MO
BIJUVA	3	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30 (28)</i>	1	MO
<i>blisovi fe 1/20 (28)</i>	1	MO
<i>briellyn</i>	1	MO
<i>camila</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant (28)</i>	1	MO
<i>chateal (28)</i>	3	MO
<i>chateal eq (28)</i>	3	MO
CLEOCIN VAGINAL	3	MO
CLIMARA	3	PAR; MO; QLL (4 per 28 days)
CLIMARA PRO	2	PAR; MO; QLL (4 per 28 days)
<i>clindamycin phosphate vaginal</i>	1	MO
CLINDESSE	3	MO
COMBIPATCH	2	PAR; MO; QLL (8 per 28 days)
CRINONE	3	PAR; MO
<i>cryselle (28)</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>cyclafem 1/35 (28)</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO
<i>cyred</i>	3	MO
<i>cyred eq</i>	3	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	3	MO
<i>deblitane</i>	1	MO
DELESTROGEN	3	MO
<i>delyla (28)</i>	1	
DEPO-ESTRADIOL	2	MO
DEPO-PROVERA	3	MO
DEPO-SUBQ PROVERA 104	2	MO
<i>desog-e.estradiol/e.estradiol</i>	1	MO
<i>desogestrel-ethinyl estradiol</i>	3	
DIVIGEL	2	PAR; MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	MO
DROSPIRENONE-E.ESTRADIOL-LM.FA ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
DUAVEE	3	PAR; MO; QLL (30 per 30 days)
ELESTRIN	3	PAR; MO
<i>elinest</i>	1	MO
ELLA	2	
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
ESTRACE ORAL	3	PAR; MO
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	1	PAR; MO
<i>estradiol transdermal patch semiweekly</i>	1	PAR; MO; QLL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PAR; MO; QLL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
ESTRING	3	MO; QLL (1 per 90 days)
ESTROSTEP FE-28	3	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	3	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	1	
EVAMIST	2	PAR; MO
<i>falmina (28)</i>	1	MO
<i>fayosim</i>	1	MO
FEMHRT LOW DOSE	3	PAR; MO
FEMRING	3	MO; QLL (1 per 90 days)
<i>femynor</i>	1	MO
<i>fyavolv</i>	1	PAR; MO
GENERESS FE	3	MO
<i>gianvi (28)</i>	1	MO
GYNAZOLE-1	3	MO
<i>hailey 24 fe</i>	3	MO
<i>heather</i>	1	MO
HEMABATE	3	
<i>hydroxyprogesterone caproate</i>	4	PAR; MO; S; QLL (25 per 147 days)
IMVEXXY MAINTENANCE PACK	3	MO; QLL (18 per 28 days)
IMVEXXY STARTER PACK	3	MO; QLL (18 per 28 days)
INCASSIA	3	MO
INTRAROSA	3	MO; QLL (30 per 30 days)
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	3	
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PAR; MO
<i>jolessa</i>	1	MO
<i>jolivette</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30 (21)</i>	1	MO
<i>junel 1/20 (21)</i>	1	MO
<i>junel fe 1.5/30 (28)</i>	1	MO
<i>junel fe 1/20 (28)</i>	1	MO
<i>junel fe 24</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>kaitlib fe</i>	1	MO
<i>kariva</i> (28)	1	MO
<i>kelnor 1-50</i>	3	MO
<i>kelnor 1/35</i> (28)	1	MO
<i>kurvelo</i> (28)	3	MO
KYLEENA	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	3	MO
<i>larin 1.5/30</i> (21)	1	MO
<i>larin 1/20</i> (21)	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30</i> (28)	1	MO
<i>larin fe 1/20</i> (28)	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena 28</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest</i> (28)	1	MO
<i>levonorg-eth estradiol triphasic</i>	1	MO
<i>levonorgestrel-ethinyl estradiol</i>	1	MO
<i>levora-28</i>	1	MO
LILETTA	2	MO
<i>lillow</i> (28)	3	MO
LO LOESTRIN FE	2	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
<i>loprezza</i>	3	PAR; MO
<i>loryna</i> (28)	1	MO
LOSEASONIQUE	3	MO
<i>low-ogestrel</i> (28)	1	MO
LUPANETA PACK (1 MONTH)	3	PAR; MO; QLL (1 per 28 days)
LUPANETA PACK (3 MONTH)	4	PAR; MO; S; QLL (1 per 84 days)
<i>lutra</i> (28)	1	MO

Drug Name	Drug Tier	Requirements /Limits
LYSTEDA	3	MO
<i>lyza</i>	1	MO
<i>marlissa</i> (28)	1	MO
<i>medroxyprogesterone intramuscular</i>	1	MO
<i>medroxyprogesterone oral</i>	1	MO
<i>melodetta 24 fe</i>	3	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PAR; MO
MENOSTAR	3	PAR; MO; QLL (4 per 28 days)
<i>methergine</i>	4	S
<i>methylegonovine injection</i>	3	
<i>methylegonovine oral</i>	4	MO; S
METROGEL VAGINAL	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>microgestin 1.5/30</i> (21)	1	MO
<i>microgestin 1/20</i> (21)	1	MO
<i>microgestin fe 1.5/30</i> (28)	1	MO
<i>microgestin fe 1/20</i> (28)	1	MO
<i>mili</i>	3	MO
<i>mimvey</i>	1	PAR; MO
<i>mimvey lo</i>	1	PAR; MO
MINASTRIN 24 FE	3	MO
MINIVELLE	3	PAR; MO; QLL (8 per 28 days)
MIRCETTE (28)	3	MO
MIRENA	2	MO
<i>mono-linyah</i>	1	MO
<i>mononessa</i> (28)	1	MO
NATAZIA	3	MO
<i>necon 0.5/35</i> (28)	1	MO
NEXPLANON	4	MO; S
<i>nikki</i> (28)	1	MO
<i>nora-be</i>	1	MO
<i>noreth-ethinyl estradiol-iron</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PAR; MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone acetate</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone-e.estradiol-iron</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	MO
<i>norlyda</i>	1	MO
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
NUVARING	2	MO
NUVESSA	3	MO
<i>ocella</i>	1	MO
<i>ogestrel (28)</i>	1	MO
<i>orsythia</i>	1	MO
ORTHO MICRONOR	3	MO
ORTHO TRI-CYCLEN (28)	2	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
OSPHENA	3	MO
<i>oxytocin injection solution</i>	3	MO
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella</i>	1	MO
PITOCIN	3	
<i>portia 28</i>	1	MO
PREFEST	3	PAR; MO
PREMARIN INJECTION	3	MO
PREMARIN ORAL	2	PAR; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PAR; MO
PREMPRO	2	PAR; MO
<i>previfem</i>	1	MO
<i>progesterone</i>	3	MO
<i>progesterone micronized</i>	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
QUARTETTE	3	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
<i>setlakin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sharobel</i>	1	MO
SKYLA	2	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tarina fe 1/20 (28)</i>	1	MO
TAYTULLA	3	MO
<i>terconazole</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>tri femynor</i>	3	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
TRI-LO-MARZIA	3	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	3	MO
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>tri-vylibra</i>	3	MO
<i>tri-vylibra lo</i>	3	MO
<i>trivora (28)</i>	1	MO
<i>tulana</i>	3	MO
<i>tydemy</i>	3	MO
VAGIFEM	3	MO
VANDAZOLE	2	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
VIVELLE-DOT	3	PAR; MO; QLL (8 per 28 days)
<i>vyfemla (28)</i>	1	MO
<i>vylibra</i>	3	MO
<i>wera (28)</i>	3	MO
<i>wymzya fe</i>	1	MO
<i>xulane</i>	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>yuvafem</i>	1	MO
<i>zarah</i>	1	MO
<i>zenchent (28)</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
Ophthalmology		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium solution for injection</i>	1	MO
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
<i>ak-poly-bac</i>	1	MO
ALOCRI	3	MO
ALOMIDE	3	MO
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	MO
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	3	MO
ALREX	3	MO
<i>apraclonidine</i>	1	MO
ATROPINE OPTHALMIC (EYE) DROPS	2	MO
AZASITE	3	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
AZOPT	3	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	3	
BEPREVE	3	MO
BESIVANCE	3	MO
<i>betaxolol ophthalmic (eye)</i>	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
<i>bimatoprost ophthalmic (eye)</i>	1	MO
BLEPH-10	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>brimonidine</i>	1	MO
<i>bromfenac</i>	3	MO
BROMSITE	3	MO
<i>bss</i>	3	MO
BSS PLUS	3	
<i>carteolol</i>	1	MO
CEQUA	3	PAR; MO
CILOXAN	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	4	MO; S
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
DUREZOL	2	MO
<i>epinastine</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
EYLEA	4	PAR; MO; S
FLAREX	3	MO
<i>fluorometholone</i>	1	MO
<i>flurbiprofen ophthalmic (eye)</i>	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	3	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>gentamicin ophthalmic (eye) ointment</i>	1	
ILEVRO	2	MO
IOPIDINE	3	MO
ISOPTO ATROPINE	3	MO
ISOPTO CARPINE	3	MO
ISTALOL	3	MO
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	4	PAR; MO; S
<i>ketorolac ophthalmic (eye)</i>	1	MO
LACRISERT	2	MO; QLL (60 per 30 days)
LASTACAFT	2	MO
<i>latanoprost</i>	1	MO
<i>levobunolol ophthalmic (eye) drops</i>	1	MO
0.5 %		
<i>levofloxacin ophthalmic (eye)</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
LOTEMAX	3	MO
<i>loteprednol etabonate</i>	1	
LUCENTIS	4	PAR; MO; S
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
MAXIDEX	3	MO
MAXITROL	3	MO
<i>methazolamide</i>	1	MO
<i>miostat</i>	3	
MOXEZA	3	MO
<i>moxifloxacin ophthalmic (eye)</i>	1	MO
NATACYN	3	MO
<i>neo-polycin</i>	1	MO
<i>neo-polycin hc</i>	1	MO
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
NEVANAC	2	MO
OCUFLOX	3	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
OMNIPRED	3	MO
OXERVATE	4	MO; S
OZURDEX	4	PAR; MO; S
PATADAY	2	MO
PATANOL	3	MO
PAZEO	2	MO
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>polycin</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
POLYTRIM	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
PROLENSA	3	MO

Drug Name	Drug Tier	Requirements /Limits
RESTASIS	3	PAR; MO; QLL (60 per 30 days)
RESTASIS MULTIDOSE	3	PAR; MO; QLL (10 per 30 days)
RETISERT	3	PAR; MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO
TOBRADEX ST	2	MO
<i>tobramycin</i>	1	MO
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	1	MO
TOBREX	3	MO
TRAVATAN Z	2	MO
<i>trifluridine</i>	1	MO
TRUSOPT	3	MO
VIGAMOX	3	MO
VIROPTIC	3	MO
VYZULTA	3	MO
XALATAN	3	MO
XELPROS	3	MO
XIIDRA	2	PAR; MO; QLL (60 per 30 days)
ZIOPTAN (PF)	3	MO
ZIRGAN	3	MO
ZYLET	2	MO
ZYMAXID	3	MO
Respiratory And Allergy		
ACCOLATE	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>acetylcysteine</i>	1	B/D PAR; MO
ADCIRCA	4	PAR; MO; S; QLL (60 per 30 days)
ADEMPAS	4	PAR; MO; LA; S
<i>adrenalin injection solution 1 mg/ 3 ml</i>	3	MO
<i>adrenalin injection solution 1 mg/ 1 ml (1 ml)</i>	1	MO
ADVAIR DISKUS	2	MO; QLL (60 per 30 days)
ADVAIR HFA	2	MO; QLL (12 per 30 days)
AIRDUO RESPICLICK	3	MO; QLL (1 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION, 90 MCG/ACTUATION (NDA020983)	2	MO; QLL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/ 3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/ 0.5 ml, 5 mg/ml</i>	1	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QLL (14 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QLL (7 per 30 days)
<i>alyq</i>	4	PAR; S; QLL (60 per 30 days)
<i>ambrisentan</i>	4	PAR; MO; LA; S; QLL (30 per 30 days)
<i>aminophylline intravenous</i>	1	

Drug Name	Drug Tier	Requirements /Limits
ANORO ELLIPTA	2	MO; QLL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QLL (30 per 30 days)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ ACTUATION, 55 MCG/ ACTUATION	3	MO; QLL (1 per 30 days)
ARNUITY ELLIPTA	2	MO; QLL (30 per 30 days)
ASMANEX HFA	3	MO; QLL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QLL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES)	3	QLL (2 per 30 days)
ATROVENT HFA	3	MO; QLL (26 per 30 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML	3	MO; QLL (2 per 28 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	4	MO; S; QLL (2 per 28 days)
BECONASE AQ	3	ST; MO; QLL (50 per 30 days)
BERINERT INTRAVENOUS KIT	4	PAR; MO; S
BEVESPI AEROSPHERE	3	ST; MO; QLL (11 per 30 days)
BREO ELLIPTA	2	MO; QLL (60 per 30 days)
BROVANA	4	B/D PAR; MO; S; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PAR; MO; QLL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PAR; MO; QLL (60 per 30 days)
<i>carbinoxamine maleate</i>	3	PAR; MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CINQAIR	4	PAR; MO; S
CINRYZE	4	PAR; MO; S
CLARINEX ORAL SYRUP	3	MO
CLARINEX ORAL TABLET	3	MO
CLARINEX-D 12 HOUR	3	MO
<i>clemastine oral tablet 2.68 mg</i>	1	PAR; MO
COMBIVENT RESPIMAT	3	MO; QLL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PAR; MO; QLL (240 per 30 days)
CUROSURF	3	
<i>cypheptadine</i>	1	PAR; MO
DALIRESP	3	PAR; MO; QLL (30 per 30 days)
<i>desloratadine</i>	1	MO
<i>dexchlorpheniramine maleate</i>	3	PAR
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	3	PAR
DULERA	2	MO; QLL (13 per 30 days)
DYMISTA	2	MO; QLL (23 per 28 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	MO
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	3	MO; QLL (2 per 28 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/ 0.3 ML, 0.3 MG/0.3 ML	1	MO; QLL (2 per 28 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	MO; QLL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
EPIPEN	3	MO; QLL (2 per 28 days)
EPIPEN 2-PAK	3	MO; QLL (2 per 28 days)
EPIPEN JR	3	MO; QLL (2 per 28 days)
EPIPEN JR 2-PAK	3	MO; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	4	PAR; MO; S; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PAR; MO; S; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PAR; MO; S; QLL (90 per 30 days)
FASENRA	4	MO; S
FIRAZYR	4	PAR; MO; S
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ ACTUATION	2	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	2	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QLL (11 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QLL (75 per 30 days)
FLUTICASONE PROPION- SALMETEROL INHALATION	3	MO; QLL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
AEROSOL POWDR BREATH ACTIVATED		
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QLL (60 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QLL (16 per 30 days)
HAEGARDA	4	PAR; MO; S
<i>hydroxyzine hcl intramuscular</i>	1	PAR; MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PAR; MO
<i>hydroxyzine hcl oral tablet</i>	1	PAR; MO
<i>hydroxyzine pamoate</i>	1	PAR; MO
INCRUSE ELLIPTA	3	MO; QLL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PAR; MO
<i>ipratropium-albuterol inhalation</i>	1	B/D PAR; MO; QLL (540 per 30 days)
KALBITOR	4	PAR; MO; S
KALYDECO ORAL GRANULES IN PACKET 25 MG	3	PAR; MO; QLL (56 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG	3	PAR; MO; QLL (168 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 75 MG	3	PAR; MO; QLL (112 per 28 days)
KALYDECO ORAL TABLET	4	PAR; MO; S; QLL (60 per 30 days)
KARBINAL ER	3	PAR; MO
LETAIRIS	4	PAR; MO; LA; S; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	1	B/D PAR; MO; QLL (540 per 30 days)
LEVALBUTEROL HFA	3	ST; MO; QLL (45 per 30 days)
<i>levocetirizine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
LONHALA MAGNAIR REFILL	4	MO; S; QLL (60 per 30 days)
LONHALA MAGNAIR STARTER	4	MO; S; QLL (60 per 180 days)
<i>metaproterenol</i>	1	MO
<i>mometasone nasal</i>	1	MO
<i>montelukast</i>	1	MO
NASONEX	3	ST; MO
NUCALA	4	PAR; MO; LA; S
OFEV	4	PAR; MO; S; QLL (60 per 30 days)
OMNARIS	3	ST; MO; QLL (13 per 30 days)
OPSUMIT	4	PAR; MO; LA; S; QLL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	4	PAR; MO; S; QLL (60 per 30 days)
ORKAMBI ORAL TABLET	4	PAR; MO; S; QLL (120 per 30 days)
PERFOROMIST	4	B/D PAR; MO; S; QLL (120 per 30 days)
<i>phenadoz</i>	3	PAR; MO
PHENERGAN INJECTION	3	PAR; MO
<i>phenergan rectal</i>	3	PAR
PROAIR HFA	2	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	2	MO; QLL (2 per 30 days)
<i>promethazine injection solution</i>	1	PAR; MO
<i>promethazine oral</i>	1	PAR; MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	3	PAR; MO
<i>promethazine rectal suppository 50 mg</i>	1	PAR
<i>promethegan</i>	3	PAR; MO
PROVENTIL HFA	2	MO; QLL (14 per 30 days)
PULMICORT FLEXHALER	3	MO; QLL (2 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	B/D PAR; MO; QLL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	4	B/D PAR; MO; S; QLL (60 per 30 days)
PULMOZYME	4	B/D PAR; MO; S
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QLL (7 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QLL (11 per 30 days)
QVAR REDIBALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QLL (11 per 30 days)
QVAR REDIBALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QLL (22 per 30 days)
REVATIO INTRAVENOUS	4	PAR; MO; S; QLL (1125 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PAR; MO; S; QLL (224 per 30 days)
REVATIO ORAL TABLET	4	PAR; MO; S; QLL (90 per 30 days)
RUCONEST	4	PAR; MO; S
RYCLORA	3	PAR
RYVENT	3	PAR; MO
SEEBRI NEOHALER	3	MO; QLL (60 per 30 days)
SEMPREX-D	3	MO
SEREVENT DISKUS	2	MO; QLL (60 per 30 days)
<i>sildenafil (antihypertensive) intravenous</i>	4	PAR; S; QLL (1125 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil (antihypertensive) oral</i>	4	PAR; MO; S; QLL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIBALER	2	MO; QLL (30 per 30 days)
STIOLTO RESPIMAT	2	MO; QLL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QLL (4 per 30 days)
SYMBICORT	2	MO; QLL (11 per 30 days)
SYMDEKO	4	PAR; MO; S; QLL (56 per 28 days)
SYMJEPI	2	MO; QLL (2 per 28 days)
<i>tadalafil (antihypertensive)</i>	4	PAR; MO; S; QLL (60 per 30 days)
TAKHZYRO	4	PAR; MO; LA; S
<i>terbutaline</i>	1	MO
THEO-24	2	MO
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRACLEER ORAL TABLET	4	PAR; MO; LA; S; QLL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	4	PAR; MO; LA; S; QLL (120 per 30 days)
TRELEGY ELLIPTA	3	MO; QLL (1 per 30 days)
<i>triamcinolone acetonide nasal</i>	1	MO; QLL (34 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TUDORZA PRESSAIR	3	MO; QLL (1 per 30 days)	XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 1.25 MG/3 ML	4	B/D PAR; MO; S; QLL (270 per 30 days)
TYVASO	4	PAR; MO; S; QLL (81.2 per 30 days)	XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML	4	B/D PAR; MO; S; QLL (540 per 30 days)
TYVASO INSTITUTIONAL START KIT	4	PAR; S; QLL (1 per 365 days)	YUPELRI	4	MO; S; QLL (90 per 30 days)
TYVASO REFILL KIT	4	PAR; MO; S; QLL (81.2 per 30 days)	<i>zafirlukast</i>	1	MO
TYVASO STARTER KIT	4	PAR; MO; S; QLL (1 per 365 days)	ZETONNA	3	ST; MO; QLL (6.1 per 30 days)
UTIBRON NEOHALER	3	ST; MO; QLL (60 per 30 days)	<i>zileuton</i>	4	MO; S
VENTAVIS	4	PAR; MO; S; QLL (270 per 30 days)	ZYFLO	4	MO; S
VENTOLIN HFA	3	ST; MO; QLL (36 per 30 days)	ZYFLO CR	4	MO; S
VISTARIL ORAL CAPSULE 25 MG	4	PAR; MO; S	Urologicals		
VISTARIL ORAL CAPSULE 50 MG	3	PAR; MO	<i>alfuzosin</i>	1	MO
<i>wixela inhub</i>	1	MO; QLL (60 per 30 days)	<i>alprostadil</i>	3	MO
XHANCE	3	MO; QLL (32 per 30 days)	AVODART	3	MO; QLL (30 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PAR; MO; LA; S; QLL (6 per 28 days)	<i>bethanechol chloride</i>	1	MO
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PAR; MO; LA; S; QLL (4 per 28 days)	CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PAR; MO; QLL (30 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PAR; MO; LA; S; QLL (1 per 28 days)	CYSTAGON	2	MO; LA
XOPENEX CONCENTRATE	3	B/D PAR; MO; QLL (270 per 30 days)	<i>darifenacin</i>	1	MO; QLL (30 per 30 days)
XOPENEX HFA	3	ST; MO; QLL (45 per 30 days)	DETROL	3	ST; MO; QLL (60 per 30 days)
			DETROL LA	3	ST; MO; QLL (30 per 30 days)
			DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	ST; MO; QLL (60 per 30 days)
			DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	ST; MO; QLL (30 per 30 days)
			<i>dutasteride</i>	1	MO; QLL (30 per 30 days)
			<i>dutasteride-tamsulosin</i>	1	MO; QLL (30 per 30 days)
			ELMIRON	3	MO
			ENABLEX	3	ST; MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>flavoxate</i>	1	MO
FLOMAX	3	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	2	ST; MO; QLL (30 per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	2	ST; MO; QLL (30 per 30 days)
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
JALYN	3	MO; QLL (30 per 30 days)
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
MYRBETRIQ	3	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	1	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	1	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	1	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	1	MO; QLL (30 per 30 days)
OXYTROL	3	ST; MO; QLL (8 per 28 days)
<i>potassium citrate</i>	1	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG	3	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 75 MG	4	MO; S
PROSCAR	3	MO
PROSTIN VR PEDIATRIC	3	MO
RAPAFLO	3	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
<i>silodosin</i>	1	MO
<i>solifenacin</i>	1	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PAR; MO; QLL (30 per 30 days)
<i>tamsulosin</i>	1	MO
<i>tolterodine oral capsule, extended release 24hr</i>	1	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	1	MO; QLL (60 per 30 days)
TOVIAZ	3	MO; QLL (30 per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	1	MO; QLL (30 per 30 days)
<i>trospium oral tablet</i>	1	MO; QLL (60 per 30 days)
URECHOLINE	3	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
UROXATRAL	3	MO
VESICARE	3	MO; QLL (30 per 30 days)

Vitamins, Hematinics / Electrolytes

ALBUKED-25	3	
ALBUKED-5	3	
<i>albumin, human 25 %</i>	3	
<i>albumin, human 5 %</i>	3	
<i>albuminar 25 %</i>	4	MO; S
ALBUMINEX	3	
<i>alburx (human) 25 %</i>	3	MO
<i>alburx (human) 5 %</i>	3	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
AMINOSYN 10 %	2	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	2	B/D PAR
AMINOSYN 8.5 %	2	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	2	B/D PAR
AMINOSYN II 10 %	2	B/D PAR
AMINOSYN II 15 %	2	B/D PAR
AMINOSYN II 8.5 %	2	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	2	B/D PAR
AMINOSYN M 3.5 %	2	B/D PAR
AMINOSYN-HBC 7%	2	B/D PAR

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

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN-PF 10 %	2	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	2	B/D PAR
AMINOSYN-RF 5.2 %	2	B/D PAR
AZESCO	3	
BAL IN OIL	3	
<i>bal-care dha</i>	1	MO
BAL-CARE DHA ESSENTIAL	3	MO
<i>buminate 5 %</i>	4	S
<i>c-nate dha</i>	1	MO
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	3	MO
<i>calcium chloride intravenous</i>	1	
CALCIUM DISODIUM VERSENATE	3	
<i>calcium gluconate intravenous</i>	1	MO
CITRANATAL (DUAL-IRON)	3	MO
CITRANATAL 90 DHA (ALGAL OIL)	3	MO
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON- 1 MG -50 MG-300 MG	3	MO
CITRANATAL B-CALM (FE GLUC)	3	MO
CITRANATAL BLOOM	3	MO
CITRANATAL DHA (ALGAL OIL)	3	MO
CITRANATAL HARMONY (IRON FUM)	3	MO
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	2	B/D PAR
CLINIMIX 4.25%-D25W SULF-FREE	2	B/D PAR
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PAR
CLINIMIX 5%- D20W(SULFITE-FREE)	2	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	2	B/D PAR
CLINIMIX E 4.25%/D25W SUL FREE	2	B/D PAR

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 4.25%/D5W SULF FREE	2	B/D PAR
CLINIMIX E 5%/D15W SULFIT FREE	2	B/D PAR
CLINIMIX E 5%/D20W SULFIT FREE	2	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	2	B/D PAR
CLINIMIX N14G30E 4.25%- D15W SF	2	B/D PAR
CLINIMIX N9G15E 2.75%- D7.5W SF	2	B/D PAR
CLINISOL SF 15 %	3	B/D PAR; MO
<i>complete natal dha</i>	1	MO
<i>completenate</i>	1	MO
CONCEPT DHA	3	MO
CONCEPT OB	3	MO
<i>cysteine (l-cysteine) intravenous solution</i>	1	B/D PAR
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	3	MO
DUET DHA WITH OMEGA- 3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	MO
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	MO
<i>effe-r-k oral tablet, effervescent 25 meq</i>	3	MO
<i>electrolyte-48 in d5w</i>	1	
<i>elite-ob</i>	1	MO
ENBRACE HR	3	MO
FLEXBUMIN 25 %	3	
FLEXBUMIN 5 %	3	
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
FOLET ONE	3	MO
<i>folivane-ob</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
FREAMINE HBC 6.9 %	3	B/D PAR
<i>freamine iii 10 %</i>	1	B/D PAR
GLYCOPHOS	3	
HEPATAMINE 8%	2	B/D PAR
HYPERLYTE CR	3	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PAR
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PAR
IONOSOL-MB IN D5W	2	
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 %	2	
DEXTROSE		
ISOLYTE-S	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	2	MO
KABIVEN	3	B/D PAR
KEDBUMIN	3	
<i>klor-con</i>	3	MO
KLOR-CON 10	2	MO
KLOR-CON 8	2	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	1	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>m-natal plus</i>	1	
<i>magnesium chloride injection</i>	3	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
MARNATAL-F	3	MO
NATACHEW (FE BIS-GLYCINATE)	3	MO
NEPHRAMINE 5.4 %	2	B/D PAR
NESTABS	3	MO
NESTABS DHA	3	MO
NESTABS ONE	3	MO
NORMOSOL-M IN 5 %	2	
DEXTROSE		
NORMOSOL-R	2	MO
NORMOSOL-R IN 5 %	2	
DEXTROSE		
NORMOSOL-R PH 7.4	2	
NUTRILIPID	3	B/D PAR
O-CAL PRENATAL	3	MO
OB COMPLETE ONE	3	MO
OB COMPLETE ORAL TABLET	3	MO
OB COMPLETE PETITE	3	MO
OB COMPLETE PREMIER	3	MO
OB COMPLETE WITH DHA	3	MO
OMEGAVEN	3	B/D PAR
PERIKABIVEN	3	B/D PAR
PHOSLYRA	3	ST; MO
<i>plasbumin 25 %</i>	3	MO
<i>plasbumin 5 %</i>	3	
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
<i>plasmanate</i>	1	
<i>plenamine</i>	3	B/D PAR
<i>pnv 29-1</i>	1	MO
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	1	MO
<i>pnv-dha</i>	1	MO
<i>pnv-dha + docusate</i>	3	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	
<i>potassium phosphate m-/d-basic</i>	1	
<i>pr natal 400</i>	1	MO
<i>pr natal 400 ec</i>	1	MO
<i>pr natal 430</i>	1	MO
<i>pr natal 430 ec</i>	1	MO
<i>premasol 10 %</i>	1	B/D PAR; MO
<i>PREMASOL 6 %</i>	2	B/D PAR
<i>prenaissance</i>	1	MO
<i>prenaissance plus</i>	1	MO
<i>PRENATA</i>	3	MO
<i>PRENATAL 19</i>	3	MO
<i>PRENATAL 19 (WITH DOCUSATE)</i>	3	MO
<i>prenatal plus</i>	1	MO
<i>prenatal plus (calcium carb)</i>	1	MO
<i>PRENATAL PLUS DHA ORAL COMBO PACK</i>	3	MO
<i>prenatal vitamin plus low iron</i>	1	MO
<i>PRENATE AM</i>	3	MO
<i>PRENATE CHEWABLE</i>	3	MO
<i>PRENATE DHA (FERR ASP GLYCIN)</i>	3	MO
<i>PRENATE ELITE (IRON ASP GLYC)</i>	3	MO
<i>PRENATE ENHANCE</i>	3	MO
<i>PRENATE ESSENTIAL(IRON-ASP-GL)</i>	3	MO
<i>PRENATE MINI (FERR ASP GLYCIN)</i>	3	MO
<i>PRENATE PIXIE</i>	3	MO
<i>PRENATE RESTORE</i>	3	MO
<i>preplus</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>pretab</i>	1	MO
PRIMACARE	3	MO
PROCALAMINE 3%	2	B/D PAR
PROSOL 20 %	2	B/D PAR; MO
PROVIDA DHA	3	MO
PROVIDA OB	3	MO
PUREFE OB PLUS	3	
<i>ringer's intravenous</i>	1	
<i>se-natal 19</i>	1	MO
<i>se-natal 19 (with docusate)</i>	1	MO
SELECT-OB	3	MO
SELECT-OB (FOLIC ACID)	3	MO
SELECT-OB + DHA	3	MO
SMOFLIPID	3	B/D PAR
<i>sodium acetate</i>	1	
<i>sodium bicarbonate 1meq/ml (8.4%) intravenous solution</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	1	
<i>sodium chloride 3% intravenous injection solution</i>	1	MO
<i>sodium chloride 5% intravenous injection solution</i>	1	MO
<i>sodium chloride intravenous</i>	1	MO
<i>sodium lactate</i>	1	
<i>sodium phosphate</i>	1	MO
SYNTHAMIN 17 WITHOUT ELYTE	3	B/D PAR
<i>taron-c dha</i>	1	MO
<i>taron-prex prenatal-dha</i>	1	MO
THRIVITE RX	3	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION	3	
<i>travasol 10 %</i>	1	B/D PAR; MO
TRICARE	3	MO
<i>trinatal rx 1</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
TRISTART DHA	3	MO
<i>triveen-duo dha</i>	1	MO
TROPHAMINE 10 %	2	B/D PAR; MO
TROPHAMINE 6%	2	B/D PAR
<i>virt-c dha</i>	1	MO
<i>virt-nate dha</i>	1	MO
<i>virt-pn dha</i>	1	MO
<i>virt-pn plus</i>	1	MO
VITAFOL FE+ (WITH DOCUSATE)	3	MO
VITAFOL GUMMIES	3	MO
VITAFOL NANO	3	MO
VITAFOL ULTRA	3	MO
<i>vitafol-ob</i>	1	MO
VITAFOL-OB+DHA	3	MO
VITAFOL-ONE	3	MO
VITAMED MD ONE RX	3	MO
VP-PNV-DHA	3	MO
<i>zatean-pn dha</i>	1	MO
<i>zatean-pn plus</i>	1	MO
<i>zingiber</i>	1	

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

Index of Drugs

Legend

Generic drugs are shown in lower-case italics (e.g., *enalapril*)

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

<i>abacavir oral solution</i>	11	<i>acetic acid otic (ear)</i>	78
<i>abacavir oral tablet</i>	11	<i>acetylcysteine</i>	103
<i>abacavir-lamivudine</i>	11	<i>acetylcysteine intravenous</i>	76
<i>abacavir-lamivudine-zidovudine</i>	11	ACIPHEX.....	87
ABELCET.....	11	ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG.....	87
ABILIFY MAINTENA.....	32	ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG.....	87
ABILIFY MYCITE.....	32	<i>acitretin oral capsule 10 mg</i>	69
ABILIFY ORAL TABLET 10 MG.....	32	<i>acitretin oral capsule 17.5 mg, 25 mg</i>	69
ABILIFY ORAL TABLET 15 MG.....	32	ACTEMRA.....	95
ABILIFY ORAL TABLET 2 MG.....	32	ACTEMRA ACTPEN.....	95
ABILIFY ORAL TABLET 20 MG, 30 MG.....	32	ACTHAR H.P.....	78
ABILIFY ORAL TABLET 5 MG.....	32	ACTHIB (PF).....	91
<i>abiraterone</i>	23	ACTIGALL.....	87
ABRAXANE.....	23	ACTIMMUNE.....	91
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG.....	69	ACTIQ.....	32
ABSORICA ORAL CAPSULE 25 MG.....	69	ACTIVEELLA.....	97
ABSORICA ORAL CAPSULE 35 MG.....	69	ACTONEL ORAL TABLET 150 MG.....	95
ABSTRAL.....	32	ACTONEL ORAL TABLET 35 MG.....	95
<i>acamprosate</i>	76	ACTONEL ORAL TABLET 5 MG.....	95
ACANYA TOPICAL GEL WITH PUMP.....	69	ACTOPLUS MET.....	78
<i>acarbose oral tablet 100 mg</i>	78	ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG.....	78
<i>acarbose oral tablet 25 mg</i>	78	ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG.....	78
<i>acarbose oral tablet 50 mg</i>	78	ACTOS ORAL TABLET 15 MG.....	78
ACCOLATE.....	102	ACTOS ORAL TABLET 30 MG.....	78
ACCUPRIL.....	60	ACTOS ORAL TABLET 45 MG.....	78
ACCURETIC.....	60	ACULAR.....	101
<i>acebutolol</i>	60	ACULAR LS.....	101
ACETADOTE.....	76	ACUVAIL (PF).....	101
<i>acetaminophen-caff-dihydrocod oral capsule</i>	32	<i>acyclovir oral capsule</i>	11
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	32	<i>acyclovir oral suspension 200 mg/5 ml</i>	11
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	32	<i>acyclovir oral tablet</i>	11
<i>acetaminophen-codeine oral tablet</i>	32	<i>acyclovir sodium intravenous solution 50mg/ml</i>	11
<i>acetazolamide</i>	101	<i>acyclovir topical cream</i>	69
<i>acetazolamide sodium solution for injection</i>	101	<i>acyclovir topical ointment</i>	69
<i>acetic acid irrigation</i>	76	ACZONE.....	69

