

2018 Comprehensive Formulary

Aetna Medicare (List of Covered Drugs) B4

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

This formulary was updated on 10/01/2017. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-282-5366** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **<https://www.aetnamedicare.com/formulary>**.

Formulary ID Number: 18063 Version 8

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Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Co-payments/co-insurance may change on January 1 of each year.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through our preferred mail-order delivery program, which is called Aetna Rx Home Delivery®. Typically, mail-order drugs arrive within 7 to 14 days. You can call **1-800-282-5366 (TTY: 711)**, 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call **1-800-282-5366 (TTY: 711)**.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-282-5366 (TTY: 711)**.

注意：如果您講中文，您可獲取免費的語言輔助服務。撥打**1-800-282-5366 (聽障專線：711)**。

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 Aetna Medicare. When it refers to “plan” or “our plan,” it means Aetna.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2017. 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, 2019, and from time to time during the year.

What is the Aetna Medicare Comprehensive Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare 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 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug 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 10/01/2017. 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.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. 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 10. 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 119. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*. 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 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Aetna Medicare formulary?" on page 6 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 Aetna Medicare Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if 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, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with at least 91 and up to 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.

If you experience a change in your setting of care (such as being discharged or admitted to a long term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

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

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

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

Aetna Medicare Formulary

The comprehensive formulary that begins on page 10 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 119.

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

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

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail-order Delivery
B/D	Part B vs. D Prior Authorization
GC	Gap Coverage

QL: 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 30 days per prescription for *candesartan*.

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

ST: 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.

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-800-282-5366 (TTY: 711)**, 24 hours a day, 7 days a week.

MO: Mail Order. For certain kinds of drugs, you can use Aetna Rx Home Delivery services. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "mail-order" drugs in our Drug List or MO. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-800-282-5366 (TTY: 711)**, 24 hours a day, 7 days a week.

B/D: Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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

Drug tier copay levels

This 2018 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2018 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay tier	Type of drug
Tier 1	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5	Specialty

Our plan combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limit PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D GC = Gap Coverage
<i>Lowercase italics</i> = Generic medications		

Drug name Drug tier Requirements/Limits

ANALGESICS

Analgesics

<i>ascomp/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>bupap tabs 300mg; 50mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine caps</i>	4	QL (180 EA per 30 days) PA MO
<i>capacet</i>	4	QL (180 EA per 30 days) PA
<i>esgic caps</i>	4	QL (180 EA per 30 days) PA MO
FIORICET/CODEINE	4	QL (180 EA per 30 days) PA MO
FIORICET CAPS	4	QL (180 EA per 30 days) PA MO
FIORINAL	4	QL (180 EA per 30 days) PA MO
<i>zebutal caps 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO

Nonsteroidal Anti-inflammatory Drugs

ANAPROX DS	4	MO
ARTHROTEC 50	4	MO
ARTHROTEC 75 TBEC	4	MO
CAMBIA	4	ST MO
CELEBREX CAPS 400MG	4	QL (30 EA per 30 days) ST MO
CELEBREX CAPS 100MG, 200MG, 50MG	4	QL (60 EA per 30 days) ST MO
<i>celecoxib caps 100mg</i>	2	QL (60 EA per 30 days) MO GC
<i>celecoxib caps 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib caps 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
DAYPRO	4	MO
<i>diclofenac potassium</i>	2	MO GC
<i>diclofenac sodium dr</i>	2	MO GC
<i>diclofenac sodium er</i>	2	MO GC
<i>diclofenac sodium/misoprostol</i>	4	MO
<i>diclofenac sodium transdermal soln 1.5%</i>	4	QL (450 ML per 30 days) MO
<i>diflunisal tabs 500mg</i>	4	MO
DUEXIS	4	MO
EC-NAPROSYN	4	MO
<i>etodolac er</i>	4	MO
<i>etodolac caps 200mg</i>	2	MO GC
<i>etodolac caps 300mg</i>	3	MO
<i>etodolac immediate release tabs</i>	3	MO
FELDENE	4	MO
<i>fenoprofen calcium caps 400mg</i>	4	MO
<i>fenoprofen calcium tabs</i>	4	MO
FLECTOR	4	QL (60 EA per 30 days) PA MO
<i>flurbiprofen tabs</i>	2	MO GC
<i>ibuprofen susp</i>	2	MO GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO GC
INDOCIN SUSP	4	PA MO
<i>indomethacin er</i>	4	PA MO
<i>indomethacin immediate release caps</i>	4	PA MO
<i>ketoprofen er cp24 200mg</i>	4	MO
<i>ketoprofen caps 50mg, 75mg</i>	4	MO
<i>ketorolac tromethamine inj 30mg/ml</i>	4	QL (20 ML per 30 days) PA
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO GC
<i>meclofenamate sodium caps</i>	4	MO
<i>meloxicam tabs</i>	1	MO GC
MOBIC TABS	4	MO
<i>nabumetone tabs</i>	2	MO GC

*You can find information on what the symbols and abbreviations on this table mean by 11 going to page 8.

