

Anthem MediBlue Dual Advantage (HMO SNP) 2017 Formulary (List of Covered Drugs)

Please read:

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



This formulary was updated on August 1, 2016. For more recent information or other questions, please contact Anthem MediBlue Dual Advantage (HMO SNP) Customer Service, at **1-844-533-2091** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30, or visit www.anthem.com/shop.

Note to existing members:

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Anthem Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Anthem MediBlue Dual Advantage (HMO SNP).

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

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

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

What is the Anthem MediBlue Dual Advantage (HMO SNP) formulary?

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

Can the formulary (drug list) change?

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

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Anthem MediBlue Dual Advantage (HMO SNP)'s formulary?

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

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription.

You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day/7 days a week. TTY

users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Our plan's formulary

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

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

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

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

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

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

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-844-533-2091, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

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

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

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

Cost-sharing for up to a 90-day supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Mail-Order Pharmacy (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$3.30. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 2: Generic	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Mail-Order Pharmacy (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$3.30. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Mail-Order Pharmacy (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$8.25. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 4: Nonpreferred Drug	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Mail-Order Pharmacy (30-day supply to 90-day) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$8.25. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy cost-sharing (30-day supply) or Mail-Order Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00 - \$8.25. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy cost-sharing (30-day to 90-day supply) or Mail-Order Pharmacy (30-day to 90-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00

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

Your costs will be the same if you use a pharmacy that offers standard cost-sharing or a pharmacy that offers preferred cost-sharing.

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

Covered Medications by Therapeutic Category

Legend

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

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

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

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

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

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-844-533-2091, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

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

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

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

Drug Name	Drug Tier	Requirements/Limits
Anti - Infectives		
<i>abacavir</i>	4	MO; QLL (60 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	MO; QLL (60 per 30 days)
ABELCET	5	B/D PAR; MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PAR; MO
<i>adefovir</i>	5	PAR; MO
ALBENZA	4	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALINIA ORAL TABLET	4	MO; QLL (6 per 30 days)
<i>amantadine hcl</i>	3	MO
AMBISOME	4	B/D PAR; MO
AMIKACIN INJECTION SOLUTION 1,000 MG/4 ML	4	MO
<i>amikacin injection solution 500 mg/2 ml</i>	4	MO
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg</i>	2	MO
<i>amoxicillin oral tablet, chewable 250 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	3	MO
<i>amphotericin b</i>	4	B/D PAR; MO
<i>ampicillin oral capsule</i>	1	MO
<i>ampicillin oral suspension for reconstitution</i>	2	MO
<i>ampicillin sodium injection</i>	4	MO
<i>ampicillin sodium intravenous</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	
APTIVUS ORAL CAPSULE	5	MO; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	5	QLL (390 per 30 days)
<i>atovaquone</i>	5	PAR; MO
<i>atovaquone-proguanil</i>	4	MO
ATRIPLA	5	MO; QLL (30 per 30 days)
<i>azithromycin intravenous</i>	4	MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	4	MO
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	2	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	MO
<i>azithromycin oral tablet 500 mg, 600 mg</i>	2	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium intravenous vial 7.5 gm</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cephalexin oral suspension for reconstitution 250 mg/5 ml</i>	2	MO
<i>cephalexin oral tablet</i>	1	MO
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate oral</i>	3	MO
<i>cidofovir</i>	5	B/D PAR; MO
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1, 000 mg</i>	3	MO; QLL (14 per 14 days)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i>	2	MO; QLL (3 per 3 days)
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous solution 200 mg/20 ml</i>	4	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	4	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	4	
<i>ciprofloxacin oral suspension</i>	4	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO; QLL (28 per 14 days)
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml</i>	4	MO
<i>clindamycin in 5 % dextrose intravenous piggyback 900 mg/50 ml</i>	3	MO
<i>clindamycin phosphate injection</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	4	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	MO
<i>clotrimazole mucous membrane</i>	3	MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	MO
COMPLERA	5	MO; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	MO; QLL (180 per 30 days)
CUBICIN	5	MO
DAPSONE	3	MO
DARAPRIM	3	MO
<i>demeclocycline</i>	4	MO
DESCOVY	5	QLL (30 per 30 days)
<i>dicloxacillin</i>	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	3	MO; QLL (90 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	4	MO; QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg</i>	3	MO; QLL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 400 mg</i>	4	MO; QLL (30 per 30 days)
DIFICID	5	PAR; MO
DORIBAX	4	
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	4	MO
<i>doxycycline hyclate oral tablet 100 mg</i>	4	MO
<i>doxycycline hyclate oral tablet 20 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg</i>	4	MO
<i>doxycycline monohydrate oral tablet 75 mg</i>	3	MO
<i>e.e.s. 400 oral tablet</i>	3	MO
EDURANT	5	MO; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QLL (870 per 30 days)
<i>entecavir</i>	5	PAR; MO
EPIVIR HBV ORAL SOLUTION	3	MO
EPIVIR ORAL SOLUTION	4	MO; QLL (960 per 30 days)
EPZICOM	5	MO; QLL (30 per 30 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	MO
ERYTHROCIN	4	
INTRAVENOUS RECON SOLN 500 MG		
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	4	MO
<i>ethambutol</i>	4	MO
EVOTAZ	5	MO; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	3	MO; QLL (21 per 7 days)
<i>fluconazole in dextrose(iso-o)</i>	4	
FLUCONAZOLE IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	3	MO
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	4	MO
<i>fluconazole oral tablet 100 mg</i>	3	MO
<i>fluconazole oral tablet 150 mg, 50 mg</i>	2	MO
<i>fluconazole oral tablet 200 mg</i>	4	MO
<i>flucytosine</i>	5	MO
<i>foscarnet</i>	3	B/D PAR
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QLL (60 per 30 days)
<i>ganciclovir sodium</i>	3	B/D PAR; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	3	MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	4	
<i>gentamicin injection solution 20 mg/2 ml</i>	4	MO
<i>gentamicin injection solution 40 mg/ml</i>	3	MO
<i>gentamicin sulfate (ped) (pf)</i>	4	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	4	MO
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	4	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
GENVOYA	5	MO; QLL (30 per 30 days)
GRIS-PEG (ULTRAMICROSIZED) ORAL TABLET 250 MG	4	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
HARVONI	5	PAR; MO; QLL (28 per 28 days)
<i>hydroxychloroquine oral</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	3	MO
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	4	MO
INTELENCE ORAL TABLET 100 MG	5	MO; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QLL (480 per 30 days)
INVANZ INJECTION	4	MO
INVANZ INTRAVENOUS	4	
INVIRASE ORAL CAPSULE	5	MO; QLL (300 per 30 days)
INVIRASE ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	5	MO; QLL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QLL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO; QLL (720 per 30 days)
<i>isoniazid injection</i>	4	
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet 100 mg</i>	1	MO
<i>isoniazid oral tablet 300 mg</i>	2	MO
<i>itraconazole</i>	4	PAR; MO
<i>ivermectin oral</i>	3	MO
KALETRA ORAL SOLUTION	4	MO; QLL (480 per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	MO; QLL (300 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL TABLET 200-50 MG	5	MO; QLL (120 per 30 days)
KETEK	3	MO; QLL (20 per 10 days)
<i>ketoconazole oral</i>	3	MO
LAMISIL ORAL TABLET	4	MO; QLL (30 per 30 days)
<i>lamivudine oral solution</i>	4	MO; QLL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	4	MO
<i>lamivudine oral tablet 150 mg</i>	4	MO; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	MO; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	4	MO; QLL (60 per 30 days)
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	1	MO; QLL (14 per 14 days)
<i>levofloxacin oral tablet 750 mg</i>	2	MO; QLL (14 per 14 days)
LEXIVA ORAL SUSPENSION	4	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	5	MO; QLL (120 per 30 days)
LINCOCIN	4	MO
<i>lincomycin injection</i>	4	
<i>linezolid intravenous</i>	5	
<i>linezolid oral suspension for reconstitution</i>	5	PAR; MO; QLL (1680 per 30 days)
<i>linezolid oral tablet</i>	5	PAR; MO; QLL (56 per 30 days)
<i>linezolid-0.9% sodium chloride</i>	5	
MALARONE ORAL TABLET 250 MG-100 MG	4	MO
<i>mefloquine</i>	3	MO
<i>meropenem intravenous vial</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	2	MO
<i>metro i.v.</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl (iso-os)</i>	3	MO
<i>metronidazole oral capsule</i>	4	MO
<i>metronidazole oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>moxifloxacin</i>	3	MO; QLL (21 per 21 days)
MYCAMINE	5	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/ 50 ml</i>	4	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/ 100 ml</i>	4	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	4	MO
NEBUPENT	3	B/D PAR; MO
<i>neomycin</i>	2	MO
<i>nevirapine oral suspension</i>	4	MO; QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	3	MO; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QLL (30 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	4	PAR; MO
<i>nitrofurantoin monohydr/m-cryst</i>	4	PAR; MO
NORVIR ORAL CAPSULE	4	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	4	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	3	MO; QLL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	5	PAR; MO; QLL (600 per 30 days)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/ EC)	5	PAR; MO; QLL (240 per 30 days)
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY	5	QLL (30 per 30 days)
<i>ofloxacin oral tablet 400 mg</i>	3	MO
OLYSIO	5	PAR; MO; QLL (30 per 30 days)
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/ 50 ml</i>	4	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/ 50 ml</i>	5	MO
<i>oxacillin injection</i>	5	MO
<i>oxacillin intravenous recon soln 1 gram</i>	5	
<i>oxacillin intravenous recon soln 2 gram</i>	4	
<i>paromomycin</i>	4	MO
PASER	4	MO
PENICILLIN G POT IN DEXTROSE	4	
<i>penicillin g potassium injection recon soln 20 million unit</i>	5	MO
<i>penicillin g potassium injection recon soln 5 million unit</i>	4	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	4	
<i>penicillin g sodium</i>	5	MO
<i>penicillin v potassium</i>	1	MO
PENTAM	4	MO
<i>pfizerpen-g</i>	4	
<i>piperacillin-tazobactam</i>	4	MO
<i>polymyxin b sulfate</i>	4	MO
PREZCOBIX	5	MO; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QLL (420 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QLL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN	4	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	4	PAR; MO
RELENZA DISKHALER	3	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	4	MO; QLL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	MO; QLL (360 per 30 days)
RETROVIR INTRAVENOUS	4	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG	5	MO; QLL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	5	MO; QLL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET	4	MO; QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	4	MO
<i>ribasphere oral tablet 200 mg</i>	4	MO
<i>ribavirin oral capsule</i>	4	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rifabutin</i>	4	MO
<i>rifampin</i>	4	MO
RIFATER	4	MO
<i>rimantadine</i>	3	MO
SELZENTRY	5	MO; QLL (120 per 30 days)
SIRTURO	5	PAR; MO; LA
SIVEXTRO INTRAVENOUS	5	PAR
SIVEXTRO ORAL	5	PAR; MO; QLL (6 per 30 days)
SOVALDI	5	PAR; MO; QLL (30 per 30 days)
<i>stavudine oral capsule 15 mg</i>	3	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 20 mg</i>	4	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 30 mg</i>	3	MO; QLL (60 per 30 days)
<i>stavudine oral capsule 40 mg</i>	4	MO; QLL (60 per 30 days)
<i>stavudine oral recon soln</i>	3	MO; QLL (2400 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
STREPTOMYCIN INTRAMUSCULAR	4	MO
STRIBILD	5	MO; QLL (30 per 30 days)
STROMECTOL	3	MO
<i>sulfadiazine oral</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	3	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
SUSTIVA ORAL CAPSULE 200 MG	4	MO; QLL (120 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	4	MO; QLL (360 per 30 days)
SUSTIVA ORAL TABLET	5	MO; QLL (30 per 30 days)
SYNAGIS	5	PAR; MO; LA
SYNERCID	5	
TAMIFLU	3	MO
TECHNIVIE	5	PAR; MO; QLL (56 per 28 days)
TEFLARO INTRAVENOUS RECON SOLN 400 MG	4	MO
TEFLARO INTRAVENOUS RECON SOLN 600 MG	5	MO
<i>terbinafine hcl oral</i>	2	MO; QLL (30 per 30 days)
<i>tetracycline</i>	4	MO
<i>tinidazole oral tablet 250 mg</i>	2	MO
<i>tinidazole oral tablet 500 mg</i>	4	MO
TIVICAY ORAL TABLET 10 MG	4	QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG	5	QLL (60 per 30 days)
TIVICAY ORAL TABLET 50 MG	5	MO; QLL (60 per 30 days)
<i>tobramycin in 0.225 % nacl</i>	5	B/D PAR; MO; QLL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	
<i>tobramycin sulfate injection solution</i>	4	MO
TRECTOR	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim</i>	2	MO
TRIUMEQ	5	MO; QLL (30 per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	5	QLL (30 per 30 days)
TRUVADA ORAL TABLET 200-300 MG	5	MO; QLL (30 per 30 days)
TYBOST	3	MO; QLL (30 per 30 days)
TYGACIL	5	MO
TYZEKA	5	PAR; MO
<i>valacyclovir</i>	3	MO; QLL (30 per 30 days)
<i>valganciclovir</i>	5	MO
VANCOMYCIN IN 0.9%	4	B/D PAR
SODIUM CL INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML		
VANCOMYCIN IN	4	B/D PAR; MO
DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML		
VANCOMYCIN IN	4	B/D PAR
DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML		
<i>vancomycin intravenous</i>	4	MO
VANCOMYCIN INTRAVENOUS	4	MO
<i>vancomycin oral capsule 125 mg</i>	4	PAR; MO; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 10 days)
VIDEX 2 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)
VIEKIRA PAK	5	PAR; MO; QLL (112 per 28 days)
VIRACEPT ORAL TABLET 250 MG	5	MO; QLL (300 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT ORAL TABLET 625 MG	5	MO; QLL (120 per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO
VIRAZOLE	5	PAR; MO
VIREAD ORAL POWDER	5	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 250 MG, 300 MG	5	MO; QLL (30 per 30 days)
VIREAD ORAL TABLET 200 MG	4	MO; QLL (30 per 30 days)
VITEKTA	5	MO; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	4	MO
<i>voriconazole oral suspension for reconstitution</i>	5	PAR; MO; QLL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	5	PAR; MO; QLL (120 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PAR; MO; QLL (84 per 28 days)
ZEPATIER	5	PAR; MO; QLL (30 per 30 days)
ZIAGEN ORAL SOLUTION	4	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	4	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	3	MO; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	3	MO; QLL (60 per 30 days)
ZITHROMAX ORAL PACKET	4	MO
ZITHROMAX ORAL TABLET 250 MG	4	MO
ZITHROMAX Z-PAK	4	MO
ZMAX	3	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	5	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	5	MO