ADACEL(TDAP ADOLESN/ADULT)(PF).....	91	AGGRASTAT CONCENTRATE.....	60
ADAGEN.....	76	AGGRASTAT IN SODIUM CHLORIDE.....	60
ADALAT CC.....	60	AGGRENOLX.....	60
<i>adapalene topical cream</i>	69	AGRYLIN.....	76
<i>adapalene topical gel</i>	69	AIMOVIG AUTOINJECTOR	
<i>adapalene topical gel with pump</i>	69	SUBCUTANEOUS AUTO-INJECTOR 140	
<i>adapalene topical solution</i>	69	MG/ML.....	33
<i>adapalene topical swab</i>	69	AIMOVIG AUTOINJECTOR	
<i>adapalene-benzoyl peroxide</i>	69	SUBCUTANEOUS AUTO-INJECTOR 70	
ADASUVE.....	32	MG/ML.....	33
ADCIRCA.....	103	AIRDUO RESPICLICK.....	103
ADDERALL ORAL TABLET 10 MG, 12.5 MG,		AJOVY.....	33
15 MG, 20 MG, 5 MG, 7.5 MG.....	33	<i>ak-poly-bac</i>	101
ADDERALL ORAL TABLET 30 MG.....	33	AKTIPAK.....	70
ADDERALL XR.....	33	AKYNZEO (FOSNETUPITANT).....	87
<i>adefovir</i>	11	<i>ala-cort topical cream</i>	70
ADEMPAS.....	103	ALA-SCALP.....	70
<i>adenosine</i>	60	<i>albendazole</i>	11
ADLYXIN.....	78	ALBENZA.....	12
ADMELOG SOLOSTAR U-100 INSULIN.....	78	ALBUKED-25.....	108
ADMELOG U-100 INSULIN LISPRO.....	78	ALBUKED-5.....	108
<i>adrenalin injection solution 1 mg/ml</i>	103	<i>albumin, human 25 %</i>	108
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	103	<i>albumin, human 5 %</i>	108
<i>adriamycin intravenous recon soln 10 mg</i>	23	<i>albuminar 25 %</i>	108
ADRIAMYCIN INTRAVENOUS RECON SOLN		ALBUMINEX.....	108
50 MG.....	23	<i>alburx (human) 25 %</i>	108
<i>adriamycin intravenous solution</i>	23	<i>alburx (human) 5 %</i>	108
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	23	<i>albutein 25 %</i>	108
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/</i>		<i>albutein 5 %</i>	108
<i>10 ml</i>	23	ALBUTEROL SULFATE INHALATION HFA	
ADVAIR DISKUS.....	103	AEROSOL INHALER 90 MCG/ACTUATION,	
ADVAIR HFA.....	103	90 MCG/ACTUATION (NDA020983).....	103
ADZENYS ER.....	33	<i>albuterol sulfate inhalation solution for nebulization</i>	
ADZENYS XR-ODT.....	33	<i>0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083</i>	
<i>afeditab cr</i>	60	<i>%)</i>	103
AFINITOR.....	23	<i>albuterol sulfate inhalation solution for nebulization</i>	
AFINITOR DISPERZ.....	23	<i>2.5 mg/0.5 ml, 5 mg/ml</i>	103
AFREZZA INHALATION CARTRIDGE WITH		<i>albuterol sulfate oral syrup</i>	103
INHALER 12 UNIT.....	79	<i>albuterol sulfate oral tablet</i>	103
AFREZZA INHALATION CARTRIDGE WITH		<i>albuterol sulfate oral tablet extended release 12</i>	
INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT		<i>hr</i>	103
(90).....	79	<i>alclometasone</i>	70
AFREZZA INHALATION CARTRIDGE WITH		<i>alcohol pads</i>	79
INHALER 4 UNIT/8 UNIT/ 12 UNIT		ALDACTAZIDE.....	60
(60).....	79	ALDACTONE.....	60
AFREZZA INHALATION CARTRIDGE WITH		ALDARA.....	70
INHALER 8 UNIT, 8 UNIT (90)/ 12 UNIT		ALDURAZYME.....	79
(90).....	79	ALECENSA.....	23

<i>alendronate oral solution</i>	95	ALVESCO INHALATION HFA AEROSOL	
<i>alendronate oral tablet 10 mg, 5 mg</i>	95	INHALER 160 MCG/ACTUATION.....	103
<i>alendronate oral tablet 35 mg, 70 mg</i>	95	ALVESCO INHALATION HFA AEROSOL	
<i>alendronate oral tablet 40 mg</i>	76	INHALER 80 MCG/ACTUATION.....	103
<i>alfuzosin</i>	107	<i>alyacen 1/35 (28)</i>	97
ALIMTA.....	23	<i>alyacen 7/7/7 (28)</i>	97
ALINIA ORAL SUSPENSION FOR		<i>alyq</i>	103
RECONSTITUTION.....	12	<i>amabelz</i>	97
ALINIA ORAL TABLET.....	12	<i>amantadine hcl</i>	12
ALIQOPA.....	23	AMARYL ORAL TABLET 1 MG.....	79
<i>aliskiren</i>	60	AMARYL ORAL TABLET 2 MG.....	79
ALKERAN.....	23	AMARYL ORAL TABLET 4 MG.....	79
ALKERAN (AS HCL).....	23	AMBIEN.....	33
<i>allopurinol</i>	95	AMBIEN CR.....	33
<i>allopurinol intravenous solution</i>	95	AMBISOME.....	12
ALLZITAL.....	33	<i>ambrisentan</i>	103
<i>almotriptan malate</i>	33	<i>amcinonide topical cream</i>	70
ALOCRIAL.....	101	<i>amcinonide topical lotion</i>	70
ALOGLIPTIN ORAL TABLET 12.5 MG.....	79	<i>amcinonide topical ointment</i>	70
ALOGLIPTIN ORAL TABLET 25 MG.....	79	AMERGE ORAL TABLET 1 MG.....	33
ALOGLIPTIN ORAL TABLET 6.25 MG.....	79	AMERGE ORAL TABLET 2.5 MG.....	33
ALOGLIPTIN-METFORMIN.....	79	<i>amethia</i>	97
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET		<i>amethia lo</i>	97
12.5-15 MG.....	79	<i>amethyst (28)</i>	97
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET		AMICAR ORAL SOLUTION.....	60
12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30		AMICAR ORAL TABLET 1,000 MG.....	60
MG, 25-45 MG.....	79	AMICAR ORAL TABLET 500 MG.....	60
ALOMIDE.....	101	<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/</i>	
<i>aloprim</i>	95	2 ml.....	12
ALORA.....	97	<i>amiloride</i>	60
<i>alosetron</i>	87	<i>amiloride-hydrochlorothiazide</i>	60
ALOXI.....	87	<i>aminocaproic acid intravenous</i>	60
ALPHAGAN P OPHTHALMIC (EYE) DROPS		<i>aminocaproic acid oral tablet 1,000 mg</i>	60
0.1 %.....	101	<i>aminocaproic acid oral tablet 500 mg</i>	60
ALPHAGAN P OPHTHALMIC (EYE) DROPS		<i>aminophylline intravenous</i>	103
0.15 %.....	101	AMINOSYN 10 %.....	108
<i>alprazolam</i>	33	AMINOSYN 7 % WITH ELECTROLYTES.....	108
<i>alprazolam intensol</i>	33	AMINOSYN 8.5 %.....	108
<i>alprostadil</i>	107	AMINOSYN 8.5 %-ELECTROLYTES.....	108
ALREX.....	101	AMINOSYN II 10 %.....	108
ALTACE.....	60	AMINOSYN II 15 %.....	108
<i>altavera (28)</i>	97	AMINOSYN II 8.5 %.....	108
ALTOPREV.....	60	AMINOSYN II 8.5 %-ELECTROLYTES.....	108
ALTRENO.....	70	AMINOSYN M 3.5 %.....	108
ALUNBRIG ORAL TABLET 180 MG.....	23	AMINOSYN-HBC 7%.....	108
ALUNBRIG ORAL TABLET 30 MG.....	23	AMINOSYN-PF 10 %.....	109
ALUNBRIG ORAL TABLET 90 MG.....	23	AMINOSYN-PF 7 % (SULFITE-FREE).....	109
ALUNBRIG ORAL TABLETS,DOSE PACK.....	23	AMINOSYN-RF 5.2 %.....	109

<i>amiodarone intravenous solution</i>	60	ANDRODERM.....	79
<i>amiodarone intravenous syringe</i>	60	ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %).....	79
<i>amiodarone oral</i>	61	ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM).....	79
AMITIZA.....	87	ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM).....	79
<i>amitriptyline</i>	33	ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM).....	79
<i>amitriptyline-chlordiazepoxide</i>	33	ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM).....	79
<i>amlodipine besylate tablet</i>	61	ANGELIQ.....	97
<i>amlodipine-atorvastatin</i>	61	ANORO ELLIPTA.....	103
<i>amlodipine-benazepril</i>	61	ANTABUSE.....	76
<i>amlodipine-olmesartan</i>	61	ANTARA ORAL CAPSULE 30 MG, 90 MG.....	61
<i>amlodipine-valsartan</i>	61	ANUSOL-HC TOPICAL.....	87
<i>amlodipine-valsartan-hydrochlorothiazide</i>	61	<i>apexicon e</i>	70
<i>ammonium lactate</i>	70	APIDRA SOLOSTAR U-100 INSULIN.....	79
AMMONUL.....	76	APIDRA U-100 INSULIN.....	79
<i>amnestem</i>	70	APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG.....	33
<i>amoxapine</i>	33	APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG.....	33
<i>amoxicil-clarithromy-lansopraz</i>	87	APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG.....	33
<i>amoxicillin oral capsule</i>	12	APOKYN.....	33
<i>amoxicillin oral suspension for reconstitution</i>	12	<i>apraclonidine</i>	101
<i>amoxicillin oral tablet</i>	12	<i>aprepitant oral capsule 125 mg</i>	87
<i>amoxicillin oral tablet, chewable 125 mg</i>	12	<i>aprepitant oral capsule 40 mg</i>	87
<i>amoxicillin oral tablet, chewable 250 mg</i>	12	<i>aprepitant oral capsule 80 mg</i>	87
<i>amoxicillin-pot clavulanate</i>	12	<i>aprepitant oral capsule, dose pack</i>	87
<i>amphetamine sulfate oral tablet 10 mg</i>	33	<i>apri</i>	97
<i>amphetamine sulfate oral tablet 5 mg</i>	33	APRISO.....	87
<i>amphotericin b</i>	12	APTENSIO XR.....	33
<i>ampicillin oral capsule 500 mg</i>	12	APTIOM.....	33
<i>ampicillin sodium injection</i>	12	APTIVUS ORAL CAPSULE.....	12
<i>ampicillin sodium intravenous</i>	12	APTIVUS ORAL SOLUTION.....	12
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	12	ARALAST NP.....	76
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	12	<i>aranelle (28)</i>	97
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	12	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML.....	91
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	12	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML.....	91-92
AMPYRA.....	33		
AMRIX.....	33		
AMYTAL.....	33		
ANADROL-50.....	79		
ANAFRANIL.....	33		
<i>anagrelide</i>	76		
ANALPRAM-HC RECTAL CREAM 1-1 %.....	87		
ANALPRAM-HC TOPICAL.....	70		
<i>anastrozole</i>	23		
ANCOBON.....	12		
ANDEXXA.....	61		

ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML.....	92
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML.....	92
ARAVA.....	95
ARCALYST.....	92
ARCAPTA NEOHALER.....	103
ARESTIN.....	78
ARGATROBAN.....	61
ARGATROBAN IN 0.9 % SOD CHLOR.....	61
ARGATROBAN IN NACL (ISO-OS).....	61
ARICEPT ORAL TABLET 10 MG, 5 MG.....	33
ARICEPT ORAL TABLET 23 MG.....	33
ARIKAYCE.....	12
ARIMIDEX.....	23
<i>aripiprazole oral solution</i>	33
<i>aripiprazole oral tablet 10 mg</i>	33
<i>aripiprazole oral tablet 15 mg</i>	33
<i>aripiprazole oral tablet 2 mg</i>	33
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	33
<i>aripiprazole oral tablet 5 mg</i>	33
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	33
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	33
ARISTADA INITIO.....	33
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML.....	33
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML.....	34
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML.....	34
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML.....	34
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/ 0.8 ML.....	61
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML.....	61
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/ 0.4 ML.....	61
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML.....	61
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	34
<i>armodafinil oral tablet 50 mg</i>	34
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ ACTUATION.....	103
<i>armour thyroid</i>	79
ARNUITY ELLIPTA.....	103
AROMASIN.....	23
ARRANON.....	23
ARSENIC TRIOXIDE.....	23
ARTHROTEC 50.....	34
ARTHROTEC 75.....	34
ARTICADENT DENTAL.....	70
ARYMO ER ORAL TABLET,ORAL ONLY, EXTND RELEASE 15 MG, 30 MG.....	34
ARYMO ER ORAL TABLET,ORAL ONLY, EXTND RELEASE 60 MG.....	34
ARZERRA.....	23
ASACOL HD.....	87
<i>ascomp with codeine</i>	34
<i>ashlyna</i>	97
ASMANEX HFA.....	103
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES).....	103
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (14 DOSES).....	103
<i>aspirin-dipyridamole</i>	61
ASTAGRAF XL.....	23
ASTEPRO NASAL SPRAY, NON-AEROSOL.....	78
ATACAND.....	61
ATACAND HCT.....	61
<i>atazanavir oral capsule 150 mg, 200 mg</i>	12
<i>atazanavir oral capsule 300 mg</i>	12
ATELVIA.....	95
<i>atenolol</i>	61
<i>atenolol-chlorthalidone</i>	61
ATGAM.....	92
ATIVAN INJECTION.....	34
ATIVAN ORAL.....	34
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	34
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	34
<i>atorvastatin</i>	61
<i>atovaquone</i>	12

<i>atovaquone-proguanil</i>	12	<i>azathioprine</i>	23
ATRALIN.....	70	<i>azathioprine sodium solution for injection</i>	23
ATRIPLA.....	12	<i>azelaic acid</i>	70
<i>atropine injection solution 0.4 mg/ml</i>	87	<i>azelastine nasal</i>	78
<i>atropine injection syringe 0.05 mg/ml</i>	87	<i>azelastine ophthalmic (eye)</i>	101
<i>atropine injection syringe 0.1 mg/ml</i>	87	AZELEX.....	70
ATROPINE OPHTHALMIC (EYE)		AZESCO.....	109
DROPS.....	101	AZILECT.....	34
ATROVENT HFA.....	103	<i>azithromycin intravenous</i>	12
AUBAGIO.....	34	AZITHROMYCIN ORAL PACKET.....	12
<i>aubra</i>	97	<i>azithromycin oral suspension for reconstitution</i>	12
<i>aubra eq</i>	97	<i>azithromycin oral tablet 250 mg</i>	12
AUGMENTIN ORAL SUSPENSION FOR		<i>azithromycin oral tablet 250 mg (6 pack), 500 mg,</i>	
RECONSTITUTION 125-31.25 MG/5		600 mg.....	12
ML.....	12	AZOPT.....	101
AUGMENTIN ORAL SUSPENSION FOR		AZOR.....	61
RECONSTITUTION 250-62.5 MG/5 ML.....	12	<i>aztreonam</i>	12
AUGMENTIN XR.....	12	AZULFIDINE.....	87
AURYXIA.....	76	AZULFIDINE EN-TABS.....	87
AUSTEDO.....	34	<i>azurette (28)</i>	97
AUVI-Q INJECTION AUTO-INJECTOR 0.1		<i>baciiim</i>	12
MG/0.1 ML, 0.15 MG/0.15 ML.....	103	<i>bacitracin intramuscular</i>	12
AUVI-Q INJECTION AUTO-INJECTOR 0.3		<i>bacitracin ophthalmic (eye)</i>	101
MG/0.3 ML.....	103	<i>bacitracin-polymyxin b ophthalmic (eye)</i>	101
AVALIDE.....	61	<i>baclofen intrathecal solution 10,000 mcg/20ml (500</i>	
AVANDIA ORAL TABLET 2 MG.....	79	<i>mcg/ml), 20,000 mcg/20ml (1,000 mcg/ml)</i>	34
AVANDIA ORAL TABLET 4 MG.....	79	<i>baclofen intrathecal solution 40,000 mcg/20ml (2,000</i>	
AVAPRO.....	61	<i>mcg/ml)</i>	34
AVASTIN.....	23	<i>baclofen oral</i>	34
AVC VAGINAL.....	97	BACTRIM.....	12
AVEED.....	79	BACTRIM DS.....	12
AVELOX.....	12	BACTROBAN NASAL.....	78
AVELOX IN NACL (ISO-OSMOTIC).....	12	BAL IN OIL.....	109
<i>aviane</i>	97	<i>bal-care dha</i>	109
<i>avita topical cream</i>	70	BAL-CARE DHA ESSENTIAL.....	109
AVITA TOPICAL GEL.....	70	<i>balanced salt</i>	101
AVODART.....	107	<i>balsalazide</i>	87
AVONEX (WITH ALBUMIN).....	92	BALVERSA ORAL TABLET 3 MG.....	23
AVONEX INTRAMUSCULAR PEN INJECTOR		BALVERSA ORAL TABLET 4 MG.....	23
KIT.....	92	BALVERSA ORAL TABLET 5 MG.....	23
AVONEX INTRAMUSCULAR SYRINGE		<i>balziva (28)</i>	97
KIT.....	92	BANZEL ORAL SUSPENSION.....	34
AVYCAZ.....	12	BANZEL ORAL TABLET 200 MG.....	34
AYGESTIN.....	97	BANZEL ORAL TABLET 400 MG.....	34
<i>azacitidine</i>	23	BARACLUDE.....	12
AZACTAM.....	12	BASAGLAR KWIKPEN U-100 INSULIN.....	79
AZASAN.....	23	BAVENCIO.....	23
AZASITE.....	101	BAXDELA INTRAVENOUS.....	12

BAXDELA ORAL.....	12	BICILLIN L-A INTRAMUSCULAR SYRINGE	
BCG VACCINE, LIVE (PF).....	92	1,200,000 UNIT/2 ML, 2,400,000 UNIT/4	
BECONASE AQ.....	103	ML.....	12
<i>bekyree (28)</i>	97	BICILLIN L-A INTRAMUSCULAR SYRINGE	
BELBUCA.....	34	600,000 UNIT/ML.....	12
BELEODAQ.....	23	BICNU.....	23
BELSOMRA.....	34	BIDIL.....	61
<i>benazepril</i>	61	BIJUVA.....	97
<i>benazepril-hydrochlorothiazide</i>	61	BIKTARVY.....	12
BENDEKA.....	23	BILTRICIDE.....	12
BENICAR.....	61	<i>bimatoprost ophthalmic (eye)</i>	101
BENICAR HCT.....	61	BINOSTO.....	95
BENLYSTA.....	95	<i>bisoprolol fumarate</i>	61
BENTYL INTRAMUSCULAR.....	87	<i>bisoprolol-hydrochlorothiazide</i>	61
BENZACLIN.....	70	BIVIGAM.....	92
BENZACLIN PUMP.....	70	<i>bleomycin</i>	23
BENZAMYCIN.....	70	BLEPH-10.....	101
<i>benznidazole</i>	12	BLEPHAMIDE.....	101
<i>benztropine injection</i>	34	BLEPHAMIDE S.O.P.....	101
<i>benztropine oral</i>	34	BLINCYTO INTRAVENOUS KIT.....	23
BEPREVE.....	101	<i>blisovi 24 fe</i>	97
BERINERT INTRAVENOUS KIT.....	103	<i>blisovi fe 1.5/30 (28)</i>	97
BESIVANCE.....	101	<i>blisovi fe 1/20 (28)</i>	97
BESPONSA.....	23	BLOXIVERZ.....	34
<i>betamethasone acet,sod phos</i>	79	BONIVA INTRAVENOUS.....	95
<i>betamethasone dipropionate</i>	70	BONIVA ORAL.....	95
<i>betamethasone valerate</i>	70	BONJESTA.....	87
<i>betamethasone, augmented</i>	70	BOOSTRIX TDAP.....	92
BETAPACE AF ORAL TABLET 120 MG, 80		BORTEZOMIB.....	24
MG.....	61	BOSULIF ORAL TABLET 100 MG.....	24
BETAPACE AF ORAL TABLET 160 MG.....	61	BOSULIF ORAL TABLET 400 MG, 500 MG.....	24
BETAPACE ORAL TABLET 120 MG.....	61	BOTOX.....	92
BETAPACE ORAL TABLET 160 MG, 80		BRAFTOVI ORAL CAPSULE 50 MG.....	24
MG.....	61	BRAFTOVI ORAL CAPSULE 75 MG.....	24
BETASERON SUBCUTANEOUS KIT.....	92	BREO ELLIPTA.....	103
<i>betaxolol ophthalmic (eye)</i>	101	BREVIBLOC IN NA CL (ISO-OSM).....	61
<i>betaxolol oral</i>	61	BREVIBLOC INTRAVENOUS SOLUTION 100	
<i>bethanechol chloride</i>	107	MG/10 ML (10 MG/ML).....	61
BETHKIS.....	12	<i>briellyn</i>	97
BETIMOL.....	101	BRILINTA.....	61
BETOPTIC S.....	101	<i>brimonidine</i>	101
BEVESPI AEROSPHERE.....	103	BRISDELLE.....	34
BEVYXXA.....	61	BRIVIACT INTRAVENOUS.....	34
<i>bexarotene</i>	23	BRIVIACT ORAL SOLUTION.....	34
BEXSERO.....	92	BRIVIACT ORAL TABLET 10 MG.....	34
BEYAZ.....	97	BRIVIACT ORAL TABLET 100 MG, 75 MG.....	34
<i>bicalutamide</i>	23	BRIVIACT ORAL TABLET 25 MG.....	34
BICILLIN C-R.....	12	BRIVIACT ORAL TABLET 50 MG.....	34

<i>bromfenac</i>	101	<i>bupropion hcl oral tablet sustained-release 12 hr 150</i>	
<i>bromocriptine</i>	34	<i>mg, 200 mg</i>	35
BROMSITE.....	101	<i>buspirone</i>	35
BROVANA.....	103	<i>busulfan</i>	24
BRYHALI.....	70	BUSULFEX.....	24
<i>bss</i>	101	<i>butalbital compound w/codeine</i>	35
BSS PLUS.....	101	<i>butalbital-acetaminop-caf-cod</i>	35
<i>budesonide inhalation suspension for nebulization 0.25</i>		<i>butalbital-acetaminophen oral capsule</i>	35
<i>mg/2 ml, 0.5 mg/2 ml</i>	104	<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	35
<i>budesonide inhalation suspension for nebulization 1</i>		<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	35
<i>mg/2 ml</i>	104	<i>butalbital-acetaminophen-caff oral capsule</i>	35
<i>budesonide oral capsule, delayed, extend. release</i>	87	<i>butalbital-acetaminophen-caff oral tablet 50-325-40</i>	
<i>budesonide oral tablet, delayed and ext. release</i>	87	<i>mg</i>	35
<i>bumetanide</i>	61	<i>butalbital-aspirin-caffeine</i>	35
<i>buminate 5 %</i>	109	BUTISOL ORAL TABLET 30 MG.....	35
BUNAVAIL BUCCAL FILM 2.1-0.3 MG.....	34	<i>butorphanol tartrate injection solution 1 mg/ml</i>	35
BUNAVAIL BUCCAL FILM 4.2-0.7 MG.....	34	<i>butorphanol tartrate injection solution 2 mg/ml</i>	35
BUNAVAIL BUCCAL FILM 6.3-1 MG.....	34	<i>butorphanol tartrate nasal</i>	35
BUPAP ORAL TABLET 50-300 MG.....	34	BUTRANS TRANSDERMAL PATCH WEEKLY	
BUPHENYL ORAL POWDER.....	76	10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR.....	35
BUPHENYL ORAL TABLET.....	76	BUTRANS TRANSDERMAL PATCH WEEKLY	
BUPRENEX.....	35	7.5 MCG/HOUR.....	35
BUPRENORPHINE.....	35	BYDUREON BCISE.....	79
<i>buprenorphine hcl injection solution</i>	35	BYDUREON SUBCUTANEOUS PEN	
<i>buprenorphine hcl injection syringe</i>	35	INJECTOR.....	79
<i>buprenorphine hcl sublingual tablet 2 mg</i>	35	BYETTA SUBCUTANEOUS PEN INJECTOR	
<i>buprenorphine hcl sublingual tablet 8 mg</i>	35	10 MCG/DOSE(250 MCG/ML) 2.4 ML.....	79
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	35	BYETTA SUBCUTANEOUS PEN INJECTOR	
<i>buprenorphine-naloxone sublingual film 2-0.5</i>		5 MCG/DOSE (250 MCG/ML) 1.2 ML.....	79
<i>mg</i>	35	BYSTOLIC.....	61
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	35	<i>c-nate dha</i>	109
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	35	<i>cabergoline</i>	79
<i>buprenorphine-naloxone sublingual tablet 2-0.5</i>		CABOMETYX.....	24
<i>mg</i>	35	CADUET ORAL TABLET 10-10 MG, 10-20 MG,	
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	35	10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-	
<i>bupropion hcl (smoking deter) 150 mg, 12 hr</i>		40 MG, 5-80 MG.....	61
<i>sustained-release</i>	76	CAFCIT INTRAVENOUS.....	76
<i>bupropion hcl oral tablet 100 mg</i>	35	CAFERGOT.....	35
<i>bupropion hcl oral tablet 75 mg</i>	35	<i>caffeine citrate intravenous</i>	76
<i>bupropion hcl oral tablet extended release 24 hr 150</i>		<i>caffeine citrate oral</i>	76
<i>mg</i>	35	CALAN ORAL TABLET 120 MG.....	61
<i>bupropion hcl oral tablet extended release 24 hr 300</i>		CALAN SR.....	61
<i>mg</i>	35	<i>calcipotriene scalp</i>	70
BUPROPION HCL ORAL TABLET		<i>calcipotriene topical</i>	70
EXTENDED RELEASE 24 HR 450 MG.....	35	<i>calcipotriene-betamethasone</i>	70
<i>bupropion hcl oral tablet sustained-release 12 hr 100</i>		<i>calcitonin (salmon)</i>	80
<i>mg</i>	35	<i>calcitrene</i>	70

<i>calcitriol intravenous solution 1 mcg/ml</i>	80	<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	70
<i>calcitriol oral capsule</i>	80	CARBOCAINE (PF) INJECTION SOLUTION	
<i>calcitriol oral solution</i>	80	20 MG/ML (2 %).....	70
<i>calcitriol topical</i>	70	CARBOCAINE INJECTION SOLUTION 1 %	
<i>calcium acetate oral capsule</i>	109	(10 MG/ML).....	70
<i>calcium acetate oral tablet 667 mg</i>	109	CARBOCAINE INJECTION SOLUTION 2	
<i>calcium chloride intravenous</i>	109	%.....	70
CALCIUM DISODIUM VERSENATE.....	109	<i>carboplatin intravenous solution 10 mg/ml</i>	24
<i>calcium gluconate intravenous</i>	109	CARDENE IV IN DEXTROSE INTRAVENOUS	
CALDOLOR INTRAVENOUS RECON SOLN		PIGGYBACK 20 MG/200 ML.....	61
800 MG/8 ML (100 MG/ML).....	35	CARDENE IV IN SODIUM CHLORIDE.....	61
CALQUENCE.....	24	<i>cardioplegic soln</i>	61
CAMBIA.....	35	CARDIZEM CD ORAL CAPSULE,EXTENDED	
<i>camila</i>	97	RELEASE 24HR 120 MG, 240 MG, 300 MG,	
CAMPTOSAR INTRAVENOUS SOLUTION		360 MG.....	61
100 MG/5 ML, 40 MG/2 ML.....	24	CARDIZEM CD ORAL CAPSULE,EXTENDED	
CAMPTOSAR INTRAVENOUS SOLUTION		RELEASE 24HR 180 MG.....	61
300 MG/15 ML.....	24	CARDIZEM LA.....	61
<i>camrese</i>	97	CARDIZEM ORAL TABLET 120 MG, 30 MG,	
<i>camrese lo</i>	97	60 MG.....	62
CANASA.....	87	CARDURA.....	62
CANCIDAS.....	12	CARDURA XL.....	62
<i>candesartan</i>	61	<i>carisoprodol</i>	36
<i>candesartan-hydrochlorothiazide</i>	61	<i>carisoprodol-asa-codeine</i>	36
CAPASTAT.....	13	<i>carisoprodol-aspirin</i>	36
CAPEX.....	70	<i>carmustine</i>	24
CAPRELSA ORAL TABLET 100 MG.....	24	CARNITOR.....	76
CAPRELSA ORAL TABLET 300 MG.....	24	CARNITOR (SUGAR-FREE).....	76
<i>captopril</i>	61	CAROSPIR.....	62
<i>captopril-hydrochlorothiazide</i>	61	<i>carteolol</i>	101
CARAC.....	70	<i>cartia xt</i>	62
<i>carafate oral suspension</i>	87	<i>carvedilol</i>	62
CARAFATE ORAL TABLET.....	87	<i>carvedilol phosphate</i>	62
CARBAGLU.....	76	CASODEX.....	24
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	35	<i>caspofungin intravenous recon soln 50 mg</i>	13
<i>carbamazepine oral suspension 100 mg/5 ml</i>	35	CASPOFUNGIN INTRAVENOUS RECON	
<i>carbamazepine oral suspension 200 mg/10 ml</i>	35	SOLN 70 MG.....	13
<i>carbamazepine oral tablet</i>	35	CATAPRES.....	62
<i>carbamazepine oral tablet extended release 12 hr</i>	35	CATAPRES-TTS-1.....	62
<i>carbamazepine oral tablet,chewable</i>	36	CATAPRES-TTS-2.....	62
CARBATROL.....	36	CATAPRES-TTS-3.....	62
<i>carbidopa</i>	36	CAYSTON.....	13
<i>carbidopa-levodopa</i>	36	<i>caziant (28)</i>	97
<i>carbidopa-levodopa-entacapone</i>	36	<i>cefaclor oral capsule</i>	13
<i>carbinoxamine maleate</i>	104	<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	13
CARBOCAINE (PF) INJECTION SOLUTION			
10 MG/ML (1 %).....	70		

<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	13
<i>cefaclor oral tablet extended release 12 hr</i>	13
<i>cefadroxil oral capsule</i>	13
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	13
<i>cefadroxil oral tablet</i>	13
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	13
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML.....	13
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	13
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	13
<i>cefazolin intravenous</i>	13
<i>cefdinir</i>	13
CEFEPIME IN DEXTROSE 5 %.....	13
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	13
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	13
<i>cefepime injection</i>	13
<i>cefixime</i>	13
CEFOTAN.....	13
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	13
CEFOTETAN IN DEXTROSE, ISO-OSM.....	13
<i>cefotetan injection 1 gram, 2 gram</i>	13
<i>cefotetan intravenous soln</i>	13
<i>cefoxitin in dextrose, iso-osm</i>	13
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	13
<i>cefoxitin intravenous recon soln 10 gram</i>	13
<i>cefpodoxime</i>	13
<i>cefprozil</i>	13
CEFTAZIDIME IN D5W.....	13
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	13
<i>ceftazidime injection recon soln 6 gram</i>	13
<i>ceftriaxone in dextrose,iso-os</i>	13
<i>ceftriaxone intravenous solution</i>	13
<i>ceftriaxone intravenous solution injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	13
<i>ceftriaxone intravenous solution injection recon soln 10 gram, 100 gram</i>	13
<i>cefuroxime axetil oral tablet 250 mg</i>	13
<i>cefuroxime axetil oral tablet 500 mg</i>	13
<i>cefuroxime sodium injection recon soln 750 mg</i>	13
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	13

<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	13
CELEBREX.....	36
<i>celecoxib</i>	36
CELESTONE SOLUSPAN.....	80
CELEXA ORAL TABLET 10 MG.....	36
CELEXA ORAL TABLET 20 MG.....	36
CELEXA ORAL TABLET 40 MG.....	36
CELLCEPT.....	24
CELLCEPT INTRAVENOUS.....	24
CELONTIN ORAL CAPSULE 300 MG.....	36
CENTANY.....	70
<i>cephalexin oral capsule 250 mg, 500 mg</i>	13
<i>cephalexin oral capsule 750 mg</i>	13
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml</i>	13
<i>cephalexin oral suspension for reconstitution 250 mg/5 ml</i>	13
<i>cephalexin oral tablet</i>	13
CEPROTIN (BLUE BAR).....	62
CEPROTIN (GREEN BAR).....	62
CEQUA.....	101
CERDELGA.....	80
CEREBYX.....	36
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.....	80
CESAMET.....	87
<i>cetirizine oral solution 1 mg/ml</i>	104
CETRAXAL.....	78
<i>cevimeline</i>	76
CHANTIX.....	76
CHANTIX CONTINUING MONTH BOX.....	76
CHANTIX STARTING MONTH BOX.....	76
<i>chateal (28)</i>	97
<i>chateal eq (28)</i>	97
CHEMET.....	76
CHENODAL.....	87
<i>chloramphenicol sod succinate</i>	14
<i>chlordiazepoxide hcl</i>	36
<i>chlordiazepoxide-clidinium</i>	87
<i>chlorhexidine gluconate mucous membrane</i>	78
<i>chloroprocaine (pf)</i>	70
<i>chloroquine phosphate</i>	14
<i>chlorothiazide oral tablet 250 mg</i>	62
<i>chlorothiazide oral tablet 500 mg</i>	62
<i>chlorothiazide sodium</i>	62
<i>chlorpromazine</i>	36
<i>chlorpropamide oral tablet 100 mg</i>	80