Drug name	Drug tier	Requirements/Limits
NAPRELAN	4	ST MO
NAPROSYN TABS 500MG	4	MO
<i>naproxen dr</i>	2	MO GC
<i>naproxen sodium er tb24 375mg</i>	4	MO
<i>naproxen sodium er tb24 500mg</i>	4	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO GC
<i>naproxen tabs</i>	1	MO GC
<i>naproxen susp</i>	2	MO GC
<i>oxaprozin</i>	4	MO
PENNSAID SOLN 2%	4	QL (224 GM per 28 days) ST MO
<i>piroxicam caps 20mg</i>	2	MO GC
<i>piroxicam caps 10mg</i>	3	MO
<i>sulindac tabs</i>	2	MO GC
TIVORBEX	4	PA MO
VIMOVO	4	MO
VIVLODEX	4	ST MO
ZIPSOR	4	ST MO
Opioid Analgesics, Long-acting		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr</i>	4	QL (4 EA per 28 days) ST MO
BUTRANS	4	QL (4 EA per 28 days) ST MO
CONZIP	4	QL (30 EA per 30 days) MO
DOLOPHINE TABS	4	QL (180 EA per 30 days) MO
EXALGO	4	QL (30 EA per 30 days) ST MO
<i>fentanyl transdermal patches</i>	4	QL (15 EA per 30 days) MO
<i>hydromorphone hcl er t24a 32mg</i>	4	QL (30 EA per 30 days) MO
<i>hydromorphone hcl er t24a 12mg, 16mg, 8mg</i>	4	QL (30 EA per 30 days) MO
KADIAN CP24 100MG, 10MG, 200MG, 20MG, 30MG, 40MG, 50MG, 60MG, 80MG	4	QL (60 EA per 30 days) ST MO
<i>methadone hcl oral soln</i>	3	QL (3000 ML per 30 days) MO
<i>methadone hcl conc</i>	3	QL (360 ML per 30 days) MO
<i>methadone hcl inj</i>	5	
<i>methadone hcl tabs 5mg</i>	3	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>methadone hcl tabs 10mg</i>	4	QL (180 EA per 30 days) MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbc (generic MS Contin) 100mg, 200mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbc (generic MS Contin) 15mg</i>	3	QL (90 EA per 30 days) MO
MS CONTIN TBCR 100MG, 200MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
MS CONTIN TBCR 15MG	4	QL (90 EA per 30 days) PA MO
NUCYNTA ER	4	QL (60 EA per 30 days) ST MO
OPANA ER (CRUSH RESISTANT)	4	QL (60 EA per 30 days) MO
<i>oxycodone hcl er t12a 80mg</i>	4	QL (120 EA per 30 days) PA MO
<i>oxycodone hcl er t12a 15mg, 30mg, 60mg</i>	4	QL (60 EA per 30 days) PA
<i>oxycodone hcl er t12a 10mg, 20mg, 40mg</i>	4	QL (60 EA per 30 days) PA MO
OXYCONTIN T12A 80MG	4	QL (120 EA per 30 days) PA MO
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	4	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er tb12 40mg</i>	4	QL (120 EA per 30 days) MO
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	4	QL (60 EA per 30 days) MO
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	4	QL (30 EA per 30 days) MO
<i>tramadol hcl er tb24 100mg, 200mg, 300mg</i>	4	QL (30 EA per 30 days) MO
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tabs</i>	2	QL (180 EA per 30 days) MO GC
<i>acetaminophen/codeine soln</i>	2	QL (4500 ML per 30 days) MO GC
<i>butorphanol tartrate nasal soln</i>	4	QL (5 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 13 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>butorphanol tartrate inj 1mg/ml</i>	4	
<i>butorphanol tartrate inj 2mg/ml</i>	4	MO
<i>codeine sulfate tabs</i>	4	QL (180 EA per 30 days) MO
DEMEROL INJ 100MG/2ML, 25MG/0.5ML, 25MG/ML, 75MG/1.5ML, 75MG/ML	4	PA
DEMEROL INJ 100MG/ML, 50MG/ ML	4	PA MO
DEMEROL TABS 100MG	4	QL (120 EA per 30 days) PA MO
DILAUDID ORAL IQD	4	QL (2400 ML per 30 days) MO
DILAUDID TABS 2MG, 4MG, 8MG	4	QL (180 EA per 30 days) MO
DURAMORPH	3	B/D
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>endocet tabs 325mg; 5mg</i>	4	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal</i>	5	QL (120 EA per 30 days) PA MO
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/ acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL (5550 ML per 30 days) MO
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 5mg; 200mg, 7.5mg; 200mg</i>	3	QL (150 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	4	QL (150 EA per 30 days) MO
<i>hydromorphone hcl immediate release tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	4	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 10mg/ml, 50mg/5ml</i>	4	B/D
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml</i>	4	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>ibudone tabs 5mg; 200mg</i>	3	QL (150 EA per 30 days)
<i>lorcet</i>	4	QL (180 EA per 30 days)
<i>lorcet hd</i>	4	QL (180 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	QL (180 EA per 30 days)
<i>meperidine hcl tabs</i>	4	QL (120 EA per 30 days) PA MO
<i>meperidine hcl oral soln</i>	4	QL (3600 ML per 30 days) PA MO
<i>meperidine hcl inj 10mg/ml, 25mg/ml</i>	4	PA
<i>meperidine hcl inj 100mg/ml, 50mg/ml</i>	4	PA MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 1mg/ml iv, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	3	B/D
<i>morphine sulfate inj 15mg/ml</i>	3	B/D MO
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (1800 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>morphine sulfate tabs 30mg</i>	3	QL (180 EA per 30 days) MO
<i>morphine sulfate tabs 15mg</i>	3	QL (60 EA per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	3	MO
NORCO	4	QL (180 EA per 30 days) MO
NUCYNTA	4	QL (180 EA per 30 days) ST MO
OPANA TABS	4	QL (180 EA per 30 days) MO
<i>oxycodone hcl caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl soln</i>	3	QL (5400 ML per 30 days) MO
<i>oxycodone hcl conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl tabs 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen soln</i>	4	QL (1800 ML per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 15 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	3	QL (120 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	4	QL (180 EA per 30 days) MO
<i>pentazocine/naloxone hcl</i>	4	QL (360 EA per 30 days) PA MO
PERCOCET TABS 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	4	QL (180 EA per 30 days) MO
<i>reprexain tabs 10mg; 200mg</i>	4	QL (150 EA per 30 days) MO
ROXICODONE TABS 30MG	4	QL (120 EA per 30 days) MO
ROXICODONE TABS 15MG, 5MG	4	QL (180 EA per 30 days) MO
<i>tramadol hcl immediate release tabs 50mg</i>	2	QL (240 EA per 30 days) MO GC
<i>tramadol hydrochloride/acetaminophen</i>	4	QL (240 EA per 30 days) MO
TYLENOL/CODEINE #3	4	QL (180 EA per 30 days) MO
ULTRACET	4	QL (240 EA per 30 days) MO
ULTRAM	4	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	4	QL (180 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	4	QL (180 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	4	QL (180 EA per 30 days)
XODOL TABS 300MG; 10MG	4	QL (180 EA per 30 days) MO
<i>xylon</i>	4	QL (150 EA per 30 days)
<i>zamicet</i>	4	QL (5550 ML per 30 days) MO