Drug Name	Drug Tier	Requirements/Limits
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	PAR; MO; QLL (1680 per 30 days)
Antineoplastic / Immunosuppressant Drugs		
ABRAXANE	5	MO
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PAR
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	4	B/D PAR; MO
AFINITOR	5	PAR; MO
AFINITOR DISPERZ	5	PAR; MO
ALECENSA	5	MO
ALIMTA	5	PAR; MO
ALKERAN ORAL	4	B/D PAR; MO
<i>amifostine crystalline</i>	5	PAR; MO
<i>anastrozole</i>	2	MO; QLL (30 per 30 days)
ARRANON	4	
ARZERRA	5	PAR; MO
AVASTIN	5	PAR; MO
<i>azacitidine</i>	5	PAR; MO
<i>azathioprine</i>	2	B/D PAR; MO
<i>azathioprine sodium</i>	4	B/D PAR
BELEODAQ	5	PAR; MO
BENDEKA	5	MO
<i>bexarotene</i>	5	PAR; MO
<i>bicalutamide</i>	3	MO; QLL (30 per 30 days)
BICNU	4	MO
<i>bleomycin</i>	4	B/D PAR; MO
BLINCYTO	5	PAR; MO
BOSULIF ORAL TABLET 100 MG	5	PAR; MO; QLL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	5	PAR; MO; QLL (30 per 30 days)
BUSULFEX	4	
CABOMETYX ORAL TABLET 20 MG	5	PAR; LA; QLL (90 per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PAR; LA; QLL (30 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PAR; MO; LA; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PAR; MO; LA; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin intravenous solution</i>	4	MO	<i>docetaxel intravenous solution 10 mg/ml, 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	
CELLCEPT INTRAVENOUS	4	B/D PAR; MO	<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	MO
<i>cisplatin</i>	4	MO	<i>doxorubicin intravenous recon soln</i>	4	
<i>cladribine</i>	5	B/D PAR; MO	<i>doxorubicin intravenous solution</i>	4	MO
CLOLAR	5	MO	<i>doxorubicin, peg-liposomal</i>	5	MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PAR; MO; QLL (56 per 28 days)	DROXIA	3	MO
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PAR; MO; QLL (112 per 28 days)	ELITEK	5	PAR; MO
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PAR; MO; QLL (84 per 28 days)	EMCYT	5	MO
COSMEGEN	5	MO	EMPLICITI	5	B/D PAR; MO
COTELIC	5	PAR; MO; LA; QLL (90 per 30 days)	ENVARUSUS XR	4	B/D PAR; MO
CYCLOPHOSPHAMIDE ORAL CAPSULE	4	B/D PAR; MO	<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	
<i>cyclosporine intravenous</i>	4	B/D PAR	<i>epirubicin intravenous solution 50 mg/25 ml</i>	4	MO
<i>cyclosporine modified</i>	4	B/D PAR; MO	ERBITUX	5	PAR; MO
<i>cyclosporine oral capsule</i>	4	B/D PAR; MO	ERIVEDGE	5	PAR; MO; QLL (30 per 30 days)
CYRAMZA	5	PAR; MO	ERWINAZE	5	PAR; MO
<i>cytarabine</i>	4	B/D PAR; MO	ETOPOPHOS	5	MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	4	B/D PAR; MO	<i>etoposide intravenous</i>	3	MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PAR	EVOMELA	5	
<i>dacarbazine</i>	4	MO	<i>exemestane</i>	4	MO; QLL (60 per 30 days)
DARZALEX	5	MO; LA	FARESTON	5	MO; QLL (30 per 30 days)
<i>daunorubicin intravenous solution</i>	4		FARYDAK ORAL CAPSULE 10 MG	5	PAR; MO; QLL (60 per 30 days)
<i>decitabine</i>	5	MO	FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PAR; MO; QLL (30 per 30 days)
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5		FASLODEX	5	PAR; MO
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	MO	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PAR; MO; QLL (4 per 365 days)
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	5		FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PAR; MO; QLL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine intravenous recon soln</i>	4	MO
<i>fludarabine intravenous solution</i>	4	
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	4	B/D PAR; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	3	B/D PAR; MO
<i>flutamide</i>	4	MO
FOLOTYN	5	MO
FUSILEV	5	MO
GAZYVA	5	PAR; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	5	MO
<i>gemcitabine intravenous recon soln 2 gram</i>	5	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	MO
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	5	
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PAR; MO
<i>gengraf oral capsule 50 mg</i>	4	B/D PAR
<i>gengraf oral solution</i>	4	B/D PAR; MO
GILOTRIF	5	PAR; MO; QLL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PAR; MO; QLL (240 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PAR; MO; QLL (60 per 30 days)
GLEOSTINE	4	PAR; MO
HALAVEN	5	PAR; MO
HERCEPTIN	5	PAR; MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PAR; MO; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PAR; MO; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PAR; MO; QLL (30 per 30 days)
<i>idarubicin</i>	5	

