



2017 BlueMedicareSM Comprehensive Formulary

BlueMedicare Rx (PDP)

BlueMedicare HMO

BlueMedicare PPO

BlueMedicare Regional PPO

BlueMedicare Group Rx (Employer PDP)

BlueMedicare Group PPO (Employer PPO)

**BlueMedicare Rx (PDP)
BlueMedicare HMO
BlueMedicare PPO
BlueMedicare Regional PPO
BlueMedicare Group PPO (Employer PPO)
BlueMedicare Group Rx (Employer PDP)**

**2017 Formulary
(List of Covered Drugs)**

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

Formulary ID 00017111, Version 10

This formulary was updated on 06/01/2017. For more recent information or other questions, please contact BlueMedicare Rx, BlueMedicare HMO, BlueMedicare PPO, BlueMedicare Regional PPO, BlueMedicare Group PPO and BlueMedicare Group Rx Member Services at 1-800-926-6565 or, for TTY users, 1-800-955-8770. We are open from 8:00 a.m. – 8:00 p.m. local time, seven days a week from October 1 – February 14, except for Thanksgiving and Christmas. From February 15 – September 30, we are open Monday – Friday, 8:00 a.m. – 8:00 p.m. local time, except for Federal holidays. Or visit www.BlueMedicareFL.com.

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 Florida Blue or Florida Blue HMO. When it refers to “plan” or “our plan,” it means BlueMedicare Rx (PDP), BlueMedicare HMO (which includes BlueMedicare HMO LifeTime (HMO), BlueMedicare HMO MyTime (HMO), BlueMedicare HMO MyTime Plus (HMO), and BlueMedicare HMO MyTime Select (HMO)), BlueMedicare PPO, BlueMedicare Regional PPO, BlueMedicare Group PPO (Employer PPO) and BlueMedicare Group Rx (Employer PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of June 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.

What is the BlueMedicare Rx, BlueMedicare HMO, BlueMedicare PPO, BlueMedicare Regional PPO, BlueMedicare Group PPO and BlueMedicare Group Rx 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 BlueMedicare Rx, BlueMedicare HMO, BlueMedicare PPO, BlueMedicare Regional PPO, BlueMedicare Group PPO and BlueMedicare Group Rx 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of June 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.

Florida Blue and Florida Blue HMO provide monthly updates of the formulary on our website (www.BlueMedicareFL.com) and in print as needed. The paragraphs that follow will explain how you will be notified in the event of certain changes.

Florida Blue or Florida Blue HMO will only remove Part D drugs from its formulary, move covered Part D drugs to a less preferred tier status, or add utilization management requirements 60 days after the beginning of the contract year associated with the annual election period, and only if these changes are approved by CMS. If Florida Blue or Florida Blue HMO should make such formulary changes, members currently taking the affected drug are exempt from the formulary change for the remainder of the contract year.

Prior to removing a covered Part D drug from its formulary, or making any change in the preferred or tiered cost-sharing status of a covered Part D drug, Florida Blue or Florida Blue HMO will either:

- Provide direct written notice to affected enrollees at least 60 days prior to the date the change becomes effective; or
- At the time an affected enrollee requests a refill of the Part D drug, provide such enrollee with a 60 day supply of the Part D drug under the same terms as previously allowed and written notice of the formulary change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 133. 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, we may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our web site. We have posted on line a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the BlueMedicare Rx, BlueMedicare HMO, BlueMedicare PPO, BlueMedicare Regional PPO, BlueMedicare Group PPO and BlueMedicare Group Rx formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by 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.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the BlueMedicare Rx, BlueMedicare HMO, BlueMedicare PPO, BlueMedicare Regional PPO, BlueMedicare Group PPO and BlueMedicare Group Rx 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 pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not on the specialty tier). If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes 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 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use our exceptions and appeals process. Coverage determinations and redeterminations will be processed as expeditiously as your health condition requires.

When a member is admitted to or discharged from a Long Term Care (LTC) facility, he or she does not have access to the remainder of the previously dispensed prescription. We will ensure you have a refill upon admission or discharge. A one-time override of the "refill too soon" edits, are provided, for each medication which would be impacted due to a member being admitted to or discharged from an LTC facility. Early refill edits are not used to limit appropriate and necessary access to a member's Part D benefit, and such members are allowed to access a refill upon admission or discharge.

For more information

For more detailed information about your BlueMedicare Rx, BlueMedicare HMO, BlueMedicare PPO, BlueMedicare Regional PPO, BlueMedicare Group PPO and BlueMedicare Group Rx 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 that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 133.

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

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

The information in the second column of the chart tells you at what level (tier) your drug is covered.

The third column of the chart indicates whether any special requirements apply for coverage of a drug such as "Prior Authorization," "Quantity Limits" and "Step Therapy."

If Quantity Limits apply to a drug, the restriction amounts are shown in the listing beginning on page 1.

DOSAGE / FORM ABBREVIATIONS KEY

act	Actuation	liqd	Liquid
ad	Adsorbed	mcg	Microgram
aer, aero	Aerosol	meq	Milli-Equivalent
ba	Breath Activated	mg	Milligram
bau	Bioequivalent Allergy Units	ml	Milliliter
cap	Capsules	mu	Million Units
chew tab	Chewable Tablets	nebu	Nebules
conc	Concentrate	NF	Non-Formulary
conj	Conjugate	odt	Orally-Disintegrating Tablets
cr	Controlled-Release	oin, oint	Ointment
crys	Crystals	op, ophth	Ophthalmic
deter	Deterrent	pf	Preservative-Free
dr	Delayed-Release	pfu	Plaque Forming Units
ec	Enteric-Coated	pow, powd	Powder
el	Enzyme-Linked Immunosorbent Assay	pref	Prefilled
er, extended, extended rel, xl, xr	Extended-Release	recmb, recomb	Recombinant
g, gm	Gram	sl	Sublingual
gu	Genitourinary	soln	Solution
hr	Hour	sr	Sustained-Release
im	Intramuscular	suppos	Suppositories
inh, inhal	Inhalation	susp	Suspension
inj	Injection	syr	Syringe
ir	Immediate-Release	tab	Tablets
iv	Intravenous	td	Transdermal
l	Liter	tl	Translingual
lf	Flocculation Units	unt	Unit
la	Long-Acting	vac	Vaccine

Coverage Gap Stage

Below is information, by plan, that explains what additional coverage each plan provides when you are in the Coverage Gap Stage. For more information, please refer to your *Evidence of Coverage*.

Plan(s)	Coverage when you are in the Coverage Gap Stage
<ul style="list-style-type: none"> • BlueMedicare Group Rx – Option 1 • BlueMedicare Group Rx – Option 2 	<p>These plans have <u>no Coverage Gap Stage</u>.</p>
<ul style="list-style-type: none"> • BlueMedicare HMO MyTime – Hernando, Hillsborough, Orange, Osceola, Palm Beach, Pasco, Polk, Seminole • BlueMedicare HMO MyTime Select – Polk • BlueMedicare HMO MyTime Plus – Miami-Dade, Broward, Orange • BlueMedicare HMO LifeTime – Miami-Dade, Palm Beach • BlueMedicare Rx – Option 2 • BlueMedicare Group Rx – Option 3 	<p>These plans provide coverage of Tier 1: Preferred Generic Drugs and Tier 2: Generic Drugs when you are in the Coverage Gap Stage. You pay the same cost-sharing you paid during the Initial Coverage Stage for Tier 1 and Tier 2 drugs.</p>
<ul style="list-style-type: none"> • BlueMedicare HMO LifeTime – Bay, Brevard, Broward, Charlotte, Citrus, Collier, Duval, Escambia, Lake, Lee, Manatee, Marion, Martin, Santa Rosa, Sarasota, St. Johns, St. Lucie, Sumter 	<p>These plans provide coverage of Tier 1: Preferred Generic Drugs when you are in the Coverage Gap Stage. You pay the same cost-sharing you paid during the Initial Coverage Stage for Tier 1 drugs.</p>
<ul style="list-style-type: none"> • BlueMedicare PPO • BlueMedicare Regional PPO • BlueMedicare Rx – Option 1 	<p>These plans <u>DO NOT</u> provide additional coverage when you are in the Coverage Gap Stage.</p>

Initial Coverage Stage

The copayment/coinsurance amounts that you pay for a one-month (31-day) supply of drugs in each Drug Tier are shown below.

For BlueMedicare Rx – Option 1

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
BlueMedicare Rx – Option 1*	Preferred Retail	\$2 copay	\$13 copay	\$40 copay	\$93 copay	26% of the cost
	Standard Retail	\$9 copay	\$20 copay	\$47 copay	\$100 copay	
	Mail-Order	\$2 copay	\$13 copay	\$40 copay	\$93 copay	

*Calendar Year Deductible of \$335 applies.

For BlueMedicare Rx – Option 2

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
BlueMedicare Rx – Option 2	Preferred Retail	\$3 copay	\$10 copay	\$40 copay	\$93 copay	33% of the cost
	Standard Retail	\$10 copay	\$17 copay	\$47 copay	\$100 copay	
	Mail-Order	\$3 copay	\$10 copay	\$40 copay	\$93 copay	

For BlueMedicare Regional PPO

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
BlueMedicare Regional PPO*	Preferred Retail	\$10 copay	\$13 copay	\$40 copay	\$93 copay	27% of the cost
	Standard Retail	\$17 copay	\$20 copay	\$47 copay	\$100 copay	
	Mail-Order	\$10 copay	\$13 copay	\$40 copay	\$93 copay	

*Calendar Year Deductible of \$280 applies.

For BlueMedicare PPO

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
BlueMedicare PPO*	Preferred Retail	\$12 copay	\$13 copay	\$40 copay	\$93 copay	26% of the cost
	Standard Retail	\$19 copay	\$20 copay	\$47 copay	\$100 copay	
	Mail-Order	\$12 copay	\$13 copay	\$40 copay	\$93 copay	

*Calendar Year Deductible of \$315 applies.

For BlueMedicare HMO LifeTime

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
BlueMedicare HMO LifeTime (Miami-Dade)	Preferred Retail	\$0 copay	\$8 copay	\$40 copay	\$93 copay	33% of the cost
	Standard Retail	\$7 copay	\$15 copay	\$47 copay	\$100 copay	
	Mail-Order	\$0 copay	\$8 copay	\$40 copay	\$93 copay	
BlueMedicare HMO LifeTime (Palm Beach)	Preferred Retail	\$7 copay	\$13 copay	\$40 copay	\$93 copay	33% of the cost
	Standard Retail	\$14 copay	\$20 copay	\$47 copay	\$100 copay	
	Mail-Order	\$7 copay	\$13 copay	\$40 copay	\$93 copay	
BlueMedicare HMO LifeTime (in select counties*)	Preferred Retail	\$5 copay	\$13 copay	\$40 copay	\$93 copay	33% of the cost
	Standard Retail	\$12 copay	\$20 copay	\$47 copay	\$100 copay	
	Mail-Order	\$5 copay	\$13 copay	\$40 copay	\$93 copay	

*Bay, Brevard, Broward, Charlotte, Citrus, Collier, Duval, Escambia, Lake, Lee, Manatee, Marion, Martin, Santa Rosa, Sarasota, St. Johns, St. Lucie, Sumter

For BlueMedicare HMO MyTime

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
BlueMedicare HMO MyTime (Orange, Osceola, Seminole)	Preferred Retail	\$10 copay	\$13 copay	\$40 copay	\$93 copay	33% of the cost
	Standard Retail	\$17 copay	\$20 copay	\$47 copay	\$100 copay	
	Mail-Order	\$10 copay	\$13 copay	\$40 copay	\$93 copay	
BlueMedicare HMO MyTime (Hernando, Hillsborough, Pasco, Polk)	Preferred Retail	\$4 copay	\$13 copay	\$40 copay	\$93 copay	33% of the cost
	Standard Retail	\$11 copay	\$20 copay	\$47 copay	\$100 copay	
	Mail-Order	\$4 copay	\$13 copay	\$40 copay	\$93 copay	
BlueMedicare HMO MyTime (Palm Beach)	Preferred Retail	\$0 copay	\$5 copay	\$40 copay	\$93 copay	33% of the cost
	Standard Retail	\$7 copay	\$12 copay	\$47 copay	\$100 copay	
	Mail-Order	\$0 copay	\$5 copay	\$40 copay	\$93 copay	

For BlueMedicare HMO MyTime Plus

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
BlueMedicare HMO MyTime Plus (Miami-Dade)	Preferred Retail	\$0 copay	\$0 copay	\$15 copay	\$45 copay	33% of the cost
	Standard Retail	\$7 copay	\$10 copay	\$25 copay	\$55 copay	
	Mail-Order	\$0 copay	\$0 copay	\$15 copay	\$45 copay	

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
BlueMedicare HMO MyTime Plus (Broward)	Preferred Retail	\$0 copay	\$5 copay	\$35 copay	\$65 copay	33% of the
	Standard Retail	\$10 copay	\$15 copay	\$45 copay	\$75 copay	
	Mail-Order	\$0 copay	\$5 copay	\$35 copay	\$65 copay	
BlueMedicare HMO MyTime Plus (Orange)	Preferred Retail	\$0 copay	\$5 copay	\$37 copay	\$85 copay	33% of the cost
	Standard Retail	\$10 copay	\$15 copay	\$47 copay	\$95 copay	
	Mail-Order	\$0 copay	\$5 copay	\$37 copay	\$85 copay	

For BlueMedicare HMO MyTime Select

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
BlueMedicare HMO MyTime Select (Polk)	Preferred Retail	\$0 copay	\$5 copay	\$35 copay	\$80 copay	33% of the cost
	Standard Retail	\$7 copay	\$12 copay	\$42 copay	\$87 copay	
	Mail-Order	\$0 copay	\$5 copay	\$35 copay	\$80 copay	

For BlueMedicare Group Rx – Options 1, 2 & 3

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
BlueMedicare Group Rx – Option 1	Standard Retail	\$10 copay	\$10 copay	\$40 copay	\$70 copay	25% of the cost
	Mail-Order	\$0 copay	\$0 copay	\$40 copay	\$70 copay	

	Pharmacy Type	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
Blue Medicare Group Rx – Option 2*	Standard Retail	\$15 copay	\$15 copay	\$45 copay	\$85 copay	25% of the cost
	Mail-Order	\$15 copay	\$15 copay	\$45 copay	\$85 copay	
Blue Medicare Group Rx – Option 3*	Standard Retail	\$10 copay	\$10 copay	\$45 copay	\$95 copay	33% of the cost
	Mail-Order	\$10 copay	\$10 copay	\$45 copay	\$95 copay	

*Annual Deductible of \$75 applies to Brand drugs only.

Abbreviation Key

1 = Preferred Generic Drugs
2 = Generic Drugs
3 = Preferred Brand Drugs
4 = Non-Preferred Brand Drugs
5 = Specialty Drugs
BD = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
* = Limited distribution drugs are indicated by an asterisk (*) in the drug list. These drugs may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Member Services at 1-800-926-6565 or, for TTY users, 1-800-955-8770. We are open from 8:00 a.m. – 8:00 p.m. local time seven days a week from October 1 – February 14, except for Thanksgiving and Christmas. From February 15 – September 30, we are open Monday – Friday 8:00 a.m. – 8:00 p.m. local time, except for Federal holidays. Or visit www.BlueMedicareFL.com .
= High Risk Medication (HRM). Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.
^ = Additional coverage of this prescription drug in the coverage gap is provided for <u>certain</u> plans. Please refer to the table in the “Coverage Gap Stage” section on page vii to determine if your plan provides additional coverage in the gap. You can also refer to your <i>Evidence of Coverage</i> .

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
ABSTRAL - fentanyl citrate sl tab 100 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 200 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 300 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 400 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 600 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 800 mcg	5	PA, QL (120 tablets/30 days)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml[^]</i>	1	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg[^]</i>	2	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-30 mg[^]</i>	2	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg[^]</i>	2	QL (180 tablets/30 days)
ANAPROX DS - naproxen sodium tab 550 mg	4	QL (90 tablets/30 days)
ARTHROTEC 50 - diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	QL (120 tablets/30 days)
ARTHROTEC 75 - diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	QL (90 tablets/30 days)
<i>butorphanol tartrate inj 1 mg/ml[^]</i>	2	
<i>butorphanol tartrate inj 2 mg/ml[^]</i>	2	
<i>butorphanol tartrate nasal soln 10 mg/ml[^]</i>	2	
CELEBREX - celecoxib cap 50 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 100 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 200 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 400 mg	4	QL (30 capsules/30 days)
<i>celecoxib cap 50 mg[^]</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 100 mg[^]</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 200 mg[^]</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg[^]</i>	2	QL (30 capsules/30 days)
<i>codeine sulfate tab 15 mg[^]</i>	2	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg[^]</i>	2	QL (180 tablets/30 days)
<i>codeine sulfate tab 60 mg[^]</i>	2	QL (180 tablets/30 days)
DAYPRO - oxaprozin tab 600 mg	4	QL (90 tablets/30 days)
<i>diclofenac potassium tab 50 mg[^]</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%[^]</i>	2	ST
<i>diclofenac sodium tab delayed release 25 mg[^]</i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg[^]</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg[^]</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab sr 24hr 100 mg[^]</i>	2	QL (60 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg[^]</i>	2	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg[^]</i>	2	QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DILAUDID - hydromorphone hcl tab 2 mg	4	QL (180 tablets/30 days)
DILAUDID - hydromorphone hcl tab 4 mg	4	QL (180 tablets/30 days)
DILAUDID - hydromorphone hcl tab 8 mg	4	QL (180 tablets/30 days)
DOLOPHINE - methadone hcl tab 5 mg	4	QL (180 tablets/30 days)
DOLOPHINE - methadone hcl tab 10 mg	4	QL (360 tablets/30 days)
EC-NAPROSYN - naproxen tab ec 375 mg	4	QL (120 tablets/30 days)
EC-NAPROSYN - naproxen tab ec 500 mg	4	QL (90 tablets/30 days)
<i>etodolac cap 200 mg[^]</i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg[^]</i>	2	QL (90 capsules/30 days)
<i>etodolac tab sr 24hr 400 mg[^]</i>	2	QL (60 tablets/30 days)
<i>etodolac tab sr 24hr 500 mg[^]</i>	2	QL (60 tablets/30 days)
<i>etodolac tab sr 24hr 600 mg[^]</i>	2	QL (30 tablets/30 days)
<i>etodolac tab 400 mg[^]</i>	2	QL (60 tablets/30 days)
<i>etodolac tab 500 mg[^]</i>	2	QL (60 tablets/30 days)
FELDENE - piroxicam cap 10 mg	4	QL (60 capsules/30 days)
FELDENE - piroxicam cap 20 mg	4	QL (30 capsules/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr[^]</i>	2	QL (15 patches/30 days)
<i>fentanyl td patch 72hr 25 mcg/hr[^]</i>	2	QL (15 patches/30 days)
<i>fentanyl td patch 72hr 50 mcg/hr[^]</i>	2	QL (15 patches/30 days)
<i>fentanyl td patch 72hr 75 mcg/hr[^]</i>	2	QL (15 patches/30 days)
<i>fentanyl td patch 72hr 100 mcg/hr[^]</i>	2	QL (15 patches/30 days)
<i>flurbiprofen tab 50 mg[^]</i>	2	QL (180 tablets/30 days)
<i>flurbiprofen tab 100 mg[^]</i>	2	QL (90 tablets/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml[^]</i>	2	QL (3600 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg[^]</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg[^]</i>	2	QL (360 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg[^]</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg[^]</i>	2	QL (360 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg[^]</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg[^]</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg[^]</i>	2	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg[^]</i>	2	QL (150 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen tab 10-200 mg[^]</i>	2	QL (150 tablets/30 days)
<i>hydromorphone hcl liqd 1 mg/ml[^]</i>	2	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free inj 10 mg/ml[^]</i>	2	BD
<i>hydromorphone hcl tab 2 mg[^]</i>	2	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 4 mg[^]</i>	2	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 8 mg[^]</i>	2	QL (180 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml[^]</i>	2	QL (4800 mls/30 days)
<i>ibuprofen tab 400 mg[^]</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg[^]</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg[^]</i>	1	QL (120 tablets/30 days)
<i>ketoprofen cap 50 mg[^]</i>	2	QL (180 capsules/30 days)
<i>ketoprofen cap 75 mg[^]</i>	2	QL (120 capsules/30 days)
LAZANDA - fentanyl citrate nasal spray 100 mcg/act	5	PA, QL (30 bottles/30 days)
LAZANDA - fentanyl citrate nasal spray 300 mcg/act	5	PA, QL (30 bottles/30 days)
LAZANDA - fentanyl citrate nasal spray 400 mcg/act	5	PA, QL (30 bottles/30 days)
LEVORPHANOL TARTRATE - levorphanol tartrate tab 2 mg	4	QL (120 tablets/30 days)
<i>meloxicam tab 7.5 mg[^]</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg[^]</i>	1	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg[^]</i>	2	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg[^]</i>	2	QL (360 tablets/30 days)
MOBIC - meloxicam tab 7.5 mg	4	QL (60 tablets/30 days)
MOBIC - meloxicam tab 15 mg	4	QL (30 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	4	QL (240 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	4	QL (180 tablets/30 days)
<i>morphine sulfate inj pf 0.5 mg/ml[^]</i>	2	BD
<i>morphine sulfate inj pf 1 mg/ml[^]</i>	2	BD
<i>morphine sulfate oral soln 10 mg/5ml[^]</i>	2	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 20 mg/5ml[^]</i>	2	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)[^]</i>	2	QL (270 mls/30 days)
<i>morphine sulfate tab cr 15 mg[^]</i>	2	QL (90 tablets/30 days)
<i>morphine sulfate tab cr 30 mg[^]</i>	2	QL (90 tablets/30 days)
<i>morphine sulfate tab cr 60 mg[^]</i>	2	QL (90 tablets/30 days)
<i>morphine sulfate tab cr 100 mg[^]</i>	2	QL (90 tablets/30 days)
<i>morphine sulfate tab cr 200 mg[^]</i>	2	QL (90 tablets/30 days)
<i>nabumetone tab 500 mg[^]</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg[^]</i>	2	QL (60 tablets/30 days)
NAPROSYN - naproxen tab 500 mg	4	QL (90 tablets/30 days)
<i>naproxen sodium tab 275 mg[^]</i>	2	QL (150 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tab 550 mg[^]</i>	2	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml[^]</i>	2	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg[^]</i>	2	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg[^]</i>	2	QL (90 tablets/30 days)
<i>naproxen tab 250 mg[^]</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg[^]</i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg[^]</i>	1	QL (90 tablets/30 days)
NUCYNTA - tapentadol hcl tab 50 mg	4	QL (180 tablets/30 days)
NUCYNTA - tapentadol hcl tab 75 mg	4	QL (180 tablets/30 days)
NUCYNTA - tapentadol hcl tab 100 mg	4	QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab sr 12hr 50 mg	3	QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab sr 12hr 100 mg	3	QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab sr 12hr 150 mg	3	QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab sr 12hr 200 mg	3	QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab sr 12hr 250 mg	3	QL (60 tablets/30 days)
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 5 mg	3	QL (60 tablets/30 days)
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 7.5 mg	3	QL (60 tablets/30 days)
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 10 mg	3	QL (60 tablets/30 days)
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 15 mg	3	QL (60 tablets/30 days)
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 20 mg	3	QL (60 tablets/30 days)
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 30 mg	3	QL (60 tablets/30 days)
OPANA ER (CRUSH RESISTANT) - oxymorphone hcl tab er 12hr deter 40 mg	3	QL (60 tablets/30 days)
<i>oxaprozin tab 600 mg[^]</i>	2	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg[^]</i>	2	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg[^]</i>	2	QL (180 tablets/30 days)
<i>oxycodone hcl tab 15 mg[^]</i>	2	QL (180 tablets/30 days)
<i>oxycodone hcl tab 20 mg[^]</i>	2	QL (180 tablets/30 days)
<i>oxycodone hcl tab 30 mg[^]</i>	2	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg[^]</i>	2	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg[^]</i>	2	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg[^]</i>	2	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg[^]</i>	2	QL (180 tablets/30 days)
<i>oxycodone-aspirin tab 4.8355-325 mg[^]</i>	2	QL (360 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN - oxycodone hcl tab er 12hr deter 10 mg	3	QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 15 mg	3	QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 20 mg	3	QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 30 mg	3	QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 40 mg	3	QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 60 mg	3	QL (120 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 80 mg	3	QL (120 tablets/30 days)
<i>piroxicam cap 10 mg</i> [^]	2	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i> [^]	2	QL (30 capsules/30 days)
ROXICODONE - oxycodone hcl tab 5 mg	4	QL (360 tablets/30 days)
ROXICODONE - oxycodone hcl tab 15 mg	4	QL (180 tablets/30 days)
ROXICODONE - oxycodone hcl tab 30 mg	4	QL (180 tablets/30 days)
<i>sulindac tab 150 mg</i> [^]	2	QL (60 tablets/30 days)
<i>sulindac tab 200 mg</i> [^]	2	QL (60 tablets/30 days)
<i>tolmetin sodium cap 400 mg</i> [^]	2	QL (120 capsules/30 days)
<i>tramadol hcl tab sr 24hr 100 mg</i> [^]	2	QL (30 tablets/30 days)
<i>tramadol hcl tab sr 24hr 200 mg</i> [^]	2	QL (30 tablets/30 days)
<i>tramadol hcl tab sr 24hr 300 mg</i> [^]	2	QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i> [^]	1	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i> [^]	2	QL (240 tablets/30 days)
ULTRACET - tramadol-acetaminophen tab 37.5-325 mg	4	QL (240 tablets/30 days)
ULTRAM - tramadol hcl tab 50 mg	4	QL (240 tablets/30 days)
VOLTAREN - diclofenac sodium gel 1%	4	ST
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 10 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 15 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 20 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 30 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 40 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap sr 12hr abuse-deterrent 50 mg	4	PA, QL (60 capsules/30 days)
Anesthetics		
<i>lidocaine hcl gel 2%</i> [^]	2	
<i>lidocaine hcl local inj 1%</i> [^]	1	
<i>lidocaine hcl local preservative free inj 1%</i> [^]	1	
<i>lidocaine hcl soln 4%</i> [^]	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl viscous soln 2%^</i>	1	
<i>lidocaine oint 5%^</i>	2	
<i>lidocaine patch 5%^</i>	2	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%^</i>	2	
LIDODERM - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
XYLOCAINE - lidocaine hcl local inj 1%	4	
XYLOCAINE - lidocaine hcl soln 4%	4	
XYLOCAINE-MPF - lidocaine hcl local preservative free inj 1%	4	
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg^</i>	2	
ANTABUSE - disulfiram tab 250 mg	4	
ANTABUSE - disulfiram tab 500 mg	4	
<i>buprenorphine hcl sl tab 2 mg^</i>	2	PA
<i>buprenorphine hcl sl tab 8 mg^</i>	2	PA
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg^</i>	2	PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg^</i>	2	PA
<i>bupropion hcl (smoking deterrent) tab sr 12hr 150 mg^</i>	2	
BUTRANS - buprenorphine td patch weekly 5 mcg/hr	3	QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 7.5 mcg/hr	3	QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 10 mcg/hr	3	QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 15 mcg/hr	3	QL (4 patches/28 days)
BUTRANS - buprenorphine td patch weekly 20 mcg/hr	3	QL (4 patches/28 days)
CHANTIX - varenicline tartrate tab 0.5 mg	3	
CHANTIX - varenicline tartrate tab 1 mg	3	
CHANTIX CONTINUING MONTH PACK - varenicline tartrate tab 1 mg	3	
CHANTIX STARTING MONTH PACK - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	3	
<i>disulfiram tab 250 mg^</i>	2	
<i>disulfiram tab 500 mg^</i>	2	
NALOXONE HCL - naloxone hcl soln cartridge 0.4 mg/ml^	2	
NALOXONE HCL - naloxone hcl soln prefilled syringe 2 mg/2ml	3	
<i>naloxone hcl inj 0.4 mg/ml^</i>	2	
<i>naloxone hcl inj 4 mg/10ml^</i>	2	
<i>naltrexone hcl tab 50 mg^</i>	2	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	4	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	

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

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	4	PA
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg	4	PA
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 8-2 mg	4	PA
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 12-3 mg	4	PA
VIVITROL - naltrexone for im extended release susp 380 mg	5	
ZYBAN - bupropion hcl (smoking deterrent) tab sr 12hr 150 mg	4	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)^</i>	2	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)^</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg^</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg^</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml^</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml^</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml^</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml^</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg^</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg^</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml^</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml^</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml^</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg^</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg^</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg^</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg	4	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 400-57 mg	4	
AMPICILLIN - ampicillin for susp 125 mg/5ml	4	
AMPICILLIN - ampicillin for susp 250 mg/5ml	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm^</i>	2	
<i>ampicillin cap 250 mg^</i>	1	
<i>ampicillin cap 500 mg^</i>	1	
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm	4	
<i>ampicillin sodium for inj 250 mg^</i>	2	
<i>ampicillin sodium for inj 500 mg^</i>	2	
<i>ampicillin sodium for inj 1 gm^</i>	2	
<i>ampicillin sodium for inj 2 gm^</i>	2	
<i>ampicillin sodium for iv soln 2 gm^</i>	2	
<i>ampicillin sodium for iv soln 10 gm^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN - amoxicillin & k clavulanate tab 500-125 mg	4	
AUGMENTIN - amoxicillin & k clavulanate tab 875-125 mg	4	
AVELOX - moxifloxacin hcl tab 400 mg	4	
AVELOX - moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	3	
AVELOX ABC PACK - moxifloxacin hcl tab 400 mg	4	
AZACTAM - aztreonam for inj 1 gm	4	
AZACTAM - aztreonam for inj 2 gm	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE - aztreonam in dextrose inj 1 gm/50 ml	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE - aztreonam in dextrose inj 2 gm/50 ml	4	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	4	
<i>azithromycin for susp 100 mg/5ml[^]</i>	2	
<i>azithromycin for susp 200 mg/5ml[^]</i>	2	
<i>azithromycin iv for soln 500 mg[^]</i>	2	
<i>azithromycin tab 250 mg[^]</i>	1	
<i>azithromycin tab 500 mg[^]</i>	1	
<i>azithromycin tab 600 mg[^]</i>	1	
<i>aztreonam for inj 1 gm[^]</i>	2	
<i>aztreonam for inj 2 gm[^]</i>	2	
BACTRIM - sulfamethoxazole-trimethoprim tab 400-80 mg	4	
BACTRIM DS - sulfamethoxazole-trimethoprim tab 800-160 mg	4	
BIAXIN - clarithromycin for susp 250 mg/5ml	4	
BIAXIN - clarithromycin tab 250 mg	4	
BIAXIN - clarithromycin tab 500 mg	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 600000 unit/ml	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 1200000 unit/2ml	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 2400000 unit/4ml	4	
<i>cefaclor cap 250 mg[^]</i>	2	
<i>cefaclor cap 500 mg[^]</i>	2	
<i>cefadroxil cap 500 mg[^]</i>	1	
<i>cefadroxil for susp 250 mg/5ml[^]</i>	2	
<i>cefadroxil for susp 500 mg/5ml[^]</i>	2	
<i>cefadroxil tab 1 gm[^]</i>	2	
<i>cefazolin sodium for inj 500 mg[^]</i>	2	
<i>cefazolin sodium for inj 1 gm[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium for inj 10 gm^</i>	2	
<i>cefazolin sodium for inj 20 gm^</i>	2	
<i>cefdinir cap 300 mg^</i>	2	
<i>cefdinir for susp 125 mg/5ml^</i>	2	
<i>cefdinir for susp 250 mg/5ml^</i>	2	
<i>cefepime hcl for inj 1 gm^</i>	2	
<i>cefepime hcl for inj 2 gm^</i>	2	
<i>cefotaxime sodium for inj 500 mg^</i>	2	
<i>cefotaxime sodium for inj 1 gm^</i>	2	
<i>cefotaxime sodium for inj 2 gm^</i>	2	
<i>cefotaxime sodium for inj 10 gm^</i>	2	
<i>cefoxitin sodium for inj 10 gm^</i>	2	
<i>cefoxitin sodium for iv soln 1 gm^</i>	2	
<i>cefoxitin sodium for iv soln 2 gm^</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml^</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml^</i>	2	
<i>cefpodoxime proxetil tab 100 mg^</i>	2	
<i>cefpodoxime proxetil tab 200 mg^</i>	2	
<i>cefprozil for susp 125 mg/5ml^</i>	2	
<i>cefprozil for susp 250 mg/5ml^</i>	2	
<i>cefprozil tab 250 mg^</i>	2	
<i>cefprozil tab 500 mg^</i>	2	
<i>ceftazidime for inj 1 gm^</i>	2	
<i>ceftazidime for inj 2 gm^</i>	2	
<i>ceftazidime for inj 6 gm^</i>	2	
<i>ceftazidime for iv soln 1 gm^</i>	2	
<i>ceftazidime for iv soln 2 gm^</i>	2	
CEFTIN - cefuroxime axetil for susp 125 mg/5ml	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 20 mg/ml	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 40 mg/ml	4	
<i>ceftriaxone sodium for inj 250 mg^</i>	2	
<i>ceftriaxone sodium for inj 500 mg^</i>	2	
<i>ceftriaxone sodium for inj 1 gm^</i>	2	
<i>ceftriaxone sodium for inj 2 gm^</i>	2	
<i>ceftriaxone sodium for inj 10 gm^</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm^</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 1 gm and dextrose 3.74%	4	
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 2 gm and dextrose 2.22%	4	
<i>cefuroxime axetil tab 250 mg^</i>	2	
<i>cefuroxime axetil tab 500 mg^</i>	2	
<i>cefuroxime sodium for inj 750 mg^</i>	2	
<i>cefuroxime sodium for inj 1.5 gm^</i>	2	
<i>cefuroxime sodium for inj 7.5 gm^</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm^</i>	2	
<i>cephalexin cap 250 mg^</i>	1	
<i>cephalexin cap 500 mg^</i>	1	
<i>cephalexin cap 750 mg^</i>	1	
<i>cephalexin for susp 125 mg/5ml^</i>	2	
<i>cephalexin for susp 250 mg/5ml^</i>	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	4	
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	4	
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	4	
CIPRO - ciprofloxacin hcl tab 250 mg	4	
CIPRO - ciprofloxacin hcl tab 500 mg	4	
CIPRO I.V.-IN D5W - ciprofloxacin 400 mg/200ml in d5w	4	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)^</i>	2	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)^</i>	2	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	4	
<i>ciprofloxacin hcl tab sr 24hr 500 mg^</i>	2	
<i>ciprofloxacin hcl tab sr 24hr 1000 mg^</i>	2	
<i>ciprofloxacin hcl tab 250 mg^</i>	1	
<i>ciprofloxacin hcl tab 500 mg^</i>	1	
<i>ciprofloxacin hcl tab 750 mg^</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)^</i>	2	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)^</i>	2	
<i>ciprofloxacin 200 mg/100ml in d5w^</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w^</i>	2	
<i>clarithromycin for susp 125 mg/5ml^</i>	2	
<i>clarithromycin for susp 250 mg/5ml^</i>	2	
<i>clarithromycin tab sr 24hr 500 mg^</i>	2	
<i>clarithromycin tab 250 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tab 500 mg</i> [^]	2	
CLEOCIN - clindamycin hcl cap 75 mg	4	
CLEOCIN - clindamycin hcl cap 150 mg	4	
CLEOCIN - clindamycin hcl cap 300 mg	4	
CLEOCIN - clindamycin phosphate vaginal cream 2%	4	
CLEOCIN IN D5W - clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
CLEOCIN IN D5W - clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
CLEOCIN IN D5W - clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 300 mg/2ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 600 mg/4ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 900 mg/6ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 9 gm/60ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate iv soln 300 mg/2ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate iv soln 600 mg/4ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate iv soln 900 mg/6ml	4	
<i>clindamycin hcl cap 75 mg</i> [^]	1	
<i>clindamycin hcl cap 150 mg</i> [^]	1	
<i>clindamycin hcl cap 300 mg</i> [^]	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> [^]	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> [^]	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> [^]	2	
<i>clindamycin phosphate inj 300 mg/2ml</i> [^]	2	
<i>clindamycin phosphate inj 600 mg/4ml</i> [^]	2	
<i>clindamycin phosphate inj 900 mg/6ml</i> [^]	2	
<i>clindamycin phosphate inj 9 gm/60ml</i> [^]	2	
<i>clindamycin phosphate iv soln 300 mg/2ml</i> [^]	2	
<i>clindamycin phosphate iv soln 900 mg/6ml</i> [^]	2	
<i>clindamycin phosphate vaginal cream 2%</i> [^]	2	
<i>colistimethate sodium for inj 150 mg</i> [^]	2	