<i>chlorpropamide oral tablet 250 mg</i>	80	CITRANATAL 90 DHA (ALGAL OIL).....	109
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	62	CITRANATAL ASSURE ORAL COMBO PACK	
<i>chlorzoxazone oral tablet 250 mg</i>	36	35 MG IRON-1 MG -50 MG-300 MG.....	109
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	36	CITRANATAL B-CALM (FE GLUC).....	109
<i>chlorzoxazone oral tablet 500 mg</i>	36	CITRANATAL BLOOM.....	109
CHOLBAM.....	87	CITRANATAL DHA (ALGAL OIL).....	109
<i>cholestyramine (with sugar)</i>	62	CITRANATAL HARMONY (IRON FUM).....	109
<i>cholestyramine light</i>	62	<i>cladribine</i>	24
<i>chorionic gonadotropin, human intramuscular</i>	80	<i>claravis</i>	70
CIALIS ORAL TABLET 2.5 MG, 5 MG.....	107	CLARINEX ORAL SYRUP.....	104
<i>ciclodan topical solution</i>	70	CLARINEX ORAL TABLET.....	104
<i>ciclopirox</i>	70	CLARINEX-D 12 HOUR.....	104
<i>cidofovir</i>	14	<i>clarithromycin</i>	14
<i>cilostazol</i>	62	<i>clemastine oral tablet 2.68 mg</i>	104
CILOXAN.....	101	CLENPIQ.....	87
CIMDUO.....	14	CLEOCIN HCL.....	14
<i>cimetidine</i>	87	CLEOCIN IN 5 % DEXTROSE INTRAVENOUS	
<i>cimetidine hcl oral soln</i>	87	PIGGYBACK 300 MG/50 ML, 900 MG/50	
CIMZIA.....	87	ML.....	14
CIMZIA POWDER FOR RECONST.....	87	CLEOCIN IN 5 % DEXTROSE INTRAVENOUS	
CIMZIA STARTER KIT.....	87	PIGGYBACK 600 MG/50 ML.....	14
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	80	CLEOCIN INJECTION.....	14
<i>cinacalcet oral tablet 90 mg</i>	80	<i>cleocin intravenous solution 300 mg/2 ml</i>	14
CINQAIR.....	104	CLEOCIN INTRAVENOUS SOLUTION 600	
CINRYZE.....	104	MG/4 ML.....	14
CINVANTI.....	87	CLEOCIN INTRAVENOUS SOLUTION 900	
CIPRO HC.....	78	MG/6 ML.....	14
CIPRO IN D5W INTRAVENOUS PIGGYBACK		CLEOCIN PEDIATRIC.....	14
400 MG/200 ML.....	14	CLEOCIN T TOPICAL GEL.....	70
CIPRO ORAL SUSPENSION,MICROCAPSULE		CLEOCIN T TOPICAL LOTION.....	70
RECON.....	14	CLEOCIN T TOPICAL SWAB.....	70
CIPRO ORAL TABLET 250 MG, 500 MG.....	14	CLEOCIN VAGINAL.....	97
CIPRO XR.....	14	CLEVIPREX.....	62
CIPRODEX.....	78	CLIMARA.....	97
<i>ciprofloxacin hcl ophthalmic (eye)</i>	101	CLIMARA PRO.....	97
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	14	<i>clindacin etz topical swab</i>	70
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	14	<i>clindacin p</i>	70
<i>ciprofloxacin hcl otic (ear)</i>	78	CLINDAGEL.....	70
<i>ciprofloxacin in 5 % dextrose</i>	14	<i>clindamycin hcl capsule</i>	14
<i>ciprofloxacin oral susp</i>	14	<i>clindamycin in 0.9 % sod chlor</i>	14
<i>ciprofloxacin tablet extended release 24 hr mphase</i>	14	<i>clindamycin in 5 % dextrose</i>	14
<i>cisplatin</i>	24	<i>clindamycin oral soln</i>	14
<i>citalopram oral solution</i>	36	<i>clindamycin pediatric</i>	14
<i>citalopram oral tablet 10 mg</i>	36	<i>clindamycin phosphate injection solution 150 mg/</i>	
<i>citalopram oral tablet 20 mg</i>	36	<i>ml</i>	14
<i>citalopram oral tablet 40 mg</i>	36	<i>clindamycin phosphate intravenous solution 300 mg/</i>	
CITANEST PLAIN DENTAL.....	70	<i>2 ml, 900 mg/6 ml</i>	14
CITRANATAL (DUAL-IRON).....	109		

<i>clindamycin phosphate intravenous solution 600 mg/</i>		<i>clobetasol-emollient topical foam</i>	71
4 ml.....	14	CLOBEX TOPICAL LOTION.....	71
<i>clindamycin phosphate topical foam</i>	70	CLOBEX TOPICAL SHAMPOO.....	71
<i>clindamycin phosphate topical gel</i>	70	CLOBEX TOPICAL SPRAY, NON-	
CLINDAMYCIN PHOSPHATE TOPICAL GEL,		AEROSOL.....	71
ONCE DAILY.....	70	CLOCORTOLONE PIVALATE.....	71
<i>clindamycin phosphate topical lotion</i>	70	<i>clodan 0.05% shampoo</i>	71
<i>clindamycin phosphate topical solution</i>	70	CLODERM.....	71
<i>clindamycin phosphate topical swab</i>	70	<i>clofarabine</i>	24
<i>clindamycin phosphate vaginal</i>	97	CLOLAR.....	24
<i>clindamycin-benzoyl peroxide topical gel</i>	70	<i>clomipramine</i>	36
<i>clindamycin-benzoyl peroxide topical gel with pump</i>		<i>clonazepam oral tablet 0.5 mg</i>	36
1-5 %.....	70	<i>clonazepam oral tablet 1 mg</i>	36
<i>clindamycin-benzoyl peroxide topical gel with pump</i>		<i>clonazepam oral tablet 2 mg</i>	36
1.2-2.5 %.....	70	<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	36
<i>clindamycin-tretinoin</i>	70	<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	36
CLINDESSE.....	97	<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	36
CLINIMIX 4.25%-D25W SULF-FREE.....	109	<i>clonazepam oral tablet, disintegrating 1 mg</i>	36
CLINIMIX 4.25%/D10W SULF FREE.....	109	<i>clonazepam oral tablet, disintegrating 2 mg</i>	36
CLINIMIX 4.25%/D5W SULFIT FREE.....	76	<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100</i>	
CLINIMIX 5%-D20W(SULFITE-FREE).....	109	<i>mcg/ml)</i>	62
CLINIMIX 5%/D15W SULFITE FREE.....	109	<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	36
CLINIMIX 5%/D25W SULFITE-FREE.....	109	<i>clonidine hcl oral tablet</i>	62
CLINIMIX E 2.75%/D10W SUL FREE.....	76	<i>clonidine hcl oral tablet extended release 12 hr</i>	36
CLINIMIX E 2.75%/D5W SULF FREE.....	76	<i>clonidine transdermal patch</i>	62
CLINIMIX E 4.25%/D10W SUL FREE.....	109	<i>clopidogrel oral tablet 300 mg</i>	62
CLINIMIX E 4.25%/D25W SUL FREE.....	109	<i>clopidogrel oral tablet 75 mg</i>	62
CLINIMIX E 4.25%/D5W SULF FREE.....	109	<i>clorazepate dipotassium</i>	36
CLINIMIX E 5%/D15W SULFIT FREE.....	109	<i>clotrimazole mucous membrane</i>	14
CLINIMIX E 5%/D20W SULFIT FREE.....	109	<i>clotrimazole topical</i>	71
CLINIMIX E 5%/D25W SULFIT FREE.....	109	<i>clotrimazole-betamethasone</i>	71
CLINIMIX N14G30E 4.25%-D15W SF.....	109	<i>clozapine oral tablet 100 mg</i>	36
CLINIMIX N9G15E 2.75%-D7.5W SF.....	109	<i>clozapine oral tablet 200 mg</i>	36
CLINIMIX N9G20E 2.75%-D10W(SF).....	76	<i>clozapine oral tablet 25 mg</i>	36
CLINISOL SF 15 %.....	109	<i>clozapine oral tablet 50 mg</i>	36
CLINPRO 5000.....	78	<i>clozapine oral tablet, disintegrating 100 mg</i>	36
<i>clobazam oral suspension</i>	36	<i>clozapine oral tablet, disintegrating 12.5 mg</i>	36
<i>clobazam oral tablet 10 mg</i>	36	CLOZAPINE ORAL TABLET,	
<i>clobazam oral tablet 20 mg</i>	36	DISINTEGRATING 150 MG.....	36
<i>clobetasol scalp</i>	70	CLOZAPINE ORAL TABLET,	
<i>clobetasol topical cream</i>	70	DISINTEGRATING 200 MG.....	36
<i>clobetasol topical foam</i>	71	<i>clozapine oral tablet, disintegrating 25 mg</i>	36
<i>clobetasol topical gel</i>	71	CLOZARIL ORAL TABLET 100 MG.....	36
<i>clobetasol topical lotion</i>	71	CLOZARIL ORAL TABLET 25 MG.....	36
<i>clobetasol topical ointment</i>	71	COARTEM.....	14
<i>clobetasol topical shampoo</i>	71	<i>codeine sulfate oral tablet</i>	37
<i>clobetasol topical spray, non-aerosol</i>	71	<i>codeine-butalbital-asa-caff</i>	37
<i>clobetasol-emollient topical cream</i>	71	COGENTIN.....	37

COLAZAL.....	87	CORGARD.....	62
COLCHICINE.....	95	CORLANOR.....	62
COLCRYS.....	95	CORLOPAM.....	62
<i>colesevelam</i>	62	CORTEF.....	80
COLESTID.....	62	CORTENEMA.....	88
COLESTID FLAVORED.....	62	CORTIFOAM.....	88
<i>colestipol</i>	62	<i>cortisone tablet</i>	80
<i>colistin (colistimethate na)</i>	14	CORTISPORIN TOPICAL.....	71
<i>colocort</i>	88	CORVERT.....	62
COLY-MYCIN M PARENTERAL.....	14	CORZIDE.....	62
COLY-MYCIN S.....	78	COSENTYX.....	71
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM.....	88	COSENTYX (2 SYRINGES).....	71
COMBIGAN.....	101	COSENTYX PEN.....	71
COMBIPATCH.....	97	COSENTYX PEN (2 PENS).....	71
COMBIVENT RESPIMAT.....	104	COSMEGEN.....	24
COMBIVIR.....	14	COSOPT.....	101
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1).....	24	COSOPT (PF).....	101
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3).....	24	COTELLIC.....	24
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY).....	24	COTEMPLA XR-ODT.....	37
COMPAZINE ORAL TABLET 10 MG.....	88	COUMADIN ORAL.....	62
COMPAZINE RECTAL.....	88	COZAAR.....	62
COMPLERA.....	14	CREON.....	88
<i>complete natal dha</i>	109	CRESEMBA INTRAVENOUS.....	14
<i>completenate</i>	109	CRESEMBA ORAL.....	14
<i>compro</i>	88	CRESTOR.....	62
COMTAN.....	37	CRINONE.....	97
CONCEPT DHA.....	109	CRIXIVAN ORAL CAPSULE 200 MG.....	14
CONCEPT OB.....	109	CRIXIVAN ORAL CAPSULE 400 MG.....	14
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG.....	37	<i>cromolyn inhalation</i>	104
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG.....	37	<i>cromolyn ophthalmic (eye)</i>	101
CONDYLOX TOPICAL GEL.....	71	<i>cromolyn oral</i>	88
<i>constulose</i>	88	<i>crotan</i>	71
CONZIP.....	37	<i>cryselle (28)</i>	97
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML.....	37	CRYSVITA.....	80
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML.....	37	CUBICIN.....	14
COPIKTRA.....	24	CUBICIN RF.....	14
CORDRAN TAPE LARGE ROLL.....	71	CUPRIMINE.....	95
COREG.....	62	CUROSURF.....	104
COREG CR.....	62	CUTIVATE TOPICAL CREAM.....	71
		CUTIVATE TOPICAL LOTION.....	71
		CUVITRU.....	92
		CUVPOSA.....	88
		<i>cyclafem 1/35 (28)</i>	98
		<i>cyclafem 7/7/7 (28)</i>	98
		<i>cyclobenzaprine oral capsule,extended release 24hr</i>	37
		<i>cyclobenzaprine oral tablet</i>	37
		<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram</i>	24

<i>cyclophosphamide intravenous recon soln 500 mg</i>	24	<i>dapsone topical</i>	71
<i>cyclophosphamide oral capsule</i>	24	DAPTACEL (DTAP PEDIATRIC) (PF).....	92
CYCLOSERINE.....	14	DAPTOMYCIN INTRAVENOUS RECON	
CYCLOSET.....	80	SOLN 350 MG.....	14
<i>cyclosporine intravenous</i>	24	<i>daptomycin intravenous recon soln 500 mg</i>	14
<i>cyclosporine modified</i>	24	DARAPRIM.....	14
<i>cyclosporine oral capsule</i>	24	<i>darifenacin</i>	107
CYMBALTA ORAL CAPSULE,DELAYED		DARZALEX.....	24
RELEASE(DR/EC) 20 MG.....	37	<i>dasetta 1/35 (28)</i>	98
CYMBALTA ORAL CAPSULE,DELAYED		<i>dasetta 7/7/7 (28)</i>	98
RELEASE(DR/EC) 30 MG.....	37	<i>daunorubicin intravenous solution</i>	24
CYMBALTA ORAL CAPSULE,DELAYED		DAURISMO ORAL TABLET 100 MG.....	24
RELEASE(DR/EC) 60 MG.....	37	DAURISMO ORAL TABLET 25 MG.....	24
<i>cypiroheptadine</i>	104	DAYPRO.....	37
CYRAMZA.....	24	<i>daysee</i>	98
<i>cyred</i>	98	DAYTRANA.....	37
<i>cyred eq</i>	98	DDAVP.....	80
CYSTADANE.....	88	<i>deblitane</i>	98
CYSTAGON.....	107	<i>decadron oral elixir</i>	80
CYSTARAN.....	101	<i>decadron oral tablet</i>	80
<i>cysteine (l-cysteine) intravenous solution</i>	109	<i>decitabine</i>	24
<i>cytarabine (pf) injection solution 100 mg/5 ml (20</i>		<i>deferasirox</i>	76
<i>mg/ml), 2 gram/20 ml (100 mg/ml)</i>	24	<i>deferoxamine</i>	76
<i>cytarabine (pf) injection solution 20 mg/ml</i>	24	DELESTROGEN.....	98
<i>cytarabine injection solution 20mg/ml</i>	24	DELSTRIGO.....	14
CYTOGAM INTRAVENOUS SOLUTION 50		<i>deltasone oral tablet 20 mg</i>	80
MG/ML.....	92	<i>delyla (28)</i>	98
CYTOMEL.....	80	DELZICOL ORAL CAPSULE (WITH DEL REL	
CYTOTEC.....	88	TABLETS).....	88
CYTOVENE.....	14	<i>demeclocycline</i>	14
D.H.E.45.....	37	DEMEROL (PF) INJECTION SOLUTION 100	
<i>d10 %-0.45 % sodium chloride</i>	76	MG/2 ML, 25 MG/0.5 ML, 75 MG/1.5 ML.....	37
<i>d2.5 %-0.45 % sodium chloride</i>	76	<i>demerol (pf) injection solution 100 mg/ml</i>	37
<i>d5 % and 0.9 % sodium chloride</i>	76	DEMEROL (PF) INJECTION SOLUTION 50	
<i>d5 %-0.45 % sodium chloride</i>	76	MG/ML.....	37
<i>dacarbazine</i>	24	DEMEROL (PF) INJECTION SYRINGE 100	
DACOGEN.....	24	MG/ML, 25 MG/ML, 50 MG/ML.....	37
<i>dactinomycin</i>	24	DEMEROL (PF) INJECTION SYRINGE 75 MG/	
DAKLINZA ORAL TABLET 30 MG, 60 MG.....	14	ML.....	37
<i>dalfampridine</i>	37	DEMEROL INJECTION.....	37
DALIRESP.....	104	DEMEROL ORAL TABLET 100 MG.....	37
DALVANCE.....	14	DEMSEER.....	62
<i>danazol</i>	80	DENAVIR.....	71
DANTRIUM INTRAVENOUS.....	37	<i>denta 5000 plus</i>	78
DANTRIUM ORAL CAPSULE 25 MG, 50		<i>dentagel</i>	78
MG.....	37	DEPACON.....	37
<i>dantrolene</i>	37	DEPAKENE.....	37
<i>dapsone oral</i>	14	DEPAKOTE.....	37

DEPAKOTE ER.....	37	dexamethasone oral elixir.....	80
DEPAKOTE SPRINKLES.....	37	dexamethasone oral solution.....	80
DEPEN TITRATABS.....	95	dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg.....	80
DEPO-ESTRADIOL.....	98	dexamethasone oral tablet 2 mg, 4 mg, 6 mg.....	80
DEPO-MEDROL.....	80	dexamethasone oral tablets, dose pack.....	80
DEPO-PROVERA.....	98	dexamethasone sodium phos (pf).....	80
DEPO-SUBQ PROVERA 104.....	98	dexamethasone sodium phosphate injection.....	80
DEPO-TESTOSTERONE.....	80	dexamethasone sodium phosphate ophthalmic (eye).....	101
DERMA-SMOOTH/FS BODY OIL.....	71	dexchlorpheniramine maleate.....	104
DERMA-SMOOTH/FS SCALP OIL.....	71	DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 5 MG.....	38
DERMOTIC OIL.....	78	DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG.....	38
DESCOVY.....	14	DEXILANT.....	88
DESFERAL INJECTION RECON SOLN 500 MG.....	76	dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg.....	38
desipramine.....	37	dexmethylphenidate oral capsule, er biphasic 50-50 20 mg.....	38
desloratadine.....	104	dexmethylphenidate oral tablet.....	38
desmopressin injection.....	80	DEXPAK 10 DAY.....	80
desmopressin nasal spray with pump.....	80	DEXPAK 13 DAY.....	80
desmopressin nasal spray, non-aerosol.....	80	DEXPAK 6 DAY.....	80
desmopressin oral.....	80	dexrazoxane hcl intravenous recon soln 250 mg.....	24
desog-e.estradiol/e.estradiol.....	98	dexrazoxane hcl intravenous recon soln 500 mg.....	25
desogestrel-ethinyl estradiol.....	98	dextroamphetamine oral capsule, extended release 10 mg, 5 mg.....	38
DESONATE.....	71	dextroamphetamine oral capsule, extended release 15 mg.....	38
desonide.....	71	dextroamphetamine oral solution.....	38
DESOWEN 0.05% LOTION.....	71	dextroamphetamine oral tablet 10 mg.....	38
DESOWEN 0.05% TOPICAL CREAM.....	71	dextroamphetamine oral tablet 5 mg.....	38
desoximetasone topical cream.....	71	dextroamphetamine-amphetamine oral capsule, extended release 24hr.....	38
desoximetasone topical gel.....	71	dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg.....	38
desoximetasone topical ointment.....	71	dextroamphetamine-amphetamine oral tablet 30 mg.....	38
desoximetasone topical spray, non-aerosol.....	71	dextrose 10 % and 0.2 % nacl.....	76
DESOXYN.....	37	dextrose 10 % in water (d10w).....	76
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG.....	37	dextrose 20 % in water (d20w).....	76
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG.....	37	dextrose 25 % in water (d25w).....	76
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG.....	37	dextrose 30 % in water (d30w).....	76
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG.....	37	dextrose 40 % in water (d40w).....	76
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg.....	37	dextrose 5 % in water (d5w).....	76
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg.....	37	dextrose 5 %-lactated ringers.....	76
desvenlafaxine succinate oral tablet extended release 24 hr 50 mg.....	38		
DETROL.....	107		
DETROL LA.....	107		
dexamethasone intensol.....	80		

<i>dextrose 5%-0.2 % sod chloride</i>	76	<i>digox oral tablet 125 mcg</i>	62
<i>dextrose 5%-0.3 % sod.chloride</i>	76	<i>digox oral tablet 250 mcg</i>	62
<i>dextrose 50 % in water (d50w)</i>	76	<i>digoxin injection solution</i>	62
<i>dextrose 70 % in water (d70w)</i>	76	DIGOXIN ORAL SOLUTION 50 MCG/ML.....	62
<i>dextrose with sodium chloride</i>	76	<i>digoxin oral tablet 125 mcg</i>	62
DIASTAT.....	38	<i>digoxin oral tablet 250 mcg</i>	62
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5- 20 MG.....	38	<i>dihydroergotamine injection</i>	38
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG.....	38	<i>dihydroergotamine nasal</i>	38
<i>diazepam injection solution</i>	38	DILANTIN EXTENDED ORAL CAPSULE 100 MG.....	38
<i>diazepam injection syringe</i>	38	DILANTIN INFATABS.....	38
<i>diazepam intensol</i>	38	DILANTIN ORAL CAPSULE 30 MG.....	38
<i>diazepam oral concentrate</i>	38	DILANTIN-125.....	38
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	38	DILATRATE-SR.....	62
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	38	DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML.....	38
<i>diazepam oral tablet 10 mg</i>	38	DILAUDID (PF) INJECTION SYRINGE 2 MG/ ML.....	38
<i>diazepam oral tablet 2 mg</i>	38	DILAUDID ORAL LIQUID.....	38
<i>diazepam oral tablet 5 mg</i>	38	DILAUDID ORAL TABLET 2 MG, 4 MG.....	38
<i>diazepam rectal</i>	38	DILAUDID ORAL TABLET 8 MG.....	38
DIBENZYLINE.....	62	<i>dilt-xr</i>	62
DICLEGIS.....	88	<i>diltiazem hcl intravenous</i>	62
<i>diclofenac potassium</i>	38	<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	62
<i>diclofenac sodium ophthalmic (eye)</i>	101	<i>diltiazem hcl oral capsule,extended release 12 hr</i>	62
<i>diclofenac sodium oral</i>	38	<i>diltiazem hcl oral capsule,extended release 24 hr</i>	62
<i>diclofenac sodium topical drops</i>	38	<i>diltiazem hcl oral capsule,extended release 24hr</i>	62
<i>diclofenac sodium topical gel 1 %</i>	38	<i>diltiazem hcl oral tablet</i>	62
<i>diclofenac sodium topical gel 3 %</i>	71	<i>diltiazem hcl oral tablet extended release 24 hr</i>	62
<i>diclofenac-misoprostol</i>	38	<i>dimenhydrinate injection solution</i>	88
<i>dicloxacillin</i>	14	DIOVAN.....	62
<i>dicyclomine intramuscular</i>	88	DIOVAN HCT.....	62
<i>dicyclomine oral capsule</i>	88	DIPENTUM.....	88
<i>dicyclomine oral solution</i>	88	<i>diphenhydramine hcl injection solution 50 mg/ ml</i>	104
<i>dicyclomine oral tablet</i>	88	<i>diphenhydramine hcl injection syringe</i>	104
<i>didanosine oral capsule,delayed release(dr/ec) 200 mg</i>	15	<i>diphenhydramine hcl oral elixir</i>	104
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	15	<i>diphenoxylate-atropine oral liquid</i>	88
DIFFERIN TOPICAL CREAM.....	71	<i>diphenoxylate-atropine oral tablet</i>	88
DIFFERIN TOPICAL GEL WITH PUMP.....	71	DIPROLENE TOPICAL OINTMENT.....	71
DIFFERIN TOPICAL LOTION.....	71	<i>dipyridamole intravenous</i>	62
DIFICID.....	15	<i>dipyridamole oral</i>	62
<i>diflorasone</i>	71	<i>disopyramide phosphate oral capsule</i>	62
DIFLUCAN ORAL SUSPENSION.....	15	<i>disulfiram</i>	76
<i>diflunisal</i>	38	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG.....	107
<i>digitek oral tablet 125 mcg</i>	62	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG.....	107
<i>digitek oral tablet 250 mcg</i>	62		

DIURIL.....	62	doxazosin.....	63
DIURIL IV.....	62	doxepin oral.....	39
divalproex.....	38	doxepin topical.....	71
DIVIGEL.....	98	doxercalciferol intravenous.....	80
dobutamine.....	62	doxercalciferol oral capsule 0.5 mcg.....	80
dobutamine in d5w intravenous parenteral solution		doxercalciferol oral capsule 1 mcg.....	80
1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml		doxercalciferol oral capsule 2.5 mcg.....	80
(1 mg/ml).....	62	DOXIL.....	25
dobutamine in d5w intravenous parenteral solution		doxorubicin intravenous recon soln 10 mg.....	25
500 mg/250 ml (2,000 mcg/ml).....	63	doxorubicin intravenous recon soln 50 mg.....	25
docetaxel intravenous solution 160 mg/16 ml (10 mg/		doxorubicin intravenous solution 10 mg/5 ml, 20 mg/	
ml), 20 mg/2 ml (10 mg/ml).....	25	10 ml, 50 mg/25 ml.....	25
docetaxel intravenous solution 160 mg/8 ml (20 mg/		doxorubicin intravenous solution 2 mg/ml.....	25
ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80		doxorubicin, peg-liposomal.....	25
mg/8 ml (10 mg/ml).....	25	doxy-100.....	15
DOCETAXEL INTRAVENOUS SOLUTION 20		doxycycline hyclate intravenous.....	15
MG/ML.....	25	doxycycline hyclate oral capsule.....	15
dofetilide.....	63	doxycycline hyclate oral tablet 100 mg, 150 mg, 20	
DOLOPHINE ORAL.....	38	mg, 75 mg.....	15
donepezil oral tablet 10 mg, 5 mg.....	39	doxycycline hyclate oral tablet 50 mg.....	15
donepezil oral tablet 23 mg.....	39	doxycycline hyclate oral tablet, delayed release (drlec)	
donepezil oral tablet, disintegrating.....	39	100 mg, 150 mg, 200 mg, 50 mg, 75 mg.....	15
dopamine in 5 % dextrose intravenous solution 200		doxycycline monohydrate oral capsule 100 mg, 50 mg,	
mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600		75 mg.....	15
mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/		doxycycline monohydrate oral capsule 150 mg.....	15
500 ml (1,600 mcg/ml).....	63	DOXYCYCLINE MONOHYDRATE ORAL	
dopamine in 5 % dextrose intravenous solution 800		CAPSULE, IR - DELAY REL, BIPHASE.....	15
mg/250 ml (3,200 mcg/ml).....	63	doxycycline monohydrate oral suspension for	
dopamine intravenous solution 200 mg/5 ml (40 mg/		reconstitution.....	15
ml).....	63	doxycycline monohydrate oral tablet.....	15
dopamine intravenous solution 400 mg/10 ml (40 mg/		dronabinol oral capsule 10 mg.....	88
ml).....	63	dronabinol oral capsule 2.5 mg, 5 mg.....	88
DOPRAM.....	39	droperidol injection solution.....	88
DOPTELET (10 TAB PACK).....	63	drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451	
DOPTELET (15 TAB PACK).....	63	mg (24) (4).....	98
DORIPENEM INTRAVENOUS RECON SOLN		DROSPIRENONE-E. ESTRADIOL-LM.FA ORAL	
250 MG.....	15	TABLET 3-0.03-0.451 MG (21) (7).....	98
DORIPENEM INTRAVENOUS RECON SOLN		drospirenone-ethinyl estradiol.....	98
500 MG.....	15	DROXIA.....	25
DORYX MPC.....	15	DUAC.....	71
DORYX ORAL TABLET, DELAYED RELEASE		DUAVEE.....	98
(DR/EC) 200 MG, 50 MG.....	15	DUET DHA BALANCED ORAL COMBO PACK	
dorzolamide.....	101	25 MG IRON-1 MG -267 MG-233 MG.....	109
dorzolamide-timolol.....	101	DUET DHA WITH OMEGA-3 ORAL COMBO	
dorzolamide-timolol (pf) ophthalmic (eye)		PACK 25 MG IRON-1 MG -400 MG.....	109
dropperette.....	101	DUETACT.....	80
DOVATO.....	15	DUEXIS.....	39
DOVONEX TOPICAL CREAM.....	71	DULERA.....	104

<i>duloxetine oral capsule, delayed release(dr/ec) 20</i>	
<i>mg</i>	39
<i>duloxetine oral capsule, delayed release(dr/ec) 30</i>	
<i>mg</i>	39
<i>duloxetine oral capsule, delayed release(dr/ec) 40</i>	
<i>mg</i>	39
<i>duloxetine oral capsule, delayed release(dr/ec) 60</i>	
<i>mg</i>	39
DUOPA.....	39
DUPIXENT SUBCUTANEOUS SYRINGE 200	
MG/1.14 ML.....	71
DUPIXENT SUBCUTANEOUS SYRINGE 300	
MG/2 ML.....	71
DURAGESIC TRANSDERMAL PATCH 72	
HOUR 100 MCG/HR, 50 MCG/HR, 75 MCG/	
HR.....	39
DURAGESIC TRANSDERMAL PATCH 72	
HOUR 12 MCG/HR, 25 MCG/HR.....	39
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	39
<i>duramorph (pf) injection solution 1 mg/ml</i>	39
DUREZOL.....	101
<i>dutasteride</i>	107
<i>dutasteride-tamsulosin</i>	107
DUTOPROL.....	63
DUZALLO.....	95
DYANAVEL XR.....	39
DYAZIDE.....	63
DYMISTA.....	104
DYRENIUM.....	63
DYSFORT.....	92
<i>e.e.s. 400 oral tablet</i>	15
E.E.S. GRANULES.....	15
<i>econazole</i>	71
EDARBI.....	63
EDARBYCLOR.....	63
EDECIN.....	63
EDLUAR.....	39
EDURANT.....	15
<i>efavirenz oral capsule 200 mg</i>	15
<i>efavirenz oral capsule 50 mg</i>	15
<i>efavirenz oral tablet</i>	15
EFFER-K ORAL TABLET, EFFERVESCENT 10	
MEQ, 20 MEQ.....	109
<i>effer-k oral tablet, effervescent 25 meq</i>	109
EFFEXOR XR ORAL CAPSULE, EXTENDED	
RELEASE 24HR 150 MG.....	39
EFFEXOR XR ORAL CAPSULE, EXTENDED	
RELEASE 24HR 37.5 MG.....	39

EFFEXOR XR ORAL CAPSULE, EXTENDED	
RELEASE 24HR 75 MG.....	39
EFFIENT.....	63
EFUDEX TOPICAL CREAM.....	71
EGRIFTA SUBCUTANEOUS RECON SOLN 1	
MG.....	92
ELAPRASE.....	80
<i>electrolyte-48 in d5w</i>	109
ELELYSO.....	80
ELESTRIN.....	98
<i>eletriptan</i>	39
ELIDEL.....	71
ELIGARD (1 MONTH).....	25
ELIGARD (3 MONTH).....	25
ELIGARD (4 MONTH).....	25
ELIGARD (6 MONTH).....	25
ELIMITE.....	71
<i>elinest</i>	98
ELIQUIS ORAL TABLET 2.5 MG.....	63
ELIQUIS ORAL TABLET 5 MG.....	63
ELIQUIS ORAL TABLETS, DOSE PACK.....	63
<i>elite-ob</i>	109
ELITEK.....	25
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15	
ML.....	104
ELLA.....	98
ELLENC.....	25
ELMIRON.....	107
ELOCON TOPICAL CREAM.....	71
EMBEDA ORAL CAPSULE, ORAL ONLY,	
EXT.REL PELL 100-4 MG, 60-2.4 MG.....	39
EMBEDA ORAL CAPSULE, ORAL ONLY,	
EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2	
MG, 80-3.2 MG.....	39
EMCYT.....	25
EMEND (FOSAPREPITANT) INTRAVENOUS	
SOLUTION.....	88
EMEND ORAL CAPSULE 125 MG.....	88
EMEND ORAL CAPSULE 40 MG.....	88
EMEND ORAL CAPSULE 80 MG.....	88
EMEND ORAL CAPSULE, DOSE PACK.....	88
EMEND ORAL SUSPENSION FOR	
RECONSTITUTION.....	88
EMFLAZA.....	80
EMGALITY PEN.....	39
EMGALITY SYRINGE.....	39
<i>emoquette</i>	98
EMPLICITI.....	25

EMSAM.....	39	EPIFOAM.....	72
EMTRIVA ORAL CAPSULE.....	15	<i>epinastine</i>	101
EMTRIVA ORAL SOLUTION.....	15	<i>epinephrine injection auto-injector 0.15 mg/0.15</i>	
EMVERM.....	15	<i>ml</i>	104
ENABLEX.....	107	EPINEPHRINE INJECTION AUTO-INJECTOR	
<i>enalapril maleate</i>	63	0.15 MG/0.3 ML, 0.3 MG/0.3 ML.....	104
<i>enalapril-hydrochlorothiazide</i>	63	EPINEPHRINE INJECTION AUTO-INJECTOR	
<i>enalaprilat intravenous solution</i>	63	0.3 MG/0.3 ML.....	104
ENBRACE HR.....	109	EPIPEN.....	104
ENBREL MINI.....	95	EPIPEN 2-PAK.....	104
ENBREL SUBCUTANEOUS RECON		EPIPEN JR.....	104
SOLN.....	95	EPIPEN JR 2-PAK.....	104
ENBREL SUBCUTANEOUS SYRINGE 25 MG/		<i>epirubicin intravenous solution</i>	25
0.5ML (0.51).....	95	<i>epitol</i>	39
ENBREL SUBCUTANEOUS SYRINGE 50 MG/		EPIVIR HBV ORAL SOLUTION.....	15
ML (0.98 ML).....	95	EPIVIR HBV ORAL TABLET.....	15
ENBREL SURECLICK.....	95	EPIVIR ORAL SOLUTION.....	15
ENDARI.....	76	EPIVIR ORAL TABLET 150 MG.....	15
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325</i>		EPIVIR ORAL TABLET 300 MG.....	15
<i>mg, 7.5-325 mg</i>	39	<i>eplerenone</i>	63
ENGERIX-B (PF).....	92	EPOGEN INJECTION SOLUTION 10,000	
ENGERIX-B PEDIATRIC (PF)		UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2	
INTRAMUSCULAR SYRINGE.....	92	ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000	
<i>enoxaparin subcutaneous solution</i>	63	UNIT/ML.....	92
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/</i>		<i>epoprostenol (glycine)</i>	63
<i>ml</i>	63	<i>eprosartan</i>	63
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80</i>		EPZICOM.....	15
<i>mg/0.8 ml</i>	63	EQUETRO ORAL CAPSULE, ER MULTIPHASE	
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	63	12 HR 100 MG.....	39
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	63	EQUETRO ORAL CAPSULE, ER MULTIPHASE	
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	63	12 HR 200 MG.....	39
<i>enpresse</i>	98	EQUETRO ORAL CAPSULE, ER MULTIPHASE	
<i>enskyce</i>	98	12 HR 300 MG.....	39
ENSTILAR.....	72	ERAXIS(WATER DILUENT).....	15
<i>entacapone</i>	39	ERBITUX.....	25
<i>entecavir</i>	15	<i>ergoloid</i>	39
ENTEREG.....	88	ERGOMAR.....	39
ENTOCORT EC.....	88	<i>ergotamine-caffeine</i>	39
ENTRESTO.....	63	ERIVEDGE.....	25
ENTYVIO.....	88	ERLEADA.....	25
<i>enulose</i>	88	<i>erlotinib oral tablet 100 mg, 150 mg</i>	25
ENVARUSUS XR.....	25	<i>erlotinib oral tablet 25 mg</i>	25
EPANED ORAL SOLUTION.....	63	<i>errin</i>	98
EPCLUSA.....	15	ERTACZO.....	72
EPHEDRINE SULFATE INTRAVENOUS.....	63	<i>ertapenem</i>	15
EPIDIOLEX.....	39	ERWINAZE.....	25
EPIDUO FORTE.....	72	<i>ery pads</i>	72
EPIDUO TOPICAL GEL WITH PUMP.....	72		