Drug Name	Drug Tier	Requirements/Limits
IFEX	4	MO
<i>ifosfamide intravenous recon soln</i>	4	MO
<i>ifosfamide intravenous solution</i>	4	
<i>imatinib oral tablet 100 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PAR; MO; QLL (60 per 30 days)
IMBRUVICA	5	PAR; MO; QLL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PAR; MO; QLL (240 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PAR; MO; QLL (120 per 30 days)
IRESSA	5	MO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	4	MO
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	
ISTODAX	5	PAR; MO
IXEMPRA	5	MO
JAKAFI ORAL TABLET 10 MG	5	PAR; MO; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	5	PAR; MO; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	5	PAR; MO; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	5	PAR; MO; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	5	PAR; MO; QLL (300 per 30 days)
JEVTANA	5	MO
KADCYLA	5	PAR; MO
KEYTRUDA	5	PAR; MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY)	5	PAR; MO; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2)	5	PAR; MO; QLL (60 per 30 days)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2)	5	PAR; QLL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PAR; MO; QLL (90 per 30 days)
LENVIMA ORAL CAPSULE 8 MG/DAY (4 MG X 2)	5	PAR; QLL (60 per 30 days)
letrozole	3	MO; QLL (30 per 30 days)
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg	4	MO
leucovorin calcium injection recon soln 500 mg	4	
leucovorin calcium oral tablet 10 mg, 25 mg	4	MO
leucovorin calcium oral tablet 15 mg, 5 mg	2	MO
LEUKERAN	4	MO
leuprolide subcutaneous kit	4	PAR; MO
LONSURF	5	PAR; MO
LUPRON DEPOT	5	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	5	PAR; MO; QLL (1 per 84 days)
LUPRON DEPOT (4 MONTH)	5	PAR; MO; QLL (1 per 112 days)
LUPRON DEPOT (6 MONTH)	5	PAR; MO; QLL (1 per 168 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PAR; MO; QLL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PAR; MO; QLL (1 per 28 days)
LYNPARZA	5	PAR; MO; QLL (480 per 30 days)
LYSODREN	3	MO
MATULANE	5	MO
megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)	4	PAR
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	3	PAR; MO
megestrol oral tablet	3	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	5	PAR; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 2 MG	5	PAR; QLL (30 per 30 days)
melphalan hcl	3	
mercaptopurine	3	MO
mesna	4	MO
MESNEX ORAL	5	MO
methotrexate sodium (pf) injection recon soln	2	
methotrexate sodium (pf) injection solution	2	MO
methotrexate sodium injection	4	MO
methotrexate sodium oral	2	MO
mitomycin intravenous recon soln 20 mg, 40 mg	5	MO
mitomycin intravenous recon soln 5 mg	4	MO
mitoxantrone	3	MO
MUSTARGEN	5	MO
mycophenolate mofetil oral capsule	3	B/D PAR; MO
mycophenolate mofetil oral suspension for reconstitution	5	B/D PAR; MO
mycophenolate mofetil oral tablet	3	B/D PAR; MO
mycophenolate sodium	4	B/D PAR; MO
NEXAVAR	5	PAR; MO; LA; QLL (120 per 30 days)
NILANDRON	5	MO; QLL (30 per 30 days)
NINLARO	5	PAR; MO; QLL (3 per 28 days)
NIPENT	5	MO
NULOJIX	5	PAR; MO
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	5	PAR; MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PAR; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	4	PAR; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	5	PAR; MO
ODOMZO	5	PAR; MO; LA; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OPDIVO	5	PAR; MO	SIMULECT	5	B/D PAR; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	5	MO	INTRAVENOUS RECON SOLN 20 MG		
<i>oxaliplatin intravenous recon soln 50 mg</i>	5		<i>sirolimus</i>	4	B/D PAR; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	4	MO	SOLTAMOX	4	MO
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	5	MO	SOMATULINE DEPOT	5	PAR; MO
<i>paclitaxel</i>	4	MO	SPRYCEL	5	PAR; MO; QLL (30 per 30 days)
PERJETA	5	PAR; MO	STIVARGA	5	PAR; MO; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 1 MG	5	PAR; MO; QLL (120 per 30 days)	SUTENT ORAL CAPSULE 12.5 MG	5	PAR; MO; QLL (90 per 30 days)
POMALYST ORAL CAPSULE 2 MG	5	PAR; MO; QLL (60 per 30 days)	SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)	SYNRIBO	5	PAR; MO
PORTRAZZA	5	MO	TABLOID	4	MO
PROGRAF	4	B/D PAR; MO	<i>tacrolimus oral</i>	4	B/D PAR; MO
INTRAVENOUS			TAFINLAR	5	PAR; QLL (120 per 30 days)
PURIXAN	5	PAR; MO	TAGRISSE ORAL TABLET 40 MG	5	PAR; MO; LA; QLL (60 per 30 days)
RAPAMUNE ORAL SOLUTION	5	B/D PAR; MO	TAGRISSE ORAL TABLET 80 MG	5	PAR; MO; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 10 MG	5	PAR; MO; LA; QLL (60 per 30 days)	<i>tamoxifen</i>	2	MO
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	5	PAR; MO; LA; QLL (30 per 30 days)	TARCEVA ORAL TABLET 100 MG, 150 MG	5	PAR; MO; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	5	PAR; MO; LA; QLL (150 per 30 days)	TARCEVA ORAL TABLET 25 MG	5	PAR; MO; QLL (90 per 30 days)
RITUXAN	5	PAR; MO	TARGRETIN ORAL	5	PAR; MO
SANDIMMUNE ORAL SOLUTION	4	B/D PAR; MO	TARGRETIN TOPICAL	5	PAR; MO; QLL (60 per 30 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PAR; MO	TASIGNA	5	PAR; MO; QLL (112 per 28 days)
SIGNIFOR	5	MO	TAXOTERE	5	MO
SUBCUTANEOUS 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)			INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)		
SIMULECT	5	B/D PAR	TECENTRIQ	5	LA; QLL (20 per 21 days)
INTRAVENOUS RECON SOLN 10 MG			THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PAR; MO; QLL (30 per 30 days)
			THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PAR; MO; QLL (60 per 30 days)
			<i>thiotepa</i>	4	MO
			<i>toposar</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>topotecan intravenous recon soln</i>	5	
<i>topotecan intravenous solution</i>	5	MO
TORISEL	5	MO
TREANDA INTRAVENOUS RECON SOLN	5	MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	MO; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	PAR; MO; QLL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	PAR; MO; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	PAR; MO; QLL (1 per 28 days)
<i>tretinoin (chemotherapy) oral capsule</i>	5	MO
TRISENOX	5	MO
TYKERB	5	PAR; MO; LA; QLL (180 per 30 days)
UNITUXIN	5	MO
VECTIBIX	5	PAR; MO
VELCADE	5	PAR; MO
VENCLEXTA ORAL TABLET 10 MG	4	PAR; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PAR; LA; QLL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PAR; LA; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PAR; LA; QLL (84 per 365 days)
<i>vinblastine intravenous solution</i>	4	B/D PAR; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	4	B/D PAR
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	4	B/D PAR; MO
<i>vincristine intravenous solution 1 mg/ml</i>	3	B/D PAR; MO
<i>vincristine intravenous solution 2 mg/2 ml</i>	4	B/D PAR; MO
<i>vinorelbine</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT	5	PAR; MO; QLL (120 per 30 days)
XALKORI	5	PAR; MO; QLL (60 per 30 days)
XGEVA	5	PAR; MO; QLL (1.7 per 28 days)
XTANDI	5	PAR; MO; QLL (120 per 30 days)
YERVOY	5	PAR; MO
YONDELIS	5	MO
ZALTRAP	5	PAR; MO
ZANOSAR	4	MO
ZELBORAF	5	PAR; MO; QLL (240 per 30 days)
ZOLINZA	5	PAR; MO; QLL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	4	B/D PAR; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	B/D PAR; MO
ZYDELIG	5	PAR; MO; QLL (60 per 30 days)
ZYKADIA	5	PAR; MO; QLL (150 per 30 days)
ZYTIGA	5	PAR; MO; QLL (120 per 30 days)
Autonomic / Cns Drugs, Neurology / Psych		
ABILIFY MAINTENA	5	MO; QLL (1 per 28 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	3	QLL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QLL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	3	MO; QLL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	3	MO; QLL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QLL (180 per 30 days)
ADASUVE	4	
<i>alprazolam oral tablet</i>	2	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet extended release 24 hr</i>	3	MO; QLL (120 per 30 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	MO; QLL (120 per 30 days)
<i>amitriptyline oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	2	PAR; MO
<i>amitriptyline oral tablet 100 mg, 150 mg</i>	3	PAR; MO
<i>amoxapine oral tablet 100 mg, 50 mg</i>	3	MO
<i>amoxapine oral tablet 150 mg, 25 mg</i>	2	MO
AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)
APOKYN	5	PAR; MO; LA
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG	5	ST; MO
APTIOM ORAL TABLET 800 MG	4	ST; MO
<i>aripiprazole oral solution</i>	5	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	4	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	4	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	MO; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	5	MO; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	4	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	MO; QLL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	PAR; MO; QLL (1.6 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	PAR; MO; QLL (2.4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	PAR; MO; QLL (3.2 per 30 days)
AUBAGIO	5	MO; QLL (30 per 30 days)
AZILECT	3	MO
<i>baclofen</i>	2	MO
BANZEL ORAL SUSPENSION	5	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	4	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	5	PAR; MO; QLL (240 per 30 days)
<i>benztropine injection</i>	4	PAR; MO
<i>benztropine oral</i>	2	PAR; MO
BRIVIACT INTRAVENOUS	4	PAR
BRIVIACT ORAL SOLUTION	4	PAR; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	5	PAR; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	5	PAR; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	5	PAR; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	5	PAR; QLL (120 per 30 days)
<i>bromocriptine</i>	4	MO
<i>buprenorphine hcl injection solution</i>	4	MO; QLL (90 per 30 days)
<i>buprenorphine hcl injection syringe</i>	4	QLL (150 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	PAR; MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	3	PAR; MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	3	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	3	MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet extended release 100 mg</i>	3	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 150 mg, 200 mg</i>	3	MO; QLL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QLL (30 per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 5 mg</i>	2	MO
<i>bupirone oral tablet 30 mg, 7.5 mg</i>	4	MO
<i>butorphanol tartrate injection</i>	4	MO
<i>butorphanol tartrate nasal</i>	4	MO; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	4	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	4	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	3	MO
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>carisoprodol oral tablet 350 mg</i>	3	PAR; MO
<i>celecoxib oral capsule 100 mg, 200 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>celecoxib oral capsule 50 mg</i>	3	PAR; MO; QLL (60 per 30 days)
CELONTIN ORAL CAPSULE 300 MG	4	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	QLL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	3	QLL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PAR; MO; QLL (12 per 28 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PAR; MO
<i>cyclobenzaprine oral tablet 7.5 mg</i>	4	PAR; MO
<i>dantrolene</i>	4	MO
<i>desipramine oral</i>	4	PAR; MO
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	MO; QLL (120 per 30 days)
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	QLL (240 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	4	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	4	MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>diazepam intensol</i>	2	PAR; MO; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	4	PAR; MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PAR; MO; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	3	PAR; QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	PAR; MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	4	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	3	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	QLL (1000 per 30 days)
<i>diflunisal</i>	3	MO
<i>dihydroergotamine injection</i>	3	PAR; MO
<i>dihydroergotamine nasal</i>	5	MO; QLL (8 per 28 days)
DILANTIN EXTENDED	4	MO
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 30 MG	3	MO
<i>diskets</i>	3	QLL (30 per 30 days)
<i>divalproex oral capsule, sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral tablet, delayed release (dr/ec) 500 mg</i>	3	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i>	1	MO; QLL (30 per 30 days)
<i>doxepin oral</i>	3	ST; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	4	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	4	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QLL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	4	MO; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QLL (180 per 30 days)
EMSAM	5	PAR; MO; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	4	MO; QLL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>entacapone</i>	4	MO
<i>epitol</i>	1	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	4	MO; QLL (480 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	4	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	MO; QLL (180 per 30 days)
<i>ergoloid</i>	4	PAR; MO
<i>escitalopram oxalate oral solution</i>	4	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; QLL (120 per 30 days)
<i>ethosuximide oral capsule</i>	4	MO
<i>ethosuximide oral solution</i>	3	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	3	MO
EXELON ORAL CAPSULE 1.5 MG, 4.5 MG	4	MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 1 MG	4	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG	5	ST; QLL (60 per 30 days)
FANAPT ORAL TABLET 12 MG	5	ST; MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	ST; MO; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	ST; MO; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	ST; MO; QLL (90 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	4	ST; MO; QLL (16 per 365 days)
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FELBATOL ORAL TABLET 400 MG	4	MO
<i>fenoprofen oral tablet</i>	4	MO
<i>fentanyl citrate</i>	5	PAR; MO; 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>	4	ST; MO; QLL (15 per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	4	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	4	PAR; MO; QLL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QLL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	4	MO; QLL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	3	MO; QLL (120 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	4	MO
FYCOMPA ORAL SUSPENSION	4	QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	4	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	4	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	4	MO; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	2	MO; QLL (1080 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 300 mg</i>	2	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	3	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QLL (2160 per 30 days)
GABAPENTIN ORAL SOLUTION 250 MG/5 ML (5 ML), 300 MG/6 ML (6 ML)	4	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	4	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	4	MO; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG	4	MO
GABITRIL ORAL TABLET 16 MG	5	MO
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	4	MO; QLL (30 per 30 days)
<i>galantamine oral solution</i>	3	MO; QLL (180 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QLL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO
GILENYA	5	PAR; MO; QLL (30 per 30 days)
<i>glatopa</i>	5	PAR; MO; QLL (30 per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	PAR; MO; QLL (30 per 30 days)
<i>guanidine</i>	4	MO
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	4	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	3	MO
<i>haloperidol lactate injection</i>	3	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PAR; MO; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QLL (2700 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QLL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	3	MO; QLL (50 per 30 days)
<i>hydromorphone (pf) injection solution 1 mg/ml</i>	4	QLL (180 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO; QLL (120 per 30 days)
<i>hydromorphone (pf) injection solution 4 mg/ml</i>	4	MO; QLL (60 per 30 days)
<i>hydromorphone injection solution</i>	4	MO; QLL (180 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	4	
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QLL (180 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	4	MO
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QLL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	4	MO; QLL (180 per 30 days)
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-oxycodone</i>	4	MO; QLL (28 per 7 days)
<i>imipramine hcl</i>	3	PAR; MO
<i>indomethacin oral capsule</i>	2	PAR; MO
<i>indomethacin oral capsule, extended release</i>	4	PAR; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	5	MO; QLL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	5	MO; QLL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	5	MO; QLL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	5	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QLL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QLL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	MO; QLL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	MO; QLL (2.625 per 90 days)
<i>ketoprofen oral capsule</i>	3	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	ST; MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	ST; MO; QLL (240 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO
<i>lamotrigine oral tablet 25 mg</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	3	MO
LATUDA ORAL TABLET 120 MG	5	PAR; MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	4	PAR; MO; QLL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 40 MG	4	PAR; MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 60 MG	4	PAR; MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	PAR; MO; QLL (60 per 30 days)
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	4	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	4	MO
<i>levetiracetam intravenous</i>	4	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	4	
<i>levetiracetam oral tablet 1,000 mg</i>	3	MO
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	3	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	3	MO; QLL (120 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam intensol</i>	3	MO; QLL (90 per 30 days)
<i>lorazepam oral tablet</i>	2	MO; QLL (90 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>	3	MO
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL CAPSULE 100 MG	4	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	4	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	4	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	4	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	4	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	4	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	4	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	4	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	4	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	4	MO
MARPLAN	4	MO
<i>meclofenamate oral</i>	4	MO
<i>meloxicam oral suspension</i>	3	MO; QLL (300 per 30 days)
<i>meloxicam oral tablet</i>	1	MO; QLL (30 per 30 days)
<i>memantine oral solution</i>	3	MO; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	3	MO; QLL (90 per 30 days)
MESTINON ORAL SYRUP	4	MO
MESTINON TIMESPAN	4	MO
<i>metadate er</i>	4	PAR; MO; QLL (90 per 30 days)
<i>methadone intensol</i>	3	MO; QLL (30 per 30 days)
<i>methadone oral concentrate</i>	3	MO; QLL (30 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	MO; QLL (900 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	MO; QLL (1800 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral tablet 10 mg</i>	3	MO; QLL (180 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>methadone oral tablet, soluble</i>	3	QLL (30 per 30 days)
<i>methadose oral concentrate</i>	3	MO; QLL (30 per 30 days)
<i>methadose oral tablet, soluble</i>	3	MO; QLL (30 per 30 days)
<i>methylphenidate oral solution 10 mg/5 ml</i>	3	PAR; MO; QLL (900 per 30 days)
<i>methylphenidate oral solution 5 mg/5 ml</i>	3	PAR; MO; QLL (1800 per 30 days)
<i>methylphenidate oral tablet</i>	3	MO; QLL (90 per 30 days)
<i>methylphenidate oral tablet extended release</i>	4	PAR; MO; QLL (90 per 30 days)
MIRAPEX ORAL TABLET 0.25 MG, 0.75 MG	4	MO
<i>mirtazapine oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	3	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	3	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	3	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	3	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>molindone</i>	4	
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml</i>	4	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml</i>	4	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	3	MO; QLL (270 per 30 days)
<i>morphine intravenous cartridge 10 mg/ml, 15 mg/ml</i>	4	QLL (120 per 30 days)
<i>morphine intravenous cartridge 2 mg/ml, 4 mg/ml</i>	4	QLL (180 per 30 days)
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	4	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	4	MO; QLL (120 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	QLL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	3	MO; QLL (2700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	3	MO; QLL (1350 per 30 days)
<i>morphine oral tablet 15 mg</i>	3	MO; QLL (360 per 30 days)
<i>morphine oral tablet 30 mg</i>	3	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i>	4	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	3	MO; QLL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	4	MO; QLL (60 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	4	MO; QLL (180 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	4	MO; QLL (90 per 30 days)
<i>naloxone injection solution</i>	4	MO
<i>naloxone injection syringe 0.4 mg/ml</i>	4	MO
<i>naloxone injection syringe 1 mg/ml</i>	2	MO
<i>naltrexone</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
NAMENDA ORAL SOLUTION	3	MO; QLL (300 per 30 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PAR; MO; QLL (56 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PAR; MO; QLL (30 per 30 days)
NAMZARIC	3	PAR; MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (drlec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naratriptan</i>	4	MO; QLL (9 per 30 days)
<i>nefazodone oral tablet 100 mg</i>	3	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	4	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	3	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	3	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	4	MO; QLL (360 per 30 days)
NEUPRO	3	MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule 10 mg, 25 mg</i>	1	MO
<i>nortriptyline oral capsule 50 mg, 75 mg</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUEDEXTA	3	MO; QLL (60 per 30 days)
NUPLAZID	5	PAR; QLL (60 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	3	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	3	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	MO; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet 20 mg</i>	3	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	3	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	4	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	4	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	4	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	4	MO; QLL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PAR; MO; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	4	PAR; MO; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	5	PAR; MO; QLL (60 per 30 days)
ORAP	4	MO
<i>oxaprozin</i>	4	MO
<i>oxazepam</i>	4	PAR; MO; QLL (120 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	3	MO
<i>oxcarbazepine oral tablet 600 mg</i>	4	MO
<i>oxycodone oral capsule</i>	4	MO; QLL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QLL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QLL (1800 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	4	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	3	QLL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	4	MO; QLL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	3	MO; QLL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-aspirin</i>	4	MO; QLL (360 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	MO; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	4	MO; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	4	MO; QLL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	2	MO; QLL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	4	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	4	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	4	MO; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
PEGANONE	4	MO
<i>perphenazine</i>	4	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg</i>	4	PAR; MO
<i>perphenazine-amitriptyline oral tablet 4-25 mg</i>	3	PAR; MO
<i>phenelzine</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	2	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	2	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	2	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	2	PAR; MO; QLL (370 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 60 mg</i>	2	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	2	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	2	PAR; MO; QLL (123 per 30 days)
PHENYTEK	4	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	3	MO
<i>phenytoin oral tablet, chewable</i>	3	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	4	MO
<i>phenytoin sodium intravenous syringe</i>	4	
<i>pimozide</i>	3	MO
<i>piroxicam</i>	3	MO
POTIGA ORAL TABLET 200 MG	4	MO; QLL (90 per 30 days)
POTIGA ORAL TABLET 300 MG, 400 MG	5	MO; QLL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	4	MO; QLL (270 per 30 days)
<i>pramipexole oral tablet</i>	2	MO
<i>primidone</i>	2	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QLL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	MO; QLL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QLL (240 per 30 days)
<i>protriptyline</i>	4	MO
<i>pyridostigmine bromide</i>	3	MO
<i>quetiapine oral tablet 100 mg</i>	2	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	2	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; QLL (80 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 400 mg</i>	2	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; QLL (480 per 30 days)
RAZADYNE ORAL TABLET 4 MG	4	MO
<i>regonol</i>	4	
REQUIP ORAL TABLET 1 MG, 4 MG, 5 MG	4	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	PAR; MO; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML	5	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	3	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	2	MO; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	4	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	4	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	MO; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	MO; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate</i>	4	MO; QLL (60 per 30 days)
<i>rivastigmine transdermal patch</i>	4	MO; QLL (30 per 30 days)
<i>rizatriptan</i>	4	MO; QLL (12 per 30 days)
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>roweepra</i>	2	
ROZEREM	3	MO; QLL (30 per 30 days)
SABRIL ORAL POWDER IN PACKET	4	PAR; MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	5	PAR; MO; LA; QLL (180 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	5	MO; QLL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	4	MO; QLL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	4	MO; QLL (120 per 30 days)
<i>selegiline hcl</i>	3	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PAR; MO; QLL (150 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	4	PAR; MO; QLL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PAR; MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	PAR; MO; QLL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	PAR; MO; QLL (480 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral concentrate</i>	4	MO; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QLL (120 per 30 days)
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG	4	MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	4	PAR; QLL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PAR; QLL (120 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	PAR; MO; QLL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	PAR; MO; QLL (30 per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	PAR; MO; QLL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	PAR; MO; QLL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	4	PAR; MO; QLL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	PAR; MO; QLL (90 per 30 days)
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	2	MO
<i>sumatriptan</i>	4	MO; QLL (12 per 30 days)
<i>sumatriptan succinate oral</i>	2	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution</i>	4	MO
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	
SURMONTIL	4	PAR; MO
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-50 MG	4	MO; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG	4	MO; QLL (90 per 30 days)
TECFIDERA	5	PAR; MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	4	MO
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PAR; MO; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PAR; MO; QLL (120 per 30 days)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	3	ST; MO
<i>thioridazine oral tablet 100 mg</i>	4	ST; MO
<i>thiothixene</i>	2	MO
<i>tiagabine</i>	4	MO
<i>tizanidine oral tablet</i>	2	MO
<i>tolcapone</i>	5	PAR; MO; QLL (180 per 30 days)
<i>topiramate oral capsule, sprinkle</i>	4	PAR; MO
<i>topiramate oral tablet 100 mg</i>	2	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	2	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	2	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	2	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	3	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	4	MO; QLL (40 per 30 days)
<i>tranlycypromine</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine oral tablet 1 mg, 2 mg</i>	3	MO
<i>trifluoperazine oral tablet 10 mg, 5 mg</i>	4	MO
<i>trihexyphenidyl</i>	2	PAR; MO
<i>trimipramine</i>	4	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	4	ST; QLL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	ST; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	ST; QLL (120 per 30 days)
TYSABRI	5	PAR; MO; LA
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	3	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	2	MO; QLL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	3	MO; QLL (113 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	3	MO; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	3	MO; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	3	MO; QLL (225 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	3	MO; QLL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	4	MO; QLL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	4	MO; QLL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	4	MO; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	4	MO; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ	4	QLL (600 per 30 days)
VIIBRYD ORAL TABLET 10 MG	4	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	4	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; MO; QLL (30 per 30 days)
VIMPAT INTRAVENOUS	4	QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)
VOLTAREN TOPICAL	3	MO; QLL (1000 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	4	PAR; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	PAR; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PAR; QLL (14 per 365 days)
XENAZINE ORAL TABLET 12.5 MG	5	PAR; MO; LA; QLL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	5	PAR; MO; LA; QLL (120 per 30 days)
XYREM	5	PAR; MO; LA; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	PAR; MO; QLL (30 per 30 days)
ZARONTIN ORAL CAPSULE	4	MO
<i>zenzedi oral tablet 10 mg</i>	4	PAR; MO; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	4	PAR; MO; QLL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule 20 mg</i>	4	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	MO; QLL (60 per 30 days)
<i>zolpidem oral tablet</i>	3	PAR; MO; QLL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase</i>	4	PAR; MO; QLL (30 per 30 days)
<i>zonisamide oral capsule 100 mg, 50 mg</i>	3	MO
<i>zonisamide oral capsule 25 mg</i>	2	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PAR; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	PAR; MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	PAR; QLL (2 per 28 days)
Cardiovascular, Hypertension / Lipids		
ACCUPRIL	4	MO
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG	4	MO
<i>acebutolol</i>	2	MO
ADALAT CC	4	MO
<i>afeditab cr</i>	2	MO
AGGRENOX	4	ST; MO; QLL (60 per 30 days)
ALDACTAZIDE ORAL TABLET 25-25 MG	4	MO
ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	MO
ALTOPREV	4	PAR; MO; QLL (30 per 30 days)
<i>amiloride</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone intravenous solution</i>	4	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	4	B/D PAR
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	MO
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg</i>	1	MO; QLL (30 per 30 days)
<i>amlodipine besylate oral tablet 5 mg</i>	1	MO; QLL (45 per 30 days)
<i>amlodipine-atorvastatin</i>	3	MO; QLL (30 per 30 days)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-20 mg, 5-40 mg</i>	3	MO
<i>amlodipine-benazepril oral capsule 5-10 mg</i>	2	MO
<i>amlodipine-valsartan</i>	4	MO; QLL (30 per 30 days)
<i>amlodipine-valsartan-hcthiazyd</i>	4	MO; QLL (30 per 30 days)
<i>aspirin-dipyridamole</i>	3	ST; MO; QLL (60 per 30 days)
ATACAND HCT ORAL TABLET 16-12.5 MG	4	MO; QLL (60 per 30 days)
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG	4	MO; QLL (30 per 30 days)
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG	4	MO; QLL (60 per 30 days)
ATACAND ORAL TABLET 32 MG	4	MO; QLL (30 per 30 days)
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin</i>	6	MO; CG; QLL (30 per 30 days)
AVALIDE ORAL TABLET 150-12.5 MG	4	MO; QLL (60 per 30 days)
AVALIDE ORAL TABLET 300-12.5 MG	4	MO; QLL (30 per 30 days)
AVAPRO	4	MO; QLL (30 per 30 days)
AZOR	3	MO; QLL (30 per 30 days)
<i>benazepril</i>	6	MO; CG