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Drug Name	Drug Tier	Requirements/Limits
CUBICIN - daptomycin for iv soln 500 mg	5	
CUBICIN RF - daptomycin for iv soln 500 mg	5	
DALVANCE - dalbavancin hcl for iv soln 500 mg	5	
<i>daptomycin for iv soln 500 mg</i>	5	
<i>demeclocycline hcl tab 150 mg^</i>	2	
<i>demeclocycline hcl tab 300 mg^</i>	2	
<i>dicloxacillin sodium cap 250 mg^</i>	2	
<i>dicloxacillin sodium cap 500 mg^</i>	2	
DIFICID - fidaxomicin tab 200 mg	5	
<i>doxycycline hyclate cap 50 mg^</i>	2	
<i>doxycycline hyclate cap 100 mg^</i>	2	
<i>doxycycline hyclate for inj 100 mg^</i>	2	
<i>doxycycline hyclate tab 20 mg^</i>	2	
<i>doxycycline hyclate tab 100 mg^</i>	2	
<i>doxycycline monohydrate cap 50 mg^</i>	2	
<i>doxycycline monohydrate cap 75 mg^</i>	2	
<i>doxycycline monohydrate cap 100 mg^</i>	2	
<i>doxycycline monohydrate cap 150 mg^</i>	2	
<i>doxycycline monohydrate tab 50 mg^</i>	2	
<i>doxycycline monohydrate tab 75 mg^</i>	2	
<i>doxycycline monohydrate tab 100 mg^</i>	2	
<i>doxycycline monohydrate tab 150 mg^</i>	2	
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
ERY-TAB - erythromycin tab delayed release 250 mg	4	
ERY-TAB - erythromycin tab delayed release 333 mg	4	
ERY-TAB - erythromycin tab delayed release 500 mg	4	
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4	
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	4	
ERYTHROMYCIN BASE - erythromycin tab 250 mg	4	
ERYTHROMYCIN BASE - erythromycin tab 500 mg	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml^</i>	2	
FLAGYL - metronidazole cap 375 mg	4	
FLAGYL - metronidazole tab 250 mg	4	
FLAGYL - metronidazole tab 500 mg	4	
FORTAZ - ceftazidime for inj 500 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
FORTAZ - ceftazidime for inj 1 gm	4	
FORTAZ - ceftazidime for inj 2 gm	4	
FORTAZ - ceftazidime for inj 6 gm	4	
FORTAZ - ceftazidime for iv soln 1 gm	4	
FORTAZ - ceftazidime for iv soln 2 gm	4	
FORTAZ - ceftazidime sodium in d5w inj 1 gm/50ml	4	
FORTAZ - ceftazidime sodium in d5w inj 2 gm/50ml	4	
<i>gentamicin in saline inj 0.8 mg/ml</i> [^]	2	
<i>gentamicin in saline inj 1 mg/ml</i> [^]	2	
<i>gentamicin in saline inj 1.2 mg/ml</i> [^]	2	
<i>gentamicin in saline inj 1.6 mg/ml</i> [^]	2	
<i>gentamicin sulfate inj 10 mg/ml</i> [^]	2	
<i>gentamicin sulfate inj 40 mg/ml</i> [^]	2	
<i>gentamicin sulfate iv soln 10 mg/ml</i> [^]	2	
HIPREX - methenamine hippurate tab 1 gm	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i> [^]	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i> [^]	2	
INVANZ - ertapenem sodium for inj 1 gm	4	
INVANZ - ertapenem sodium for iv inj 1 gm	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> [^]	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i> [^]	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i> [^]	2	
<i>levofloxacin iv soln 25 mg/ml</i> [^]	2	
<i>levofloxacin oral soln 25 mg/ml</i> [^]	2	
<i>levofloxacin tab 250 mg</i> [^]	1	
<i>levofloxacin tab 500 mg</i> [^]	1	
<i>levofloxacin tab 750 mg</i> [^]	1	
LINEZOLID - linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	5	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	5	
<i>linezolid tab 600 mg</i>	5	PA
<i>meropenem iv for soln 500 mg</i> [^]	2	
<i>meropenem iv for soln 1 gm</i> [^]	2	
MERREM - meropenem iv for soln 500 mg	4	
MERREM - meropenem iv for soln 1 gm	4	
<i>methenamine hippurate tab 1 gm</i> [^]	2	
METRO IV - metronidazole in nacl 0.74% iv soln 500 mg/100ml	4	
METROGEL-VAGINAL - metronidazole vaginal gel 0.75%	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole cap 375 mg^</i>	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml^</i>	2	
<i>metronidazole tab 250 mg^</i>	2	
<i>metronidazole tab 500 mg^</i>	2	
<i>metronidazole vaginal gel 0.75%^</i>	2	
MINOCIN - minocycline hcl cap 50 mg	4	
MINOCIN - minocycline hcl cap 100 mg	4	
<i>minocycline hcl cap 50 mg^</i>	2	
<i>minocycline hcl cap 75 mg^</i>	2	
<i>minocycline hcl cap 100 mg^</i>	2	
<i>minocycline hcl tab 50 mg^</i>	2	
<i>minocycline hcl tab 75 mg^</i>	2	
<i>minocycline hcl tab 100 mg^</i>	2	
<i>moxifloxacin hcl tab 400 mg^</i>	2	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 1 gm	4	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 2 gm	4	
<i>nafcillin sodium for inj 1 gm^</i>	2	
<i>nafcillin sodium for inj 2 gm^</i>	2	
<i>nafcillin sodium for inj 10 gm</i>	5	
<i>neomycin sulfate tab 500 mg^</i>	2	
<i>neomycin-polymyxin b gu irrigation soln^</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg#</i>	4	PA
<i>nitrofurantoin macrocrystalline cap 100 mg#</i>	4	PA
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	4	PA
<i>nitrofurantoin susp 25 mg/5ml#</i>	4	PA
<i>ofloxacin tab 400 mg^</i>	2	
<i>paromomycin sulfate cap 250 mg^</i>	2	
<i>penicillin g potassium for inj 5000000 unit^</i>	2	
<i>penicillin g potassium for inj 20000000 unit^</i>	2	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
<i>penicillin v potassium for soln 125 mg/5ml^</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml^</i>	1	
<i>penicillin v potassium tab 250 mg^</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tab 500 mg</i> [^]	1	
PFIZERPEN-G - penicillin g potassium for inj 20000000 unit	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> [^]	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> [^]	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> [^]	2	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	
SULFADIAZINE - sulfadiazine tab 500 mg	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> [^]	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> [^]	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> [^]	1	
SULFAMETHOXAZOLE/TRIMETHOPRIM - sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
SUPRAX - cefixime cap 400 mg	4	
SUPRAX - cefixime chew tab 100 mg	4	
SUPRAX - cefixime chew tab 200 mg	4	
SYNERCID - quinupristin-dalfopristin for inj 500 mg (150-350 mg)	5	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
<i>tetracycline hcl cap 250 mg</i> [^]	2	
<i>tetracycline hcl cap 500 mg</i> [^]	2	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 2 gm/50ml (40 mg/ml)	4	
<i>tobramycin sulfate for inj 1.2 gm</i> [^]	2	
<i>tobramycin sulfate inj 10 mg/ml</i> [^]	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i> [^]	2	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i> [^]	2	
<i>trimethoprim tab 100 mg</i> [^]	2	
TYGACIL - tigecycline for iv soln 50 mg	5	
<i>vancomycin hcl cap 125 mg</i> [^]	2	
<i>vancomycin hcl cap 250 mg</i>	5	
<i>vancomycin hcl for inj 500 mg</i> [^]	2	
<i>vancomycin hcl for inj 750 mg</i> [^]	2	
<i>vancomycin hcl for inj 1000 mg</i> [^]	2	
<i>vancomycin hcl for inj 5000 mg</i> [^]	2	
<i>vancomycin hcl for inj 10 gm</i> [^]	2	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl in dextrose 5% inj 500 mg/100ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl in dextrose 5% inj 750 mg/150ml	4	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl in dextrose 5% inj 1 gm/200ml	4	
VIBRAMYCIN - doxycycline hyclate cap 100 mg	4	
XIFAXAN - rifaximin tab 550 mg	5	
ZINACEF - cefuroxime in sterile water inj 1.5 gm/50ml	4	
ZITHROMAX - azithromycin for susp 100 mg/5ml	4	
ZITHROMAX - azithromycin for susp 200 mg/5ml	4	
ZITHROMAX - azithromycin iv for soln 500 mg	4	
ZITHROMAX - azithromycin tab 250 mg	4	
ZITHROMAX - azithromycin tab 500 mg	4	
ZITHROMAX - azithromycin tab 600 mg	4	
ZITHROMAX TRI-PAK - azithromycin tab 500 mg	4	
ZITHROMAX Z-PAK - azithromycin tab 250 mg	4	
ZOSYN - piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
ZOSYN - piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
ZOSYN - piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 4-0.5gm/100ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv sol 3-0.375gm/50ml	4	
ZYVOX - linezolid for susp 100 mg/5ml	5	PA
ZYVOX - linezolid iv soln 200 mg/100ml (2 mg/ml)	5	
ZYVOX - linezolid iv soln 600 mg/300ml (2 mg/ml)	5	
ZYVOX - linezolid tab 600 mg	5	PA
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg	5	
APTIOM - eslicarbazepine acetate tab 400 mg	5	
APTIOM - eslicarbazepine acetate tab 600 mg	5	
APTIOM - eslicarbazepine acetate tab 800 mg	5	
BANZEL - rufinamide susp 40 mg/ml	5	
BANZEL - rufinamide tab 200 mg	4	
BANZEL - rufinamide tab 400 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT - brivaracetam tab 25 mg	5	
BRIVIACT - brivaracetam tab 50 mg	5	
BRIVIACT - brivaracetam tab 75 mg	5	
BRIVIACT - brivaracetam tab 100 mg	5	
<i>carbamazepine cap sr 12hr 100 mg^</i>	2	
<i>carbamazepine cap sr 12hr 200 mg^</i>	2	
<i>carbamazepine cap sr 12hr 300 mg^</i>	2	
<i>carbamazepine chew tab 100 mg^</i>	2	
<i>carbamazepine susp 100 mg/5ml^</i>	2	
<i>carbamazepine tab sr 12hr 100 mg^</i>	2	
<i>carbamazepine tab sr 12hr 200 mg^</i>	2	
<i>carbamazepine tab sr 12hr 400 mg^</i>	2	
<i>carbamazepine tab 200 mg^</i>	2	
CARBATROL - carbamazepine cap sr 12hr 100 mg	4	
CARBATROL - carbamazepine cap sr 12hr 200 mg	4	
CARBATROL - carbamazepine cap sr 12hr 300 mg	4	
CELONTIN - methsuximide cap 300 mg	4	
<i>clonazepam orally disintegrating tab 0.125 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.25 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.5 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 1 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg^</i>	2	PA, QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg^</i>	1	PA, QL (90 tablets/30 days)
<i>clonazepam tab 1 mg^</i>	1	PA, QL (90 tablets/30 days)
<i>clonazepam tab 2 mg^</i>	1	PA, QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg^</i>	2	PA, QL (180 tablets/30 days)
DEPACON - valproate sodium inj 100 mg/ml	4	
DEPAKENE - valproic acid cap 250 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 125 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 250 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 500 mg	4	
DEPAKOTE ER - divalproex sodium tab sr 24 hr 250 mg	4	
DEPAKOTE ER - divalproex sodium tab sr 24 hr 500 mg	4	
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	4	
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM - diazepam oral soln 1 mg/ml	4	PA, QL (1200 mls/30 days)
DIAZEPAM - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
<i>diazepam conc 5 mg/ml^</i>	2	PA, QL (240 mls/30 days)
<i>diazepam tab 2 mg^</i>	1	PA, QL (120 tablets/30 days)
<i>diazepam tab 5 mg^</i>	1	PA, QL (120 tablets/30 days)
<i>diazepam tab 10 mg^</i>	1	PA, QL (120 tablets/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
DILANTIN - phenytoin sodium extended cap 100 mg	4	
DILANTIN INFATABS - phenytoin chew tab 50 mg	4	
DILANTIN-125 - phenytoin susp 125 mg/5ml	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg^</i>	2	
<i>divalproex sodium tab delayed release 125 mg^</i>	2	
<i>divalproex sodium tab delayed release 250 mg^</i>	2	
<i>divalproex sodium tab delayed release 500 mg^</i>	2	
<i>divalproex sodium tab sr 24 hr 250 mg^</i>	2	
<i>divalproex sodium tab sr 24 hr 500 mg^</i>	2	
<i>ethosuximide cap 250 mg^</i>	2	
<i>ethosuximide soln 250 mg/5ml^</i>	2	
<i>felbamate susp 600 mg/5ml^</i>	2	
<i>felbamate tab 400 mg^</i>	2	
<i>felbamate tab 600 mg^</i>	2	
<i>fosphenytoin sodium inj 100 mg/2ml^</i>	2	
<i>fosphenytoin sodium inj 500 mg/10ml^</i>	2	
FYCOMPA - perampanel susp 0.5 mg/ml	4	
FYCOMPA - perampanel tab 2 mg	4	
FYCOMPA - perampanel tab 4 mg	4	
FYCOMPA - perampanel tab 6 mg	4	
FYCOMPA - perampanel tab 8 mg	4	
FYCOMPA - perampanel tab 10 mg	4	
FYCOMPA - perampanel tab 12 mg	4	
<i>gabapentin cap 100 mg^</i>	1	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg^</i>	1	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg^</i>	1	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml^</i>	2	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg^</i>	2	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tab 800 mg</i> [^]	2	QL (120 tablets/30 days)
GABITRIL - tiagabine hcl tab 2 mg	4	
GABITRIL - tiagabine hcl tab 4 mg	4	
GABITRIL - tiagabine hcl tab 12 mg	4	
GABITRIL - tiagabine hcl tab 16 mg	4	
KEPPRA - levetiracetam inj 500 mg/5ml (100 mg/ml)	4	
KEPPRA - levetiracetam oral soln 100 mg/ml	4	
KEPPRA - levetiracetam tab 250 mg	4	
KEPPRA - levetiracetam tab 500 mg	4	
KEPPRA - levetiracetam tab 750 mg	4	
KEPPRA - levetiracetam tab 1000 mg	4	
LAMICTAL - lamotrigine tab 25 mg	4	
LAMICTAL - lamotrigine tab 100 mg	4	
LAMICTAL - lamotrigine tab 150 mg	4	
LAMICTAL - lamotrigine tab 200 mg	4	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 5 mg	4	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 25 mg	4	
LAMICTAL STARTER/TAKING VALPROATE - lamotrigine tab 25 mg (35) starter kit	4	
<i>lamotrigine tab chewable dispersible 5 mg</i> [^]	2	
<i>lamotrigine tab chewable dispersible 25 mg</i> [^]	2	
<i>lamotrigine tab 25 mg</i> [^]	1	
<i>lamotrigine tab 100 mg</i> [^]	1	
<i>lamotrigine tab 150 mg</i> [^]	1	
<i>lamotrigine tab 200 mg</i> [^]	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> [^]	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> [^]	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> [^]	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> [^]	2	
<i>levetiracetam oral soln 100 mg/ml</i> [^]	2	
<i>levetiracetam tab 250 mg</i> [^]	2	
<i>levetiracetam tab 500 mg</i> [^]	2	
<i>levetiracetam tab 750 mg</i> [^]	2	
<i>levetiracetam tab 1000 mg</i> [^]	2	
LYRICA - pregabalin cap 25 mg	3	
LYRICA - pregabalin cap 50 mg	3	
LYRICA - pregabalin cap 75 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
LYRICA - pregabalin cap 100 mg	3	
LYRICA - pregabalin cap 150 mg	3	
LYRICA - pregabalin cap 200 mg	3	
LYRICA - pregabalin cap 225 mg	3	
LYRICA - pregabalin cap 300 mg	3	
LYRICA - pregabalin soln 20 mg/ml	3	
MYSOLINE - primidone tab 50 mg	4	
MYSOLINE - primidone tab 250 mg	4	
NEURONTIN - gabapentin cap 100 mg	4	QL (1080 capsules/30 days)
NEURONTIN - gabapentin cap 300 mg	4	QL (360 capsules/30 days)
NEURONTIN - gabapentin cap 400 mg	4	QL (270 capsules/30 days)
NEURONTIN - gabapentin oral soln 250 mg/5ml	4	QL (2160 mls/30 days)
NEURONTIN - gabapentin tab 600 mg	4	QL (180 tablets/30 days)
NEURONTIN - gabapentin tab 800 mg	4	QL (120 tablets/30 days)
ONFI - clobazam suspension 2.5 mg/ml	4	PA, QL (480 mls/30 days)
ONFI - clobazam tab 10 mg	4	PA, QL (60 tablets/30 days)
ONFI - clobazam tab 20 mg	4	PA, QL (60 tablets/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)^</i>	2	
<i>oxcarbazepine tab 150 mg^</i>	2	
<i>oxcarbazepine tab 300 mg^</i>	2	
<i>oxcarbazepine tab 600 mg^</i>	2	
PEGANONE - ethotoin tab 250 mg	4	
PHENOBARBITAL - phenobarbital tab 15 mg#	4	PA
PHENOBARBITAL - phenobarbital tab 30 mg#	4	PA
PHENOBARBITAL - phenobarbital tab 60 mg#	4	PA
PHENOBARBITAL - phenobarbital tab 100 mg#	4	PA
<i>phenobarbital elixir 20 mg/5ml#</i>	4	PA
PHENOBARBITAL SODIUM - phenobarbital sodium inj 65 mg/ml#	4	PA
PHENOBARBITAL SODIUM - phenobarbital sodium inj 130 mg/ml#	4	PA
<i>phenobarbital tab 16.2 mg#</i>	4	PA
<i>phenobarbital tab 32.4 mg#</i>	4	PA
<i>phenobarbital tab 64.8 mg#</i>	4	PA
<i>phenobarbital tab 97.2 mg#</i>	4	PA
PHENYTEK - phenytoin sodium extended cap 200 mg	4	
PHENYTEK - phenytoin sodium extended cap 300 mg	4	
<i>phenytoin chew tab 50 mg^</i>	2	
<i>phenytoin sodium extended cap 100 mg^</i>	2	
<i>phenytoin sodium extended cap 200 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended cap 300 mg[^]</i>	2	
<i>phenytoin susp 125 mg/5ml[^]</i>	2	
POTIGA - ezogabine tab 50 mg	4	
POTIGA - ezogabine tab 200 mg	4	
POTIGA - ezogabine tab 300 mg	4	
POTIGA - ezogabine tab 400 mg	4	
<i>primidone tab 50 mg[^]</i>	2	
<i>primidone tab 250 mg[^]</i>	2	
SABRIL - vigabatrin powd pack 500 mg*	4	
SABRIL - vigabatrin tab 500 mg*	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
TEGRETOL - carbamazepine susp 100 mg/5ml	4	
TEGRETOL - carbamazepine tab 200 mg	4	
TEGRETOL-XR - carbamazepine tab sr 12hr 100 mg	4	
TEGRETOL-XR - carbamazepine tab sr 12hr 200 mg	4	
TEGRETOL-XR - carbamazepine tab sr 12hr 400 mg	4	
<i>tiagabine hcl tab 2 mg[^]</i>	2	
<i>tiagabine hcl tab 4 mg[^]</i>	2	
TOPAMAX - topiramate tab 25 mg	4	
TOPAMAX - topiramate tab 50 mg	4	
TOPAMAX - topiramate tab 100 mg	4	
TOPAMAX - topiramate tab 200 mg	4	
TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg	4	
TOPAMAX SPRINKLE - topiramate sprinkle cap 25 mg	4	
<i>topiramate sprinkle cap 15 mg[^]</i>	2	
<i>topiramate sprinkle cap 25 mg[^]</i>	2	
<i>topiramate tab 25 mg[^]</i>	2	
<i>topiramate tab 50 mg[^]</i>	2	
<i>topiramate tab 100 mg[^]</i>	2	
<i>topiramate tab 200 mg[^]</i>	2	
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
TRILEPTAL - oxcarbazepine tab 150 mg	4	
TRILEPTAL - oxcarbazepine tab 300 mg	4	
TRILEPTAL - oxcarbazepine tab 600 mg	4	
<i>valproate sodium inj 100 mg/ml[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium oral soln 250 mg/5ml[^]</i>	2	
<i>valproic acid cap 250 mg[^]</i>	2	
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)	3	
VIMPAT - lacosamide oral solution 10 mg/ml	3	
VIMPAT - lacosamide tab 50 mg	3	
VIMPAT - lacosamide tab 100 mg	3	
VIMPAT - lacosamide tab 150 mg	3	
VIMPAT - lacosamide tab 200 mg	3	
ZARONTIN - ethosuximide cap 250 mg	4	
ZONEGRAN - zonisamide cap 25 mg	4	
ZONEGRAN - zonisamide cap 100 mg	4	
<i>zonisamide cap 25 mg[^]</i>	2	
<i>zonisamide cap 50 mg[^]</i>	2	
<i>zonisamide cap 100 mg[^]</i>	2	
Antidementia Agents		
ARICEPT - donepezil hydrochloride tab 5 mg	4	
ARICEPT - donepezil hydrochloride tab 10 mg	4	
<i>donepezil hydrochloride orally disintegrating tab 5 mg[^]</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg[^]</i>	2	
<i>donepezil hydrochloride tab 5 mg[^]</i>	2	
<i>donepezil hydrochloride tab 10 mg[^]</i>	2	
<i>donepezil hydrochloride tab 23 mg[^]</i>	2	
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg#	3	PA
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr	4	
EXELON - rivastigmine td patch 24hr 9.5 mg/24hr	4	
EXELON - rivastigmine td patch 24hr 13.3 mg/24hr	4	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<i>galantamine hydrobromide cap sr 24hr 8 mg[^]</i>	2	
<i>galantamine hydrobromide cap sr 24hr 16 mg[^]</i>	2	
<i>galantamine hydrobromide cap sr 24hr 24 mg[^]</i>	2	
<i>galantamine hydrobromide tab 4 mg[^]</i>	2	
<i>galantamine hydrobromide tab 8 mg[^]</i>	2	
<i>galantamine hydrobromide tab 12 mg[^]</i>	2	
<i>memantine hcl oral solution 2 mg/ml[^]</i>	2	PA
<i>memantine hcl tab 5 mg[^]</i>	2	PA
<i>memantine hcl tab 10 mg[^]</i>	2	PA
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak[^]</i>	2	PA
NAMENDA - memantine hcl oral solution 2 mg/ml	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
NAMENDA - memantine hcl tab 5 mg	4	PA
NAMENDA - memantine hcl tab 10 mg	4	PA
NAMENDA TITRATION PAK - memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	4	PA
RAZADYNE - galantamine hydrobromide tab 4 mg	4	
RAZADYNE - galantamine hydrobromide tab 8 mg	4	
RAZADYNE - galantamine hydrobromide tab 12 mg	4	
RAZADYNE ER - galantamine hydrobromide cap sr 24hr 8 mg	4	
RAZADYNE ER - galantamine hydrobromide cap sr 24hr 16 mg	4	
RAZADYNE ER - galantamine hydrobromide cap sr 24hr 24 mg	4	
<i>rivastigmine tartrate cap 1.5 mg[^]</i>	2	
<i>rivastigmine tartrate cap 3 mg[^]</i>	2	
<i>rivastigmine tartrate cap 4.5 mg[^]</i>	2	
<i>rivastigmine tartrate cap 6 mg[^]</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr[^]</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr[^]</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr[^]</i>	2	
Antidepressants		
ABILIFY - aripiprazole tab 2 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 5 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 10 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 15 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 20 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 30 mg	5	PA, QL (30 tablets/30 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	PA, QL (1 syringe or vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5	PA, QL (1 syringe or vial/28 days)
<i>amitriptyline hcl tab 10 mg#</i>	4	PA
<i>amitriptyline hcl tab 25 mg#</i>	4	PA
<i>amitriptyline hcl tab 50 mg#</i>	4	PA
<i>amitriptyline hcl tab 75 mg#</i>	4	PA
<i>amitriptyline hcl tab 100 mg#</i>	4	PA
<i>amitriptyline hcl tab 150 mg#</i>	4	PA
AMOXAPINE - amoxapine tab 25 mg	4	
AMOXAPINE - amoxapine tab 50 mg	4	
AMOXAPINE - amoxapine tab 100 mg	4	
AMOXAPINE - amoxapine tab 150 mg	4	
<i>aripiprazole oral solution 1 mg/ml[^]</i>	2	PA, QL (750 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 10 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>bupropion hcl tab sr 12hr 100 mg[^]</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab sr 12hr 150 mg[^]</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab sr 12hr 200 mg[^]</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab sr 24hr 150 mg[^]</i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab sr 24hr 300 mg[^]</i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg[^]</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg[^]</i>	2	QL (120 tablets/30 days)
CELEXA - citalopram hydrobromide tab 10 mg	4	QL (30 tablets/30 days)
CELEXA - citalopram hydrobromide tab 20 mg	4	QL (30 tablets/30 days)
CELEXA - citalopram hydrobromide tab 40 mg	4	QL (30 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml[^]</i>	2	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg[^]</i>	1	QL (30 tablets/30 days)
<i>citalopram hydrobromide tab 20 mg[^]</i>	1	QL (30 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg[^]</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg#</i>	4	PA
<i>clomipramine hcl cap 50 mg#</i>	4	PA
<i>clomipramine hcl cap 75 mg#</i>	4	PA
CYMBALTA - duloxetine hcl enteric coated pellets cap 20 mg	4	QL (60 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 30 mg	4	QL (60 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 60 mg	4	QL (60 capsules/30 days)
<i>desipramine hcl tab 10 mg[^]</i>	2	
<i>desipramine hcl tab 25 mg[^]</i>	2	
<i>desipramine hcl tab 50 mg[^]</i>	2	
<i>desipramine hcl tab 75 mg[^]</i>	2	
<i>desipramine hcl tab 100 mg[^]</i>	2	
<i>desipramine hcl tab 150 mg[^]</i>	2	
<i>desvenlafaxine succinate tab sr 24hr 25 mg[^]</i>	2	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab sr 24hr 50 mg[^]</i>	2	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab sr 24hr 100 mg[^]</i>	2	QL (30 tablets/30 days)
DOXEPIN HCL - doxepin hcl cap 75 mg#	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 10 mg#</i>	4	PA
<i>doxepin hcl cap 25 mg#</i>	4	PA
<i>doxepin hcl cap 50 mg#</i>	4	PA
<i>doxepin hcl cap 100 mg#</i>	4	PA
<i>doxepin hcl cap 150 mg#</i>	4	PA
<i>doxepin hcl conc 10 mg/ml#</i>	4	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg^</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg^</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg^</i>	2	QL (60 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap sr 24hr 37.5 mg	4	QL (30 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap sr 24hr 75 mg	4	QL (90 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap sr 24hr 150 mg	4	QL (30 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	
<i>escitalopram oxalate soln 5 mg/5ml^</i>	2	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg^</i>	1	QL (30 tablets/30 days)
<i>escitalopram oxalate tab 10 mg^</i>	1	QL (30 tablets/30 days)
<i>escitalopram oxalate tab 20 mg^</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap sr 24hr 20 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap sr 24hr 40 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap sr 24hr 80 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap sr 24hr 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap sr 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
<i>fluoxetine hcl cap delayed release 90 mg^</i>	2	QL (4 capsules/28 days)
<i>fluoxetine hcl cap 10 mg^</i>	1	QL (30 capsules/30 days)
<i>fluoxetine hcl cap 20 mg^</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg^</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml^</i>	1	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg^</i>	2	QL (30 tablets/30 days)
<i>fluoxetine hcl tab 20 mg^</i>	2	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg^</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 50 mg^</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg^</i>	2	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg#</i>	4	PA
<i>imipramine hcl tab 25 mg#</i>	4	PA
<i>imipramine hcl tab 50 mg#</i>	4	PA
LEXAPRO - escitalopram oxalate soln 5 mg/5ml	4	QL (600 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LEXAPRO - escitalopram oxalate tab 5 mg	4	QL (30 tablets/30 days)
LEXAPRO - escitalopram oxalate tab 10 mg	4	QL (30 tablets/30 days)
LEXAPRO - escitalopram oxalate tab 20 mg	4	QL (30 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 25 mg	4	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 50 mg	4	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 75 mg	4	QL (90 tablets/30 days)
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg^</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 30 mg^</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 45 mg^</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg^</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg^</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 30 mg^</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 45 mg^</i>	2	QL (30 tablets/30 days)
NARDIL - phenelzine sulfate tab 15 mg	4	
NEFAZODONE HCL - nefazodone hcl tab 100 mg	4	
NEFAZODONE HCL - nefazodone hcl tab 150 mg	4	
NEFAZODONE HCL - nefazodone hcl tab 200 mg	4	
<i>nefazodone hcl tab 50 mg^</i>	2	
<i>nefazodone hcl tab 250 mg^</i>	2	
NORPRAMIN - desipramine hcl tab 10 mg	4	
NORPRAMIN - desipramine hcl tab 25 mg	4	
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml	4	
<i>nortriptyline hcl cap 10 mg^</i>	1	
<i>nortriptyline hcl cap 25 mg^</i>	1	
<i>nortriptyline hcl cap 50 mg^</i>	1	
<i>nortriptyline hcl cap 75 mg^</i>	1	
PARNATE - tranylcypromine sulfate tab 10 mg	4	
<i>paroxetine hcl tab 10 mg^</i>	1	QL (30 tablets/30 days)
<i>paroxetine hcl tab 20 mg^</i>	1	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg^</i>	1	QL (60 tablets/30 days)
<i>paroxetine hcl tab 40 mg^</i>	1	QL (30 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml	4	QL (900 mls/30 days)
PAXIL - paroxetine hcl tab 10 mg	4	QL (30 tablets/30 days)
PAXIL - paroxetine hcl tab 20 mg	4	QL (30 tablets/30 days)
PAXIL - paroxetine hcl tab 30 mg	4	QL (60 tablets/30 days)
PAXIL - paroxetine hcl tab 40 mg	4	QL (30 tablets/30 days)
<i>phenelzine sulfate tab 15 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ - desvenlafaxine succinate tab sr 24hr 25 mg	4	QL (30 tablets/30 days)
PRISTIQ - desvenlafaxine succinate tab sr 24hr 50 mg	4	QL (30 tablets/30 days)
PRISTIQ - desvenlafaxine succinate tab sr 24hr 100 mg	4	QL (30 tablets/30 days)
<i>protriptyline hcl tab 5 mg^</i>	2	
<i>protriptyline hcl tab 10 mg^</i>	2	
PROZAC - fluoxetine hcl cap 10 mg	4	QL (30 capsules/30 days)
PROZAC - fluoxetine hcl cap 20 mg	4	QL (120 capsules/30 days)
PROZAC - fluoxetine hcl cap 40 mg	4	QL (60 capsules/30 days)
PROZAC WEEKLY - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days)
<i>quetiapine fumarate tab sr 24hr 400 mg^</i>	2	PA, QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 50 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 100 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 200 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 300 mg^</i>	2	PA, QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg^</i>	2	PA, QL (60 tablets/30 days)
REMERON - mirtazapine tab 15 mg	4	QL (30 tablets/30 days)
REMERON - mirtazapine tab 30 mg	4	QL (30 tablets/30 days)
REMERON - mirtazapine tab 45 mg	4	QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 15 mg	4	QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 30 mg	4	QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 45 mg	4	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA, QL (30 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 25 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 50 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 100 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 200 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 300 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 400 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 50 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 150 mg	4	PA, QL (30 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 200 mg	4	PA, QL (30 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 300 mg	4	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR - quetiapine fumarate tab sr 24hr 400 mg	4	PA, QL (60 tablets/30 days)
<i>sertraline hcl oral conc 20 mg/ml^</i>	2	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg^</i>	1	QL (30 tablets/30 days)
<i>sertraline hcl tab 50 mg^</i>	1	QL (30 tablets/30 days)
<i>sertraline hcl tab 100 mg^</i>	1	QL (60 tablets/30 days)
SURMONTIL - trimipramine maleate cap 25 mg#	4	PA
SURMONTIL - trimipramine maleate cap 50 mg#	4	PA
SURMONTIL - trimipramine maleate cap 100 mg#	4	PA
<i>tranylcypromine sulfate tab 10 mg^</i>	2	
<i>trazodone hcl tab 50 mg^</i>	1	
<i>trazodone hcl tab 100 mg^</i>	1	
<i>trazodone hcl tab 150 mg^</i>	1	
<i>trazodone hcl tab 300 mg^</i>	1	
<i>trimipramine maleate cap 25 mg#</i>	4	PA
<i>trimipramine maleate cap 50 mg#</i>	4	PA
<i>trimipramine maleate cap 100 mg#</i>	4	PA
TRINTELLIX - vortioxetine hbr tab 5 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg	4	QL (30 tablets/30 days)
<i>venlafaxine hcl cap sr 24hr 37.5 mg^</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl cap sr 24hr 75 mg^</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap sr 24hr 150 mg^</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab sr 24hr 37.5 mg^</i>	2	QL (30 tablets/30 days)
<i>venlafaxine hcl tab sr 24hr 75 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab sr 24hr 150 mg^</i>	2	QL (30 tablets/30 days)
<i>venlafaxine hcl tab 25 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 37.5 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 50 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 75 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 100 mg^</i>	2	QL (90 tablets/30 days)
VIIBRYD - vilazodone hcl tab 10 mg	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 20 mg	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 40 mg	4	QL (30 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4	QL (1 kit/30 days)
WELLBUTRIN SR - bupropion hcl tab sr 12hr 100 mg	4	QL (60 tablets/30 days)
WELLBUTRIN SR - bupropion hcl tab sr 12hr 150 mg	4	QL (60 tablets/30 days)
WELLBUTRIN SR - bupropion hcl tab sr 12hr 200 mg	4	QL (60 tablets/30 days)
WELLBUTRIN XL - bupropion hcl tab sr 24hr 150 mg	4	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL - bupropion hcl tab sr 24hr 300 mg	4	QL (30 tablets/30 days)
ZOLOFT - sertraline hcl oral conc 20 mg/ml	4	QL (300 mls/30 days)
ZOLOFT - sertraline hcl tab 25 mg	4	QL (30 tablets/30 days)
ZOLOFT - sertraline hcl tab 50 mg	4	QL (30 tablets/30 days)
ZOLOFT - sertraline hcl tab 100 mg	4	QL (60 tablets/30 days)
Antiemetics		
ALOXI - palonosetron hcl iv soln 0.25 mg/5ml	4	
<i>aprepitant capsule therapy pack 80 & 125 mg^</i>	2	BD
<i>aprepitant capsule 40 mg^</i>	2	BD
<i>aprepitant capsule 80 mg^</i>	2	BD
<i>aprepitant capsule 125 mg^</i>	2	BD
CHLORPROMAZINE HCL - chlorpromazine hcl inj 25 mg/ml	4	PA
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	4	PA
<i>chlorpromazine hcl tab 10 mg^</i>	2	PA
<i>chlorpromazine hcl tab 25 mg^</i>	2	PA
<i>chlorpromazine hcl tab 50 mg^</i>	2	PA
<i>chlorpromazine hcl tab 100 mg^</i>	2	PA
<i>chlorpromazine hcl tab 200 mg^</i>	2	PA
<i>diphenhydramine hcl inj 50 mg/ml^</i>	2	
<i>dronabinol cap 2.5 mg^</i>	2	BD
<i>dronabinol cap 5 mg^</i>	2	BD
<i>dronabinol cap 10 mg^</i>	2	BD
EMEND - aprepitant capsule therapy pack 80 & 125 mg	4	BD
EMEND - aprepitant capsule 40 mg	4	BD
EMEND - aprepitant capsule 80 mg	4	BD
EMEND - aprepitant capsule 125 mg	4	BD
EMEND - fosaprepitant dimeglumine for iv infusion 150 mg	4	
<i>granisetron hcl tab 1 mg^</i>	2	BD
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	4	PA
<i>hydroxyzine hcl tab 10 mg#</i>	4	PA
<i>hydroxyzine hcl tab 25 mg#</i>	4	PA
<i>hydroxyzine hcl tab 50 mg#</i>	4	PA
<i>meclizine hcl tab 12.5 mg^</i>	2	
<i>meclizine hcl tab 25 mg^</i>	2	
<i>metoclopramide hcl inj 5 mg/ml^</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)^</i>	2	
<i>metoclopramide hcl tab 5 mg^</i>	1	
<i>metoclopramide hcl tab 10 mg^</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)^</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)^</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml^</i>	2	BD
<i>ondansetron hcl tab 4 mg^</i>	2	BD
<i>ondansetron hcl tab 8 mg^</i>	2	BD
<i>ondansetron hcl tab 24 mg^</i>	2	BD
<i>ondansetron orally disintegrating tab 4 mg^</i>	2	BD
<i>ondansetron orally disintegrating tab 8 mg^</i>	2	BD
<i>perphenazine tab 2 mg^</i>	2	PA
<i>perphenazine tab 4 mg^</i>	2	PA
<i>perphenazine tab 8 mg^</i>	2	PA
<i>perphenazine tab 16 mg^</i>	2	PA
<i>prochlorperazine edisylate inj 5 mg/ml^</i>	2	
<i>prochlorperazine maleate tab 5 mg^</i>	1	
<i>prochlorperazine maleate tab 10 mg^</i>	1	
<i>prochlorperazine suppos 25 mg^</i>	2	
<i>promethazine hcl suppos 12.5 mg#</i>	4	PA
<i>promethazine hcl suppos 25 mg#</i>	4	PA
<i>promethazine hcl syrup 6.25 mg/5ml#</i>	4	PA
<i>promethazine hcl tab 12.5 mg#</i>	4	PA
<i>promethazine hcl tab 25 mg#</i>	4	PA
<i>promethazine hcl tab 50 mg#</i>	4	PA
REGLAN - metoclopramide hcl tab 5 mg	4	
REGLAN - metoclopramide hcl tab 10 mg	4	
ZOFRAN - ondansetron hcl oral soln 4 mg/5ml	4	BD
ZOFRAN - ondansetron hcl tab 4 mg	4	BD
ZOFRAN - ondansetron hcl tab 8 mg	4	BD
ZOFRAN ODT - ondansetron orally disintegrating tab 4 mg	4	BD
ZOFRAN ODT - ondansetron orally disintegrating tab 8 mg	4	BD
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for inj 50 mg	4	BD
CANCIDAS - caspofungin acetate for iv soln 50 mg	5	
CANCIDAS - caspofungin acetate for iv soln 70 mg	5	
<i>clotrimazole troche 10 mg^</i>	2	
CRESEMBA - isavuconazonium sulfate cap 186 mg	5	PA
CRESEMBA - isavuconazonium sulfate for iv soln 372 mg	5	PA
DIFLUCAN - fluconazole for susp 10 mg/ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN - fluconazole for susp 40 mg/ml	4	
DIFLUCAN - fluconazole tab 50 mg	4	
DIFLUCAN - fluconazole tab 100 mg	4	
DIFLUCAN - fluconazole tab 150 mg	4	
DIFLUCAN - fluconazole tab 200 mg	4	
<i>fluconazole for susp 10 mg/ml^</i>	2	
<i>fluconazole for susp 40 mg/ml^</i>	2	
<i>fluconazole in dextrose inj 200 mg/100ml^</i>	2	
<i>fluconazole in dextrose inj 400 mg/200ml^</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml^</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml^</i>	2	
<i>fluconazole tab 50 mg^</i>	2	
<i>fluconazole tab 100 mg^</i>	2	
<i>fluconazole tab 150 mg^</i>	2	
<i>fluconazole tab 200 mg^</i>	2	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
GRIS-PEG - griseofulvin ultramicrosize tab 125 mg	4	
GRIS-PEG - griseofulvin ultramicrosize tab 250 mg	4	
<i>griseofulvin microsize susp 125 mg/5ml^</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg^</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg^</i>	2	
<i>itraconazole cap 100 mg^</i>	2	
<i>ketoconazole tab 200 mg^</i>	2	
LAMISIL - terbinafine hcl tab 250 mg	4	
MYCAMINE - micafungin sodium for iv soln 50 mg	5	
MYCAMINE - micafungin sodium for iv soln 100 mg	5	
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	4	PA
NOXAFIL - posaconazole susp 40 mg/ml	5	PA
NOXAFIL - posaconazole tab delayed release 100 mg	5	PA
<i>nystatin susp 100000 unit/ml^</i>	2	
<i>nystatin tab 500000 unit^</i>	2	
SPORANOX - itraconazole cap 100 mg	4	
SPORANOX PULSEPAK - itraconazole cap 100 mg	4	
TERAZOL 7 - terconazole vaginal cream 0.4%	4	
<i>terbinafine hcl tab 250 mg^</i>	1	
<i>terconazole vaginal cream 0.4%^</i>	2	
<i>terconazole vaginal cream 0.8%^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal suppos 80 mg^</i>	2	
VFEND IV - voriconazole for inj 200 mg	4	PA
<i>voriconazole for inj 200 mg^</i>	2	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg</i>	5	PA
<i>voriconazole tab 200 mg</i>	5	PA
Antigout Agents		
<i>allopurinol sodium for inj 500 mg^</i>	2	
<i>allopurinol tab 100 mg^</i>	1	
<i>allopurinol tab 300 mg^</i>	1	
ALOPRIM - allopurinol sodium for inj 500 mg	4	
<i>colchicine w/ probenecid tab 0.5-500 mg^</i>	2	
COLCRYS - colchicine tab 0.6 mg	3	
<i>probenecid tab 500 mg^</i>	2	
ULORIC - febuxostat tab 40 mg	3	
ULORIC - febuxostat tab 80 mg	3	
ZYLOPRIM - allopurinol tab 100 mg	4	
ZYLOPRIM - allopurinol tab 300 mg	4	
Anti-Inflammatory Agents		
ANAPROX DS - naproxen sodium tab 550 mg	4	QL (90 tablets/30 days)
ARTHROTEC 50 - diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	QL (120 tablets/30 days)
ARTHROTEC 75 - diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	QL (90 tablets/30 days)
CELEBREX - celecoxib cap 50 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 100 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 200 mg	4	QL (60 capsules/30 days)
CELEBREX - celecoxib cap 400 mg	4	QL (30 capsules/30 days)
<i>celecoxib cap 50 mg^</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 100 mg^</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 200 mg^</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg^</i>	2	QL (30 capsules/30 days)
DAYPRO - oxaprozin tab 600 mg	4	QL (90 tablets/30 days)
<i>diclofenac potassium tab 50 mg^</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%^</i>	2	ST
<i>diclofenac sodium tab delayed release 25 mg^</i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg^</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg^</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab sr 24hr 100 mg^</i>	2	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg[^]</i>	2	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg[^]</i>	2	QL (90 tablets/30 days)
EC-NAPROSYN - naproxen tab ec 375 mg	4	QL (120 tablets/30 days)
EC-NAPROSYN - naproxen tab ec 500 mg	4	QL (90 tablets/30 days)
<i>etodolac cap 200 mg[^]</i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg[^]</i>	2	QL (90 capsules/30 days)
<i>etodolac tab sr 24hr 400 mg[^]</i>	2	QL (60 tablets/30 days)
<i>etodolac tab sr 24hr 500 mg[^]</i>	2	QL (60 tablets/30 days)
<i>etodolac tab sr 24hr 600 mg[^]</i>	2	QL (30 tablets/30 days)
<i>etodolac tab 400 mg[^]</i>	2	QL (60 tablets/30 days)
<i>etodolac tab 500 mg[^]</i>	2	QL (60 tablets/30 days)
FELDENE - piroxicam cap 10 mg	4	QL (60 capsules/30 days)
FELDENE - piroxicam cap 20 mg	4	QL (30 capsules/30 days)
<i>flurbiprofen tab 50 mg[^]</i>	2	QL (180 tablets/30 days)
<i>flurbiprofen tab 100 mg[^]</i>	2	QL (90 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml[^]</i>	2	QL (4800 mls/30 days)
<i>ibuprofen tab 400 mg[^]</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg[^]</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg[^]</i>	1	QL (120 tablets/30 days)
<i>ketoprofen cap 50 mg[^]</i>	2	QL (180 capsules/30 days)
<i>ketoprofen cap 75 mg[^]</i>	2	QL (120 capsules/30 days)
<i>meloxicam tab 7.5 mg[^]</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg[^]</i>	1	QL (30 tablets/30 days)
MOBIC - meloxicam tab 7.5 mg	4	QL (60 tablets/30 days)
MOBIC - meloxicam tab 15 mg	4	QL (30 tablets/30 days)
<i>nabumetone tab 500 mg[^]</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg[^]</i>	2	QL (60 tablets/30 days)
NAPROSYN - naproxen tab 500 mg	4	QL (90 tablets/30 days)
<i>naproxen sodium tab 275 mg[^]</i>	2	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg[^]</i>	2	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml[^]</i>	2	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg[^]</i>	2	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg[^]</i>	2	QL (90 tablets/30 days)
<i>naproxen tab 250 mg[^]</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg[^]</i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg[^]</i>	1	QL (90 tablets/30 days)
<i>oxaprozin tab 600 mg[^]</i>	2	QL (90 tablets/30 days)
<i>piroxicam cap 10 mg[^]</i>	2	QL (60 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam cap 20 mg[^]</i>	2	QL (30 capsules/30 days)
<i>sulindac tab 150 mg[^]</i>	2	QL (60 tablets/30 days)
<i>sulindac tab 200 mg[^]</i>	2	QL (60 tablets/30 days)
<i>tolmetin sodium cap 400 mg[^]</i>	2	QL (120 capsules/30 days)
VOLTAREN - diclofenac sodium gel 1%	4	ST
Antimigraine Agents		
AMERGE - naratriptan hcl tab 1 mg	4	QL (18 tablets/30 days)
AMERGE - naratriptan hcl tab 2.5 mg	4	QL (18 tablets/30 days)
<i>butalbital-acetaminophen tab 50-325 mg#</i>	4	PA, QL (180 tablets/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg#</i>	4	PA, QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg#</i>	4	PA, QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	4	PA, QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	4	PA, QL (180 capsules/30 days)
DEPAKOTE - divalproex sodium tab delayed release 125 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 250 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 500 mg	4	
DEPAKOTE ER - divalproex sodium tab sr 24 hr 250 mg	4	
DEPAKOTE ER - divalproex sodium tab sr 24 hr 500 mg	4	
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg[^]</i>	2	
<i>divalproex sodium tab delayed release 125 mg[^]</i>	2	
<i>divalproex sodium tab delayed release 250 mg[^]</i>	2	
<i>divalproex sodium tab delayed release 500 mg[^]</i>	2	
<i>divalproex sodium tab sr 24 hr 250 mg[^]</i>	2	
<i>divalproex sodium tab sr 24 hr 500 mg[^]</i>	2	
IMITREX - sumatriptan nasal spray 5 mg/act	4	QL (12 units (2 packages)/30 days)
IMITREX - sumatriptan nasal spray 20 mg/act	4	QL (12 units (2 packages)/30 days)
IMITREX - sumatriptan succinate inj 6 mg/0.5ml	4	
IMITREX - sumatriptan succinate tab 25 mg	4	QL (18 tablets/30 days)
IMITREX - sumatriptan succinate tab 50 mg	4	QL (18 tablets/30 days)
IMITREX - sumatriptan succinate tab 100 mg	4	QL (18 tablets/30 days)
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 4 mg/0.5ml	4	
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 6 mg/0.5ml	4	
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	
INDERAL LA - propranolol hcl cap sr 24hr 60 mg	4	
INDERAL LA - propranolol hcl cap sr 24hr 80 mg	4	
INDERAL LA - propranolol hcl cap sr 24hr 120 mg	4	
INDERAL LA - propranolol hcl cap sr 24hr 160 mg	4	
MAXALT - rizatriptan benzoate tab 5 mg	4	QL (18 tablets/30 days)
MAXALT - rizatriptan benzoate tab 10 mg	4	QL (18 tablets/30 days)
MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 5 mg	4	QL (18 tablets/30 days)
MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 10 mg	4	QL (18 tablets/30 days)
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	4	
MIGRANAL - dihydroergotamine mesylate nasal spray 4 mg/ml	3	
<i>naratriptan hcl tab 1 mg[^]</i>	2	QL (18 tablets/30 days)
<i>naratriptan hcl tab 2.5 mg[^]</i>	2	QL (18 tablets/30 days)
PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml	4	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	4	
<i>propranolol hcl cap sr 24hr 60 mg[^]</i>	2	
<i>propranolol hcl cap sr 24hr 80 mg[^]</i>	2	
<i>propranolol hcl cap sr 24hr 120 mg[^]</i>	2	
<i>propranolol hcl cap sr 24hr 160 mg[^]</i>	2	
<i>propranolol hcl inj 1 mg/ml[^]</i>	2	
<i>propranolol hcl tab 10 mg[^]</i>	2	
<i>propranolol hcl tab 20 mg[^]</i>	2	
<i>propranolol hcl tab 40 mg[^]</i>	2	
<i>propranolol hcl tab 60 mg[^]</i>	2	
<i>propranolol hcl tab 80 mg[^]</i>	2	
<i>rizatriptan benzoate oral disintegrating tab 5 mg[^]</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg[^]</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg[^]</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 10 mg[^]</i>	2	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act[^]</i>	2	QL (12 units (2 packages)/30 days)
<i>sumatriptan nasal spray 20 mg/act[^]</i>	2	QL (12 units (2 packages)/30 days)
SUMATRIPTAN SUCCINATE - sumatriptan succinate solution prefilled syringe 6 mg/0.5ml [^]	2	
<i>sumatriptan succinate inj 6 mg/0.5ml[^]</i>	2	
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml[^]</i>	2	
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> [^]	2	
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> [^]	2	
<i>sumatriptan succinate tab 25 mg</i> [^]	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 50 mg</i> [^]	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 100 mg</i> [^]	2	QL (18 tablets/30 days)
TIMOLOL MALEATE - timolol maleate tab 5 mg	4	
TIMOLOL MALEATE - timolol maleate tab 10 mg	4	
TIMOLOL MALEATE - timolol maleate tab 20 mg	4	
TOPAMAX - topiramate tab 25 mg	4	
TOPAMAX - topiramate tab 50 mg	4	
TOPAMAX - topiramate tab 100 mg	4	
TOPAMAX - topiramate tab 200 mg	4	
TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg	4	
TOPAMAX SPRINKLE - topiramate sprinkle cap 25 mg	4	
<i>topiramate sprinkle cap 15 mg</i> [^]	2	
<i>topiramate sprinkle cap 25 mg</i> [^]	2	
<i>topiramate tab 25 mg</i> [^]	2	
<i>topiramate tab 50 mg</i> [^]	2	
<i>topiramate tab 100 mg</i> [^]	2	
<i>topiramate tab 200 mg</i> [^]	2	
<i>zolmitriptan orally disintegrating tab 2.5 mg</i> [^]	2	QL (12 tablets/30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i> [^]	2	QL (12 tablets/30 days)
Antimyasthenic Agents		
GUANIDINE HCL - guanidine hcl tab 125 mg	4	
MESTINON - pyridostigmine bromide syrup 60 mg/5ml	4	
MESTINON - pyridostigmine bromide tab 60 mg	4	
MESTINON TIMESPAN - pyridostigmine bromide tab cr 180 mg	4	
<i>pyridostigmine bromide tab cr 180 mg</i> [^]	2	
<i>pyridostigmine bromide tab 60 mg</i> [^]	2	
Antimycobacterials		
CAPASTAT SULFATE - capreomycin sulfate for inj 1 gm	4	
CYCLOSERINE - cycloserine cap 250 mg	5	
<i>dapsone tab 25 mg</i> [^]	2	
<i>dapsone tab 100 mg</i> [^]	2	
<i>ethambutol hcl tab 100 mg</i> [^]	2	
<i>ethambutol hcl tab 400 mg</i> [^]	2	
ISONIAZID - isoniazid inj 100 mg/ml	4	
<i>isoniazid tab 100 mg</i> [^]	1	
<i>isoniazid tab 300 mg</i> [^]	1	

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

Drug Name	Drug Tier	Requirements/Limits
MYCOBUTIN - rifabutin cap 150 mg	4	
PASER - aminosalicic acid cr granules packet 4 gm	4	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg^</i>	2	
<i>rifabutin cap 150 mg^</i>	2	
RIFADIN - rifampin cap 150 mg	4	
RIFADIN - rifampin for inj 600 mg	4	
<i>rifampin cap 150 mg^</i>	2	
<i>rifampin cap 300 mg^</i>	2	
<i>rifampin for inj 600 mg^</i>	2	
SIRTURO - bedaquiline fumarate tab 100 mg	5	
TRECTOR - ethionamide tab 250 mg	4	
Antineoplastics		
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	
AFINITOR - everolimus tab 2.5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 7.5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 10 mg	5	PA, QL (30 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	5	PA, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 5 mg	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)
ALIMTA - pemetrexed disodium for iv soln 100 mg	5	
ALIMTA - pemetrexed disodium for iv soln 500 mg	5	
<i>amifostine for inj 500 mg</i>	5	
<i>anastrozole tab 1 mg^</i>	1	
ARIMIDEX - anastrozole tab 1 mg	4	
AROMASIN - exemestane tab 25 mg	4	
ARRANON - nelarabine iv soln 5 mg/ml	5	
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml*	5	
ARZERRA - ofatumumab conc for iv infusion 1000 mg/50ml*	5	
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5	
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	
<i>azacitidine for inj 100 mg</i>	5	
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)	5	
BELEODAQ - belinostat for iv inj 500 mg*	5	
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
<i>bexarotene cap 75 mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide tab 50 mg</i> [^]	2	
BICNU - carmustine for inj 100 mg	4	
BLEO 15K - bleomycin sulf for inj 15 usp unit(15000 international unit)	4	BD
<i>bleomycin sulfate for inj 15 unit</i> [^]	2	BD
<i>bleomycin sulfate for inj 30 unit</i> [^]	2	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD
BOSULIF - bosutinib tab 100 mg	5	PA, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 500 mg	5	PA, QL (30 tablets/30 days)
<i>busulfan inj 6 mg/ml</i>	5	
BUSULFEX - busulfan inj 6 mg/ml	5	
CABOMETYX - cabozantinib s-malate tab 20 mg	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg	5	PA, QL (30 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
<i>carboplatin iv soln 50 mg/5ml</i> [^]	2	
<i>carboplatin iv soln 150 mg/15ml</i> [^]	2	
<i>carboplatin iv soln 450 mg/45ml</i> [^]	2	
<i>carboplatin iv soln 600 mg/60ml</i> [^]	2	
CASODEX - bicalutamide tab 50 mg	4	
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml) [^]	2	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> [^]	2	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> [^]	2	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	BD
CLOLAR - clofarabine iv soln 1 mg/ml	5	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COSMEGEN - dactinomycin for inj 0.5 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide cap 25 mg	4	BD
CYCLOPHOSPHAMIDE - cyclophosphamide cap 50 mg	4	BD
<i>cyclophosphamide for inj 500 mg</i>	5	
<i>cyclophosphamide for inj 1 gm</i>	5	
<i>cyclophosphamide for inj 2 gm</i>	5	