<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333</i>	
<i>mg</i>	15
ERY-TAB ORAL TABLET, DELAYED RELEASE	
(DR/EC) 500 MG.....	15
<i>erygel</i>	72
ERYPED 200.....	15
ERYPED 400.....	15
<i>erythrocin (as stearate) oral tablet 250 mg</i>	15
ERYTHROCIN INTRAVENOUS RECON	
SOLN 500 MG.....	15
<i>erythromycin ethylsuccinate oral suspension for</i>	
<i>reconstitution</i>	15
<i>erythromycin ethylsuccinate oral tablet</i>	16
<i>erythromycin ophthalmic (eye)</i>	101
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	16
<i>erythromycin oral tablet</i>	16
<i>erythromycin with ethanol</i>	72
<i>erythromycin-benzoyl peroxide</i>	72
ESBRIET ORAL CAPSULE.....	104
ESBRIET ORAL TABLET 267 MG.....	104
ESBRIET ORAL TABLET 801 MG.....	104
<i>escitalopram oxalate oral solution</i>	39
<i>escitalopram oxalate oral tablet 10 mg</i>	39
<i>escitalopram oxalate oral tablet 20 mg</i>	39
<i>escitalopram oxalate oral tablet 5 mg</i>	39
ESGIC.....	39
<i>esmolol in nacl (iso-osm)</i>	63
<i>esmolol intravenous solution</i>	63
<i>esomeprazole magnesium</i>	88
<i>esomeprazole sodium intravenous recon soln 20</i>	
<i>mg</i>	88
<i>esomeprazole sodium intravenous recon soln 40</i>	
<i>mg</i>	88
<i>esomeprazole strontium oral capsule, delayed release(dr/</i>	
<i>ec) 49.3 mg</i>	88
<i>estarylla</i>	98
<i>estazolam</i>	40
ESTRACE ORAL.....	98
ESTRACE VAGINAL.....	98
<i>estradiol oral</i>	98
<i>estradiol transdermal patch semiweekly</i>	98
<i>estradiol transdermal patch weekly</i>	98
<i>estradiol vaginal</i>	98
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/</i>	
<i>ml</i>	98
<i>estradiol-norethindrone acet</i>	98
ESTRING.....	98
ESTROSTEP FE-28.....	98
<i>eszopiclone</i>	40
<i>ethacrynate sodium</i>	63
<i>ethacrynic acid</i>	63
<i>ethambutol</i>	16
<i>ethosuximide</i>	40
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-</i>	
<i>mcg</i>	98
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-</i>	
<i>mcg</i>	98
ETHYOL.....	25
<i>etidronate disodium oral tablet 400 mg</i>	76
<i>etodolac</i>	40
ETOPOPHOS.....	25
<i>etoposide intravenous</i>	25
EUCRISA.....	72
EURAX.....	72
EVAMIST.....	98
EVEKEO ORAL TABLET 10 MG.....	40
EVEKEO ORAL TABLET 5 MG.....	40
EVISTA.....	95
EVOCLIN.....	72
EVOMELA.....	25
EVOTAZ.....	16
EVOXAC.....	76
EVZIO INJECTION AUTO-INJECTOR 2 MG/	
0.4 ML.....	40
EXALGO ER ORAL TABLET EXTENDED	
RELEASE 24 HR 16 MG.....	40
EXELDERM.....	72
EXELON TRANSDERMAL.....	40
<i>exemestane</i>	25
EXFORGE.....	63
EXFORGE HCT.....	63
EXJADE.....	76
EXONDYS 51.....	40
EXTAVIA SUBCUTANEOUS KIT.....	92
EXTAVIA SUBCUTANEOUS RECON	
SOLN.....	92
EXTINA.....	72
EYLEA.....	101
<i>ezetimibe</i>	63
<i>ezetimibe-simvastatin</i>	63
FABIOR.....	72
FABRAZYME.....	80
<i>falmina (28)</i>	98
<i>famciclovir oral tablet 125 mg, 250 mg</i>	16
<i>famciclovir oral tablet 500 mg</i>	16
<i>famotidine (pf)</i>	88

<i>famotidine (pf)-nacl (iso-os)</i>	88	FENOGLIDE ORAL TABLET 120 MG.....	64
<i>famotidine intravenous solution</i>	88	FENOGLIDE ORAL TABLET 40 MG.....	64
<i>famotidine oral suspension</i>	88	FENOPROFEN ORAL CAPSULE 400 MG.....	40
<i>famotidine oral tablet 20 mg, 40 mg</i>	88	<i>fenopropfen oral tablet</i>	40
FANAPT ORAL TABLET 1 MG.....	40	<i>fentanyl citrate (pf) injection</i>	40
FANAPT ORAL TABLET 10 MG, 12 MG.....	40	<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml</i> (50 mcg/ml).....	40
FANAPT ORAL TABLET 2 MG.....	40	<i>fentanyl citrate lozenge</i>	40
FANAPT ORAL TABLET 4 MG.....	40	<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12</i> <i>mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	40
FANAPT ORAL TABLET 6 MG.....	40	<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour,</i> <i>62.5 mcg/hour, 87.5 mcg/hour</i>	40
FANAPT ORAL TABLET 8 MG.....	40	FENTORA.....	40
FANAPT ORAL TABLETS,DOSE PACK.....	40	FERRIPROX ORAL SOLUTION.....	76
FARESTON.....	25	FERRIPROX ORAL TABLET.....	76
FARXIGA.....	80	FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK.....	40
FARYDAK ORAL CAPSULE 10 MG.....	25	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG.....	40
FARYDAK ORAL CAPSULE 15 MG, 20 MG.....	25	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG.....	40
FASENRA.....	104	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG.....	40
FASLODEX.....	25	FEXMID.....	40
<i>fayosim</i>	98	FIASP FLEXTOUCH U-100 INSULIN.....	80
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG.....	40	FIASP U-100 INSULIN.....	80
FAZACLO ORAL TABLET,DISINTEGRATING 12.5 MG.....	40	FIBRICOR ORAL TABLET 105 MG.....	64
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG.....	40	FIBRICOR ORAL TABLET 35 MG.....	64
FAZACLO ORAL TABLET,DISINTEGRATING 200 MG.....	40	FINACEA TOPICAL FOAM.....	72
FAZACLO ORAL TABLET,DISINTEGRATING 25 MG.....	40	FINACEA TOPICAL GEL.....	72
<i>felbamate</i>	40	<i>finasteride oral tablet 5 mg</i>	108
FELBATOL ORAL SUSPENSION.....	40	FIORICET ORAL CAPSULE 50-300-40MG.....	40
FELBATOL ORAL TABLET.....	40	FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG.....	40
FELDENE.....	40	FIORINAL.....	40
<i>felodipine</i>	63	FIORINAL-CODEINE #3.....	40
FEMARA.....	25	FIRAZYR.....	104
FEMHRT LOW DOSE.....	98	FIRDAPSE.....	41
FEMRING.....	98	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.....	25
<i>femynor</i>	98	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG.....	25
<i>fenofibrate micronized</i>	63	FIRVANQ.....	16
<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	63	FLAC OTIC OIL.....	78
FENOFIBRATE NANOCRYSTALLIZED 48 MG, 145 MG ORAL TABLET 160 MG.....	63	FLAGYL.....	16
FENOFIBRATE ORAL CAPSULE.....	63	FLAREX.....	101
FENOFIBRATE ORAL TABLET 120 MG, 40 MG.....	63		
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	63		
<i>fenofibric acid (choline) dr capsules oral capsule, delayed</i> <i>release(dr/ec) 45mg, 135 mg</i>	63		
<i>fenofibric acid tablet 105 mg, 35 mg</i>	64		

<i>flavoxate</i>	108	<i>fluocinolone topical ointment</i>	72
FLEBOGAMMA DIF INTRAVENOUS		<i>fluocinolone topical solution</i>	72
SOLUTION 10 %.....	92	<i>fluocinonide topical cream 0.05 %</i>	72
FLEBOGAMMA DIF INTRAVENOUS		<i>fluocinonide topical cream 0.1 %</i>	72
SOLUTION 5 %.....	92	<i>fluocinonide topical gel</i>	72
<i>flecainide</i>	64	<i>fluocinonide topical ointment</i>	72
FLECTOR.....	41	<i>fluocinonide topical solution</i>	72
FLEXBUMIN 25 %.....	109	<i>fluocinonide-e</i>	72
FLEXBUMIN 5 %.....	109	<i>fluocinonide-emollient</i>	72
FLOLAN INTRAVENOUS RECON SOLN 0.5		<i>fluoride (sodium) oral tablet</i>	109
MG.....	64	<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg</i>	
FLOLAN INTRAVENOUS RECON SOLN 1.5		<i>sod. fluoride)</i>	109
MG.....	64	FLUORIDEX DAILY DEFENSE DENTAL	
FLOLIPID.....	64	PASTE.....	78
FLOMAX.....	108	<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod.</i>	
FLOVENT DISKUS INHALATION BLISTER		<i>fluoride)</i>	109
WITH DEVICE 100 MCG/ACTUATION, 50		<i>fluorometholone</i>	101
MCG/ACTUATION.....	104	<i>fluorouracil intravenous</i>	25
FLOVENT DISKUS INHALATION BLISTER		FLUOROURACIL TOPICAL CREAM 0.5 %.....	72
WITH DEVICE 250 MCG/		<i>fluorouracil topical cream 5 %</i>	72
ACTUATION.....	104	<i>fluorouracil topical solution</i>	72
FLOVENT HFA INHALATION HFA AEROSOL		<i>fluoxetine oral capsule 10 mg</i>	41
INHALER 110 MCG/ACTUATION.....	104	<i>fluoxetine oral capsule 20 mg</i>	41
FLOVENT HFA INHALATION HFA AEROSOL		<i>fluoxetine oral capsule 40 mg</i>	41
INHALER 220 MCG/ACTUATION.....	104	<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	41
FLOVENT HFA INHALATION HFA AEROSOL		<i>fluoxetine oral solution</i>	41
INHALER 44 MCG/ACTUATION.....	104	<i>fluoxetine oral tablet 10 mg</i>	41
<i>floxuridine</i>	25	<i>fluoxetine oral tablet 20 mg</i>	41
<i>fluconazole</i>	16	FLUOXETINE ORAL TABLET 60 MG.....	41
<i>fluconazole in dextrose(iso-o)</i>	16	<i>fluphenazine decanoate</i>	41
<i>fluconazole in nacl (iso-osm) intravenous piggyback</i>		<i>fluphenazine hcl</i>	41
<i>100 mg/50 ml, 400 mg/200 ml</i>	16	<i>flurandrenolide</i>	72
<i>fluconazole in nacl (iso-osm) intravenous piggyback</i>		<i>flurazepam</i>	41
<i>200 mg/100 ml</i>	16	<i>flurbiprofen</i>	41
<i>flucytosine oral capsule 250 mg</i>	16	<i>flurbiprofen ophthalmic (eye)</i>	101
<i>flucytosine oral capsule 500 mg</i>	16	<i>flutamide</i>	25
<i>fludarabine intravenous recon soln</i>	25	FLUTICASONE PROPION-SALMETEROL	
<i>fludarabine intravenous solution</i>	25	INHALATION AEROSOL POWDR BREATH	
<i>fludrocortisone</i>	80	ACTIVATED.....	104–105
FLUMADINE ORAL TABLET.....	16	<i>fluticasone propion-salmeterol inhalation blister with</i>	
<i>flumazenil</i>	41	<i>device</i>	105
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025</i>		<i>fluticasone propionate nasal</i>	105
<i>%)</i>	104	<i>fluticasone propionate topical</i>	72
<i>fluocinolone acetonide oil otic (ear)</i>	78	<i>fluvastatin</i>	64
<i>fluocinolone and shower cap</i>	72	<i>fluvoxamine oral capsule, extended release 24hr 100</i>	
<i>fluocinolone topical cream 0.01 %</i>	72	<i>mg</i>	41
<i>fluocinolone topical cream 0.025 %</i>	72	<i>fluvoxamine oral capsule, extended release 24hr 150</i>	
<i>fluocinolone topical oil</i>	72	<i>mg</i>	41

<i>fluvoxamine oral tablet 100 mg</i>	41	<i>frovatriptan</i>	41
<i>fluvoxamine oral tablet 25 mg</i>	41	FULPHILA.....	92
<i>fluvoxamine oral tablet 50 mg</i>	41	FURADANTIN.....	16
FML FORTE.....	101	<i>furosemide injection</i>	64
FML LIQUIFILM.....	101	<i>furosemide oral solution 10 mg/ml</i>	64
FML S.O.P.....	101	<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	64
FOCALIN.....	41	<i>furosemide oral tablet</i>	64
FOCALIN XR ORAL CAPSULE,ER BIPHASIC		FUSILEV.....	25
50-50 10 MG, 15 MG, 25 MG, 30 MG, 35 MG,		FUZEON SUBCUTANEOUS RECON	
5 MG.....	41	SOLN.....	16
FOCALIN XR ORAL CAPSULE,ER BIPHASIC		<i>fyavolv</i>	98
50-50 20 MG.....	41	FYCOMPA ORAL SUSPENSION.....	41
FOCALIN XR ORAL CAPSULE,ER BIPHASIC		FYCOMPA ORAL TABLET 10 MG, 12 MG.....	41
50-50 40 MG.....	41	FYCOMPA ORAL TABLET 2 MG.....	41
FOLET ONE.....	109	FYCOMPA ORAL TABLET 4 MG.....	41
<i>folivane-ob</i>	109	FYCOMPA ORAL TABLET 6 MG.....	41
FOLOTYN.....	25	FYCOMPA ORAL TABLET 8 MG.....	41
<i>fomepizole</i>	92	<i>gabapentin oral capsule 100 mg</i>	41
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	64	<i>gabapentin oral capsule 300 mg</i>	41
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	64	<i>gabapentin oral capsule 400 mg</i>	41
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	64	<i>gabapentin oral solution 250 mg/5 ml</i>	41
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	64	<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300</i>	
FORFIVO XL.....	41	<i>mg/6 ml (6 ml)</i>	41
FORTAMET ORAL TABLET EXTENDED		<i>gabapentin oral tablet 600 mg</i>	41
RELEASE 24HR 1,000 MG.....	80	<i>gabapentin oral tablet 800 mg</i>	41
FORTAMET ORAL TABLET EXTENDED		GABITRIL ORAL TABLET 12 MG, 2 MG, 4	
RELEASE 24HR 500 MG.....	80	MG.....	41
FORTEO.....	95	GABITRIL ORAL TABLET 16 MG.....	41
FORTESTA.....	80	GABLOFEN INTRATHECAL SOLUTION 40,	
FOSAMAX ORAL TABLET 70 MG.....	95	000 MCG/20ML (2,000 MCG/ML).....	42
FOSAMAX PLUS D.....	95	GABLOFEN INTRATHECAL SYRINGE 40,000	
<i>fosamprenavir</i>	16	MCG/20ML (2,000 MCG/ML).....	42
<i>fosinopril</i>	64	GALAFOLD.....	80
<i>fosinopril-hydrochlorothiazide</i>	64	<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	42
<i>fosphenytoin</i>	41	<i>galantamine oral solution</i>	42
FOSRENOL.....	76	<i>galantamine oral tablet</i>	42
FRAGMIN SUBCUTANEOUS SOLUTION.....	64	GAMASTAN.....	92
FRAGMIN SUBCUTANEOUS SYRINGE 10,000		GAMASTAN S/D 15 %- 18% RANGE	
ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/		INTRAMUSCULAR SOLUTION.....	92
0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,		GAMMAGARD LIQUID.....	92
000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA		GAMMAGARD S-D (IGA < 1 MCG/ML).....	92
UNIT/0.3 ML.....	64	GAMMAKED INJECTION SOLUTION 1	
FRAGMIN SUBCUTANEOUS SYRINGE 2,500		GRAM/10 ML (10 %), 10 GRAM/100 ML (10	
ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA		%), 20 GRAM/200 ML (10 %), 5 GRAM/50	
UNIT/0.2 ML.....	64	ML (10 %).....	92
FREAMINE HBC 6.9 %.....	110	GAMMAKED INJECTION SOLUTION 2.5	
<i>freamine iii 10 %</i>	110	GRAM/25 ML (10 %).....	92
FROVA.....	41	GAMMAPLEX.....	92

GAMMAPLEX (WITH SORBITOL).....	92	<i>gentamicin ophthalmic (eye) drops</i>	101
GAMUNEX-C.....	92	<i>gentamicin ophthalmic (eye) ointment</i>	101
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	16	<i>gentamicin sulfate (ped) (pf)</i>	16
<i>ganciclovir sodium intravenous recon soln 500 mg</i> <i>intravenous solution 50 mg/ml</i>	16	<i>gentamicin topical</i>	72
GARDASIL 9 (PF).....	92	GENVOYA.....	16
GASTROCROM.....	88	GEODON INTRAMUSCULAR.....	42
<i>gatifloxacin</i>	101	GEODON ORAL CAPSULE 20 MG.....	42
GATTEX 30-VIAL.....	88	GEODON ORAL CAPSULE 40 MG.....	42
GATTEX ONE-VIAL.....	88	GEODON ORAL CAPSULE 60 MG.....	42
<i>gauze pads 2 x 2</i>	80	GEODON ORAL CAPSULE 80 MG.....	42
<i>gavilyte-c</i>	88	<i>gianvi (28)</i>	98
<i>gavilyte-g</i>	88	GILENYA ORAL CAPSULE 0.5 MG.....	42
<i>gavilyte-n</i>	88	GILOTTRIF.....	26
GAZYVA.....	25	GLASSIA.....	76
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %).....	108	<i>glatiramer subcutaneous syringe 20 mg/ml</i>	42
GELNIQUE TRANSDERMAL GEL IN PACKET.....	108	<i>glatiramer subcutaneous syringe 40 mg/ml</i>	42
<i>gemcitabine intravenous recon soln 1 gram</i>	25	<i>glatopa subcutaneous syringe 20 mg/ml</i>	42
<i>gemcitabine intravenous recon soln 2 gram</i>	25	<i>glatopa subcutaneous syringe 40 mg/ml</i>	42
<i>gemcitabine intravenous recon soln 200 mg</i>	26	GLEEVEC ORAL TABLET 100 MG.....	26
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38</i> <i>mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	26	GLEEVEC ORAL TABLET 400 MG.....	26
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML.....	26	GLEOSTINE.....	26
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38</i> <i>mg/ml)</i>	26	<i>glimepiride oral tablet 1 mg</i>	80
<i>gemfibrozil</i>	64	<i>glimepiride oral tablet 2 mg</i>	80
GENERESS FE.....	98	<i>glimepiride oral tablet 4 mg</i>	81
<i>generlac</i>	88	<i>glipizide oral tablet 10 mg</i>	81
<i>engraf oral capsule 100 mg, 25 mg</i>	26	<i>glipizide oral tablet 5 mg</i>	81
<i>engraf oral solution</i>	26	<i>glipizide oral tablet extended release 24hr 10 mg</i>	81
GENOTROPIN.....	92	<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	81
GENOTROPIN MINISQUICK.....	92	<i>glipizide oral tablet extended release 24hr 5 mg</i>	81
<i>gentak ophthalmic (eye) ointment</i>	101	<i>glipizide-metformin oral tablet 2.5-250 mg</i>	81
<i>gentamicin in nacl (iso-osm) intravenous piggyback</i> <i>100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	16	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500</i> <i>mg</i>	81
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML.....	16	GLUCAGEN HYPOKIT.....	81
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML.....	16	GLUCAGON EMERGENCY KIT (HUMAN).....	81
<i>gentamicin in nacl (iso-osm) intravenous piggyback</i> <i>80 mg/100 ml</i>	16	GLUCOPHAGE ORAL TABLET 1,000 MG.....	81
<i>gentamicin injection</i>	16	GLUCOPHAGE ORAL TABLET 500 MG.....	81
		GLUCOPHAGE ORAL TABLET 850 MG.....	81
		GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG.....	81
		GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG.....	81
		GLUCOTROL ORAL TABLET 10 MG.....	81
		GLUCOTROL ORAL TABLET 5 MG.....	81
		GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG.....	81
		GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG.....	81

GLUCOTROL XL ORAL TABLET EXTENDED		HAEGARDA.....	105
RELEASE 24HR 5 MG.....	81	<i>hailey 24 fe</i>	98
GLUMETZA ORAL TABLET,ER		HALAVEN.....	26
GAST.RETENTION 24 HR 500 MG.....	81	HALCION ORAL TABLET 0.25 MG.....	42
<i>glyburide micronized oral tablet 1.5 mg</i>	81	HALDOL.....	42
<i>glyburide micronized oral tablet 3 mg</i>	81	HALDOL DECANOATE.....	42
<i>glyburide micronized oral tablet 6 mg</i>	81	<i>halobetasol propionate topical cream</i>	72
<i>glyburide oral tablet 1.25 mg</i>	81	HALOBETASOL PROPIONATE TOPICAL	
<i>glyburide oral tablet 2.5 mg</i>	81	FOAM.....	72
<i>glyburide oral tablet 5 mg</i>	81	<i>halobetasol propionate topical ointment</i>	72
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	81	HALOG TOPICAL CREAM.....	72
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500</i>		HALOG TOPICAL OINTMENT.....	72
<i>mg</i>	81	<i>haloperidol decanoate</i>	42
GLYCATE.....	88	<i>haloperidol lactate injection</i>	42
<i>glycine urologic</i>	108	<i>haloperidol lactate intramuscular</i>	42
<i>glycine urologic solution</i>	108	<i>haloperidol lactate oral conc</i>	42
GLYCOPHOS.....	110	<i>haloperidol oral tablet</i>	42
<i>glycopyrrolate (pf) in water intravenous syringe 0.4</i>		HARVONI.....	16
<i>mg/2 ml (0.2 mg/ml)</i>	88	HAVRIX (PF) INTRAMUSCULAR	
<i>glycopyrrolate injection</i>	89	SUSPENSION.....	93
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	89	HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,	
<i>glycopyrrolate oral tablet 1.5 mg</i>	89	440 ELISA UNIT/ML.....	93
<i>glydo</i>	72	HAVRIX (PF) INTRAMUSCULAR SYRINGE	
GLYNASE ORAL TABLET 1.5 MG.....	81	720 ELISA UNIT/0.5 ML.....	93
GLYNASE ORAL TABLET 3 MG.....	81	<i>heather</i>	98
GLYNASE ORAL TABLET 6 MG.....	81	HECTOROL INTRAVENOUS.....	81
GLYSET ORAL TABLET 100 MG.....	81	HEMABATE.....	98
GLYSET ORAL TABLET 25 MG.....	81	HEMANGEOL.....	64
GLYSET ORAL TABLET 50 MG.....	81	HEPAGAM B INJECTION SOLUTION >312	
GLYXAMBI.....	81	UNIT/ML.....	93
GOCOVRI.....	42	HEPAGAM B INJECTION SOLUTION	
GOLYTELY.....	89	GREATR THAN 312 UNIT/ML (5 ML).....	93
GONITRO.....	64	<i>heparin (porcine) in 5 % dex intravenous parenteral</i>	
GRALISE ORAL TABLET EXTENDED		<i>solution 20,000 unit/500 ml (40 unit/ml)</i>	64
RELEASE 24 HR 300 MG.....	42	<i>heparin (porcine) in 5 % dex intravenous parenteral</i>	
GRALISE ORAL TABLET EXTENDED		<i>solution 25,000 unit/250 ml(100 unit/ml), 25,000</i>	
RELEASE 24 HR 600 MG.....	42	<i>unit/500 ml (50 unit/ml)</i>	64
<i>granisetron (pf)</i>	89	<i>heparin (porcine) in nacl (pf)</i>	64
<i>granisetron hcl intravenous</i>	89	<i>heparin (porcine) injection cartridge</i>	64
<i>granisetron hcl oral</i>	89	<i>heparin (porcine) injection solution</i>	64
GRANIX.....	92	<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	64
GRASTEK.....	92	HEPARIN(PORCINE) IN 0.45% NACL	
<i>griseofulvin microsize</i>	16	INTRAVENOUS PARENTERAL SOLUTION	
<i>griseofulvin ultramicrosize</i>	16	12,500 UNIT/250 ML.....	64
<i>guanfacine oral tablet</i>	64	<i>heparin(porcine) in 0.45% nacl intravenous parenteral</i>	
<i>guanfacine oral tablet extended release 24 hr</i>	42	<i>solution 25,000 unit/250 ml</i>	64
<i>guanidine</i>	42	<i>heparin(porcine) in 0.45% nacl intravenous parenteral</i>	
GYNAZOLE-1.....	98	<i>solution 25,000 unit/500 ml</i>	64

<i>heparin, porcine (pf) 1,000unit/ml, 5,000 unit/0.5ml injection</i>	64
HEPATAMINE 8%.....	110
HEPSERA.....	16
HERCEPTIN.....	26
HERCEPTIN HYLECTA.....	26
HETLIOZ.....	42
HIBERIX (PF).....	93
<i>hidex</i>	81
HIPREX.....	16
HIZENTRA.....	93
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG.....	42
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG.....	42
HUMALOG JUNIOR KWIKPEN U-100.....	81
HUMALOG KWIKPEN INSULIN.....	81
HUMALOG MIX 50-50 INSULN U-100.....	81
HUMALOG MIX 50-50 KWIKPEN.....	81
HUMALOG MIX 75-25 KWIKPEN.....	82
HUMALOG MIX 75-25(U-100)INSULN.....	82
HUMALOG U-100 INSULIN.....	82
HUMATROPE.....	93
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML.....	95
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK).....	95
HUMIRA PEN.....	95
HUMIRA PEN CROHNS-UC-HS START.....	96
HUMIRA PEN PSOR-UEVITS-ADOL HS.....	96
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML.....	96
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML.....	96
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML.....	96
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML.....	96
HUMIRA(CF) PEN CROHNS-UC-HS.....	96
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	96
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML.....	96
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML.....	96

HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML.....	96
HUMULIN 70/30 U-100 INSULIN.....	82
HUMULIN 70/30 U-100 KWIKPEN.....	82
HUMULIN N NPH INSULIN KWIKPEN.....	82
HUMULIN N NPH U-100 INSULIN.....	82
HUMULIN R REGULAR U-100 INSULN.....	82
HUMULIN R U-500 (CONC) INSULIN.....	82
HUMULIN R U-500 (CONC) KWIKPEN.....	82
HYCANTIN INTRAVENOUS.....	26
<i>hydralazine</i>	64
HYDREA.....	26
<i>hydrochlorothiazide</i>	64
<i>hydrocodone-acetaminophen oral solution 10-325 mg/ 15 ml(15 ml)</i>	42
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/ 15 ml</i>	42
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	42
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	42
<i>hydrocortisone butyr-emollient</i>	72
<i>hydrocortisone butyrate topical cream</i>	72
<i>hydrocortisone butyrate topical lotion</i>	72
<i>hydrocortisone butyrate topical ointment</i>	72
<i>hydrocortisone butyrate topical solution</i>	72
<i>hydrocortisone oral</i>	82
<i>hydrocortisone rectal</i>	89
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	72
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	89
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	89
<i>hydrocortisone topical lotion 2.5 %</i>	72
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	72
<i>hydrocortisone valerate</i>	72
<i>hydrocortisone-acetic acid</i>	78
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	95
<i>hydromorphone (pf) 10mg/ml injection solution</i>	42
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML.....	42
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	42
<i>hydromorphone (pf) injection solution 4 mg/ml</i>	42
<i>hydromorphone injection solution 1 mg/ml</i>	42
<i>hydromorphone injection solution 2 mg/ml</i>	43
<i>hydromorphone injection solution 4 mg/ml</i>	43

HYDROMORPHONE INJECTION SYRINGE	
0.5 MG/0.5 ML.....	43
<i>hydromorphone injection syringe 1 mg/ml.....</i>	43
<i>hydromorphone injection syringe 2 mg/ml.....</i>	43
<i>hydromorphone injection syringe 4 mg/ml.....</i>	43
<i>hydromorphone oral liquid.....</i>	43
<i>hydromorphone oral tablet.....</i>	43
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg.....</i>	43
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg.....</i>	43
<i>hydroxychloroquine.....</i>	16
<i>hydroxyprogesterone caproate.....</i>	98
<i>hydroxyurea.....</i>	26
<i>hydroxyzine hcl intramuscular.....</i>	105
<i>hydroxyzine hcl oral solution 10 mg/5 ml.....</i>	105
<i>hydroxyzine hcl oral tablet.....</i>	105
<i>hydroxyzine pamoate.....</i>	105
HYPERHEP B S-D NEONATAL.....	93
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML.....	93
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML).....	93
HYPERHEP B S/D INTRAMUSCULAR SYRINGE.....	93
HYPERLYTE CR.....	110
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %).....	93
HYQVIA SUBCUTANEOUS SOLUTION 2.5 GRAM /25 ML (10 %).....	93
HYSINGLA ER ORAL TABLET,ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 80 MG.....	43
HYSINGLA ER ORAL TABLET,ORAL ONLY, EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG.....	43
HYZAAR.....	64
<i>ibandronate intravenous.....</i>	96
<i>ibandronate oral.....</i>	96
IBRANCE.....	26
<i>ibu oral tablet 400 mg.....</i>	43
IBU ORAL TABLET 600 MG, 800 MG.....	43
IBUDONE.....	43
IBUPROFEN LYSINE (PF).....	43
<i>ibuprofen oral suspension.....</i>	43
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....</i>	43
<i>ibuprofen-oxycodone.....</i>	43
<i>ibutilide fumarate.....</i>	64
ICLUSIG ORAL TABLET 15 MG.....	26
ICLUSIG ORAL TABLET 45 MG.....	26
IDAMYCIN PFS.....	26
<i>idarubicin.....</i>	26
IDHIFA ORAL TABLET 100 MG.....	26
IDHIFA ORAL TABLET 50 MG.....	26
IFEX.....	26
<i>ifosfamide intravenous recon soln.....</i>	26
<i>ifosfamide intravenous solution 1 gram/20 ml.....</i>	26
<i>ifosfamide intravenous solution 3 gram/60 ml.....</i>	26
ILARIS (PF) SUBCUTANEOUS SOLUTION.....	93
ILEVRO.....	101
ILUMYA.....	72
<i>imatinib oral tablet 100 mg.....</i>	26
<i>imatinib oral tablet 400 mg.....</i>	26
IMBRUVICA ORAL CAPSULE 140 MG.....	26
IMBRUVICA ORAL CAPSULE 70 MG.....	26
IMBRUVICA ORAL TABLET 140 MG.....	26
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG.....	26
IMFINZI.....	26
<i>imipenem-cilastatin.....</i>	16
<i>imipramine hcl.....</i>	43
<i>imipramine pamoate.....</i>	43
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP.....	72
<i>imiquimod topical cream in packet.....</i>	72
IMITREX NASAL.....	43
IMITREX ORAL.....	43
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML.....	43
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 6 MG/0.5 ML.....	43
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML.....	43
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML.....	43
IMITREX SUBCUTANEOUS.....	43
IMOVAX RABIES VACCINE (PF).....	93
IMPAVIDO.....	16
IMPOYZ.....	72
IMURAN.....	26
IMVEXXY MAINTENANCE PACK.....	98