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 5-6.25 mg</i>	2	MO
<i>benazepril-hydrochlorothiazide oral tablet 20-25 mg</i>	1	MO
BENICAR HCT	3	MO; QLL (30 per 30 days)
BENICAR ORAL TABLET 20 MG, 40 MG	3	MO; QLL (30 per 30 days)
BENICAR ORAL TABLET 5 MG	3	MO; QLL (60 per 30 days)
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO; QLL (180 per 30 days)
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BRILINTA	3	MO; QLL (60 per 30 days)
<i>bumetanide injection</i>	3	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	MO
<i>bumetanide oral tablet 2 mg</i>	3	MO
BYSTOLIC	3	MO
CALAN ORAL TABLET 120 MG	4	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	4	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	3	MO; QLL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	4	MO; QLL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	3	MO; QLL (60 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	3	MO; QLL (30 per 30 days)
<i>captopril oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO
<i>captopril oral tablet 12.5 mg</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg, 50-25 mg</i>	2	MO
<i>captopril-hydrochlorothiazide oral tablet 25-25 mg</i>	1	MO
CARDIZEM LA	4	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,ext release degradable</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	4	MO
<i>diltiazem hcl oral tablet</i>	1	MO
DIOVAN HCT	4	MO; QLL (30 per 30 days)
<i>disopyramide phosphate oral capsule</i>	4	PAR; MO
<i>dofetilide</i>	4	
<i>doxazosin</i>	2	MO
DYAZIDE	4	MO
EFFIENT	3	MO; QLL (30 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	MO; QLL (74 per 30 days)
<i>enalapril maleate</i>	6	MO; CG
<i>enalapril-hydrochlorothiazide</i>	6	MO; CG
<i>enoxaparin subcutaneous solution</i>	4	MO; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml</i>	4	MO; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml</i>	5	MO; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 150 mg/ml</i>	5	MO; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QLL (11.2 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QLL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 80 mg/0.8 ml</i>	4	MO; QLL (22.4 per 28 days)
<i>eplerenone</i>	4	MO
<i>eprosartan</i>	3	MO; QLL (30 per 30 days)
EXFORGE	4	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EXFORGE HCT	4	MO; QLL (30 per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg</i>	3	MO
<i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i>	2	MO
<i>fenofibrate micronized oral capsule 130 mg</i>	4	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	3	MO; QLL (30 per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	3	MO
<i>fenofibrate micronized oral capsule 67 mg</i>	2	MO; QLL (30 per 30 days)
<i>fenofibrate nanocrystallized 48 mg, 145 mg</i>	3	MO
<i>fenofibrate oral tablet 160 mg</i>	3	MO; QLL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	MO; QLL (30 per 30 days)
<i>fenofibric acid (choline) dr capsules</i>	3	MO
<i>flecainide</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	3	MO; QLL (60 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	4	MO; QLL (60 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	MO; QLL (18 per 30 days)
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	3	MO
<i>fosinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	2	MO
<i>furosemide injection</i>	3	MO
<i>furosemide oral solution 10 mg/ml</i>	2	MO
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil oral</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml</i>	4	B/D PAR
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	4	B/D PAR
<i>heparin (porcine) injection cartridge</i>	4	B/D PAR; MO
<i>heparin (porcine) injection solution</i>	4	B/D PAR; MO
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	4	B/D PAR; MO
<i>heparin, porcine (pf) injection</i>	4	MO
<i>hydralazine injection</i>	4	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	4	MO; QLL (30 per 30 days)
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO; QLL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	2	MO; QLL (60 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	3	MO; QLL (30 per 30 days)
<i>isosorbide dinitrate oral</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate</i>	2	MO
<i>isradipine</i>	3	MO
<i>jantoven</i>	1	MO
JUXTAPID	5	PAR; MO; LA; QLL (30 per 30 days)
KYNAMRO	5	PAR; MO; LA; QLL (4 per 28 days)
<i>labetalol intravenous solution</i>	4	MO
<i>labetalol oral tablet 100 mg, 200 mg</i>	2	MO
<i>labetalol oral tablet 300 mg</i>	3	MO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	MO
LESCOL ORAL CAPSULE 20 MG, 40 MG	4	MO; QLL (60 per 30 days)
LIPITOR ORAL TABLET 10 MG	4	MO
<i>lisinopril</i>	6	MO; CG
<i>lisinopril-hydrochlorothiazide</i>	6	MO; CG
LIVALO	4	MO; QLL (30 per 30 days)
LOFIBRA ORAL CAPSULE 200 MG	4	MO; QLL (30 per 30 days)
LOPID	4	MO
<i>losartan oral tablet 100 mg</i>	6	MO; CG; QLL (30 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>losartan-hydrochlorothiazide</i>	6	MO; CG; QLL (30 per 30 days)
LOTENSIN ORAL TABLET 20 MG, 40 MG	4	MO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	6	MO; CG; QLL (30 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>matzim la</i>	4	MO
MAVIK ORAL TABLET 1 MG, 2 MG	4	MO
MAXZIDE	4	MO
MAXZIDE-25MG	4	MO
<i>methyclothiazide</i>	3	MO
<i>metolazone oral tablet 10 mg, 5 mg</i>	3	MO
<i>metolazone oral tablet 2.5 mg</i>	2	MO
<i>metoprolol succinate</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg	3	MO
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg	2	MO
metoprolol tartrate intravenous solution	4	MO
metoprolol tartrate intravenous syringe	4	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metoprolol tartrate oral tablet 37.5 mg, 75 mg	1	
mexiletine oral capsule 150 mg, 250 mg	3	MO
mexiletine oral capsule 200 mg	4	MO
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25 MG	4	MO; QLL (30 per 30 days)
MICARDIS HCT ORAL TABLET 80-12.5 MG	4	MO; QLL (60 per 30 days)
MICARDIS ORAL TABLET 20 MG, 40 MG	4	MO; QLL (30 per 30 days)
MICARDIS ORAL TABLET 80 MG	4	MO; QLL (60 per 30 days)
MICROZIDE	4	MO
MINIPRESS ORAL CAPSULE 2 MG	4	MO
minoxidil oral	2	MO
moexipril	2	MO
moexipril-hydrochlorothiazide	2	MO
MULTAQ	3	MO; QLL (60 per 30 days)
nadolol oral tablet 20 mg, 40 mg	3	MO
nadolol oral tablet 80 mg	4	MO
nadolol-bendroflumethiazide	3	MO
niacin oral tablet extended release 24 hr 1,000 mg, 750 mg	4	MO; QLL (60 per 30 days)
niacin oral tablet extended release 24 hr 500 mg	4	MO; QLL (30 per 30 days)
NIACOR	3	MO
nicardipine intravenous solution	4	MO
nicardipine oral	2	MO