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

Drug Name	Drug Tier	Requirements/Limits
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion)*	5	
CYRAMZA - ramucirumab iv soln 500 mg/50ml (for infusion)*	5	
<i>cytarabine inj pf 20 mg/ml</i> [^]	2	BD
<i>cytarabine inj pf 100 mg/ml</i> [^]	2	BD
<i>cytarabine inj 20 mg/ml</i> [^]	2	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
<i>dacarbazine for inj 200 mg</i> [^]	2	
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	
<i>daunorubicin hcl inj 5 mg/ml</i> [^]	2	
<i>decitabine for inj 50 mg</i>	5	
<i>dexrazoxane for inj 250 mg</i>	5	
<i>dexrazoxane for inj 500 mg</i>	5	
DOCETAXEL - docetaxel for inj conc 20 mg/ml	5	
DOCETAXEL - docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	
DOCETAXEL - docetaxel for inj conc 160 mg/8ml (20 mg/ml)	5	
DOCETAXEL - docetaxel for inj conc 200 mg/10ml (20 mg/ml)	5	
DOCETAXEL - docetaxel soln for iv infusion 20 mg/2ml	5	
DOCETAXEL - docetaxel soln for iv infusion 80 mg/8ml	5	
DOCETAXEL - docetaxel soln for iv infusion 160 mg/16ml	5	
DOCETAXEL - docetaxel soln for iv infusion 200 mg/20ml	5	
<i>docetaxel for inj conc 20 mg/ml</i>	5	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	
DOXORUBICIN HCL - doxorubicin hcl for inj 10 mg	4	BD
DOXORUBICIN HCL - doxorubicin hcl for inj 50 mg	4	BD
<i>doxorubicin hcl inj 2 mg/ml</i> [^]	2	BD
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	BD
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	4	
EMPLICITI - elotuzumab for iv soln 300 mg	5	
EMPLICITI - elotuzumab for iv soln 400 mg	5	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i> [^]	2	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i> [^]	2	
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5	
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5	
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERWINAZE - asparaginase erwinia chrysanthemi for inj 10000 unit	5	

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Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml)^</i>	2	
<i>etoposide inj 500 mg/25ml (20 mg/ml)^</i>	2	
<i>etoposide inj 1 gm/50ml (20 mg/ml)^</i>	2	
EVOMELA - melphalan hcl for inj 50 mg	5	
<i>exemestane tab 25 mg^</i>	2	
FARESTON - toremifene citrate tab 60 mg	5	
FARYDAK - panobinostat lactate cap 10 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 15 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 20 mg*	5	PA, QL (6 capsules/21 days)
FASLODEX - fulvestrant inj 250 mg/5ml	5	
FEMARA - letrozole tab 2.5 mg	4	
<i>fludarabine phosphate for inj 50 mg^</i>	2	
<i>fludarabine phosphate inj 25 mg/ml^</i>	2	
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)^</i>	2	BD
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)^</i>	2	BD
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)^</i>	2	BD
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)^</i>	2	BD
<i>flutamide cap 125 mg^</i>	2	
FOLOTYN - pralatrexate iv inj 20 mg/ml	5	
FOLOTYN - pralatrexate iv inj 40 mg/2ml	5	
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	
<i>gemcitabine hcl for inj 200 mg^</i>	2	
<i>gemcitabine hcl for inj 1 gm^</i>	2	
<i>gemcitabine hcl for inj 2 gm^</i>	2	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)^</i>	2	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)^</i>	2	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)^</i>	2	
GILOTRIF - afatinib dimaleate tab 20 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg	5	PA, QL (30 tablets/30 days)
GLEEVEC - imatinib mesylate tab 100 mg	5	PA, QL (90 tablets/30 days)
GLEEVEC - imatinib mesylate tab 400 mg	5	PA, QL (60 tablets/30 days)
GLEOSTINE - lomustine cap 5 mg	4	
GLEOSTINE - lomustine cap 10 mg	4	
GLEOSTINE - lomustine cap 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	4	
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	