IMVEXXY STARTER PACK.....	98	INVEGA ORAL TABLET EXTENDED	
INCASSIA.....	98	RELEASE 24HR 6 MG.....	43
INCRELEX.....	76	INVEGA ORAL TABLET EXTENDED	
INCRUSE ELLIPTA.....	105	RELEASE 24HR 9 MG.....	44
<i>indapamide</i>	64	INVEGA SUSTENNA INTRAMUSCULAR	
INDERAL LA ORAL CAPSULE,EXTENDED		SYRINGE 117 MG/0.75 ML.....	44
RELEASE 24 HR 120 MG, 160 MG.....	64	INVEGA SUSTENNA INTRAMUSCULAR	
INDERAL LA ORAL CAPSULE,EXTENDED		SYRINGE 156 MG/ML.....	44
RELEASE 24 HR 60 MG, 80 MG.....	64–65	INVEGA SUSTENNA INTRAMUSCULAR	
INDERAL XL.....	65	SYRINGE 234 MG/1.5 ML.....	44
INDOCIN ORAL.....	43	INVEGA SUSTENNA INTRAMUSCULAR	
INDOCIN RECTAL.....	43	SYRINGE 39 MG/0.25 ML.....	44
<i>indomethacin oral</i>	43	INVEGA SUSTENNA INTRAMUSCULAR	
<i>indomethacin sodium intravenous solution</i>	43	SYRINGE 78 MG/0.5 ML.....	44
INFANRIX (DTAP) (PF).....	93	INVEGA TRINZA INTRAMUSCULAR	
INFLECTRA.....	89	SYRINGE 273 MG/0.875 ML.....	44
INFUGEM.....	26	INVEGA TRINZA INTRAMUSCULAR	
INFUMORPH P/F.....	43	SYRINGE 410 MG/1.315 ML.....	44
INGREZZA ORAL CAPSULE 40 MG.....	43	INVEGA TRINZA INTRAMUSCULAR	
INGREZZA ORAL CAPSULE 80 MG.....	43	SYRINGE 546 MG/1.75 ML.....	44
INLYTA ORAL TABLET 1 MG.....	26	INVEGA TRINZA INTRAMUSCULAR	
INLYTA ORAL TABLET 5 MG.....	26	SYRINGE 819 MG/2.625 ML.....	44
INNOPRAN XL.....	65	INVIRASE ORAL TABLET.....	16
INSPIRA.....	65	INVOKAMET.....	82
INSULIN LISPRO.....	82	INVOKAMET XR.....	82
<i>insulin pen needle</i>	82	INVOKANA ORAL TABLET 100 MG.....	82
<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml</i>	82	INVOKANA ORAL TABLET 300 MG.....	82
INTELENCE ORAL TABLET 100 MG.....	16	IONOSOL-MB IN D5W.....	110
INTELENCE ORAL TABLET 200 MG.....	16	IOPIDINE.....	101
INTELENCE ORAL TABLET 25 MG.....	16	IPOSUSPENSION FOR INJECTION 40	
INTERMEZZO.....	43	UNIT-8 UNIT-32 UNIT/0.5 ML.....	93
<i>intralipid intravenous emulsion 20 %</i>	110	<i>ipratropium bromide inhalation</i>	105
INTRALIPID INTRAVENOUS EMULSION 30		<i>ipratropium bromide nasal</i>	78
%.....	110	<i>ipratropium-albuterol inhalation</i>	105
INTRAROSA.....	98	<i>irbesartan</i>	65
INTRON A INJECTION RECON SOLN 10		<i>irbesartan-hydrochlorothiazide</i>	65
MILLION UNIT (1 ML), 18 MILLION UNIT		IRESSA.....	26
(1 ML).....	93	<i>irinotecan intravenous solution 100 mg/5 ml</i>	26
INTRON A INJECTION RECON SOLN 50		<i>irinotecan intravenous solution 40 mg/2 ml</i>	26
MILLION UNIT (1 ML).....	93	<i>irinotecan intravenous solution 500 mg/25 ml</i>	26
INTRON A INJECTION SOLUTION.....	93	ISENTRESS HD.....	16
<i>introvale</i>	98	ISENTRESS ORAL POWDER IN PACKET.....	16
INTUNIV ER.....	43	ISENTRESS ORAL TABLET.....	16
INVANZ INJECTION.....	16	ISENTRESS ORAL TABLET,CHEWABLE 100	
INVEGA ORAL TABLET EXTENDED		MG.....	16
RELEASE 24HR 1.5 MG.....	43	ISENTRESS ORAL TABLET,CHEWABLE 25	
INVEGA ORAL TABLET EXTENDED		MG.....	16
RELEASE 24HR 3 MG.....	43	<i>isibloom</i>	98

ISOLYTE S PH 7.4.....	110	JENTADUETO.....	82
ISOLYTE-P IN 5 % DEXTROSE.....	110	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG.....	82
ISOLYTE-S.....	110	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG.....	82
<i>isoniazid injection</i>	16	JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML).....	101
<i>isoniazid oral solution</i>	16	JEVTANA.....	27
<i>isoniazid oral tablet 100 mg</i>	16	<i>jinteli</i>	98
<i>isoniazid oral tablet 300 mg</i>	16	<i>jolessa</i>	98
<i>isoproterenol hcl</i>	65	<i>jolivette</i>	98
ISOPTO ATROPINE.....	101	JUBLIA.....	73
ISOPTO CARPINE.....	101	<i>juleber</i>	98
ISORDIL.....	65	JULUCA.....	17
ISORDIL TITRADOSE ORAL TABLET 5 MG.....	65	<i>junel 1.5/30 (21)</i>	98
<i>isosorbide dinitrate oral tablet</i>	65	<i>junel 1/20 (21)</i>	98
<i>isosorbide dinitrate oral tablet extended release</i>	65	<i>junel fe 1.5/30 (28)</i>	98
<i>isosorbide mononitrate</i>	65	<i>junel fe 1/20 (28)</i>	98
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg</i>	72	<i>junel fe 24</i>	98
<i>isotretinoin oral capsule 40 mg</i>	73	JUXTAPID.....	65
<i>isradipine</i>	65	JYNARQUE ORAL TABLET 15 MG.....	82
ISTALOL.....	101	JYNARQUE ORAL TABLET 30 MG.....	82
ISTODAX.....	26	JYNARQUE ORAL TABLETS, SEQUENTIAL.....	82
ISUPREL.....	65	K-PHOS NO 2.....	108
<i>itraconazole oral capsule</i>	16	K-PHOS ORIGINAL.....	108
<i>itraconazole oral solution</i>	16	K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ.....	110
<i>ivermectin</i>	16	K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ.....	110
IXEMPRA.....	27	KABIVEN.....	110
IXIARO (PF).....	93	KADCYLA.....	27
JADENU.....	76	KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 20 MG, 30 MG.....	44
JADENU SPRINKLE.....	76	KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 100 MG, 200 MG, 40 MG, 50 MG, 60 MG, 80 MG.....	44
JAKAFI ORAL TABLET 10 MG.....	27	<i>kaitlib fe</i>	99
JAKAFI ORAL TABLET 15 MG.....	27	KALBITOR.....	105
JAKAFI ORAL TABLET 20 MG.....	27	KALETRA ORAL SOLUTION.....	17
JAKAFI ORAL TABLET 25 MG.....	27	KALETRA ORAL TABLET 100-25 MG.....	17
JAKAFI ORAL TABLET 5 MG.....	27	KALETRA ORAL TABLET 200-50 MG.....	17
JALYN.....	108	KALYDECO ORAL GRANULES IN PACKET 25 MG.....	105
<i>jantoven</i>	65	KALYDECO ORAL GRANULES IN PACKET 50 MG.....	105
JANUMET.....	82	KALYDECO ORAL GRANULES IN PACKET 75 MG.....	105
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG.....	82		
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG.....	82		
JANUVIA ORAL TABLET 100 MG.....	82		
JANUVIA ORAL TABLET 25 MG.....	82		
JANUVIA ORAL TABLET 50 MG.....	82		
JARDIANCE.....	82		
<i>jasmiel (28)</i>	98		
<i>jencycla</i>	98		

KALYDECO ORAL TABLET.....	105	KHEDEZLA ORAL TABLET EXTENDED	
KANUMA.....	82	RELEASE 24HR 50 MG.....	44
KAPSPARGO SPRINKLE.....	65	KINERET.....	96
KAPVAY.....	44	KINRIX (PF) INTRAMUSCULAR	
KARBINAL ER.....	105	SUSPENSION.....	93
<i>kariva</i> (28).....	99	KINRIX (PF) INTRAMUSCULAR	
KAZANO.....	82	SYRINGE.....	93
KEDBUMIN.....	110	<i>kionex</i> (with sorbitol).....	76
<i>kelnor</i> 1-50.....	99	KISQALI FEMARA CO-PACK ORAL TABLET	
<i>kelnor</i> 1/35 (28).....	99	200 MG/DAY(200 MG X 1)-2.5 MG.....	27
KENALOG INJECTION.....	82	KISQALI FEMARA CO-PACK ORAL TABLET	
KENALOG TOPICAL.....	73	400 MG/DAY(200 MG X 2)-2.5 MG.....	27
KEPIVANCE.....	27	KISQALI FEMARA CO-PACK ORAL TABLET	
KEPPRA INTRAVENOUS.....	44	600 MG/DAY(200 MG X 3)-2.5 MG.....	27
KEPPRA ORAL SOLUTION.....	44	KISQALI ORAL TABLET 200 MG/DAY (200	
KEPPRA ORAL TABLET 1,000 MG, 750		MG X 1).....	27
MG.....	44	KISQALI ORAL TABLET 400 MG/DAY (200	
KEPPRA ORAL TABLET 250 MG, 500 MG.....	44	MG X 2).....	27
KEPPRA XR ORAL TABLET EXTENDED		KISQALI ORAL TABLET 600 MG/DAY (200	
RELEASE 24 HR 500 MG.....	44	MG X 3).....	27
KEPPRA XR ORAL TABLET EXTENDED		KITABIS PAK.....	17
RELEASE 24 HR 750 MG.....	44	KLARON.....	73
KERYDIN.....	73	KLONOPIN ORAL TABLET 0.5 MG.....	44
<i>ketoconazole oral</i>	17	KLONOPIN ORAL TABLET 1 MG.....	44
<i>ketoconazole topical cream</i>	73	KLONOPIN ORAL TABLET 2 MG.....	44
<i>ketoconazole topical foam</i>	73	<i>klor-con</i>	110
<i>ketoconazole topical shampoo</i>	73	KLOR-CON 10.....	110
<i>ketoprofen oral capsule</i> 25 mg, 75 mg.....	44	KLOR-CON 8.....	110
<i>ketoprofen oral capsule</i> 50 mg.....	44	<i>klor-con m10</i>	110
<i>ketoprofen oral capsule,ext rel. pellets</i> 24 hr 200		<i>klor-con m15</i>	110
mg.....	44	<i>klor-con m20</i>	110
<i>ketorolac injection cartridge</i> 30 mg/ml.....	44	<i>klor-con sprinkle oral capsule, extended release</i> 8	
<i>ketorolac injection solution</i> 15 mg/ml, 30 mg/ml (1		meq.....	110
ml).....	44	<i>klor-con/ef</i>	110
<i>ketorolac injection syringe</i> 15 mg/ml.....	44	KOMBIGLYZE XR ORAL TABLET, ER	
<i>ketorolac injection syringe</i> 30 mg/ml.....	44	MULTIPHASE 24 HR 2.5-1,000 MG.....	82
<i>ketorolac intramuscular cartridge</i>	44	KOMBIGLYZE XR ORAL TABLET, ER	
<i>ketorolac intramuscular solution</i>	44	MULTIPHASE 24 HR 5-1,000 MG, 5-500	
<i>ketorolac intramuscular syringe</i>	44	MG.....	82
<i>ketorolac ophthalmic (eye)</i>	101	KORLYM.....	82
<i>ketorolac oral</i>	44	KRINTAFEL.....	17
KEVEYIS.....	44	KRISTALOSE.....	89
KEVZARA.....	96	KRYSTEXXA.....	96
KEYTRUDA INTRAVENOUS SOLUTION.....	27	<i>kurvelo</i> (28).....	99
KHAPZORY.....	27	KUVAN.....	82
KHEDEZLA ORAL TABLET EXTENDED		KYLEENA.....	99
RELEASE 24HR 100 MG.....	44	KYNAMRO.....	65
		KYPROLIS.....	27

<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7).....</i>	99
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg.....</i>	99
<i>labetalol intravenous solution.....</i>	65
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml).....</i>	65
<i>labetalol oral.....</i>	65
LACRISERT.....	101
<i>lactated ringers intravenous.....</i>	110
<i>lactated ringers irrigation.....</i>	76
<i>lactulose oral packet.....</i>	89
<i>lactulose oral solution.....</i>	89
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG.....	44
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 200 MG, 25 MG, 50 MG.....	44
LAMICTAL ODT STARTER (BLUE).....	45
LAMICTAL ODT STARTER (GREEN).....	45
LAMICTAL ODT STARTER (ORANGE).....	45
LAMICTAL ORAL TABLET.....	45
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG.....	45
LAMICTAL STARTER (BLUE) KIT.....	45
LAMICTAL STARTER (GREEN) KIT.....	45
LAMICTAL STARTER (ORANGE) KIT.....	45
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 250 MG, 300 MG.....	45
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG.....	45
LAMICTAL XR STARTER (BLUE).....	45
LAMICTAL XR STARTER (GREEN).....	45
LAMICTAL XR STARTER (ORANGE).....	45
<i>lamivudine oral solution.....</i>	17
<i>lamivudine oral tablet 100 mg.....</i>	17
<i>lamivudine oral tablet 150 mg.....</i>	17
<i>lamivudine oral tablet 300 mg.....</i>	17
<i>lamivudine-zidovudine.....</i>	17
<i>lamotrigine oral tablet.....</i>	45
<i>lamotrigine oral tablet extended release 24hr.....</i>	45
<i>lamotrigine oral tablet, chewable dispersible.....</i>	45
<i>lamotrigine oral tablet,disintegrating.....</i>	45
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7).....</i>	45
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14).....</i>	45
LANOXIN INJECTION.....	65
LANOXIN ORAL TABLET 125 MCG.....	65
LANOXIN ORAL TABLET 187.5 MCG.....	65
LANOXIN ORAL TABLET 250 MCG.....	65
LANOXIN ORAL TABLET 62.5 MCG.....	65
LANOXIN PEDIATRIC.....	65
<i>lansoprazole oral capsule,delayed release(dr/ec).....</i>	89
<i>lansoprazole oral tablet,disintegrat, delay rel.....</i>	89
<i>lanthanum.....</i>	76
LANTUS SOLOSTAR U-100 INSULIN.....	82
LANTUS U-100 INSULIN.....	82
<i>larin 1.5/30 (21).....</i>	99
<i>larin 1/20 (21).....</i>	99
<i>larin 24 fe.....</i>	99
<i>larin fe 1.5/30 (28).....</i>	99
<i>larin fe 1/20 (28).....</i>	99
<i>larissia.....</i>	99
LARTRUVO.....	27
LASIX.....	65
LASTACRAFT.....	101
<i>latanoprost.....</i>	101
LATUDA ORAL TABLET 120 MG, 60 MG.....	45
LATUDA ORAL TABLET 20 MG.....	45
LATUDA ORAL TABLET 40 MG.....	45
LATUDA ORAL TABLET 80 MG.....	45
<i>layolis fe.....</i>	99
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY.....	45
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY.....	45
LEDIPASVIR-SOFOSBUVIR.....	17
<i>leena 28.....</i>	99
<i>leflunomide.....</i>	96
LEMTRADA.....	45
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG.....	27
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1).....	27
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2).....	27
LESCOL XL.....	65
<i>lessina.....</i>	99
LETAIRIS.....	105
letrozole.....	27

<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	27
<i>leucovorin calcium injection recon soln 500 mg</i>	27
<i>leucovorin calcium injection solution 10 mg/ml</i>	27
<i>leucovorin calcium oral</i>	27
LEUKERAN.....	27
LEUKINE 250MCG INJECTION RECON SOLN.....	93
<i>leuprolide subcutaneous kit</i>	27
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	105
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	105
LEVALBUTEROL HFA.....	105
LEVAQUIN ORAL TABLET 500 MG, 750 MG.....	17
LEVEMIR FLEXTOUCH U-100 INSULN.....	82
LEVEMIR U-100 INSULIN.....	82
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	45
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	45
<i>levetiracetam intravenous</i>	45
<i>levetiracetam oral solution 100 mg/ml</i>	45
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	45
<i>levetiracetam oral tablet</i>	45
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	45
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	45
LEVO-T.....	82
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	101
<i>levocarnitine (with sugar)</i>	76
<i>levocarnitine oral tablet</i>	76
<i>levocetirizine</i>	105
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	17
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	17
<i>levofloxacin intravenous</i>	17
<i>levofloxacin ophthalmic (eye)</i>	101
<i>levofloxacin oral solution</i>	17
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	17
<i>levofloxacin oral tablet 750 mg</i>	17
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	27
<i>levoleucovorin calcium intravenous solution</i>	27
<i>levonest (28)</i>	99
<i>levonorg-eth estrad triphasic</i>	99
<i>levonorgestrel-ethinyl estrad</i>	99
LEVOPHED (BITARTRATE).....	65
<i>levora-28</i>	99
<i>levorphanol tartrate oral tablet 2 mg</i>	45
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG.....	82
<i>levothyroxine intravenous recon soln 200 mcg</i>	83
<i>levothyroxine intravenous recon soln 500 mcg</i>	83
<i>levothyroxine oral</i>	83
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG.....	83
LEVULAN.....	73
LEXAPRO ORAL TABLET 10 MG.....	45
LEXAPRO ORAL TABLET 20 MG.....	45
LEXAPRO ORAL TABLET 5 MG.....	46
LEXETTE.....	73
LEXIVA ORAL SUSPENSION.....	17
LEXIVA ORAL TABLET.....	17
LIALDA.....	89
LIBRAX (WITH CLIDINIUM).....	89
LIBTAYO.....	27
<i>lidocaine (pf) in d7.5w</i>	65
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	73
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	73
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	73
<i>lidocaine (pf) intravenous solution</i>	65
<i>lidocaine (pf) intravenous syringe</i>	65
<i>lidocaine hcl injection solution</i>	73
<i>lidocaine hcl laryngotracheal</i>	73
<i>lidocaine hcl mucous membrane jelly</i>	73
<i>lidocaine hcl mucous membrane jelly in applicator</i>	73
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	73
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	65
<i>lidocaine topical adhesive patch, medicated</i>	73
<i>lidocaine topical ointment</i>	73
<i>lidocaine viscous</i>	73
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	73
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	73
<i>lidocaine-prilocaine topical cream</i>	73

LIDODERM.....	73	loperamide oral capsule.....	89
LILETTA.....	99	LOPID.....	65
<i>lillow (28)</i>	99	<i>lopinavir-ritonavir</i>	17
LINCOCIN.....	17	<i>lopreeza</i>	99
<i>lincomycin</i>	17	LOPRESSOR ORAL.....	65
<i>lindane topical shampoo</i>	73	LOPROX (AS OLAMINE) TOPICAL	
<i>linezolid in dextrose 5%</i>	17	CREAM.....	73
<i>linezolid oral suspension for reconstitution</i>	17	LOPROX (AS OLAMINE) TOPICAL	
<i>linezolid oral tablet</i>	17	SUSPENSION.....	73
<i>linezolid-0.9% sodium chloride</i>	17	LOPROX TOPICAL SHAMPOO.....	73
LINZESS.....	89	<i>lorazepam injection solution</i>	46
LIORESAL INTRATHECAL SOLUTION 2,000		<i>lorazepam injection syringe</i>	46
MCG/ML.....	46	<i>lorazepam intensol</i>	46
LIORESAL INTRATHECAL SOLUTION 50		<i>lorazepam oral</i>	46
MCG/ML.....	46	LORBRENA ORAL TABLET 100 MG.....	27
LIORESAL INTRATHECAL SOLUTION 500		LORBRENA ORAL TABLET 25 MG.....	27
MCG/ML.....	46	<i>lorcet (hydrocodone)</i>	46
<i>liothyronine intravenous</i>	83	<i>lorcet hd</i>	46
<i>liothyronine oral</i>	83	<i>lorcet plus oral tablet 7.5-325 mg</i>	46
LIPITOR.....	65	LORTAB ELIXIR ORAL SOLUTION 10-300	
LIPOFEN.....	65	MG/15 ML.....	46
<i>lisinopril</i>	65	<i>loryna (28)</i>	99
<i>lisinopril-hydrochlorothiazide</i>	65	LORZONE.....	46
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	46	<i>losartan</i>	65
<i>lithium carbonate oral capsule 600 mg</i>	46	<i>losartan-hydrochlorothiazide</i>	65
<i>lithium carbonate oral tablet</i>	46	LOSEASONIQUE.....	99
<i>lithium carbonate oral tablet extended release</i>	46	LOTEMAX.....	102
LITHIUM CITRATE ORAL SOLUTION 8		LOTENSIN HCT.....	65
MEQ/5 ML.....	46	LOTENSIN ORAL TABLET 10 MG, 20 MG, 40	
LITHOBID.....	46	MG.....	65
LITHOSTAT.....	77	<i>loteprednol etabonate</i>	102
LIVALO.....	65	LOTREL ORAL CAPSULE 10-20 MG, 10-40	
LO LOESTRIN FE.....	99	MG, 5-10 MG, 5-20 MG.....	65
LOCOID LIPOCREAM.....	73	LOTRISONE TOPICAL CREAM.....	73
LOCOID TOPICAL CREAM.....	73	LOTRONEX.....	89
LOCOID TOPICAL LOTION.....	73	<i>lovastatin</i>	65
LOCOID TOPICAL SOLUTION.....	73	LOVAZA.....	65
<i>lodine oral tablet</i>	46	LOVENOX SUBCUTANEOUS SOLUTION.....	65
LODOSYN.....	46	LOVENOX SUBCUTANEOUS SYRINGE 100	
LOESTRIN 1.5/30 (21).....	99	MG/ML, 150 MG/ML.....	65
LOESTRIN 1/20 (21).....	99	LOVENOX SUBCUTANEOUS SYRINGE 120	
LOESTRIN FE 1.5/30 (28-DAY).....	99	MG/0.8 ML, 80 MG/0.8 ML.....	65
LOESTRIN FE 1/20 (28-DAY).....	99	LOVENOX SUBCUTANEOUS SYRINGE 30	
LOKELMA.....	77	MG/0.3 ML.....	65
LOMOTIL.....	89	LOVENOX SUBCUTANEOUS SYRINGE 40	
LONHALA MAGNAIR REFILL.....	105	MG/0.4 ML.....	65
LONHALA MAGNAIR STARTER.....	105	LOVENOX SUBCUTANEOUS SYRINGE 60	
LONSURF.....	27	MG/0.6 ML.....	65

<i>low-ogestrel</i> (28).....	99	<i>mafenide acetate</i>	73
<i>loxapine succinate</i>	46	<i>magnesium chloride injection</i>	110
LUCEMYRA.....	46	MAGNESIUM SULFATE IN D5W	
LUCENTIS.....	102	INTRAVENOUS PIGGYBACK 1 GRAM/100	
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod.</i>		ML.....	110
<i>fluoride)</i>	110	<i>magnesium sulfate in water intravenous parenteral</i>	
LULICONAZOLE.....	73	<i>solution</i>	110
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01		<i>magnesium sulfate in water intravenous piggyback 2</i>	
%.....	102	<i>gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	110
LUMIZYME.....	83	<i>magnesium sulfate in water intravenous piggyback 4</i>	
LUMOXITI.....	27	<i>gram/100 ml (4 %)</i>	110
LUNESTA.....	46	<i>magnesium sulfate injection solution</i>	110
LUPANETA PACK (1 MONTH).....	99	<i>magnesium sulfate injection syringe</i>	110
LUPANETA PACK (3 MONTH).....	99	MALARONE.....	17
LUPRON DEPOT.....	27	MALARONE PEDIATRIC.....	17
LUPRON DEPOT (3 MONTH).....	27	<i>malathion</i>	73
LUPRON DEPOT (4 MONTH).....	28	<i>mannitol 20 %</i>	65
LUPRON DEPOT (6 MONTH).....	28	<i>mannitol 25 % intravenous solution</i>	65
LUPRON DEPOT-PED (3 MONTH)		<i>maprotiline oral tablet 25 mg</i>	46
INTRAMUSCULAR SYRINGE KIT 11.25		<i>maprotiline oral tablet 50 mg</i>	46
MG.....	28	<i>maprotiline oral tablet 75 mg</i>	46
LUPRON DEPOT-PED (3 MONTH)		MARINOL ORAL CAPSULE 10 MG.....	89
INTRAMUSCULAR SYRINGE KIT 30		MARINOL ORAL CAPSULE 2.5 MG, 5 MG.....	89
MG.....	28	<i>marlissa</i> (28).....	99
LUPRON DEPOT-PED INTRAMUSCULAR		MARNATAL-F.....	110
KIT 11.25 MG, 15 MG.....	28	MARPLAN.....	46
LUPRON DEPOT-PED INTRAMUSCULAR		MARQIBO.....	28
KIT 7.5 MG (PED).....	28	MATULANE.....	28
<i>luteru</i> (28).....	99	<i>matzim la</i>	65
LUXIQ.....	73	MAVYRET.....	17
LUZU.....	73	MAXALT ORAL TABLET 10 MG.....	46
LYNPARZA ORAL TABLET.....	28	MAXALT-MLT.....	46
LYRICA CR.....	46	MAXIDEX.....	102
LYRICA ORAL CAPSULE 100 MG.....	46	MAXIPIME INJECTION.....	17
LYRICA ORAL CAPSULE 150 MG.....	46	MAXIPIME INTRAVENOUS.....	17
LYRICA ORAL CAPSULE 200 MG.....	46	MAXITROL.....	102
LYRICA ORAL CAPSULE 225 MG, 300 MG.....	46	MAXZIDE.....	66
LYRICA ORAL CAPSULE 25 MG.....	46	MAXZIDE-25MG.....	66
LYRICA ORAL CAPSULE 50 MG.....	46	<i>meclizine oral tablet 12.5 mg, 25 mg</i>	89
LYRICA ORAL CAPSULE 75 MG.....	46	<i>meclofenamate</i>	46
LYRICA ORAL SOLUTION.....	46	MEDROL (PAK).....	83
LYSODREN.....	28	MEDROL ORAL TABLET 16 MG, 32 MG, 4	
LYSTEDA.....	99	MG, 8 MG.....	83
<i>lyza</i>	99	MEDROL ORAL TABLET 2 MG.....	83
M-M-R II (PF).....	93	<i>medroxyprogesterone intramuscular</i>	99
<i>m-natal plus</i>	110	<i>medroxyprogesterone oral</i>	99
MACROBID.....	17	<i>mefenamic acid</i>	46
MACRODANTIN.....	17	<i>mefloquine</i>	17

<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	28	<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	89
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	28	MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG.....	89
<i>megestrol oral suspension 625 mg/5 ml</i>	28	<i>mesalamine rectal enema</i>	89
<i>megestrol oral tablet</i>	28	<i>mesalamine rectal suppository</i>	89
MEKINIST ORAL TABLET 0.5 MG.....	28	<i>mesalamine with cleansing wipe</i>	89
MEKINIST ORAL TABLET 2 MG.....	28	<i>mesna</i>	28
MEKTOVI.....	28	MESNEX.....	28
<i>melodetta 24 fe</i>	99	MESTINON ORAL.....	47
<i>meloxicam oral tablet</i>	46	MESTINON TIMESPAN.....	47
<i>melfhalan</i>	28	<i>metadate er</i>	47
<i>melfhalan hcl</i>	28	<i>metaproterenol</i>	105
<i>memantine oral capsule,sprinkle,er 24hr</i>	46	<i>metaxall</i>	47
<i>memantine oral solution</i>	46	<i>metaxalone</i>	47
<i>memantine oral tablet 10 mg</i>	46	<i>metformin oral tablet 1,000 mg</i>	83
<i>memantine oral tablet 5 mg</i>	46	<i>metformin oral tablet 500 mg</i>	83
MEMANTINE ORAL TABLETS,DOSE PACK.....	46	<i>metformin oral tablet 850 mg</i>	83
MENACTRA (PF) INTRAMUSCULAR SOLUTION.....	93	<i>metformin oral tablet extended release 24 hr 500 mg</i>	83
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG.....	99	<i>metformin oral tablet extended release 24 hr 750 mg</i>	83
MENOSTAR.....	99	<i>metformin oral tablet extended release 24 hrs osm-tab 500mg</i>	83
MENTAX.....	73	<i>metformin oral tablet extended release 24hr 1,000 mg</i>	83
MENVEO A-C-Y-W-135-DIP (PF).....	93	<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	83
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	46	<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	83
<i>meperidine (pf) injection solution 25 mg/ml</i>	46	<i>methadone injection solution</i>	47
<i>meperidine oral solution</i>	46	<i>methadone intensol</i>	47
<i>meperidine oral tablet</i>	47	<i>methadone oral concentrate</i>	47
<i>meprobamate</i>	47	<i>methadone oral solution</i>	47
MEPRON.....	17	<i>methadone oral tablet</i>	47
MEPSEVII.....	83	<i>methadose oral concentrate</i>	47
<i>mercaptopurine</i>	28	<i>methamphetamine</i>	47
<i>meropenem intravenous solution</i>	17	<i>methazolamide</i>	102
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML.....	17	<i>methenamine hippurate</i>	17
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML.....	17	<i>methenamine mandelate</i>	17
MERREM INTRAVENOUS RECON SOLN 1 GRAM.....	17	<i>methergine</i>	99
MERREM INTRAVENOUS RECON SOLN 500 MG.....	17	<i>methimazole oral tablet 10 mg, 5 mg</i>	83
<i>mesalamine oral capsule (with del rel tablets)</i>	89	METHITEST.....	83
		<i>methocarbamol injection</i>	47
		<i>methocarbamol oral</i>	47
		<i>methotrexate sodium</i>	28
		<i>methotrexate sodium (pf) injection recon soln</i>	28
		<i>methotrexate sodium (pf) injection solution</i>	28

<i>methoxsalen</i>	73	<i>metro i.v.</i>	17
<i>methscopolamine</i>	89	METROCREAM.....	73
<i>methyclothiazide</i>	66	METROGEL TOPICAL GEL 1 %.....	73
<i>methyl dopa</i>	66	METROGEL TOPICAL GEL WITH PUMP.....	73
<i>methyl dopa-hydrochlorothiazide</i>	66	METROGEL VAGINAL.....	99
<i>methyl dopate</i>	66	METROLOTION.....	73
<i>methylergonovine injection</i>	99	<i>metronidazole in nacl (iso-os)</i>	17
<i>methylergonovine oral</i>	99	<i>metronidazole oral</i>	17
METHYLIN ORAL SOLUTION 10 MG/5		<i>metronidazole topical</i>	73
ML.....	47	<i>metronidazole vaginal</i>	99
METHYLIN ORAL SOLUTION 5 MG/5		<i>mexiletine</i>	66
ML.....	47	MIACALCIN INJECTION.....	83
<i>methylphenidate hcl oral capsule, er biphasic 30-</i>		<i>mibelas 24 fe</i>	99
<i>70</i>	47	MICARDIS.....	66
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10</i>		MICARDIS HCT.....	66
<i>mg, 20 mg, 40 mg, 60 mg</i>	47	MICONAZOLE NITRATE-ZINC OX-PET.....	73
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30</i>		<i>miconazole-3 vaginal suppository</i>	99
<i>mg</i>	47	MICORT-HC.....	89
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	47	<i>microgestin 1.5/30 (21)</i>	99
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	47	<i>microgestin 1/20 (21)</i>	99
<i>methylphenidate hcl oral tablet</i>	47	<i>microgestin fe 1.5/30 (28)</i>	99
<i>methylphenidate hcl oral tablet extended release</i>	47	<i>microgestin fe 1/20 (28)</i>	99
<i>methylphenidate hcl oral tablet extended release 24hr</i>		MICROZIDE.....	66
<i>18 mg, 27 mg, 54 mg</i>	47	<i>midazolam (pf) injection cartridge</i>	47
<i>methylphenidate hcl oral tablet extended release 24hr</i>		<i>midazolam (pf) injection solution 1 mg/ml</i>	47
<i>36 mg</i>	47	<i>midazolam (pf) injection solution 5 mg/ml</i>	47
METHYLPHENIDATE HCL ORAL TABLET		<i>midazolam (pf) injection syringe</i>	47
EXTENDED RELEASE 24HR 72 MG.....	47	<i>midazolam injection</i>	47
<i>methylphenidate hcl oral tablet,chewable</i>	47	<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	47
<i>methylprednisolone</i>	83	<i>midazolam oral syrup 2 mg/ml</i>	47
<i>methylprednisolone acetate</i>	83	<i>midodrine</i>	77
<i>methylprednisolone sodium succ injection recon soln</i>		<i>migergot</i>	47
<i>125 mg, 40 mg</i>	83	<i>miglitol oral tablet 100 mg</i>	83
<i>methylprednisolone sodium succ intravenous</i>	83	<i>miglitol oral tablet 25 mg</i>	83
<i>methyltestosterone oral capsule</i>	83	<i>miglitol oral tablet 50 mg</i>	83
<i>metoclopramide hcl injection solution</i>	89	<i>miglustat</i>	83
<i>metoclopramide hcl injection syringe</i>	89	MIGRANAL.....	47
<i>metoclopramide hcl oral solution</i>	89	<i>mili</i>	99
<i>metoclopramide hcl oral tablet</i>	89	<i>millipred dp</i>	83
<i>metoclopramide hcl oral tablet,disintegrating</i>	89	<i>millipred oral tablet</i>	83
<i>metolazone</i>	66	<i>milrinone</i>	66
<i>metoprolol succinate</i>	66	<i>milrinone in 5 % dextrose</i>	66
<i>metoprolol tartrate intravenous solution</i>	66	<i>mimvey</i>	99
<i>metoprolol tartrate intravenous syringe</i>	66	<i>mimvey lo</i>	99
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50</i>		MINASTRIN 24 FE.....	99
<i>mg</i>	66	MINIPRESS.....	66
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	66	MINITRAN.....	66
<i>metoprolol tartrate- hydrochlorothiazide</i>	66	MINIVELLE.....	99