Drug Name	Drug Tier	Requirements/Limits
nifedical xl	2	MO
nifedipine oral tablet extended release 24hr	2	MO
nifedipine oral tablet extended release 30 mg, 60 mg	2	MO
nifedipine oral tablet extended release 90 mg	3	MO
nimodipine	4	MO
nitro-bid	3	MO
nitroglycerin intravenous	4	B/D PAR
nitroglycerin transdermal patch 24 hour	2	MO
NITROSTAT	3	MO
NORPACE	4	PAR; MO
NORVASC ORAL TABLET 10 MG, 2.5 MG	4	MO; QLL (30 per 30 days)
NORVASC ORAL TABLET 5 MG	4	MO; QLL (45 per 30 days)
omega-3 acid ethyl esters	3	PAR; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PAR; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	5	PAR; MO
pacerone oral tablet 100 mg, 400 mg	4	MO
pacerone oral tablet 200 mg	2	MO
pentoxifylline	2	MO
perindopril erbumine	2	MO
pindolol oral tablet 10 mg	3	MO
pindolol oral tablet 5 mg	2	MO
PRADAXA	4	MO; QLL (60 per 30 days)
PRALUENT PEN	5	PAR; MO; QLL (2 per 28 days)
PRALUENT SYRINGE	5	PAR; MO; QLL (2 per 28 days)
PRAVACHOL ORAL TABLET 20 MG	4	MO
pravastatin oral tablet 10 mg, 20 mg, 40 mg	6	MO; CG; QLL (30 per 30 days)
pravastatin oral tablet 80 mg	1	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin oral capsule 1 mg, 2 mg</i>	2	MO
<i>prazosin oral capsule 5 mg</i>	3	MO
<i>prevalite</i>	2	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	4	MO
<i>procainamide injection solution 100 mg/ml</i>	4	MO
<i>procainamide injection solution 500 mg/ml</i>	4	
PROCARDIA	4	PAR; MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	4	MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	5	PAR; MO; LA; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PAR; MO; LA; QLL (60 per 30 days)
<i>propafenone oral tablet 150 mg</i>	2	MO
<i>propafenone oral tablet 225 mg</i>	3	MO
<i>propafenone oral tablet 300 mg</i>	4	MO
<i>propranolol intravenous</i>	4	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg</i>	3	MO
<i>propranolol oral capsule, extended release 24 hr 60 mg, 80 mg</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol oral tablet 60 mg</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>quinidine gluconate injection</i>	4	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>ramipril</i>	1	MO
RANEXA	3	ST; MO
REMODULIN	5	PAR; MO; LA
REPATHA SURECLICK	5	PAR; MO; QLL (3 per 28 days)
REPATHA SYRINGE	5	PAR; MO; QLL (3 per 28 days)
<i>reserpine oral tablet 0.1 mg</i>	1	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin</i>	3	QLL (30 per 30 days)
<i>simvastatin</i>	6	MO; CG; QLL (30 per 30 days)
<i>sorine oral tablet 120 mg, 160 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sorine oral tablet 80 mg</i>	1	MO
<i>sotalol af oral tablet 120 mg, 160 mg</i>	2	MO
<i>sotalol af oral tablet 80 mg</i>	1	MO
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	2	MO
<i>sotalol oral tablet 80 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	3	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG	4	MO
<i>taztia xt</i>	2	MO
TEKTURNA	3	MO; QLL (30 per 30 days)
TEKTURNA HCT	3	MO; QLL (30 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	4	MO; QLL (30 per 30 days)
<i>telmisartan oral tablet 80 mg</i>	4	MO; QLL (60 per 30 days)
<i>telmisartan-amlodipine</i>	4	MO; QLL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	4	MO; QLL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	4	MO; QLL (60 per 30 days)
TENORETIC 100	4	MO
TENORETIC 50	4	MO
<i>terazosin</i>	1	MO
TIAZAC	4	MO
TIKOSYN	4	MO
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate oral tablet 20 mg</i>	3	MO
TOPROL XL	4	MO
<i>toremide oral tablet 10 mg, 5 mg</i>	2	MO
<i>toremide oral tablet 100 mg, 20 mg</i>	3	MO
<i>trandolapril</i>	1	MO
<i>tranexamic acid intravenous</i>	3	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR	3	MO; QLL (30 per 30 days)
TRICOR ORAL TABLET 48 MG	4	MO
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 45 MG	4	MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	4	MO; QLL (30 per 30 days)
UPTRAVI ORAL TABLET	5	PAR; MO; LA; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK	5	PAR; MO; LA; QLL (400 per 365 days)
<i>valsartan oral tablet 160 mg</i>	4	MO; QLL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	4	MO; QLL (30 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	4	MO; QLL (90 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 80-12.5 mg</i>	2	MO; QLL (30 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 320-25 mg</i>	3	MO; QLL (30 per 30 days)
VASCEPA	4	MO
VASERETIC	4	MO
VASOTEC ORAL TABLET 2.5 MG	4	MO
VECAMYL	4	
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil intravenous syringe</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	3	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release 120 mg</i>	2	MO
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1	MO
<i>warfarin</i>	1	MO
WELCHOL	3	MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	MO; QLL (42 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	3	MO; QLL (102 per 365 days)
ZESTORETIC	4	MO
ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	MO
ZETIA	4	MO; QLL (30 per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG	4	MO
ZOCOR ORAL TABLET 10 MG, 5 MG	4	MO
Dermatologicals/Topical Therapy		
<i>acitretin</i>	5	MO
<i>acyclovir topical</i>	4	MO; QLL (30 per 30 days)
<i>adapalene topical cream</i>	4	MO
<i>adapalene topical gel 0.1 %</i>	4	MO
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	3	MO
<i>amcinonide</i>	4	MO
<i>ammonium lactate</i>	2	MO
<i>avita topical cream</i>	4	MO; QLL (45 per 30 days)
<i>betamethasone dipropionate topical cream</i>	4	MO
<i>betamethasone dipropionate topical lotion</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical ointment</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	4	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	3	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>calcipotriene scalp</i>	4	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	4	MO; QLL (120 per 30 days)
<i>calcitriol topical</i>	4	MO
<i>ciclodan topical cream</i>	3	MO
<i>ciclodan topical solution</i>	3	PAR; MO
<i>ciclopirox topical cream</i>	3	MO
<i>ciclopirox topical gel</i>	4	MO
<i>ciclopirox topical shampoo</i>	4	MO
<i>ciclopirox topical solution</i>	2	PAR; MO
<i>ciclopirox topical suspension</i>	3	MO
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>claravis oral capsule 30 mg</i>	5	MO
<i>clindamycin phosphate topical gel</i>	3	MO
<i>clindamycin phosphate topical lotion</i>	3	MO
<i>clindamycin phosphate topical solution</i>	3	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	4	MO
<i>clobetasol scalp</i>	2	MO
<i>clobetasol topical cream</i>	2	MO
<i>clobetasol topical foam</i>	4	MO
<i>clobetasol topical gel</i>	2	MO
<i>clobetasol topical lotion</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical ointment</i>	3	MO
<i>clobetasol topical shampoo</i>	4	MO
<i>clobetasol-emollient topical cream</i>	3	MO
<i>clobetasol-emollient topical foam</i>	4	MO
CLOBEX TOPICAL LOTION	4	MO
<i>clotrimazole topical cream</i>	3	MO
<i>clotrimazole topical solution</i>	2	MO
<i>clotrimazole-betamethasone topical cream</i>	3	MO
<i>clotrimazole-betamethasone topical lotion</i>	4	MO
<i>cormax scalp</i>	2	
DENAVIR	3	MO; QLL (5 per 30 days)
DERMATOP TOPICAL OINTMENT	4	MO
<i>desonide</i>	4	MO
<i>desoximetasone topical cream</i>	4	MO
<i>desoximetasone topical gel</i>	4	MO
<i>desoximetasone topical ointment 0.25 %</i>	4	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PAR; MO; QLL (100 per 30 days)
<i>diflorasone</i>	4	MO
DIPROLENE AF	4	MO
<i>econazole topical</i>	2	MO
ELIDEL	4	PAR; MO; QLL (100 per 90 days)
ELOCON TOPICAL SOLUTION	4	MO
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	3	MO
EXELDERM	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO
<i>fluocinonide topical gel</i>	3	MO
<i>fluocinonide topical ointment</i>	3	MO
<i>fluocinonide topical solution</i>	4	MO
<i>fluocinonide-e</i>	3	MO
<i>fluorouracil topical cream 5 %</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil topical solution</i>	4	MO
<i>fluticasone topical cream</i>	3	MO
<i>fluticasone topical lotion</i>	4	MO
<i>fluticasone topical ointment</i>	3	MO
<i>gentamicin topical</i>	3	MO
<i>halobetasol propionate</i>	4	MO
HALOG	4	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO
<i>hydrocortisone butyrate topical ointment</i>	4	MO
<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>hydrocortisone topical cream 1 % , 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	3	MO
<i>hydrocortisone topical ointment 1 % , 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	4	MO
<i>hydrocortisone-min oil-wht pet</i>	2	MO
<i>imiquimod</i>	4	MO
<i>ketoconazole topical cream</i>	3	MO
<i>ketoconazole topical shampoo</i>	2	MO
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	3	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane</i>	2	MO
<i>lidocaine hcl urethral</i>	2	MO
<i>lidocaine topical adhesive patch, medicated</i>	4	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	4	MO
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>methoxsalen rapid</i>	5	PAR; MO
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	3	MO
<i>metronidazole topical lotion</i>	4	MO
<i>mometasone topical</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin calcium</i>	4	MO
<i>mupirocin topical ointment</i>	2	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>nyamyc</i>	3	MO
<i>nystatin topical cream</i>	2	MO
<i>nystatin topical ointment</i>	3	MO
<i>nystatin topical powder</i>	3	MO
<i>nystatin-triamcinolone</i>	4	MO
<i>nystop</i>	3	MO
PANRETIN	5	MO
<i>permethrin topical cream</i>	3	MO
PICATO	4	MO
<i>podofilox</i>	4	MO
<i>prednicarbate</i>	4	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
SANTYL	4	MO; QLL (30 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
SILVADENE	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLON TOPICAL CREAM	4	MO
<i>tacrolimus topical</i>	4	PAR; MO; QLL (100 per 90 days)
TAZORAC	4	PAR; MO
TEMOVATE TOPICAL CREAM	4	MO
TEMOVATE TOPICAL OINTMENT	4	MO
<i>tretinoin topical cream</i>	3	MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 % , 0.025 %</i>	3	MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	MO
<i>triamcinolone acetonide topical cream 0.1 % , 0.5 %</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	1	MO
UVADEX	4	
VALCHLOR	5	PAR; MO
<i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
<i>zenatane oral capsule 30 mg</i>	3	MO
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>acetylcysteine intravenous</i>	2	MO
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	6	MO; CG; QLL (30 per 30 days)
<i>anagrelide</i>	3	MO
ARALAST NP	5	PAR; MO; LA
BUPHENYL ORAL TABLET	5	PAR; MO
<i>buproban</i>	2	QLL (60 per 30 days)
CARBAGLU	5	PAR; MO; LA
<i>cevimeline</i>	4	MO
CHANTIX	4	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	4	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	4	PAR; MO; QLL (106 per 365 days)
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PAR
CLINIMIX E 2.75%/D10W SUL FREE	4	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	4	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	3	MO
<i>d5 %-0.45 % sodium chloride</i>	3	MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 30 % in water (d30w)</i>	4	
<i>dextrose 40 % in water (d40w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	MO
<i>dextrose with sodium chloride</i>	4	
<i>disulfiram</i>	4	MO
<i>etidronate disodium</i>	2	MO
EXJADE	5	PAR; MO; LA
INCRELEX	5	PAR; MO; LA
<i>kionex</i>	3	MO
<i>lactated ringers irrigation</i>	4	MO
<i>levocarnitine (with sugar)</i>	3	B/D PAR; MO
<i>levocarnitine intravenous</i>	4	B/D PAR; MO
<i>levocarnitine oral tablet</i>	3	MO
<i>midodrine</i>	4	MO
<i>neomycin-polymyxin b gu</i>	4	MO
NICOTROL NS	3	MO; QLL (120 per 30 days)
NORTHERA ORAL CAPSULE 100 MG	5	PAR; MO; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	5	PAR; MO; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	5	PAR; MO; QLL (180 per 30 days)
ORFADIN ORAL CAPSULE	5	PAR; LA
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C	5	PAR; LA
RAVICTI	5	PAR; MO; QLL (525 per 30 days)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	5	MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
REVELA ORAL POWDER IN PACKET 2.4 GRAM	5	MO; QLL (90 per 30 days)
REVELA ORAL TABLET	3	MO; QLL (270 per 30 days)
<i>riluzole</i>	4	MO
<i>ringers irrigation</i>	4	MO
<i>risedronate oral tablet 30 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	MO
<i>sodium chloride irrigation</i>	3	MO
<i>sodium phenylbutyrate</i>	5	PAR; MO
<i>sodium polystyrene (sorb free)</i>	4	MO
<i>sodium polystyrene sulfonate oral powder</i>	4	MO
<i>sodium polystyrene sulfonate oral suspension</i>	4	
<i>sodium polystyrene sulfonate rectal</i>	4	
SODIUM POLYSTYRENE SULFONATE RECTAL	4	
<i>sps oral</i>	4	MO
<i>sps rectal</i>	4	
SYPRINE	5	MO
THIOLA	5	MO
<i>water for irrigation, sterile</i>	3	MO
<i>zoledronic acid 5 mg/100 ml infusion bottle (ml)</i>	4	PAR; MO
Ear, Nose / Throat Medications		
<i>acetazol hc</i>	4	MO
<i>acetic acid otic</i>	2	MO
<i>acetic acid-aluminum acetate</i>	2	MO
<i>azelastine nasal</i>	4	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluocinolone acetonide oil otic</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal</i>	2	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic</i>	2	MO
<i>ofloxacin otic</i>	2	MO
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	1	MO
<i>sf 5000 plus</i>	2	MO
<i>triamcinolone acetonide dental</i>	3	MO
Endocrine/Diabetes		
<i>a-hydrocort</i>	4	MO
<i>acarbose oral tablet 100 mg</i>	3	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	3	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	3	MO; QLL (180 per 30 days)
ACTHAR H.P.	5	PAR; MO
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1, 000 MG	4	MO; QLL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1, 000 MG	4	MO; QLL (45 per 30 days)
<i>alcohol pads</i>	1	MO
ALDURAZYME	5	PAR; MO
AMARYL ORAL TABLET 1 MG	4	MO; QLL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	4	MO; QLL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	4	MO; QLL (60 per 30 days)
ANADROL-50	5	PAR; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PAR; MO; QLL (112.5 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/ 2.5 GRAM)	3	PAR; MO; QLL (150 per 30 days)
<i>androxy</i>	4	PAR; MO
<i>armour thyroid</i>	2	PAR; MO
BYDUREON	3	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/ DOSE(250 MCG/ML) 2.4 ML	3	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QLL (1.2 per 30 days)
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon)</i>	3	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	3	B/D PAR; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; MO
<i>cortisone</i>	4	MO
CYCLOSET	4	ST; MO; QLL (180 per 30 days)
CYTOMEL	4	MO
<i>danazol oral</i>	3	MO
<i>desmopressin injection</i>	4	MO
<i>desmopressin nasal aerosol,spray</i>	4	MO
<i>desmopressin nasal solution</i>	3	MO
<i>desmopressin nasal spray,non- aerosol</i>	4	MO
<i>desmopressin oral</i>	4	MO
<i>dexamethasone intensol</i>	4	MO
<i>dexamethasone oral elixir</i>	4	MO
<i>dexamethasone oral solution</i>	4	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	2	MO
<i>dexamethasone sodium phos (pf)</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection solution</i>	3	MO
<i>dexamethasone sodium phosphate injection syringe</i>	4	MO
<i>doxercalciferol intravenous</i>	4	
<i>doxercalciferol oral</i>	4	MO
DUETACT ORAL TABLET 30-4 MG	4	MO; QLL (30 per 30 days)
ELAPRASE	5	PAR; MO
FABRAZYME	5	PAR; MO
<i>fludrocortisone</i>	3	MO
<i>fortical</i>	3	MO; QLL (4 per 30 days)
<i>gauze pads 2 x 2</i>	1	MO; QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	MO; CG; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON	4	MO
EMERGENCY KIT (HUMAN)		
GLUCOPHAGE ORAL TABLET 1,000 MG	4	MO; QLL (60 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	4	MO; QLL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	4	MO; QLL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	4	MO; QLL (120 per 30 days)	HUMALOG MIX 75-25	3	MO
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	4	MO; QLL (60 per 30 days)	HUMALOG MIX 75-25 KWIKPEN	3	MO
GLUCOTROL ORAL TABLET 10 MG	4	MO; QLL (120 per 30 days)	HUMAPEN LUXURA HD	3	MO; QLL (200 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	4	MO; QLL (240 per 30 days)	HUMULIN 70/30	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	4	MO; QLL (60 per 30 days)	HUMULIN 70/30 KWIKPEN	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	4	MO; QLL (240 per 30 days)	HUMULIN N	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4	MO; QLL (120 per 30 days)	HUMULIN N KWIKPEN	3	MO
GLUCOVANCE	4	PAR; MO; QLL (120 per 30 days)	HUMULIN R	3	MO
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	MO; QLL (60 per 30 days)	HUMULIN R U-500 (CONC) KWIKPEN	3	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	MO; QLL (120 per 30 days)	HUMULIN R U-500 (CONCENTRATED)	3	MO
<i>glyburide oral tablet 1.25 mg</i>	3	PAR; MO; QLL (480 per 30 days)	<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	3	MO
<i>glyburide oral tablet 2.5 mg</i>	3	PAR; MO; QLL (240 per 30 days)	<i>hydrocortisone oral tablet 20 mg</i>	2	MO
<i>glyburide oral tablet 5 mg</i>	3	PAR; MO; QLL (120 per 30 days)	<i>insulin pen needle</i>	2	MO; QLL (200 per 30 days)
GLYSET ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)	<i>insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml</i>	2	MO; QLL (200 per 30 days)
GLYSET ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)	JANUMET	3	MO; QLL (60 per 30 days)
GLYSET ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)	JANUMET XR ORAL TABLET, ER	3	MO; QLL (30 per 30 days)
HUMALOG	3	MO	MULTIPHASE 24 HR 100-1,000 MG	3	MO; QLL (60 per 30 days)
HUMALOG KWIKPEN	3	MO	JANUMET XR ORAL TABLET, ER	3	MO; QLL (60 per 30 days)
HUMALOG MIX 50-50	3	MO	MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QLL (30 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	3	MO	JANUVIA ORAL TABLET 100 MG	3	MO; QLL (120 per 30 days)
			JANUVIA ORAL TABLET 25 MG	3	MO; QLL (60 per 30 days)
			JANUVIA ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
			JARDIANCE	3	PAR; MO; QLL (30 per 30 days)
			JENTADUETO	3	MO; QLL (60 per 30 days)
			KORLYM	5	PAR; MO
			KUVAN ORAL TABLET, SOLUBLE	5	PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MO
<i>liothyronine intravenous</i>	5	MO
<i>liothyronine oral</i>	3	MO
<i>metformin oral tablet 1,000 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; CG; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; CG; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	4	MO; QLL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	6	MO; CG; QLL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	4	MO; QLL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	4	MO; QLL (120 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>methylprednisolone acetate</i>	3	MO
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	4	MO
<i>methylprednisolone oral tablet 32 mg</i>	3	MO
<i>methylprednisolone oral tablets, dose pack</i>	3	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	MO
<i>methylprednisolone sodium succ intravenous</i>	4	MO
MIACALCIN INJECTION	5	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
MIACALCIN NASAL	4	MO; QLL (4 per 30 days)
<i>miglitol oral tablet 100 mg</i>	4	QLL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	4	QLL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	4	QLL (180 per 30 days)
MYOZYME	5	PAR; MO
NAGLAZYME	5	PAR; MO; LA
<i>nateglinide oral tablet 120 mg</i>	4	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	4	MO; QLL (180 per 30 days)
NATPARA	5	PAR; MO; LA; QLL (2 per 28 days)
NEEDLES, INSULIN DISP., SAFETY	3	MO; QLL (200 per 30 days)
NOVOPEN ECHO	3	MO; QLL (200 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>pamidronate intravenous recon soln</i>	4	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	3	B/D PAR; MO
<i>paricalcitol oral</i>	4	MO
<i>pioglitazone oral tablet 15 mg</i>	2	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	2	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	2	MO; QLL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	4	MO; QLL (30 per 30 days)
<i>pioglitazone-metformin</i>	4	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG	4	MO; QLL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PRECOSE ORAL TABLET 25 MG	4	MO; QLL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	4	MO; QLL (180 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	3	MO
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	4	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	3	MO
<i>prednisone oral tablet 1 mg</i>	2	MO
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablets, dose pack</i>	1	MO
PROGLYCEM	5	MO
<i>propylthiouracil</i>	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	4	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	4	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	4	MO; QLL (240 per 30 days)
RIOMET	4	MO; QLL (780 per 30 days)
SAMSCA ORAL TABLET 15 MG	5	PAR; MO; QLL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	MO; QLL (120 per 30 days)
SOMAVERT	5	PAR; MO
STIMATE	4	MO
SYMLINPEN 120	5	PAR; MO; QLL (11 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60	4	PAR; MO; QLL (6 per 30 days)
SYNAREL	5	PAR; MO
SYNJARDY	3	PAR; MO; QLL (60 per 30 days)
SYNTHROID	3	MO
TANZEUM	4	MO; QLL (4 per 28 days)
TAPAZOLE	4	MO
<i>testosterone cypionate</i>	3	MO
<i>testosterone enanthate</i>	4	MO
TESTOSTERONE TRANSDERMAL GEL	3	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)	3	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM / ACTUATION	3	PAR; MO; QLL (120 per 30 days)
<i>testosterone transdermal gel in packet</i>	3	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN PACKET	3	PAR; MO; QLL (300 per 30 days)
<i>tolazamide oral tablet 250 mg</i>	2	MO; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QLL (60 per 30 days)
<i>tolbutamide</i>	3	MO; QLL (180 per 30 days)
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	4	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
TRULICITY	4	MO; QLL (2 per 28 days)
<i>unithroid</i>	1	MO
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VICTOZA 3-PAK	3	MO; QLL (9 per 30 days)	DELZICOL ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	MO
VPRIV	5	PAR; MO	DEXILANT	4	ST; MO; QLL (30 per 30 days)
ZAVESCA	5	PAR; MO; LA	<i>dicyclomine oral capsule</i>	1	MO
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	PAR	<i>dicyclomine oral solution</i>	4	MO
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	PAR; MO	<i>dicyclomine oral tablet</i>	2	MO
ZOMETAINTRAVENOUS SOLUTION 4 MG/100 ML	5	PAR; MO	DIPENTUM	5	MO
Gastroenterology			<i>diphenoxylate-atropine oral liquid</i>	1	MO
<i>alosetron</i>	5	PAR; MO; QLL (60 per 30 days)	<i>diphenoxylate-atropine oral tablet</i>	3	MO
APRISO	4	MO	<i>dronabinol oral capsule 10 mg</i>	5	B/D PAR; MO; QLL (120 per 30 days)
ASACOL HD	3	MO	<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PAR; MO; QLL (120 per 30 days)
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	4		EMEND ORAL CAPSULE 125 MG	3	B/D PAR; MO; QLL (5 per 30 days)
<i>balsalazide</i>	4	MO	EMEND ORAL CAPSULE 40 MG	3	B/D PAR; MO; QLL (1 per 28 days)
<i>budesonide oral</i>	5	MO	EMEND ORAL CAPSULE 80 MG	3	B/D PAR; MO; QLL (10 per 30 days)
CANASA	4	MO	EMEND ORAL CAPSULE, DOSE PACK	3	B/D PAR; MO; QLL (15 per 30 days)
<i>carafate oral suspension</i>	4	MO	<i>enulose</i>	2	MO
<i>cimetidine</i>	3	MO	<i>esomeprazole sodium intravenous</i>	4	
<i>cimetidine hcl oral</i>	3	MO	<i>famotidine (pf)</i>	3	MO
CIMZIA	5	PAR; MO; QLL (6 per 28 days)	<i>famotidine (pf)-nacl (iso-os)</i>	3	
CIMZIA POWDER FOR RECONST	5	PAR; MO; QLL (6 per 28 days)	<i>famotidine intravenous</i>	4	MO
CIMZIA STARTER KIT	5	PAR; MO; QLL (6 per 28 days)	<i>famotidine oral suspension</i>	4	MO
<i>compro</i>	4	PAR; MO	<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>constulose</i>	2	MO	GATTEX 30-VIAL	5	MO
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO	GATTEX ONE-VIAL	5	MO
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 36,000-114,000- 180,000 UNIT	5	MO	<i>gavilyte-c</i>	2	MO
<i>cromolyn oral</i>	4	MO	<i>gavilyte-g</i>	2	MO
CYSTADANE	5	MO	<i>gavilyte-n</i>	2	MO
			<i>generlac</i>	2	MO
			<i>glycopyrrolate injection</i>	4	MO
			<i>glycopyrrolate oral</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	4	MO
<i>granisetron hcl intravenous</i>	4	MO
<i>granisetron hcl oral</i>	4	B/D PAR; MO; QLL (30 per 30 days)
<i>hydrocortisone rectal cream 2.5 %</i>	1	
<i>hydrocortisone rectal enema</i>	4	MO
<i>lactulose</i>	2	MO
<i>lansoprazole oral capsule, delayed release(drlec)</i>	4	MO; QLL (30 per 30 days)
LIALDA	3	MO
LINZESS	3	MO
<i>loperamide oral capsule</i>	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine rectal</i>	3	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>methscopolamine oral</i>	4	MO
<i>metoclopramide hcl injection solution</i>	3	MO
<i>metoclopramide hcl injection syringe</i>	4	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>misoprostol oral tablet 100 mcg</i>	3	MO
<i>misoprostol oral tablet 200 mcg</i>	4	MO
MOVANTIK	4	MO; QLL (30 per 30 days)
MOVIPREP	4	MO
<i>nizatidine oral capsule 150 mg</i>	3	MO
<i>nizatidine oral capsule 300 mg</i>	4	MO
<i>omeprazole oral capsule, delayed release(drlec)</i>	2	MO; QLL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	4	MO
<i>ondansetron hcl (pf) injection syringe</i>	3	
<i>ondansetron hcl intravenous</i>	4	MO
<i>ondansetron hcl oral solution</i>	4	B/D PAR; MO; QLL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	4	B/D PAR; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	3	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg</i>	4	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron oral tablet, disintegrating 8 mg</i>	3	B/D PAR; MO; QLL (90 per 30 days)
<i>opium tincture</i>	2	MO
OSMOPREP	4	MO
<i>pantoprazole intravenous</i>	4	MO
<i>pantoprazole oral</i>	1	MO; QLL (30 per 30 days)
<i>paregoric</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte soln</i>	2	
PENTASA	3	MO
<i>polyethylene glycol 3350 oral</i>	2	MO
<i>prochlorperazine</i>	4	PAR; MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	PAR; MO
<i>prochlorperazine maleate oral</i>	2	PAR; MO
<i>procto-pak</i>	2	MO
<i>proctosol hc</i>	2	MO
<i>proctozone-hc</i>	1	MO
<i>propantheline</i>	4	MO
<i>ranitidine hcl injection</i>	4	MO
<i>ranitidine hcl oral capsule</i>	4	MO
<i>ranitidine hcl oral syrup</i>	4	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	PAR; MO
RELISTOR SUBCUTANEOUS SYRINGE	5	PAR; MO
REMICADE	5	PAR; MO
SUCRAID	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate oral tablet</i>	2	MO
<i>sulfasalazine</i>	2	MO
<i>sulfazine</i>	1	
SUPREP BOWEL PREP KIT	3	MO
TRANSDERM-SCOP	4	MO; QLL (4 per 12 days)
<i>trilyte with flavor packets</i>	2	MO
UCERIS ORAL	5	MO
<i>ursodiol</i>	4	MO
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	3	MO
ACTIMMUNE	5	PAR; MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PAR; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PAR; MO
ARCALYST	5	PAR; MO
AVONEX (WITH ALBUMIN)	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PAR; MO; QLL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE, LIVE (PF)	4	MO
BETASERON	5	PAR; MO
SUBCUTANEOUS KIT		
BEXSERO (PF)	3	MO
BIVIGAM	5	PAR; MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PAR; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	5	PAR; MO
CERVARIX VACCINE (PF)	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
DYSPORT	4	PAR; MO
EGRIFTA	5	PAR; MO
SUBCUTANEOUS RECON SOLN 1 MG		
ENGERIX-B (PF)	3	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PAR; MO
EXTAVIA	5	PAR; MO
SUBCUTANEOUS KIT		
EXTAVIA	5	PAR
SUBCUTANEOUS RECON SOLN		
<i>fomepizole</i>	5	MO
GAMASTAN S/D	3	PAR; MO
GAMMAGARD LIQUID	5	PAR; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PAR; MO
GAMUNEX-C	5	PAR; MO
GARDASIL (PF)	3	MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
HIBERIX (PF)	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
ILARIS (PF)	5	PAR; MO; LA
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
INTRON A INJECTION	5	PAR; MO
IPOL INJECTION SUSPENSION	3	MO
IXIARO (PF)	3	MO
M-M-R II (PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENHIBRIX (PF)	3	
MENOMUNE - A/C/Y/W-135	3	
MENOMUNE - A/C/Y/W-135 (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
MOZOBIL	5	PAR; MO
NEULASTA	5	MO; QLL (1.2 per 28 days)
NEUPOGEN	5	PAR; MO
NORDITROPIN FLEXPRO	5	PAR; MO
OCTAGAM	5	PAR; MO
OMNITROPE	5	PAR; MO
PEDVAX HIB (PF)	3	MO
PEGASYS	5	PAR; MO
PEGASYS PROCLICK	5	PAR; MO
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	5	PAR; MO
PLEGRIDY	5	PAR; MO; QLL (1 per 28 days)
PRIVIGEN	5	PAR; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PAR; MO; QLL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PAR; MO; QLL (24 per 28 days)