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Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN - trastuzumab for iv soln 440 mg*	5	
HEXALEN - altretamine cap 50 mg	5	PA
HYDREA - hydroxyurea cap 500 mg	4	
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	5	
<i>hydroxyurea cap 500 mg^</i>	2	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
ICLUSIG - ponatinib hcl tab 15 mg	5	PA, QL (60 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg	5	PA, QL (30 tablets/30 days)
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	5	
IFEX - ifosfamide for inj 3 gm	4	
IFOSFAMIDE - ifosfamide for inj 3 gm	4	
<i>ifosfamide for inj 1 gm^</i>	2	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)^</i>	2	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)^</i>	2	
<i>imatinib mesylate tab 100 mg</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 140 mg	5	PA, QL (120 capsules/30 days)
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml*	4	
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml*	5	
INLYTA - axitinib tab 1 mg*	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)^	2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)^</i>	2	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)^</i>	2	
ISTODAX - romidepsin for iv inj 10 mg	5	
ISTODAX (OVERFILL) - romidepsin for iv inj 10 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg*	5	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI - ruxolitinib phosphate tab 20 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg*	5	PA, QL (60 tablets/30 days)
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	
KEYTRUDA - pembrolizumab for iv soln 50 mg*	5	
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)*	5	
KISQALI - ribociclib succinate tab 200 mg	5	PA, QL (63 tablets/28 days)
KYPROLIS - carfilzomib for inj 30 mg	5	
KYPROLIS - carfilzomib for inj 60 mg	5	
LARTRUVO - olaratumab soln for iv infusion 190 mg/19ml (10 mg/ml)	5	
LARTRUVO - olaratumab soln for iv infusion 500 mg/50ml (10 mg/ml)	5	
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 (2) mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 4 (2) mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg^</i>	1	
LEUCOVORIN CALCIUM - leucovorin calcium for inj 500 mg	4	
LEUCOVORIN CALCIUM - leucovorin calcium tab 10 mg	4	
LEUCOVORIN CALCIUM - leucovorin calcium tab 15 mg	4	
<i>leucovorin calcium for inj 50 mg^</i>	2	
<i>leucovorin calcium for inj 100 mg^</i>	2	
<i>leucovorin calcium for inj 200 mg^</i>	2	
<i>leucovorin calcium for inj 350 mg^</i>	2	
<i>leucovorin calcium tab 5 mg^</i>	2	
<i>leucovorin calcium tab 25 mg^</i>	2	
LEUKERAN - chlorambucil tab 2 mg	3	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LYNPARZA - olaparib cap 50 mg*	5	PA, QL (480 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MARQIBO - vincristine sulfate liposome iv susp 5 mg/31ml (0.16 mg/ml)	5	
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
<i>melphalan hcl for inj 50 mg</i>	5	
<i>mercaptopurine tab 50 mg^</i>	2	
<i>mesna inj 100 mg/ml^</i>	2	
MESNEX - mesna tab 400 mg	4	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)^	1	
<i>methotrexate sodium for inj 1 gm^</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium tab 2.5 mg^</i>	2	
MITOMYCIN - mitomycin for iv soln 5 mg	4	
<i>mitomycin for iv soln 20 mg^</i>	2	
<i>mitomycin for iv soln 40 mg^</i>	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)^</i>	2	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)^</i>	2	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)^</i>	2	
MUSTARGEN - mechlorethamine hcl for inj 10 mg	4	
NEXAVAR - sorafenib tosylate tab 200 mg*	5	PA, QL (120 tablets/30 days)
NILANDRON - nilutamide tab 150 mg	5	
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	
OPDIVO - nivolumab iv soln 40 mg/4ml*	5	
OPDIVO - nivolumab iv soln 100 mg/10ml*	5	
<i>oxaliplatin for iv inj 50 mg</i>	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin for iv inj 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml[^]</i>	2	
<i>oxaliplatin iv soln 100 mg/20ml[^]</i>	2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)[^]</i>	2	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)[^]</i>	2	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)[^]</i>	2	
PANRETIN - alitretinoin gel 0.1%	5	
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	
PROLEUKIN - aldesleukin for iv soln 22000000 unit	5	
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 20 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 25 mg*	5	PA, QL (21 capsules/28 days)
RITUXAN - rituximab iv soln 100 mg/10ml*	5	PA
RITUXAN - rituximab iv soln 500 mg/50ml*	5	PA
RUBRACA - rucaparib camsylate tab 200 mg	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	4	
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (60 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
SUTENT - sunitinib malate cap 12.5 mg	5	PA, QL (90 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 37.5 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 50 mg	5	PA, QL (30 capsules/30 days)
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 4 x 200 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 4 x 300 mcg	5	PA
SYLVANT - siltuximab for iv infusion 100 mg	5	
SYLVANT - siltuximab for iv infusion 400 mg	5	
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	
TABLOID - thioguanine tab 40 mg	4	
TAFINLAR - dabrafenib mesylate cap 50 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg*	5	PA, QL (120 capsules/30 days)
TAGRISSE - osimertinib mesylate tab 40 mg*	5	PA, QL (30 tablets/30 days)
TAGRISSE - osimertinib mesylate tab 80 mg*	5	PA, QL (30 tablets/30 days)
<i>tamoxifen citrate tab 10 mg^</i>	2	
<i>tamoxifen citrate tab 20 mg^</i>	2	
TARCEVA - erlotinib hcl tab 25 mg	5	PA, QL (60 tablets/30 days)
TARCEVA - erlotinib hcl tab 100 mg	5	PA, QL (30 tablets/30 days)
TARCEVA - erlotinib hcl tab 150 mg	5	PA, QL (30 tablets/30 days)
TARGRETIN - bexarotene cap 75 mg	5	PA
TARGRETIN - bexarotene gel 1%	5	
TASIGNA - nilotinib hcl cap 150 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TAXOTERE - docetaxel for inj conc 20 mg/ml	5	
TAXOTERE - docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml	5	
TEMODAR - temozolomide for iv soln 100 mg	5	
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
THIOTEPA - thiotepa for inj 15 mg	5	
TOPOTECAN HCL - topotecan hcl inj 4 mg/4ml (for infusion)	5	
<i>topotecan hcl for inj 4 mg</i>	5	
TORISEL - temsirolimus soln for iv infusion 25 mg/ml	5	
TREANDA - bendamustine hcl for iv soln 25 mg	5	
TREANDA - bendamustine hcl for iv soln 100 mg	5	
<i>tretinoin cap 10 mg</i>	5	PA
TRISENOX - arsenic trioxide inj 10 mg/10ml (1 mg/ml)	4	
TYKERB - lapatinib ditosylate tab 250 mg*	5	PA, QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)*	5	
UVADEX - methoxsalen soln 20 mcg/ml	4	
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	
VELCADE - bortezomib for inj 3.5 mg	5	
VENCLEXTA - venetoclax tab 10 mg	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	4	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	5	PA, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	5	PA, QL (1 pack (42 tablets)/28 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	4	BD
<i>vincristine sulfate iv soln 1 mg/ml</i> [^]	2	BD
<i>vinorelbine tartrate inj 10 mg/ml</i> [^]	2	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i> [^]	2	
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, QL (120 tablets/30 days)
XALKORI - crizotinib cap 200 mg*	5	PA, QL (60 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (60 capsules/30 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	
YONDELIS - trabectedin for inj 1 mg	5	
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	
ZANOSAR - streptozocin for inj 1 gm	4	
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib cap 150 mg*	5	PA, QL (150 capsules/30 days)
ZYTIGA - abiraterone acetate tab 250 mg*	5	PA, QL (120 tablets/30 days)
Antiparasitics		
ALBENZA - albendazole tab 200 mg	4	
ALINIA - nitazoxanide for susp 100 mg/5ml	4	
ALINIA - nitazoxanide tab 500 mg	4	
<i>atovaquone susp 750 mg/5ml</i>	5	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> [^]	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> [^]	2	
BILTRICIDE - praziquantel tab 600 mg	4	
<i>chloroquine phosphate tab 250 mg</i> [^]	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tab 500 mg^</i>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
DARAPRIM - pyrimethamine tab 25 mg	5	
<i>hydroxychloroquine sulfate tab 200 mg^</i>	2	
<i>ivermectin tab 3 mg^</i>	2	
<i>lindane shampoo 1%^</i>	2	
MALARONE - atovaquone-proguanil hcl tab 62.5-25 mg	4	
MALARONE - atovaquone-proguanil hcl tab 250-100 mg	4	
<i>malathion lotion 0.5%^</i>	2	
<i>mefloquine hcl tab 250 mg^</i>	2	
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	4	BD
OVIDE - malathion lotion 0.5%	4	
PENTAM 300 - pentamidine isethionate for soln 300 mg	4	BD
<i>permethrin cream 5%^</i>	2	
PLAQUENIL - hydroxychloroquine sulfate tab 200 mg	4	
PRIMAQUINE PHOSPHATE - primaquine phosphate tab 26.3 mg	4	
STROMEKTOL - ivermectin tab 3 mg	4	
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg^</i>	2	
<i>amantadine hcl syrup 50 mg/5ml^</i>	2	
<i>amantadine hcl tab 100 mg^</i>	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	
AZILECT - rasagiline mesylate tab 0.5 mg	3	
AZILECT - rasagiline mesylate tab 1 mg	3	
<i>benztropine mesylate tab 0.5 mg#</i>	3	PA
<i>benztropine mesylate tab 1 mg#</i>	3	PA
<i>benztropine mesylate tab 2 mg#</i>	3	PA
<i>bromocriptine mesylate cap 5 mg^</i>	2	
<i>bromocriptine mesylate tab 2.5 mg^</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg^</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg^</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg^</i>	2	
<i>carbidopa & levodopa tab cr 25-100 mg^</i>	2	
<i>carbidopa & levodopa tab cr 50-200 mg^</i>	2	
<i>carbidopa & levodopa tab 10-100 mg^</i>	2	
<i>carbidopa & levodopa tab 25-100 mg^</i>	2	
<i>carbidopa & levodopa tab 25-250 mg^</i>	2	
<i>carbidopa tab 25 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg [^]	2	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg [^]	2	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 25-100-200 mg [^]	2	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg [^]	2	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg [^]	2	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 50-200-200 mg [^]	2	
COMTAN - entacapone tab 200 mg	4	
<i>diphenhydramine hcl inj 50 mg/ml[^]</i>	2	
ELDEPRYL - selegiline hcl cap 5 mg	4	
<i>entacapone tab 200 mg[^]</i>	2	
MIRAPEX - pramipexole dihydrochloride tab 0.125 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 0.25 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 0.5 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 0.75 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 1 mg	4	
MIRAPEX - pramipexole dihydrochloride tab 1.5 mg	4	
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	3	
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	3	
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	3	
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	3	
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	3	
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	3	
NUPLAZID - pimavanserin tartrate tab 17 mg	5	PA, QL (60 tablets/30 days)
<i>pramipexole dihydrochloride tab 0.125 mg[^]</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg[^]</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg[^]</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg[^]</i>	1	
<i>pramipexole dihydrochloride tab 1 mg[^]</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg[^]</i>	1	
<i>rasagiline mesylate tab 0.5 mg[^]</i>	2	
<i>rasagiline mesylate tab 1 mg[^]</i>	2	
REQUIP - ropinirole hydrochloride tab 0.25 mg	4	
REQUIP - ropinirole hydrochloride tab 0.5 mg	4	
REQUIP - ropinirole hydrochloride tab 1 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
REQUIP - ropinirole hydrochloride tab 2 mg	4	
REQUIP - ropinirole hydrochloride tab 3 mg	4	
REQUIP - ropinirole hydrochloride tab 4 mg	4	
REQUIP - ropinirole hydrochloride tab 5 mg	4	
<i>ropinirole hydrochloride tab sr 24hr 2 mg^</i>	2	
<i>ropinirole hydrochloride tab sr 24hr 4 mg^</i>	2	
<i>ropinirole hydrochloride tab sr 24hr 6 mg^</i>	2	
<i>ropinirole hydrochloride tab sr 24hr 8 mg^</i>	2	
<i>ropinirole hydrochloride tab sr 24hr 12 mg^</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg^</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg^</i>	2	
<i>ropinirole hydrochloride tab 1 mg^</i>	2	
<i>ropinirole hydrochloride tab 2 mg^</i>	2	
<i>ropinirole hydrochloride tab 3 mg^</i>	2	
<i>ropinirole hydrochloride tab 4 mg^</i>	2	
<i>ropinirole hydrochloride tab 5 mg^</i>	2	
<i>selegiline hcl cap 5 mg^</i>	2	
<i>selegiline hcl tab 5 mg^</i>	2	
SINEMET - carbidopa & levodopa tab 10-100 mg	4	
SINEMET - carbidopa & levodopa tab 25-100 mg	4	
SINEMET - carbidopa & levodopa tab 25-250 mg	4	
SINEMET CR - carbidopa & levodopa tab cr 25-100 mg	4	
SINEMET CR - carbidopa & levodopa tab cr 50-200 mg	4	
TASMAR - tolcapone tab 100 mg	5	
<i>tolcapone tab 100 mg</i>	5	
Antipsychotics		
ABILIFY - aripiprazole tab 2 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 5 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 10 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 15 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 20 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 30 mg	5	PA, QL (30 tablets/30 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	PA, QL (1 syringe or vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5	PA, QL (1 syringe or vial/28 days)
ADASUVE - loxapine aerosol powder breath activated 10 mg	4	PA
<i>aripiprazole oral solution 1 mg/ml^</i>	2	PA, QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 10 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg[^]</i>	2	PA, QL (30 tablets/30 days)
CHLORPROMAZINE HCL - chlorpromazine hcl inj 25 mg/ml	4	PA
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	4	PA
<i>chlorpromazine hcl tab 10 mg[^]</i>	2	PA
<i>chlorpromazine hcl tab 25 mg[^]</i>	2	PA
<i>chlorpromazine hcl tab 50 mg[^]</i>	2	PA
<i>chlorpromazine hcl tab 100 mg[^]</i>	2	PA
<i>chlorpromazine hcl tab 200 mg[^]</i>	2	PA
<i>clozapine orally disintegrating tab 25 mg[^]</i>	2	PA, QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg[^]</i>	2	PA, QL (270 tablets/30 days)
<i>clozapine tab 25 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>clozapine tab 50 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>clozapine tab 100 mg[^]</i>	2	PA, QL (270 tablets/30 days)
<i>clozapine tab 200 mg[^]</i>	2	PA, QL (120 tablets/30 days)
CLOZARIL - clozapine tab 25 mg	4	PA, QL (90 tablets/30 days)
CLOZARIL - clozapine tab 100 mg	4	PA, QL (270 tablets/30 days)
FANAPT - iloperidone tab 1 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	4	PA, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA, QL (7 packs (56 tablets)/28 days)
FAZACLO - clozapine orally disintegrating tab 25 mg	4	PA, QL (270 tablets/30 days)
FAZACLO - clozapine orally disintegrating tab 100 mg	4	PA, QL (270 tablets/30 days)
<i>fluphenazine decanoate inj 25 mg/ml[^]</i>	2	PA
FLUPHENAZINE HCL - fluphenazine hcl elixir 2.5 mg/5ml	4	PA
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	4	PA
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA
<i>fluphenazine hcl tab 1 mg[^]</i>	2	PA
<i>fluphenazine hcl tab 2.5 mg[^]</i>	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tab 5 mg^</i>	2	PA
<i>fluphenazine hcl tab 10 mg^</i>	2	PA
GEODON - ziprasidone hcl cap 20 mg	4	PA, QL (60 capsules/30 days)
GEODON - ziprasidone hcl cap 40 mg	4	PA, QL (60 capsules/30 days)
GEODON - ziprasidone hcl cap 60 mg	4	PA, QL (60 capsules/30 days)
GEODON - ziprasidone hcl cap 80 mg	4	PA, QL (60 capsules/30 days)
GEODON - ziprasidone mesylate for inj 20 mg	4	PA, QL (60 vials/30 days)
HALDOL - haloperidol lactate inj 5 mg/ml	4	PA
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	4	PA
HALDOL DECANOATE 50 - haloperidol decanoate im soln 50 mg/ml	4	PA
<i>haloperidol decanoate im soln 50 mg/ml^</i>	2	PA
<i>haloperidol decanoate im soln 100 mg/ml^</i>	2	PA
<i>haloperidol lactate inj 5 mg/ml^</i>	2	PA
<i>haloperidol lactate oral conc 2 mg/ml^</i>	2	PA
<i>haloperidol tab 0.5 mg^</i>	2	PA
<i>haloperidol tab 1 mg^</i>	2	PA
<i>haloperidol tab 2 mg^</i>	2	PA
<i>haloperidol tab 5 mg^</i>	2	PA
<i>haloperidol tab 10 mg^</i>	2	PA
<i>haloperidol tab 20 mg^</i>	2	PA
INVEGA - paliperidone tab sr 24hr 1.5 mg	5	PA, QL (30 tablets/30 days)
INVEGA - paliperidone tab sr 24hr 3 mg	5	PA, QL (30 tablets/30 days)
INVEGA - paliperidone tab sr 24hr 6 mg	5	PA, QL (60 tablets/30 days)
INVEGA - paliperidone tab sr 24hr 9 mg	5	PA, QL (30 tablets/30 days)
INVEGA SUSTENNA - paliperidone palmitate im extend-release susp 117 mg/0.75ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 39 mg/0.25ml	4	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 78 mg/0.5ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 156 mg/ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 234 mg/1.5ml	5	PA, QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 273 mg/0.875ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 410 mg/1.315ml	5	PA, QL (1 kit/90 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA - paliperidone palmitate im extend-release susp 546 mg/1.75ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 819 mg/2.625ml	5	PA, QL (1 kit/90 days)
LATUDA - lurasidone hcl tab 20 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 60 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	PA, QL (60 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	PA, QL (30 tablets/30 days)
<i>loxapine succinate cap 5 mg[^]</i>	2	PA
<i>loxapine succinate cap 10 mg[^]</i>	2	PA
<i>loxapine succinate cap 25 mg[^]</i>	2	PA
<i>loxapine succinate cap 50 mg[^]</i>	2	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	PA
NUPLAZID - pimavanserin tartrate tab 17 mg	5	PA, QL (60 tablets/30 days)
<i>olanzapine for im inj 10 mg[^]</i>	2	PA, QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 7.5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 10 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 15 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 20 mg[^]</i>	2	PA, QL (30 tablets/30 days)
ORAP - pimozide tab 1 mg	4	
ORAP - pimozide tab 2 mg	4	
<i>paliperidone tab sr 24hr 1.5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>paliperidone tab sr 24hr 3 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>paliperidone tab sr 24hr 6 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>paliperidone tab sr 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
<i>perphenazine tab 2 mg[^]</i>	2	PA
<i>perphenazine tab 4 mg[^]</i>	2	PA
<i>perphenazine tab 8 mg[^]</i>	2	PA
<i>perphenazine tab 16 mg[^]</i>	2	PA
<i>pimozide tab 1 mg[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pimozide tab 2 mg[^]</i>	2	
<i>prochlorperazine edisylate inj 5 mg/ml[^]</i>	2	
<i>prochlorperazine maleate tab 5 mg[^]</i>	1	
<i>prochlorperazine maleate tab 10 mg[^]</i>	1	
<i>prochlorperazine suppos 25 mg[^]</i>	2	
<i>quetiapine fumarate tab sr 24hr 400 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 50 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 100 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 200 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 300 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg[^]</i>	2	PA, QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA, QL (30 tablets/30 days)
RISPERDAL - risperidone soln 1 mg/ml	4	PA, QL (480 mls/30 days)
RISPERDAL - risperidone tab 0.25 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 0.5 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 1 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 2 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 3 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 4 mg	4	PA, QL (120 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for inj 12.5 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 25 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 37.5 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 50 mg	5	PA, QL (2 vials/28 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 0.5 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 1 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 2 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 3 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 4 mg	4	PA, QL (120 tablets/30 days)
<i>risperidone orally disintegrating tab 0.25 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg[^]</i>	2	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 3 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg[^]</i>	2	PA, QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml[^]</i>	2	PA, QL (480 mls/30 days)
<i>risperidone tab 0.25 mg[^]</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg[^]</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 1 mg[^]</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 2 mg[^]</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 3 mg[^]</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 4 mg[^]</i>	1	PA, QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 5 mg	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 10 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 25 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 50 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 100 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 200 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 300 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 400 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 50 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 150 mg	4	PA, QL (30 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 200 mg	4	PA, QL (30 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 300 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 400 mg	4	PA, QL (60 tablets/30 days)
<i>thioridazine hcl tab 10 mg#</i>	4	PA
<i>thioridazine hcl tab 25 mg#</i>	4	PA
<i>thioridazine hcl tab 50 mg#</i>	4	PA
<i>thioridazine hcl tab 100 mg#</i>	4	PA
<i>thiothixene cap 1 mg[^]</i>	2	PA
<i>thiothixene cap 2 mg[^]</i>	2	PA
<i>thiothixene cap 5 mg[^]</i>	2	PA
<i>thiothixene cap 10 mg[^]</i>	2	PA
<i>trifluoperazine hcl tab 1 mg[^]</i>	2	PA
<i>trifluoperazine hcl tab 2 mg[^]</i>	2	PA
<i>trifluoperazine hcl tab 5 mg[^]</i>	2	PA
<i>trifluoperazine hcl tab 10 mg[^]</i>	2	PA
VERSACLOZ - clozapine susp 50 mg/ml	5	PA, QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	5	PA, QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR - cariprazine hcl cap 4.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	5	PA, QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg^</i>	2	PA, QL (60 capsules/30 days)
<i>ziprasidone hcl cap 40 mg^</i>	2	PA, QL (60 capsules/30 days)
<i>ziprasidone hcl cap 60 mg^</i>	2	PA, QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg^</i>	2	PA, QL (60 capsules/30 days)
ZYPREXA - olanzapine for im inj 10 mg	4	PA, QL (90 vials/30 days)
ZYPREXA - olanzapine tab 2.5 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 5 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 7.5 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 10 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 15 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 20 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	4	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA, QL (1 vial/28 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 5 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 10 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 15 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 20 mg	4	PA, QL (30 tablets/30 days)
Antispasticity Agents		
<i>baclofen tab 10 mg^</i>	2	
<i>baclofen tab 20 mg^</i>	2	
DANTRIUM - dantrolene sodium cap 25 mg	4	
DANTRIUM - dantrolene sodium cap 50 mg	4	
<i>dantrolene sodium cap 25 mg^</i>	2	
<i>dantrolene sodium cap 50 mg^</i>	2	
<i>dantrolene sodium cap 100 mg^</i>	2	
<i>tizanidine hcl cap 2 mg^</i>	2	
<i>tizanidine hcl cap 4 mg^</i>	2	
<i>tizanidine hcl cap 6 mg^</i>	2	
<i>tizanidine hcl tab 2 mg^</i>	2	
<i>tizanidine hcl tab 4 mg^</i>	2	
ZANAFLEX - tizanidine hcl tab 4 mg	4	
Antivirals		
<i>abacavir sulfate tab 300 mg^</i>	2	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	5	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	QL (60 tablets/30 days)
<i>acyclovir cap 200 mg^</i>	1	
<i>acyclovir sodium for inj 500 mg^</i>	2	BD
<i>acyclovir sodium iv soln 50 mg/ml^</i>	2	BD
<i>acyclovir susp 200 mg/5ml^</i>	2	
<i>acyclovir tab 400 mg^</i>	2	
<i>acyclovir tab 800 mg^</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	
<i>amantadine hcl cap 100 mg^</i>	2	
<i>amantadine hcl syrup 50 mg/5ml^</i>	2	
<i>amantadine hcl tab 100 mg^</i>	2	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
APTIVUS - tipranavir oral soln 100 mg/ml	5	QL (380 mls/30 days)
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	QL (30 tablets/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	4	
BARACLUDE - entecavir tab 0.5 mg	5	
BARACLUDE - entecavir tab 1 mg	5	
<i>cidofovir iv inj 75 mg/ml</i>	5	
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
CRIXIVAN - indinavir sulfate cap 200 mg	3	QL (270 capsules/30 days)
CRIXIVAN - indinavir sulfate cap 400 mg	3	QL (180 capsules/30 days)
CYTOVENE - ganciclovir sodium for inj 500 mg	4	BD
DAKLINZA - daclatasvir dihydrochloride tab 30 mg	5	PA
DAKLINZA - daclatasvir dihydrochloride tab 60 mg	5	PA
DAKLINZA - daclatasvir dihydrochloride tab 90 mg	5	PA
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
<i>didanosine delayed release capsule 125 mg^</i>	2	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 200 mg^</i>	2	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 250 mg^</i>	2	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 400 mg^</i>	2	QL (30 capsules/30 days)
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg</i>	5	
<i>entecavir tab 1 mg</i>	5	
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
EPIVIR - lamivudine oral soln 10 mg/ml	4	QL (960 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EPIVIR - lamivudine tab 150 mg	4	QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	4	QL (30 tablets/30 days)
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	3	
EPIVIR HBV - lamivudine tab 100 mg (hbv)	4	
EPZICOM - abacavir sulfate-lamivudine tab 600-300 mg	5	QL (30 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg^</i>	2	
<i>famciclovir tab 250 mg^</i>	2	
<i>famciclovir tab 500 mg^</i>	2	
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
<i>ganciclovir sodium for inj 500 mg^</i>	2	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg	4	QL (60 tablets/30 days)
INTELENCE - etravirine tab 200 mg	5	QL (60 tablets/30 days)
INTRON A - interferon alfa-2b inj 6000000 unit/ml	5	
INTRON A - interferon alfa-2b inj 10000000 unit/ml	5	
INTRON A - interferon alfa-2b for inj 10000000 unit	5	
INTRON A - interferon alfa-2b for inj 18000000 unit	5	
INTRON A - interferon alfa-2b for inj 50000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 10000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 18000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 50000000 unit	5	
INVIRASE - saquinavir mesylate cap 200 mg	5	QL (300 capsules/30 days)
INVIRASE - saquinavir mesylate tab 500 mg	5	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5	QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	4	QL (300 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	5	QL (120 tablets/30 days)
<i>lamivudine oral soln 10 mg/ml^</i>	2	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)^</i>	2	
<i>lamivudine tab 150 mg^</i>	2	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg^</i>	2	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg^</i>	2	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/30 days)
LEXIVA - fosamprenavir calcium tab 700 mg	5	QL (120 tablets/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	QL (480 mls/30 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
<i>nevirapine tab sr 24hr 100 mg^</i>	2	QL (90 tablets/30 days)
<i>nevirapine tab sr 24hr 400 mg^</i>	2	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg^</i>	2	QL (60 tablets/30 days)
NORVIR - ritonavir cap 100 mg	4	QL (360 capsules/30 days)
NORVIR - ritonavir oral soln 80 mg/ml	4	QL (480 mls/30 days)
NORVIR - ritonavir tab 100 mg	4	QL (360 tablets/30 days)
ODEFSEY - emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
OLYSIO - simeprevir sodium cap 150 mg	5	PA
<i>oseltamivir phosphate cap 30 mg^</i>	2	
<i>oseltamivir phosphate cap 45 mg^</i>	2	
<i>oseltamivir phosphate cap 75 mg^</i>	2	
PEG-INTRON REDIPEN - peginterferon alfa-2b for inj kit 50 mcg/0.5ml	5	PA
PEG-INTRON REDIPEN - peginterferon alfa-2b for inj kit 80 mcg/0.5ml	5	PA
PEG-INTRON REDIPEN - peginterferon alfa-2b for inj kit 120 mcg/0.5ml	5	PA
PEG-INTRON REDIPEN - peginterferon alfa-2b for inj kit 150 mcg/0.5ml	5	PA
PEG-INTRON REDIPEN PAK 4 - peginterferon alfa-2b for inj kit 50 mcg/0.5ml	5	PA
PEG-INTRON REDIPEN PAK 4 - peginterferon alfa-2b for inj kit 80 mcg/0.5ml	5	PA
PEG-INTRON REDIPEN PAK 4 - peginterferon alfa-2b for inj kit 120 mcg/0.5ml	5	PA
PEG-INTRON REDIPEN PAK 4 - peginterferon alfa-2b for inj kit 150 mcg/0.5ml	5	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	5	PA
PEGASYS PROCLICK - peginterferon alfa-2a inj 135 mcg/0.5ml	5	PA
PEGASYS PROCLICK - peginterferon alfa-2a inj 180 mcg/0.5ml	5	PA
PEGINTRON - peginterferon alfa-2b for inj kit 50 mcg/0.5ml	5	PA
PEGINTRON - peginterferon alfa-2b for inj kit 80 mcg/0.5ml	5	PA
PEGINTRON - peginterferon alfa-2b for inj kit 120 mcg/0.5ml	5	PA
PEGINTRON - peginterferon alfa-2b for inj kit 150 mcg/0.5ml	5	PA
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir ethanolate susp 100 mg/ml	5	QL (400 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA - darunavir ethanolate tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir ethanolate tab 150 mg	4	QL (180 tablets/30 days)
PREZISTA - darunavir ethanolate tab 600 mg	5	QL (60 tablets/30 days)
PREZISTA - darunavir ethanolate tab 800 mg	5	QL (30 tablets/30 days)
REBETOL - ribavirin soln 40 mg/ml	4	
RESCRIPTOR - delavirdine mesylate tab 100 mg	4	QL (360 tablets/30 days)
RESCRIPTOR - delavirdine mesylate tab 200 mg	4	QL (180 tablets/30 days)
RETROVIR - zidovudine cap 100 mg	4	QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate cap 150 mg	5	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate cap 200 mg	5	QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg	5	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
RIBASPHERE - ribavirin tab 400 mg	4	
RIBASPHERE - ribavirin tab 600 mg	5	
RIBASPHERE RIBAPAK - ribavirin tab 400 mg	5	
RIBASPHERE RIBAPAK - ribavirin tab 600 mg	5	
<i>ribavirin cap 200 mg^</i>	2	
<i>ribavirin for inhal soln 6 gm</i>	5	
<i>ribavirin tab 200 mg^</i>	2	
<i>rimantadine hydrochloride tab 100 mg^</i>	2	
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 150 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5	QL (120 tablets/30 days)
SOVALDI - sofosbuvir tab 400 mg	5	PA
<i>stavudine cap 15 mg^</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 20 mg^</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 30 mg^</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 40 mg^</i>	2	QL (60 capsules/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUSTIVA - efavirenz cap 50 mg	4	QL (90 capsules/30 days)
SUSTIVA - efavirenz cap 200 mg	5	QL (60 capsules/30 days)
SUSTIVA - efavirenz tab 600 mg	5	QL (30 tablets/30 days)
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
SYLATRON - peginterferon alfa-2b for inj kit 4 x 200 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 4 x 300 mcg	5	PA
TAMIFLU - oseltamivir phosphate cap 30 mg	4	
TAMIFLU - oseltamivir phosphate cap 45 mg	4	
TAMIFLU - oseltamivir phosphate cap 75 mg	4	
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml	4	
TECHNIVIE - ombitasvir-paritaprevir-ritonavir tab 12.5-75-50 mg	5	PA
TIVICAY - dolutegravir sodium tab 10 mg	4	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg	5	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg	5	QL (60 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg^</i>	2	
<i>valacyclovir hcl tab 1 gm^</i>	2	
VALCYTE - valganciclovir hcl for soln 50 mg/ml	5	
VALCYTE - valganciclovir hcl tab 450 mg	5	
<i>valganciclovir hcl for soln 50 mg/ml</i>	5	
<i>valganciclovir hcl tab 450 mg</i>	5	
VALTREX - valacyclovir hcl tab 500 mg	4	
VALTREX - valacyclovir hcl tab 1 gm	4	
VIDEX - didanosine for soln 2 gm	4	QL (1200 mls/30 days)
VIDEX - didanosine for soln 4 gm	4	QL (1200 mls/30 days)
VIDEX EC - didanosine delayed release capsule 125 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 200 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 250 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 400 mg	4	QL (30 capsules/30 days)
VIEKIRA PAK - ombitas-paritaprevir-riton & dasab tab pak 12.5-75-50 & 250 mg	5	PA
VIEKIRA XR - dasab-ombit-paritap-riton tab sr 24hr 200-8.33-50-33.33 mg	5	PA
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE - nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
VIRAMUNE XR - nevirapine tab sr 24hr 100 mg	4	QL (90 tablets/30 days)
VIRAMUNE XR - nevirapine tab sr 24hr 400 mg	5	QL (30 tablets/30 days)
VIRAZOLE - ribavirin for inhal soln 6 gm	5	
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 300 mg	5	QL (30 tablets/30 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
ZERIT - stavudine cap 15 mg	4	QL (60 capsules/30 days)
ZERIT - stavudine cap 20 mg	4	QL (60 capsules/30 days)
ZERIT - stavudine cap 30 mg	4	QL (60 capsules/30 days)
ZERIT - stavudine cap 40 mg	4	QL (60 capsules/30 days)
ZERIT - stavudine for oral soln 1 mg/ml	4	QL (2400 mls/30 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml	4	QL (960 mls/30 days)
ZIAGEN - abacavir sulfate tab 300 mg	4	QL (60 tablets/30 days)
<i>zidovudine cap 100 mg^</i>	2	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml^</i>	1	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg^</i>	2	QL (60 tablets/30 days)
ZOVIRAX - acyclovir cap 200 mg	4	
ZOVIRAX - acyclovir susp 200 mg/5ml	4	
ZOVIRAX - acyclovir tab 400 mg	4	
Anxiolytics		
<i>alprazolam tab 0.25 mg^</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 0.5 mg^</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 1 mg^</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg^</i>	1	QL (150 tablets/30 days)
<i>bupirone hcl tab 5 mg^</i>	2	
<i>bupirone hcl tab 7.5 mg^</i>	2	
<i>bupirone hcl tab 10 mg^</i>	2	
<i>bupirone hcl tab 15 mg^</i>	2	
<i>bupirone hcl tab 30 mg^</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.25 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.5 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 1 mg^</i>	2	PA, QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg^</i>	2	PA, QL (300 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tab 0.5 mg[^]</i>	1	PA, QL (90 tablets/30 days)
<i>clonazepam tab 1 mg[^]</i>	1	PA, QL (90 tablets/30 days)
<i>clonazepam tab 2 mg[^]</i>	1	PA, QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg[^]</i>	2	PA, QL (180 tablets/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 20 mg	4	QL (60 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 30 mg	4	QL (60 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 60 mg	4	QL (60 capsules/30 days)
DIAZEPAM - diazepam oral soln 1 mg/ml	4	PA, QL (1200 mls/30 days)
<i>diazepam conc 5 mg/ml[^]</i>	2	PA, QL (240 mls/30 days)
<i>diazepam tab 2 mg[^]</i>	1	PA, QL (120 tablets/30 days)
<i>diazepam tab 5 mg[^]</i>	1	PA, QL (120 tablets/30 days)
<i>diazepam tab 10 mg[^]</i>	1	PA, QL (120 tablets/30 days)
DOXEPIN HCL - doxepin hcl cap 75 mg#	4	PA
<i>doxepin hcl cap 10 mg#</i>	4	PA
<i>doxepin hcl cap 25 mg#</i>	4	PA
<i>doxepin hcl cap 50 mg#</i>	4	PA
<i>doxepin hcl cap 100 mg#</i>	4	PA
<i>doxepin hcl cap 150 mg#</i>	4	PA
<i>doxepin hcl conc 10 mg/ml#</i>	4	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg[^]</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg[^]</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg[^]</i>	2	QL (60 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap sr 24hr 37.5 mg	4	QL (30 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap sr 24hr 75 mg	4	QL (90 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap sr 24hr 150 mg	4	QL (30 capsules/30 days)
<i>escitalopram oxalate soln 5 mg/5ml[^]</i>	2	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg[^]</i>	1	QL (30 tablets/30 days)
<i>escitalopram oxalate tab 10 mg[^]</i>	1	QL (30 tablets/30 days)
<i>escitalopram oxalate tab 20 mg[^]</i>	1	QL (30 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	4	PA
<i>hydroxyzine hcl tab 10 mg#</i>	4	PA
<i>hydroxyzine hcl tab 25 mg#</i>	4	PA
<i>hydroxyzine hcl tab 50 mg#</i>	4	PA
LEXAPRO - escitalopram oxalate soln 5 mg/5ml	4	QL (600 mls/30 days)
LEXAPRO - escitalopram oxalate tab 5 mg	4	QL (30 tablets/30 days)
LEXAPRO - escitalopram oxalate tab 10 mg	4	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LEXAPRO - escitalopram oxalate tab 20 mg	4	QL (30 tablets/30 days)
<i>lorazepam tab 0.5 mg^</i>	1	PA, QL (90 tablets/30 days)
<i>lorazepam tab 1 mg^</i>	1	PA, QL (90 tablets/30 days)
<i>lorazepam tab 2 mg^</i>	1	PA, QL (150 tablets/30 days)
<i>paroxetine hcl tab 10 mg^</i>	1	QL (30 tablets/30 days)
<i>paroxetine hcl tab 20 mg^</i>	1	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg^</i>	1	QL (60 tablets/30 days)
<i>paroxetine hcl tab 40 mg^</i>	1	QL (30 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml	4	QL (900 mls/30 days)
PAXIL - paroxetine hcl tab 10 mg	4	QL (30 tablets/30 days)
PAXIL - paroxetine hcl tab 20 mg	4	QL (30 tablets/30 days)
PAXIL - paroxetine hcl tab 30 mg	4	QL (60 tablets/30 days)
PAXIL - paroxetine hcl tab 40 mg	4	QL (30 tablets/30 days)
<i>sertraline hcl oral conc 20 mg/ml^</i>	2	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg^</i>	1	QL (30 tablets/30 days)
<i>sertraline hcl tab 50 mg^</i>	1	QL (30 tablets/30 days)
<i>sertraline hcl tab 100 mg^</i>	1	QL (60 tablets/30 days)
<i>venlafaxine hcl cap sr 24hr 37.5 mg^</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl cap sr 24hr 75 mg^</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap sr 24hr 150 mg^</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab sr 24hr 37.5 mg^</i>	2	QL (30 tablets/30 days)
<i>venlafaxine hcl tab sr 24hr 75 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab sr 24hr 150 mg^</i>	2	QL (30 tablets/30 days)
<i>venlafaxine hcl tab 25 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 37.5 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 50 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 75 mg^</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 100 mg^</i>	2	QL (90 tablets/30 days)
ZOLOFT - sertraline hcl oral conc 20 mg/ml	4	QL (300 mls/30 days)
ZOLOFT - sertraline hcl tab 25 mg	4	QL (30 tablets/30 days)
ZOLOFT - sertraline hcl tab 50 mg	4	QL (30 tablets/30 days)
ZOLOFT - sertraline hcl tab 100 mg	4	QL (60 tablets/30 days)
Bipolar Agents		
ABILIFY - aripiprazole tab 2 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 5 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 10 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 15 mg	5	PA, QL (30 tablets/30 days)
ABILIFY - aripiprazole tab 20 mg	5	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY - aripiprazole tab 30 mg	5	PA, QL (30 tablets/30 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	PA, QL (1 syringe or vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5	PA, QL (1 syringe or vial/28 days)
<i>aripiprazole oral solution 1 mg/ml[^]</i>	2	PA, QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 10 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg[^]</i>	2	PA, QL (30 tablets/30 days)
DEPAKENE - valproic acid cap 250 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 125 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 250 mg	4	
DEPAKOTE - divalproex sodium tab delayed release 500 mg	4	
DEPAKOTE ER - divalproex sodium tab sr 24 hr 250 mg	4	
DEPAKOTE ER - divalproex sodium tab sr 24 hr 500 mg	4	
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg[^]</i>	2	
<i>divalproex sodium tab delayed release 125 mg[^]</i>	2	
<i>divalproex sodium tab delayed release 250 mg[^]</i>	2	
<i>divalproex sodium tab delayed release 500 mg[^]</i>	2	
<i>divalproex sodium tab sr 24 hr 250 mg[^]</i>	2	
<i>divalproex sodium tab sr 24 hr 500 mg[^]</i>	2	
GEODON - ziprasidone hcl cap 20 mg	4	PA, QL (60 capsules/30 days)
GEODON - ziprasidone hcl cap 40 mg	4	PA, QL (60 capsules/30 days)
GEODON - ziprasidone hcl cap 60 mg	4	PA, QL (60 capsules/30 days)
GEODON - ziprasidone hcl cap 80 mg	4	PA, QL (60 capsules/30 days)
LAMICTAL - lamotrigine tab 25 mg	4	
LAMICTAL - lamotrigine tab 100 mg	4	
LAMICTAL - lamotrigine tab 150 mg	4	
LAMICTAL - lamotrigine tab 200 mg	4	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 5 mg	4	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 25 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER/TAKING VALPROATE - lamotrigine tab 25 mg (35) starter kit	4	
<i>lamotrigine tab chewable dispersible 5 mg[^]</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg[^]</i>	2	
<i>lamotrigine tab 25 mg[^]</i>	1	
<i>lamotrigine tab 100 mg[^]</i>	1	
<i>lamotrigine tab 150 mg[^]</i>	1	
<i>lamotrigine tab 200 mg[^]</i>	1	
LITHIUM - lithium oral solution 8 meq/5ml	4	
<i>lithium carbonate cap 150 mg[^]</i>	1	
<i>lithium carbonate cap 300 mg[^]</i>	1	
<i>lithium carbonate cap 600 mg[^]</i>	1	
<i>lithium carbonate tab cr 300 mg[^]</i>	2	
<i>lithium carbonate tab cr 450 mg[^]</i>	2	
<i>lithium carbonate tab 300 mg[^]</i>	2	
LITHOBID - lithium carbonate tab cr 300 mg	4	
<i>olanzapine for im inj 10 mg[^]</i>	2	PA, QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 7.5 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 10 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 15 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 20 mg[^]</i>	2	PA, QL (30 tablets/30 days)
<i>quetiapine fumarate tab sr 24hr 400 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 50 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 100 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 200 mg[^]</i>	2	PA, QL (90 tablets/30 days)
<i>quetiapine fumarate tab 300 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg[^]</i>	2	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone soln 1 mg/ml	4	PA, QL (480 mls/30 days)
RISPERDAL - risperidone tab 0.25 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 0.5 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 1 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 2 mg	4	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL - risperidone tab 3 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 4 mg	4	PA, QL (120 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for inj 12.5 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 25 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 37.5 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 50 mg	5	PA, QL (2 vials/28 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 0.5 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 1 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 2 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 3 mg	4	PA, QL (60 tablets/30 days)
RISPERDAL M-TAB - risperidone orally disintegrating tab 4 mg	4	PA, QL (120 tablets/30 days)
<i>risperidone orally disintegrating tab 0.25 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 3 mg[^]</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg[^]</i>	2	PA, QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml[^]</i>	2	PA, QL (480 mls/30 days)
<i>risperidone tab 0.25 mg[^]</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg[^]</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 1 mg[^]</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 2 mg[^]</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 3 mg[^]</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 4 mg[^]</i>	1	PA, QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 25 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 50 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 100 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 200 mg	4	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 300 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 400 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 50 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 150 mg	4	PA, QL (30 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 200 mg	4	PA, QL (30 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 300 mg	4	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab sr 24hr 400 mg	4	PA, QL (60 tablets/30 days)
<i>valproic acid cap 250 mg[^]</i>	2	
VRAYLAR - cariprazine hcl cap 1.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	5	PA, QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR - cariprazine hcl cap 4.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	5	PA, QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg^</i>	2	PA, QL (60 capsules/30 days)
<i>ziprasidone hcl cap 40 mg^</i>	2	PA, QL (60 capsules/30 days)
<i>ziprasidone hcl cap 60 mg^</i>	2	PA, QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg^</i>	2	PA, QL (60 capsules/30 days)
ZYPREXA - olanzapine for im inj 10 mg	4	PA, QL (90 vials/30 days)
ZYPREXA - olanzapine tab 2.5 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 5 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 7.5 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 10 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 15 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine tab 20 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 5 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 10 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 15 mg	4	PA, QL (30 tablets/30 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 20 mg	4	PA, QL (30 tablets/30 days)
Blood Glucose Regulators		
<i>acarbose tab 25 mg^</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg^</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg^</i>	2	QL (90 tablets/30 days)
ACTOS - pioglitazone hcl tab 15 mg	4	QL (90 tablets/30 days)
ACTOS - pioglitazone hcl tab 30 mg	4	QL (30 tablets/30 days)
ACTOS - pioglitazone hcl tab 45 mg	4	QL (30 tablets/30 days)
ALCOHOL SWABS	3	
AMARYL - glimepiride tab 1 mg	4	QL (240 tablets/30 days)
AMARYL - glimepiride tab 2 mg	4	QL (120 tablets/30 days)
AMARYL - glimepiride tab 4 mg	4	QL (60 tablets/30 days)
BYDUREON - exenatide for inj extended release susp 2 mg	3	QL (4 vials/28 days)
BYDUREON PEN - exenatide extended release for susp pen-injector 2 mg	3	QL (4 vials/28 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
GAUZE PADS 2" X 2"	3	
<i>glimepiride tab 1 mg^</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg^</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg^</i>	1	QL (60 tablets/30 days)
<i>glipizide tab sr 24hr 2.5 mg^</i>	2	QL (240 tablets/30 days)
<i>glipizide tab sr 24hr 5 mg^</i>	2	QL (120 tablets/30 days)
<i>glipizide tab sr 24hr 10 mg^</i>	2	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab 5 mg^</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg^</i>	1	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg^</i>	2	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg^</i>	2	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 5-500 mg^</i>	2	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	3	
GLUCOPHAGE - metformin hcl tab 500 mg	4	QL (150 tablets/30 days)
GLUCOPHAGE - metformin hcl tab 850 mg	4	QL (90 tablets/30 days)
GLUCOPHAGE - metformin hcl tab 1000 mg	4	QL (75 tablets/30 days)
GLUCOPHAGE XR - metformin hcl tab sr 24hr 500 mg	4	QL (120 tablets/30 days)
GLUCOPHAGE XR - metformin hcl tab sr 24hr 750 mg	4	QL (60 tablets/30 days)
GLUCOTROL - glipizide tab 5 mg	4	QL (240 tablets/30 days)
GLUCOTROL - glipizide tab 10 mg	4	QL (120 tablets/30 days)
GLUCOTROL XL - glipizide tab sr 24hr 2.5 mg	4	QL (240 tablets/30 days)
GLUCOTROL XL - glipizide tab sr 24hr 5 mg	4	QL (120 tablets/30 days)
GLUCOTROL XL - glipizide tab sr 24hr 10 mg	4	QL (60 tablets/30 days)
HUMALOG - insulin lispro inj 100 unit/ml	3	
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml	3	
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN INJECTION DEVICE	3	
INSULIN SYRINGE/NEEDLE	3	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab sr 24hr 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab sr 24hr 50-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab sr 24hr 150-500 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab sr 24hr 150-1000 mg	3	QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg	3	QL (90 tablets/30 days)
INVOKANA - canagliflozin tab 300 mg	3	QL (30 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab sr 24hr 50-500 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab sr 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab sr 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	4	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	4	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	4	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	4	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	4	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab sr 24hr 2.5-1000 mg	4	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab sr 24hr 5-1000 mg	4	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab sr 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab sr 24hr 5-500 mg	3	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab sr 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	
LEVEMIR - insulin detemir inj 100 unit/ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	3	
<i>metformin hcl tab sr 24hr 500 mg[^]</i>	1	QL (120 tablets/30 days)
<i>metformin hcl tab sr 24hr 750 mg[^]</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg[^]</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg[^]</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg[^]</i>	1	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg[^]</i>	2	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg[^]</i>	2	QL (90 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 2.5 mg	3	QL (60 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 5 mg	3	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 15 mg[^]</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg[^]</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg[^]</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg[^]</i>	2	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg[^]</i>	2	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg[^]</i>	2	QL (90 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg[^]</i>	2	QL (90 tablets/30 days)
PRANDIN - repaglinide tab 0.5 mg	4	QL (960 tablets/30 days)
PRANDIN - repaglinide tab 1 mg	4	QL (480 tablets/30 days)
PRANDIN - repaglinide tab 2 mg	4	QL (240 tablets/30 days)
PRECOSE - acarbose tab 25 mg	4	QL (360 tablets/30 days)
PRECOSE - acarbose tab 50 mg	4	QL (180 tablets/30 days)
PRECOSE - acarbose tab 100 mg	4	QL (90 tablets/30 days)
PROGLYCEM - diazoxide susp 50 mg/ml	4	
<i>repaglinide tab 0.5 mg[^]</i>	2	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg[^]</i>	2	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg[^]</i>	2	QL (240 tablets/30 days)
STARLIX - nateglinide tab 60 mg	4	QL (180 tablets/30 days)
STARLIX - nateglinide tab 120 mg	4	QL (90 tablets/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	3	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	3	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	4	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	4	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	4	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	4	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml	3	
TRADJENTA - linagliptin tab 5 mg	4	QL (30 tablets/30 days)
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	QL (1 package/30 days)
WELCHOL - colesevelam hcl packet for susp 3.75 gm	4	
WELCHOL - colesevelam hcl tab 625 mg	4	
Blood Products/Modifiers/Volume Expanders		
AGGRENEX - aspirin-dipyridamole cap sr 12hr 25-200 mg	4	
AGRYLIN - anagrelide hcl cap 0.5 mg	4	
<i>anagrelide hcl cap 0.5 mg[^]</i>	2	
<i>anagrelide hcl cap 1 mg[^]</i>	2	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 300 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5	PA
<i>aspirin-dipyridamole cap sr 12hr 25-200 mg[^]</i>	2	
BRILINTA - ticagrelor tab 60 mg	3	
BRILINTA - ticagrelor tab 90 mg	3	
<i>cilostazol tab 50 mg[^]</i>	2	
<i>cilostazol tab 100 mg[^]</i>	2	
<i>clopidogrel bisulfate tab 75 mg[^]</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
COUMADIN - warfarin sodium tab 1 mg	4	
COUMADIN - warfarin sodium tab 2 mg	4	
COUMADIN - warfarin sodium tab 2.5 mg	4	
COUMADIN - warfarin sodium tab 3 mg	4	
COUMADIN - warfarin sodium tab 4 mg	4	
COUMADIN - warfarin sodium tab 5 mg	4	
COUMADIN - warfarin sodium tab 6 mg	4	
COUMADIN - warfarin sodium tab 7.5 mg	4	
COUMADIN - warfarin sodium tab 10 mg	4	
CYKLOKAPRON - tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	4	
<i>dipyridamole tab 25 mg#</i>	4	
<i>dipyridamole tab 50 mg#</i>	4	
<i>dipyridamole tab 75 mg#</i>	4	
EFFIENT - prasugrel hcl tab 5 mg	3	
EFFIENT - prasugrel hcl tab 10 mg	3	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (120 tablets/30 days)
<i>enoxaparin sodium inj 30 mg/0.3ml[^]</i>	2	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 40 mg/0.4ml[^]</i>	2	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 60 mg/0.6ml[^]</i>	2	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 80 mg/0.8ml[^]</i>	2	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 100 mg/ml[^]</i>	2	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 120 mg/0.8ml[^]</i>	2	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 150 mg/ml[^]</i>	2	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml[^]</i>	2	QL (10 vials/90 days)
EPOGEN - epoetin alfa inj 2000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 3000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 4000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 10000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 20000 unit/ml	4	PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml[^]</i>	2	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	
<i>heparin sodium (porcine) inj 1000 unit/ml[^]</i>	2	
<i>heparin sodium (porcine) inj 5000 unit/ml[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) inj 10000 unit/ml</i> [^]	2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i> [^]	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> [^]	2	
<i>heparin sodium (porcine) 40 unit/ml in d5w</i> [^]	2	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	
LOVENOX - enoxaparin sodium inj 30 mg/0.3ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 40 mg/0.4ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 60 mg/0.6ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 80 mg/0.8ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 100 mg/ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 120 mg/0.8ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 150 mg/ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 300 mg/3ml	4	QL (10 vials/90 days)
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	5	
NEULASTA ONPRO KIT - pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	5	
PLAVIX - clopidogrel bisulfate tab 75 mg	4	
PRADAXA - dabigatran etexilate mesylate cap 75 mg	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (71 capsules/90 days)
PRADAXA - dabigatran etexilate mesylate cap 150 mg	4	QL (60 capsules/30 days)
PROCRIT - epoetin alfa inj 2000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 3000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 4000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 10000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRIT - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 25 mg*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg*	5	PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> [^]	2	
<i>tranexamic acid tab 650 mg</i> [^]	2	
<i>warfarin sodium tab 1 mg</i> [^]	1	
<i>warfarin sodium tab 2 mg</i> [^]	1	
<i>warfarin sodium tab 2.5 mg</i> [^]	1	
<i>warfarin sodium tab 3 mg</i> [^]	1	
<i>warfarin sodium tab 4 mg</i> [^]	1	
<i>warfarin sodium tab 5 mg</i> [^]	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 6 mg[^]</i>	1	
<i>warfarin sodium tab 7.5 mg[^]</i>	1	
<i>warfarin sodium tab 10 mg[^]</i>	1	
XARELTO - rivaroxaban tab 10 mg	3	QL (35 tablets/90 days)
XARELTO - rivaroxaban tab 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	4	
Cardiovascular Agents		
ACCUPRIL - quinapril hcl tab 5 mg	4	
ACCUPRIL - quinapril hcl tab 10 mg	4	
ACCUPRIL - quinapril hcl tab 20 mg	4	
ACCUPRIL - quinapril hcl tab 40 mg	4	
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg	4	
ACCURETIC - quinapril-hydrochlorothiazide tab 20-12.5 mg	4	
ACCURETIC - quinapril-hydrochlorothiazide tab 20-25 mg	4	
<i>acebutolol hcl cap 200 mg[^]</i>	2	
<i>acebutolol hcl cap 400 mg[^]</i>	2	
<i>acetazolamide cap sr 12hr 500 mg[^]</i>	2	
<i>acetazolamide tab 125 mg[^]</i>	2	
<i>acetazolamide tab 250 mg[^]</i>	2	
ADALAT CC - nifedipine tab sr 24hr 30 mg	4	
ADALAT CC - nifedipine tab sr 24hr 60 mg	4	
ADALAT CC - nifedipine tab sr 24hr 90 mg	4	
ALDACTAZIDE - spironolactone & hydrochlorothiazide tab 25-25 mg	4	
ALDACTONE - spironolactone tab 25 mg	4	
ALDACTONE - spironolactone tab 50 mg	4	
ALDACTONE - spironolactone tab 100 mg	4	
ALTACE - ramipril cap 1.25 mg	4	
ALTACE - ramipril cap 2.5 mg	4	
ALTACE - ramipril cap 5 mg	4	
ALTACE - ramipril cap 10 mg	4	
<i>amiloride & hydrochlorothiazide tab 5-50 mg[^]</i>	2	
<i>amiloride hcl tab 5 mg[^]</i>	2	
<i>amiodarone hcl tab 200 mg[^]</i>	2	
<i>amiodarone hcl tab 400 mg[^]</i>	2	
<i>amlodipine besylate tab 2.5 mg[^]</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate tab 5 mg[^]</i>	1	
<i>amlodipine besylate tab 10 mg[^]</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg[^]</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg[^]</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg[^]</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg[^]</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg[^]</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg[^]</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg[^]</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg[^]</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg[^]</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg[^]</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg[^]</i>	2	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg[^]</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg[^]</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg[^]</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg[^]</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg[^]</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg[^]</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg[^]</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg[^]</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg[^]</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg[^]</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg[^]</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg[^]</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg[^]</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg[^]</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg[^]</i>	2	QL (30 tablets/30 days)
ATACAND - candesartan cilexetil tab 4 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 8 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 16 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 32 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	4	QL (30 tablets/30 days)
<i>atenolol & chlorthalidone tab 50-25 mg[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol & chlorthalidone tab 100-25 mg^</i>	2	
<i>atenolol tab 25 mg^</i>	1	
<i>atenolol tab 50 mg^</i>	1	
<i>atenolol tab 100 mg^</i>	1	
<i>atorvastatin calcium tab 10 mg^</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 20 mg^</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 40 mg^</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg^</i>	1	QL (30 tablets/30 days)
AVALIDE - irbesartan-hydrochlorothiazide tab 150-12.5 mg	4	QL (30 tablets/30 days)
AVALIDE - irbesartan-hydrochlorothiazide tab 300-12.5 mg	4	QL (30 tablets/30 days)
AVAPRO - irbesartan tab 75 mg	4	QL (30 tablets/30 days)
AVAPRO - irbesartan tab 150 mg	4	QL (30 tablets/30 days)
AVAPRO - irbesartan tab 300 mg	4	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg^</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg^</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg^</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg^</i>	2	
<i>benazepril hcl tab 5 mg^</i>	1	
<i>benazepril hcl tab 10 mg^</i>	1	
<i>benazepril hcl tab 20 mg^</i>	1	
<i>benazepril hcl tab 40 mg^</i>	1	
BETAPACE - sotalol hcl tab 80 mg	4	
BETAPACE - sotalol hcl tab 120 mg	4	
BETAPACE - sotalol hcl tab 160 mg	4	
BETAPACE AF - sotalol hcl (afib/af) tab 80 mg	4	
BETAPACE AF - sotalol hcl (afib/af) tab 120 mg	4	
BETAPACE AF - sotalol hcl (afib/af) tab 160 mg	4	
<i>betaxolol hcl tab 10 mg^</i>	2	
<i>betaxolol hcl tab 20 mg^</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg^</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg^</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg^</i>	1	
<i>bisoprolol fumarate tab 5 mg^</i>	2	
<i>bisoprolol fumarate tab 10 mg^</i>	2	
<i>bumetanide inj 0.25 mg/ml^</i>	2	
<i>bumetanide tab 0.5 mg^</i>	2	
<i>bumetanide tab 1 mg^</i>	2	
<i>bumetanide tab 2 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
CALAN - verapamil hcl tab 80 mg	4	
CALAN - verapamil hcl tab 120 mg	4	
CALAN SR - verapamil hcl tab cr 120 mg	4	
CALAN SR - verapamil hcl tab cr 180 mg	4	
CALAN SR - verapamil hcl tab cr 240 mg	4	
<i>candesartan cilexetil tab 4 mg^</i>	2	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 8 mg^</i>	2	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 16 mg^</i>	2	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg^</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg^</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg^</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg^</i>	2	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg^</i>	2	
<i>captopril tab 25 mg^</i>	2	
<i>captopril tab 50 mg^</i>	2	
<i>captopril tab 100 mg^</i>	2	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 25-15 mg	4	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 25-25 mg	4	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 50-15 mg	4	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 50-25 mg	4	
CARDIZEM - diltiazem hcl tab 30 mg	4	
CARDIZEM - diltiazem hcl tab 60 mg	4	
CARDIZEM - diltiazem hcl tab 120 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap sr 24hr 120 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap sr 24hr 180 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap sr 24hr 240 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap sr 24hr 360 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab sr 24hr 120 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab sr 24hr 180 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab sr 24hr 240 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab sr 24hr 300 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab sr 24hr 360 mg	4	
CARDIZEM LA - diltiazem hcl coated beads tab sr 24hr 420 mg	4	
CARDURA - doxazosin mesylate tab 1 mg	4	QL (30 tablets/30 days)
CARDURA - doxazosin mesylate tab 2 mg	4	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CARDURA - doxazosin mesylate tab 4 mg	4	QL (30 tablets/30 days)
CARDURA - doxazosin mesylate tab 8 mg	4	QL (60 tablets/30 days)
<i>carvedilol tab 3.125 mg[^]</i>	1	
<i>carvedilol tab 6.25 mg[^]</i>	1	
<i>carvedilol tab 12.5 mg[^]</i>	1	
<i>carvedilol tab 25 mg[^]</i>	1	
CATAPRES - clonidine hcl tab 0.1 mg	4	
CATAPRES - clonidine hcl tab 0.2 mg	4	
CATAPRES - clonidine hcl tab 0.3 mg	4	
CATAPRES-TTS-1 - clonidine hcl td patch weekly 0.1 mg/24hr	4	
CATAPRES-TTS-2 - clonidine hcl td patch weekly 0.2 mg/24hr	4	
CATAPRES-TTS-3 - clonidine hcl td patch weekly 0.3 mg/24hr	4	
CHLOROTHIAZIDE - chlorothiazide tab 250 mg	4	
<i>chlorothiazide tab 500 mg[^]</i>	2	
<i>chlorthalidone tab 25 mg[^]</i>	2	
<i>chlorthalidone tab 50 mg[^]</i>	2	
<i>cholestyramine light powder packets 4 gm[^]</i>	2	
<i>cholestyramine light powder 4 gm/dose[^]</i>	2	
<i>cholestyramine powder packets 4 gm[^]</i>	2	
<i>cholestyramine powder 4 gm/dose[^]</i>	2	
<i>choline fenofibrate cap dr 45 mg[^]</i>	2	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg[^]</i>	2	QL (30 capsules/30 days)
<i>clonidine hcl tab 0.1 mg[^]</i>	1	
<i>clonidine hcl tab 0.2 mg[^]</i>	1	
<i>clonidine hcl tab 0.3 mg[^]</i>	1	
<i>clonidine hcl td patch weekly 0.1 mg/24hr[^]</i>	2	
<i>clonidine hcl td patch weekly 0.2 mg/24hr[^]</i>	2	
<i>clonidine hcl td patch weekly 0.3 mg/24hr[^]</i>	2	
COLESTID - colestipol hcl granule packets 5 gm	4	
COLESTID - colestipol hcl granules 5 gm	4	
COLESTID - colestipol hcl tab 1 gm	4	
COLESTID FLAVORED - colestipol hcl granule packets 5 gm	4	
COLESTID FLAVORED - colestipol hcl granules 5 gm	4	
<i>colestipol hcl granule packets 5 gm[^]</i>	2	
<i>colestipol hcl granules 5 gm[^]</i>	2	
<i>colestipol hcl tab 1 gm[^]</i>	2	
COREG - carvedilol tab 3.125 mg	4	
COREG - carvedilol tab 6.25 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
COREG - carvedilol tab 12.5 mg	4	
COREG - carvedilol tab 25 mg	4	
COREG CR - carvedilol phosphate cap sr 24hr 10 mg	4	
COREG CR - carvedilol phosphate cap sr 24hr 20 mg	4	
COREG CR - carvedilol phosphate cap sr 24hr 40 mg	4	
COREG CR - carvedilol phosphate cap sr 24hr 80 mg	4	
CORGARD - nadolol tab 20 mg	4	
CORGARD - nadolol tab 40 mg	4	
CORGARD - nadolol tab 80 mg	4	
CORLANOR - ivabradine hcl tab 5 mg	3	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl tab 7.5 mg	3	PA, QL (60 tablets/30 days)
COZAAR - losartan potassium tab 25 mg	4	QL (60 tablets/30 days)
COZAAR - losartan potassium tab 50 mg	4	QL (60 tablets/30 days)
COZAAR - losartan potassium tab 100 mg	4	QL (30 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 5 mg	3	QL (45 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 10 mg	3	QL (45 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 20 mg	3	QL (45 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 40 mg	3	QL (30 tablets/30 days)
DEMADEX - torsemide tab 10 mg	4	
DEMSEER - metyrosine cap 250 mg	5	
DIAMOXY - acetazolamide cap sr 12hr 500 mg	4	
DIGOXIN - digoxin oral soln 0.05 mg/ml#	4	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg)#^</i>	2	QL (30 tablets/30 days)
<i>digoxin tab 250 mcg (0.25 mg)#</i>	4	PA, QL (30 tablets/30 days)
<i>diltiazem hcl cap sr 12hr 60 mg^</i>	2	
<i>diltiazem hcl cap sr 12hr 90 mg^</i>	2	
<i>diltiazem hcl cap sr 12hr 120 mg^</i>	2	
<i>diltiazem hcl cap sr 24hr 120 mg^</i>	2	
<i>diltiazem hcl cap sr 24hr 180 mg^</i>	2	
<i>diltiazem hcl cap sr 24hr 240 mg^</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr 120 mg^</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr 180 mg^</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr 240 mg^</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr 300 mg^</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr 360 mg^</i>	2	
<i>diltiazem hcl coated beads tab sr 24hr 180 mg^</i>	2	
<i>diltiazem hcl coated beads tab sr 24hr 240 mg^</i>	2	
<i>diltiazem hcl coated beads tab sr 24hr 300 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads tab sr 24hr 360 mg[^]</i>	2	
<i>diltiazem hcl coated beads tab sr 24hr 420 mg[^]</i>	2	
<i>diltiazem hcl extended release beads cap sr 24hr 120 mg[^]</i>	2	
<i>diltiazem hcl extended release beads cap sr 24hr 180 mg[^]</i>	2	
<i>diltiazem hcl extended release beads cap sr 24hr 240 mg[^]</i>	2	
<i>diltiazem hcl extended release beads cap sr 24hr 300 mg[^]</i>	2	
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg[^]</i>	2	
<i>diltiazem hcl extended release beads cap sr 24hr 420 mg[^]</i>	2	
<i>diltiazem hcl tab 30 mg[^]</i>	2	
<i>diltiazem hcl tab 60 mg[^]</i>	2	
<i>diltiazem hcl tab 90 mg[^]</i>	2	
<i>diltiazem hcl tab 120 mg[^]</i>	2	
DIOVAN - valsartan tab 40 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 80 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 160 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 320 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 80-12.5 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 160-12.5 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 160-25 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 320-12.5 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 320-25 mg	4	QL (30 tablets/30 days)
<i>dofetilide cap 125 mcg (0.125 mg)[^]</i>	2	
<i>dofetilide cap 250 mcg (0.25 mg)[^]</i>	2	
<i>dofetilide cap 500 mcg (0.5 mg)[^]</i>	2	
<i>doxazosin mesylate tab 1 mg[^]</i>	2	QL (30 tablets/30 days)
<i>doxazosin mesylate tab 2 mg[^]</i>	2	QL (30 tablets/30 days)
<i>doxazosin mesylate tab 4 mg[^]</i>	2	QL (30 tablets/30 days)
<i>doxazosin mesylate tab 8 mg[^]</i>	2	QL (60 tablets/30 days)
DYAZIDE - triamterene & hydrochlorothiazide cap 37.5-25 mg	4	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg[^]</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg[^]</i>	1	
<i>enalapril maleate tab 2.5 mg[^]</i>	2	
<i>enalapril maleate tab 5 mg[^]</i>	2	
<i>enalapril maleate tab 10 mg[^]</i>	2	
<i>enalapril maleate tab 20 mg[^]</i>	2	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone tab 25 mg[^]</i>	2	
<i>eplerenone tab 50 mg[^]</i>	2	
EXFORGE - amlodipine besylate-valsartan tab 5-160 mg	4	QL (30 tablets/30 days)
EXFORGE - amlodipine besylate-valsartan tab 5-320 mg	4	QL (30 tablets/30 days)
EXFORGE - amlodipine besylate-valsartan tab 10-160 mg	4	QL (30 tablets/30 days)
EXFORGE - amlodipine besylate-valsartan tab 10-320 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	4	QL (30 tablets/30 days)
<i>felodipine tab sr 24hr 2.5 mg[^]</i>	2	
<i>felodipine tab sr 24hr 5 mg[^]</i>	2	
<i>felodipine tab sr 24hr 10 mg[^]</i>	2	
<i>fenofibrate micronized cap 43 mg[^]</i>	2	QL (60 capsules/30 days)
<i>fenofibrate micronized cap 67 mg[^]</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 130 mg[^]</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 134 mg[^]</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 200 mg[^]</i>	2	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg[^]</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 54 mg[^]</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg[^]</i>	2	QL (30 tablets/30 days)
<i>fenofibrate tab 160 mg[^]</i>	2	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg[^]</i>	2	
<i>flecainide acetate tab 100 mg[^]</i>	2	
<i>flecainide acetate tab 150 mg[^]</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg[^]</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg[^]</i>	2	
<i>fosinopril sodium tab 10 mg[^]</i>	1	
<i>fosinopril sodium tab 20 mg[^]</i>	1	
<i>fosinopril sodium tab 40 mg[^]</i>	1	
<i>furosemide inj 10 mg/ml[^]</i>	2	
<i>furosemide oral soln 10 mg/ml[^]</i>	2	
<i>furosemide tab 20 mg[^]</i>	1	
<i>furosemide tab 40 mg[^]</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tab 80 mg^</i>	1	
<i>gemfibrozil tab 600 mg^</i>	1	QL (60 tablets/30 days)
<i>hydralazine hcl tab 10 mg^</i>	2	
<i>hydralazine hcl tab 25 mg^</i>	2	
<i>hydralazine hcl tab 50 mg^</i>	2	
<i>hydralazine hcl tab 100 mg^</i>	2	
<i>hydrochlorothiazide cap 12.5 mg^</i>	1	
<i>hydrochlorothiazide tab 12.5 mg^</i>	1	
<i>hydrochlorothiazide tab 25 mg^</i>	1	
<i>hydrochlorothiazide tab 50 mg^</i>	1	
HYZAAR - losartan potassium & hydrochlorothiazide tab 50-12.5 mg	4	QL (30 tablets/30 days)
HYZAAR - losartan potassium & hydrochlorothiazide tab 100-12.5 mg	4	QL (30 tablets/30 days)
HYZAAR - losartan potassium & hydrochlorothiazide tab 100-25 mg	4	QL (30 tablets/30 days)
<i>indapamide tab 1.25 mg^</i>	2	
<i>indapamide tab 2.5 mg^</i>	2	
INDERAL LA - propranolol hcl cap sr 24hr 60 mg	4	
INDERAL LA - propranolol hcl cap sr 24hr 80 mg	4	
INDERAL LA - propranolol hcl cap sr 24hr 120 mg	4	
INDERAL LA - propranolol hcl cap sr 24hr 160 mg	4	
INSPRA - eplerenone tab 25 mg	4	
INSPRA - eplerenone tab 50 mg	4	
<i>irbesartan tab 75 mg^</i>	1	QL (30 tablets/30 days)
<i>irbesartan tab 150 mg^</i>	1	QL (30 tablets/30 days)
<i>irbesartan tab 300 mg^</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg^</i>	2	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg^</i>	2	QL (30 tablets/30 days)
ISORDIL TITRADOSE - isosorbide dinitrate tab 5 mg	4	
<i>isosorbide dinitrate tab 5 mg^</i>	2	
<i>isosorbide dinitrate tab 10 mg^</i>	2	
<i>isosorbide dinitrate tab 20 mg^</i>	2	
<i>isosorbide dinitrate tab 30 mg^</i>	2	
<i>isosorbide mononitrate tab sr 24hr 30 mg^</i>	2	
<i>isosorbide mononitrate tab sr 24hr 60 mg^</i>	2	
<i>isosorbide mononitrate tab sr 24hr 120 mg^</i>	2	
<i>isosorbide mononitrate tab 10 mg^</i>	1	
<i>isosorbide mononitrate tab 20 mg^</i>	1	
<i>isradipine cap 2.5 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>isradipine cap 5 mg^</i>	2	
JUXTAPID - lomitapide mesylate cap 5 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 10 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 20 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 30 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 40 mg*	5	PA
JUXTAPID - lomitapide mesylate cap 60 mg*	5	PA
KYNAMRO - mipomersen sodium soln prefilled syringe 200 mg/ml*	5	PA
<i>labetalol hcl tab 100 mg^</i>	2	
<i>labetalol hcl tab 200 mg^</i>	2	
<i>labetalol hcl tab 300 mg^</i>	2	
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg)#	4	QL (30 tablets/30 days)
LANOXIN - digoxin tab 125 mcg (0.125 mg)#	4	QL (30 tablets/30 days)
LANOXIN - digoxin tab 250 mcg (0.25 mg)#	4	PA, QL (30 tablets/30 days)
LASIX - furosemide tab 20 mg	4	
LASIX - furosemide tab 40 mg	4	
LASIX - furosemide tab 80 mg	4	
LIDOCAINE HCL - lidocaine hcl iv inj 10 mg/ml	4	
LIPITOR - atorvastatin calcium tab 10 mg	4	QL (45 tablets/30 days)
LIPITOR - atorvastatin calcium tab 20 mg	4	QL (45 tablets/30 days)
LIPITOR - atorvastatin calcium tab 40 mg	4	QL (45 tablets/30 days)
LIPITOR - atorvastatin calcium tab 80 mg	4	QL (30 tablets/30 days)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg^</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg^</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg^</i>	1	
<i>lisinopril tab 2.5 mg^</i>	1	
<i>lisinopril tab 5 mg^</i>	1	
<i>lisinopril tab 10 mg^</i>	1	
<i>lisinopril tab 20 mg^</i>	1	
<i>lisinopril tab 30 mg^</i>	1	
<i>lisinopril tab 40 mg^</i>	1	
LIVALO - pitavastatin calcium tab 1 mg	4	QL (45 tablets/30 days)
LIVALO - pitavastatin calcium tab 2 mg	4	QL (45 tablets/30 days)
LIVALO - pitavastatin calcium tab 4 mg	4	QL (30 tablets/30 days)
LOPID - gemfibrozil tab 600 mg	4	QL (60 tablets/30 days)
LOPRESSOR - metoprolol tartrate tab 50 mg	4	
LOPRESSOR - metoprolol tartrate tab 100 mg	4	
LOPRESSOR HCT - metoprolol & hydrochlorothiazide tab 50-25 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg[^]</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg[^]</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg[^]</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg[^]</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 50 mg[^]</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg[^]</i>	1	QL (30 tablets/30 days)
LOTENSIN - benazepril hcl tab 20 mg	4	
LOTENSIN - benazepril hcl tab 40 mg	4	
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg	4	
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-12.5 mg	4	
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-25 mg	4	
<i>lovastatin tab 10 mg[^]</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg[^]</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg[^]</i>	1	QL (60 tablets/30 days)
LOVAZA - omega-3-acid ethyl esters cap 1 gm	4	
MAVIK - trandolapril tab 1 mg	4	
MAVIK - trandolapril tab 2 mg	4	
MAXZIDE - triamterene & hydrochlorothiazide tab 75-50 mg	4	
MAXZIDE-25 - triamterene & hydrochlorothiazide tab 37.5-25 mg	4	
<i>methazolamide tab 25 mg[^]</i>	2	
<i>methazolamide tab 50 mg[^]</i>	2	
<i>metolazone tab 2.5 mg[^]</i>	2	
<i>metolazone tab 5 mg[^]</i>	2	
<i>metolazone tab 10 mg[^]</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg[^]</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg[^]</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg[^]</i>	2	
<i>metoprolol succinate tab sr 24hr 25 mg[^]</i>	2	
<i>metoprolol succinate tab sr 24hr 50 mg[^]</i>	2	
<i>metoprolol succinate tab sr 24hr 100 mg[^]</i>	2	
<i>metoprolol succinate tab sr 24hr 200 mg[^]</i>	2	
<i>metoprolol tartrate tab 25 mg[^]</i>	1	
<i>metoprolol tartrate tab 50 mg[^]</i>	1	
<i>metoprolol tartrate tab 100 mg[^]</i>	1	
MEVACOR - lovastatin tab 40 mg	4	QL (60 tablets/30 days)
<i>mexiletine hcl cap 150 mg[^]</i>	2	
<i>mexiletine hcl cap 200 mg[^]</i>	2	
<i>mexiletine hcl cap 250 mg[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
MICARDIS - telmisartan tab 20 mg	4	QL (30 tablets/30 days)
MICARDIS - telmisartan tab 40 mg	4	QL (30 tablets/30 days)
MICARDIS - telmisartan tab 80 mg	4	QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 40-12.5 mg	4	QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-12.5 mg	4	QL (60 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-25 mg	4	QL (30 tablets/30 days)
MICROZIDE - hydrochlorothiazide cap 12.5 mg	4	
<i>midodrine hcl tab 2.5 mg^</i>	2	
<i>midodrine hcl tab 5 mg^</i>	2	
<i>midodrine hcl tab 10 mg^</i>	2	
MINIPRESS - prazosin hcl cap 1 mg	4	
MINIPRESS - prazosin hcl cap 2 mg	4	
MINIPRESS - prazosin hcl cap 5 mg	4	
<i>minoxidil tab 2.5 mg^</i>	2	
<i>minoxidil tab 10 mg^</i>	2	
<i>moexipril hcl tab 7.5 mg^</i>	2	
<i>moexipril hcl tab 15 mg^</i>	2	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg^</i>	2	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg^</i>	2	
<i>moexipril-hydrochlorothiazide tab 15-25 mg^</i>	2	
MULTAQ - dronedarone hcl tab 400 mg	3	
<i>nadolol tab 20 mg^</i>	2	
<i>nadolol tab 40 mg^</i>	2	
<i>nadolol tab 80 mg^</i>	2	
<i>niacin tab cr 500 mg^</i>	2	QL (30 tablets/30 days)
<i>niacin tab cr 750 mg^</i>	2	QL (60 tablets/30 days)
<i>niacin tab cr 1000 mg^</i>	2	QL (60 tablets/30 days)
NIASPAN - niacin tab cr 500 mg	4	QL (30 tablets/30 days)
NIASPAN - niacin tab cr 750 mg	4	QL (60 tablets/30 days)
NIASPAN - niacin tab cr 1000 mg	4	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg^</i>	2	
<i>nicardipine hcl cap 30 mg^</i>	2	
<i>nifedipine tab sr 24hr 30 mg^</i>	2	
<i>nifedipine tab sr 24hr 60 mg^</i>	2	
<i>nifedipine tab sr 24hr 90 mg^</i>	2	
<i>nifedipine tab sr 24hr osmotic release 30 mg^</i>	2	
<i>nifedipine tab sr 24hr osmotic release 60 mg^</i>	2	
<i>nifedipine tab sr 24hr osmotic release 90 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
NISOLDIPINE ER - nisoldipine tab sr 24hr 25.5 mg	4	
<i>nisoldipine tab sr 24hr 8.5 mg^</i>	2	
<i>nisoldipine tab sr 24hr 17 mg^</i>	2	
<i>nisoldipine tab sr 24hr 34 mg^</i>	2	
NITRO-BID - nitroglycerin oint 2%	4	
<i>nitroglycerin sl tab 0.3 mg^</i>	2	
<i>nitroglycerin sl tab 0.4 mg^</i>	2	
<i>nitroglycerin sl tab 0.6 mg^</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr^</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr^</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr^</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr^</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)^</i>	2	
NITROLINGUAL PUMPSPRAY - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	4	
NITROSTAT - nitroglycerin sl tab 0.3 mg	3	
NITROSTAT - nitroglycerin sl tab 0.4 mg	3	
NITROSTAT - nitroglycerin sl tab 0.6 mg	3	
NORTHERA - droxidopa cap 100 mg*	5	PA
NORTHERA - droxidopa cap 200 mg*	5	PA
NORTHERA - droxidopa cap 300 mg*	5	PA
NORVASC - amlodipine besylate tab 2.5 mg	4	
NORVASC - amlodipine besylate tab 5 mg	4	
NORVASC - amlodipine besylate tab 10 mg	4	
<i>omega-3-acid ethyl esters cap 1 gm^</i>	2	
<i>pentoxifylline tab cr 400 mg^</i>	2	
<i>perindopril erbumine tab 2 mg^</i>	2	
<i>perindopril erbumine tab 4 mg^</i>	2	
<i>perindopril erbumine tab 8 mg^</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg^</i>	2	
<i>pindolol tab 10 mg^</i>	2	
PRALUENT - alirocumab subcutaneous soln pen-injector 75 mg/ml	5	PA, QL (2 pens/28 days)
PRALUENT - alirocumab subcutaneous soln pen-injector 150 mg/ml	5	PA, QL (2 pens/28 days)
PRAVACHOL - pravastatin sodium tab 20 mg	4	QL (45 tablets/30 days)
PRAVACHOL - pravastatin sodium tab 40 mg	4	QL (45 tablets/30 days)
PRAVACHOL - pravastatin sodium tab 80 mg	4	QL (30 tablets/30 days)
<i>pravastatin sodium tab 10 mg^</i>	2	QL (45 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 20 mg[^]</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 40 mg[^]</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg[^]</i>	2	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg[^]</i>	2	
<i>prazosin hcl cap 2 mg[^]</i>	2	
<i>prazosin hcl cap 5 mg[^]</i>	2	
PRINIVIL - lisinopril tab 5 mg	4	
PRINIVIL - lisinopril tab 10 mg	4	
PRINIVIL - lisinopril tab 20 mg	4	
PROCARDIA XL - nifedipine tab sr 24hr osmotic release 30 mg	4	
PROCARDIA XL - nifedipine tab sr 24hr osmotic release 60 mg	4	
PROCARDIA XL - nifedipine tab sr 24hr osmotic release 90 mg	4	
<i>propafenone hcl cap sr 12hr 225 mg[^]</i>	2	
<i>propafenone hcl cap sr 12hr 325 mg[^]</i>	2	
<i>propafenone hcl cap sr 12hr 425 mg[^]</i>	2	
<i>propafenone hcl tab 150 mg[^]</i>	2	
<i>propafenone hcl tab 225 mg[^]</i>	2	
<i>propafenone hcl tab 300 mg[^]</i>	2	
PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml	4	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	4	
<i>propranolol hcl cap sr 24hr 60 mg[^]</i>	2	
<i>propranolol hcl cap sr 24hr 80 mg[^]</i>	2	
<i>propranolol hcl cap sr 24hr 120 mg[^]</i>	2	
<i>propranolol hcl cap sr 24hr 160 mg[^]</i>	2	
<i>propranolol hcl inj 1 mg/ml[^]</i>	2	
<i>propranolol hcl tab 10 mg[^]</i>	2	
<i>propranolol hcl tab 20 mg[^]</i>	2	
<i>propranolol hcl tab 40 mg[^]</i>	2	
<i>propranolol hcl tab 60 mg[^]</i>	2	
<i>propranolol hcl tab 80 mg[^]</i>	2	
<i>quinapril hcl tab 5 mg[^]</i>	1	
<i>quinapril hcl tab 10 mg[^]</i>	1	
<i>quinapril hcl tab 20 mg[^]</i>	1	
<i>quinapril hcl tab 40 mg[^]</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg[^]</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg[^]</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-25 mg[^]</i>	2	
<i>quinidine gluconate tab cr 324 mg[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	4	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	4	
<i>ramipril cap 1.25 mg[^]</i>	1	
<i>ramipril cap 2.5 mg[^]</i>	1	
<i>ramipril cap 5 mg[^]</i>	1	
<i>ramipril cap 10 mg[^]</i>	1	
RANEXA - ranolazine tab sr 12hr 500 mg	3	
RANEXA - ranolazine tab sr 12hr 1000 mg	3	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	5	PA, QL (3 syringes/30 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	5	PA, QL (1 system/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	5	PA, QL (3 pens/30 days)
<i>rosuvastatin calcium tab 5 mg[^]</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg[^]</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg[^]</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg[^]</i>	2	QL (30 tablets/30 days)
RYTHMOL SR - propafenone hcl cap sr 12hr 225 mg	4	
RYTHMOL SR - propafenone hcl cap sr 12hr 325 mg	4	
RYTHMOL SR - propafenone hcl cap sr 12hr 425 mg	4	
<i>simvastatin tab 5 mg[^]</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 10 mg[^]</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg[^]</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 40 mg[^]</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 80 mg[^]</i>	1	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg[^]</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg[^]</i>	2	
<i>sotalol hcl (afib/af) tab 160 mg[^]</i>	2	
<i>sotalol hcl tab 80 mg[^]</i>	1	
<i>sotalol hcl tab 120 mg[^]</i>	1	
<i>sotalol hcl tab 160 mg[^]</i>	1	
<i>sotalol hcl tab 240 mg[^]</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg[^]</i>	2	
<i>spironolactone tab 25 mg[^]</i>	1	
<i>spironolactone tab 50 mg[^]</i>	1	
<i>spironolactone tab 100 mg[^]</i>	1	
SULAR - nisoldipine tab sr 24hr 8.5 mg	4	
SULAR - nisoldipine tab sr 24hr 17 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
SULAR - nisoldipine tab sr 24hr 34 mg	4	
TEKTURNA - aliskiren fumarate tab 150 mg	3	QL (30 tablets/30 days)
TEKTURNA - aliskiren fumarate tab 300 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-12.5 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-25 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-12.5 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-25 mg	3	QL (30 tablets/30 days)
<i>telmisartan tab 20 mg^</i>	2	QL (30 tablets/30 days)
<i>telmisartan tab 40 mg^</i>	2	QL (30 tablets/30 days)
<i>telmisartan tab 80 mg^</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg^</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-10 mg^</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg^</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg^</i>	2	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg^</i>	2	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg^</i>	2	QL (60 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg^</i>	2	QL (30 tablets/30 days)
TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg	4	
TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg	4	
TENORMIN - atenolol tab 25 mg	4	
TENORMIN - atenolol tab 50 mg	4	
TENORMIN - atenolol tab 100 mg	4	
<i>terazosin hcl cap 1 mg^</i>	1	QL (30 capsules/30 days)
<i>terazosin hcl cap 2 mg^</i>	1	QL (30 capsules/30 days)
<i>terazosin hcl cap 5 mg^</i>	1	QL (30 capsules/30 days)
<i>terazosin hcl cap 10 mg^</i>	1	QL (60 capsules/30 days)
TIAZAC - diltiazem hcl extended release beads cap sr 24hr 120 mg	4	
TIAZAC - diltiazem hcl extended release beads cap sr 24hr 180 mg	4	
TIAZAC - diltiazem hcl extended release beads cap sr 24hr 240 mg	4	
TIAZAC - diltiazem hcl extended release beads cap sr 24hr 300 mg	4	
TIAZAC - diltiazem hcl extended release beads cap sr 24hr 360 mg	4	
TIAZAC - diltiazem hcl extended release beads cap sr 24hr 420 mg	4	
TIKOSYN - dofetilide cap 125 mcg (0.125 mg)	4	
TIKOSYN - dofetilide cap 250 mcg (0.25 mg)	4	
TIKOSYN - dofetilide cap 500 mcg (0.5 mg)	4	
TIMOLOL MALEATE - timolol maleate tab 5 mg	4	
TIMOLOL MALEATE - timolol maleate tab 10 mg	4	
TIMOLOL MALEATE - timolol maleate tab 20 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
TOPROL XL - metoprolol succinate tab sr 24hr 25 mg	4	
TOPROL XL - metoprolol succinate tab sr 24hr 50 mg	4	
TOPROL XL - metoprolol succinate tab sr 24hr 100 mg	4	
TOPROL XL - metoprolol succinate tab sr 24hr 200 mg	4	
<i>toremide tab 5 mg^</i>	1	
<i>toremide tab 10 mg^</i>	1	
<i>toremide tab 20 mg^</i>	1	
<i>toremide tab 100 mg^</i>	1	
<i>trandolapril tab 1 mg^</i>	1	
<i>trandolapril tab 2 mg^</i>	1	
<i>trandolapril tab 4 mg^</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg^</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg^</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg^</i>	1	
<i>valsartan tab 40 mg^</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 80 mg^</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 160 mg^</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 320 mg^</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg^</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg^</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg^</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg^</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg^</i>	2	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	
VASCEPA - icosapent ethyl cap 1 gm	3	
VASERETIC - enalapril maleate & hydrochlorothiazide tab 10-25 mg	4	
VASOTEC - enalapril maleate tab 2.5 mg	4	
VASOTEC - enalapril maleate tab 5 mg	4	
VASOTEC - enalapril maleate tab 10 mg	4	
VASOTEC - enalapril maleate tab 20 mg	4	
<i>verapamil hcl cap sr 24hr 100 mg^</i>	2	
<i>verapamil hcl cap sr 24hr 120 mg^</i>	2	
<i>verapamil hcl cap sr 24hr 180 mg^</i>	2	
<i>verapamil hcl cap sr 24hr 200 mg^</i>	2	
<i>verapamil hcl cap sr 24hr 240 mg^</i>	2	
<i>verapamil hcl cap sr 24hr 300 mg^</i>	2	
<i>verapamil hcl cap sr 24hr 360 mg^</i>	2	
<i>verapamil hcl tab cr 120 mg^</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab cr 180 mg^</i>	1	
<i>verapamil hcl tab cr 240 mg^</i>	1	
<i>verapamil hcl tab 40 mg^</i>	1	
<i>verapamil hcl tab 80 mg^</i>	1	
<i>verapamil hcl tab 120 mg^</i>	1	
VERELAN - verapamil hcl cap sr 24hr 120 mg	4	
VERELAN - verapamil hcl cap sr 24hr 180 mg	4	
VERELAN - verapamil hcl cap sr 24hr 240 mg	4	
VERELAN - verapamil hcl cap sr 24hr 360 mg	4	
VERELAN PM - verapamil hcl cap sr 24hr 100 mg	4	
VERELAN PM - verapamil hcl cap sr 24hr 200 mg	4	
VERELAN PM - verapamil hcl cap sr 24hr 300 mg	4	
VYTORIN - ezetimibe-simvastatin tab 10-10 mg	3	QL (30 tablets/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-20 mg	3	QL (30 tablets/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-40 mg	3	QL (30 tablets/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-80 mg	3	QL (30 tablets/30 days)
WELCHOL - colesevelam hcl packet for susp 3.75 gm	4	
WELCHOL - colesevelam hcl tab 625 mg	4	
ZESTORETIC - lisinopril & hydrochlorothiazide tab 10-12.5 mg	4	
ZESTORETIC - lisinopril & hydrochlorothiazide tab 20-12.5 mg	4	
ZESTORETIC - lisinopril & hydrochlorothiazide tab 20-25 mg	4	
ZESTRIL - lisinopril tab 2.5 mg	4	
ZESTRIL - lisinopril tab 5 mg	4	
ZESTRIL - lisinopril tab 10 mg	4	
ZESTRIL - lisinopril tab 20 mg	4	
ZESTRIL - lisinopril tab 30 mg	4	
ZESTRIL - lisinopril tab 40 mg	4	
ZETIA - ezetimibe tab 10 mg	3	QL (30 tablets/30 days)
ZIAC - bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	4	
ZIAC - bisoprolol & hydrochlorothiazide tab 5-6.25 mg	4	
ZIAC - bisoprolol & hydrochlorothiazide tab 10-6.25 mg	4	
ZOCOR - simvastatin tab 5 mg	4	QL (45 tablets/30 days)
ZOCOR - simvastatin tab 10 mg	4	QL (45 tablets/30 days)
ZOCOR - simvastatin tab 20 mg	4	QL (60 tablets/30 days)
ZOCOR - simvastatin tab 40 mg	4	QL (45 tablets/30 days)
ZOCOR - simvastatin tab 80 mg	4	QL (30 tablets/30 days)
Central Nervous System Agents		
ADDERALL XR - amphetamine-dextroamphetamine cap sr 24hr 5 mg	4	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ADDERALL XR - amphetamine-dextroamphetamine cap sr 24hr 10 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap sr 24hr 15 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap sr 24hr 20 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap sr 24hr 25 mg	4	QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap sr 24hr 30 mg	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg[^]</i>	2	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg[^]</i>	2	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg[^]</i>	2	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg[^]</i>	2	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg[^]</i>	2	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg[^]</i>	2	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg[^]</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg[^]</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 10 mg[^]</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg[^]</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 15 mg[^]</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg[^]</i>	2	QL (90 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 30 mg[^]</i>	2	QL (60 tablets/30 days)
AMPYRA - dalfampridine tab sr 12hr 10 mg*	5	PA
AVONEX - interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/ vial)	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
<i>clonidine hcl tab sr 12hr 0.1 mg[^]</i>	2	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 20 mg	4	QL (60 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 30 mg	4	QL (60 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 60 mg	4	QL (60 capsules/30 days)
DEXEDRINE - dextroamphetamine sulfate cap sr 24hr 5 mg	4	QL (90 capsules/30 days)
DEXEDRINE - dextroamphetamine sulfate cap sr 24hr 10 mg	4	QL (120 capsules/30 days)
DEXEDRINE - dextroamphetamine sulfate cap sr 24hr 15 mg	4	QL (120 capsules/30 days)
<i>dexmethylphenidate hcl tab 2.5 mg[^]</i>	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethylphenidate hcl tab 5 mg[^]</i>	2	QL (60 tablets/30 days)
<i>dexamethylphenidate hcl tab 10 mg[^]</i>	2	QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap sr 24hr 5 mg[^]</i>	2	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap sr 24hr 10 mg[^]</i>	2	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate cap sr 24hr 15 mg[^]</i>	2	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg[^]</i>	2	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg[^]</i>	2	QL (180 tablets/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg[^]</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg[^]</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg[^]</i>	2	QL (60 capsules/30 days)
FOCALIN - dexamethylphenidate hcl tab 2.5 mg	4	QL (60 tablets/30 days)
FOCALIN - dexamethylphenidate hcl tab 5 mg	4	QL (60 tablets/30 days)
FOCALIN - dexamethylphenidate hcl tab 10 mg	4	QL (60 tablets/30 days)
<i>Glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
LYRICA - pregabalin cap 25 mg	3	
LYRICA - pregabalin cap 50 mg	3	
LYRICA - pregabalin cap 75 mg	3	
LYRICA - pregabalin cap 100 mg	3	
LYRICA - pregabalin cap 150 mg	3	
LYRICA - pregabalin cap 200 mg	3	
LYRICA - pregabalin cap 225 mg	3	
LYRICA - pregabalin cap 300 mg	3	
LYRICA - pregabalin soln 20 mg/ml	3	
<i>methylphenidate hcl tab cr 20 mg[^]</i>	2	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg[^]</i>	2	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 10 mg[^]</i>	2	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 20 mg[^]</i>	2	QL (90 tablets/30 days)
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)[^]</i>	2	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)[^]</i>	2	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)[^]</i>	2	
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>riluzole tab 50 mg^</i>	2	
RITALIN - methylphenidate hcl tab 5 mg	4	QL (90 tablets/30 days)
RITALIN - methylphenidate hcl tab 10 mg	4	QL (90 tablets/30 days)
RITALIN - methylphenidate hcl tab 20 mg	4	QL (90 tablets/30 days)
STRATTERA - atomoxetine hcl cap 10 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 18 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 25 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 40 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 60 mg	4	QL (30 capsules/30 days)
STRATTERA - atomoxetine hcl cap 80 mg	4	QL (30 capsules/30 days)
STRATTERA - atomoxetine hcl cap 100 mg	4	QL (30 capsules/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
<i>tetrabenazine tab 12.5 mg*</i>	5	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg*</i>	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
XENAZINE - tetrabenazine tab 12.5 mg*	5	PA, QL (240 tablets/30 days)
XENAZINE - tetrabenazine tab 25 mg*	5	PA, QL (120 tablets/30 days)
Dental and Oral Agents		
<i>cevimeline hcl cap 30 mg^</i>	2	
<i>chlorhexidine gluconate soln 0.12%^</i>	1	
<i>doxycycline hyclate cap 50 mg^</i>	2	
<i>doxycycline hyclate cap 100 mg^</i>	2	
<i>doxycycline hyclate for inj 100 mg^</i>	2	
<i>doxycycline hyclate tab 20 mg^</i>	2	
<i>doxycycline hyclate tab 100 mg^</i>	2	
KEPIVANCE - palifermin for iv inj 6.25 mg	5	
<i>pilocarpine hcl tab 5 mg^</i>	2	
<i>pilocarpine hcl tab 7.5 mg^</i>	2	
SALAGEN - pilocarpine hcl tab 5 mg	4	
SALAGEN - pilocarpine hcl tab 7.5 mg	4	
<i>triamcinolone acetonide dental paste 0.1%^</i>	2	
VIBRAMYCIN - doxycycline hyclate cap 100 mg	4	
Dermatological Agents		
<i>acitretin cap 10 mg</i>	5	
<i>acitretin cap 17.5 mg</i>	5	
<i>acitretin cap 25 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oint 5%[^]</i>	2	
<i>alclometasone dipropionate cream 0.05%[^]</i>	2	
<i>alclometasone dipropionate oint 0.05%[^]</i>	2	
ALDARA - imiquimod cream 5%	4	PA
AZELEX - azelaic acid cream 20%	4	
BENZAMYCIN - benzoyl peroxide-erythromycin gel 5-3%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%[^]</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%[^]</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%[^]</i>	2	
<i>betamethasone dipropionate augmented lotion 0.05%[^]</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%[^]</i>	2	
<i>betamethasone dipropionate cream 0.05%[^]</i>	2	
<i>betamethasone dipropionate lotion 0.05%[^]</i>	2	
<i>betamethasone dipropionate oint 0.05%[^]</i>	2	
<i>betamethasone valerate cream 0.1%[^]</i>	2	
<i>betamethasone valerate lotion 0.1%[^]</i>	2	
<i>betamethasone valerate oint 0.1%[^]</i>	2	
<i>calcipotriene cream 0.005%[^]</i>	2	
<i>calcipotriene oint 0.005%[^]</i>	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)[^]</i>	2	
CARAC - fluorouracil cream 0.5%	5	
<i>ciclopirox gel 0.77%[^]</i>	2	
<i>ciclopirox olamine cream 0.77%[^]</i>	2	
<i>ciclopirox olamine susp 0.77%[^]</i>	2	
<i>ciclopirox shampoo 1%[^]</i>	2	
<i>ciclopirox solution 8%[^]</i>	2	
CLEOCIN-T - clindamycin phosphate gel 1%	4	
CLEOCIN-T - clindamycin phosphate lotion 1%	4	
CLEOCIN-T - clindamycin phosphate soln 1%	4	
CLEOCIN-T - clindamycin phosphate swab 1%	4	
<i>clindamycin phosphate gel 1%[^]</i>	2	
<i>clindamycin phosphate lotion 1%[^]</i>	2	
<i>clindamycin phosphate soln 1%[^]</i>	2	
<i>clindamycin phosphate swab 1%[^]</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%[^]</i>	2	
<i>clobetasol propionate cream 0.05%[^]</i>	2	
<i>clobetasol propionate emollient base cream 0.05%[^]</i>	2	
<i>clobetasol propionate gel 0.05%[^]</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate oint 0.05%[^]</i>	2	
<i>clobetasol propionate soln 0.05%[^]</i>	2	
<i>clotrimazole cream 1%[^]</i>	2	
<i>clotrimazole w/ betamethasone cream 1-0.05%[^]</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%[^]</i>	2	
DENAVIR - penciclovir cream 1%	5	
DERMATOP - prednicarbate cream 0.1%	4	
<i>desonide cream 0.05%[^]</i>	2	
<i>desonide lotion 0.05%[^]</i>	2	
<i>desonide oint 0.05%[^]</i>	2	
DESOXIMETASONE - desoximetasone cream 0.05%	4	
<i>desoximetasone cream 0.25%[^]</i>	2	
<i>desoximetasone gel 0.05%[^]</i>	2	
<i>desoximetasone oint 0.25%[^]</i>	2	
<i>diclofenac sodium gel 1%[^]</i>	2	ST
<i>diclofenac sodium gel 3%</i>	5	
DIFLORASONE DIACETATE - diflorasone diacetate oint 0.05%	4	
DIPROLENE - betamethasone dipropionate augmented lotion 0.05%	4	
DIPROLENE - betamethasone dipropionate augmented oint 0.05%	4	
DIPROLENE AF - betamethasone dipropionate augmented cream 0.05%	4	
DOVONEX - calcipotriene cream 0.005%	4	
<i>econazole nitrate cream 1%[^]</i>	2	
ELIDEL - pimecrolimus cream 1%	4	PA
ELOCON - mometasone furoate cream 0.1%	4	
ELOCON - mometasone furoate oint 0.1%	4	
ELOCON - mometasone furoate solution 0.1% (lotion)	4	
<i>erythromycin pads 2%[^]</i>	2	
<i>erythromycin soln 2%[^]</i>	2	
FINACEA - azelaic acid foam 15%	4	
FINACEA - azelaic acid gel 15%	4	
<i>fluocinolone acetonide cream 0.01%[^]</i>	2	
<i>fluocinonide cream 0.05%[^]</i>	2	
<i>fluocinonide emulsified base cream 0.05%[^]</i>	2	
<i>fluocinonide gel 0.05%[^]</i>	2	
<i>fluocinonide oint 0.05%[^]</i>	2	
<i>fluocinonide soln 0.05%[^]</i>	2	
<i>fluorouracil cream 5%[^]</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil soln 2%^</i>	2	
<i>fluorouracil soln 5%^</i>	2	
<i>fluticasone propionate cream 0.05%^</i>	2	
<i>fluticasone propionate oint 0.005%^</i>	2	
GENTAMICIN SULFATE - gentamicin sulfate oint 0.1%	4	
<i>gentamicin sulfate cream 0.1%^</i>	2	
<i>halobetasol propionate cream 0.05%^</i>	2	
<i>halobetasol propionate oint 0.05%^</i>	2	
<i>hydrocortisone butyrate cream 0.1%^</i>	2	
<i>hydrocortisone butyrate oint 0.1%^</i>	2	
<i>hydrocortisone butyrate soln 0.1%^</i>	2	
<i>hydrocortisone cream 1%^</i>	2	
<i>hydrocortisone cream 2.5%^</i>	2	
<i>hydrocortisone lotion 2.5%^</i>	2	
<i>hydrocortisone oint 1%^</i>	2	
<i>hydrocortisone oint 2.5%^</i>	2	
<i>hydrocortisone valerate cream 0.2%^</i>	2	
<i>hydrocortisone valerate oint 0.2%^</i>	2	
<i>imiquimod cream 5%^</i>	2	PA
<i>isotretinoin cap 10 mg^</i>	2	
<i>isotretinoin cap 20 mg^</i>	2	
<i>isotretinoin cap 30 mg^</i>	2	
<i>isotretinoin cap 40 mg^</i>	2	
<i>ketoconazole cream 2%^</i>	2	
<i>ketoconazole shampoo 2%^</i>	2	
KLARON - sulfacetamide sodium lotion 10%	4	
<i>lactic acid (ammonium lactate) cream 12%^</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%^</i>	2	
LOCOID - hydrocortisone butyrate cream 0.1%	4	
LOPROX SHAMPOO - ciclopirox shampoo 1%	4	
LOTRISONE - clotrimazole w/ betamethasone cream 1-0.05%	4	
<i>methoxsalen rapid cap 10 mg</i>	5	
METROCREAM - metronidazole cream 0.75%	4	
METROGEL - metronidazole gel 1%	4	
METROLOTION - metronidazole lotion 0.75%	4	
<i>metronidazole cream 0.75%^</i>	2	
<i>metronidazole gel 0.75%^</i>	2	
<i>metronidazole gel 1%^</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole lotion 0.75%[^]</i>	2	
<i>mometasone furoate cream 0.1%[^]</i>	2	
<i>mometasone furoate oint 0.1%[^]</i>	2	
<i>mometasone furoate solution 0.1% (lotion)[^]</i>	2	
<i>mupirocin oint 2%[^]</i>	2	
NIZORAL - ketoconazole shampoo 2%	4	
<i>nystatin cream 100000 unit/gm[^]</i>	2	
<i>nystatin oint 100000 unit/gm[^]</i>	2	
<i>nystatin topical powder 100000 unit/gm[^]</i>	2	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%[^]</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%[^]</i>	2	
ORACEA - doxycycline cap delayed release 40 mg	4	
PICATO - ingenol mebutate gel 0.015%	3	QL (3 tubes/30 days)
PICATO - ingenol mebutate gel 0.05%	3	QL (2 tubes/30 days)
<i>podofilox soln 0.5%[^]</i>	2	
<i>prednicarbate cream 0.1%[^]</i>	2	
<i>prednicarbate oint 0.1%[^]</i>	2	
PRUDOXIN - doxepin hcl cream 5%	4	
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
RETIN-A - tretinoin cream 0.025%	4	
RETIN-A - tretinoin cream 0.05%	4	
RETIN-A - tretinoin cream 0.1%	4	
RETIN-A - tretinoin gel 0.01%	4	
RETIN-A - tretinoin gel 0.025%	4	
SANTYL - collagenase oint 250 unit/gm	3	
<i>selenium sulfide lotion 2.5%[^]</i>	2	
SILVADENE - silver sulfadiazine cream 1%	4	
<i>silver sulfadiazine cream 1%[^]</i>	2	
SOOLANTRA - ivermectin cream 1%	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
<i>sulfacetamide sodium lotion 10%[^]</i>	2	
<i>tacrolimus oint 0.03%[^]</i>	2	PA
<i>tacrolimus oint 0.1%[^]</i>	2	PA
<i>tazarotene cream 0.1%[^]</i>	2	
TAZORAC - tazarotene cream 0.05%	4	
TAZORAC - tazarotene cream 0.1%	4	