MINOCIN INTRAVENOUS.....	17	MORPHABOND ER ORAL TABLET,ORAL	
MINOCIN ORAL CAPSULE 50 MG.....	17	ONLY,EXT.REL.12 HR 100 MG, 60 MG.....	48
<i>minocycline oral capsule</i>	17	MORPHABOND ER ORAL TABLET,ORAL	
<i>minocycline oral tablet</i>	17	ONLY,EXT.REL.12 HR 15 MG, 30 MG.....	48
<i>minocycline oral tablet extended release 24 hr 105 mg,</i>		<i>morphine (pf) injection solution 0.5 mg/ml</i>	48
<i>115 mg, 55 mg, 80 mg</i>	18	<i>morphine (pf) injection solution 1 mg/ml</i>	48
<i>minocycline oral tablet extended release 24 hr 135 mg,</i>		<i>morphine (pf) intravenous patient control.analgesia</i>	
<i>45 mg, 65 mg, 90 mg</i>	18	<i>soln 150 mg/30 ml</i>	48
<i>minoxidil oral</i>	66	<i>morphine (pf) intravenous patient control.analgesia</i>	
<i>miostat</i>	102	<i>soln 30 mg/30 ml</i>	48
MIRAPEX.....	47	<i>morphine concentrate oral solution</i>	48
MIRAPEX ER.....	47	<i>morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/</i>	
MIRCERA INJECTION SYRINGE 100 MCG/		<i>ml</i>	48
0.3 ML, 75 MCG/0.3 ML.....	93	MORPHINE INJECTION SOLUTION 2 MG/	
MIRCETTE (28).....	99	ML.....	48
MIRENA.....	99	MORPHINE INJECTION SOLUTION 4 MG/	
<i>mirtazapine oral tablet 15 mg</i>	47	ML.....	48
<i>mirtazapine oral tablet 30 mg</i>	47	<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/</i>	
<i>mirtazapine oral tablet 45 mg</i>	47	<i>ml</i>	48
<i>mirtazapine oral tablet 7.5 mg</i>	47	<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	48
<i>mirtazapine oral tablet,disintegrating 15 mg</i>	47	<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8</i>	
<i>mirtazapine oral tablet,disintegrating 30 mg</i>	47	<i>mg/ml</i>	48
<i>mirtazapine oral tablet,disintegrating 45 mg</i>	47	<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4</i>	
MIRVASO.....	73	<i>mg/ml, 8 mg/ml</i>	48
<i>misoprostol</i>	89	<i>morphine oral capsule, er multiphase 24 hr</i>	48
MITIGARE.....	96	<i>morphine oral capsule,extend.release pellets 10 mg, 20</i>	
MITIGO (PF) INJECTION SOLUTION 10 MG/		<i>mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	48
ML.....	48	<i>morphine oral capsule,extend.release pellets 100 mg,</i>	
MITIGO (PF) INJECTION SOLUTION 25 MG/		<i>40 mg</i>	48
ML.....	48	<i>morphine oral solution</i>	48
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	28	<i>morphine oral tablet</i>	48
<i>mitomycin intravenous recon soln 40 mg</i>	28	<i>morphine oral tablet extended release 100 mg, 200</i>	
<i>mitoxantrone</i>	28	<i>mg</i>	48
MOBIC ORAL TABLET.....	48	<i>morphine oral tablet extended release 15 mg, 30 mg,</i>	
<i>modafinil oral tablet 100 mg</i>	48	<i>60 mg</i>	48
<i>modafinil oral tablet 200 mg</i>	48	MOTEGRITY.....	89
<i>moderiba</i>	18	MOTOFEN.....	89
<i>moexipril</i>	66	MOVANTIK.....	89
<i>molindone</i>	48	MOVIPREP.....	89
<i>mometasone nasal</i>	105	MOXEZA.....	102
<i>mometasone topical</i>	73	<i>moxifloxacin ophthalmic (eye)</i>	102
<i>mondoxyne nl</i>	18	<i>moxifloxacin oral</i>	18
<i>mono-lynyah</i>	99	MOXIFLOXACIN-SOD.ACE,SUL-WATER.....	18
<i>mononessa (28)</i>	99	MOXIFLOXACIN-SOD.CHLORIDE(ISO).....	18
<i>montelukast</i>	105	MOZOBIL.....	93
MONUROL.....	18	MS CONTIN ORAL TABLET EXTENDED	
<i>morgidox</i>	18	RELEASE 100 MG, 200 MG.....	48

MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG.....	48	NALFON ORAL CAPSULE 400 MG.....	48
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG.....	48	NALFON ORAL TABLET.....	48
MULPLETA.....	66	NALOCET.....	48
MULTAQ.....	66	<i>naloxone</i>	48
<i>mupirocin topical cream</i>	73	<i>naltrexone</i>	48
<i>mupirocin topical ointment</i>	73	NAMENDA ORAL TABLET 10 MG.....	49
MUTAMYCIN.....	28	NAMENDA ORAL TABLET 5 MG.....	49
MYALEPT.....	83	NAMENDA TITRATION PAK.....	49
MYAMBUTOL ORAL TABLET 400 MG.....	18	NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK.....	49
MYCAMINE.....	18	NAMENDA XR ORAL CAPSULE,SPRINKLE, ER 24HR.....	49
MYCOBUTIN.....	18	NAMZARIC.....	49
<i>mycophenolate mofetil hcl</i>	28	NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG.....	49
<i>mycophenolate mofetil oral capsule</i>	28	NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG.....	49
<i>mycophenolate mofetil oral suspension for reconstitution</i>	28	<i>naproxen oral suspension</i>	49
<i>mycophenolate mofetil oral tablet</i>	28	<i>naproxen oral tablet</i>	49
<i>mycophenolate sodium</i>	28	<i>naproxen oral tablet,delayed release (dr/ec)</i>	49
MYDAYIS.....	48	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	49
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG.....	28	<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg</i>	49
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 360 MG.....	28	<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg</i>	49
MYLOTARG.....	28	<i>naratriptan</i>	49
MYOBLOC.....	93	NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION.....	49
<i>myorisan</i>	73	NARDIL.....	49
MYRBETRIQ.....	108	NASONEX.....	105
MYSOLINE.....	48	NATACHEW (FE BIS-GLYCINATE).....	110
MYTESI.....	89	NATACYN.....	102
NABI-HB.....	93	NATAZIA.....	99
<i>nabumetone</i>	48	<i>nateglinide oral tablet 120 mg</i>	83
<i>nadolol</i>	66	<i>nateglinide oral tablet 60 mg</i>	83
<i>nadolol-bendroflumethiazide</i>	66	NATESTO.....	83
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	18	NATPARA.....	83
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	18	NATRECOR.....	66
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	18	NATROBA.....	73
<i>nafcillin injection recon soln 10 gram</i>	18	NATURE-THROID ORAL TABLET 65 MG.....	83
<i>nafcillin intravenous recon soln 1 gram</i>	18	NAVELBINE.....	28
<i>nafcillin intravenous recon soln 2 gram</i>	18	NEBUPENT.....	18
<i>naftifine</i>	73	<i>necon 0.5/35 (28)</i>	99
NAFTIN TOPICAL CREAM 2 %.....	73	<i>needles, insulin disp.,safety</i>	83
NAFTIN TOPICAL GEL.....	73	<i>nefazodone oral tablet 100 mg</i>	49
NAGLAZYME.....	83	<i>nefazodone oral tablet 150 mg</i>	49
<i>nalbuphine injection solution 10 mg/ml</i>	48	<i>nefazodone oral tablet 200 mg</i>	49
<i>nalbuphine injection solution 20 mg/ml</i>	48	<i>nefazodone oral tablet 250 mg</i>	49

<i>nefazodone oral tablet 50 mg</i>	49	NEXIUM.....	89
NEMBUTAL SODIUM.....	49	NEXIUM IV INTRAVENOUS RECON SOLN	
<i>neo-polycin</i>	102	40 MG.....	89
<i>neo-polycin hc</i>	102	NEXIUM PACKET.....	89
NEO-SYNALAR.....	73	NEXPLANON.....	99
<i>neomycin</i>	18	NEXTERONE INTRAVENOUS SOLUTION	
<i>neomycin-bacitracin-poly-hc</i>	102	150 MG/100 ML (1.5 MG/ML).....	66
<i>neomycin-bacitracin-polymyxin</i>	102	NEXTERONE INTRAVENOUS SOLUTION	
<i>neomycin-polymyxin b gu irrigation solution</i>	77	360 MG/200 ML (1.8 MG/ML).....	66
<i>neomycin-polymyxin b-dexameth</i>	102	<i>niacin oral tablet 500 mg</i>	66
<i>neomycin-polymyxin-gramicidin</i>	102	<i>niacin oral tablet extended release 24 hr</i>	66
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	102	NIACOR.....	66
<i>neomycin-polymyxin-hc otic (ear)</i>	78	NIASPAN EXTENDED-RELEASE.....	66
NEOPROFEN (IBUPROFEN LYSN)(PF).....	49	<i>nicardipine intravenous solution</i>	66
NEORAL ORAL CAPSULE.....	28	<i>nicardipine oral</i>	66
NEORAL ORAL SOLUTION.....	28	NICOTROL.....	77
<i>neostigmine methylsulfate intravenous solution 0.5 mg/</i>		NICOTROL NS.....	77
<i>ml</i>	49	<i>nifedipine oral capsule</i>	66
<i>neostigmine methylsulfate intravenous solution 1 mg/</i>		<i>nifedipine oral tablet extended release</i>	66
<i>ml</i>	49	<i>nifedipine oral tablet extended release 24hr</i>	66
NEPHRAMINE 5.4 %.....	110	<i>nikki (28)</i>	99
NERLYNX.....	28	NILANDRON.....	28
NESACAINE.....	73	<i>nilutamide</i>	28
NESACAINE-MPF.....	73	<i>nimodipine</i>	66
NESINA ORAL TABLET 12.5 MG.....	83	NINLARO.....	28
NESINA ORAL TABLET 25 MG.....	83	NIPENT.....	28
NESINA ORAL TABLET 6.25 MG.....	83	<i>nisoldipine</i>	66
NESTABS.....	110	<i>nitro-bid</i>	66
NESTABS DHA.....	110	NITRO-DUR TRANSDERMAL PATCH 24	
NESTABS ONE.....	110	HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR,	
<i>neuac</i>	73	0.6 MG/HR.....	66
NEULASTA.....	93	NITRO-DUR TRANSDERMAL PATCH 24	
NEUPOGEN.....	93	HOUR 0.3 MG/HR, 0.8 MG/HR.....	66
NEUPRO.....	49	<i>nitrofurantoin</i>	18
NEURONTIN ORAL CAPSULE 100 MG.....	49	<i>nitrofurantoin macrocrystal</i>	18
NEURONTIN ORAL CAPSULE 300 MG.....	49	<i>nitrofurantoin monohyd/m-cryst</i>	18
NEURONTIN ORAL CAPSULE 400 MG.....	49	<i>nitroglycerin in 5 % dextrose intravenous solution 100</i>	
NEURONTIN ORAL SOLUTION.....	49	<i>mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/</i>	
NEURONTIN ORAL TABLET 600 MG.....	49	<i>ml)</i>	66
NEURONTIN ORAL TABLET 800 MG.....	49	<i>nitroglycerin in 5 % dextrose intravenous solution 25</i>	
NEVANAC.....	102	<i>mg/250 ml (100 mcg/ml)</i>	66
<i>nevirapine oral suspension</i>	18	<i>nitroglycerin intravenous</i>	66
<i>nevirapine oral tablet</i>	18	<i>nitroglycerin sublingual</i>	66
<i>nevirapine oral tablet extended release 24 hr 100</i>		<i>nitroglycerin transdermal patch 24 hour</i>	66
<i>mg</i>	18	<i>nitroglycerin translingual spray, non-aerosol</i>	66
<i>nevirapine oral tablet extended release 24 hr 400</i>		NITROLINGUAL.....	66
<i>mg</i>	18	NITROPRESS.....	66
NEXAVAR.....	28	NITROSTAT.....	66

NITYR.....	77	NORVIR ORAL TABLET.....	18
NIVESTYM INJECTION.....	93	<i>novarel intramuscular recon soln 10,000 unit.....</i>	83
NIVESTYM SUBCUTANEOUS.....	93	NOVAREL INTRAMUSCULAR RECON SOLN	
<i>nizatidine oral capsule.....</i>	89	5,000 UNIT.....	84
<i>nizatidine oral solution.....</i>	89	NOVOLIN 70-30 FLEXPEN U-100.....	84
NIZORAL TOPICAL SHAMPOO.....	74	NOVOLIN 70/30 U-100 INSULIN.....	84
NOC DURNA (MEN).....	83	NOVOLIN N NPH U-100 INSULIN.....	84
NOC DURNA (WOMEN).....	83	NOVOLIN R REGULAR U-100 INSULN.....	84
NOCTIVA.....	83	NOVOLOG FLEXPEN U-100 INSULIN.....	84
<i>nolix topical cream.....</i>	74	NOVOLOG MIX 70-30 U-100 INSULN.....	84
<i>nolix topical lotion.....</i>	74	NOVOLOG MIX 70-30FLEXPEN U-100.....	84
<i>nora-be.....</i>	99	NOVOLOG PENFILL U-100 INSULIN.....	84
NORCO.....	49	NOVOLOG U-100 INSULIN ASPART.....	84
NORDITROPIN FLEXPRO.....	93	NOVOPEN ECHO.....	84
<i>norepinephrine bitartrate.....</i>	66	NOXAFIL INTRAVENOUS.....	18
<i>noreth-ethinyl estradiol-iron.....</i>	99	NOXAFIL ORAL.....	18
<i>norethindrone (contraceptive).....</i>	99	<i>np thyroid.....</i>	84
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-</i>		NPLATE.....	66
<i>mcg, 1-5 mg-mcg.....</i>	99	NUCALA.....	105
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-</i>		NUCYNTA ER ORAL TABLET EXTENDED	
<i>mcg.....</i>	99	RELEASE 12 HR 100 MG, 50 MG.....	49
<i>norethindrone acetate.....</i>	99	NUCYNTA ER ORAL TABLET EXTENDED	
<i>norethindrone-e.estradiol-iron.....</i>	100	RELEASE 12 HR 150 MG, 200 MG, 250	
<i>norgestimate-ethinyl estradiol.....</i>	100	MG.....	49
NORITATE.....	74	NUCYNTA ORAL TABLET 100 MG, 50	
<i>norlyda.....</i>	100	MG.....	49
<i>norlyroc.....</i>	100	NUCYNTA ORAL TABLET 75 MG.....	50
NORMOSOL-M IN 5 % DEXTROSE.....	110	NUDEXTA.....	50
NORMOSOL-R.....	110	NULOJIX.....	28
NORMOSOL-R IN 5 % DEXTROSE.....	110	NULYTELY WITH FLAVOR PACKS.....	89
NORMOSOL-R PH 7.4.....	110	NUPLAZID ORAL CAPSULE.....	50
NORPACE.....	66	NUPLAZID ORAL TABLET 10 MG.....	50
NORPACE CR.....	66	NUTRILIPID.....	110
NORPRAMIN ORAL TABLET 10 MG, 25		NUTROPIN AQ NUSPIN.....	93
MG.....	49	NUVARING.....	100
NORTHERA ORAL CAPSULE 100 MG.....	77	NUVESSA.....	100
NORTHERA ORAL CAPSULE 200 MG.....	77	NUVIGIL ORAL TABLET 150 MG, 200 MG,	
NORTHERA ORAL CAPSULE 300 MG.....	77	250 MG.....	50
<i>nortrel 0.5/35 (28).....</i>	100	NUVIGIL ORAL TABLET 50 MG.....	50
<i>nortrel 1/35 (21).....</i>	100	NUZYRA (7 DAY WITH LOAD DOSE).....	18
<i>nortrel 1/35 (28).....</i>	100	NUZYRA (7 DAY).....	18
<i>nortrel 7/7/7 (28).....</i>	100	NUZYRA INTRAVENOUS.....	18
<i>nortriptyline oral capsule 10 mg, 25 mg.....</i>	49	NUZYRA ORAL.....	18
<i>nortriptyline oral capsule 50 mg, 75 mg.....</i>	49	<i>nyamyc.....</i>	74
NORTRIPTYLINE ORAL SOLUTION.....	49	NYMALIZE ORAL SOLUTION 30 MG/10	
NORVASC.....	66	ML.....	67
NORVIR ORAL POWDER IN PACKET.....	18	NYMALIZE ORAL SOLUTION 60 MG/20	
NORVIR ORAL SOLUTION.....	18	ML.....	67

<i>nystatin oral suspension</i>	18	<i>olmesartan-amlodipine-hydrochlorothiazide</i>	67
<i>nystatin oral tablet</i>	18	<i>olmesartan-hydrochlorothiazide</i>	67
<i>nystatin topical</i>	74	<i>olopatadine nasal</i>	78
<i>nystatin-triamcinolone</i>	74	<i>olopatadine ophthalmic (eye)</i>	102
<i>nystop</i>	74	OLUMIANT.....	96
O-CAL PRENATAL.....	110	OLUX.....	74
OB COMPLETE ONE.....	110	OLUX-E.....	74
OB COMPLETE ORAL TABLET.....	110	OMECLAMOX-PAK.....	89
OB COMPLETE PETITE.....	110	<i>omega-3 acid ethyl esters</i>	67
OB COMPLETE PREMIER.....	110	OMEGAVEN.....	110
OB COMPLETE WITH DHA.....	110	<i>omeprazole oral capsule, delayed release(dr/ec)</i>	89
OICALIVA.....	89	<i>omeprazole-sodium bicarbonate</i>	89
<i>ocella</i>	100	OMNARIS.....	105
OCREVUS.....	50	OMNIPRED.....	102
OCTAGAM.....	93	OMNITROPE.....	93
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	29	ONCASPAR.....	29
<i>octreotide acetate injection solution 100 mcg/ml, 200</i> <i>mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	29	<i>ondansetron disintegrating tablet</i>	90
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml),</i> <i>50 mcg/ml (1 ml)</i>	29	<i>ondansetron hcl (pf)</i>	90
<i>octreotide acetate injection syringe 500 mcg/ml (1</i> <i>ml)</i>	29	<i>ondansetron hcl intravenous</i>	90
OCUFLOX.....	102	<i>ondansetron hcl oral solution</i>	90
ODEFSEY.....	18	<i>ondansetron hcl oral tablet 24 mg</i>	90
ODOMZO.....	29	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	90
OFEV.....	105	ONEXTON TOPICAL GEL WITH PUMP.....	74
<i>ofloxacin ophthalmic (eye)</i>	102	ONFI ORAL SUSPENSION.....	50
<i>ofloxacin oral tablet 300 mg</i>	18	ONFI ORAL TABLET 10 MG.....	50
<i>ofloxacin oral tablet 400 mg</i>	18	ONFI ORAL TABLET 20 MG.....	50
<i>ofloxacin otic (ear)</i>	78	ONGLYZA ORAL TABLET 2.5 MG.....	84
<i>ogestrel (28)</i>	100	ONGLYZA ORAL TABLET 5 MG.....	84
<i>okebo oral capsule 75 mg</i>	18	ONIVYDE.....	29
<i>olanzapine intramuscular</i>	50	ONPATTRO.....	50
<i>olanzapine oral tablet 10 mg</i>	50	ONZETRA XSAIL.....	50
<i>olanzapine oral tablet 15 mg</i>	50	OPANA ORAL TABLET 10 MG.....	50
<i>olanzapine oral tablet 2.5 mg</i>	50	OPANA ORAL TABLET 5 MG.....	50
<i>olanzapine oral tablet 20 mg</i>	50	OPDIVO.....	29
<i>olanzapine oral tablet 5 mg</i>	50	<i>opium tincture</i>	90
<i>olanzapine oral tablet 7.5 mg</i>	50	OPSUMIT.....	105
<i>olanzapine oral tablet, disintegrating 10 mg</i>	50	ORACEA.....	18
<i>olanzapine oral tablet, disintegrating 15 mg</i>	50	ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY.....	93
<i>olanzapine oral tablet, disintegrating 20 mg</i>	50	<i>oralone</i>	78
<i>olanzapine oral tablet, disintegrating 5 mg</i>	50	ORAPRED ODT.....	84
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50</i> <i>mg, 6-50 mg</i>	50	ORAVIG.....	18
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25</i> <i>mg</i>	50	ORBACTIV.....	18
<i>olmesartan</i>	67	ORENCIA (WITH MALTOSE).....	96
		ORENCIA CLICKJECT.....	96
		ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML.....	96

ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML.....	96	<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml.....</i>	18
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML.....	96	<i>oxacillin injection recon soln 1 gram, 10 gram.....</i>	18
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG.....	67	<i>oxacillin injection recon soln 2 gram.....</i>	18
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG.....	67	<i>oxaliplatin intravenous recon soln 100 mg.....</i>	29
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG.....	77	<i>oxaliplatin intravenous recon soln 50 mg.....</i>	29
ORFADIN ORAL CAPSULE 20 MG.....	77	<i>oxaliplatin intravenous solution 100 mg/20 ml.....</i>	29
ORFADIN ORAL SUSPENSION.....	77	<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ ml).....</i>	29
ORILISSA ORAL TABLET 150 MG.....	84	<i>oxandrolone oral tablet 10 mg.....</i>	84
ORILISSA ORAL TABLET 200 MG.....	84	<i>oxandrolone oral tablet 2.5 mg.....</i>	84
ORKAMBI ORAL GRANULES IN PACKET.....	105	<i>oxaprozin.....</i>	50
ORKAMBI ORAL TABLET.....	105	OXAYDO ORAL TABLET, ORAL ONLY 5 MG.....	50
<i>orphenadrine citrate.....</i>	50	OXAYDO ORAL TABLET, ORAL ONLY 7.5 MG.....	50
<i>orsythia.....</i>	100	<i>oxazepam.....</i>	50
ORTHO MICRONOR.....	100	<i>oxcarbazepine.....</i>	50
ORTHO TRI-CYCLEN (28).....	100	OXERVATE.....	102
ORTHO TRI-CYCLEN LO (28).....	100	<i>oxiconazole.....</i>	74
ORTHO-CYCLEN (28).....	100	OXISTAT.....	74
ORTHO-NOVUM 1/35 (28).....	100	OXSORALEN ULTRA.....	74
ORTHO-NOVUM 7/7/7 (28).....	100	OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG.....	50
<i>oseltamivir.....</i>	18	OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG.....	50
OSENI ORAL TABLET 12.5-15 MG.....	84	OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG.....	50
OSENI ORAL TABLET 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG.....	84	<i>oxybutynin chloride oral syrup.....</i>	108
OSMITROL 10 %.....	67	<i>oxybutynin chloride oral tablet.....</i>	108
<i>osmitrol 15 %.....</i>	67	<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg.....</i>	108
<i>osmitrol 20 %.....</i>	67	<i>oxybutynin chloride oral tablet extended release 24hr 5 mg.....</i>	108
OSMITROL 5 %.....	67	<i>oxycodone oral capsule.....</i>	50
OSMOLEX ER.....	50	<i>oxycodone oral concentrate.....</i>	50
OSMOPREP.....	90	<i>oxycodone oral solution.....</i>	50
OSPHENA.....	100	OXYCODONE ORAL SYRINGE.....	50
OTEZLA.....	96	<i>oxycodone oral tablet.....</i>	50
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47).....	96	OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG..50- 51	
OTOVEL.....	78	OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG, 60 MG.....	51
OTREXUP (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML.....	96	OXYCODONE ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 80 MG.....	51
OVIDE.....	74	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5- 325 mg, 5-325 mg, 7.5-325 mg.....</i>	51
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml.....</i>	18		

<i>oxycodone-aspirin</i>	51	PANZYGA INTRAVENOUS SOLUTION 10	
OXYCONTIN ORAL TABLET,ORAL ONLY,		%.....	94
EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30		PANZYGA INTRAVENOUS SOLUTION 10 %	
MG, 40 MG.....	51	(100 ML), 10 % (200 ML), 10 % (25 ML), 10	
OXYCONTIN ORAL TABLET,ORAL ONLY,		% (300 ML), 10 % (50 ML).....	94
EXT.REL.12 HR 60 MG, 80 MG.....	51	<i>paregoric</i>	90
<i>oxymorphone oral tablet</i>	51	PARICALCITOL HEMODIALYSIS PORT	
<i>oxymorphone oral tablet extended release 12 hr</i>	51	INJECTION.....	84
<i>oxytocin injection solution</i>	100	<i>paricalcitol intravenous solution 2 mcg/ml</i>	84
OXYTROL.....	108	<i>paricalcitol intravenous solution 5 mcg/ml</i>	84
OZEMPIC.....	84	<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	84
OZURDEX.....	102	<i>paricalcitol oral capsule 4 mcg</i>	84
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	67	PARLODEL.....	51
<i>paclitaxel</i>	29	PARNATE.....	51
<i>paliperidone oral tablet extended release 24hr 1.5</i>		<i>paroex oral rinse</i>	78
<i>mg</i>	51	<i>paromomycin</i>	18
<i>paliperidone oral tablet extended release 24hr 3</i>		<i>paroxetine hcl oral tablet 10 mg</i>	51
<i>mg</i>	51	<i>paroxetine hcl oral tablet 20 mg</i>	51
<i>paliperidone oral tablet extended release 24hr 6</i>		<i>paroxetine hcl oral tablet 30 mg</i>	51
<i>mg</i>	51	<i>paroxetine hcl oral tablet 40 mg</i>	51
<i>paliperidone oral tablet extended release 24hr 9</i>		<i>paroxetine hcl oral tablet extended release 24 hr 12.5</i>	
<i>mg</i>	51	<i>mg</i>	51
PALONOSETRON INTRAVENOUS		<i>paroxetine hcl oral tablet extended release 24 hr 25</i>	
SOLUTION 0.25 MG/2 ML.....	90	<i>mg</i>	51
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	90	<i>paroxetine hcl oral tablet extended release 24 hr 37.5</i>	
<i>palonosetron intravenous syringe</i>	90	<i>mg</i>	51
PALYNZIQ.....	84	<i>paroxetine mesylate(menop.sym)</i>	51
PAMELOR.....	51	PARSABIV.....	84
<i>pamidronate intravenous recon soln</i>	84	PASER.....	18
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/</i>		PATADAY.....	102
<i>ml), 90 mg/10 ml (9 mg/ml)</i>	84	PATANASE.....	78
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/</i>		PATANOL.....	102
<i>ml)</i>	84	PAXIL CR ORAL TABLET EXTENDED	
PANCREAZE ORAL CAPSULE,DELAYED		RELEASE 24 HR 12.5 MG.....	51
RELEASE(DR/EC) 10,500-35,500- 61,500		PAXIL CR ORAL TABLET EXTENDED	
UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,		RELEASE 24 HR 25 MG.....	51
200- 10,850 UNIT, 4,200-14,200- 24,600		PAXIL CR ORAL TABLET EXTENDED	
UNIT.....	90	RELEASE 24 HR 37.5 MG.....	51
PANCREAZE ORAL CAPSULE,DELAYED		PAXIL ORAL SUSPENSION.....	51
RELEASE(DR/EC) 21,000-54,700- 83,900		PAXIL ORAL TABLET 10 MG.....	51
UNIT.....	90	PAXIL ORAL TABLET 20 MG.....	51
PANDEL.....	74	PAXIL ORAL TABLET 30 MG.....	51
PANHEMATIN INTRAVENOUS RECON		PAXIL ORAL TABLET 40 MG.....	51
SOLN 350 MG.....	77	PAZEO.....	102
PANRETIN.....	74	PEDIARIX (PF).....	94
<i>pantoprazole intravenous</i>	90	PEDVAX HIB (PF).....	94
<i>pantoprazole oral</i>	90	<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74</i>	
		<i>-5.86 gram</i>	90

<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72</i>		PERSERIS.....	52
-5.84 gram.....	90	PERTZYE ORAL CAPSULE,DELAYED	
<i>peg-electrolyte soln.....</i>	90	RELEASE(DR/EC) 16,000-57,500- 60,500	
PEGANONE.....	51	UNIT, 24,000-86,250- 90,750 UNIT.....	90
PEGASYS PROCLICK SUBCUTANEOUS PEN		PERTZYE ORAL CAPSULE,DELAYED	
INJECTOR 180 MCG/0.5 ML.....	94	RELEASE(DR/EC) 4,000-14,375- 15,125 UNIT,	
PEGASYS SUBCUTANEOUS SYR.....	94	8,000-28,750- 30,250 UNIT.....	90
PEGINTRON SUBCUTANEOUS KIT 50 MCG/		PEXEVA ORAL TABLET 10 MG.....	52
0.5 ML.....	94	PEXEVA ORAL TABLET 20 MG.....	52
<i>penicillamine.....</i>	96	PEXEVA ORAL TABLET 30 MG.....	52
PENICILLIN G POT IN DEXTROSE		PEXEVA ORAL TABLET 40 MG.....	52
INTRAVENOUS PIGGYBACK 1 MILLION		<i>pfizerpen-g.....</i>	19
UNIT/50 ML, 2 MILLION UNIT/50 ML.....	18	<i>phenadoz.....</i>	105
PENICILLIN G POT IN DEXTROSE		<i>phenelzine.....</i>	52
INTRAVENOUS PIGGYBACK 3 MILLION		PHENERGAN INJECTION.....	105
UNIT/50 ML.....	19	<i>phenergan rectal.....</i>	105
<i>penicillin g potassium.....</i>	19	<i>phenobarbital oral elixir.....</i>	52
<i>penicillin g procaine intramuscular syringe 1.2 million</i>		<i>phenobarbital oral tablet 100 mg.....</i>	52
<i>unit/2 ml.....</i>	19	<i>phenobarbital oral tablet 15 mg.....</i>	52
<i>penicillin g procaine intramuscular syringe 600,000</i>		<i>phenobarbital oral tablet 16.2 mg.....</i>	52
<i>unit/ml.....</i>	19	<i>phenobarbital oral tablet 30 mg.....</i>	52
<i>penicillin g sodium.....</i>	19	<i>phenobarbital oral tablet 32.4 mg.....</i>	52
<i>penicillin v potassium.....</i>	19	<i>phenobarbital oral tablet 60 mg.....</i>	52
PENLAC.....	74	<i>phenobarbital oral tablet 64.8 mg.....</i>	52
PENNSAID TOPICAL SOLUTION IN		<i>phenobarbital oral tablet 97.2 mg.....</i>	52
METERED-DOSE PUMP.....	51	<i>phenobarbital sodium injection solution 130 mg/</i>	
PENTACEL (PF).....	94	<i>ml.....</i>	52
PENTAM.....	19	<i>phenobarbital sodium injection solution 65 mg/ml.....</i>	52
<i>pentamidine.....</i>	19	<i>phenoxybenzamine.....</i>	67
PENTASA ORAL CAPSULE, EXTENDED		<i>phentolamine injection recon soln.....</i>	67
RELEASE 250 MG.....	90	PHENYTEK.....	52
PENTASA ORAL CAPSULE, EXTENDED		<i>phenytoin oral suspension 100 mg/4 ml.....</i>	52
RELEASE 500 MG.....	90	<i>phenytoin oral suspension 125 mg/5 ml.....</i>	52
<i>pentazocine-naloxone.....</i>	51	<i>phenytoin oral tablet,chewable.....</i>	52
<i>pentobarbital sodium injection solution.....</i>	51	<i>phenytoin sodium extended.....</i>	52
<i>pentoxifylline.....</i>	67	<i>phenytoin sodium intravenous solution.....</i>	52
PEPCID ORAL TABLET.....	90	<i>philith.....</i>	100
PERCOCET ORAL TABLET 10-325 MG, 5-325		PHOSLYRA.....	110
MG, 7.5-325 MG.....	51	PHOSPHOLINE IODIDE.....	102
PERCOCET ORAL TABLET 2.5-325 MG.....	51	PHRENILIN FORTE(WITH CAFFEINE).....	52
PERFOROMIST.....	105	PHYSIOLYTE.....	77
PERIKABIVEN.....	110	PHYSIOSOL IRRIGATION.....	77
<i>perindopril erbumine.....</i>	67	PICATO.....	74
<i>periogard.....</i>	78	PIFELTRO.....	19
PERJETA.....	29	<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4</i>	
<i>permethrin topical cream.....</i>	74	<i>%.....</i>	102
<i>perphenazine.....</i>	51	<i>pilocarpine hcl oral.....</i>	77
<i>perphenazine-amitriptyline.....</i>	51	<i>pimecrolimus.....</i>	74

<i>pimozide</i>	52
<i>pimtree (28)</i>	100
<i>pindolol</i>	67
<i>pioglitazone oral tablet 15 mg</i>	84
<i>pioglitazone oral tablet 30 mg</i>	84
<i>pioglitazone oral tablet 45 mg</i>	84
<i>pioglitazone-glimepiride</i>	84
<i>pioglitazone-metformin</i>	84
PIPERACILLIN-TAZOBACTAM	
INTRAVENOUS RECON SOLN 13.5	
GRAM.....	19
<i>piperacillin-tazobactam intravenous recon soln 2.25</i>	
gram, 3.375 gram, 4.5 gram, 40.5 gram.....	19
<i>pirmella</i>	100
<i>piroxicam</i>	52
PITOCIN.....	100
PLAQUENIL.....	19
<i>plasbumin 25 %</i>	110
<i>plasbumin 5 %</i>	110
PLASMA-LYTE 148.....	110
PLASMA-LYTE A.....	110
<i>plasmanate</i>	110
PLAVIX ORAL TABLET 75 MG.....	67
PLEGISOL.....	67
PLEGRIDY.....	94
<i>plenamine</i>	110
PLENVU.....	90
PLIAGLIS.....	74
<i>pnv 29-1</i>	110
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	110
<i>pnv-dha</i>	110
<i>pnv-dha + docusate</i>	110
<i>pnv-omega</i>	111
<i>pnv-select</i>	111
<i>podofilox</i>	74
<i>polocaine injection solution</i>	74
<i>polocaine-mpf</i>	74
<i>polycin</i>	102
<i>polyethylene glycol 3350</i>	90
<i>polymyxin b sulf-trimethoprim</i>	102
<i>polymyxin b sulfate</i>	19
POLYTRIM.....	102
POMALYST ORAL CAPSULE 1 MG.....	29
POMALYST ORAL CAPSULE 2 MG.....	29
POMALYST ORAL CAPSULE 3 MG, 4 MG.....	29
<i>portia 28</i>	100
PORTRAZZA.....	29
<i>potassium acetate intravenous solution 2 meq/ml</i>	111
<i>potassium chlorid-d5-0.45%nacl intravenous</i>	
parenteral solution 10 meq/l, 30 meq/l, 40 meq/l.....	111
<i>potassium chlorid-d5-0.45%nacl intravenous</i>	
parenteral solution 20 meq/l.....	111
<i>potassium chloride in 0.9%nacl intravenous parenteral</i>	
solution 20 meq/l, 40 meq/l.....	111
<i>potassium chloride in 5 % dex intravenous parenteral</i>	
solution 20 meq/l, 30 meq/l, 40 meq/l.....	111
<i>potassium chloride in lr-d5 intravenous parenteral</i>	
solution 20 meq/l.....	111
<i>potassium chloride in lr-d5 intravenous parenteral</i>	
solution 40 meq/l.....	111
<i>potassium chloride in water intravenous piggyback 10</i>	
meq/100 ml, 10 meq/50 ml.....	111
<i>potassium chloride in water intravenous piggyback 20</i>	
meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40	
meq/100 ml.....	111
<i>potassium chloride intravenous</i>	111
<i>potassium chloride oral capsule, extended release</i>	111
<i>potassium chloride oral liquid</i>	111
<i>potassium chloride oral packet</i>	111
<i>potassium chloride oral tablet extended release</i>	111
<i>potassium chloride oral tablet,er particles/crystals</i>	111
<i>potassium chloride-0.45 % nacl</i>	111
<i>potassium chloride-d5-0.2%nacl intravenous</i>	
parenteral solution 20 meq/l.....	111
<i>potassium chloride-d5-0.2%nacl intravenous</i>	
parenteral solution 30 meq/l, 40 meq/l.....	111
<i>potassium chloride-d5-0.3%nacl intravenous</i>	
parenteral solution 20 meq/l.....	111
<i>potassium chloride-d5-0.9%nacl intravenous</i>	
parenteral solution 20 meq/l.....	111
<i>potassium chloride-d5-0.9%nacl intravenous</i>	
parenteral solution 40 meq/l.....	111
<i>potassium citrate</i>	108
<i>potassium phosphate m-/d-basic</i>	111
POTELIGEO.....	29
<i>pr natal 400</i>	111
<i>pr natal 400 ec</i>	111
<i>pr natal 430</i>	111
<i>pr natal 430 ec</i>	111
PRADAXA.....	67
PRALUENT PEN.....	67
<i>pramipexole oral tablet</i>	52
<i>pramipexole oral tablet extended release 24 hr</i>	52
PRAMOSONE TOPICAL CREAM 1-1 %.....	74
PRAMOSONE TOPICAL LOTION.....	74