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 150 mg</i>	4	ST; MO; QLL (1 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	ST; MO; QLL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QLL (4 per 28 days)
SAVELLA ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	3	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK	3	MO; QLL (110 per 365 days)
SIMPONI	5	PAR; MO; QLL (1 per 28 days)
ULORIC	3	ST; MO
Obstetrics / Gynecology		
<i>altavera (28)</i>	4	MO
<i>alyacen 1/35 (28)</i>	4	MO
<i>alyacen 7/7/7 (28)</i>	4	MO
<i>amethia 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	MO
<i>amethyst</i>	4	MO
<i>apri</i>	3	MO
<i>aranelle (28)</i>	4	MO
<i>aubra</i>	4	MO
<i>aviane</i>	3	MO
<i>azurette (28)</i>	4	MO
<i>balziva (28)</i>	4	MO
<i>blisovi fe 1.5/30 (28)</i>	4	MO
<i>brielllyn</i>	4	MO
<i>camila</i>	3	MO
CAZIAN (28)	4	MO
<i>clindamycin phosphate vaginal</i>	4	MO
<i>cryselle (28)</i>	3	MO
<i>cyclafem 1/35 (28)</i>	3	MO
<i>cyclafem 7/7/7 (28)</i>	3	MO
<i>dasetta 1/35 (28)</i>	4	MO
<i>dasetta 7/7/7 (28)</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN	4	MO
DEPO-ESTRADIOL	3	MO
<i>drospirenone-ethinyl estradiol</i>	4	MO
ELESTRIN	4	PAR; MO
<i>elinest</i>	4	MO
ELLA	3	MO
<i>emoquette</i>	3	MO
<i>enpresse</i>	3	MO
<i>errin</i>	3	MO
<i>estarylla</i>	4	MO
ESTRACE VAGINAL	4	MO
<i>estradiol oral</i>	1	PAR; MO
<i>estradiol transdermal patch semiweekly</i>	4	PAR; MO; QLL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	4	PAR; MO; QLL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	MO
<i>estradiol-norethindrone acet</i>	4	PAR; MO
ESTRING	4	MO; QLL (1 per 90 days)
<i>estropipate</i>	2	PAR; MO
EVAMIST	4	PAR; MO
<i>falmina (28)</i>	3	MO
FEMRING	4	MO; QLL (1 per 90 days)
<i>gianvi (28)</i>	4	MO
<i>gildagia</i>	4	MO
<i>gildess 1.5/30 (21)</i>	3	MO
<i>gildess 1/20 (21)</i>	4	MO
GILDESS FE 1.5/30 (28)	4	MO
GILDESS FE 1/20 (28)	4	MO
<i>heather</i>	4	MO
<i>hydroxyprogesterone caproate</i>	5	
<i>introvale</i>	3	MO
<i>jinteli</i>	4	PAR; MO
<i>jolessa</i>	4	MO
<i>jolivette</i>	3	MO
<i>junel 1.5/30 (21)</i>	3	MO
<i>junel 1/20 (21)</i>	3	MO
<i>junel fe 1.5/30 (28)</i>	3	MO
<i>junel fe 1/20 (28)</i>	3	MO
<i>junel fe 24</i>	4	MO
<i>kariva (28)</i>	4	MO
<i>kelnor 1/35 (28)</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	
<i>larin 1/20 (21)</i>	4	MO
<i>larin fe 1.5/30 (28)</i>	4	MO
<i>larin fe 1/20 (28)</i>	3	MO
<i>leena 28</i>	3	MO
<i>lessina</i>	4	MO
<i>levonest (28)</i>	3	MO
<i>levonorg-eth estrad triphasic</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	3	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	3	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	4	MO
<i>levora-28</i>	3	MO
<i>loryna (28)</i>	4	MO
<i>low-ogestrel (28)</i>	4	MO
<i>lutera (28)</i>	3	MO
<i>lyza</i>	4	MO
<i>marlissa</i>	3	MO
<i>medroxyprogesterone intramuscular suspension</i>	3	MO
<i>medroxyprogesterone intramuscular syringe</i>	4	MO
<i>medroxyprogesterone oral</i>	1	MO
MENEST	4	PAR; MO
<i>methylergonovine oral</i>	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	3	MO; QLL (6 per 30 days)
<i>microgestin 1.5/30 (21)</i>	3	MO
<i>microgestin 1/20 (21)</i>	3	MO
<i>microgestin fe 1.5/30 (28)</i>	3	MO
<i>microgestin fe 1/20 (28)</i>	3	MO
<i>mimvey</i>	4	PAR; MO
<i>mimvey lo</i>	4	PAR; MO
<i>mono-linyah</i>	4	MO
<i>mononessa (28)</i>	3	MO
MYZILRA	4	MO
<i>necon 0.5/35 (28)</i>	3	MO
<i>necon 1/35 (28)</i>	3	MO

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neomycin-polymyxin-hc ophthalmic</i>	3	MO
NEVANAC	3	MO
<i>ofloxacin ophthalmic</i>	2	MO
PATADAY	3	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	3	MO
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic</i>	2	MO
RESTASIS	3	MO
SIMBRINZA	4	MO
<i>sulfacetamide sodium ophthalmic drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	3	MO
<i>sulfacetamide-prednisolone</i>	2	MO
<i>timolol maleate ophthalmic drops</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution</i>	3	MO
TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE 0.25 %	4	MO
TIMOPTIC OPHTHALMIC DROPS 0.25 %	4	MO
TIMOPTIC-XE	4	MO
TOBRADEX OPHTHALMIC OINTMENT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin</i>	2	MO
<i>tobramycin-dexamethasone</i>	3	MO
TRAVATAN Z	3	MO
<i>travoprost (benzalkonium)</i>	4	MO
<i>trifluridine</i>	4	MO
VIGAMOX	3	MO

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	3	MO
<i>ludent fluoride</i>	2	MO
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	4	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	4	MO
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	4	
NEPHRAMINE 5.4 %	4	B/D PAR
NORMOSOL-M IN 5 % DEXTROSE	4	
NORMOSOL-R	4	
NORMOSOL-R IN 5 % DEXTROSE	4	
NORMOSOL-R PH 7.4	4	
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE	4	
<i>potassium bicarb and chloride</i>	2	MO
<i>potassium bicarb-citric acid</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	3	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	4	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml</i>	3	
<i>potassium chloride intravenous piggyback 10 meq/50 ml</i>	4	MO
<i>potassium chloride intravenous piggyback 30 meq/100 ml</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	4	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	4	
<i>premasol 10 %</i>	4	B/D PAR; MO
PREMASOL 6 %	4	B/D PAR
<i>prenatal vitamin oral tablet</i>	2	MO
PROCALAMINE 3%	4	B/D PAR
PROSOL 20 %	4	B/D PAR; MO
<i>ringers intravenous</i>	4	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium bicarbonate intravenous solution</i>	4	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)</i>	4	MO
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	4	
<i>sodium chloride 3 %</i>	4	MO
<i>sodium chloride 5 %</i>	4	
<i>sodium chloride intravenous</i>	4	MO
<i>sodium fluoride oral tablet</i>	2	MO
<i>sodium fluoride oral tablet, chewable</i>	2	MO
<i>sodium lactate intravenous</i>	4	
<i>travasol 10 %</i>	4	B/D PAR; MO
TROPHAMINE 10 %	4	B/D PAR; MO
TROPHAMINE 6%	4	B/D PAR

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

Index of Drugs

Legend

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

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

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

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<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	10	CLINIMIX E 5%/D20W SULFIT FREE.....	61
<i>ciprofloxacin in 5 % dextrose</i>	10	CLINIMIX E 5%/D25W SULFIT FREE.....	61
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml</i>	10	<i>clobetasol scalp</i>	42
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	10	<i>clobetasol topical cream</i>	42
<i>ciprofloxacin oral suspension</i>	10	<i>clobetasol topical foam</i>	42
<i>cisplatin</i>	17	<i>clobetasol topical gel</i>	42
<i>citalopram oral solution</i>	23	<i>clobetasol topical lotion</i>	42
<i>citalopram oral tablet 10 mg</i>	23		
<i>citalopram oral tablet 20 mg</i>	23		

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

CYSTARAN.....	57	DESVENLAFAXINE FUMARATE ORAL	
<i>cytarabine</i>	17	TABLET EXTENDED RELEASE 24HR 100	
<i>cytarabine (pf) injection solution 100 mg/5 ml (20</i>		MG.....	24
<i>mg/ml), 2 gram/20 ml (100 mg/ml)</i>	17	DESVENLAFAXINE FUMARATE ORAL	
<i>cytarabine (pf) injection solution 20 mg/ml</i>	17	TABLET EXTENDED RELEASE 24HR 50	
CYTOMEL.....	46	MG.....	24
<i>d10 %-0.45 % sodium chloride</i>	44	DESVENLAFAXINE ORAL TABLET	
<i>d2.5 %-0.45 % sodium chloride</i>	44	EXTENDED RELEASE 24 HR 100 MG.....	24
<i>d5 % and 0.9 % sodium chloride</i>	44	DESVENLAFAXINE ORAL TABLET	
<i>d5 %-0.45 % sodium chloride</i>	44	EXTENDED RELEASE 24 HR 50 MG.....	24
<i>dacarbazine</i>	17	DESVENLAFAXINE ORAL TABLET	
DALIRESP.....	59	EXTENDED RELEASE 24HR 100 MG.....	24
<i>danazol oral</i>	46	DESVENLAFAXINE ORAL TABLET	
<i>dantrolene</i>	24	EXTENDED RELEASE 24HR 50 MG.....	24
DAPSONE.....	11	<i>dexamethasone intensol</i>	46
DAPTACEL (DTAP PEDIATRIC) (PF).....	52	<i>dexamethasone oral elixir</i>	46
DARAPRIM.....	11	<i>dexamethasone oral solution</i>	46
DARZALEX.....	17	<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5</i>	
<i>dasetta 1/35 (28)</i>	55	<i>mg</i>	46
<i>dasetta 7/7 (28)</i>	55	<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	46
<i>daunorubicin intravenous solution</i>	17	<i>dexamethasone sodium phos (pf)</i>	46
<i>decitabine</i>	17	<i>dexamethasone sodium phosphate injection</i>	
DELESTROGEN.....	55	<i>solution</i>	46
DELZICOL ORAL CAPSULE,DELAYED		<i>dexamethasone sodium phosphate injection syringe</i>	46
RELEASE(DR/EC).....	50	<i>dexamethasone sodium phosphate ophthalmic</i>	57
<i>demeclocycline</i>	11	DEXILANT.....	50
DEMSEER.....	36	<i>dextrazoxane hcl intravenous recon soln 250 mg</i>	17
DENAVIR.....	42	<i>dextrazoxane hcl intravenous recon soln 500 mg</i>	17
<i>denta 5000 plus</i>	45	<i>dextroamphetamine oral tablet 10 mg</i>	24
<i>dentagel</i>	45	<i>dextroamphetamine oral tablet 5 mg</i>	24
DEPEN TITRATABS.....	54	<i>dextroamphetamine-amphetamine oral capsule,</i>	
DEPO-ESTRADIOL.....	55	<i>extended release 24hr</i>	24
DERMATOP TOPICAL OINTMENT.....	42	<i>dextroamphetamine-amphetamine oral tablet 10 mg,</i>	
DESCOVY.....	11	<i>12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	24
<i>desipramine oral</i>	24	<i>dextroamphetamine-amphetamine oral tablet 30</i>	
<i>desloratadine oral tablet</i>	59	<i>mg</i>	24
<i>desloratadine oral tablet,disintegrating</i>	59	<i>dextrose 10 % and 0.2 % nacl</i>	44
<i>desmopressin injection</i>	46	<i>dextrose 10 % in water (d10w)</i>	44
<i>desmopressin nasal aerosol,spray</i>	46	<i>dextrose 25 % in water (d25w)</i>	44
<i>desmopressin nasal solution</i>	46	<i>dextrose 30 % in water (d30w)</i>	44
<i>desmopressin nasal spray,non-aerosol</i>	46	<i>dextrose 40 % in water (d40w)</i>	44
<i>desmopressin oral</i>	46	<i>dextrose 5 % in water (d5w)</i>	44
<i>desonide</i>	42	<i>dextrose 5 %-lactated ringers</i>	44
<i>desoximetasone topical cream</i>	42	<i>dextrose 5%-0.2 % sod chloride</i>	44
<i>desoximetasone topical gel</i>	42	<i>dextrose 5%-0.3 % sod.chloride</i>	44
<i>desoximetasone topical ointment 0.25 %</i>	42	<i>dextrose 50 % in water (d50w) intravenous parenteral</i>	
		<i>solution</i>	44