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Drug Name	Drug Tier	Requirements/Limits
TAZORAC - tazarotene gel 0.05%	4	
TAZORAC - tazarotene gel 0.1%	4	
TEMOVATE - clobetasol propionate soln 0.05%	4	
<i>tretinoin cream 0.025%^</i>	2	
<i>tretinoin cream 0.05%^</i>	2	
<i>tretinoin cream 0.1%^</i>	2	
<i>tretinoin gel 0.01%^</i>	2	
<i>tretinoin gel 0.025%^</i>	2	
<i>triamcinolone acetonide cream 0.025%^</i>	2	
<i>triamcinolone acetonide cream 0.1%^</i>	2	
<i>triamcinolone acetonide cream 0.5%^</i>	2	
<i>triamcinolone acetonide lotion 0.025%^</i>	2	
<i>triamcinolone acetonide lotion 0.1%^</i>	2	
<i>triamcinolone acetonide oint 0.025%^</i>	2	
<i>triamcinolone acetonide oint 0.1%^</i>	2	
<i>triamcinolone acetonide oint 0.5%^</i>	2	
ULTRAVATE - halobetasol propionate cream 0.05%	4	
ULTRAVATE - halobetasol propionate oint 0.05%	4	
UVADEX - methoxsalen soln 20 mcg/ml	4	
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VOLTAREN - diclofenac sodium gel 1%	4	ST
WESTCORT - hydrocortisone valerate oint 0.2%	4	
ZONALON - doxepin hcl cream 5%	4	
ZOVIRAX - acyclovir oint 5%	4	
Enzyme Replacements/Modifiers		
ADAGEN - pegademase bovine inj 250 unit/ml*	5	
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
BUPHENYL - sodium phenylbutyrate tab 500 mg	5	
CEREZYME - imiglucerase for inj 400 unit*	5	
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3	
CYSTADANE - betaine powder for oral solution	5	

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Drug Name	Drug Tier	Requirements/Limits
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)*	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	
FABRAZYME - agalsidase beta for iv soln 5 mg*	5	
FABRAZYME - agalsidase beta for iv soln 35 mg*	5	
KUVAN - sapropterin dihydrochloride powder packet 100 mg*	5	PA
KUVAN - sapropterin dihydrochloride powder packet 500 mg*	5	PA
KUVAN - sapropterin dihydrochloride soluble tab 100 mg*	5	PA
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
ORFADIN - nitisinone cap 2 mg*	5	
ORFADIN - nitisinone cap 5 mg*	5	
ORFADIN - nitisinone cap 10 mg*	5	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	
VIOKACE - pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit	4	
VIOKACE - pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit	4	
VPRIV - velaglucerase alfa for inj 400 unit	5	
ZAVESCA - miglustat cap 100 mg*	5	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-16000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-34000-55000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-51000-82000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-68000-109000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-85000-136000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-136000-218000 unit	3	

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Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
ACTIGALL - ursodiol cap 300 mg	4	
<i>alose tron hcl tab 0.5 mg^</i>	2	
<i>alose tron hcl tab 1 mg</i>	5	
AMITIZA - lubiprostone cap 8 mcg	3	PA
AMITIZA - lubiprostone cap 24 mcg	3	PA
CARAFATE - sucralfate susp 1 gm/10ml	4	
CARAFATE - sucralfate tab 1 gm	4	
CHENODAL - chenodiol tab 250 mg*	5	
<i>cimetidine hcl soln 300 mg/5ml^</i>	2	
<i>cimetidine tab 200 mg^</i>	2	
<i>cimetidine tab 300 mg^</i>	2	
<i>cimetidine tab 400 mg^</i>	2	
<i>cimetidine tab 800 mg^</i>	2	
COLYTE-FLAVOR PACKS - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	4	
<i>cromolyn sodium oral conc 100 mg/5ml^</i>	2	
CYTOTEC - misoprostol tab 100 mcg	4	
CYTOTEC - misoprostol tab 200 mcg	4	
<i>dicyclomine hcl tab 20 mg^</i>	1	
<i>esomeprazole magnesium cap delayed release 20 mg^</i>	2	QL (30 capsules/30 days)
<i>esomeprazole magnesium cap delayed release 40 mg^</i>	2	QL (30 capsules/30 days)
ESOMEPRAZOLE SODIUM - esomeprazole sodium for intravenous soln 20 mg	4	
<i>esomeprazole sodium for intravenous soln 40 mg^</i>	2	
<i>famotidine for susp 40 mg/5ml^</i>	2	
<i>famotidine inj 20 mg/2ml^</i>	1	
<i>famotidine inj 40 mg/4ml^</i>	1	
<i>famotidine inj 200 mg/20ml^</i>	1	
<i>famotidine tab 20 mg^</i>	2	
<i>famotidine tab 40 mg^</i>	2	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
<i>glycopyrrolate tab 1 mg^</i>	2	
<i>glycopyrrolate tab 2 mg^</i>	2	
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate packet 227.1 gm	4	
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	4	
<i>lactulose (encephalopathy) solution 10 gm/15ml^</i>	2	
<i>lactulose solution 10 gm/15ml^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cap delayed release 15 mg^</i>	2	QL (30 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg^</i>	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	PA
LINZESS - linaclotide cap 145 mcg	3	PA
LINZESS - linaclotide cap 290 mcg	3	PA
<i>loperamide hcl cap 2 mg^</i>	2	
LOTRONEX - alosetron hcl tab 0.5 mg	5	
LOTRONEX - alosetron hcl tab 1 mg	5	
<i>methscopolamine bromide tab 2.5 mg^</i>	2	
<i>methscopolamine bromide tab 5 mg^</i>	2	
<i>metoclopramide hcl inj 5 mg/ml^</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)^</i>	2	
<i>metoclopramide hcl tab 5 mg^</i>	1	
<i>metoclopramide hcl tab 10 mg^</i>	1	
<i>misoprostol tab 100 mcg^</i>	2	
<i>misoprostol tab 200 mcg^</i>	2	
MOVIPREP - peg 3350-kcl-nacl-na sulfatc-na ascorbate-c for soln 100 gm	4	
NEXIUM - esomeprazole magnesium cap delayed release 20 mg	4	QL (30 capsules/30 days)
NEXIUM - esomeprazole magnesium cap delayed release 40 mg	4	QL (30 capsules/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 10 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 20 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 40 mg	4	QL (30 packets/30 days)
NEXIUM esomeprazole magnesium for delayed release susp packet 2.5 mg	4	QL (30 packets/30 days)
NEXIUM I.V. - esomeprazole sodium for intravenous soln 40 mg	4	
<i>nizatidine cap 150 mg^</i>	2	
<i>nizatidine cap 300 mg^</i>	2	
NULYTELY/FLAVOR PACKS - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	4	
OICALIVA - obeticholic acid tab 5 mg	5	PA, QL (30 tablets/30 days)
OICALIVA - obeticholic acid tab 10 mg	5	PA, QL (30 tablets/30 days)
<i>omeprazole cap delayed release 10 mg^</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg^</i>	1	QL (60 capsules/30 days)
<i>omeprazole cap delayed release 40 mg^</i>	1	QL (60 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
PAMINE - methscopolamine bromide tab 2.5 mg	4	
PAMINE FORTE - methscopolamine bromide tab 5 mg	4	
<i>pantoprazole sodium ec tab 20 mg^</i>	1	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg^</i>	1	QL (60 tablets/30 days)
<i>pantoprazole sodium for iv soln 40 mg^</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm^</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm^</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm^</i>	2	
<i>polyethylene glycol 3350 oral packet^</i>	1	
<i>polyethylene glycol 3350 oral powder^</i>	1	
PREVACID - lansoprazole cap delayed release 15 mg	4	QL (30 capsules/30 days)
PREVACID - lansoprazole cap delayed release 30 mg	4	QL (30 capsules/30 days)
PROTONIX - pantoprazole sodium ec tab 20 mg	4	QL (30 tablets/30 days)
PROTONIX - pantoprazole sodium ec tab 40 mg	4	QL (60 tablets/30 days)
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	3	
<i>rabeprazole sodium ec tab 20 mg^</i>	2	QL (30 tablets/30 days)
<i>ranitidine hcl cap 150 mg^</i>	2	
<i>ranitidine hcl cap 300 mg^</i>	2	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)^</i>	2	
<i>ranitidine hcl tab 150 mg^</i>	1	
<i>ranitidine hcl tab 300 mg^</i>	1	
REGLAN - metoclopramide hcl tab 5 mg	4	
REGLAN - metoclopramide hcl tab 10 mg	4	
RELISTOR - methylalntrexone bromide inj 8 mg/0.4ml (20 mg/ml)	4	PA
RELISTOR - methylalntrexone bromide inj 12 mg/0.6ml (20 mg/ml)	4	PA
RELISTOR - methylalntrexone bromide tab 150 mg	5	PA
ROBINUL - glycopyrrolate tab 1 mg	4	
ROBINUL FORTE - glycopyrrolate tab 2 mg	4	
<i>sucrafate tab 1 gm^</i>	2	
SUPREP BOWEL PREP KIT - sodium sulfate-potassium sulfate- magnesium sulfate oral soln	4	
<i>ursodiol cap 300 mg^</i>	2	
<i>ursodiol tab 250 mg^</i>	2	
<i>ursodiol tab 500 mg^</i>	2	
XIFAXAN - rifaximin tab 550 mg	5	
ZANTAC - ranitidine hcl tab 150 mg	4	
ZANTAC - ranitidine hcl tab 300 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
<i>alfuzosin hcl tab sr 24hr 10 mg[^]</i>	1	QL (30 tablets/30 days)
AVODART - dutasteride cap 0.5 mg	4	QL (30 capsules/30 days)
<i>bethanechol chloride tab 5 mg[^]</i>	2	
<i>bethanechol chloride tab 10 mg[^]</i>	2	
<i>bethanechol chloride tab 25 mg[^]</i>	2	
<i>bethanechol chloride tab 50 mg[^]</i>	2	
<i>calcium acetate cap 667 mg[^]</i>	2	
<i>calcium acetate tab 667 mg[^]</i>	2	
CARDURA - doxazosin mesylate tab 1 mg	4	QL (30 tablets/30 days)
CARDURA - doxazosin mesylate tab 2 mg	4	QL (30 tablets/30 days)
CARDURA - doxazosin mesylate tab 4 mg	4	QL (30 tablets/30 days)
CARDURA - doxazosin mesylate tab 8 mg	4	QL (60 tablets/30 days)
DEPEN TITRATABS - penicillamine tab 250 mg	5	
DETROL - tolterodine tartrate tab 1 mg	4	QL (60 tablets/30 days)
DETROL - tolterodine tartrate tab 2 mg	4	QL (60 tablets/30 days)
DETROL LA - tolterodine tartrate cap sr 24hr 2 mg	4	QL (30 capsules/30 days)
DETROL LA - tolterodine tartrate cap sr 24hr 4 mg	4	QL (30 capsules/30 days)
DITROPAN XL - oxybutynin chloride tab sr 24hr 5 mg	4	QL (30 tablets/30 days)
DITROPAN XL - oxybutynin chloride tab sr 24hr 10 mg	4	QL (60 tablets/30 days)
DITROPAN XL - oxybutynin chloride tab sr 24hr 15 mg	4	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 1 mg[^]</i>	2	QL (30 tablets/30 days)
<i>doxazosin mesylate tab 2 mg[^]</i>	2	QL (30 tablets/30 days)
<i>doxazosin mesylate tab 4 mg[^]</i>	2	QL (30 tablets/30 days)
<i>doxazosin mesylate tab 8 mg[^]</i>	2	QL (60 tablets/30 days)
<i>dutasteride cap 0.5 mg[^]</i>	2	QL (30 capsules/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg[^]</i>	2	QL (30 capsules/30 days)
<i>finasteride tab 5 mg[^]</i>	1	QL (30 tablets/30 days)
FLOMAX - tamsulosin hcl cap 0.4 mg	4	QL (60 capsules/30 days)
FOSRENOL - lanthanum carbonate chew tab 500 mg	5	
FOSRENOL - lanthanum carbonate chew tab 750 mg	5	
FOSRENOL - lanthanum carbonate chew tab 1000 mg	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	
<i>methylergonovine maleate tab 0.2 mg</i>	5	
MINIPRESS - prazosin hcl cap 1 mg	4	
MINIPRESS - prazosin hcl cap 2 mg	4	
MINIPRESS - prazosin hcl cap 5 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b gu irrigation soln</i> [^]	2	
<i>oxybutynin chloride syrup 5 mg/5ml</i> [^]	1	QL (600 mls/30 days)
<i>oxybutynin chloride tab sr 24hr 5 mg</i> [^]	2	QL (30 tablets/30 days)
<i>oxybutynin chloride tab sr 24hr 10 mg</i> [^]	2	QL (60 tablets/30 days)
<i>oxybutynin chloride tab sr 24hr 15 mg</i> [^]	2	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i> [^]	2	QL (120 tablets/30 days)
PHOSLYRA - calcium acetate oral soln 667 mg/5ml	3	
<i>prazosin hcl cap 1 mg</i> [^]	2	
<i>prazosin hcl cap 2 mg</i> [^]	2	
<i>prazosin hcl cap 5 mg</i> [^]	2	
PROSCAR - finasteride tab 5 mg	4	QL (30 tablets/30 days)
RAPAFLO - silodosin cap 4 mg	3	QL (30 capsules/30 days)
RAPAFLO - silodosin cap 8 mg	3	QL (30 capsules/30 days)
RENVELA - sevelamer carbonate packet 0.8 gm	5	
RENVELA - sevelamer carbonate packet 2.4 gm	5	
RENVELA - sevelamer carbonate tab 800 mg	5	
<i>tamsulosin hcl cap 0.4 mg</i> [^]	2	QL (60 capsules/30 days)
<i>terazosin hcl cap 1 mg</i> [^]	1	QL (30 capsules/30 days)
<i>terazosin hcl cap 2 mg</i> [^]	1	QL (30 capsules/30 days)
<i>terazosin hcl cap 5 mg</i> [^]	1	QL (30 capsules/30 days)
<i>terazosin hcl cap 10 mg</i> [^]	1	QL (60 capsules/30 days)
<i>tolterodine tartrate cap sr 24hr 2 mg</i> [^]	2	QL (30 capsules/30 days)
<i>tolterodine tartrate cap sr 24hr 4 mg</i> [^]	2	QL (30 capsules/30 days)
<i>tolterodine tartrate tab 1 mg</i> [^]	2	QL (60 tablets/30 days)
<i>tolterodine tartrate tab 2 mg</i> [^]	2	QL (60 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab sr 24hr 4 mg	3	QL (30 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab sr 24hr 8 mg	3	QL (30 tablets/30 days)
<i>tropium chloride cap sr 24hr 60 mg</i> [^]	2	QL (30 capsules/30 days)
<i>tropium chloride tab 20 mg</i> [^]	2	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
CORTEF - hydrocortisone tab 5 mg	4	
CORTEF - hydrocortisone tab 10 mg	4	
CORTEF - hydrocortisone tab 20 mg	4	
CORTISONE ACETATE - cortisone acetate tab 25 mg	4	
DEXAMETHASONE - dexamethasone tab 1 mg	4	
DEXAMETHASONE - dexamethasone tab 2 mg	4	
<i>dexamethasone elixir 0.5 mg/5ml</i> [^]	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i> [^]	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i> [^]	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i> [^]	2	
<i>dexamethasone tab 0.5 mg</i> [^]	1	
<i>dexamethasone tab 0.75 mg</i> [^]	1	
<i>dexamethasone tab 1.5 mg</i> [^]	1	
<i>dexamethasone tab 4 mg</i> [^]	1	
<i>dexamethasone tab 6 mg</i> [^]	1	
<i>fludrocortisone acetate tab 0.1 mg</i> [^]	2	
H.P. ACTHAR - corticotropin inj gel 80 unit/ml*	5	PA
<i>hydrocortisone tab 5 mg</i> [^]	2	
<i>hydrocortisone tab 10 mg</i> [^]	2	
<i>hydrocortisone tab 20 mg</i> [^]	2	
MEDROL - methylprednisolone tab 4 mg	4	BD
MEDROL - methylprednisolone tab 8 mg	4	BD
MEDROL - methylprednisolone tab 16 mg	4	BD
MEDROL - methylprednisolone tab 32 mg	4	BD
MEDROL DOSEPAK - methylprednisolone tab therapy pack 4 mg (21)	4	
<i>methylprednisolone sodium succinate for inj 40 mg</i> [^]	2	
<i>methylprednisolone sodium succinate for inj 125 mg</i> [^]	2	
<i>methylprednisolone sodium succinate for inj 1000 mg</i> [^]	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i> [^]	2	
<i>methylprednisolone tab 4 mg</i> [^]	2	BD
<i>methylprednisolone tab 8 mg</i> [^]	2	BD
<i>methylprednisolone tab 16 mg</i> [^]	2	BD
<i>methylprednisolone tab 32 mg</i> [^]	2	BD
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> [^]	2	BD
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i> [^]	2	BD
<i>prednisolone syrup 15 mg/5ml</i> [^]	1	BD
PREDNISONONE - prednisone oral soln 5 mg/5ml	4	BD
PREDNISONONE - prednisone tab therapy pack 5 mg (21) [^]	1	
PREDNISONONE - prednisone tab therapy pack 5 mg (48) [^]	1	
PREDNISONONE - prednisone tab therapy pack 10 mg (21) [^]	1	
PREDNISONONE - prednisone tab therapy pack 10 mg (48) [^]	1	
PREDNISONONE - prednisone tab 50 mg	4	BD
<i>prednisone tab 1 mg</i> [^]	1	BD
<i>prednisone tab 2.5 mg</i> [^]	1	BD
<i>prednisone tab 5 mg</i> [^]	1	BD

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 10 mg</i> [^]	1	BD
<i>prednisone tab 20 mg</i> [^]	1	BD
SOLU-MEDROL - methylprednisolone sodium succinate for inj 40 mg	4	
SOLU-MEDROL - methylprednisolone sodium succinate for inj 125 mg	4	
SOLU-MEDROL - methylprednisolone sodium succinate for inj 500 mg	4	
SOLU-MEDROL - methylprednisolone sodium succinate for inj 1000 mg	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>chorionic gonadotropin for inj 10000 unit (chorionic gonadotropin, pregnyl)</i> [^]	2	PA
DDAVP - desmopressin acetate nasal spray soln 0.01%	4	
DDAVP - desmopressin acetate tab 0.1 mg	4	
DDAVP - desmopressin acetate tab 0.2 mg	4	
<i>desmopressin acetate inj 4 mcg/ml</i> [^]	2	
<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i> [^]	2	
<i>desmopressin acetate nasal spray soln 0.01%</i> [^]	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> [^]	2	
<i>desmopressin acetate tab 0.1 mg</i> [^]	2	
<i>desmopressin acetate tab 0.2 mg</i> [^]	2	
EGRIFTA - tesamorelin acetate for inj 1 mg*	5	PA
EGRIFTA - tesamorelin acetate for inj 2 mg*	5	PA
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg*	3	PA
OMNITROPE - somatropin inj 5 mg/1.5ml*	5	PA
OMNITROPE - somatropin inj 10 mg/1.5ml*	5	PA
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ANADROL-50 - oxymetholone tab 50 mg	5	PA
ANDRODERM - testosterone td patch 24hr 2 mg/24hr	3	PA, QL (30 patches/30 days)
ANDRODERM - testosterone td patch 24hr 4 mg/24hr	3	PA, QL (30 patches/30 days)
ANDROGEL - testosterone td gel 25 mg/2.5gm (1%)	4	PA, QL (90 packets/30 days)
ANDROGEL - testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 packets/30 days)
ANDROGEL - testosterone td gel 20.25 mg/1.25gm (1.62%)	3	PA, QL (30 packets/30 days)
ANDROGEL - testosterone td gel 40.5 mg/2.5gm (1.62%)	3	PA, QL (60 packets/30 days)
ANDROGEL PUMP - testosterone td gel 20.25 mg/act (1.62%)	3	PA, QL (2 pump bottles/30 days)
ANDROXY - fluoxymesterone tab 10 mg	4	PA
AXIRON - testosterone td soln 30 mg/act	4	PA, QL (2 pump bottles/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AYGESTIN - norethindrone acetate tab 5 mg	4	
BREVICON-28 - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	4	
CYCLESSA - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	4	
<i>danazol cap 50 mg[^]</i>	2	PA
<i>danazol cap 100 mg[^]</i>	2	PA
<i>danazol cap 200 mg[^]</i>	2	PA
DEPO-PROVERA - medroxyprogesterone acetate im susp 400 mg/ ml	4	
DEPO-PROVERA CONTRACEPTIVE - medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	4	
DEPO-PROVERA CONTRACEPTIVE - medroxyprogesterone acetate im susp 150 mg/ml	4	
DEPO-TESTOSTERONE - testosterone cypionate im inj in oil 100 mg/ml	4	PA
DEPO-TESTOSTERONE - testosterone cypionate im inj in oil 200 mg/ml	4	PA
DESOGEN - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)[^]</i>	2	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg[^]</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg[^]</i>	2	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	PA
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	PA
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)#	4	PA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg[^]</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg[^]</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg[^]</i>	2	
ELLA - ulipristal acetate tab 30 mg	3	
ESTRACE - estradiol vaginal cream 0.1 mg/gm	4	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg#</i>	4	PA
<i>estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	PA
<i>estradiol tab 0.5 mg#</i>	4	PA
<i>estradiol tab 1 mg#</i>	4	PA
<i>estradiol tab 2 mg#</i>	4	PA
<i>estradiol td patch weekly 0.025 mg/24hr#</i>	4	PA
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#</i>	4	PA
<i>estradiol td patch weekly 0.05 mg/24hr#</i>	4	PA
<i>estradiol td patch weekly 0.06 mg/24hr#</i>	4	PA
<i>estradiol td patch weekly 0.075 mg/24hr#</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.1 mg/24hr#</i>	4	PA
<i>estradiol vaginal tab 10 mcg^</i>	2	
ESTROPIPATE - estropipate tab 0.75 mg#	4	PA
ESTROPIPATE - estropipate tab 1.5 mg#	4	PA
ESTROPIPATE - estropipate tab 3 mg#	4	PA
ESTROSTEP FE - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	4	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg^</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg^</i>	2	
EVISTA - raloxifene hcl tab 60 mg	4	
FEMCON FE - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	4	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)^</i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)^</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg^</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg^</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg^</i>	2	
<i>levonorgestrel-eth est tab 0.05-30/0.075-40/0.125-30mg-mcg^</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg^</i>	2	
LOESTRIN FE 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	4	
LOESTRIN FE 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	4	
LOESTRIN 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	4	
LOESTRIN 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	4	
LOSEASONIQUE - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	4	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml^</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml^</i>	2	
<i>medroxyprogesterone acetate tab 2.5 mg^</i>	1	
<i>medroxyprogesterone acetate tab 5 mg^</i>	1	
<i>medroxyprogesterone acetate tab 10 mg^</i>	1	
<i>megestrol acetate susp 40 mg/ml#</i>	4	PA
<i>megestrol acetate tab 20 mg#</i>	4	PA
<i>megestrol acetate tab 40 mg#</i>	4	PA
MENEST - esterified estrogens tab 0.3 mg#	4	PA
MENEST - esterified estrogens tab 0.625 mg#	4	PA
MENEST - esterified estrogens tab 1.25 mg#	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>methyltestosterone cap 10 mg[^]</i>	2	PA
MIRCETTE - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	4	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg[^]</i>	2	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg[^]</i>	2	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg[^]</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg[^]</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg[^]</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg[^]</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg[^]</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg[^]</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg[^]</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg[^]</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)[^]</i>	2	
<i>norethindrone acetate tab 5 mg[^]</i>	2	
<i>norethindrone tab 0.35 mg[^]</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg[^]</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg[^]</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg[^]</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg[^]</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg[^]</i>	2	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg[^]</i>	2	
NORINYL 1+35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg	4	
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4	
ORTHO MICRONOR - norethindrone tab 0.35 mg	4	
ORTHO TRI-CYCLEN - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	4	
ORTHO-CYCLEN - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	4	
ORTHO-NOVUM 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg	4	
ORTHO-NOVUM 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	4	
OVCON-35 - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	4	
<i>oxandrolone tab 2.5 mg[^]</i>	2	PA
<i>oxandrolone tab 10 mg</i>	5	PA
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMARIN - estrogens, conjugated tab 0.3 mg#	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
PREMARIN - estrogens, conjugated tab 0.45 mg#	4	PA
PREMARIN - estrogens, conjugated tab 0.625 mg#	4	PA
PREMARIN - estrogens, conjugated tab 0.9 mg#	4	PA
PREMARIN - estrogens, conjugated tab 1.25 mg#	4	PA
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	4	PA
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	4	PA
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	4	PA
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg#	4	PA
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg#	4	PA
PROVERA - medroxyprogesterone acetate tab 2.5 mg	4	
PROVERA - medroxyprogesterone acetate tab 5 mg	4	
PROVERA - medroxyprogesterone acetate tab 10 mg	4	
<i>raloxifene hcl tab 60 mg^</i>	2	
SEASONIQUE - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	4	
<i>testosterone cypionate im inj in oil 100 mg/ml^</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml^</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml^</i>	2	PA
<i>testosterone td gel 25 mg/2.5gm (1%) (generic for AndroGel 1%)^</i>	2	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%) (generic for AndroGel 1%)^</i>	2	PA, QL (60 packets/30 days)
<i>testosterone td gel 12.5 mg/act (1%) (generic for AndroGel Pump 1%)^</i>	2	PA, QL (4 pump bottles/30 days)
TRI-NORINYL 28 - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	4	
VAGIFEM - estradiol vaginal tab 10 mcg	3	
YASMIN 28 - drospirenone-ethinyl estradiol tab 3-0.03 mg	4	
YAZ - drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
CYTOMEL - liothyronine sodium tab 5 mcg	4	
CYTOMEL - liothyronine sodium tab 25 mcg	4	
CYTOMEL - liothyronine sodium tab 50 mcg	4	
<i>levothyroxine sodium tab 25 mcg^</i>	2	
<i>levothyroxine sodium tab 50 mcg^</i>	2	
<i>levothyroxine sodium tab 75 mcg^</i>	2	
<i>levothyroxine sodium tab 88 mcg^</i>	2	
<i>levothyroxine sodium tab 100 mcg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 112 mcg^</i>	2	
<i>levothyroxine sodium tab 125 mcg^</i>	2	
<i>levothyroxine sodium tab 137 mcg^</i>	2	
<i>levothyroxine sodium tab 150 mcg^</i>	2	
<i>levothyroxine sodium tab 175 mcg^</i>	2	
<i>levothyroxine sodium tab 200 mcg^</i>	2	
<i>levothyroxine sodium tab 300 mcg^</i>	2	
<i>liothyronine sodium tab 5 mcg^</i>	2	
<i>liothyronine sodium tab 25 mcg^</i>	2	
<i>liothyronine sodium tab 50 mcg^</i>	2	
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 50 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 75 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 100 mcg*	5	PA, QL (2 cartridges/28 days)
SYNTHROID - levothyroxine sodium tab 25 mcg	4	
SYNTHROID - levothyroxine sodium tab 50 mcg	4	
SYNTHROID - levothyroxine sodium tab 75 mcg	4	
SYNTHROID - levothyroxine sodium tab 88 mcg	4	
SYNTHROID - levothyroxine sodium tab 100 mcg	4	
SYNTHROID - levothyroxine sodium tab 112 mcg	4	
SYNTHROID - levothyroxine sodium tab 125 mcg	4	
SYNTHROID - levothyroxine sodium tab 137 mcg	4	
SYNTHROID - levothyroxine sodium tab 150 mcg	4	
SYNTHROID - levothyroxine sodium tab 175 mcg	4	
SYNTHROID - levothyroxine sodium tab 200 mcg	4	
SYNTHROID - levothyroxine sodium tab 300 mcg	4	
TIROSINT - levothyroxine sodium cap 13 mcg	4	
TIROSINT - levothyroxine sodium cap 25 mcg	4	
TIROSINT - levothyroxine sodium cap 50 mcg	4	
TIROSINT - levothyroxine sodium cap 75 mcg	4	
TIROSINT - levothyroxine sodium cap 88 mcg	4	
TIROSINT - levothyroxine sodium cap 100 mcg	4	
TIROSINT - levothyroxine sodium cap 112 mcg	4	
TIROSINT - levothyroxine sodium cap 125 mcg	4	
TIROSINT - levothyroxine sodium cap 137 mcg	4	