ANESTHETICS

Local Anesthetics

<i>lidocaine hcl inj 2%</i>	3	
<i>lidocaine hcl inj 0.5%</i>	4	
<i>lidocaine hcl external soln 4%</i>	4	MO
<i>lidocaine viscous</i>	4	MO
<i>lidocaine/prilocaine crea</i>	4	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	3	QL (90 EA per 30 days) PA MO
<i>lidocaine oint</i>	4	QL (36 GM per 30 days) PA MO
LIDODERM	4	QL (90 EA per 30 days) PA MO
XYLOCAINE INJ 2%	4	MO

Drug name Drug tier Requirements/Limits

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr</i>	4	MO
ANTABUSE	4	MO
<i>disulfiram tabs</i>	4	MO
<i>naltrexone hcl tabs</i>	3	MO

Opioid Dependence Treatments

<i>buprenorphine hcl/naloxone hcl</i>	3	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl subl</i>	3	QL (90 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (120 EA per 30 days) PA MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) PA MO

Opioid Reversal Agents

<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	3	MO
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Smoking Cessation Agents

<i>bupropion hcl sr tb12 150mg</i>	3	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	4	PA MO
CHANTIX STARTING MONTH PAK	4	PA MO
CHANTIX TABS 0.5MG, 1MG	4	PA MO
NICOTROL INHALER	4	MO
NICOTROL NS	4	MO
ZYBAN	4	QL (60 EA per 30 days) ST MO