<i>dextrose 50 % in water (d50w) intravenous syringe</i>	44	DILANTIN EXTENDED.....	24
<i>dextrose 70 % in water (d70w)</i>	44	DILANTIN INFATABS.....	24
<i>dextrose with sodium chloride</i>	44	DILANTIN ORAL CAPSULE 30 MG.....	24
<i>dextrose-kcl-nacl</i>	61	<i>dilt-xr</i>	36
<i>diazepam intensol</i>	24	<i>diltiazem hcl intravenous</i>	36
<i>diazepam oral concentrate</i>	24	<i>diltiazem hcl oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	36
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	24	<i>diltiazem hcl oral capsule, extended release 360 mg</i>	36
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	24	<i>diltiazem hcl oral capsule,ext release degradable</i>	37
<i>diazepam oral tablet 10 mg</i>	24	<i>diltiazem hcl oral capsule,extended release 12 hr</i>	37
<i>diazepam oral tablet 2 mg</i>	24	<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	37
<i>diazepam oral tablet 5 mg</i>	24	<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	37
<i>diazepam rectal</i>	24	<i>diltiazem hcl oral tablet</i>	37
<i>diclofenac potassium</i>	24	DIOVAN HCT.....	37
<i>diclofenac sodium ophthalmic</i>	57	DIPENTUM.....	50
<i>diclofenac sodium oral tablet extended release 24 hr</i>	24	<i>diphenhydramine hcl injection solution 50 mg/ml</i>	59
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	24	<i>diphenhydramine hcl injection syringe</i>	59
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	24	<i>diphenoxylate-atropine oral liquid</i>	50
<i>diclofenac sodium topical gel 1 %</i>	24	<i>diphenoxylate-atropine oral tablet</i>	50
<i>diclofenac sodium topical gel 3 %</i>	42	DIPROLENE AF.....	42
<i>dicloxacillin</i>	11	<i>diskets</i>	24
<i>dicyclomine oral capsule</i>	50	<i>disopyramide phosphate oral capsule</i>	37
<i>dicyclomine oral solution</i>	50	<i>disulfiram</i>	44
<i>dicyclomine oral tablet</i>	50	<i>divalproex oral capsule, sprinkle</i>	24
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	11	<i>divalproex oral tablet extended release 24 hr</i>	24
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	11	<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg</i>	24
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg</i>	11	<i>divalproex oral tablet, delayed release (dr/ec) 500 mg</i>	25
<i>didanosine oral capsule, delayed release(dr/ec) 400 mg</i>	11	DOCEFREZ INTRAVENOUS RECON SOLN 20 MG.....	17
DIFICID.....	11	<i>docetaxel intravenous solution 10 mg/ml, 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	17
<i>diflorasone</i>	42	<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	17
<i>diflunisal</i>	24	<i>dofetilide</i>	37
<i>digitek oral tablet 125 mcg</i>	36	<i>donepezil oral tablet 10 mg, 5 mg</i>	25
<i>digitek oral tablet 250 mcg</i>	36	<i>donepezil oral tablet, disintegrating</i>	25
<i>digox oral tablet 125 mcg</i>	36	DORIBAX.....	11
<i>digoxin injection solution</i>	36	<i>dorzolamide</i>	57
<i>digoxin oral solution 50 mcg/ml</i>	36	<i>dorzolamide-timolol</i>	57
<i>digoxin oral tablet 125 mcg</i>	36	<i>doxazosin</i>	37
<i>digoxin oral tablet 250 mcg</i>	36	<i>doxepin oral</i>	25
<i>dihydroergotamine injection</i>	24	<i>doxercalciferol intravenous</i>	46
<i>dihydroergotamine nasal</i>	24		

<i>doxercalciferol oral</i>	46	ELIQUIS ORAL TABLET 2.5 MG.....	37
<i>doxorubicin intravenous recon soln</i>	17	ELIQUIS ORAL TABLET 5 MG.....	37
<i>doxorubicin intravenous solution</i>	17	ELITEK.....	17
<i>doxorubicin, peg-liposomal</i>	17	ELIXOPHYLLIN ORAL ELIXIR 80 MG/15	
<i>doxy-100</i>	11	ML.....	59
<i>doxycycline hyclate intravenous</i>	11	ELLA.....	55
<i>doxycycline hyclate oral capsule</i>	11	ELOCON TOPICAL SOLUTION.....	42
<i>doxycycline hyclate oral tablet 100 mg</i>	11	EMCYT.....	17
<i>doxycycline hyclate oral tablet 20 mg</i>	11	EMEND ORAL CAPSULE 125 MG.....	50
<i>doxycycline monohydrate oral capsule 100 mg, 50</i>		EMEND ORAL CAPSULE 40 MG.....	50
<i>mg</i>	11	EMEND ORAL CAPSULE 80 MG.....	50
<i>doxycycline monohydrate oral suspension for</i>		EMEND ORAL CAPSULE,DOSE PACK.....	50
<i>reconstitution</i>	11	<i>emoquette</i>	55
<i>doxycycline monohydrate oral tablet 100 mg</i>	11	EMPLICITI.....	17
<i>doxycycline monohydrate oral tablet 150 mg, 50</i>		EMSAM.....	25
<i>mg</i>	11	EMTRIVA ORAL CAPSULE.....	11
<i>doxycycline monohydrate oral tablet 75 mg</i>	11	EMTRIVA ORAL SOLUTION.....	11
<i>dronabinol oral capsule 10 mg</i>	50	<i>enalapril maleate</i>	37
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	50	<i>enalapril-hydrochlorothiazide</i>	37
<i>drospirenone-ethinyl estradiol</i>	55	ENBREL SUBCUTANEOUS RECON	
DROXIA.....	17	SOLN.....	54
DUETACT ORAL TABLET 30-4 MG.....	46	ENBREL SUBCUTANEOUS SYRINGE 25 MG/	
DULERA.....	59	0.5ML (0.51).....	54
<i>duloxetine oral capsule, delayed release(dr/ec) 20</i>		ENBREL SUBCUTANEOUS SYRINGE 50 MG/	
<i>mg</i>	25	ML (0.98 ML).....	54
<i>duloxetine oral capsule, delayed release(dr/ec) 30</i>		ENBREL SURECLICK.....	54
<i>mg</i>	25	<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	25
<i>duloxetine oral capsule, delayed release(dr/ec) 40</i>		<i>endocet oral tablet 5-325 mg</i>	25
<i>mg</i>	25	ENGERIX-B (PF).....	52
<i>duloxetine oral capsule, delayed release(dr/ec) 60</i>		ENGERIX-B PEDIATRIC (PF).....	52
<i>mg</i>	25	<i>enoxaparin subcutaneous solution</i>	37
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	25	<i>enoxaparin subcutaneous syringe 100 mg/ml</i>	37
<i>duramorph (pf) injection solution 1 mg/ml</i>	25	<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml</i>	37
DUREZOL.....	57	<i>enoxaparin subcutaneous syringe 150 mg/ml</i>	37
<i>dutasteride</i>	60	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	37
<i>dutasteride-tamsulosin</i>	60	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	37
DYAZIDE.....	37	<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	37
DYSPORT.....	52	<i>enoxaparin subcutaneous syringe 80 mg/0.8 ml</i>	37
<i>e.e.s. 400 oral tablet</i>	11	<i>enpresse</i>	55
<i>econazole topical</i>	42	<i>entacapone</i>	25
EDURANT.....	11	<i>entecavir</i>	11
EFFIENT.....	37	<i>enulose</i>	50
EGRIFTA SUBCUTANEOUS RECON SOLN 1		ENVARBUS XR.....	17
MG.....	52	<i>epinastine</i>	57
ELAPRASE.....	46	EPIPEN 2-PAK.....	59
ELESTRIN.....	55	EPIPEN JR 2-PAK.....	59
ELIDEL.....	42	<i>epirubicin intravenous solution 200 mg/100 ml</i>	17
<i>elinest</i>	55	<i>epirubicin intravenous solution 50 mg/25 ml</i>	17

<i>epitol</i>	25	<i>ethosuximide oral capsule</i>	25
EPIVIR HBV ORAL SOLUTION.....	11	<i>ethosuximide oral solution</i>	25
EPIVIR ORAL SOLUTION.....	11	<i>etidronate disodium</i>	44
<i>eplerenone</i>	37	<i>etodolac oral capsule</i>	25
<i>eprosartan</i>	37	<i>etodolac oral tablet</i>	25
EPZICOM.....	11	<i>etodolac oral tablet extended release 24 hr</i>	25
EQUETRO ORAL CAPSULE, ER MULTIPHASE		ETOPOPHOS.....	17
12 HR 100 MG.....	25	<i>etoposide intravenous</i>	17
EQUETRO ORAL CAPSULE, ER MULTIPHASE		EVAMIST.....	55
12 HR 200 MG.....	25	EVOMELA.....	17
EQUETRO ORAL CAPSULE, ER MULTIPHASE		EVOTAZ.....	11
12 HR 300 MG.....	25	EXELDERM.....	42
ERBITUX.....	17	EXELON ORAL CAPSULE 1.5 MG, 4.5 MG.....	25
<i>ergoloid</i>	25	<i>exemestane</i>	17
ERIVEDGE.....	17	EXFORGE.....	37
<i>errin</i>	55	EXFORGE HCT.....	37
ERWINAZE.....	17	EXJADE.....	44
<i>ery pads</i>	42	EXTAVIA SUBCUTANEOUS KIT.....	52
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333</i>		EXTAVIA SUBCUTANEOUS RECON	
<i>mg</i>	11	SOLN.....	52
ERY-TAB ORAL TABLET, DELAYED RELEASE		FABRAZYME.....	46
(DR/EC) 500 MG.....	11	<i>falmina (28)</i>	55
<i>erythrocin (as stearate) oral tablet 250 mg</i>	11	<i>famciclovir oral tablet 125 mg, 250 mg</i>	11
ERYTHROCIN INTRAVENOUS RECON		<i>famciclovir oral tablet 500 mg</i>	11
SOLN 500 MG.....	11	<i>famotidine (pf)</i>	50
<i>erythromycin ethylsuccinate oral tablet</i>	11	<i>famotidine (pf)-nacl (iso-os)</i>	50
<i>erythromycin ophthalmic</i>	57	<i>famotidine intravenous</i>	50
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	11	<i>famotidine oral suspension</i>	50
<i>erythromycin oral tablet</i>	11	<i>famotidine oral tablet 20 mg, 40 mg</i>	50
<i>erythromycin with ethanol</i>	42	FANAPT ORAL TABLET 1 MG.....	25
<i>erythromycin-benzoyl peroxide</i>	42	FANAPT ORAL TABLET 10 MG.....	25
ESBRIET.....	59	FANAPT ORAL TABLET 12 MG.....	25
<i>escitalopram oxalate oral solution</i>	25	FANAPT ORAL TABLET 2 MG.....	25
<i>escitalopram oxalate oral tablet 10 mg</i>	25	FANAPT ORAL TABLET 4 MG.....	25
<i>escitalopram oxalate oral tablet 20 mg</i>	25	FANAPT ORAL TABLET 6 MG.....	25
<i>escitalopram oxalate oral tablet 5 mg</i>	25	FANAPT ORAL TABLET 8 MG.....	25
<i>esomeprazole sodium intravenous</i>	50	FANAPT ORAL TABLETS, DOSE PACK.....	25
<i>estarylla</i>	55	FARESTON.....	17
ESTRACE VAGINAL.....	55	FARYDAK ORAL CAPSULE 10 MG.....	17
<i>estradiol oral</i>	55	FARYDAK ORAL CAPSULE 15 MG, 20 MG.....	17
<i>estradiol transdermal patch semiweekly</i>	55	FASLODEX.....	17
<i>estradiol transdermal patch weekly</i>	55	<i>felbamate oral suspension</i>	25
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/</i>		<i>felbamate oral tablet</i>	25
<i>ml</i>	55	FELBATOL ORAL TABLET 400 MG.....	25
<i>estradiol-norethindrone acet</i>	55	<i>felodipine oral tablet extended release 24 hr 10</i>	
ESTRING.....	55	<i>mg</i>	37
<i>estropipate</i>	55	<i>felodipine oral tablet extended release 24 hr 2.5 mg,</i>	
<i>ethambutol</i>	11	<i>5 mg</i>	37

FEMRING.....	55	<i>fluconazole in nacl (iso-osm) intravenous piggyback</i>	
<i>fenofibrate micronized oral capsule 130 mg.....</i>	<i>37</i>	200 mg/100 ml.....	12
<i>fenofibrate micronized oral capsule 134 mg, 200</i>		<i>fluconazole in nacl (iso-osm) intravenous piggyback</i>	
<i>mg.....</i>	<i>37</i>	400 mg/200 ml.....	12
<i>fenofibrate micronized oral capsule 43 mg.....</i>	<i>37</i>	<i>fluconazole oral suspension for reconstitution 10 mg/</i>	
<i>fenofibrate micronized oral capsule 67 mg.....</i>	<i>37</i>	ml.....	12
<i>fenofibrate nanocrystallized 48 mg, 145 mg.....</i>	<i>37</i>	<i>fluconazole oral suspension for reconstitution 40 mg/</i>	
<i>fenofibrate oral tablet 160 mg.....</i>	<i>37</i>	ml.....	12
<i>fenofibrate oral tablet 54 mg.....</i>	<i>37</i>	<i>fluconazole oral tablet 100 mg.....</i>	12
<i>fenofibric acid (choline) dr capsules.....</i>	<i>37</i>	<i>fluconazole oral tablet 150 mg, 50 mg.....</i>	12
<i>fenopropfen oral tablet.....</i>	<i>25</i>	<i>fluconazole oral tablet 200 mg.....</i>	12
<i>fentanyl citrate.....</i>	<i>25</i>	<i>flucytosine.....</i>	12
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12</i>		<i>fludarabine intravenous recon soln.....</i>	18
<i>mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.....</i>	<i>25</i>	<i>fludarabine intravenous solution.....</i>	18
FETZIMA ORAL CAPSULE,EXT REL 24HR		<i>fludrocortisone.....</i>	46
DOSE PACK.....	25	<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025</i>	
FETZIMA ORAL CAPSULE,EXTENDED		%).....	59
RELEASE 24 HR 120 MG, 80 MG.....	25	<i>fluocinolone.....</i>	42
FETZIMA ORAL CAPSULE,EXTENDED		<i>fluocinolone acetonide oil otic.....</i>	45
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<i>sodium phenylbutyrate.....</i>	45
<i>sodium polystyrene (sorb free).....</i>	45
<i>sodium polystyrene sulfonate oral powder.....</i>	45
<i>sodium polystyrene sulfonate oral suspension.....</i>	45
<i>sodium polystyrene sulfonate rectal.....</i>	45
SODIUM POLYSTYRENE SULFONATE	
RECTAL.....	45
SOLTAMOX.....	20
SOMATULINE DEPOT.....	20
SOMAVERT.....	49
<i>sorine oral tablet 120 mg, 160 mg.....</i>	40
<i>sorine oral tablet 240 mg.....</i>	40
<i>sorine oral tablet 80 mg.....</i>	40
<i>sotalol af oral tablet 120 mg, 160 mg.....</i>	40
<i>sotalol af oral tablet 80 mg.....</i>	40
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg.....</i>	40
<i>sotalol oral tablet 80 mg.....</i>	40
SOVALDI.....	14
SPIRIVA RESPIMAT.....	60
SPIRIVA WITH HANDIHALER.....	60
<i>spironolacton-hydrochlorothiaz.....</i>	40
<i>spironolactone oral tablet 100 mg, 50 mg.....</i>	40
<i>spironolactone oral tablet 25 mg.....</i>	40
<i>sprintec (28).....</i>	56
SPRITAM ORAL TABLET FOR SUSPENSION	
1,000 MG, 250 MG, 500 MG.....	33
SPRITAM ORAL TABLET FOR SUSPENSION	
750 MG.....	33
SPRYCEL.....	20
<i>sps oral.....</i>	45
<i>sps rectal.....</i>	45
<i>sronyx.....</i>	56
<i>ssd.....</i>	43
<i>stavudine oral capsule 15 mg.....</i>	14
<i>stavudine oral capsule 20 mg.....</i>	14
<i>stavudine oral capsule 30 mg.....</i>	14
<i>stavudine oral capsule 40 mg.....</i>	14
<i>stavudine oral recon soln.....</i>	14
STIMATE.....	49
STIOLTO RESPIMAT.....	60
STIVARGA.....	20
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STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG.....	33
STREPTOMYCIN INTRAMUSCULAR.....	15
STRIBILD.....	15
STROMECTOL.....	15
SUBOXONE SUBLINGUAL FILM 12-3 MG.....	33
SUBOXONE SUBLINGUAL FILM 2-0.5 MG.....	33
SUBOXONE SUBLINGUAL FILM 4-1 MG.....	33
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<i>sucrafate oral tablet.....</i>	52
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24 HR 17 MG.....	40
<i>sulfacetamide sodium (acne).....</i>	43
<i>sulfacetamide sodium ophthalmic drops.....</i>	58
<i>sulfacetamide sodium ophthalmic ointment.....</i>	58
<i>sulfacetamide-prednisolone.....</i>	58
<i>sulfadiazine oral.....</i>	15
<i>sulfamethoxazole-trimethoprim intravenous.....</i>	15
<i>sulfamethoxazole-trimethoprim oral suspension.....</i>	15
<i>sulfamethoxazole-trimethoprim oral tablet.....</i>	15
SULFAMYLON TOPICAL CREAM.....	43
<i>sulfasalazine.....</i>	52
<i>sulfazine.....</i>	52