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Drug Name	Drug Tier	Requirements/Limits
TIROSINT - levothyroxine sodium cap 150 mcg	4	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	3	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR - cinacalcet hcl tab 30 mg	3	PA
SENSIPAR - cinacalcet hcl tab 60 mg	3	PA
SENSIPAR - cinacalcet hcl tab 90 mg	3	PA
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate cap 5 mg[^]</i>	2	
<i>bromocriptine mesylate tab 2.5 mg[^]</i>	2	
<i>cabergoline tab 0.5 mg[^]</i>	2	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	
FIRMAGON - degarelix acetate for inj 80 mg	4	
FIRMAGON - degarelix acetate for inj 120 mg	5	
<i>leuprolide acetate inj kit 5 mg/ml[^]</i>	2	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)^</i>	2	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)^</i>	2	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)^</i>	2	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 10 mg	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 20 mg	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 30 mg	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.6 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.9 mg/ml*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg*	5	PA
SOMAVERT - pegvisomant for inj 15 mg*	5	PA
SOMAVERT - pegvisomant for inj 20 mg*	5	PA
SOMAVERT - pegvisomant for inj 25 mg*	5	PA
SOMAVERT - pegvisomant for inj 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR - triptorelin pamoate for im susp 3.75 mg	5	
TRELSTAR - triptorelin pamoate for im susp 11.25 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg^</i>	1	
<i>methimazole tab 10 mg^</i>	1	
<i>propylthiouracil tab 50 mg^</i>	2	
Immunological Agents		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	4	

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Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	4	
ARCALYST - rilonacept for inj 220 mg*	5	PA
ASTAGRAF XL - tacrolimus cap sr 24hr 0.5 mg	4	BD
ASTAGRAF XL - tacrolimus cap sr 24hr 1 mg	4	BD
ASTAGRAF XL - tacrolimus cap sr 24hr 5 mg	4	BD
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
AZASAN - azathioprine tab 75 mg	4	BD
AZASAN - azathioprine tab 100 mg	4	BD
AZATHIOPRINE - azathioprine sodium for inj 100 mg	4	BD
<i>azathioprine tab 50 mg^</i>	2	BD
BCG VACCINE - bcg vaccine inj	4	
BENLYSTA - belimumab for iv soln 120 mg	5	PA
BENLYSTA - belimumab for iv soln 400 mg	5	PA
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	4	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	4	
CELLCEPT - mycophenolate mofetil cap 250 mg	4	BD
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	5	BD
CELLCEPT - mycophenolate mofetil tab 500 mg	4	BD
CELLCEPT INTRAVENOUS - mycophenolate mofetil hcl for iv soln 500 mg	4	BD
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
<i>cyclosporine cap 25 mg^</i>	2	BD
<i>cyclosporine cap 100 mg^</i>	2	BD
<i>cyclosporine iv soln 50 mg/ml^</i>	2	BD
<i>cyclosporine modified cap 25 mg^</i>	2	BD
<i>cyclosporine modified cap 50 mg^</i>	2	BD
<i>cyclosporine modified cap 100 mg^</i>	2	BD
<i>cyclosporine modified oral soln 100 mg/ml^</i>	2	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-10 mcg-5 lf/0.5ml	4	
DEPEN TITRATABS - penicillamine tab 250 mg	5	
DIPHThERIA/TETANUS TOXOIDS ADSORBED - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	4	
ELIDEL - pimecrolimus cream 1%	4	PA
ENBREL - etanercept for subcutaneous inj 25 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	4	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	4	BD
FIRAZYR - icanitabant acetate inj 30 mg/3ml*	5	PA, QL (6 syringes/30 days)
GAMMAPLEX - immune globulin (human) iv soln 2.5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL - human papillomavirus (hpv) quadrivalent recombinant vac inj	4	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	4	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	4	
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	4	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	4	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	4	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.4ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-CROHNS DISEASE STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-PSORIASIS STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
ILARIS - canakinumab for inj 180 mg*	5	PA
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj	3	BD
IMURAN - azathioprine tab 50 mg	4	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	4	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	4	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	4	
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	4	
<i>leflunomide tab 10 mg^</i>	2	
<i>leflunomide tab 20 mg^</i>	2	
M-M-R II - measles, mumps & rubella virus vaccines for inj	4	
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj	4	
MENHIBRIX - meningococcal (c & y)-haemophilus b tet tox conj vac for inj	4	
MENOMUNE-A/C/Y/W-135 - meningococcal vaccine a, c, y, and w-135 inj	4	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	4	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)^	1	
<i>methotrexate sodium for inj 1 gm^</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)^</i>	1	
<i>methotrexate sodium tab 2.5 mg^</i>	2	
<i>mycophenolate mofetil cap 250 mg^</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg^</i>	2	BD
<i>mycophenolate mofetil tab 500 mg^</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg^</i>	2	BD

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

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium tab dr 360 mg^</i>	2	BD
NEORAL - cyclosporine modified cap 25 mg	4	BD
NEORAL - cyclosporine modified cap 100 mg	4	BD
NEORAL - cyclosporine modified oral soln 100 mg/ml	4	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	4	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	4	
PROGRAF - tacrolimus cap 0.5 mg	4	BD
PROGRAF - tacrolimus cap 1 mg	4	BD
PROGRAF - tacrolimus cap 5 mg	4	BD
PROGRAF - tacrolimus inj 5 mg/ml	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for inj	4	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	4	
RABAVERT - rabies vaccine, pcec for inj	4	BD
RAPAMUNE - sirolimus oral soln 1 mg/ml	5	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	4	BD
REMICADE - infliximab for iv inj 100 mg	5	PA
RIDAURA - auranofin cap 3 mg	5	
ROTARIX - rotavirus vaccine, live for oral susp	4	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	4	
SANDIMMUNE - cyclosporine cap 25 mg	4	BD
SANDIMMUNE - cyclosporine cap 100 mg	4	BD
SANDIMMUNE - cyclosporine iv soln 50 mg/ml	4	BD
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SIMULECT - basiliximab for iv soln 10 mg	5	BD
SIMULECT - basiliximab for iv soln 20 mg	5	BD
<i>sirolimus tab 0.5 mg^</i>	2	BD
<i>sirolimus tab 1 mg^</i>	2	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tab 2 mg</i>	5	BD
STAMARIL - yellow fever vaccine for inj suspension	4	
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
SYNAGIS - palivizumab im soln 50 mg/0.5ml*	5	
SYNAGIS - palivizumab im soln 100 mg/ml*	5	
<i>tacrolimus cap 0.5 mg^</i>	2	BD
<i>tacrolimus cap 1 mg^</i>	2	BD
<i>tacrolimus cap 5 mg^</i>	2	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	
TETANUS/DIPHTHERIA TOXOIDS ADSORBED - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	4	
TWINRIX - hepatitis a (inact)-hep b (recomb) vac inj 720-20 elu-mcg/ml	4	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	4	
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	4	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	4	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	4	
YF-VAX - yellow fever vaccine subcutaneous inj	4	
ZORTRESS - everolimus tab 0.25 mg	4	BD
ZORTRESS - everolimus tab 0.5 mg	5	BD
ZORTRESS - everolimus tab 0.75 mg	5	BD
ZOSTAVAX - zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	4	QL (1 vaccine/lifetime)
Inflammatory Bowel Disease Agents		
APRISO - mesalamine cap sr 24hr 0.375 gm	4	
ASACOL HD - mesalamine tab delayed release 800 mg	3	
AZULFIDINE - sulfasalazine tab 500 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	4	
<i>balsalazide disodium cap 750 mg[^]</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	5	
CANASA - mesalamine suppos 1000 mg	3	
COLAZAL - balsalazide disodium cap 750 mg	5	
DELZICOL - mesalamine cap dr 400 mg	3	
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml[^]</i>	2	
<i>hydrocortisone rectal cream 1%[^]</i>	2	
<i>hydrocortisone rectal cream 2.5%[^]</i>	2	
LIALDA - mesalamine tab delayed release 1.2 gm	4	
<i>mesalamine enema 4 gm[^]</i>	2	
PENTASA - mesalamine cap cr 250 mg	4	
PENTASA - mesalamine cap cr 500 mg	4	
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	4	
<i>sulfasalazine tab delayed release 500 mg[^]</i>	2	
<i>sulfasalazine tab 500 mg[^]</i>	2	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 5 mg[^]</i>	1	QL (30 tablets/30 days)
<i>alendronate sodium tab 10 mg[^]</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg[^]</i>	1	QL (4 tablets/28 days)
<i>alendronate sodium tab 70 mg[^]</i>	1	QL (4 tablets/28 days)
ATELVIA - risedronate sodium tab delayed release 35 mg	4	QL (4 tablets/28 days)
BONIVA - ibandronate sodium iv soln 3 mg/3ml	4	
<i>calcitonin (salmon) nasal soln 200 unit/act[^]</i>	2	
<i>calcitriol cap 0.25 mcg[^]</i>	2	
<i>calcitriol cap 0.5 mcg[^]</i>	2	
<i>calcitriol inj 1 mcg/ml[^]</i>	2	
<i>calcitriol oral soln 1 mcg/ml[^]</i>	2	
ETIDRONATE DISODIUM - etidronate disodium tab 200 mg	4	
ETIDRONATE DISODIUM - etidronate disodium tab 400 mg	4	
FORTEO - teriparatide (recombinant) inj 600 mcg/2.4ml	5	PA
FOSAMAX - alendronate sodium tab 70 mg	4	QL (4 tablets/28 days)
<i>ibandronate sodium iv soln 3 mg/3ml[^]</i>	2	
<i>ibandronate sodium tab 150 mg[^]</i>	2	QL (1 tablet/28 days)
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	4	
MIACALCIN - calcitonin (salmon) nasal soln 200 unit/act	4	
<i>paricalcitol cap 1 mcg[^]</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol cap 2 mcg^</i>	2	
<i>paricalcitol cap 4 mcg^</i>	2	
<i>paricalcitol iv soln 2 mcg/ml^</i>	2	
<i>paricalcitol iv soln 5 mcg/ml^</i>	2	
PROLIA - denosumab inj 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg^</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg^</i>	2	QL (30 tablets/30 days)
<i>risedronate sodium tab 30 mg^</i>	2	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg^</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg^</i>	2	QL (1 tablet/28 days)
ROCALTROL - calcitriol cap 0.25 mcg	4	
ROCALTROL - calcitriol cap 0.5 mcg	4	
ROCALTROL - calcitriol oral soln 1 mcg/ml	4	
XGEVA - denosumab inj 120 mg/1.7ml	5	
ZEMPLAR - paricalcitol cap 1 mcg	4	
ZEMPLAR - paricalcitol cap 2 mcg	4	
ZEMPLAR - paricalcitol iv soln 2 mcg/ml	4	
ZEMPLAR - paricalcitol iv soln 5 mcg/ml	4	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml^</i>	2	
<i>zoledronic acid iv soln 5 mg/100ml^</i>	2	
ZOMETA - zoledronic acid iv soln 4 mg/100ml	5	
Ophthalmic Agents		
ACULAR - ketorolac tromethamine ophth soln 0.5%	4	
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	4	
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	4	
ALPHAGAN P - brimonidine tartrate ophth soln 0.15%	4	
<i>azelastine hcl ophth soln 0.05%^</i>	2	
AZOPT - brinzolamide ophth susp 1%	4	
BACITRACIN - bacitracin ophth oint 500 unit/gm	4	
<i>bacitracin-polymyxin b ophth oint^</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%^</i>	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	4	
BETAGAN - levobunolol hcl ophth soln 0.5%	4	
<i>betaxolol hcl ophth soln 0.5%^</i>	2	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
<i>brimonidine tartrate ophth soln 0.15%^</i>	2	
<i>brimonidine tartrate ophth soln 0.2%^</i>	2	
<i>bromfenac sodium ophth soln 0.09% (once-daily)^</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carteolol hcl ophth soln 1%[^]</i>	1	
CILOXAN - ciprofloxacin hcl ophth soln 0.3%	4	
<i>ciprofloxacin hcl ophth soln 0.3%[^]</i>	1	
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
COSOPT - dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	4	
<i>cromolyn sodium ophth soln 4%[^]</i>	1	
CYSTARAN - cysteamine hcl ophth soln 0.44%	5	
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate ophth soln 0.1%	4	
<i>diclofenac sodium ophth soln 0.1%[^]</i>	2	
<i>dorzolamide hcl ophth soln 2%[^]</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml[^]</i>	2	
DUREZOL - difluprednate ophth emulsion 0.05%	3	
<i>epinastine hcl ophth soln 0.05%[^]</i>	2	
<i>erythromycin ophth oint 5 mg/gm[^]</i>	2	
<i>fluorometholone ophth susp 0.1%[^]</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%[^]</i>	1	
FML LIQUIFILM - fluorometholone ophth susp 0.1%	4	
<i>gentamicin sulfate ophth oint 0.3%[^]</i>	2	
<i>gentamicin sulfate ophth soln 0.3%[^]</i>	2	
ILEVRO - nepafenac ophth susp 0.3%	3	
ISTALOL - timolol maleate ophth soln 0.5% (once-daily)	4	
<i>ketorolac tromethamine ophth soln 0.4%[^]</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%[^]</i>	2	
LACRISERT - artificial tear ophth insert	4	
<i>latanoprost ophth soln 0.005%[^]</i>	2	
<i>levobunolol hcl ophth soln 0.5%[^]</i>	1	
LOTEMAX - loteprednol etabonate ophth gel 0.5%	3	
LOTEMAX - loteprednol etabonate ophth oint 0.5%	3	
LOTEMAX - loteprednol etabonate ophth susp 0.5%	3	
LUMIGAN - bimatoprost ophth soln 0.01%	3	
MAXITROL - neomycin-polymyxin-dexamethasone ophth oint 0.1%	4	
MOXEZA - moxifloxacin hcl ophth soln 0.5% (2 times daily)	4	
NATACYN - natamycin ophth susp 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin[^]</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml[^]</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%[^]</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%[^]</i>	2	
OCUFLOX - ofloxacin ophth soln 0.3%	4	
<i>ofloxacin ophth soln 0.3%[^]</i>	2	
<i>olopatadine hcl ophth soln 0.1%[^]</i>	2	
OMNIPRED - prednisolone acetate ophth susp 1%	4	
PATADAY - olopatadine hcl ophth soln 0.2%	3	
PATANOL - olopatadine hcl ophth soln 0.1%	4	
PAZEO - olopatadine hcl ophth soln 0.7%	3	
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	4	
<i>pilocarpine hcl ophth soln 1%[^]</i>	2	
<i>pilocarpine hcl ophth soln 2%[^]</i>	2	
<i>pilocarpine hcl ophth soln 4%[^]</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%[^]</i>	1	
POLYTRIM - polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	4	
PRED FORTE - prednisolone acetate ophth susp 1%	4	
PRED MILD - prednisolone acetate ophth susp 0.12%	4	
<i>prednisolone acetate ophth susp 1%[^]</i>	2	
PROLENSA - bromfenac sodium ophth soln 0.07%	4	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	PA, QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	PA, QL (2 bottles/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
<i>sulfacetamide sodium ophth soln 10%[^]</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%[^]</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%[^]</i>	2	
<i>timolol maleate ophth gel forming soln 0.5%[^]</i>	2	
<i>timolol maleate ophth soln 0.25%[^]</i>	1	
<i>timolol maleate ophth soln 0.5%[^]</i>	1	
TIMOPTIC - timolol maleate ophth soln 0.25%	4	
TIMOPTIC - timolol maleate ophth soln 0.5%	4	
TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.25%	4	
TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.5%	4	
TIMOPTIC-XE - timolol maleate ophth gel forming soln 0.25%	4	
TIMOPTIC-XE - timolol maleate ophth gel forming soln 0.5%	4	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
TOBRADEX - tobramycin-dexamethasone ophth susp 0.3-0.1%	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin ophth soln 0.3%</i> [^]	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> [^]	2	
TRAVATAN Z - travoprost ophth soln 0.004%	3	
<i>trifluridine ophth soln 1%</i> [^]	2	
TRUSOPT - dorzolamide hcl ophth soln 2%	4	
VIGAMOX - moxifloxacin hcl ophth soln 0.5%	3	
VIROPTIC - trifluridine ophth soln 1%	4	
XIIDRA - lifitegrast ophth soln 5%	3	PA, QL (60 containers/30 days)
Otic Agents		
<i>acetic acid otic soln 2%</i> [^]	2	
ACETIC ACID/ALUMINUM ACETATE - acetic acid 2% in aluminum acetate otic soln	4	
CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i> [^]	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> [^]	2	
<i>neomycin-polymyxin-hc otic soln 1%</i> [^]	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> [^]	2	
<i>ofloxacin otic soln 0.3%</i> [^]	2	
Respiratory Tract/Pulmonary Agents		
ACCOLATE - zafirlukast tab 10 mg	4	
ACCOLATE - zafirlukast tab 20 mg	4	
<i>acetylcysteine inhal soln 10%</i> [^]	2	BD
<i>acetylcysteine inhal soln 20%</i> [^]	2	BD
ADCIRCA - tadalafil tab 20 mg	5	PA, QL (60 tablets/30 days)
ADEMPAS - riociguat tab 0.5 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg	5	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 canister/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> [^]	2	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> [^]	2	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 0.63 mg/3ml[^]</i>	2	BD
<i>albuterol sulfate soln nebu 1.25 mg/3ml[^]</i>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml[^]</i>	1	
<i>albuterol sulfate tab sr 12hr 4 mg[^]</i>	2	
<i>albuterol sulfate tab sr 12hr 8 mg[^]</i>	2	
<i>albuterol sulfate tab 2 mg[^]</i>	2	
<i>albuterol sulfate tab 4 mg[^]</i>	2	
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 7 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)
ASTEPRO - azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	4	QL (2 bottles/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/ act	4	QL (2 canisters/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)[^]</i>	2	QL (2 bottles/30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)[^]</i>	2	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	3	QL (1 package/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml[^]</i>	2	BD
<i>budesonide inhalation susp 0.5 mg/2ml[^]</i>	2	BD
<i>budesonide inhalation susp 1 mg/2ml[^]</i>	2	BD
<i>caffeine citrate oral soln 60 mg/3ml[^]</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate tab 2.68 mg#</i>	4	PA
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 canisters/30 days)
CROMOLYN SODIUM - cromolyn sodium soln nebu 20 mg/2ml	3	BD
DALIRESP - roflumilast tab 500 mcg	4	
<i>desloratadine tab 5 mg^</i>	2	
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	4	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	4	QL (1 canister/30 days)
ELIXOPHYLLIN - theophylline elixir 80 mg/15ml	4	
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	
EPINEPHRINE- epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(authorized generic for EpiPen 2-Pak)	3	
EPIPEN 2-PAK - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
EPIPEN-JR 2-PAK - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	5	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	5	PA, QL (90 tablets/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3	QL (2 canisters/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act^</i>	1	QL (1 bottle/30 days)
GRASTEK - timothy grass pollen allergen ext tab sl 2800 bau	4	PA, QL (30 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	4	PA
<i>hydroxyzine hcl tab 10 mg#</i>	4	PA
<i>hydroxyzine hcl tab 25 mg#</i>	4	PA
<i>hydroxyzine hcl tab 50 mg#</i>	4	PA
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh	3	QL (30 blisters/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhal soln 0.02%</i> [^]	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> [^]	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> [^]	2	QL (3 bottles/30 days)
KALYDECO - ivacaftor packet 50 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg	5	PA, QL (60 tablets/30 days)
LETAIRIS - ambrisentan tab 5 mg*	5	PA, QL (30 tablets/30 days)
LETAIRIS - ambrisentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i> [^]	1	
<i>mometasone furoate nasal susp 50 mcg/act</i> [^]	2	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg</i> [^]	2	
<i>montelukast sodium chew tab 5 mg</i> [^]	2	
<i>montelukast sodium oral granules packet 4 mg</i> [^]	2	
<i>montelukast sodium tab 10 mg</i> [^]	1	
NASONEX - mometasone furoate nasal susp 50 mcg/act	4	QL (2 bottles/30 days)
OFEV - nintedanib esylate cap 100 mg*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg*	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i> [^]	2	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext tab sl 300 ir	4	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
PATANASE - olopatadine hcl nasal soln 0.6%	4	QL (1 bottle/30 days)
PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (2 canisters/30 days)
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act	3	QL (2 canisters/30 days)
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
<i>promethazine hcl suppos 12.5 mg</i> #	4	PA
<i>promethazine hcl suppos 25 mg</i> #	4	PA
<i>promethazine hcl syrup 6.25 mg/5ml</i> #	4	PA
<i>promethazine hcl tab 12.5 mg</i> #	4	PA
<i>promethazine hcl tab 25 mg</i> #	4	PA
<i>promethazine hcl tab 50 mg</i> #	4	PA
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	BD
QVAR - beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)	3	QL (1 canister/30 days)
QVAR - beclomethasone diprop inhal aero soln 80 mcg/act (100/valve)	3	QL (2 canisters/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RAGWITEK - short ragweed pollen allergen extract tab sl 12 amb a 1-u	4	PA, QL (30 tablets/30 days)
REMODULIN - treprostinil sodium inj 1 mg/ml*	5	BD
REMODULIN - treprostinil sodium inj 2.5 mg/ml*	5	BD
REMODULIN - treprostinil sodium inj 5 mg/ml*	5	BD
REMODULIN - treprostinil sodium inj 10 mg/ml*	5	BD
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/dose	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg^</i>	2	PA, QL (90 tablets/30 days)
SINGULAIR - montelukast sodium chew tab 4 mg	4	
SINGULAIR - montelukast sodium chew tab 5 mg	4	
SINGULAIR - montelukast sodium oral granules packet 4 mg	4	
SINGULAIR - montelukast sodium tab 10 mg	4	
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (1 canister/30 days)
<i>terbutaline sulfate tab 2.5 mg^</i>	2	
<i>terbutaline sulfate tab 5 mg^</i>	2	
THEO-24 - theophylline cap sr 24hr 100 mg	4	
THEO-24 - theophylline cap sr 24hr 200 mg	4	
THEO-24 - theophylline cap sr 24hr 300 mg	4	
THEO-24 - theophylline cap sr 24hr 400 mg	4	
<i>theophylline tab sr 12hr 100 mg^</i>	2	
<i>theophylline tab sr 12hr 200 mg^</i>	2	
<i>theophylline tab sr 12hr 300 mg^</i>	2	
<i>theophylline tab sr 12hr 450 mg^</i>	2	
<i>theophylline tab sr 24hr 400 mg^</i>	2	
<i>theophylline tab sr 24hr 600 mg^</i>	2	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD
TRACLEER - bosentan tab 62.5 mg*	5	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab 125 mg*	5	PA, QL (60 tablets/30 days)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act^</i>	2	QL (1 bottle/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
UPTRAVI - selexipag tab 200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 800 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1000 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1600 mcg*	5	PA, QL (60 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (2 canisters/30 days)
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4	QL (2 canisters/30 days)
<i>zafirlukast tab 10 mg^</i>	2	
<i>zafirlukast tab 20 mg^</i>	2	
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tab 5 mg#</i>	4	PA
<i>cyclobenzaprine hcl tab 7.5 mg#</i>	4	PA
<i>cyclobenzaprine hcl tab 10 mg#</i>	4	PA
<i>methocarbamol tab 500 mg#</i>	4	PA
<i>methocarbamol tab 750 mg#</i>	4	PA
Sleep Disorder Agents		
<i>armodafinil tab 50 mg^</i>	2	PA, QL (30 tablets/30 days)
<i>armodafinil tab 150 mg^</i>	2	PA, QL (30 tablets/30 days)
<i>armodafinil tab 200 mg^</i>	2	PA, QL (30 tablets/30 days)
<i>armodafinil tab 250 mg^</i>	2	PA, QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
<i>modafinil tab 100 mg^</i>	2	PA, QL (30 tablets/30 days)
<i>modafinil tab 200 mg^</i>	2	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 50 mg	4	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 150 mg	4	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 200 mg	4	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 250 mg	4	PA, QL (30 tablets/30 days)
SILENOR - doxepin hcl tab 3 mg	3	QL (30 tablets/30 days)
SILENOR - doxepin hcl tab 6 mg	3	QL (30 tablets/30 days)
<i>temazepam cap 15 mg^</i>	1	QL (30 capsules/30 days)
<i>temazepam cap 30 mg^</i>	1	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#</i>	3	PA
<i>zaleplon cap 10 mg#</i>	3	PA
<i>zolpidem tartrate tab 5 mg#</i>	4	PA
<i>zolpidem tartrate tab 10 mg#</i>	4	PA
Therapeutic Nutrients/Minerals/Electrolytes		
<i>amino acid infusion 6%^</i>	2	BD
<i>amino acid infusion 15%^</i>	2	BD
AMINOSYN II - amino acid infusion 15%	4	BD
CARBAGLU - carglumic acid tab 200 mg	5	
CARNITOR - levocarnitine oral soln 1 gm/10ml (10%)	4	
CARNITOR - levocarnitine tab 330 mg	4	
CARNITOR SF - levocarnitine oral soln 1 gm/10ml (10%)	4	
CHEMET - succimer cap 100 mg	4	
DEPEN TITRATABS - penicillamine tab 250 mg	5	
<i>dextrose inj 5%^</i>	2	
<i>dextrose inj 10%^</i>	2	
<i>dextrose 5% in lactated ringers^</i>	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%^</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%^</i>	2	
<i>dextrose 5% w/ sodium chloride 0.33%^</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%^</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%^</i>	2	
EXJADE - deferasirox tab for oral susp 125 mg*	5	
EXJADE - deferasirox tab for oral susp 250 mg*	5	
EXJADE - deferasirox tab for oral susp 500 mg*	5	
<i>fat emulsion iv soln 20%^</i>	2	BD
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	5	
HEPATAMINE - amino acid infusion 8%^	2	BD
INTRALIPID - fat emulsion iv soln 30%	4	BD
JADENU - deferasirox tab 90 mg	5	
JADENU - deferasirox tab 180 mg	5	
JADENU - deferasirox tab 360 mg	5	
K-TAB - potassium chloride tab cr 10 meq	4	
K-TAB - potassium chloride tab cr 20 meq (1500 mg)	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj^</i>	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj^</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i> [^]	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> [^]	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> [^]	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> [^]	2	
<i>lactated ringer's solution</i> [^]	2	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> [^]	2	
<i>levocarnitine tab 330 mg</i> [^]	2	
<i>magnesium sulfate inj 50%</i> [^]	2	
MICRO-K - potassium chloride cap cr 8 meq	4	
MICRO-K - potassium chloride cap cr 10 meq	4	
NORMOSOL-M IN D5W - electrolyte-m in d5w soln	4	
<i>potassium chloride cap cr 8 meq</i> [^]	2	
<i>potassium chloride cap cr 10 meq</i> [^]	2	
POTASSIUM CHLORIDE ER - potassium chloride tab cr 8 meq (600 mg) [^]	2	
POTASSIUM CHLORIDE ER - potassium chloride tab cr 20 meq (1500 mg) [^]	2	
<i>potassium chloride inj 2 meq/ml</i> [^]	2	
<i>potassium chloride microencapsulated crys cr tab 10 meq</i> [^]	2	
<i>potassium chloride microencapsulated crys cr tab 20 meq</i> [^]	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i> [^]	2	
<i>potassium chloride tab cr 8 meq (600 mg)</i> [^]	2	
<i>potassium chloride tab cr 10 meq</i> [^]	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 40 meq/l (0.3%) in d5w lactated ringers	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> [^]	2	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i> [^]	2	
<i>potassium citrate tab cr 5 meq (540 mg)</i> [^]	2	
<i>potassium citrate tab cr 10 meq (1080 mg)</i> [^]	2	
<i>potassium citrate tab cr 15 meq (1620 mg)</i> [^]	2	
SAMSCA - tolvaptan tab 15 mg	5	PA
SAMSCA - tolvaptan tab 30 mg	5	PA
<i>sodium chloride inj 0.45%</i> [^]	2	
<i>sodium chloride irrigation soln 0.9%</i> [^]	2	
<i>sodium chloride iv soln 0.9%</i> [^]	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> [^]	2	
<i>sodium polystyrene sulfonate powder</i> [^]	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml^</i>	2	
SYPRINE - trientine hcl cap 250 mg	5	
TROPHAMINE - amino acid infusion 6%	4	BD
<i>water for irrigation, sterile irrigation soln^</i>	2	

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<i>ampicillin sodium for inj 1 gm</i>	7	ARALYST.....	115
<i>ampicillin sodium for inj 250 mg</i>	7	ARICEPT.....	22
<i>ampicillin sodium for inj 2 gm</i>	7	ARICEPT.....	22
<i>ampicillin sodium for inj 500 mg</i>	7	ARIMIDEX.....	37
<i>ampicillin sodium for iv soln 10 gm</i>	7	<i>aripiprazole orally disintegrating tab 10 mg</i>	24
<i>ampicillin sodium for iv soln 2 gm</i>	7	<i>aripiprazole orally disintegrating tab 10 mg</i>	49
AMPYRA.....	92	<i>aripiprazole orally disintegrating tab 10 mg</i>	64
ANADROL-50.....	107	<i>aripiprazole orally disintegrating tab 15 mg</i>	24
<i>anagrelide hcl cap 0.5 mg</i>	71	<i>aripiprazole orally disintegrating tab 15 mg</i>	50
<i>anagrelide hcl cap 1 mg</i>	71	<i>aripiprazole orally disintegrating tab 15 mg</i>	64
ANAPROX DS.....	1	<i>aripiprazole oral solution 1 mg/ml</i>	23
ANAPROX DS.....	32	<i>aripiprazole oral solution 1 mg/ml</i>	49
<i>anastrozole tab 1 mg</i>	37	<i>aripiprazole oral solution 1 mg/ml</i>	64
ANDRODERM.....	107	<i>aripiprazole tab 10 mg</i>	24
ANDRODERM.....	107	<i>aripiprazole tab 10 mg</i>	50
ANDROGEL.....	107	<i>aripiprazole tab 10 mg</i>	64
ANDROGEL.....	107	<i>aripiprazole tab 15 mg</i>	24
ANDROGEL.....	107	<i>aripiprazole tab 15 mg</i>	50
ANDROGEL.....	107	<i>aripiprazole tab 15 mg</i>	64
ANDROGEL PUMP.....	107	<i>aripiprazole tab 20 mg</i>	24
ANDROXY.....	107	<i>aripiprazole tab 20 mg</i>	50
ANORO ELLIPTA.....	125	<i>aripiprazole tab 20 mg</i>	64
ANTABUSE.....	6	<i>aripiprazole tab 2 mg</i>	24
ANTABUSE.....	6	<i>aripiprazole tab 2 mg</i>	50
APOKYN.....	47	<i>aripiprazole tab 2 mg</i>	64
<i>aprepitant capsule 125 mg</i>	29	<i>aripiprazole tab 30 mg</i>	24
<i>aprepitant capsule 40 mg</i>	29	<i>aripiprazole tab 30 mg</i>	50
<i>aprepitant capsule 80 mg</i>	29	<i>aripiprazole tab 30 mg</i>	64
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	29	<i>aripiprazole tab 30 mg</i>	64
APRISO.....	119		
APTIOM.....	16		
APTIOM.....	16		
APTIOM.....	16		

<i>aripiprazole tab 5 mg</i>	24	ATGAM.....	115
<i>aripiprazole tab 5 mg</i>	50	<i>atorvastatin calcium tab 10 mg</i>	76
<i>aripiprazole tab 5 mg</i>	64	<i>atorvastatin calcium tab 20 mg</i>	76
<i>armodafinil tab 150 mg</i>	129	<i>atorvastatin calcium tab 40 mg</i>	76
<i>armodafinil tab 200 mg</i>	129	<i>atorvastatin calcium tab 80 mg</i>	76
<i>armodafinil tab 250 mg</i>	129	<i>atovaquone-proguanil hcl tab 250-100</i>	
<i>armodafinil tab 50 mg</i>	129	<i>mg</i>	46
ARNUITY ELLIPTA.....	125	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
ARNUITY ELLIPTA.....	125	<i>mg</i>	46
AROMASIN.....	37	<i>atovaquone susp 750 mg/5ml</i>	46
ARRANON.....	37	ATRIPLA.....	56
ARTHROTEC 50.....	1	ATROVENT HFA.....	125
ARTHROTEC 50.....	32	AUGMENTIN.....	8
ARTHROTEC 75.....	1	AUGMENTIN.....	8
ARTHROTEC 75.....	32	AVALIDE.....	76
ARZERRA.....	37	AVALIDE.....	76
ARZERRA.....	37	AVAPRO.....	76
ASACOL HD.....	119	AVAPRO.....	76
ASMANEX HFA.....	125	AVAPRO.....	76
ASMANEX HFA.....	125	AVASTIN.....	37
ASMANEX TWISTHALER 120 METERED		AVASTIN.....	37
DOSES.....	125	AVELOX.....	8
ASMANEX TWISTHALER 14 METERED		AVELOX.....	8
DOSES.....	125	AVELOX ABC PACK.....	8
ASMANEX TWISTHALER 30 METERED		AVODART.....	104
DOSES.....	125	AVONEX.....	92
ASMANEX TWISTHALER 30 METERED		AVONEX.....	92
DOSES.....	125	AVONEX PEN.....	92
ASMANEX TWISTHALER 60 METERED		AXIRON.....	107
DOSES.....	125	AYGESTIN.....	108
ASMANEX TWISTHALER 7 METERED		<i>azacitidine for inj 100 mg</i>	37
DOSES.....	125	AZACTAM.....	8
<i>aspirin-dipyridamole cap sr 12hr 25-200</i>		AZACTAM.....	8
<i>mg</i>	71	AZACTAM IN ISO-OSMOTIC	
ASTAGRAF XL.....	115	DEXTROSE.....	8
ASTAGRAF XL.....	115	AZACTAM IN ISO-OSMOTIC	
ASTAGRAF XL.....	115	DEXTROSE.....	8
ASTEPRO.....	125	AZASAN.....	115
ATACAND.....	75	AZASAN.....	115
ATACAND.....	75	AZATHIOPRINE.....	115
ATACAND.....	75	<i>azathioprine tab 50 mg</i>	115
ATACAND.....	75	<i>azelastine hcl nasal spray 0.1% (137 mcg/</i>	
ATACAND HCT.....	75	<i>spray)</i>	125
ATACAND HCT.....	75	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/</i>	
ATACAND HCT.....	75	<i>spray)</i>	125
AELVIA.....	120	<i>azelastine hcl ophth soln 0.05%</i>	121
<i>atenolol & chlorthalidone tab 100-25</i>		AZELEX.....	95
<i>mg</i>	76	AZILECT.....	47
<i>atenolol & chlorthalidone tab 50-25 mg</i>	75	AZILECT.....	47
<i>atenolol tab 100 mg</i>	76	AZITHROMYCIN.....	8
<i>atenolol tab 25 mg</i>	76	<i>azithromycin for susp 100 mg/5ml</i>	8
<i>atenolol tab 50 mg</i>	76	<i>azithromycin for susp 200 mg/5ml</i>	8

<i>azithromycin iv for soln 500 mg</i>	8	<i>betamethasone dipropionate augmented cream</i>	
<i>azithromycin tab 250 mg</i>	8	0.05%.....	95
<i>azithromycin tab 500 mg</i>	8	<i>betamethasone dipropionate augmented gel</i>	
<i>azithromycin tab 600 mg</i>	8	0.05%.....	95
AZOPT.....	121	<i>betamethasone dipropionate augmented lotion</i>	
<i>aztreonam for inj 1 gm</i>	8	0.05%.....	95
<i>aztreonam for inj 2 gm</i>	8	<i>betamethasone dipropionate augmented oint</i>	
AZULFIDINE.....	119	0.05%.....	95
AZULFIDINE EN-TABS.....	120	<i>betamethasone dipropionate cream</i>	
B		0.05%.....	95
BACITRACIN.....	121	<i>betamethasone dipropionate lotion</i>	
<i>bacitracin-polymyxin b ophth oint</i>	121	0.05%.....	95
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>		<i>betamethasone dipropionate oint</i>	
1%.....	121	0.05%.....	95
<i>baclofen tab 10 mg</i>	55	<i>betamethasone valerate cream 0.1%</i>	95
<i>baclofen tab 20 mg</i>	55	<i>betamethasone valerate lotion 0.1%</i>	95
BACTRIM.....	8	<i>betamethasone valerate oint 0.1%</i>	95
BACTRIM DS.....	8	BETAPACE.....	76
<i>balsalazide disodium cap 750 mg</i>	120	BETAPACE.....	76
BANZEL.....	16	BETAPACE.....	76
BANZEL.....	16	BETAPACE AF.....	76
BANZEL.....	16	BETAPACE AF.....	76
BARACLUDE.....	56	BETAPACE AF.....	76
BARACLUDE.....	56	BETASERON.....	92
BARACLUDE.....	56	<i>betaxolol hcl ophth soln 0.5%</i>	121
BAVENCIO.....	37	<i>betaxolol hcl tab 10 mg</i>	76
BCG VACCINE.....	115	<i>betaxolol hcl tab 20 mg</i>	76
BELEODAQ.....	37	<i>bethanechol chloride tab 10 mg</i>	104
<i>benazepril & hydrochlorothiazide tab 10-12.5</i>		<i>bethanechol chloride tab 25 mg</i>	104
mg.....	76	<i>bethanechol chloride tab 50 mg</i>	104
<i>benazepril & hydrochlorothiazide tab 20-12.5</i>		<i>bethanechol chloride tab 5 mg</i>	104
mg.....	76	BETOPTIC-S.....	121
<i>benazepril & hydrochlorothiazide tab 20-25</i>		<i>bexarotene cap 75 mg</i>	37
mg.....	76	BEXSERO.....	115
<i>benazepril & hydrochlorothiazide tab 5-6.25</i>		BIAXIN.....	8
mg.....	76	BIAXIN.....	8
<i>benazepril hcl tab 10 mg</i>	76	BIAXIN.....	8
<i>benazepril hcl tab 20 mg</i>	76	<i>bicalutamide tab 50 mg</i>	38
<i>benazepril hcl tab 40 mg</i>	76	BICILLIN L-A.....	8
<i>benazepril hcl tab 5 mg</i>	76	BICILLIN L-A.....	8
BENDEKA.....	37	BICILLIN L-A.....	8
BENLYSTA.....	115	BICNU.....	38
BENLYSTA.....	115	BILTRICIDE.....	46
BENZAMYCIN.....	95	<i>bisoprolol & hydrochlorothiazide tab 10-6.25</i>	
<i>benzoyl peroxide-erythromycin gel</i>		mg.....	76
5-3%.....	95	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25</i>	
<i>benztropine mesylate tab 0.5 mg</i>	47	mg.....	76
<i>benztropine mesylate tab 1 mg</i>	47	<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>	
<i>benztropine mesylate tab 2 mg</i>	47	mg.....	76
BESIVANCE.....	121	<i>bisoprolol fumarate tab 10 mg</i>	76
BETAGAN.....	121	<i>bisoprolol fumarate tab 5 mg</i>	76
		BLEO 15K.....	38

<i>bleomycin sulfate for inj 15 unit</i>	38	<i>bupropion hcl tab sr 24hr 150 mg</i>	24
<i>bleomycin sulfate for inj 30 unit</i>	38	<i>bupropion hcl tab sr 24hr 300 mg</i>	24
BLINCYTO.....	38	<i>bupirone hcl tab 10 mg</i>	61
BONIVA.....	120	<i>bupirone hcl tab 15 mg</i>	61
BOOSTRIX.....	115	<i>bupirone hcl tab 30 mg</i>	61
BOSULIF.....	38	<i>bupirone hcl tab 5 mg</i>	61
BOSULIF.....	38	<i>bupirone hcl tab 7.5 mg</i>	61
BREO ELLIPTA.....	125	<i>busulfan inj 6 mg/ml</i>	38
BREO ELLIPTA.....	125	BUSULFEX.....	38
BREVICON-28.....	108	<i>butalbital-acetaminophen-caffeine cap 50-300-40</i>	
BRILINTA.....	71	<i>mg</i>	34
BRILINTA.....	71	<i>butalbital-acetaminophen-caffeine cap 50-325-40</i>	
<i>brimonidine tartrate ophth soln 0.15%</i>	121	<i>mg</i>	34
<i>brimonidine tartrate ophth soln 0.2%</i>	121	<i>butalbital-acetaminophen-caffeine tab 50-325-40</i>	
BRIVIACT.....	16	<i>mg</i>	34
BRIVIACT.....	16	<i>butalbital-acetaminophen tab 50-325</i>	
BRIVIACT.....	16	<i>mg</i>	34
BRIVIACT.....	17	<i>butalbital-aspirin-caffeine cap 50-325-40</i>	
BRIVIACT.....	17	<i>mg</i>	34
BRIVIACT.....	17	<i>butorphanol tartrate inj 1 mg/ml</i>	1
BRIVIACT.....	17	<i>butorphanol tartrate inj 2 mg/ml</i>	1
<i>bromfenac sodium ophth soln 0.09% (once-</i>		<i>butorphanol tartrate nasal soln 10 mg/</i>	
<i>daily)</i>	121	<i>ml</i>	1
<i>bromocriptine mesylate cap 5 mg</i>	47	BUTRANS.....	6
<i>bromocriptine mesylate cap 5 mg</i>	113	BUTRANS.....	6
<i>bromocriptine mesylate tab 2.5 mg</i>	47	BUTRANS.....	6
<i>bromocriptine mesylate tab 2.5 mg</i>	113	BUTRANS.....	6
<i>budesonide delayed release particles cap 3</i>		BUTRANS.....	6
<i>mg</i>	120	BYDUREON.....	67
<i>budesonide inhalation susp 0.25</i>		BYDUREON PEN.....	67
<i>mg/2ml</i>	125	C	
<i>budesonide inhalation susp 0.5</i>		<i>cabergoline tab 0.5 mg</i>	113
<i>mg/2ml</i>	125	CABOMETYX.....	38
<i>budesonide inhalation susp 1 mg/2ml</i>	125	CABOMETYX.....	38
<i>bumetanide inj 0.25 mg/ml</i>	76	CABOMETYX.....	38
<i>bumetanide tab 0.5 mg</i>	76	<i>caffeine citrate oral soln 60 mg/3ml</i>	125
<i>bumetanide tab 1 mg</i>	76	CALAN.....	77
<i>bumetanide tab 2 mg</i>	76	CALAN.....	77
BUPHENYL.....	99	CALAN SR.....	77
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>		CALAN SR.....	77
<i>mg</i>	6	CALAN SR.....	77
<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>		<i>calcipotriene cream 0.005%</i>	95
<i>mg</i>	6	<i>calcipotriene oint 0.005%</i>	95
<i>buprenorphine hcl sl tab 2 mg</i>	6	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	95
<i>buprenorphine hcl sl tab 8 mg</i>	6	<i>calcitonin (salmon) nasal soln 200 unit/</i>	
<i>bupropion hcl (smoking deterrent) tab sr 12hr 150</i>		<i>act</i>	120
<i>mg</i>	6	<i>calcitriol cap 0.25 mcg</i>	120
<i>bupropion hcl tab 100 mg</i>	24	<i>calcitriol cap 0.5 mcg</i>	120
<i>bupropion hcl tab 75 mg</i>	24	<i>calcitriol inj 1 mcg/ml</i>	120
<i>bupropion hcl tab sr 12hr 100 mg</i>	24	<i>calcitriol oral soln 1 mcg/ml</i>	120
<i>bupropion hcl tab sr 12hr 150 mg</i>	24	<i>calcium acetate cap 667 mg</i>	104
<i>bupropion hcl tab sr 12hr 200 mg</i>	24		