ANTIBACTERIALS

Aminoglycosides

<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	MO
<i>gentamicin sulfate pediatric</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml, 1.2mg/ml, 1.4mg/ml, 1.6mg/ml, 1mg/ml, 2mg/ml</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml</i>	4	MO
<i>gentamicin sulfate inj 10mg/ml</i>	4	
<i>gentamicin sulfate inj 40mg/ml</i>	4	MO
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 17 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>neomycin sulfate</i>	2	MO GC
<i>paromomycin sulfate</i>	4	MO
<i>streptomycin sulfate inj 1gm</i>	4	MO
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	4	MO
Antibacterials, Other		
<i>baciim</i>	4	
<i>bacitracin inj 50000unit</i>	4	MO
BACTROBAN NASAL	4	MO
<i>chloramphenicol sodium succinate</i>	4	
CLEOCIN CAPS, 2% VAGINAL CREAM AND 100MG SUPPOSITORY	4	MO
CLEOCIN PHOSPHATE INJ 300MG/2ML, 600MG/4ML IV, 900MG/6ML IV	4	
CLEOCIN PHOSPHATE INJ 600MG/4ML, 900MG/6ML	4	MO
<i>clindamycin hcl caps</i>	2	MO GC
<i>clindamycin inj 900mg/60ml</i>	4	
<i>clindamycin palmitate hcl 75mg/5ml</i>	4	MO
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate vaginal crea 2%</i>	4	MO
<i>clindamycin phosphate inj 150mg/ ml, 300mg/2ml, 900mg/60ml</i>	4	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	4	MO
CLINDESSE	4	MO
<i>colistimethate sodium</i>	4	PA MO
CUBICIN	5	
CUBICIN RF	5	
<i>daptomycin</i>	5	
FLAGYL	4	MO
FURADANTIN	4	MO
HIPREX	4	MO

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

Drug name	Drug tier	Requirements/Limits
ISOPROPYL ALCOHOL WIPES	3	
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	QL (224 EA per 365 days) MO
<i>linezolid inj</i>	5	PA
<i>linezolid susr</i>	5	QL (1800 ML per 28 days) PA MO
<i>linezolid tabs</i>	5	QL (56 EA per 28 days) PA MO
MACROBID	4	MO
MACRODANTIN	4	MO
<i>methenamine hippurate</i>	4	MO
METROGEL-VAGINAL	4	MO
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole vaginal</i>	4	MO
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
MONUROL	4	MO
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate</i>	3	MO
<i>nitrofurantoin susp</i>	4	MO
NUVESSA	4	MO
PREVPAC	4	QL (224 EA per 365 days) MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
SYNERCID INJ 350MG; 150MG	5	
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	MO
<i>trimethoprim tabs</i>	1	MO GC
TYGACIL	5	
VANCOGIN HCL CAPS 125MG	4	QL (120 EA per 30 days) MO
VANCOGIN HCL CAPS 250MG	5	MO
VANCOMYCIN HCL IN DEXTROSE	4	
<i>vancomycin hcl caps 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hcl caps 250mg</i>	5	MO
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	2	GC
<i>vancomycin hcl inj 500mg</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 19 going to page 8.