<i>sulindac oral tablet 150 mg</i>	33	TASIGNA.....	20
<i>sulindac oral tablet 200 mg</i>	33	TAXOTERE INTRAVENOUS SOLUTION 20	
<i>sumatriptan</i>	33	MG/ML (1 ML), 80 MG/4 ML (20 MG/	
<i>sumatriptan succinate oral</i>	33	ML).....	20
<i>sumatriptan succinate subcutaneous cartridge</i>	33	TAZORAC.....	43
<i>sumatriptan succinate subcutaneous pen injector</i>	33	<i>taztia xt</i>	40
<i>sumatriptan succinate subcutaneous solution</i>	33	TECENTRIQ.....	20
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5</i>		TECFIDERA.....	33
<i>ml</i>	33	TECHNIVIE.....	15
SUPREP BOWEL PREP KIT.....	52	TEFLARO INTRAVENOUS RECON SOLN 400	
SURMONTIL.....	33	MG.....	15
SUSTIVA ORAL CAPSULE 200 MG.....	15	TEFLARO INTRAVENOUS RECON SOLN 600	
SUSTIVA ORAL CAPSULE 50 MG.....	15	MG.....	15
SUSTIVA ORAL TABLET.....	15	TEGRETOL XR ORAL TABLET EXTENDED	
SUTENT ORAL CAPSULE 12.5 MG.....	20	RELEASE 12 HR 100 MG.....	33
SUTENT ORAL CAPSULE 25 MG, 37.5 MG,		TEKTURNA.....	40
50 MG.....	20	TEKTURNA HCT.....	40
<i>syeda</i>	56	<i>telmisartan oral tablet 20 mg, 40 mg</i>	40
SYLATRON.....	53	<i>telmisartan oral tablet 80 mg</i>	40
SYMBICORT.....	60	<i>telmisartan-amlodipine</i>	40
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50		<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5</i>	
MG, 6-50 MG.....	33	<i>mg, 80-25 mg</i>	40
SYMBYAX ORAL CAPSULE 3-25 MG.....	33	<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5</i>	
SYMLINPEN 120.....	49	<i>mg</i>	40
SYMLINPEN 60.....	49	TEMOVATE TOPICAL CREAM.....	43
SYNAGIS.....	15	TEMOVATE TOPICAL OINTMENT.....	43
SYNAREL.....	49	TENIVAC (PF) INTRAMUSCULAR	
SYNERCID.....	15	SYRINGE.....	53
SYNJARDY.....	49	TENORETIC 100.....	40
SYNRIBO.....	20	TENORETIC 50.....	40
SYNTHROID.....	49	<i>terazosin</i>	40
SYPRINE.....	45	<i>terbinafine hcl oral</i>	15
TABLOID.....	20	<i>terbutaline oral</i>	60
<i>tacrolimus oral</i>	20	<i>terbutaline subcutaneous</i>	60
<i>tacrolimus topical</i>	43	<i>terconazole vaginal cream</i>	56
TAFINLAR.....	20	<i>terconazole vaginal suppository</i>	56
TAGRISSO ORAL TABLET 40 MG.....	20	<i>testosterone cypionate</i>	49
TAGRISSO ORAL TABLET 80 MG.....	20	<i>testosterone enanthate</i>	49
TAMIFLU.....	15	TESTOSTERONE TRANSDERMAL GEL.....	49
<i>tamoxifen</i>	20	TESTOSTERONE TRANSDERMAL GEL IN	
<i>tamsulosin</i>	61	METERED-DOSE PUMP 1.25 GRAM/	
TANZEUM.....	49	ACTUATION (1 %).....	49
TAPAZOLE.....	49	TESTOSTERONE TRANSDERMAL GEL IN	
TARCEVA ORAL TABLET 100 MG, 150		METERED-DOSE PUMP 10 MG/0.5 GRAM	
MG.....	20	/ACTUATION.....	49
TARCEVA ORAL TABLET 25 MG.....	20	<i>testosterone transdermal gel in packet</i>	49
TARGRETIN ORAL.....	20	TESTOSTERONE TRANSDERMAL GEL IN	
TARGRETIN TOPICAL.....	20	PACKET.....	49

TETANUS,DIPHThERIA TOX PED(PF).....	53	<i>tolbutamide</i>	49
TETANUS-DIPHThERIA TOXOIDS-TD.....	53	<i>tolcapone</i>	33
<i>tetrabenazine oral tablet 12.5 mg</i>	33	<i>tolterodine oral capsule,extended release 24hr</i>	61
<i>tetrabenazine oral tablet 25 mg</i>	33	<i>tolterodine oral tablet</i>	61
<i>tetracycline</i>	15	<i>topiramate oral capsule, sprinkle</i>	33
THALOMID ORAL CAPSULE 100 MG, 50		<i>topiramate oral tablet 100 mg</i>	33
MG.....	20	<i>topiramate oral tablet 200 mg</i>	33
THALOMID ORAL CAPSULE 150 MG, 200		<i>topiramate oral tablet 25 mg</i>	33
MG.....	20	<i>topiramate oral tablet 50 mg</i>	33
<i>theophylline oral elixir</i>	60	<i>toposar</i>	20
<i>theophylline oral solution</i>	60	<i>topotecan intravenous recon soln</i>	21
<i>theophylline oral tablet extended release</i>	60	<i>topotecan intravenous solution</i>	21
<i>theophylline oral tablet extended release 12 hr</i>	60	TOPROL XL.....	41
THIOLA.....	45	TORISEL.....	21
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	33	<i>torseamide oral tablet 10 mg, 5 mg</i>	41
<i>thioridazine oral tablet 100 mg</i>	33	<i>torseamide oral tablet 100 mg, 20 mg</i>	41
<i>thiotepa</i>	20	TOUJEO SOLOSTAR.....	49
<i>thiothixene</i>	33	TOVIAZ.....	61
THYMOGLOBULIN.....	53	TRACLEER.....	60
<i>tiagabine</i>	33	TRADJENTA.....	49
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TICE BCG.....	53	<i>tramadol-acetaminophen</i>	33
TIKOSYN.....	40	<i>trandolapril</i>	41
<i>tilia fe</i>	56	<i>tranexamic acid intravenous</i>	41
<i>timolol maleate ophthalmic drops</i>	58	<i>tranexamic acid oral</i>	56
<i>timolol maleate ophthalmic gel forming solution</i>	58	TRANSDERM-SCOP.....	52
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	40	<i>tranylcypromine</i>	33
<i>timolol maleate oral tablet 20 mg</i>	41	<i>travasol 10 %</i>	63
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DROPPERETTE 0.25 %.....	58	<i>travoprost (benzalkonium)</i>	58
TIMOPTIC OPHTHALMIC DROPS 0.25		<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	33
%.....	58	<i>trazodone oral tablet 300 mg</i>	33
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<i>tinidazole oral tablet 500 mg</i>	15	TRECATOR.....	15
TIVICAY ORAL TABLET 10 MG.....	15	TRELSTAR INTRAMUSCULAR SUSPENSION	
TIVICAY ORAL TABLET 25 MG.....	15	FOR RECONSTITUTION.....	21
TIVICAY ORAL TABLET 50 MG.....	15	TRELSTAR INTRAMUSCULAR SYRINGE	
<i>tizanidine oral tablet</i>	33	11.25 MG/2 ML.....	21
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TOBRADEX ST.....	58	MG/2 ML.....	21
<i>tobramycin</i>	58	TRELSTAR INTRAMUSCULAR SYRINGE 3.75	
<i>tobramycin in 0.225 % nacl</i>	15	MG/2 ML.....	21
<i>tobramycin sulfate injection recon soln</i>	15	<i>tretinoin (chemotherapy) oral capsule</i>	21
<i>tobramycin sulfate injection solution</i>	15	<i>tretinoin topical cream</i>	43
<i>tobramycin-dexamethasone</i>	58	<i>tretinoin topical gel 0.01 %, 0.025 %</i>	43
<i>tolazamide oral tablet 250 mg</i>	49	<i>tri-estarylla</i>	56
<i>tolazamide oral tablet 500 mg</i>	49	<i>tri-legest fe</i>	56

<i>tri-linyah</i>	56	TYBOST.....	15
<i>tri-previfem (28)</i>	56	TYGACIL.....	15
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<i>triamcinolone acetonide injection suspension 10 mg/</i>		SOLUTION.....	53
<i>ml</i>	49	TYPHIM VI INTRAMUSCULAR SYRINGE.....	53
<i>triamcinolone acetonide injection suspension 40 mg/</i>		TYTABRI.....	34
<i>ml</i>	49	TYZEKA.....	15
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<i>triamcinolone acetonide topical cream 0.1 %, 0.5</i>		ULORIC.....	55
<i>%</i>	43	<i>unithroid</i>	49
<i>triamcinolone acetonide topical lotion</i>	43	UNITUXIN.....	21
<i>triamcinolone acetonide topical ointment 0.025 %,</i>		UPTRAVI ORAL TABLET.....	41
<i>0.1 %, 0.5 %</i>	44	UPTRAVI ORAL TABLETS,DOSE PACK.....	41
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25</i>		<i>ursodiol</i>	52
<i>mg</i>	41	UVADEX.....	44
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<i>trianex</i>	44	<i>valacyclovir</i>	15
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<i>triderm topical cream</i>	44	<i>valproate sodium</i>	34
<i>trifluoperazine oral tablet 1 mg, 2 mg</i>	34	<i>valproic acid</i>	34
<i>trifluoperazine oral tablet 10 mg, 5 mg</i>	34	<i>valproic acid (as sodium salt) oral solution 250 mg/5</i>	
<i>trifluridine</i>	58	<i>ml</i>	34
<i>trihexyphenidyl</i>	34	<i>valproic acid (as sodium salt) oral solution 250 mg/5</i>	
TRILIPIX ORAL CAPSULE,DELAYED		<i>ml (5 ml), 500 mg/10 ml (10 ml)</i>	34
RELEASE(DR/EC) 45 MG.....	41	<i>valsartan oral tablet 160 mg</i>	41
<i>trilyte with flavor packets</i>	52	<i>valsartan oral tablet 320 mg</i>	41
<i>trimethoprim</i>	15	<i>valsartan oral tablet 40 mg, 80 mg</i>	41
<i>trimipramine</i>	34	<i>valsartan-hydrochlorothiazide oral tablet 160-12.5</i>	
<i>trinessa (28)</i>	57	<i>mg, 160-25 mg, 320-12.5 mg, 80-12.5 mg</i>	41
TRINTELLIX ORAL TABLET 10 MG.....	34	<i>valsartan-hydrochlorothiazide oral tablet 320-25</i>	
TRINTELLIX ORAL TABLET 20 MG.....	34	<i>mg</i>	41
TRINTELLIX ORAL TABLET 5 MG.....	34	VANCOMYCIN IN 0.9% SODIUM CL	
TRISENOX.....	21	INTRAVENOUS PIGGYBACK 500 MG/100	
TRIUMEQ.....	15	ML, 750 MG/150 ML.....	15
<i>trivora (28)</i>	57	VANCOMYCIN IN DEXTROSE 5 %	
TROPHAMINE 10 %.....	63	INTRAVENOUS PIGGYBACK 1 GRAM/200	
TROPHAMINE 6%.....	63	ML.....	15
<i>trospium oral tablet</i>	61	VANCOMYCIN IN DEXTROSE 5 %	
TRULICITY.....	49	INTRAVENOUS PIGGYBACK 500 MG/100	
TRUMENBA.....	53	ML, 750 MG/150 ML.....	15
TRUVADA ORAL TABLET 100-150 MG, 133-		<i>vancomycin intravenous</i>	15
200 MG, 167-250 MG.....	15	VANCOMYCIN INTRAVENOUS.....	15
TRUVADA ORAL TABLET 200-300 MG.....	15	<i>vancomycin oral capsule 125 mg</i>	15
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VELCADE.....	21	VIIBRYD ORAL TABLET 10 MG.....	34
<i>velivet triphasic regimen (28)</i>	57	VIIBRYD ORAL TABLET 20 MG.....	34
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VENCLEXTA ORAL TABLET 100 MG.....	21	VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23).....	34
VENCLEXTA ORAL TABLET 50 MG.....	21	VIMPAT INTRAVENOUS.....	34
VENCLEXTA STARTING PACK.....	21	VIMPAT ORAL SOLUTION.....	34
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	34	VIMPAT ORAL TABLET 100 MG.....	34
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	34	VIMPAT ORAL TABLET 150 MG, 200 MG.....	34
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	34	VIMPAT ORAL TABLET 50 MG.....	34
<i>venlafaxine oral tablet 100 mg</i>	34	<i>vinblastine intravenous solution</i>	21
<i>venlafaxine oral tablet 25 mg</i>	34	<i>vincasar pfs intravenous solution 1 mg/ml</i>	21
<i>venlafaxine oral tablet 37.5 mg</i>	34	<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	21
<i>venlafaxine oral tablet 50 mg</i>	34	<i>vincristine intravenous solution 1 mg/ml</i>	21
<i>venlafaxine oral tablet 75 mg</i>	34	<i>vincristine intravenous solution 2 mg/2 ml</i>	21
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	34	<i>vinorelbine</i>	21
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<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	34	VIRACEPT ORAL TABLET 250 MG.....	15
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<i>verapamil intravenous solution</i>	41	VIREAD ORAL POWDER.....	16
<i>verapamil intravenous syringe</i>	41	VIREAD ORAL TABLET 150 MG, 250 MG, 300 MG.....	16
<i>verapamil oral capsule, 24 hr er pellet ct</i>	41	VIREAD ORAL TABLET 200 MG.....	16
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<i>verapamil oral tablet</i>	41	VOLTAREN TOPICAL.....	34
<i>verapamil oral tablet extended release 120 mg</i>	41	<i>voriconazole intravenous</i>	16
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	41	<i>voriconazole oral suspension for reconstitution</i>	16
		<i>voriconazole oral tablet 200 mg</i>	16
		<i>voriconazole oral tablet 50 mg</i>	16
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		VRAYLAR ORAL CAPSULE 1.5 MG.....	34
		VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG.....	34
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<i>water for irrigation, sterile</i>	45	<i>zidovudine oral syrup</i>	16
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XENAZINE ORAL TABLET 25 MG.....	34	ZITHROMAX Z-PAK.....	16
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200 UNIT.....	54	<i>zoledronic acid intravenous recon soln 4 mg</i>	50
XGEVA.....	21	<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	50
XIFAXAN ORAL TABLET 550 MG.....	16	ZOLINZA.....	21
XOLAIR.....	60	<i>zolpidem oral tablet</i>	35
XOPENEX HFA.....	60	<i>zolpidem oral tablet,ext release multiphase</i>	35
XTANDI.....	21	ZOMETA INTRAVENOUS SOLUTION 4 MG/	
<i>xulane</i>	57	100 ML.....	50
XYREM.....	34	<i>zonisamide oral capsule 100 mg, 50 mg</i>	35
XYZAL ORAL TABLET.....	60	<i>zonisamide oral capsule 25 mg</i>	35
YERVOY.....	21	ZORTRESS ORAL TABLET 0.25 MG.....	21
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YONDELIS.....	21	MG.....	21
<i>zafirlukast</i>	60	ZOSTAVAX (PF).....	54
<i>zaleplon oral capsule 10 mg</i>	34	<i>zovia 1/35e</i> (28).....	57
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MG, 5 MG.....	41	SOLUTION 600 MG/300 ML.....	16
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