<i>calcium acetate tab 667 mg</i>	104	CARBIDOPA/LEVODOPA/ ENTACAPONE.....	48
CANASA.....	120	CARBIDOPA/LEVODOPA/ ENTACAPONE.....	48
CANCIDAS.....	30	CARBIDOPA/LEVODOPA/ ENTACAPONE.....	48
CANCIDAS.....	30	<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	47
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	77	<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	47
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	77	<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	47
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	77	<i>carbidopa & levodopa tab 10-100 mg</i>	47
<i>candesartan cilexetil tab 16 mg</i>	77	<i>carbidopa & levodopa tab 25-100 mg</i>	47
<i>candesartan cilexetil tab 32 mg</i>	77	<i>carbidopa & levodopa tab 25-250 mg</i>	47
<i>candesartan cilexetil tab 4 mg</i>	77	<i>carbidopa & levodopa tab cr 25-100 mg</i>	47
<i>candesartan cilexetil tab 8 mg</i>	77	<i>carbidopa & levodopa tab cr 50-200 mg</i>	47
CAPASTAT SULFATE.....	36	<i>carbidopa tab 25 mg</i>	47
CAPRELSA.....	38	<i>carboplatin iv soln 150 mg/15ml</i>	38
CAPRELSA.....	38	<i>carboplatin iv soln 450 mg/45ml</i>	38
CAPTOPRIL/ HYDROCHLOROTHIAZIDE.....	77	<i>carboplatin iv soln 50 mg/5ml</i>	38
CAPTOPRIL/ HYDROCHLOROTHIAZIDE.....	77	<i>carboplatin iv soln 600 mg/60ml</i>	38
CAPTOPRIL/ HYDROCHLOROTHIAZIDE.....	77	CARDIZEM.....	77
<i>captopril tab 100 mg</i>	77	CARDIZEM.....	77
<i>captopril tab 12.5 mg</i>	77	CARDIZEM.....	77
<i>captopril tab 25 mg</i>	77	CARDIZEM CD.....	77
<i>captopril tab 50 mg</i>	77	CARDIZEM CD.....	77
CARAC.....	95	CARDIZEM CD.....	77
CARAFATE.....	101	CARDIZEM CD.....	77
CARAFATE.....	101	CARDIZEM LA.....	77
CARBAGLU.....	130	CARDIZEM LA.....	77
<i>carbamazepine cap sr 12hr 100 mg</i>	17	CARDIZEM LA.....	77
<i>carbamazepine cap sr 12hr 200 mg</i>	17	CARDIZEM LA.....	77
<i>carbamazepine cap sr 12hr 300 mg</i>	17	CARDIZEM LA.....	77
<i>carbamazepine chew tab 100 mg</i>	17	CARDIZEM LA.....	77
<i>carbamazepine susp 100 mg/5ml</i>	17	CARDURA.....	77
<i>carbamazepine tab 200 mg</i>	17	CARDURA.....	77
<i>carbamazepine tab sr 12hr 100 mg</i>	17	CARDURA.....	78
<i>carbamazepine tab sr 12hr 200 mg</i>	17	CARDURA.....	78
<i>carbamazepine tab sr 12hr 400 mg</i>	17	CARDURA.....	104
CARBATROL.....	17	CARDURA.....	104
CARBATROL.....	17	CARDURA.....	104
CARBATROL.....	17	CARDURA.....	104
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	48	CARNITOR.....	130
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	48	CARNITOR.....	130
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	48	CARNITOR SF.....	130
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	48	<i>carteolol hcl ophth soln 1%</i>	122
		<i>carvedilol tab 12.5 mg</i>	78
		<i>carvedilol tab 25 mg</i>	78
		<i>carvedilol tab 3.125 mg</i>	78

carvedilol tab 6.25 mg.....	78	ceftriaxone sodium for inj 10 gm.....	9
CASODEX.....	38	ceftriaxone sodium for inj 1 gm.....	9
CATAPRES.....	78	ceftriaxone sodium for inj 250 mg.....	9
CATAPRES.....	78	ceftriaxone sodium for inj 2 gm.....	9
CATAPRES.....	78	ceftriaxone sodium for inj 500 mg.....	9
CATAPRES-TTS-1.....	78	ceftriaxone sodium for iv soln 1 gm.....	9
CATAPRES-TTS-2.....	78	ceftriaxone sodium for iv soln 2 gm.....	9
CATAPRES-TTS-3.....	78	cefuroxime axetil tab 250 mg.....	10
cefaclor cap 250 mg.....	8	cefuroxime axetil tab 500 mg.....	10
cefaclor cap 500 mg.....	8	cefuroxime sodium for inj 1.5 gm.....	10
cefadroxil cap 500 mg.....	8	cefuroxime sodium for inj 7.5 gm.....	10
cefadroxil for susp 250 mg/5ml.....	8	cefuroxime sodium for inj 750 mg.....	10
cefadroxil for susp 500 mg/5ml.....	8	cefuroxime sodium for iv soln 1.5 gm.....	10
cefadroxil tab 1 gm.....	8	CELEBREX.....	1
cefazolin sodium for inj 10 gm.....	9	CELEBREX.....	1
cefazolin sodium for inj 1 gm.....	8	CELEBREX.....	1
cefazolin sodium for inj 20 gm.....	9	CELEBREX.....	1
cefazolin sodium for inj 500 mg.....	8	CELEBREX.....	32
cefdinir cap 300 mg.....	9	CELEBREX.....	32
cefdinir for susp 125 mg/5ml.....	9	CELEBREX.....	32
cefdinir for susp 250 mg/5ml.....	9	CELEBREX.....	32
cefepime hcl for inj 1 gm.....	9	celecoxib cap 100 mg.....	1
cefepime hcl for inj 2 gm.....	9	celecoxib cap 100 mg.....	32
cefotaxime sodium for inj 10 gm.....	9	celecoxib cap 200 mg.....	1
cefotaxime sodium for inj 1 gm.....	9	celecoxib cap 200 mg.....	32
cefotaxime sodium for inj 2 gm.....	9	celecoxib cap 400 mg.....	1
cefotaxime sodium for inj 500 mg.....	9	celecoxib cap 400 mg.....	32
cefoxitin sodium for inj 10 gm.....	9	celecoxib cap 50 mg.....	1
cefoxitin sodium for iv soln 1 gm.....	9	celecoxib cap 50 mg.....	32
cefoxitin sodium for iv soln 2 gm.....	9	CELEXA.....	24
cefpodoxime proxetil for susp 100 mg/5ml.....	9	CELEXA.....	24
cefpodoxime proxetil for susp 50 mg/5ml.....	9	CELEXA.....	24
cefpodoxime proxetil tab 100 mg.....	9	CELLCEPT.....	115
cefpodoxime proxetil tab 200 mg.....	9	CELLCEPT.....	115
cefprozil for susp 125 mg/5ml.....	9	CELLCEPT.....	115
cefprozil for susp 250 mg/5ml.....	9	CELLCEPT INTRAVENOUS.....	115
cefprozil tab 250 mg.....	9	CELONTIN.....	17
cefprozil tab 500 mg.....	9	cephalexin cap 250 mg.....	10
ceftazidime for inj 1 gm.....	9	cephalexin cap 500 mg.....	10
ceftazidime for inj 2 gm.....	9	cephalexin cap 750 mg.....	10
ceftazidime for inj 6 gm.....	9	cephalexin for susp 125 mg/5ml.....	10
ceftazidime for iv soln 1 gm.....	9	cephalexin for susp 250 mg/5ml.....	10
ceftazidime for iv soln 2 gm.....	9	CEREZYME.....	99
CEFTIN.....	9	cevimeline hcl cap 30 mg.....	94
CEFTRIAAXONE/DEXTROSE.....	10	CHANTIX.....	6
CEFTRIAAXONE/DEXTROSE.....	10	CHANTIX.....	6
CEFTRIAAXONE IN ISO-OSMOTIC DEXTROSE.....	9	CHANTIX CONTINUING MONTH PACK.....	6
CEFTRIAAXONE IN ISO-OSMOTIC DEXTROSE.....	9	CHANTIX STARTING MONTH PACK.....	6
		CHEMET.....	130
		CHENODAL.....	101

CHLORAMPHENICOL SODIUM		CIPRODEX.....	124
SUCCINATE.....	10	<i>ciprofloxacin 200 mg/100ml in d5w</i>	10
<i>chlorhexidine gluconate soln 0.12%</i>	94	<i>ciprofloxacin 400 mg/200ml in d5w</i>	10
<i>chloroquine phosphate tab 250 mg</i>	46	<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	10
<i>chloroquine phosphate tab 500 mg</i>	47	<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	10
CHLOROTHIAZIDE.....	78	CIPROFLOXACIN HCL.....	10
<i>chlorothiazide tab 500 mg</i>	78	<i>ciprofloxacin hcl ophth soln 0.3%</i>	122
CHLORPROMAZINE HCL.....	29	<i>ciprofloxacin hcl tab 250 mg</i>	10
CHLORPROMAZINE HCL.....	29	<i>ciprofloxacin hcl tab 500 mg</i>	10
CHLORPROMAZINE HCL.....	50	<i>ciprofloxacin hcl tab 750 mg</i>	10
CHLORPROMAZINE HCL.....	50	<i>ciprofloxacin hcl tab sr 24hr 1000 mg</i>	10
<i>chlorpromazine hcl tab 100 mg</i>	29	<i>ciprofloxacin hcl tab sr 24hr 500 mg</i>	10
<i>chlorpromazine hcl tab 100 mg</i>	50	<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	10
<i>chlorpromazine hcl tab 10 mg</i>	29	<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	10
<i>chlorpromazine hcl tab 10 mg</i>	50	CIPRO I.V.-IN D5W.....	10
<i>chlorpromazine hcl tab 200 mg</i>	29	CISPLATIN.....	38
<i>chlorpromazine hcl tab 200 mg</i>	50	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	38
<i>chlorpromazine hcl tab 25 mg</i>	29	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	38
<i>chlorpromazine hcl tab 25 mg</i>	50	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	24
<i>chlorpromazine hcl tab 50 mg</i>	29	<i>citalopram hydrobromide tab 10 mg</i>	24
<i>chlorpromazine hcl tab 50 mg</i>	50	<i>citalopram hydrobromide tab 20 mg</i>	24
<i>chlorthalidone tab 25 mg</i>	78	<i>citalopram hydrobromide tab 40 mg</i>	24
<i>chlorthalidone tab 50 mg</i>	78	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	38
<i>cholestyramine light powder 4 gm/ dose</i>	78	<i>clarithromycin for susp 125 mg/5ml</i>	10
<i>cholestyramine light powder packets 4 gm</i>	78	<i>clarithromycin for susp 250 mg/5ml</i>	10
<i>cholestyramine powder 4 gm/dose</i>	78	<i>clarithromycin tab 250 mg</i>	10
<i>cholestyramine powder packets 4 gm</i>	78	<i>clarithromycin tab 500 mg</i>	11
<i>choline fenofibrate cap dr 135 mg</i>	78	<i>clarithromycin tab sr 24hr 500 mg</i>	10
<i>choline fenofibrate cap dr 45 mg</i>	78	<i>clemastine fumarate tab 2.68 mg</i>	126
<i>chorionic gonadotropin for inj 10000 unit (chorionic gonadotropin, pregnyl)</i>	107	CLEOCIN.....	11
<i>ciclopirox gel 0.77%</i>	95	CLEOCIN.....	11
<i>ciclopirox olamine cream 0.77%</i>	95	CLEOCIN.....	11
<i>ciclopirox olamine susp 0.77%</i>	95	CLEOCIN.....	11
<i>ciclopirox shampoo 1%</i>	95	CLEOCIN IN D5W.....	11
<i>ciclopirox solution 8%</i>	95	CLEOCIN IN D5W.....	11
<i>cidofovir iv inj 75 mg/ml</i>	56	CLEOCIN IN D5W.....	11
<i>cilostazol tab 100 mg</i>	71	CLEOCIN PHOSPHATE.....	11
<i>cilostazol tab 50 mg</i>	71	CLEOCIN PHOSPHATE.....	11
CILOXAN.....	122	CLEOCIN PHOSPHATE.....	11
<i>cimetidine hcl soln 300 mg/5ml</i>	101	CLEOCIN PHOSPHATE.....	11
<i>cimetidine tab 200 mg</i>	101	CLEOCIN PHOSPHATE.....	11
<i>cimetidine tab 300 mg</i>	101	CLEOCIN PHOSPHATE.....	11
<i>cimetidine tab 400 mg</i>	101	CLEOCIN PHOSPHATE.....	11
<i>cimetidine tab 800 mg</i>	101	CLEOCIN PHOSPHATE.....	11
CINRYZE.....	115	CLEOCIN PHOSPHATE.....	11
CIPRO.....	10	CLEOCIN PHOSPHATE.....	11
CIPRO.....	10	CLEOCIN PHOSPHATE.....	11
CIPRO.....	10	CLEOCIN-T.....	95
CIPRO.....	10	CLEOCIN-T.....	95

CLEOCIN-T.....	95	clonazepam orally disintegrating tab 1	
CLEOCIN-T.....	95	mg.....	61
clindamycin hcl cap 150 mg.....	11	clonazepam orally disintegrating tab 2	
clindamycin hcl cap 300 mg.....	11	mg.....	17
clindamycin hcl cap 75 mg.....	11	clonazepam orally disintegrating tab 2	
clindamycin phosphate-benzoyl peroxide gel		mg.....	61
1-5%.....	95	clonazepam tab 0.5 mg.....	17
clindamycin phosphate gel 1%.....	95	clonazepam tab 0.5 mg.....	62
clindamycin phosphate in d5w iv soln 300		clonazepam tab 1 mg.....	17
mg/50ml.....	11	clonazepam tab 1 mg.....	62
clindamycin phosphate in d5w iv soln 600		clonazepam tab 2 mg.....	17
mg/50ml.....	11	clonazepam tab 2 mg.....	62
clindamycin phosphate in d5w iv soln 900		clonidine hcl tab 0.1 mg.....	78
mg/50ml.....	11	clonidine hcl tab 0.2 mg.....	78
clindamycin phosphate inj 300 mg/2ml.....	11	clonidine hcl tab 0.3 mg.....	78
clindamycin phosphate inj 600 mg/4ml.....	11	clonidine hcl tab sr 12hr 0.1 mg.....	92
clindamycin phosphate inj 900 mg/6ml.....	11	clonidine hcl td patch weekly 0.1	
clindamycin phosphate inj 9 gm/60ml.....	11	mg/24hr.....	78
clindamycin phosphate iv soln 300		clonidine hcl td patch weekly 0.2	
mg/2ml.....	11	mg/24hr.....	78
clindamycin phosphate iv soln 900		clonidine hcl td patch weekly 0.3	
mg/6ml.....	11	mg/24hr.....	78
clindamycin phosphate lotion 1%.....	95	clopidogrel bisulfate tab 75 mg.....	71
clindamycin phosphate soln 1%.....	95	clorazepate dipotassium tab 15 mg.....	17
clindamycin phosphate swab 1%.....	95	clorazepate dipotassium tab 15 mg.....	62
clindamycin phosphate vaginal cream		clorazepate dipotassium tab 3.75 mg.....	17
2%.....	11	clorazepate dipotassium tab 3.75 mg.....	62
clobetasol propionate cream 0.05%.....	95	clorazepate dipotassium tab 7.5 mg.....	17
clobetasol propionate emollient base cream		clorazepate dipotassium tab 7.5 mg.....	62
0.05%.....	95	clotrimazole cream 1%.....	96
clobetasol propionate gel 0.05%.....	95	clotrimazole troche 10 mg.....	30
clobetasol propionate oint 0.05%.....	96	clotrimazole w/ betamethasone cream	
clobetasol propionate soln 0.05%.....	96	1-0.05%.....	96
CLOLAR.....	38	clotrimazole w/ betamethasone lotion	
clomipramine hcl cap 25 mg.....	24	1-0.05%.....	96
clomipramine hcl cap 50 mg.....	24	clozapine orally disintegrating tab 100	
clomipramine hcl cap 75 mg.....	24	mg.....	50
clonazepam orally disintegrating tab 0.125		clozapine orally disintegrating tab 25	
mg.....	17	mg.....	50
clonazepam orally disintegrating tab 0.125		clozapine tab 100 mg.....	50
mg.....	61	clozapine tab 200 mg.....	50
clonazepam orally disintegrating tab 0.25		clozapine tab 25 mg.....	50
mg.....	17	clozapine tab 50 mg.....	50
clonazepam orally disintegrating tab 0.25		CLOZARIL.....	50
mg.....	61	CLOZARIL.....	50
clonazepam orally disintegrating tab 0.5		COARTEM.....	47
mg.....	17	codeine sulfate tab 15 mg.....	1
clonazepam orally disintegrating tab 0.5		codeine sulfate tab 30 mg.....	1
mg.....	61	codeine sulfate tab 60 mg.....	1
clonazepam orally disintegrating tab 1		COLAZAL.....	120
mg.....	17	colchicine w/ probenecid tab 0.5-500	
		mg.....	32

CYSTAGON.....	100	DEPAKOTE.....	17
CYSTARAN.....	122	DEPAKOTE.....	17
<i>cytarabine inj 20 mg/ml.....</i>	39	DEPAKOTE.....	34
<i>cytarabine inj pf 100 mg/ml.....</i>	39	DEPAKOTE.....	34
<i>cytarabine inj pf 20 mg/ml.....</i>	39	DEPAKOTE.....	34
CYTOMEL.....	111	DEPAKOTE.....	64
CYTOMEL.....	111	DEPAKOTE.....	64
CYTOMEL.....	111	DEPAKOTE.....	64
CYTOTEC.....	101	DEPAKOTE ER.....	17
CYTOTEC.....	101	DEPAKOTE ER.....	17
CYTOVENE.....	56	DEPAKOTE ER.....	34
D		DEPAKOTE ER.....	34
DACARBAZINE.....	39	DEPAKOTE ER.....	64
<i>dacarbazine for inj 200 mg.....</i>	39	DEPAKOTE ER.....	64
DAKLINZA.....	56	DEPAKOTE SPRINKLES.....	17
DAKLINZA.....	56	DEPAKOTE SPRINKLES.....	34
DAKLINZA.....	56	DEPAKOTE SPRINKLES.....	64
DALIRESP.....	126	DEPEN TITRATABS.....	104
DALVANCE.....	12	DEPEN TITRATABS.....	115
<i>danazol cap 100 mg.....</i>	108	DEPEN TITRATABS.....	130
<i>danazol cap 200 mg.....</i>	108	DEPO-PROVERA.....	108
<i>danazol cap 50 mg.....</i>	108	DEPO-PROVERA	
DANTRIUM.....	55	CONTRACEPTIVE.....	108
DANTRIUM.....	55	DEPO-PROVERA	
<i>dantrolene sodium cap 100 mg.....</i>	55	CONTRACEPTIVE.....	108
<i>dantrolene sodium cap 25 mg.....</i>	55	DEPO-TESTOSTERONE.....	108
<i>dantrolene sodium cap 50 mg.....</i>	55	DEPO-TESTOSTERONE.....	108
<i>dapsone tab 100 mg.....</i>	36	DERMATOP.....	96
<i>dapsone tab 25 mg.....</i>	36	DESCOVY.....	56
DAPTACEL.....	115	<i>desipramine hcl tab 100 mg.....</i>	24
<i>daptomycin for iv soln 500 mg.....</i>	12	<i>desipramine hcl tab 10 mg.....</i>	24
DARAPRIM.....	47	<i>desipramine hcl tab 150 mg.....</i>	24
DARZALEX.....	39	<i>desipramine hcl tab 25 mg.....</i>	24
DARZALEX.....	39	<i>desipramine hcl tab 50 mg.....</i>	24
<i>daunorubicin hcl inj 5 mg/ml.....</i>	39	<i>desipramine hcl tab 75 mg.....</i>	24
DAYPRO.....	1	<i>desloratadine tab 5 mg.....</i>	126
DAYPRO.....	32	<i>desmopressin acetate inj 4 mcg/ml.....</i>	107
DDAVP.....	107	<i>desmopressin acetate nasal soln 0.01%</i>	
DDAVP.....	107	(<i>refrigerated</i>).....	107
DDAVP.....	107	<i>desmopressin acetate nasal spray soln</i>	
<i>decitabine for inj 50 mg.....</i>	39	0.01%.....	107
DELZICOL.....	120	<i>desmopressin acetate nasal spray soln 0.01%</i>	
DEMADEX.....	79	(<i>refrigerated</i>).....	107
<i>demeclocycline hcl tab 150 mg.....</i>	12	<i>desmopressin acetate tab 0.1 mg.....</i>	107
<i>demeclocycline hcl tab 300 mg.....</i>	12	<i>desmopressin acetate tab 0.2 mg.....</i>	107
DEMSEER.....	79	DESOGEN.....	108
DENAVIR.....	96	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01</i>	
DEPACON.....	17	mg(21/5).....	108
DEPAKENE.....	17	<i>desogest-ethin est tab</i>	
DEPAKENE.....	64	0.1-0.025/0.125-0.025/0.15-0.025mg-	
DEPAKOTE.....	17	mg.....	108

<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	108	<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	130
<i>desonide cream 0.05%</i>	96	<i>dextrose 5% in lactated ringers</i>	130
<i>desonide lotion 0.05%</i>	96	<i>dextrose 5% w/ sodium chloride 0.2%</i>	130
<i>desonide oint 0.05%</i>	96	<i>dextrose 5% w/ sodium chloride 0.33%</i>	130
DESOXIMETASONE.....	96	<i>dextrose 5% w/ sodium chloride 0.45%</i>	130
<i>desoximetasone cream 0.25%</i>	96	<i>dextrose 5% w/ sodium chloride 0.9%</i>	130
<i>desoximetasone gel 0.05%</i>	96	<i>dextrose inj 10%</i>	130
<i>desoximetasone oint 0.25%</i>	96	<i>dextrose inj 5%</i>	130
<i>desvenlafaxine succinate tab sr 24hr 100 mg</i>	24	DIAMOX.....	79
<i>desvenlafaxine succinate tab sr 24hr 25 mg</i>	24	DIASTAT ACUDIAL.....	17
<i>desvenlafaxine succinate tab sr 24hr 50 mg</i>	24	DIASTAT ACUDIAL.....	17
DETROL.....	104	DIASTAT PEDIATRIC.....	18
DETROL.....	104	DIAZEPAM.....	18
DETROL LA.....	104	DIAZEPAM.....	18
DETROL LA.....	104	DIAZEPAM.....	18
DEXAMETHASONE.....	105	DIAZEPAM.....	18
DEXAMETHASONE.....	105	DIAZEPAM.....	18
<i>dexamethasone elixir 0.5 mg/5ml</i>	105	DIAZEPAM.....	62
DEXAMETHASONE SODIUM PHOSPHATE.....	122	<i>diazepam conc 5 mg/ml</i>	18
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	106	<i>diazepam conc 5 mg/ml</i>	62
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	106	<i>diazepam tab 10 mg</i>	18
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	105	<i>diazepam tab 10 mg</i>	62
<i>dexamethasone tab 0.5 mg</i>	106	<i>diazepam tab 2 mg</i>	18
<i>dexamethasone tab 0.75 mg</i>	106	<i>diazepam tab 2 mg</i>	62
<i>dexamethasone tab 1.5 mg</i>	106	<i>diazepam tab 5 mg</i>	18
<i>dexamethasone tab 4 mg</i>	106	<i>diazepam tab 5 mg</i>	62
<i>dexamethasone tab 6 mg</i>	106	<i>diclofenac potassium tab 50 mg</i>	1
DEXEDRINE.....	92	<i>diclofenac potassium tab 50 mg</i>	32
DEXEDRINE.....	92	<i>diclofenac sodium gel 1%</i>	1
DEXEDRINE.....	92	<i>diclofenac sodium gel 1%</i>	32
<i>dexmethylphenidate hcl tab 10 mg</i>	93	<i>diclofenac sodium gel 1%</i>	96
<i>dexmethylphenidate hcl tab 2.5 mg</i>	92	<i>diclofenac sodium gel 3%</i>	96
<i>dexmethylphenidate hcl tab 5 mg</i>	93	<i>diclofenac sodium ophth soln 0.1%</i>	122
<i>dexrazoxane for inj 250 mg</i>	39	<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>dexrazoxane for inj 500 mg</i>	39	<i>diclofenac sodium tab delayed release 25 mg</i>	32
<i>dextroamphetamine sulfate cap sr 24hr 10 mg</i>	93	<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>dextroamphetamine sulfate cap sr 24hr 15 mg</i>	93	<i>diclofenac sodium tab delayed release 50 mg</i>	32
<i>dextroamphetamine sulfate cap sr 24hr 5 mg</i>	93	<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>dextroamphetamine sulfate tab 10 mg</i>	93	<i>diclofenac sodium tab delayed release 75 mg</i>	32
<i>dextroamphetamine sulfate tab 5 mg</i>	93	<i>diclofenac sodium tab sr 24hr 100 mg</i>	1
		<i>diclofenac sodium tab sr 24hr 100 mg</i>	32

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	<i>diltiazem hcl coated beads cap sr 24hr 360 mg</i>	79
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	33	<i>diltiazem hcl coated beads tab sr 24hr 180 mg</i>	79
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	<i>diltiazem hcl coated beads tab sr 24hr 240 mg</i>	79
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	33	<i>diltiazem hcl coated beads tab sr 24hr 300 mg</i>	79
<i>dicloxacillin sodium cap 250 mg</i>	12	<i>diltiazem hcl coated beads tab sr 24hr 360 mg</i>	80
<i>dicloxacillin sodium cap 500 mg</i>	12	<i>diltiazem hcl coated beads tab sr 24hr 420 mg</i>	80
<i>dicyclomine hcl tab 20 mg</i>	101	<i>diltiazem hcl extended release beads cap sr 24hr 120 mg</i>	80
<i>didanosine delayed release capsule 125 mg</i>	56	<i>diltiazem hcl extended release beads cap sr 24hr 180 mg</i>	80
<i>didanosine delayed release capsule 200 mg</i>	56	<i>diltiazem hcl extended release beads cap sr 24hr 240 mg</i>	80
<i>didanosine delayed release capsule 250 mg</i>	56	<i>diltiazem hcl extended release beads cap sr 24hr 300 mg</i>	80
<i>didanosine delayed release capsule 400 mg</i>	56	<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	80
DIFICID.....	12	<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	80
DIFLORASONE DIACETATE.....	96	<i>diltiazem hcl tab 120 mg</i>	80
DIFLUCAN.....	30	<i>diltiazem hcl tab 30 mg</i>	80
DIFLUCAN.....	31	<i>diltiazem hcl tab 60 mg</i>	80
DIFLUCAN.....	31	<i>diltiazem hcl tab 90 mg</i>	80
DIFLUCAN.....	31	DIOVAN.....	80
DIFLUCAN.....	31	DIOVAN.....	80
DIFLUCAN.....	31	DIOVAN.....	80
DIFLUCAN.....	31	DIOVAN.....	80
DIGOXIN.....	79	DIOVAN HCT.....	80
<i>digoxin tab 125 mcg (0.125 mg)</i>	79	DIOVAN HCT.....	80
<i>digoxin tab 250 mcg (0.25 mg)</i>	79	DIOVAN HCT.....	80
DILANTIN.....	18	DIOVAN HCT.....	80
DILANTIN.....	18	DIPENTUM.....	120
DILANTIN-125.....	18	<i>diphenhydramine hcl inj 50 mg/ml</i>	29
DILANTIN INFATABS.....	18	<i>diphenhydramine hcl inj 50 mg/ml</i>	48
DILAUDID.....	2	DIPHThERIA/TETANUS TOXOIDS	
DILAUDID.....	2	ADSORBED.....	115
DILAUDID.....	2	DIPROLENE.....	96
<i>diltiazem hcl cap sr 12hr 120 mg</i>	79	DIPROLENE.....	96
<i>diltiazem hcl cap sr 12hr 60 mg</i>	79	DIPROLENE AF.....	96
<i>diltiazem hcl cap sr 12hr 90 mg</i>	79	<i>dipyridamole tab 25 mg</i>	72
<i>diltiazem hcl cap sr 24hr 120 mg</i>	79	<i>dipyridamole tab 50 mg</i>	72
<i>diltiazem hcl cap sr 24hr 180 mg</i>	79	<i>dipyridamole tab 75 mg</i>	72
<i>diltiazem hcl cap sr 24hr 240 mg</i>	79	<i>disulfiram tab 250 mg</i>	6
<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	79	<i>disulfiram tab 500 mg</i>	6
<i>diltiazem hcl coated beads cap sr 24hr 180 mg</i>	79	DITROPAN XL.....	104
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	79	DITROPAN XL.....	104
<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	79		

DITROPAN XL.....	104	<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	22
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	18	<i>donepezil hydrochloride tab 10 mg</i>	22
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	34	<i>donepezil hydrochloride tab 23 mg</i>	22
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	64	<i>donepezil hydrochloride tab 5 mg</i>	22
<i>divalproex sodium tab delayed release 125 mg</i>	18	<i>dorzolamide hcl ophth soln 2%</i>	122
<i>divalproex sodium tab delayed release 125 mg</i>	34	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	122
<i>divalproex sodium tab delayed release 125 mg</i>	64	DOVONEX.....	96
<i>divalproex sodium tab delayed release 250 mg</i>	18	<i>doxazosin mesylate tab 1 mg</i>	80
<i>divalproex sodium tab delayed release 250 mg</i>	34	<i>doxazosin mesylate tab 1 mg</i>	104
<i>divalproex sodium tab delayed release 250 mg</i>	64	<i>doxazosin mesylate tab 2 mg</i>	80
<i>divalproex sodium tab delayed release 250 mg</i>	64	<i>doxazosin mesylate tab 2 mg</i>	104
<i>divalproex sodium tab delayed release 500 mg</i>	18	<i>doxazosin mesylate tab 4 mg</i>	80
<i>divalproex sodium tab delayed release 500 mg</i>	34	<i>doxazosin mesylate tab 4 mg</i>	104
<i>divalproex sodium tab delayed release 500 mg</i>	64	<i>doxazosin mesylate tab 8 mg</i>	80
<i>divalproex sodium tab sr 24 hr 250 mg</i>	18	<i>doxazosin mesylate tab 8 mg</i>	104
<i>divalproex sodium tab sr 24 hr 250 mg</i>	34	DOXEPIN HCL.....	24
<i>divalproex sodium tab sr 24 hr 250 mg</i>	64	DOXEPIN HCL.....	62
<i>divalproex sodium tab sr 24 hr 500 mg</i>	18	<i>doxepin hcl cap 100 mg</i>	25
<i>divalproex sodium tab sr 24 hr 500 mg</i>	34	<i>doxepin hcl cap 100 mg</i>	62
<i>divalproex sodium tab sr 24 hr 500 mg</i>	64	<i>doxepin hcl cap 10 mg</i>	25
DIVIGEL.....	108	<i>doxepin hcl cap 10 mg</i>	62
DIVIGEL.....	108	<i>doxepin hcl cap 150 mg</i>	25
DIVIGEL.....	108	<i>doxepin hcl cap 150 mg</i>	62
DOCETAXEL.....	39	<i>doxepin hcl cap 25 mg</i>	25
DOCETAXEL.....	39	<i>doxepin hcl cap 25 mg</i>	62
DOCETAXEL.....	39	<i>doxepin hcl cap 50 mg</i>	25
DOCETAXEL.....	39	<i>doxepin hcl cap 50 mg</i>	62
DOCETAXEL.....	39	<i>doxepin hcl conc 10 mg/ml</i>	25
DOCETAXEL.....	39	<i>doxepin hcl conc 10 mg/ml</i>	62
<i>docetaxel for inj conc 20 mg/ml</i>	39	DOXORUBICIN HCL.....	39
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	39	DOXORUBICIN HCL.....	39
<i>dofetilide cap 125 mcg (0.125 mg)</i>	80	<i>doxorubicin hcl inj 2 mg/ml</i>	39
<i>dofetilide cap 250 mcg (0.25 mg)</i>	80	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	39
<i>dofetilide cap 500 mcg (0.5 mg)</i>	80	<i>doxycycline hyclate cap 100 mg</i>	12
DOLOPHINE.....	2	<i>doxycycline hyclate cap 100 mg</i>	94
DOLOPHINE.....	2	<i>doxycycline hyclate cap 50 mg</i>	12
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	22	<i>doxycycline hyclate cap 50 mg</i>	94
		<i>doxycycline hyclate for inj 100 mg</i>	12
		<i>doxycycline hyclate for inj 100 mg</i>	94
		<i>doxycycline hyclate tab 100 mg</i>	12
		<i>doxycycline hyclate tab 100 mg</i>	94
		<i>doxycycline hyclate tab 20 mg</i>	12
		<i>doxycycline hyclate tab 20 mg</i>	94
		<i>doxycycline monohydrate cap 100 mg</i>	12
		<i>doxycycline monohydrate cap 150 mg</i>	12
		<i>doxycycline monohydrate cap 50 mg</i>	12
		<i>doxycycline monohydrate cap 75 mg</i>	12
		<i>doxycycline monohydrate tab 100 mg</i>	12
		<i>doxycycline monohydrate tab 150 mg</i>	12

<i>doxycycline monohydrate tab 50 mg</i>	12	EFFIENT.....	72
<i>doxycycline monohydrate tab 75 mg</i>	12	EGRIFTA.....	107
<i>dronabinol cap 10 mg</i>	29	EGRIFTA.....	107
<i>dronabinol cap 2.5 mg</i>	29	ELAPRASE.....	100
<i>dronabinol cap 5 mg</i>	29	ELDEPRYL.....	48
<i>drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg</i>	108	ELELYSO.....	100
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	108	ELIDEL.....	96
<i>drospirenone-ethinyl estrad-levomefolate tab</i> <i>3-0.02-0.451 mg</i>	108	ELIDEL.....	115
DULERA.....	126	ELIGARD.....	113
DULERA.....	126	ELIGARD.....	113
<i>duloxetine hcl enteric coated pellets cap 20</i> <i>mg</i>	25	ELIGARD.....	113
<i>duloxetine hcl enteric coated pellets cap 20</i> <i>mg</i>	62	ELIGARD.....	113
<i>duloxetine hcl enteric coated pellets cap 20</i> <i>mg</i>	93	ELIQUIS.....	72
<i>duloxetine hcl enteric coated pellets cap 30</i> <i>mg</i>	25	ELIQUIS.....	72
<i>duloxetine hcl enteric coated pellets cap 30</i> <i>mg</i>	62	ELITEK.....	39
<i>duloxetine hcl enteric coated pellets cap 30</i> <i>mg</i>	93	ELITEK.....	39
<i>duloxetine hcl enteric coated pellets cap 60</i> <i>mg</i>	25	ELIXOPHYLLIN.....	126
<i>duloxetine hcl enteric coated pellets cap 60</i> <i>mg</i>	62	ELLA.....	108
<i>duloxetine hcl enteric coated pellets cap 60</i> <i>mg</i>	93	ELOCON.....	96
DUREZOL.....	122	ELOCON.....	96
<i>dutasteride cap 0.5 mg</i>	104	ELOCON.....	96
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	104	EMCYT.....	39
DYAZIDE.....	80	EMEND.....	29
E		EMEND.....	29
E.E.S. GRANULES.....	12	EMEND.....	29
EC-NAPROSYN.....	2	EMEND.....	29
EC-NAPROSYN.....	2	EMPLICITI.....	39
EC-NAPROSYN.....	33	EMPLICITI.....	39
EC-NAPROSYN.....	33	EMSAM.....	25
<i>econazole nitrate cream 1%</i>	96	EMSAM.....	25
EDURANT.....	56	EMSAM.....	25
EFFEXOR XR.....	25	EMTRIVA.....	56
EFFEXOR XR.....	25	EMTRIVA.....	56
EFFEXOR XR.....	25	<i>enalapril maleate & hydrochlorothiazide tab 10-25</i> <i>mg</i>	80
EFFEXOR XR.....	62	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5</i> <i>mg</i>	80
EFFEXOR XR.....	62	<i>enalapril maleate tab 10 mg</i>	80
EFFEXOR XR.....	62	<i>enalapril maleate tab 2.5 mg</i>	80
EFFEXOR XR.....	62	<i>enalapril maleate tab 20 mg</i>	80
EFFIENT.....	72	<i>enalapril maleate tab 5 mg</i>	80
		ENBREL.....	115
		ENBREL.....	116
		ENBREL.....	116
		ENBREL SURECLICK.....	116
		ENGERIX-B.....	116
		ENGERIX-B.....	116
		<i>enoxaparin sodium inj 100 mg/ml</i>	72
		<i>enoxaparin sodium inj 120 mg/0.8ml</i>	72
		<i>enoxaparin sodium inj 150 mg/ml</i>	72
		<i>enoxaparin sodium inj 300 mg/3ml</i>	72

<i>enoxaparin sodium inj 30 mg/0.3ml</i>	72	ESBRIET.....	126
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	72	ESBRIET.....	126
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	72	ESBRIET.....	126
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	72	<i>escitalopram oxalate soln 5 mg/5ml</i>	25
<i>entacapone tab 200 mg</i>	48	<i>escitalopram oxalate soln 5 mg/5ml</i>	62
<i>entecavir tab 0.5 mg</i>	56	<i>escitalopram oxalate tab 10 mg</i>	25
<i>entecavir tab 1 mg</i>	56	<i>escitalopram oxalate tab 10 mg</i>	62
ENTRESTO.....	80	<i>escitalopram oxalate tab 20 mg</i>	25
ENTRESTO.....	80	<i>escitalopram oxalate tab 20 mg</i>	62
ENTRESTO.....	80	<i>escitalopram oxalate tab 5 mg</i>	25
EPCLUSA.....	56	<i>escitalopram oxalate tab 5 mg</i>	62
<i>epinastine hcl ophth soln 0.05%</i>	122	<i>esomeprazole magnesium cap delayed release 20</i> <i>mg</i>	101
EPINEPHRINE.....	126	<i>esomeprazole magnesium cap delayed release 40</i> <i>mg</i>	101
EPINEPHRINE.....	126	ESOMEPRAZOLE SODIUM.....	101
EPIPEN 2-PAK.....	126	<i>esomeprazole sodium for intravenous soln 40</i> <i>mg</i>	101
EPIPEN-JR 2-PAK.....	126	ESTRACE.....	108
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/</i> <i>ml)</i>	39	<i>estradiol & norethindrone acetate tab 0.5-0.1</i> <i>mg</i>	108
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/</i> <i>ml)</i>	39	<i>estradiol & norethindrone acetate tab 1-0.5</i> <i>mg</i>	108
EPIVIR.....	56	<i>estradiol tab 0.5 mg</i>	108
EPIVIR.....	57	<i>estradiol tab 1 mg</i>	108
EPIVIR.....	57	<i>estradiol tab 2 mg</i>	108
EPIVIR HBV.....	57	<i>estradiol td patch weekly 0.025</i> <i>mg/24hr</i>	108
EPIVIR HBV.....	57	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5</i> <i>mcg/24hr)</i>	108
<i>eplerenone tab 25 mg</i>	81	<i>estradiol td patch weekly 0.05</i> <i>mg/24hr</i>	108
<i>eplerenone tab 50 mg</i>	81	<i>estradiol td patch weekly 0.06</i> <i>mg/24hr</i>	108
EPOGEN.....	72	<i>estradiol td patch weekly 0.075</i> <i>mg/24hr</i>	108
EPOGEN.....	72	<i>estradiol td patch weekly 0.1 mg/24hr</i>	109
EPOGEN.....	72	<i>estradiol vaginal tab 10 mcg</i>	109
EPOGEN.....	72	ESTROPIPATE.....	109
EPOGEN.....	72	ESTROPIPATE.....	109
EPZICOM.....	57	ESTROPIPATE.....	109
ERBITUX.....	39	ESTROSTEP FE.....	109
ERBITUX.....	39	<i>ethambutol hcl tab 100 mg</i>	36
ERGOLOID MESYLATES.....	22	<i>ethambutol hcl tab 400 mg</i>	36
ERIVEDGE.....	39	<i>ethosuximide cap 250 mg</i>	18
ERWINAZE.....	39	<i>ethosuximide soln 250 mg/5ml</i>	18
ERYPED 200.....	12	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35</i> <i>mcg</i>	109
ERYPED 400.....	12	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50</i> <i>mcg</i>	109
ERY-TAB.....	12	ETIDRONATE DISODIUM.....	120
ERY-TAB.....	12	ETIDRONATE DISODIUM.....	120
ERY-TAB.....	12		
ERYTHROCIN LACTOBIONATE.....	12		
ERYTHROCIN STEARATE.....	12		
ERYTHROMYCIN BASE.....	12		
ERYTHROMYCIN BASE.....	12		
<i>erythromycin ethylsuccinate for susp 200</i> <i>mg/5ml</i>	12		
<i>erythromycin ophth oint 5 mg/gm</i>	122		
<i>erythromycin pads 2%</i>	96		
<i>erythromycin soln 2%</i>	96		

<i>etodolac cap 200 mg</i>	2	FANAPT.....	50
<i>etodolac cap 200 mg</i>	33	FANAPT.....	50
<i>etodolac cap 300 mg</i>	2	FANAPT.....	50
<i>etodolac cap 300 mg</i>	33	FANAPT.....	50
<i>etodolac tab 400 mg</i>	2	FANAPT.....	50
<i>etodolac tab 400 mg</i>	33	FANAPT TITRATION PACK.....	50
<i>etodolac tab 500 mg</i>	2	FARESTON.....	40
<i>etodolac tab 500 mg</i>	33	FARYDAK.....	40
<i>etodolac tab sr 24hr 400 mg</i>	2	FARYDAK.....	40
<i>etodolac tab sr 24hr 400 mg</i>	33	FARYDAK.....	40
<i>etodolac tab sr 24hr 500 mg</i>	2	FASLODEX.....	40
<i>etodolac tab sr 24hr 500 mg</i>	33	<i>fat emulsion iv soln 20%</i>	130
<i>etodolac tab sr 24hr 600 mg</i>	2	FAZACLO.....	50
<i>etodolac tab sr 24hr 600 mg</i>	33	FAZACLO.....	50
ETOPOPHOS.....	40	<i>felbamate susp 600 mg/5ml</i>	18
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	40	<i>felbamate tab 400 mg</i>	18
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	40	<i>felbamate tab 600 mg</i>	18
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	40	FELDENE.....	2
EVISTA.....	109	FELDENE.....	2
EVOMELA.....	40	FELDENE.....	33
EVOTAZ.....	57	FELDENE.....	33
EXELON.....	22	<i>felodipine tab sr 24hr 10 mg</i>	81
EXELON.....	22	<i>felodipine tab sr 24hr 2.5 mg</i>	81
EXELON.....	22	<i>felodipine tab sr 24hr 5 mg</i>	81
<i>exemestane tab 25 mg</i>	40	FEMARA.....	40
EXFORGE.....	81	FEMCON FE.....	109
EXFORGE.....	81	<i>fenofibrate micronized cap 130 mg</i>	81
EXFORGE.....	81	<i>fenofibrate micronized cap 134 mg</i>	81
EXFORGE.....	81	<i>fenofibrate micronized cap 200 mg</i>	81
EXFORGE HCT.....	81	<i>fenofibrate micronized cap 43 mg</i>	81
EXFORGE HCT.....	81	<i>fenofibrate micronized cap 67 mg</i>	81
EXFORGE HCT.....	81	<i>fenofibrate tab 145 mg</i>	81
EXFORGE HCT.....	81	<i>fenofibrate tab 160 mg</i>	81
EXFORGE HCT.....	81	<i>fenofibrate tab 48 mg</i>	81
EXFORGE HCT.....	81	<i>fenofibrate tab 54 mg</i>	81
EXJADE.....	130	<i>fantanyl citrate lozenge on a handle 1200</i> <i>mcg</i>	2
EXJADE.....	130	<i>fantanyl citrate lozenge on a handle 1600</i> <i>mcg</i>	2
EXJADE.....	130	<i>fantanyl citrate lozenge on a handle 200</i> <i>mcg</i>	2
F		<i>fantanyl citrate lozenge on a handle 400</i> <i>mcg</i>	2
FABRAZYME.....	100	<i>fantanyl citrate lozenge on a handle 600</i> <i>mcg</i>	2
FABRAZYME.....	100	<i>fantanyl citrate lozenge on a handle 800</i> <i>mcg</i>	2
<i>famciclovir tab 125 mg</i>	57	<i>fantanyl td patch 72hr 100 mcg/hr</i>	2
<i>famciclovir tab 250 mg</i>	57	<i>fantanyl td patch 72hr 12 mcg/hr</i>	2
<i>famciclovir tab 500 mg</i>	57	<i>fantanyl td patch 72hr 25 mcg/hr</i>	2
<i>famotidine for susp 40 mg/5ml</i>	101	<i>fantanyl td patch 72hr 50 mcg/hr</i>	2
<i>famotidine inj 200 mg/20ml</i>	101	<i>fantanyl td patch 72hr 75 mcg/hr</i>	2
<i>famotidine inj 20 mg/2ml</i>	101		
<i>famotidine inj 40 mg/4ml</i>	101		
<i>famotidine tab 20 mg</i>	101		
<i>famotidine tab 40 mg</i>	101		
FANAPT.....	50		
FANAPT.....	50		