PRANDIN ORAL TABLET 1 MG.....	84	<i>prenatal plus</i>	111
PRANDIN ORAL TABLET 2 MG.....	84	<i>prenatal plus (calcium carb)</i>	111
<i>prasugrel</i>	67	PRENATAL PLUS DHA ORAL COMBO	
PRAVACHOL ORAL TABLET 20 MG, 40 MG,		PACK.....	111
80 MG.....	67	<i>prenatal vitamin plus low iron</i>	111
<i>pravastatin</i>	67	PRENATE AM.....	111
PRAXBIND.....	67	PRENATE CHEWABLE.....	111
<i>praziquantel</i>	19	PRENATE DHA (FERR ASP GLYCIN).....	111
<i>prazosin</i>	67	PRENATE ELITE (IRON ASP GLYC).....	111
PRECOSE ORAL TABLET 100 MG.....	84	PRENATE ENHANCE.....	111
PRECOSE ORAL TABLET 25 MG.....	84	PRENATE ESSENTIAL(IRON-ASP-GL).....	111
PRECOSE ORAL TABLET 50 MG.....	84	PRENATE MINI (FERR ASP GLYCIN).....	111
PRED FORTE.....	102	PRENATE PIXIE.....	111
PRED MILD.....	102	PRENATE RESTORE.....	111
PRED-G.....	102	<i>preplus</i>	111
PRED-G S.O.P.....	102	PREPOPIK.....	90
<i>prednicarbate</i>	74	PRESTALIA.....	67
<i>prednisolone acetate</i>	102	<i>pretab</i>	112
<i>prednisolone oral solution 15 mg/5 ml</i>	84	PREVACID ORAL CAPSULE,DELAYED	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	102	RELEASE(DR/EC) 15 MG.....	90
<i>prednisolone sodium phosphate oral solution 10 mg/5</i>		PREVACID ORAL CAPSULE,DELAYED	
<i>ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml),</i>		RELEASE(DR/EC) 30 MG.....	90
<i>25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5</i>		PREVACID SOLUTAB.....	90
<i>ml)</i>	84–85	<i>prevalite</i>	67
<i>prednisolone sodium phosphate oral tablet,</i>		PREVIDENT.....	78
<i>disintegrating</i>	85	PREVIDENT 5000 BOOSTER PLUS.....	78
<i>prednisone intensol</i>	85	PREVIDENT 5000 DRY MOUTH.....	78
<i>prednisone oral solution</i>	85	PREVIDENT 5000 ENAMEL PROTECT.....	78
<i>prednisone oral tablet 1 mg</i>	85	PREVIDENT 5000 PLUS.....	78
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg,</i>		PREVIDENT 5000 SENSITIVE.....	78
<i>50 mg</i>	85	<i>previfem</i>	100
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5</i>		PREVYMIS INTRAVENOUS.....	19
<i>mg (48 pack)</i>	85	PREVYMIS ORAL.....	19
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	85	PREZCOBIX.....	19
PREFEST.....	100	PREZISTA ORAL SUSPENSION.....	19
PREGNYL.....	85	PREZISTA ORAL TABLET 150 MG.....	19
PREMARIN INJECTION.....	100	PREZISTA ORAL TABLET 600 MG, 800	
PREMARIN ORAL.....	100	MG.....	19
PREMARIN VAGINAL.....	100	PREZISTA ORAL TABLET 75 MG.....	19
<i>premasol 10 %</i>	111	PRIALT.....	52
PREMASOL 6 %.....	111	PRIFTIN.....	19
PREMPHASE.....	100	PRILOSEC ORAL SUSP,DELAYED RELEASE	
PREMPRO.....	100	FOR RECON.....	90
<i>prenaissance</i>	111	PRIMACARE.....	112
<i>prenaissance plus</i>	111	PRIMAQUINE.....	19
PRENATA.....	111	PRIMAXIN IV INTRAVENOUS RECON SOLN	
PRENATAL 19.....	111	500 MG.....	19
PRENATAL 19 (WITH DOCUSATE).....	111	<i>primidone</i>	52

PRIMLEV ORAL TABLET 10-300 MG.....	52	PROGRAF ORAL CAPSULE 5 MG.....	29
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG.....	52	PROGRAF ORAL GRANULES IN PACKET.....	29
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG.....	67	PROLASTIN-C INTRAVENOUS RECON SOLN.....	77
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG.....	52	PROLASTIN-C INTRAVENOUS SOLUTION.....	77
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG.....	52	PROLENSA.....	102
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG.....	52	PROLEUKIN.....	94
PRIVIGEN.....	94	PROLIA.....	96
PROAIR HFA.....	105	PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG.....	67
PROAIR RESPICLICK.....	105	PROMACTA ORAL TABLET 50 MG.....	67
<i>probenecid</i>	96	<i>promethazine injection solution</i>	105
<i>probenecid-colchicine</i>	96	<i>promethazine oral</i>	105
<i>procainamide injection solution 100 mg/ml</i>	67	<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	105
<i>procainamide injection solution 500 mg/ml</i>	67	<i>promethazine rectal suppository 50 mg</i>	105
PROCAINAMIDE INTRAVENOUS.....	67	<i>promethegan</i>	105
PROCALAMINE 3%.....	112	PROMETRIUM.....	100
PROCARDIA.....	67	<i>propafenone oral capsule, extended release 12 hr</i>	67
PROCARDIA XL.....	67	<i>propafenone oral tablet</i>	67
<i>procentra</i>	52	<i>propantheline</i>	90
<i>prochlorperazine edisylate</i>	90	<i>propranolol intravenous</i>	67
<i>prochlorperazine maleate oral</i>	90	<i>propranolol oral capsule, extended release 24 hr</i>	67
<i>prochlorperazine rectal supp</i>	90	<i>propranolol oral solution</i>	67
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML.....	94	<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	67
PROCRIT INJECTION SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ ML.....	94	<i>propranolol oral tablet 60 mg</i>	67
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML.....	94	<i>propranolol-hydrochlorothiazide</i>	67
<i>procto-med hc</i>	90	<i>propylthiouracil</i>	85
<i>procto-pak</i>	90	PROQUAD (PF).....	94
PROCTOCORT TOPICAL.....	74	PROSCAR.....	108
PROCTOFOAM HC.....	90	PROSOL 20 %.....	112
<i>proctosol hc topical</i>	90	PROSTIN VR PEDIATRIC.....	108
<i>proctozone-hc</i>	90	<i>protamine</i>	67
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG.....	108	PROTONIX INTRAVENOUS.....	90
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 75 MG.....	108	PROTONIX ORAL.....	90
<i>progesterone</i>	100	PROTOPAM CHLORIDE.....	77
<i>progesterone micronized</i>	100	PROTOPIC.....	74
PROGLYCEM.....	85	<i>protriptyline</i>	52
PROGRAF INTRAVENOUS.....	29	PROVENTIL HFA.....	105
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG.....	29	PROVERA.....	100
		PROVIDA DHA.....	112
		PROVIDA OB.....	112
		PROVIGIL ORAL TABLET 100 MG.....	52
		PROVIGIL ORAL TABLET 200 MG.....	52
		PROZAC ORAL CAPSULE 10 MG.....	52
		PROZAC ORAL CAPSULE 20 MG.....	52
		PROZAC ORAL CAPSULE 40 MG.....	52

<i>prudoxin</i>	74	<i>quetiapine oral tablet extended release 24 hr 400</i> <i>mg</i>	53
PSORCON.....	74	<i>quetiapine oral tablet extended release 24 hr 50</i> <i>mg</i>	53
PULMICORT FLEXHALER.....	105	QUILLICHEW ER ORAL TABLET,CHEW,IR- ER.BIPHASIC24HR 20 MG, 40 MG.....	53
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML.....	106	QUILLICHEW ER ORAL TABLET,CHEW,IR- ER.BIPHASIC24HR 30 MG.....	53
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML.....	106	QUILLIVANT XR.....	53
PULMOZYME.....	106	<i>quinapril</i>	67
PUREFE OB PLUS.....	112	<i>quinapril-hydrochlorothiazide</i>	67
PURIXAN.....	29	<i>quinidine gluconate oral</i>	67
PYLERA.....	90	<i>quinidine sulfate oral tablet</i>	67
<i>pyrazinamide</i>	19	<i>quinine sulfate capsule</i>	19
<i>pyridostigmine bromide oral syrup</i>	52	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ ACTUATION.....	106
<i>pyridostigmine bromide oral tablet</i>	52	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ ACTUATION.....	106
<i>pyridostigmine bromide oral tablet extended</i> <i>release</i>	52	RABAVERT (PF).....	94
QBRELIS.....	67	<i>rabeprazole</i>	90
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION.....	106	RADICAVA.....	53
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION.....	106	RAGWITEK.....	94
QTERN.....	85	<i>raloxifene</i>	96
QUADRACEL (PF).....	94	<i>ramipril</i>	67
QUALAQUIN.....	19	RANEXA.....	67
QUARTETTE.....	100	<i>ranitidine hcl injection</i>	90
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG.....	52	<i>ranitidine hcl oral capsule</i>	90
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG.....	53	<i>ranitidine hcl oral syrup</i>	90
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG.....	53	<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	91
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG.....	53	<i>ranolazine</i>	67
QUESTRAN.....	67	RAPAFLO.....	108
QUESTRAN LIGHT ORAL POWDER.....	67	RAPAMUNE ORAL SOLUTION.....	29
<i>quetiapine oral tablet 100 mg</i>	53	RAPAMUNE ORAL TABLET 0.5 MG.....	29
<i>quetiapine oral tablet 200 mg</i>	53	RAPAMUNE ORAL TABLET 1 MG, 2 MG.....	29
<i>quetiapine oral tablet 25 mg</i>	53	<i>rasagiline</i>	53
<i>quetiapine oral tablet 300 mg</i>	53	RASUVO (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML.....	97
<i>quetiapine oral tablet 400 mg</i>	53	RAVICTI.....	77
<i>quetiapine oral tablet 50 mg</i>	53	RAYALDEE.....	85
<i>quetiapine oral tablet extended release 24 hr 150</i> <i>mg</i>	53	RAYOS.....	85
<i>quetiapine oral tablet extended release 24 hr 200</i> <i>mg</i>	53	RAZADYNE ER.....	53
<i>quetiapine oral tablet extended release 24 hr 300</i> <i>mg</i>	53	RAZADYNE ORAL TABLET 12 MG, 8 MG.....	53
		RAZADYNE ORAL TABLET 4 MG.....	53

REBETOL ORAL SOLUTION.....	19	<i>repaglinide-metformin</i>	85
REBIF (WITH ALBUMIN).....	94	REPATHA PUSHTRONEX.....	68
REBIF REBIDOSE.....	94	REPATHA SURECLICK.....	68
REBIF TITRATION PACK.....	94	REPATHA SYRINGE.....	68
RECLAST.....	77	REQUIP ORAL TABLET 0.5 MG, 4 MG, 5	
<i>reclipsen (28)</i>	100	MG.....	53
RECOMBIVAX HB (PF) INTRAMUSCULAR		REQUIP XL ORAL TABLET EXTENDED	
SUSPENSION.....	94	RELEASE 24 HR 12 MG.....	53
RECOMBIVAX HB (PF) INTRAMUSCULAR		REQUIP XL ORAL TABLET EXTENDED	
SYRINGE 10 MCG/ML.....	94	RELEASE 24 HR 2 MG, 4 MG, 6 MG, 8	
RECOMBIVAX HB (PF) INTRAMUSCULAR		MG.....	53
SYRINGE 5 MCG/0.5 ML.....	94	RESCRIPTOR ORAL TABLET.....	19
RECTIV.....	91	RESECTISOL.....	68
REGLAN ORAL.....	91	RESTASIS.....	102
<i>regonol</i>	53	RESTASIS MULTIDOSE.....	102
REGRANEX.....	74	RESTORIL ORAL CAPSULE 15 MG.....	53
RELENZA DISKHALER.....	19	RESTORIL ORAL CAPSULE 22.5 MG, 30 MG,	
RELEXXII.....	53	7.5 MG.....	53
RELISTOR ORAL.....	91	RETACRIT INJECTION SOLUTION 10,000	
RELISTOR SUBCUTANEOUS SOLUTION.....	91	UNIT/ML, 40,000 UNIT/ML.....	94
RELISTOR SUBCUTANEOUS SYRINGE 12		RETACRIT INJECTION SOLUTION 2,000	
MG/0.6 ML.....	91	UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/	
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/		ML.....	94
0.4 ML.....	91	RETIN-A.....	74
RELPAK.....	53	RETIN-A MICRO PUMP TOPICAL GEL WITH	
REMERON ORAL TABLET 15 MG.....	53	PUMP 0.04 %, 0.06 %, 0.1 %.....	74
REMERON ORAL TABLET 30 MG.....	53	RETIN-A MICRO PUMP TOPICAL GEL WITH	
REMERON SOLTAB ORAL TABLET,		PUMP 0.08 %.....	74
DISINTEGRATING 15 MG.....	53	RETIN-A MICRO TOPICAL GEL 0.04 %.....	74
REMERON SOLTAB ORAL TABLET,		RETIN-A MICRO TOPICAL GEL 0.1 %.....	74
DISINTEGRATING 30 MG.....	53	RETISERT.....	102
REMERON SOLTAB ORAL TABLET,		RETROVIR INTRAVENOUS.....	19
DISINTEGRATING 45 MG.....	53	RETROVIR ORAL CAPSULE.....	19
REMICADE.....	91	RETROVIR ORAL SYRUP.....	19
REMODULIN.....	67	REVATIO INTRAVENOUS.....	106
RENACIDIN IRRIGATION SOLUTION 1980.6		REVATIO ORAL SUSPENSION FOR	
MG-59.4 MG-980.4MG/30ML.....	108	RECONSTITUTION.....	106
RENAGEL ORAL TABLET 800 MG.....	77	REVATIO ORAL TABLET.....	106
RENFLEXIS.....	91	REVCOLI.....	77
REVELA ORAL POWDER IN PACKET 0.8		REVLIMID ORAL CAPSULE 10 MG.....	29
GRAM.....	77	REVLIMID ORAL CAPSULE 15 MG, 2.5 MG,	
REVELA ORAL POWDER IN PACKET 2.4		20 MG, 25 MG.....	29
GRAM.....	77	REVLIMID ORAL CAPSULE 5 MG.....	29
REVELA ORAL TABLET.....	77	<i>revonto</i>	53
REOPRO.....	67	REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1	
<i>repaglinide oral tablet 0.5 mg</i>	85	MG, 2 MG.....	53
<i>repaglinide oral tablet 1 mg</i>	85	REXULTI ORAL TABLET 3 MG, 4 MG.....	53
<i>repaglinide oral tablet 2 mg</i>	85		

REYATAZ ORAL CAPSULE 150 MG, 200 MG.....	19	<i>risperidone oral tablet 0.5 mg</i>	54
REYATAZ ORAL CAPSULE 300 MG.....	19	<i>risperidone oral tablet 1 mg</i>	54
REYATAZ ORAL POWDER IN PACKET.....	19	<i>risperidone oral tablet 2 mg</i>	54
RHOFADE.....	74	<i>risperidone oral tablet 3 mg</i>	54
RHOPRESSA.....	102	<i>risperidone oral tablet 4 mg</i>	54
<i>ribasphere oral capsule</i>	19	<i>risperidone oral tablet,disintegrating 0.25 mg</i>	54
<i>ribasphere oral tablet 600 mg</i>	19	<i>risperidone oral tablet,disintegrating 0.5 mg</i>	54
<i>ribasphere ribapak oral tablets,dose pack 600 mg (7)-</i>		<i>risperidone oral tablet,disintegrating 1 mg</i>	54
<i>400 mg (7), 600 mg (7)- 600 mg (7)</i>	19	<i>risperidone oral tablet,disintegrating 2 mg</i>	54
<i>ribasphere ribapak oral tablets,dose pack 600-400 mg</i>		<i>risperidone oral tablet,disintegrating 3 mg</i>	54
<i>(28)-mg (28), 600-600 mg (28)-mg (28)</i>	19	<i>risperidone oral tablet,disintegrating 4 mg</i>	54
<i>ribavirin oral capsule</i>	19	RITALIN.....	54
<i>ribavirin oral tablet 200 mg</i>	19	RITALIN LA ORAL CAPSULE,ER BIPHASIC	
RIDAURA.....	97	50-50 10 MG, 40 MG.....	54
<i>rifabutin</i>	19	RITALIN LA ORAL CAPSULE,ER BIPHASIC	
RIFADIN.....	19	50-50 20 MG.....	54
RIFAMATE.....	19	RITALIN LA ORAL CAPSULE,ER BIPHASIC	
<i>rifampin</i>	19	50-50 30 MG.....	54
RIFATER.....	19	<i>ritonavir</i>	19
RILUTEK.....	77	RITUXAN.....	29
<i>riluzole</i>	77	RITUXAN HYCELA.....	29
<i>rimantadine</i>	19	<i>rivastigmine tartrate</i>	54
RIMSO-50.....	19	<i>rivastigmine transdermal</i>	54
<i>ringer's intravenous</i>	112	<i>rivelsa</i>	100
<i>ringer's irrigation</i>	77	<i>rizatriptan</i>	54
RIOMET.....	85	ROBAXIN INJECTION.....	54
<i>risedronate oral tablet 150 mg</i>	97	ROBAXIN-750.....	54
<i>risedronate oral tablet 30 mg</i>	77	ROCALTROL.....	85
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35</i>		ROMIDEPSIN.....	29
<i>mg (4 pack)</i>	97	<i>ropinirole</i>	54
<i>risedronate oral tablet 5 mg</i>	97	<i>rosadan topical cream</i>	74
<i>risedronate oral tablet,delayed release (dr/ec)</i>	97	<i>rosadan topical gel</i>	74
RISPERDAL CONSTA INTRAMUSCULAR		<i>rosuvastatin</i>	68
SYRINGE 12.5 MG/2 ML.....	53	ROTARIX.....	94
RISPERDAL CONSTA INTRAMUSCULAR		ROTATEQ VACCINE.....	94
SYRINGE 25 MG/2 ML.....	54	ROWASA RECTAL ENEMA KIT.....	91
RISPERDAL CONSTA INTRAMUSCULAR		<i>roweepra oral tablet 1,000 mg, 750 mg</i>	54
SYRINGE 37.5 MG/2 ML, 50 MG/2 ML.....	54	<i>roweepra oral tablet 500 mg</i>	54
RISPERDAL ORAL SOLUTION.....	54	<i>roweepra xr oral tablet extended release 24 hr 500</i>	
RISPERDAL ORAL TABLET 0.25 MG.....	54	<i>mg</i>	54
RISPERDAL ORAL TABLET 0.5 MG.....	54	<i>roweepra xr oral tablet extended release 24 hr 750</i>	
RISPERDAL ORAL TABLET 1 MG.....	54	<i>mg</i>	54
RISPERDAL ORAL TABLET 2 MG.....	54	ROXICODONE ORAL TABLET 15 MG.....	54
RISPERDAL ORAL TABLET 3 MG.....	54	ROXICODONE ORAL TABLET 30 MG.....	54
RISPERDAL ORAL TABLET 4 MG.....	54	ROXICODONE ORAL TABLET 5 MG.....	54
<i>risperidone oral solution</i>	54	ROXYBOND.....	54
<i>risperidone oral tablet 0.25 mg</i>	54	ROZEREM.....	54
		RUBRACA ORAL TABLET 200 MG.....	29

RUBRACA ORAL TABLET 250 MG, 300 MG.....	29	SEGLUROMET.....	85
RUCONEST.....	106	SELECT-OB.....	112
RYCLORA.....	106	SELECT-OB (FOLIC ACID).....	112
RYDAPT.....	29	SELECT-OB + DHA.....	112
RYTARY.....	54	<i>selegiline hcl</i>	55
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG.....	68	<i>selenium sulfide topical lotion</i>	74
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 325 MG, 425 MG.....	68	SELZENTRY ORAL SOLUTION.....	19
RYVENT.....	106	SELZENTRY ORAL TABLET 150 MG, 300 MG.....	19
SABRIL ORAL POWDER IN PACKET.....	54	SELZENTRY ORAL TABLET 25 MG.....	19
SABRIL ORAL TABLET.....	55	SELZENTRY ORAL TABLET 75 MG.....	20
SAFYRAL.....	100	SEMPREX-D.....	106
SAIZEN.....	94	SENSIPAR ORAL TABLET 30 MG, 60 MG.....	85
SAIZEN SAIZENPREP.....	94	SENSIPAR ORAL TABLET 90 MG.....	85
SALAGEN (PILOCARPINE).....	77	SEREVENT DISKUS.....	106
<i>salsalate</i>	55	SERNIVO.....	74
SAMSCA ORAL TABLET 15 MG.....	85	SEROQUEL ORAL TABLET 100 MG.....	55
SAMSCA ORAL TABLET 30 MG.....	85	SEROQUEL ORAL TABLET 200 MG.....	55
SANCUSO.....	91	SEROQUEL ORAL TABLET 25 MG.....	55
SANDIMMUNE INTRAVENOUS.....	29	SEROQUEL ORAL TABLET 300 MG.....	55
SANDIMMUNE ORAL CAPSULE 100 MG.....	29	SEROQUEL ORAL TABLET 400 MG.....	55
SANDIMMUNE ORAL CAPSULE 25 MG.....	29	SEROQUEL ORAL TABLET 50 MG.....	55
SANDIMMUNE ORAL SOLUTION.....	29	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG.....	55
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML.....	29	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG.....	55
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON.....	29	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG.....	55
SANTYL.....	74	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG.....	55
SAPHRIS SUBLINGUAL TABLET 10 MG.....	55	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG.....	55
SAPHRIS SUBLINGUAL TABLET 2.5 MG.....	55	SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG.....	94
SAPHRIS SUBLINGUAL TABLET 5 MG.....	55	<i>sertraline oral concentrate</i>	55
SARAFEM ORAL TABLET 10 MG.....	55	<i>sertraline oral tablet 100 mg</i>	55
SARAFEM ORAL TABLET 20 MG.....	55	<i>sertraline oral tablet 25 mg</i>	55
SAVAYSA.....	68	<i>sertraline oral tablet 50 mg</i>	55
SAVELLA ORAL TABLET 100 MG.....	97	<i>setlakin</i>	100
SAVELLA ORAL TABLET 12.5 MG.....	97	<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	77
SAVELLA ORAL TABLET 25 MG.....	97	<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	77
SAVELLA ORAL TABLET 50 MG.....	97	<i>sevelamer carbonate oral tablet</i>	77
SAVELLA ORAL TABLETS,DOSE PACK.....	97	<i>sevelamer hcl</i>	77
<i>scopolamine transdermal</i>	91	<i>sf</i>	78
<i>se-natal 19</i>	112	<i>sf 5000 plus</i>	78
<i>se-natal 19 (with docusate)</i>	112	SFROWASA.....	91
SEASONIQUE.....	100		
<i>seconal sodium</i>	55		
SEEBRI NEOHALER.....	106		

<i>sharobel</i>	100	<i>sodium chloride irrigation</i>	77
SHINGRIX (PF).....	94	SODIUM EDECRIN.....	68
SIGNIFOR.....	29	<i>sodium lactate</i>	112
SIGNIFOR LAR.....	30	<i>sodium nitroprusside</i>	68
<i>sildenafil (antihypertensive) intravenous</i>	106	<i>sodium phenylbutyrate</i>	77
<i>sildenafil (antihypertensive) oral</i>	106	<i>sodium phosphate</i>	112
SILENOR.....	55	<i>sodium polystyrene sulfonate oral</i>	77
SILIQ.....	74	<i>sodium polystyrene sulfonate rectal</i>	77
<i>silodosin</i>	108	SOFOSBUVIR-VELPATASVIR.....	20
SILVADENE.....	74	<i>solifenacin</i>	108
SILVER SULFADIAZINE.....	74	SOLQUA 100/33.....	85
SIMBRINZA.....	102	SOLIRIS.....	77
SIMPONI.....	97	SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 80 MG.....	20
SIMPONI ARIA.....	97	SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 55 MG, 65 MG.....	20
SIMULECT INTRAVENOUS RECON SOLN 10 MG.....	30	SOLOSEC.....	20
SIMULECT INTRAVENOUS RECON SOLN 20 MG.....	30	SOLOXIDE.....	20
<i>simvastatin</i>	68	SOLTAMOX.....	30
SINEMET.....	55	SOLU-CORTEF.....	85
SINEMET CR.....	55	SOLU-CORTEF (PF).....	85
SINGULAIR.....	106	SOLU-MEDROL.....	85
<i>sirolimus oral solution</i>	30	SOLU-MEDROL (PF).....	85
<i>sirolimus oral tablet</i>	30	SOMA ORAL TABLET 250 MG.....	55
SIRTURO.....	20	SOMA ORAL TABLET 350 MG.....	55
SIVEXTRO INTRAVENOUS.....	20	SOMATULINE DEPOT.....	30
SIVEXTRO ORAL.....	20	SOMAVERT.....	85
SKELAXIN.....	55	SOOLANTRA.....	74
SKLICE.....	74	SORBITOL IRRIGATION.....	77
SKYLA.....	100	SORBITOL-MANNITOL.....	77
SMOFLIPID.....	112	SORIATANE ORAL CAPSULE 10 MG, 25 MG.....	74
<i>sodium acetate</i>	112	SORILUX.....	74
<i>sodium benzoate-sod phenylacet</i>	77	<i>sorine oral tablet 120 mg, 160 mg</i>	68
<i>sodium bicarbonate 1meq/ml (8.4%) intravenous solution</i>	112	<i>sorine oral tablet 240 mg</i>	68
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	112	<i>sorine oral tablet 80 mg</i>	68
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ ml)</i>	112	<i>sotalol af oral tablet 120 mg, 160 mg</i>	68
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	112	<i>sotalol af oral tablet 80 mg</i>	68
<i>sodium chloride 0.45 % intravenous piggyback</i>	112	<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	68
<i>sodium chloride 0.9 % intravenous</i>	77	<i>sotalol oral tablet 80 mg</i>	68
<i>sodium chloride 3% intravenous injection solution</i>	112	SOTYLIZE.....	68
<i>sodium chloride 5% intravenous injection solution</i>	112	SOVALDI.....	20
<i>sodium chloride intravenous</i>	112	SPIRIVA RESPIMAT.....	106
		SPIRIVA WITH HANDIHALER.....	106
		<i>spironolactone oral tablet 100 mg, 50 mg</i>	68
		<i>spironolactone oral tablet 25 mg</i>	68
		<i>spironolactone-hydrochlorothiazide</i>	68

SPORANOX ORAL CAPSULE.....	20	<i>subvenite</i>	56
SPORANOX ORAL SOLUTION.....	20	SUBVENITE STARTER (BLUE) KIT.....	56
SPORANOX PULSEPAK.....	20	SUBVENITE STARTER (GREEN) KIT.....	56
<i>sprintec</i> (28).....	100	SUBVENITE STARTER (ORANGE) KIT.....	56
SPRITAM ORAL TABLET FOR SUSPENSION		SUCRAID.....	91
1,000 MG, 250 MG, 500 MG.....	55	<i>sucralfate oral tablet</i>	91
SPRITAM ORAL TABLET FOR SUSPENSION		SULAR ORAL TABLET EXTENDED RELEASE	
750 MG.....	55	24 HR 17 MG.....	68
SPRIX.....	55	SULAR ORAL TABLET EXTENDED RELEASE	
SPRYCEL.....	30	24 HR 34 MG, 8.5 MG.....	68
<i>sps (with sorbitol) oral</i>	77	<i>sulfacetamide sodium (acne)</i>	74
<i>sps (with sorbitol) rectal</i>	77	<i>sulfacetamide sodium ophthalmic (eye)</i>	102
<i>sronyx</i>	100	<i>sulfacetamide-prednisolone</i>	102
SSD 1% TOPICAL CREAM.....	74	<i>sulfadiazine</i>	20
STALEVO 100.....	55	<i>sulfamethoxazole-trimethoprim intravenous</i>	20
STALEVO 125.....	55	<i>sulfamethoxazole-trimethoprim oral suspension</i>	20
STALEVO 150.....	55	<i>sulfamethoxazole-trimethoprim oral tablet</i>	20
STALEVO 200.....	55	SULFAMYLON TOPICAL CREAM.....	74
STALEVO 50.....	55	SULFAMYLON TOPICAL PACKET.....	74
STALEVO 75.....	55	<i>sulfasalazine</i>	91
STAMARIL (PF).....	94	<i>sulfatrim</i>	20
STARLIX ORAL TABLET 120 MG.....	85	<i>sulindac oral tablet 150 mg</i>	56
STARLIX ORAL TABLET 60 MG.....	85	<i>sulindac oral tablet 200 mg</i>	56
<i>stavudine oral capsule 15 mg, 20 mg</i>	20	<i>sumatriptan nasal spray</i>	56
<i>stavudine oral capsule 30 mg, 40 mg</i>	20	<i>sumatriptan succinate oral</i>	56
STEGLATRO.....	85	<i>sumatriptan succinate subcutaneous cartridge</i>	56
STEGLUJAN.....	85	<i>sumatriptan succinate subcutaneous pen injector</i>	56
STELARA INTRAVENOUS.....	74	<i>sumatriptan succinate subcutaneous solution</i>	56
STELARA SUBCUTANEOUS.....	74	<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5</i>	
STIMATE.....	85	<i>ml</i>	56
STIOLTO RESPIMAT.....	106	<i>sumatriptan-naproxen</i>	56
STIVARGA.....	30	SUPPRELIN LA.....	30
STRATTERA ORAL CAPSULE 10 MG, 18 MG,		SUPRAX ORAL CAPSULE.....	20
25 MG, 40 MG.....	55	SUPRAX ORAL SUSPENSION FOR	
STRATTERA ORAL CAPSULE 100 MG, 60 MG,		RECONSTITUTION 100 MG/5 ML, 200 MG/	
80 MG.....	55	5 ML.....	20
STRENSIQ.....	85	SUPRAX ORAL SUSPENSION FOR	
STREPTOMYCIN.....	20	RECONSTITUTION 500 MG/5 ML.....	20
STRIANT.....	85	SUPRAX ORAL TABLET,CHEWABLE.....	20
STRIBILD.....	20	SUPREP BOWEL PREP KIT.....	91
STRIVERDI RESPIMAT.....	106	SURMONTIL.....	56
STROMEKTOL.....	20	SURVANTA.....	77
SUBOXONE SUBLINGUAL FILM 12-3 MG.....	55	SUSTIVA ORAL CAPSULE 200 MG.....	20
SUBOXONE SUBLINGUAL FILM 2-0.5		SUSTIVA ORAL CAPSULE 50 MG.....	20
MG.....	55	SUSTIVA ORAL TABLET.....	20
SUBOXONE SUBLINGUAL FILM 4-1 MG.....	55	SUSTOL.....	91
SUBOXONE SUBLINGUAL FILM 8-2 MG.....	56	SUTENT ORAL CAPSULE 12.5 MG.....	30
SUBSYS.....	56		

SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG.....	30	TAKHZYRO.....	106
<i>syeda</i>	100	TALTZ AUTOINJECTOR.....	75
SYLATRON.....	94	TALTZ AUTOINJECTOR (2 PACK).....	75
SYLVANT.....	30	TALTZ AUTOINJECTOR (3 PACK).....	75
SYMBICORT.....	106	TALTZ SYRINGE.....	75
SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG.....	56	TALZENNA ORAL CAPSULE 0.25 MG.....	30
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG.....	56	TALZENNA ORAL CAPSULE 1 MG.....	30
SYMDEKO.....	106	TAMIFLU.....	20
SYMFI.....	20	<i>tamoxifen</i>	30
SYMFI LO.....	20	<i>tamsulosin</i>	108
SYMJEPI.....	106	TAPAZOLE.....	85
SYMLINPEN 120.....	85	TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS).....	85
SYMLINPEN 60.....	85	TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS).....	85
SYMPAZAN ORAL FILM 10 MG, 20 MG.....	56	TARCEVA ORAL TABLET 100 MG, 150 MG.....	30
SYMPAZAN ORAL FILM 5 MG.....	56	TARCEVA ORAL TABLET 25 MG.....	30
SYMPROIC.....	91	TARGADOX.....	20
SYMTUZA.....	20	TARGRETIN ORAL.....	30
SYNAGIS.....	20	TARGRETIN TOPICAL.....	30
SYNALAR TOPICAL CREAM.....	74	<i>tarina fe 1-20 eq (28)</i>	100
SYNALAR TOPICAL OINTMENT.....	74	<i>tarina fe 1/20 (28)</i>	100
SYNALAR TOPICAL SOLUTION.....	75	TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG.....	68
SYNAREL.....	85	<i>taron-c dha</i>	112
SYNDROS.....	91	<i>taron-prex prenatal-dha</i>	112
SYNERA.....	75	TASIGNA ORAL CAPSULE 150 MG, 200 MG.....	30
SYNERCID.....	20	TASIGNA ORAL CAPSULE 50 MG.....	30
SYNJARDY.....	85	TASMAR ORAL TABLET 100 MG.....	56
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG.....	85	TAVALISSE.....	68
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG.....	85	TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ ML).....	30
SYNRIBO.....	30	TAYTULLA.....	100
SYNTHAMIN 17 WITHOUT ELYTE.....	112	<i>tazarotene</i>	75
SYNTHROID.....	85	TAZICEF INJECTION RECON SOLN 1 GRAM.....	20
SYPRINE.....	77	TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM.....	20
TABLOID.....	30	TAZICEF INTRAVENOUS.....	20
TACLONEX.....	75	TAZORAC.....	75
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	30	<i>taztia xt</i>	68
<i>tacrolimus oral capsule 5 mg</i>	30	TDVAX.....	94
<i>tacrolimus topical</i>	75	TECENTRIQ INTRAVENOUS SOLUTION 1, 200 MG/20 ML (60 MG/ML).....	30
<i>tadalafil (antihypertensive)</i>	106		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	108		
TAFINLAR.....	30		
TAGRISSO ORAL TABLET 40 MG.....	30		
TAGRISSO ORAL TABLET 80 MG.....	30		

TECENTRIQ INTRAVENOUS SOLUTION	
840 MG/14 ML (60 MG/ML).....	30
TECFIDERA.....	56
TEFLARO.....	20
TEGRETOL ORAL SUSPENSION.....	56
TEGRETOL ORAL TABLET.....	56
TEGRETOL XR.....	56
TEGSEDI.....	56
TEKTURNA.....	68
TEKTURNA HCT.....	68
<i>telmisartan</i>	68
<i>telmisartan-amlodipine</i>	68
<i>telmisartan-hydrochlorothiazide</i>	68
<i>temazepam</i>	56
TEMODAR INTRAVENOUS.....	30
TEMOVATE TOPICAL CREAM.....	75
TEMOVATE TOPICAL OINTMENT.....	75
<i>temsirolimus</i>	30
<i>tencon oral tablet 50-325 mg</i>	56
TENIVAC (PF).....	94
<i>tenofovir disoproxil fumarate</i>	20
TENORETIC 100.....	68
TENORETIC 50.....	68
TENORMIN.....	68
<i>terazosin capsule</i>	68
<i>terbinafine hcl oral</i>	20
<i>terbutaline</i>	106
<i>terconazole</i>	100
TESTIM.....	85
TESTOPEL.....	85
<i>testosterone cypionate</i>	86
<i>testosterone enanthate</i>	86
TESTOSTERONE TRANSDERMAL GEL.....	86
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	86
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)......	86
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	86
<i>testosterone transdermal gel in packet 1 % (25 mg/ 2.5gram), 1 % (50 mg/5 gram)</i>	86
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	86
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	86
<i>testosterone transdermal solution in metered pump w/ app</i>	86

TETANUS,DIPHTHERIA TOX PED(PF).....	94
<i>tetrabenazine oral tablet 12.5 mg</i>	56
<i>tetrabenazine oral tablet 25 mg</i>	56
<i>tetracycline</i>	20
TEXACORT.....	75
THALOMID ORAL CAPSULE 100 MG, 50 MG.....	30
THALOMID ORAL CAPSULE 150 MG, 200 MG.....	30
THEO-24.....	106
<i>theophylline in dextrose 5 % intravenous parenteral solution 400 mg/500 ml</i>	106
<i>theophylline oral elixir</i>	106
<i>theophylline oral solution</i>	106
<i>theophylline oral tablet extended release 12 hr</i>	106
<i>theophylline oral tablet extended release 24 hr</i>	106
THIOLA.....	77
<i>thioridazine</i>	56
<i>thiotepa</i>	30
<i>thiothixene</i>	56
THRIVITE RX.....	112
THROMBATE III.....	68
THYMOGLOBULIN.....	94
<i>thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg</i>	86
<i>thyroid (pork) oral tablet 15 mg, 90 mg</i>	86
THYROLAR-1.....	86
THYROLAR-1/2.....	86
THYROLAR-1/4.....	86
THYROLAR-2.....	86
THYROLAR-3.....	86
<i>tiagabine</i>	56
TIAZAC.....	68
TIBSOVO.....	30
TICE BCG.....	94
TIGAN INTRAMUSCULAR.....	91
TIGAN ORAL CAPSULE 300 MG.....	91
TIGECYCLINE.....	20
TIGLUTIK.....	77
TIKOSYN.....	68
<i>tilia fe</i>	100
<i>timolol maleate ophthalmic (eye) drops</i>	102
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	102
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	102
<i>timolol maleate oral</i>	68
TIMOPTIC.....	102
TIMOPTIC OCUDOSE (PF).....	102

TIMOPTIC-XE.....	102	TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER	
<i>tinidazole</i>	20	24HR 25 MG.....	57
TIROSINT.....	86	TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER	
TIROSINT-SOL.....	86	24HR 50 MG.....	57
<i>tis-u-sol pentalyte</i>	77	<i>topiramate oral tablet 100 mg</i>	57
TIVICAY ORAL TABLET 10 MG.....	20	<i>topiramate oral tablet 200 mg</i>	57
TIVICAY ORAL TABLET 25 MG, 50 MG.....	20	<i>topiramate oral tablet 25 mg</i>	57
TIVORBEX.....	56	<i>topiramate oral tablet 50 mg</i>	57
<i>tizanidine</i>	56	<i>toposar</i>	31
TOBI PODHALER INHALATION		<i>topotecan intravenous recon soln</i>	31
CAPSULE.....	20	<i>topotecan intravenous solution</i>	31
TOBI PODHALER INHALATION CAPSULE,		TOPROL XL.....	68
W/INHALATION DEVICE.....	21	<i>toremifene</i>	31
TOBI SOLUTION FOR NEBULIZATION.....	21	TORISEL.....	31
TOBRADEX OPHTHALMIC (EYE) DROPS,		<i>torsemide oral</i>	68
SUSPENSION.....	102	TOTECT INTRAVENOUS RECON SOLN 500	
TOBRADEX OPHTHALMIC (EYE)		MG.....	31
OINTMENT.....	102	TOUJEO MAX U-300 SOLOSTAR.....	86
TOBRADEX ST.....	102	TOUJEO SOLOSTAR U-300 INSULIN.....	86
<i>tobramycin</i>	102	TOVIAZ.....	108
<i>tobramycin in 0.225 % nacl</i>	21	TPN ELECTROLYTES 35 MEQ-20 MEQ-5	
<i>tobramycin sulfate injection recon soln</i>	21	MEQ/20 ML INTRAVENOUS	
<i>tobramycin sulfate injection solution</i>	21	SOLUTION.....	112
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	102	TRACLEER ORAL TABLET.....	106
TOBREX.....	102	TRACLEER ORAL TABLET FOR	
TOFRANIL ORAL TABLET 10 MG, 25 MG.....	56	SUSPENSION.....	106
TOFRANIL ORAL TABLET 50 MG.....	56	TRADJENTA.....	86
TOLAK.....	75	TRAMADOL ORAL CAPSULE,ER BIPHASE 24	
<i>tolazamide oral tablet 250 mg</i>	86	HR 17-83.....	57
<i>tolazamide oral tablet 500 mg</i>	86	TRAMADOL ORAL CAPSULE,ER BIPHASE 24	
<i>tolbutamide</i>	86	HR 25-75 100 MG, 200 MG.....	57
<i>tolcapone</i>	56	<i>tramadol oral tablet</i>	57
<i>tolmetin</i>	56	<i>tramadol oral tablet extended release 24 hr</i>	57
TOLSURA.....	21	<i>tramadol oral tablet, er multiphase 24 hr</i>	57
<i>tolterodine oral capsule,extended release 24hr</i>	108	<i>tramadol-acetaminophen</i>	57
<i>tolterodine oral tablet</i>	108	<i>trandolapril</i>	68
TOPAMAX ORAL CAPSULE, SPRINKLE.....	56	<i>trandolapril-verapamil</i>	68
TOPAMAX ORAL TABLET 100 MG.....	56	<i>tranexamic acid oral</i>	100
TOPAMAX ORAL TABLET 200 MG.....	56	TRANSDERM-SCOP.....	91
TOPAMAX ORAL TABLET 25 MG.....	56	TRANXENE T-TAB ORAL TABLET 7.5	
TOPAMAX ORAL TABLET 50 MG.....	56	MG.....	57
TOPICORT.....	75	<i>tranylcypromine</i>	57
<i>topiramate oral capsule, sprinkle</i>	56	<i>travasol 10 %</i>	112
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER		TRAVATAN Z.....	102
24HR 100 MG.....	56	<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	57
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER		<i>trazodone oral tablet 300 mg</i>	57
24HR 150 MG, 200 MG.....	57	TREANDA INTRAVENOUS RECON	
		SOLN.....	31

TRECATOR.....	21	<i>trianex</i>	75
TRELEGY ELLIPTA.....	106	<i>triazolam</i>	57
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG.....	31	TRIBENZOR.....	68
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG.....	31	TRICARE.....	112
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG.....	31	TRICOR.....	68
TREMFYA.....	75	<i>triderm topical cream</i>	75
<i>treprostinil sodium</i>	68	<i>tridesilon</i>	75
TRESIBA FLEXTOUCH U-100.....	86	<i>trientine</i>	77
TRESIBA FLEXTOUCH U-200.....	86	TRIESENCE (PF).....	86
TRESIBA U-100 INSULIN.....	86	<i>trifluoperazine</i>	57
<i>tretinoin (chemotherapy)</i>	31	<i>trifluridine</i>	102
<i>tretinoin microspheres</i>	75	TRIGLIDE ORAL TABLET 160 MG.....	68
<i>tretinoin topical cream</i>	75	<i>trihexyphenidyl</i>	57
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	75	TRILEPTAL ORAL SUSPENSION.....	57
<i>tretinoin topical gel 0.05 %</i>	75	TRILEPTAL ORAL TABLET 150 MG, 300 MG.....	57
TREXALL.....	31	TRILEPTAL ORAL TABLET 600 MG.....	57
TREXIMET.....	57	TRILIPIX.....	68
TREZIX ORAL CAPSULE 320.5-30-16 MG.....	57	<i>trilyte with flavor packets</i>	91
<i>tri femynor</i>	100	<i>trimethobenzamide oral</i>	91
<i>tri-estarylla</i>	100	<i>trimethoprim</i>	21
<i>tri-legest fe</i>	100	<i>trimipramine</i>	57
<i>tri-linyah</i>	100	<i>trinatal rx 1</i>	112
<i>tri-lo-estarylla</i>	100	TRINTELLIX ORAL TABLET 10 MG.....	57
TRI-LO-MARZIA.....	100	TRINTELLIX ORAL TABLET 20 MG.....	57
<i>tri-lo-sprintec</i>	100	TRINTELLIX ORAL TABLET 5 MG.....	57
<i>tri-mili</i>	100	TRIOSTAT.....	86
<i>tri-previfem (28)</i>	100	TRIPTODUR.....	31
<i>tri-sprintec (28)</i>	100	TRISENOX INTRAVENOUS SOLUTION 2 MG/ML.....	31
<i>tri-vylibra</i>	100	TRISTART DHA.....	112
<i>tri-vylibra lo</i>	100	TRIUMEQ.....	21
<i>triamcinolone acetonide dental</i>	78	<i>triveen-duo dha</i>	112
<i>triamcinolone acetonide injection</i>	86	<i>trivora (28)</i>	100
<i>triamcinolone acetonide nasal</i>	106	TRIZIVIR.....	21
<i>triamcinolone acetonide topical aerosol</i>	75	TROGARZO.....	21
<i>triamcinolone acetonide topical cream 0.025 %</i>	75	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG.....	57
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	75	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG.....	57
<i>triamcinolone acetonide topical lotion</i>	75	TROPHAMINE 10 %.....	112
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	75	TROPHAMINE 6%.....	112
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	68	<i>tropium oral capsule,extended release 24hr</i>	108
<i>triamterene-hydrochlorothiazide oral capsule 50-25 mg</i>	68	<i>tropium oral tablet</i>	108
<i>triamterene-hydrochlorothiazide oral tablet</i>	68	TRULANCE.....	91
		TRULICITY.....	86
		TRUMENBA.....	94
		TRUSOPT.....	102

TRUVADA.....	21	URSO 250.....	91
TUDORZA PRESSAIR.....	107	URSO FORTE.....	91
<i>tulana</i>	100	<i>ursodiol</i>	91
TWINRIX (PF) INTRAMUSCULAR SYRINGE.....	94	UTIBRON NEOHALER.....	107
TWYNSTA.....	68	UVADEX.....	75
TYBOST.....	21	VABOMERE.....	21
<i>tydemy</i>	100	VAGIFEM.....	100
TYGACIL.....	21	<i>valacyclovir oral tablet 1 gram</i>	21
TYKERB.....	31	<i>valacyclovir oral tablet 500 mg</i>	21
TYLENOL-CODEINE #3.....	57	VALCHLOR.....	75
TYLENOL-CODEINE #4.....	57	VALCYTE.....	21
TYMLOS.....	97	<i>valganciclovir</i>	21
TYPHIM VI INTRAMUSCULAR SOLUTION.....	94	VALIUM ORAL TABLET 10 MG.....	57
TYPHIM VI INTRAMUSCULAR SYRINGE.....	94	VALIUM ORAL TABLET 2 MG.....	57
TYSABRI.....	57	VALIUM ORAL TABLET 5 MG.....	57
TYVASO.....	107	<i>valproate sodium</i>	57
TYVASO INSTITUTIONAL START KIT.....	107	<i>valproic acid</i>	57
TYVASO REFILL KIT.....	107	<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	57
TYVASO STARTER KIT.....	107	<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	57
UCERIS ORAL.....	91	<i>valrubicin</i>	31
UCERIS RECTAL.....	91	<i>valsartan</i>	68
UDENYCA.....	94	<i>valsartan-hydrochlorothiazide</i>	69
ULORIC.....	97	VALSTAR.....	31
ULTOMIRIS.....	77	VALTREX ORAL TABLET 1 GRAM.....	21
ULTRACET.....	57	VALTREX ORAL TABLET 500 MG.....	21
ULTRAM.....	57	VANATOL LQ.....	58
ULTRAVATE TOPICAL CREAM.....	75	VANATOL S.....	58
ULTRAVATE TOPICAL LOTION.....	75	VANCOCIN ORAL CAPSULE 125 MG.....	21
ULTRAVATE TOPICAL OINTMENT.....	75	VANCOCIN ORAL CAPSULE 250 MG.....	21
UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM.....	21	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK.....	21
UNASYN INJECTION RECON SOLN 15 GRAM.....	21	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML.....	21
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG.....	86	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML.....	21
<i>unithroid oral tablet 137 mcg</i>	86	<i>vancomycin injection</i>	21
UNITUXIN.....	31	<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	21
UPTRAVI ORAL TABLET.....	68	VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG.....	21
UPTRAVI ORAL TABLETS,DOSE PACK.....	68	VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG.....	21
URECHOLINE.....	108	<i>vancomycin oral capsule 125 mg</i>	21
UROCIT-K 10.....	108	<i>vancomycin oral capsule 250 mg</i>	21
UROCIT-K 15.....	108		
UROCIT-K 5.....	108		
UROXATRAL.....	108		

VANDAZOLE.....	100	VENTAVIS.....	107
VANOS.....	75	VENTOLIN HFA.....	107
VANTAS.....	31	<i>verapamil intravenous solution</i>	69
VAQTA (PF).....	94	<i>verapamil intravenous syringe</i>	69
VARIVAX (PF).....	94	<i>verapamil oral capsule, 24 hr er pellet ct.</i>	69
VARIZIG INTRAMUSCULAR SOLUTION.....	94	<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg,</i> <i>180 mg, 240 mg</i>	69
VARUBI ORAL.....	91	VERAPAMIL ORAL CAPSULE,EXT REL.	
VASCEPA.....	69	PELLETS 24 HR 360 MG.....	69
VASERETIC.....	69	<i>verapamil oral tablet</i>	69
VASOSTRICT.....	86	<i>verapamil oral tablet extended release 120 mg</i>	69
VASOTEC ORAL TABLET 10 MG, 20 MG.....	69	<i>verapamil oral tablet extended release 180 mg, 240</i> <i>mg</i>	69
VASOTEC ORAL TABLET 2.5 MG, 5 MG.....	69	VEREGEN.....	75
VECAMEYL.....	69	VERELAN.....	69
VECTIBIX.....	31	VERELAN PM.....	69
VECTICAL.....	75	<i>veripred 20</i>	86
VELCADE.....	31	VERSACLOZ.....	58
<i>veletri intravenous recon soln 0.5 mg</i>	69	VERZENIO.....	31
<i>veletri intravenous recon soln 1.5 mg</i>	69	VESICARE.....	108
<i>velivet triphasic regimen (28)</i>	100	VFEND IV.....	21
VELPHORO.....	77	VFEND ORAL SUSPENSION FOR	
VELTASSA ORAL POWDER IN PACKET 16.8		RECONSTITUTION.....	21
GRAM, 25.2 GRAM.....	77	VFEND ORAL TABLET 200 MG.....	21
VELTASSA ORAL POWDER IN PACKET 8.4		VFEND ORAL TABLET 50 MG.....	21
GRAM.....	77	VIBATIV INTRAVENOUS RECON SOLN 750	
VEMLIDY.....	21	MG.....	22
VENCLEXTA ORAL TABLET 10 MG.....	31	VIBERZI.....	91
VENCLEXTA ORAL TABLET 100 MG.....	31	VIBRAMYCIN ORAL CAPSULE 100 MG.....	22
VENCLEXTA ORAL TABLET 50 MG.....	31	VIBRAMYCIN ORAL SUSPENSION FOR	
VENCLEXTA STARTING PACK.....	31	RECONSTITUTION.....	22
<i>venlafaxine oral capsule,extended release 24hr 150</i>		VIBRAMYCIN ORAL SYRUP.....	22
<i>mg</i>	58	<i>vicodin</i>	58
<i>venlafaxine oral capsule,extended release 24hr 37.5</i>		<i>vicodin es</i>	58
<i>mg</i>	58	<i>vicodin hp</i>	58
<i>venlafaxine oral capsule,extended release 24hr 75</i>		VICTOZA 2-PAK.....	86
<i>mg</i>	58	VICTOZA 3-PAK.....	86
<i>venlafaxine oral tablet 100 mg</i>	58	VIDAZA.....	31
<i>venlafaxine oral tablet 25 mg</i>	58	VIDEX 2 GRAM PEDIATRIC.....	22
<i>venlafaxine oral tablet 37.5 mg</i>	58	VIDEX 4 GRAM PEDIATRIC.....	22
<i>venlafaxine oral tablet 50 mg</i>	58	VIDEX EC ORAL CAPSULE,DELAYED	
<i>venlafaxine oral tablet 75 mg</i>	58	RELEASE(DR/EC) 125 MG.....	22
<i>venlafaxine oral tablet extended release 24hr 150</i>		VIDEX EC ORAL CAPSULE,DELAYED	
<i>mg</i>	58	RELEASE(DR/EC) 200 MG.....	22
<i>venlafaxine oral tablet extended release 24hr 225</i>		VIDEX EC ORAL CAPSULE,DELAYED	
<i>mg</i>	58	RELEASE(DR/EC) 250 MG, 400 MG.....	22
<i>venlafaxine oral tablet extended release 24hr 37.5</i>		VIEKIRA PAK.....	22
<i>mg</i>	58	<i>vienva</i>	100
<i>venlafaxine oral tablet extended release 24hr 75</i>			
<i>mg</i>	58		

<i>vigabatrin oral powder in packet</i>	58	VITAFOL-ONE.....	112
<i>vigabatrin oral tablet</i>	58	VITAMED MD ONE RX.....	112
<i>vigadrone</i>	58	VITRAKVI ORAL CAPSULE 100 MG.....	31
VIGAMOX.....	102	VITRAKVI ORAL CAPSULE 25 MG.....	31
VIIBRYD ORAL TABLET 10 MG.....	58	VITRAKVI ORAL SOLUTION.....	31
VIIBRYD ORAL TABLET 20 MG.....	58	VIVELLE-DOT.....	100
VIIBRYD ORAL TABLET 40 MG.....	58	VIVITROL.....	58
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23).....	58	VIVLODEX.....	58
VIMIZIM.....	86	VIZIMPRO ORAL TABLET 15 MG.....	31
VIMOVO.....	58	VIZIMPRO ORAL TABLET 30 MG, 45 MG.....	31
VIMPAT INTRAVENOUS.....	58	VOGELXO.....	86
VIMPAT ORAL SOLUTION.....	58	VOLTAREN TOPICAL.....	58
VIMPAT ORAL TABLET 100 MG.....	58	<i>voriconazole intravenous</i>	22
VIMPAT ORAL TABLET 150 MG.....	58	<i>voriconazole oral suspension for reconstitution</i>	22
VIMPAT ORAL TABLET 200 MG.....	58	<i>voriconazole oral tablet 200 mg</i>	22
VIMPAT ORAL TABLET 50 MG.....	58	<i>voriconazole oral tablet 50 mg</i>	22
<i>vinblastine intravenous solution 1mg/ml</i>	31	VOSEVI.....	22
<i>vincasar pfs intravenous solution 1 mg/ml</i>	31	VOTRIENT.....	31
<i>vincristine</i>	31	VP-PNV-DHA.....	112
<i>vinorelbine</i>	31	VPRIV.....	86
VIOKACE ORAL TABLET 10,440-39,150- 39, 150 UNIT.....	91	VRAYLAR ORAL CAPSULE.....	58
VIOKACE ORAL TABLET 20,880-78,300- 78, 300 UNIT.....	91	VRAYLAR ORAL CAPSULE,DOSE PACK.....	58
<i>viorele (28)</i>	100	VUSION.....	75
VIRACEPT ORAL TABLET 250 MG.....	22	<i>vyfemla (28)</i>	100
VIRACEPT ORAL TABLET 625 MG.....	22	<i>vylibra</i>	100
VIRAMUNE ORAL SUSPENSION.....	22	VYTORIN 10-10.....	69
VIRAMUNE ORAL TABLET.....	22	VYTORIN 10-20.....	69
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG.....	22	VYTORIN 10-40.....	69
VIREAD ORAL POWDER.....	22	VYTORIN 10-80.....	69
VIREAD ORAL TABLET.....	22	VYVANSE ORAL CAPSULE.....	58
VIROPTIC.....	102	VYVANSE ORAL TABLET,CHEWABLE.....	58
<i>virt-c dha</i>	112	VYXEOS.....	31
<i>virt-nate dha</i>	112	VYZULTA.....	102
<i>virt-pn dha</i>	112	<i>warfarin</i>	69
<i>virt-pn plus</i>	112	WATER FOR IRRIGATION, STERILE.....	78
VISTARIL ORAL CAPSULE 25 MG.....	107	WELCHOL.....	69
VISTARIL ORAL CAPSULE 50 MG.....	107	WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG.....	58
VISTOGARD.....	31	WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 150 MG, 200 MG.....	59
VITAFOL FE+ (WITH DOCUSATE).....	112	WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG.....	59
VITAFOL GUMMIES.....	112	WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG.....	59
VITAFOL NANO.....	112	<i>wera (28)</i>	100
VITAFOL ULTRA.....	112	<i>wixela inhub</i>	107
<i>vitafol-ob</i>	112	<i>wymzya fe</i>	100
VITAFOL-OB+DHA.....	112		

XADAGO.....	59	XOPENEX HFA.....	107
XALATAN.....	102	XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 1.25 MG/3 ML.....	107
XALKORI.....	31	XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML.....	107
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG.....	59	XOSPATA.....	32
XANAX ORAL TABLET 2 MG.....	59	XTAMPZA ER ORAL CAP,SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 9 MG.....	59
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 3 MG.....	59	XTAMPZA ER ORAL CAP,SPRINKL, ER12HR(DONT CRUSH) 36 MG.....	59
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG.....	59	XTANDI.....	32
XARELTO ORAL TABLET 10 MG, 20 MG.....	69	<i>xulane</i>	100
XARELTO ORAL TABLET 15 MG.....	69	XULTOPHY 100/3.6.....	86
XARELTO ORAL TABLET 2.5 MG.....	69	XURIDEN.....	78
XARELTO ORAL TABLETS,DOSE PACK.....	69	XYLOCAINE (CARDIAC) (PF).....	69
XATMEP.....	31	<i>xylocaine dental-epinephrine</i>	75
XELJANZ.....	97	XYLOCAINE INJECTION.....	75
XELJANZ XR.....	97	XYLOCAINE WITH EPINEPHRINE.....	75
XELPROS.....	102	XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %).....	75
XENAZINE ORAL TABLET 12.5 MG.....	59	XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ ML (0.5 %).....	75
XENAZINE ORAL TABLET 25 MG.....	59	XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 1.5 %-1:200, 000.....	75
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT.....	95	XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000.....	75
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT.....	95	XYOSTED.....	86
XEPI.....	75	XYREM.....	59
XERESE.....	75	YASMIN (28).....	100
XERMELO.....	32	YAZ (28).....	100
XGEVA.....	32	YERVOY.....	32
XHANCE.....	107	YF-VAX (PF).....	95
XIAFLEX.....	78	YONDELIS.....	32
XIFAXAN ORAL TABLET 200 MG.....	22	YONSA.....	32
XIFAXAN ORAL TABLET 550 MG.....	22	YOSPRALA.....	69
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG.....	86	YUPELRI.....	107
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG.....	86	<i>yuvaferm</i>	100
XIIDRA.....	102	<i>zafirlukast</i>	107
XIMINO.....	22	<i>zaleplon oral capsule 10 mg</i>	59
XOFLUZA.....	22	<i>zaleplon oral capsule 5 mg</i>	59
XOLAIR SUBCUTANEOUS RECON SOLN.....	107	ZALTRAP.....	32
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ ML.....	107	ZANAFLEX ORAL CAPSULE 2 MG.....	59
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/ 0.5 ML.....	107	ZANAFLEX ORAL CAPSULE 4 MG, 6 MG.....	59
XOPENEX CONCENTRATE.....	107	ZANAFLEX ORAL TABLET.....	59

ZANOSAR.....	32	ZIAGEN ORAL TABLET.....	22
ZANTAC INJECTION.....	91	ZIANA.....	75
<i>zarah</i>	100	<i>zidovudine oral capsule</i>	22
ZARONTIN.....	59	<i>zidovudine oral syrup</i>	22
ZARXIO.....	95	<i>zidovudine oral tablet</i>	22
<i>zatean-pn dha</i>	112	<i>zileuton</i>	107
<i>zatean-pn plus</i>	112	ZILRETTA.....	87
ZAVESCA.....	86	ZINECARD (AS HCL) INTRAVENOUS	
<i>zebutal oral capsule 50-325-40 mg</i>	59	RECON SOLN 250 MG.....	32
ZEGERID ORAL CAPSULE 20-1.1 MG-		ZINECARD (AS HCL) INTRAVENOUS	
GRAM.....	91	RECON SOLN 500 MG.....	32
ZEGERID ORAL CAPSULE 40-1.1 MG-		<i>zingiber</i>	112
GRAM.....	91	ZINPLAVA.....	95
ZEGERID ORAL PACKET.....	91	ZIOPTAN (PF).....	102
ZEJULA.....	32	<i>ziprasidone hcl oral capsule 20 mg</i>	59
ZELAPAR.....	59	<i>ziprasidone hcl oral capsule 40 mg</i>	59
ZELBORAF.....	32	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	59
ZEMAIRA.....	78	ZIPSOR.....	59
ZEMBRACE SYMTOUCH.....	59	ZIRGAN.....	102
ZEMDRI.....	22	ZITHROMAX INTRAVENOUS.....	22
ZEMPLAR INTRAVENOUS.....	86	ZITHROMAX ORAL PACKET.....	22
ZEMPLAR ORAL CAPSULE 1 MCG.....	87	ZITHROMAX ORAL SUSPENSION FOR	
ZEMPLAR ORAL CAPSULE 2 MCG.....	87	RECONSTITUTION.....	22
<i>zenatane</i>	75	ZITHROMAX ORAL TABLET 250 MG, 500	
<i>zenchent (28)</i>	100	MG.....	22
ZENPEP ORAL CAPSULE,DELAYED		ZITHROMAX TRI-PAK.....	22
RELEASE(DR/EC) 10,000-32,000 -42,000		ZITHROMAX Z-PAK.....	22
UNIT, 15,000-47,000 -63,000 UNIT, 20,000-		ZOCOR ORAL TABLET 10 MG, 20 MG, 40	
63,000- 84,000 UNIT, 25,000-79,000- 105,000		MG, 80 MG.....	69
UNIT, 3,000-10,000 -14,000-UNIT, 40,000-		ZOFRAN ORAL TABLET.....	91
126,000- 168,000 UNIT, 5,000-17,000- 24,000		ZOHYDRO ER ORAL CAPSULE, ORAL ONLY,	
UNIT.....	91	ER 12HR.....	59
<i>zenzedi oral tablet 10 mg</i>	59	ZOLADEX SUBCUTANEOUS IMPLANT 10.8	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG.....	59	MG.....	32
ZENZEDI ORAL TABLET 20 MG, 30 MG.....	59	ZOLADEX SUBCUTANEOUS IMPLANT 3.6	
<i>zenzedi oral tablet 5 mg</i>	59	MG.....	32
ZENZEDI ORAL TABLET 7.5 MG.....	59	ZOLEDRONIC AC-MANNITOL-0.9NACL.....	87
ZEPATIER.....	22	<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	87
ZERBAXA.....	22	<i>zoledronic acid-mannitol-water intravenous piggyback</i>	
ZERIT ORAL CAPSULE 30 MG.....	22	4 mg/100 ml.....	87
ZESTORETIC.....	69	<i>zoledronic acid-mannitol-water intravenous piggyback</i>	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20		5 mg/100 ml.....	78
MG, 40 MG, 5 MG.....	69	ZOLINZA.....	32
ZESTRIL ORAL TABLET 30 MG.....	69	<i>zolmitriptan</i>	59
ZETIA.....	69	ZOLOFT ORAL CONCENTRATE.....	59
ZETONNA.....	107	ZOLOFT ORAL TABLET 100 MG.....	59
ZIAC ORAL TABLET 2.5-6.25 MG.....	69	ZOLOFT ORAL TABLET 25 MG.....	59
ZIAGEN ORAL SOLUTION.....	22	ZOLOFT ORAL TABLET 50 MG.....	59

<i>zolpidem oral</i>	59	ZUPLENZ.....	91
<i>zolpidem sublingual</i>	59	ZYBAN.....	78
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG.....	95	ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP.....	76
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG.....	95	ZYCLARA TOPICAL CREAM IN PACKET.....	76
ZOMIG NASAL.....	59	ZYDELIG.....	32
ZOMIG ORAL.....	59	ZYFLO.....	107
ZOMIG ZMT ORAL TABLET, DISINTEGRATING 2.5 MG.....	60	ZYFLO CR.....	107
ZOMIG ZMT ORAL TABLET, DISINTEGRATING 5 MG.....	60	ZYKADIA ORAL CAPSULE.....	32
ZONALON.....	75	ZYLET.....	102
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG.....	60	ZYLOPRIM.....	97
<i>zonisamide</i>	60	ZYMAXID.....	102
ZONTIVITY.....	69	ZYPITAMAG.....	69
ZORBTIVE.....	95	ZYPREXA INTRAMUSCULAR.....	60
ZORTRESS.....	32	ZYPREXA ORAL TABLET 10 MG.....	60
ZORVOLEX.....	60	ZYPREXA ORAL TABLET 15 MG.....	60
ZOSTAVAX (PF).....	95	ZYPREXA ORAL TABLET 2.5 MG.....	60
ZOSYN.....	22	ZYPREXA ORAL TABLET 20 MG.....	60
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/ 50 ML.....	22	ZYPREXA ORAL TABLET 5 MG.....	60
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/ 50 ML, 4.5 GRAM/100 ML.....	22-23	ZYPREXA ORAL TABLET 7.5 MG.....	60
<i>zovia 1/35e (28)</i>	100	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG.....	60
ZOVIRAX ORAL.....	23	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG.....	60
ZOVIRAX TOPICAL CREAM.....	75	ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG.....	60
ZOVIRAX TOPICAL OINTMENT.....	75	ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 15 MG.....	60
ZTLIDO.....	76	ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 20 MG.....	60
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG.....	60	ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 5 MG.....	60
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG.....	60	ZYTIGA ORAL TABLET 250 MG.....	32
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG.....	60	ZYTIGA ORAL TABLET 500 MG.....	32
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG.....	60	ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML.....	23
ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG.....	60	ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML.....	23
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG.....	60	ZYVOX ORAL SUSPENSION FOR RECONSTITUTION.....	23
		ZYVOX ORAL TABLET.....	23

It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters. Interested in these services? Call Member Services for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling **1-800-368-1019** (TTY: **1-800-537-7697**) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services number on the back of your ID card.

English: You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY: 711)

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY: 711)

Arabic:

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY: 711).

Armenian: Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY: 711)

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY: 711)

Farsi:

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY: 711)

French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY: 711)

Haitian: Ou gen dwa pou resewva enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY: 711)

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY: 711)

Japanese: この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY: 711)

Korean: 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY: 711)

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY: 711)

Portuguese-Europe: Tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o número dos Serviços para Membros indicado no seu cartão de identificação para obter ajuda. (TTY: 711)

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY: 711)

Tagalog: May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY: 711)

Vietnamese: Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY: 711)



This Formulary was updated on August 1, 2019.

For pharmacy-related benefits questions, please call us at **1-833-285-4630** or, for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please call Member Services at **1-833-848-8730** or, for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com/ca/csj**.

Anthem BC Health Insurance Company is an LPPO plan with a Medicare contract. Enrollment in Anthem BC Health Insurance Company depends on contract renewal. Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.