FETZIMA.....	25	fluorometholone ophth susp 0.1%.....	122
FETZIMA.....	25	fluorouracil cream 5%.....	96
FETZIMA.....	25	fluorouracil inj 1 gm/20ml (50 mg/ml).....	40
FETZIMA.....	25	fluorouracil inj 2.5 gm/50ml (50 mg/ml).....	40
FETZIMA TITRATION PACK.....	25	fluorouracil inj 500 mg/10ml (50 mg/ ml).....	40
FINACEA.....	96	fluorouracil inj 5 gm/100ml (50 mg/ml).....	40
FINACEA.....	96	fluorouracil soln 2%.....	97
finasteride tab 5 mg.....	104	fluorouracil soln 5%.....	97
FIRAZYR.....	116	fluoxetine hcl cap 10 mg.....	25
FIRMAGON.....	113	fluoxetine hcl cap 20 mg.....	25
FIRMAGON.....	113	fluoxetine hcl cap 40 mg.....	25
FLAGYL.....	12	fluoxetine hcl cap delayed release 90 mg.....	25
FLAGYL.....	12	fluoxetine hcl solution 20 mg/5ml.....	25
FLAGYL.....	12	fluoxetine hcl tab 10 mg.....	25
flecainide acetate tab 100 mg.....	81	fluoxetine hcl tab 20 mg.....	25
flecainide acetate tab 150 mg.....	81	fluphenazine decanoate inj 25 mg/ml.....	50
flecainide acetate tab 50 mg.....	81	FLUPHENAZINE HCL.....	50
FLOMAX.....	104	FLUPHENAZINE HCL.....	50
FLOVENT DISKUS.....	126	FLUPHENAZINE HCL.....	50
FLOVENT DISKUS.....	126	fluphenazine hcl tab 10 mg.....	51
FLOVENT DISKUS.....	126	fluphenazine hcl tab 1 mg.....	50
FLOVENT HFA.....	126	fluphenazine hcl tab 2.5 mg.....	50
FLOVENT HFA.....	126	fluphenazine hcl tab 5 mg.....	51
FLOVENT HFA.....	126	flurbiprofen sodium ophth soln 0.03%.....	122
fluconazole for susp 10 mg/ml.....	31	flurbiprofen tab 100 mg.....	2
fluconazole for susp 40 mg/ml.....	31	flurbiprofen tab 100 mg.....	33
fluconazole in dextrose inj 200 mg/100ml.....	31	flurbiprofen tab 50 mg.....	2
fluconazole in dextrose inj 400 mg/200ml.....	31	flurbiprofen tab 50 mg.....	33
fluconazole in nacl 0.9% inj 200 mg/100ml.....	31	flutamide cap 125 mg.....	40
fluconazole in nacl 0.9% inj 400 mg/200ml.....	31	fluticasone propionate cream 0.05%.....	97
fluconazole tab 100 mg.....	31	fluticasone propionate nasal susp 50 mcg/ act.....	126
fluconazole tab 150 mg.....	31	fluticasone propionate oint 0.005%.....	97
fluconazole tab 200 mg.....	31	fluvoxamine maleate tab 100 mg.....	25
fluconazole tab 50 mg.....	31	fluvoxamine maleate tab 25 mg.....	25
flucytosine cap 250 mg.....	31	fluvoxamine maleate tab 50 mg.....	25
flucytosine cap 500 mg.....	31	FML LIQUIFILM.....	122
fludarabine phosphate for inj 50 mg.....	40	FOCALIN.....	93
fludarabine phosphate inj 25 mg/ml.....	40	FOCALIN.....	93
fludrocortisone acetate tab 0.1 mg.....	106	FOCALIN.....	93
fluocinolone acetonide (otic) oil 0.01%.....	124	FOLOTYN.....	40
fluocinolone acetonide cream 0.01%.....	96	FOLOTYN.....	40
fluocinonide cream 0.05%.....	96	fomepizole inj 1 gm/ml (for iv infusion).....	130
fluocinonide emulsified base cream 0.05%.....	96	fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....	72
fluocinonide gel 0.05%.....	96	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....	72
fluocinonide oint 0.05%.....	96	fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....	72
fluocinonide soln 0.05%.....	96		

<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	72	<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	22
FORTAZ.....	12	<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	22
FORTAZ.....	13	<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	22
FORTAZ.....	13	<i>galantamine hydrobromide tab 12 mg</i>	22
FORTAZ.....	13	<i>galantamine hydrobromide tab 4 mg</i>	22
FORTAZ.....	13	<i>galantamine hydrobromide tab 8 mg</i>	22
FORTAZ.....	13	GAMMAPLEX.....	116
FORTEO.....	120	GAMMAPLEX.....	116
FOSAMAX.....	120	GAMMAPLEX.....	116
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	81	GAMMAPLEX.....	116
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	81	GAMMAPLEX.....	116
<i>fosinopril sodium tab 10 mg</i>	81	GAMMAPLEX.....	116
<i>fosinopril sodium tab 20 mg</i>	81	GAMUNEX-C.....	116
<i>fosinopril sodium tab 40 mg</i>	81	GAMUNEX-C.....	116
<i>fosphenytoin sodium inj 100 mg/2ml</i>	18	GAMUNEX-C.....	116
<i>fosphenytoin sodium inj 500 mg/10ml</i>	18	GAMUNEX-C.....	116
FOSRENOL.....	104	GAMUNEX-C.....	116
FOSRENOL.....	104	<i>ganciclovir sodium for inj 500 mg</i>	57
FOSRENOL.....	104	GARDASIL.....	116
FOSRENOL.....	104	GARDASIL 9.....	116
FOSRENOL.....	104	GARDASIL 9.....	116
<i>furosemide inj 10 mg/ml</i>	81	GATTEX.....	101
<i>furosemide oral soln 10 mg/ml</i>	81	GAUZE PADS 2" X 2".....	67
<i>furosemide tab 20 mg</i>	81	GAZYVA.....	40
<i>furosemide tab 40 mg</i>	81	<i>gemcitabine hcl for inj 1 gm</i>	40
<i>furosemide tab 80 mg</i>	82	<i>gemcitabine hcl for inj 200 mg</i>	40
FUZEON.....	57	<i>gemcitabine hcl for inj 2 gm</i>	40
FYCOMPA.....	18	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>	40
FYCOMPA.....	18	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>	40
FYCOMPA.....	18	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>	40
FYCOMPA.....	18	<i>gemfibrozil tab 600 mg</i>	82
FYCOMPA.....	18	<i>gentamicin in saline inj 0.8 mg/ml</i>	13
FYCOMPA.....	18	<i>gentamicin in saline inj 1.2 mg/ml</i>	13
FYCOMPA.....	18	<i>gentamicin in saline inj 1.6 mg/ml</i>	13
FYCOMPA.....	18	<i>gentamicin in saline inj 1 mg/ml</i>	13
G		GENTAMICIN SULFATE.....	97
<i>gabapentin cap 100 mg</i>	18	<i>gentamicin sulfate cream 0.1%</i>	97
<i>gabapentin cap 300 mg</i>	18	<i>gentamicin sulfate inj 10 mg/ml</i>	13
<i>gabapentin cap 400 mg</i>	18	<i>gentamicin sulfate inj 40 mg/ml</i>	13
<i>gabapentin oral soln 250 mg/5ml</i>	18	<i>gentamicin sulfate iv soln 10 mg/ml</i>	13
<i>gabapentin tab 600 mg</i>	18	<i>gentamicin sulfate ophth oint 0.3%</i>	122
<i>gabapentin tab 800 mg</i>	19	<i>gentamicin sulfate ophth soln 0.3%</i>	122
GABITRIL.....	19	GENVOYA.....	57
GABITRIL.....	19	GEODON.....	51
GABITRIL.....	19		
GABITRIL.....	19		
GALANTAMINE HYDROBROMIDE.....	22		

GEODON.....	51	<i>griseofulvin ultramicrosize tab 125 mg</i>	31
GEODON.....	51	<i>griseofulvin ultramicrosize tab 250 mg</i>	31
GEODON.....	51	GRIS-PEG.....	31
GEODON.....	51	GRIS-PEG.....	31
GEODON.....	64	GUANIDINE HCL.....	36
GEODON.....	64		
GEODON.....	64	H	
GEODON.....	64	H.P. ACTHAR.....	106
GEODON.....	64	HALAVEN.....	40
GILOTRIF.....	40	HALDOL.....	51
GILOTRIF.....	40	HALDOL DECANOATE 100.....	51
GILOTRIF.....	40	HALDOL DECANOATE 50.....	51
<i>Glatopa - glatiramer acetate soln prefilled syringe 20</i>		<i>halobetasol propionate cream 0.05%</i>	97
<i>mg/ml</i>	93	<i>halobetasol propionate oint 0.05%</i>	97
GLEEVEC.....	40	<i>haloperidol decanoate im soln 100 mg/</i>	
GLEEVEC.....	40	<i>ml</i>	51
GLEOSTINE.....	40	<i>haloperidol decanoate im soln 50 mg/</i>	
GLEOSTINE.....	40	<i>ml</i>	51
GLEOSTINE.....	40	<i>haloperidol lactate inj 5 mg/ml</i>	51
GLEOSTINE.....	40	<i>haloperidol lactate oral conc 2 mg/ml</i>	51
<i>glimepiride tab 1 mg</i>	67	<i>haloperidol tab 0.5 mg</i>	51
<i>glimepiride tab 2 mg</i>	67	<i>haloperidol tab 10 mg</i>	51
<i>glimepiride tab 4 mg</i>	67	<i>haloperidol tab 1 mg</i>	51
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	68	<i>haloperidol tab 20 mg</i>	51
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	68	<i>haloperidol tab 2 mg</i>	51
<i>glipizide-metformin hcl tab 5-500 mg</i>	68	<i>haloperidol tab 5 mg</i>	51
<i>glipizide tab 10 mg</i>	68	HARVONI.....	57
<i>glipizide tab 5 mg</i>	68	HAVRIX.....	116
<i>glipizide tab sr 24hr 10 mg</i>	67	HAVRIX.....	116
<i>glipizide tab sr 24hr 2.5 mg</i>	67	<i>heparin sodium (porcine) 40 unit/ml in</i>	
<i>glipizide tab sr 24hr 5 mg</i>	67	<i>d5w</i>	73
GLUCAGEN HYPOKIT.....	68	<i>heparin sodium (porcine) inj 10000 unit/</i>	
GLUCAGON EMERGENCY KIT.....	68	<i>ml</i>	73
GLUCOPHAGE.....	68	<i>heparin sodium (porcine) inj 1000 unit/</i>	
GLUCOPHAGE.....	68	<i>ml</i>	72
GLUCOPHAGE.....	68	<i>heparin sodium (porcine) inj 20000 unit/</i>	
GLUCOPHAGE XR.....	68	<i>ml</i>	73
GLUCOPHAGE XR.....	68	<i>heparin sodium (porcine) inj 5000 unit/</i>	
GLUCOTROL.....	68	<i>ml</i>	72
GLUCOTROL.....	68	<i>heparin sodium (porcine) pf inj 5000</i>	
GLUCOTROL XL.....	68	<i>unit/0.5ml</i>	73
GLUCOTROL XL.....	68	HEPATAMINE.....	130
GLUCOTROL XL.....	68	HERCEPTIN.....	41
<i>glycopyrrolate tab 1 mg</i>	101	HETLIOZ.....	129
<i>glycopyrrolate tab 2 mg</i>	101	HEXALEN.....	41
GOLYTELY.....	101	HIBERIX.....	116
GOLYTELY.....	101	HIPREX.....	13
<i>granisetron hcl tab 1 mg</i>	29	HUMALOG.....	68
GRANIX.....	72	HUMALOG.....	68
GRANIX.....	72	HUMALOG KWIKPEN.....	68
GRASTEK.....	126	HUMALOG KWIKPEN.....	68
<i>griseofulvin microsize susp 125</i>		HUMALOG MIX 50/50.....	68
<i>mg/5ml</i>	31		

HUMALOG MIX 50/50 KWIKPEN.....	68	<i>hydrocortisone lotion 2.5%</i>	97
HUMALOG MIX 75/25.....	68	<i>hydrocortisone oint 1%</i>	97
HUMALOG MIX 75/25 KWIKPEN.....	68	<i>hydrocortisone oint 2.5%</i>	97
HUMIRA.....	116	<i>hydrocortisone rectal cream 1%</i>	120
HUMIRA.....	116	<i>hydrocortisone rectal cream 2.5%</i>	120
HUMIRA.....	116	<i>hydrocortisone tab 10 mg</i>	106
HUMIRA PEDIATRIC CROHNS DISEASE		<i>hydrocortisone tab 20 mg</i>	106
STARTER PACK.....	116	<i>hydrocortisone tab 5 mg</i>	106
HUMIRA PEN.....	117	<i>hydrocortisone valerate cream 0.2%</i>	97
HUMIRA PEN-CROHNS DISEASE		<i>hydrocortisone valerate oint 0.2%</i>	97
STARTER.....	117	<i>hydrocortisone w/ acetic acid otic soln</i>	
HUMIRA PEN-PSORIASIS		1-2%.....	124
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<i>mg/24hr.....</i>	23	SANDIMMUNE.....	118
<i>rivastigmine td patch 24hr 4.6 mg/24hr.....</i>	23	SANDIMMUNE.....	118
<i>rivastigmine td patch 24hr 9.5 mg/24hr.....</i>	23		

SANDIMMUNE.....	118	SEROQUEL XR.....	66
SANDIMMUNE.....	118	SEROQUEL XR.....	66
SANDOSTATIN LAR DEPOT.....	114	<i>sertraline hcl oral conc 20 mg/ml</i>	28
SANDOSTATIN LAR DEPOT.....	114	<i>sertraline hcl oral conc 20 mg/ml</i>	63
SANDOSTATIN LAR DEPOT.....	114	<i>sertraline hcl tab 100 mg</i>	28
SANTYL.....	98	<i>sertraline hcl tab 100 mg</i>	63
SAPHRIS.....	54	<i>sertraline hcl tab 25 mg</i>	28
SAPHRIS.....	54	<i>sertraline hcl tab 25 mg</i>	63
SAPHRIS.....	54	<i>sertraline hcl tab 50 mg</i>	28
SEASONIQUE.....	111	<i>sertraline hcl tab 50 mg</i>	63
<i>selegiline hcl cap 5 mg</i>	49	SFROWASA.....	120
<i>selegiline hcl tab 5 mg</i>	49	SIGNIFOR.....	114
<i>selenium sulfide lotion 2.5%</i>	98	SIGNIFOR.....	114
SELZENTRY.....	59	SIGNIFOR.....	114
SELZENTRY.....	59	SIGNIFOR LAR.....	114
SELZENTRY.....	59	SIGNIFOR LAR.....	114
SELZENTRY.....	59	SIGNIFOR LAR.....	114
SENSIPAR.....	113	<i>sildenafil citrate tab 20 mg</i>	128
SENSIPAR.....	113	SILENOR.....	129
SENSIPAR.....	113	SILENOR.....	129
SEREVENT DISKUS.....	128	SILVADENE.....	98
SEROQUEL.....	27	<i>silver sulfadiazine cream 1%</i>	98
SEROQUEL.....	27	SIMBRINZA.....	123
SEROQUEL.....	27	SIMULECT.....	118
SEROQUEL.....	27	SIMULECT.....	118
SEROQUEL.....	27	<i>simvastatin tab 10 mg</i>	88
SEROQUEL.....	27	<i>simvastatin tab 20 mg</i>	88
SEROQUEL.....	54	<i>simvastatin tab 40 mg</i>	88
SEROQUEL.....	54	<i>simvastatin tab 5 mg</i>	88
SEROQUEL.....	54	<i>simvastatin tab 80 mg</i>	88
SEROQUEL.....	54	SINEMET.....	49
SEROQUEL.....	54	SINEMET.....	49
SEROQUEL.....	54	SINEMET.....	49
SEROQUEL.....	66	SINEMET CR.....	49
SEROQUEL.....	66	SINEMET CR.....	49
SEROQUEL.....	66	SINGULAIR.....	128
SEROQUEL.....	66	SINGULAIR.....	128
SEROQUEL.....	66	SINGULAIR.....	128
SEROQUEL.....	66	SINGULAIR.....	128
SEROQUEL.....	66	<i>sirolimus tab 0.5 mg</i>	118
SEROQUEL XR.....	27	<i>sirolimus tab 1 mg</i>	118
SEROQUEL XR.....	27	<i>sirolimus tab 2 mg</i>	119
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SEROQUEL XR.....	28	SIVEXTRO.....	15
SEROQUEL XR.....	54	SIVEXTRO.....	15
SEROQUEL XR.....	54	<i>sodium chloride inj 0.45%</i>	131
SEROQUEL XR.....	54	<i>sodium chloride irrigation soln 0.9%</i>	131
SEROQUEL XR.....	54	<i>sodium chloride iv soln 0.9%</i>	131
SEROQUEL XR.....	54	<i>sodium phenylbutyrate oral powder 3 gm/ teaspoonful</i>	100
SEROQUEL XR.....	66	<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	131
SEROQUEL XR.....	66		
SEROQUEL XR.....	66		

<i>sodium polystyrene sulfonate powder</i>	131	STELARA.....	98
<i>sodium polystyrene sulfonate rectal susp 30</i>		STELARA.....	98
<i>gm/120ml</i>	132	STELARA.....	98
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SOMAVERT.....	114	STRATTERA.....	94
SOMAVERT.....	114	STRATTERA.....	94
SOMAVERT.....	114	STRATTERA.....	94
SOMAVERT.....	114	STRATTERA.....	94
SOOLANTRA.....	98	STRENSIQ.....	100
<i>sotalol hcl (afib/af) tab 120 mg</i>	88	STRENSIQ.....	100
<i>sotalol hcl (afib/af) tab 160 mg</i>	88	STRENSIQ.....	100
<i>sotalol hcl (afib/af) tab 80 mg</i>	88	STRENSIQ.....	100
<i>sotalol hcl tab 120 mg</i>	88	STREPTOMYCIN SULFATE.....	15
<i>sotalol hcl tab 160 mg</i>	88	STRIBILD.....	59
<i>sotalol hcl tab 240 mg</i>	88	STROMECTOL.....	47
<i>sotalol hcl tab 80 mg</i>	88	SUBOXONE.....	7
SOVALDI.....	59	SUBOXONE.....	7
SPIRIVA HANDIHALER.....	128	SUBOXONE.....	7
SPIRIVA RESPIMAT.....	128	SUBOXONE.....	7
SPIRIVA RESPIMAT.....	128	<i>sucrafate tab 1 gm</i>	103
<i>spironolactone & hydrochlorothiazide tab 25-25</i>		SULAR.....	88
<i>mg</i>	88	SULAR.....	88
<i>spironolactone tab 100 mg</i>	88	SULAR.....	89
<i>spironolactone tab 25 mg</i>	88	<i>sulfacetamide sodium lotion 10%</i>	98
<i>spironolactone tab 50 mg</i>	88	<i>sulfacetamide sodium ophth soln</i>	
SPORANOX.....	31	<i>10%</i>	123
SPORANOX PULSEPAK.....	31	<i>sulfacetamide sodium-prednisolone ophth soln</i>	
SPRITAM.....	21	<i>10-0.23(0.25)%</i>	123
SPRITAM.....	21	SULFADIAZINE.....	15
SPRITAM.....	21	SULFAMETHOXAZOLE/ TRIMETHOPRIM.....	15
SPRITAM.....	21	<i>sulfamethoxazole-trimethoprim susp 200-40</i>	
SPRYCEL.....	44	<i>mg/5ml</i>	15
SPRYCEL.....	44	<i>sulfamethoxazole-trimethoprim tab 400-80</i>	
SPRYCEL.....	44	<i>mg</i>	15
SPRYCEL.....	44	<i>sulfamethoxazole-trimethoprim tab 800-160</i>	
SPRYCEL.....	44	<i>mg</i>	15
SPRYCEL.....	44	<i>sulfasalazine tab 500 mg</i>	120
STAMARIL.....	119	<i>sulfasalazine tab delayed release 500</i>	
STARLIX.....	70	<i>mg</i>	120
STARLIX.....	70	<i>sulindac tab 150 mg</i>	5
<i>stavudine cap 15 mg</i>	59	<i>sulindac tab 150 mg</i>	34
<i>stavudine cap 20 mg</i>	59	<i>sulindac tab 200 mg</i>	5
<i>stavudine cap 30 mg</i>	59	<i>sulindac tab 200 mg</i>	34
<i>stavudine cap 40 mg</i>	59		

<i>sumatriptan nasal spray 20 mg/act</i>	35	SYNJARDY.....	70
<i>sumatriptan nasal spray 5 mg/act</i>	35	SYNRIBO.....	45
SUMATRIPTAN SUCCINATE.....	35	SYNTHROID.....	112
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	35	SYNTHROID.....	112
<i>sumatriptan succinate solution auto-injector 4</i> <i>mg/0.5ml</i>	35	SYNTHROID.....	112
<i>sumatriptan succinate solution auto-injector 6</i> <i>mg/0.5ml</i>	35	SYNTHROID.....	112
<i>sumatriptan succinate solution cartridge 4</i> <i>mg/0.5ml</i>	36	SYNTHROID.....	112
<i>sumatriptan succinate solution cartridge 6</i> <i>mg/0.5ml</i>	36	SYNTHROID.....	112
<i>sumatriptan succinate tab 100 mg</i>	36	SYNTHROID.....	112
<i>sumatriptan succinate tab 25 mg</i>	36	SYNTHROID.....	112
<i>sumatriptan succinate tab 50 mg</i>	36	SYNTHROID.....	112
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SUPRAX.....	15	T	
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SURMONTIL.....	28	<i>tacrolimus cap 0.5 mg</i>	119
SURMONTIL.....	28	<i>tacrolimus cap 1 mg</i>	119
SURMONTIL.....	28	<i>tacrolimus cap 5 mg</i>	119
SURMONTIL.....	28	<i>tacrolimus oint 0.03%</i>	98
SUSTIVA.....	59	<i>tacrolimus oint 0.1%</i>	98
SUSTIVA.....	59	TAFINLAR.....	45
SUSTIVA.....	59	TAFINLAR.....	45
SUTENT.....	44	TAGRISO.....	45
SUTENT.....	44	TAGRISO.....	45
SUTENT.....	44	TAMIFLU.....	60
SUTENT.....	44	TAMIFLU.....	60
SYLATRON.....	44	TAMIFLU.....	60
SYLATRON.....	45	TAMIFLU.....	60
SYLATRON.....	45	<i>tamoxifen citrate tab 10 mg</i>	45
SYLATRON.....	45	<i>tamoxifen citrate tab 20 mg</i>	45
SYLATRON.....	45	<i>tamsulosin hcl cap 0.4 mg</i>	105
SYLATRON.....	59	TARCEVA.....	45
SYLATRON.....	59	TARCEVA.....	45
SYLATRON.....	59	TARCEVA.....	45
SYLATRON.....	59	TARGRETIN.....	45
SYLATRON.....	60	TARGRETIN.....	45
SYLATRON.....	60	TASIGNA.....	45
SYLVANT.....	45	TASIGNA.....	45
SYLVANT.....	45	TASMAR.....	49
SYMBICORT.....	128	TAXOTERE.....	45
SYMBICORT.....	128	TAXOTERE.....	45
SYMLINPEN 120.....	70	<i>tazarotene cream 0.1%</i>	98
SYMLINPEN 60.....	70	TAZORAC.....	98
SYNAGIS.....	119	TAZORAC.....	98
SYNAGIS.....	119	TAZORAC.....	99
SYNAREL.....	114	TAZORAC.....	99
SYNERCID.....	15	TECENTRIQ.....	45
SYNJARDY.....	70	TECFIDERA.....	94
SYNJARDY.....	70	TECFIDERA.....	94
SYNJARDY.....	70	TECFIDERA STARTER PACK.....	94

TECHNIVIE.....	60	<i>testosterone cypionate im inj in oil 100 mg/</i>	
TEFLARO.....	15	<i>ml.....</i>	111
TEFLARO.....	15	<i>testosterone cypionate im inj in oil 200 mg/</i>	
TEGRETOL.....	21	<i>ml.....</i>	111
TEGRETOL.....	21	<i>testosterone enanthate im inj in oil 200 mg/</i>	
TEGRETOL-XR.....	21	<i>ml.....</i>	111
TEGRETOL-XR.....	21	<i>testosterone td gel 12.5 mg/act (1%) (generic for</i>	
TEGRETOL-XR.....	21	<i>AndroGel Pump 1%).....</i>	111
TEKURNA.....	89	<i>testosterone td gel 25 mg/2.5gm (1%)(generic for</i>	
TEKURNA.....	89	<i>AndroGel 1%).....</i>	111
TEKURNA HCT.....	89	<i>testosterone td gel 50 mg/5gm (1%)(generic for</i>	
TEKURNA HCT.....	89	<i>AndroGel 1%).....</i>	111
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<i>telmisartan-amlodipine tab 40-5 mg.....</i>	89	<i>tetrabenazine tab 25 mg.....</i>	94
<i>telmisartan-amlodipine tab 80-10 mg.....</i>	89	<i>tetracycline hcl cap 250 mg.....</i>	15
<i>telmisartan-amlodipine tab 80-5 mg.....</i>	89	<i>tetracycline hcl cap 500 mg.....</i>	15
<i>telmisartan-hydrochlorothiazide tab 40-12.5</i>		THALOMID.....	45
<i> mg.....</i>	89	THALOMID.....	45
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>		THALOMID.....	45
<i> mg.....</i>	89	THALOMID.....	45
<i>telmisartan-hydrochlorothiazide tab 80-25</i>		THALOMID.....	119
<i> mg.....</i>	89	THALOMID.....	119
<i>telmisartan tab 20 mg.....</i>	89	THALOMID.....	119
<i>telmisartan tab 40 mg.....</i>	89	THALOMID.....	119
<i>telmisartan tab 80 mg.....</i>	89	THEO-24.....	128
<i>temazepam cap 15 mg.....</i>	129	THEO-24.....	128
<i>temazepam cap 30 mg.....</i>	129	THEO-24.....	128
TEMODAR.....	45	THEO-24.....	128
TEMOVATE.....	99	<i>theophylline tab sr 12hr 100 mg.....</i>	128
TENIVAC.....	119	<i>theophylline tab sr 12hr 200 mg.....</i>	128
TENORETIC 100.....	89	<i>theophylline tab sr 12hr 300 mg.....</i>	128
TENORETIC 50.....	89	<i>theophylline tab sr 12hr 450 mg.....</i>	128
TENORMIN.....	89	<i>theophylline tab sr 24hr 400 mg.....</i>	128
TENORMIN.....	89	<i>theophylline tab sr 24hr 600 mg.....</i>	128
TENORMIN.....	89	<i>thioridazine hcl tab 100 mg.....</i>	54
TERAZOL 7.....	31	<i>thioridazine hcl tab 10 mg.....</i>	54
<i>terazosin hcl cap 10 mg.....</i>	89	<i>thioridazine hcl tab 25 mg.....</i>	54
<i>terazosin hcl cap 10 mg.....</i>	105	<i>thioridazine hcl tab 50 mg.....</i>	54
<i>terazosin hcl cap 1 mg.....</i>	89	THIOTEPA.....	45
<i>terazosin hcl cap 1 mg.....</i>	105	<i>thiothixene cap 10 mg.....</i>	54
<i>terazosin hcl cap 2 mg.....</i>	89	<i>thiothixene cap 1 mg.....</i>	54
<i>terazosin hcl cap 2 mg.....</i>	105	<i>thiothixene cap 2 mg.....</i>	54
<i>terazosin hcl cap 5 mg.....</i>	89	<i>thiothixene cap 5 mg.....</i>	54
<i>terazosin hcl cap 5 mg.....</i>	105	THYMOGLOBULIN.....	119
<i>terbinafine hcl tab 250 mg.....</i>	31	<i>tiagabine hcl tab 2 mg.....</i>	21
<i>terbutaline sulfate tab 2.5 mg.....</i>	128	<i>tiagabine hcl tab 4 mg.....</i>	21
<i>terbutaline sulfate tab 5 mg.....</i>	128	TIAZAC.....	89
<i>terconazole vaginal cream 0.4%.....</i>	31	TIAZAC.....	89
<i>terconazole vaginal cream 0.8%.....</i>	31	TIAZAC.....	89
<i>terconazole vaginal suppos 80 mg.....</i>	32	TIAZAC.....	89

TIAZAC.....	89	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/</i>	
TIAZAC.....	89	<i>ml)</i>	15
TIKOSYN.....	89	<i>tolcapone tab 100 mg</i>	49
TIKOSYN.....	89	<i>tolmetin sodium cap 400 mg</i>	5
TIKOSYN.....	89	<i>tolmetin sodium cap 400 mg</i>	34
TIMOLOL MALEATE.....	36	<i>tolterodine tartrate cap sr 24hr 2 mg</i>	105
TIMOLOL MALEATE.....	36	<i>tolterodine tartrate cap sr 24hr 4 mg</i>	105
TIMOLOL MALEATE.....	36	<i>tolterodine tartrate tab 1 mg</i>	105
TIMOLOL MALEATE.....	89	<i>tolterodine tartrate tab 2 mg</i>	105
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<i>timolol maleate ophth gel forming soln</i>		TOPAMAX.....	36
<i>0.5%</i>	123	TOPAMAX.....	36
<i>timolol maleate ophth soln 0.25%</i>	123	TOPAMAX.....	36
<i>timolol maleate ophth soln 0.5%</i>	123	TOPAMAX.....	36
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TIMOPTIC-XE.....	123	<i>topiramate sprinkle cap 15 mg</i>	36
TIROSINT.....	112	<i>topiramate sprinkle cap 25 mg</i>	21
TIROSINT.....	112	<i>topiramate sprinkle cap 25 mg</i>	36
TIROSINT.....	112	<i>topiramate tab 100 mg</i>	21
TIROSINT.....	112	<i>topiramate tab 100 mg</i>	36
TIROSINT.....	112	<i>topiramate tab 200 mg</i>	21
TIROSINT.....	112	<i>topiramate tab 200 mg</i>	36
TIROSINT.....	112	<i>topiramate tab 25 mg</i>	21
TIROSINT.....	112	<i>topiramate tab 25 mg</i>	36
TIROSINT.....	112	<i>topiramate tab 50 mg</i>	21
TIROSINT.....	113	<i>topiramate tab 50 mg</i>	36
TIVICAY.....	60	TOPOTECAN HCL.....	45
TIVICAY.....	60	<i>topotecan hcl for inj 4 mg</i>	45
TIVICAY.....	60	TOPROL XL.....	90
<i>tizanidine hcl cap 2 mg</i>	55	TOPROL XL.....	90
<i>tizanidine hcl cap 4 mg</i>	55	TOPROL XL.....	90
<i>tizanidine hcl cap 6 mg</i>	55	TOPROL XL.....	90
<i>tizanidine hcl tab 2 mg</i>	55	TORISEL.....	45
<i>tizanidine hcl tab 4 mg</i>	55	<i>torseamide tab 100 mg</i>	90
TOBRADEX.....	123	<i>torseamide tab 10 mg</i>	90
TOBRADEX.....	123	<i>torseamide tab 20 mg</i>	90
<i>tobramycin-dexamethasone ophth susp</i>		<i>torseamide tab 5 mg</i>	90
<i>0.3-0.1%</i>	124	TOUJEO SOLOSTAR.....	71
<i>tobramycin nebu soln 300 mg/5ml</i>	128	TOVIAZ.....	105
<i>tobramycin ophth soln 0.3%</i>	124	TOVIAZ.....	105
TOBRAMYCIN SULFATE.....	15	TRACLEER.....	128
<i>tobramycin sulfate for inj 1.2 gm</i>	15	TRACLEER.....	128
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/</i>		TRADJENTA.....	71
<i>ml)</i>	15	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>tobramycin sulfate inj 10 mg/ml</i>	15	<i>mg</i>	5

<i>tramadol hcl tab 50 mg</i>	5	<i>trifluoperazine hcl tab 5 mg</i>	54
<i>tramadol hcl tab sr 24hr 100 mg</i>	5	<i>trifluridine ophth soln 1%</i>	124
<i>tramadol hcl tab sr 24hr 200 mg</i>	5	TRILEPTAL.....	21
<i>tramadol hcl tab sr 24hr 300 mg</i>	5	TRILEPTAL.....	21
<i>trandolapril tab 1 mg</i>	90	TRILEPTAL.....	21
<i>trandolapril tab 2 mg</i>	90	TRILEPTAL.....	21
<i>trandolapril tab 4 mg</i>	90	<i>trimethoprim tab 100 mg</i>	15
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ ml)</i>	73	<i>trimipramine maleate cap 100 mg</i>	28
<i>tranexamic acid tab 650 mg</i>	73	<i>trimipramine maleate cap 25 mg</i>	28
<i>tranylcypromine sulfate tab 10 mg</i>	28	<i>trimipramine maleate cap 50 mg</i>	28
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<i>trazodone hcl tab 100 mg</i>	28	TRINTELLIX.....	28
<i>trazodone hcl tab 150 mg</i>	28	TRINTELLIX.....	28
<i>trazodone hcl tab 300 mg</i>	28	TRISENOX.....	45
<i>trazodone hcl tab 50 mg</i>	28	TRIUMEQ.....	60
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TREANDA.....	45	<i>tropium chloride cap sr 24hr 60 mg</i>	105
TRECTOR.....	37	<i>tropium chloride tab 20 mg</i>	105
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TRELSTAR MIXJECT.....	114	TRUVADA.....	60
TRELSTAR MIXJECT.....	114	TRUVADA.....	60
<i>tretinoin cap 10 mg</i>	45	TRUVADA.....	60
<i>tretinoin cream 0.025%</i>	99	TWINRIX.....	119
<i>tretinoin cream 0.05%</i>	99	TYBOST.....	60
<i>tretinoin cream 0.1%</i>	99	TYGACIL.....	15
<i>tretinoin gel 0.01%</i>	99	TYKERB.....	45
<i>tretinoin gel 0.025%</i>	99	TYPHIM VI.....	119
<i>triamcinolone acetonide cream</i>		TYSABRI.....	94
<i>0.025%</i>	99	TYSABRI.....	119
<i>triamcinolone acetonide cream 0.1%</i>	99		
<i>triamcinolone acetonide cream 0.5%</i>	99	U	
<i>triamcinolone acetonide dental paste</i>		ULORIC.....	32
<i>0.1%</i>	94	ULORIC.....	32
<i>triamcinolone acetonide lotion 0.025%</i>	99	ULTRACET.....	5
<i>triamcinolone acetonide lotion 0.1%</i>	99	ULTRAM.....	5
<i>triamcinolone acetonide nasal aerosol suspension</i>		ULTRAVATE.....	99
<i>55 mcg/act</i>	128	ULTRAVATE.....	99
<i>triamcinolone acetonide oint 0.025%</i>	99	UNITUXIN.....	46
<i>triamcinolone acetonide oint 0.1%</i>	99	UPTRAVI.....	129
<i>triamcinolone acetonide oint 0.5%</i>	99	UPTRAVI.....	129
<i>triamterene & hydrochlorothiazide cap 37.5-25</i>		UPTRAVI.....	129
<i>mg</i>	90	UPTRAVI.....	129
<i>triamterene & hydrochlorothiazide tab 37.5-25</i>		UPTRAVI.....	129
<i>mg</i>	90	UPTRAVI.....	129
<i>triamterene & hydrochlorothiazide tab 75-50</i>		UPTRAVI.....	129
<i>mg</i>	90	UPTRAVI.....	129
<i>trifluoperazine hcl tab 10 mg</i>	54	UPTRAVI.....	129
<i>trifluoperazine hcl tab 1 mg</i>	54	<i>ursodiol cap 300 mg</i>	103
<i>trifluoperazine hcl tab 2 mg</i>	54	<i>ursodiol tab 250 mg</i>	103
		<i>ursodiol tab 500 mg</i>	103

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UVADEX.....	99	VECTIBIX.....	46
V		VELCADE.....	46
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<i>valacyclovir hcl tab 1 gm.....</i>	60	VENCLEXTA.....	46
<i>valacyclovir hcl tab 500 mg.....</i>	60	VENCLEXTA.....	46
VALCHLOR.....	99	VENCLEXTA STARTING PACK.....	46
VALCYTE.....	60	<i>venlafaxine hcl cap sr 24hr 150 mg.....</i>	28
VALCYTE.....	60	<i>venlafaxine hcl cap sr 24hr 150 mg.....</i>	63
<i>valganciclovir hcl for soln 50 mg/ml.....</i>	60	<i>venlafaxine hcl cap sr 24hr 37.5 mg.....</i>	28
<i>valganciclovir hcl tab 450 mg.....</i>	60	<i>venlafaxine hcl cap sr 24hr 37.5 mg.....</i>	63
<i>valproate sodium inj 100 mg/ml.....</i>	21	<i>venlafaxine hcl cap sr 24hr 75 mg.....</i>	28
<i>valproate sodium oral soln 250 mg/5ml.....</i>	22	<i>venlafaxine hcl cap sr 24hr 75 mg.....</i>	63
<i>valproic acid cap 250 mg.....</i>	22	<i>venlafaxine hcl tab 100 mg.....</i>	28
<i>valproic acid cap 250 mg.....</i>	66	<i>venlafaxine hcl tab 100 mg.....</i>	63
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg.....</i>	90	<i>venlafaxine hcl tab 25 mg.....</i>	28
<i>valsartan-hydrochlorothiazide tab 160-25 mg.....</i>	90	<i>venlafaxine hcl tab 25 mg.....</i>	63
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg.....</i>	90	<i>venlafaxine hcl tab 37.5 mg.....</i>	28
<i>valsartan-hydrochlorothiazide tab 320-25 mg.....</i>	90	<i>venlafaxine hcl tab 37.5 mg.....</i>	63
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg.....</i>	90	<i>venlafaxine hcl tab 50 mg.....</i>	28
<i>valsartan tab 160 mg.....</i>	90	<i>venlafaxine hcl tab 50 mg.....</i>	63
<i>valsartan tab 320 mg.....</i>	90	<i>venlafaxine hcl tab 75 mg.....</i>	28
<i>valsartan tab 40 mg.....</i>	90	<i>venlafaxine hcl tab 75 mg.....</i>	63
<i>valsartan tab 80 mg.....</i>	90	<i>venlafaxine hcl tab sr 24hr 150 mg.....</i>	28
VALTREX.....	60	<i>venlafaxine hcl tab sr 24hr 150 mg.....</i>	63
VALTREX.....	60	<i>venlafaxine hcl tab sr 24hr 37.5 mg.....</i>	28
<i>vancomycin hcl cap 125 mg.....</i>	15	<i>venlafaxine hcl tab sr 24hr 37.5 mg.....</i>	63
<i>vancomycin hcl cap 250 mg.....</i>	15	<i>venlafaxine hcl tab sr 24hr 75 mg.....</i>	28
<i>vancomycin hcl for inj 1000 mg.....</i>	15	<i>venlafaxine hcl tab sr 24hr 75 mg.....</i>	63
<i>vancomycin hcl for inj 10 gm.....</i>	15	VENTAVIS.....	129
<i>vancomycin hcl for inj 5000 mg.....</i>	15	VENTAVIS.....	129
<i>vancomycin hcl for inj 500 mg.....</i>	15	VENTOLIN HFA.....	129
<i>vancomycin hcl for inj 750 mg.....</i>	15	<i>verapamil hcl cap sr 24hr 100 mg.....</i>	90
VANCOMYCIN HCL IN DEXTROSE.....	15	<i>verapamil hcl cap sr 24hr 120 mg.....</i>	90
VANCOMYCIN HCL IN DEXTROSE.....	16	<i>verapamil hcl cap sr 24hr 180 mg.....</i>	90
VANCOMYCIN HCL IN DEXTROSE.....	16	<i>verapamil hcl cap sr 24hr 200 mg.....</i>	90
VAQTA.....	119	<i>verapamil hcl cap sr 24hr 240 mg.....</i>	90
VAQTA.....	119	<i>verapamil hcl cap sr 24hr 300 mg.....</i>	90
VARIVAX.....	119	<i>verapamil hcl cap sr 24hr 360 mg.....</i>	90
VASCEPA.....	90	<i>verapamil hcl tab 120 mg.....</i>	91
VASCEPA.....	90	<i>verapamil hcl tab 40 mg.....</i>	91
VASERETIC.....	90	<i>verapamil hcl tab 80 mg.....</i>	91
VASOTEC.....	90	<i>verapamil hcl tab cr 120 mg.....</i>	90
VASOTEC.....	90	<i>verapamil hcl tab cr 180 mg.....</i>	91
VASOTEC.....	90	<i>verapamil hcl tab cr 240 mg.....</i>	91
VASOTEC.....	90	VERELAN.....	91
VASOTEC.....	90	VERELAN.....	91
VASOTEC.....	90	VERELAN.....	91
VASOTEC.....	90	VERELAN.....	91
VASOTEC.....	90	VERELAN PM.....	91
VASOTEC.....	90	VERELAN PM.....	91
VASOTEC.....	90	VERELAN PM.....	91

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VIBRAMYCIN.....	94	VRAYLAR.....	55
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VIDEX.....	60	VRAYLAR.....	66
VIDEX.....	60	VRAYLAR.....	66
VIDEX EC.....	60	VRAYLAR.....	67
VIDEX EC.....	60	VRAYLAR.....	67
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VIIBRYD.....	28	<i>warfarin sodium tab 1 mg</i>	73
VIIBRYD.....	28	<i>warfarin sodium tab 2.5 mg</i>	73
VIIBRYD STARTER PACK.....	28	<i>warfarin sodium tab 2 mg</i>	73
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VINBLASTINE SULFATE.....	46	<i>water for irrigation, sterile irrigation</i>	
<i>vincristine sulfate iv soln 1 mg/ml</i>	46	<i>soln</i>	132
<i>vinorelbine tartrate inj 10 mg/ml</i>	46	WELCHOL.....	71
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/</i>		WELCHOL.....	71
<i>ml)</i>	46	WELCHOL.....	91
VIOKACE.....	100	WELCHOL.....	91
VIOKACE.....	100	WELLBUTRIN SR.....	28
VIRACEPT.....	60	WELLBUTRIN SR.....	28
VIRACEPT.....	60	WELLBUTRIN SR.....	28
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VIREAD.....	61	XARELTO.....	74
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<i>voriconazole for susp 40 mg/ml</i>	32	XIIDRA.....	124
<i>voriconazole tab 200 mg</i>	32	XOLAIR.....	129
<i>voriconazole tab 50 mg</i>	32	XOPENEX HFA.....	129
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ZOLOFT.....	29	ZYPREXA ZYDIS.....	55
ZOLOFT.....	63	ZYPREXA ZYDIS.....	55
ZOLOFT.....	63	ZYPREXA ZYDIS.....	55
ZOLOFT.....	63	ZYPREXA ZYDIS.....	55
ZOLOFT.....	63	ZYPREXA ZYDIS.....	67
<i>zolpidem tartrate tab 10 mg</i>	130	ZYPREXA ZYDIS.....	67
<i>zolpidem tartrate tab 5 mg</i>	130	ZYPREXA ZYDIS.....	67
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<i>zonisamide cap 100 mg</i>	22	ZYVOX.....	16
<i>zonisamide cap 25 mg</i>	22	ZYVOX.....	16
<i>zonisamide cap 50 mg</i>	22	ZYVOX.....	16
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This formulary was updated on 6/1/2017. For more recent information or other questions, please contact BlueMedicare Rx, BlueMedicare HMO, BlueMedicare PPO, BlueMedicare Regional PPO, BlueMedicare Group PPO and BlueMedicare Group Rx Member Services at 1-800-926-6565 or, for TTY users, 1-800-955-8770. We are open from 8 a.m. – 8 p.m. local time, seven days a week from October 1 – February 14, except for Thanksgiving and Christmas. From February 15 – September 30, we are open Monday – Friday 8 a.m. – 8 p.m. local time, except for Federal holidays. Or visit www.BlueMedicareFL.com.

Health insurance is offered by Blue Cross and Blue Shield of Florida, DBA Florida Blue. HMO coverage is offered by Health Options, Inc., DBA Florida Blue HMO, an HMO affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, “Florida Blue”), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP: 請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-3852-253-008 (رقم هاتف الصم والبكم: 1-0778-559-008). اتصل برقم 1-008-333-7222.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทรศัพท์ **1-800-333-2227**

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود. با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojí' hodííłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí' éí kojí' hodííłnih 1-800-333-2227.