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN INJ 0.9%; 500MG/100ML	3	
VANCOMYCIN INJ 0.9%; 750MG/150ML	4	
VANDAZOLE	4	MO
XIFAXAN TABS 200MG	4	QL (9 EA per 3 days) PA MO
XIFAXAN TABS 550MG	5	PA MO
ZYVOX SUSR	5	QL (1800 ML per 28 days) PA MO
ZYVOX TABS	5	QL (56 EA per 28 days) PA MO
ZYVOX INJ 600MG/300ML	5	PA
Beta-lactam, Cephalosporins		
<i>cefaclor er tb12 500mg</i>	4	MO
<i>cefaclor caps</i>	3	MO
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	MO
<i>cefadroxil</i>	2	MO GC
CEFAZOLIN SODIUM/DEXTROSE INJ 1GM; 4%, 2GM; 3%	4	
<i>cefazolin sodium inj 100gm, 1gm, 1gm; 5%, 20gm, 300gm</i>	4	
<i>cefazolin sodium inj 10gm, 500mg</i>	4	MO
CEFAZOLIN INJ 2GM/100ML; 4%	4	
<i>cefdinir caps</i>	2	MO GC
<i>cefdinir susr</i>	3	MO
CEFEPIME/DEXTROSE	4	
CEFEPIME INJ 1GM/50ML, 2GM/100ML	4	
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefotaxime sodium inj 10gm, 2gm, 500mg</i>	4	
<i>cefotaxime sodium inj 1gm</i>	4	MO
<i>cefotetan</i>	4	
CEFOTETAN/DEXTROSE	4	
CEFOXITIN SODIUM IN DEXTROSE INJ 1GM, 2GM	4	
<i>cefoxitin sodium inj 10gm, 2gm</i>	4	
<i>cefoxitin sodium inj 1gm</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
CEFTAZIDIME/DEXTROSE	3	
<i>ceftazidime inj 6gm</i>	4	
<i>ceftazidime inj 1gm, 2gm</i>	4	MO
CEFTIN SUSR	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium inj 100gm, 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 250mg, 2gm, 500mg</i>	4	MO
CEFTRIAZONE/DEXTROSE	4	
<i>cefuroxime axetil tabs</i>	3	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cephalexin</i>	2	MO GC
FORTAZ INJ 1GM IV, 2GM IV, 500MG, 6GM	4	
FORTAZ INJ 1GM, 2GM	4	MO
MAXIPIME INJ 1GM, 2GM	4	
SUPRAX CAPS	3	MO
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
SUPRAX SUSR 500MG/5ML	3	
SUPRAX SUSR 100MG/5ML, 200MG/5ML	4	MO
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	
TEFLARO	5	
<i>Beta-lactam, Other</i>		
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam inj 1gm</i>	4	MO
<i>aztreonam inj 2gm</i>	5	MO
<i>imipenem/cilastatin</i>	4	MO
INVANZ INJ 1GM	4	
INVANZ INJ 1GM	4	MO
<i>meropenem vial</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 21 going to page 8.

Drug name	Drug tier	Requirements/Limits
MEROPENEM/SODIUM CHLORIDE	4	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	MO GC
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>amoxicillin chew 125mg, 250mg</i>	1	MO GC
<i>amoxicillin caps, susr, tabs</i>	1	MO GC
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	4	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin caps</i>	1	MO GC
<i>ampicillin susr 125mg/5ml</i>	2	GC
<i>ampicillin susr 250mg/5ml</i>	2	MO GC
AUGMENTIN ES-600	4	MO
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML, 250MG/5ML; 62.5MG/5ML	4	MO
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	MO
<i>dicloxacillin sodium</i>	2	MO GC
<i>nafcillin sodium inj 10gm, 1gm, 2gm iv</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	MO
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	4	MO
<i>penicillin g procaine</i>	4	MO
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	MO GC
<i>piperacillin sodium/tazobactam sodium inj 2gm-0.25gm, 3gm-0.375gm, 36gm-4.5gm</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>piperacillin sodium/tazobactam inj</i>	4	
<i>12gm; 1.5gm, 4gm; 0.5gm</i>		
Macrolides		
AZITHROMYCIN PACK	3	MO
<i>azithromycin susr, tabs</i>	2	MO GC
<i>azithromycin inj 500mg</i>	4	MO
BIAXIN TABS	4	MO
<i>clarithromycin er</i>	4	MO
<i>clarithromycin susr, tabs</i>	3	MO
DIFICID	5	MO
E.E.S. 400 TABS	4	MO
E.E.S. GRANULES	4	MO
ERY-TAB	4	MO
ERYPED 200	4	MO
ERYPED 400	4	MO
ERYTHROCIN LACTOBIONATE INJ	4	
500MG		
ERYTHROCIN STEARATE TABS	4	MO
250MG		
<i>erythromycin base</i>	3	MO
<i>erythromycin ethylsuccinate tabs</i>	3	MO
<i>erythromycin ethylsuccinate susr</i>	4	MO
<i>erythromycin stearate tabs 250mg</i>	3	MO
<i>erythromycin caps dr 250mg</i>	3	MO
PCE	4	MO
ZITHROMAX TRI-PAK	4	MO
ZITHROMAX Z-PAK	4	MO
ZITHROMAX INJ, SUSR, TABS	4	MO
ZMAX	4	MO
Quinolones		
AVELOX	4	MO
AVELOX ABC PACK	4	MO
CIPRO I.V.-IN D5W INJ	4	
400MG/200ML; 5%		
CIPRO SUSR	4	MO
<i>ciprofloxacin er tb24 1000mg</i>	1	MO GC
<i>ciprofloxacin er tb24 500mg</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 23 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	1	MO GC
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml (5%)</i>	4	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml (5%)</i>	4	MO
CIPROFLOXACIN OTIC SOLN	3	MO
<i>ciprofloxacin susr</i>	3	MO
<i>ciprofloxacin inj</i>	4	MO
CIPRO TABS 250MG, 500MG	4	MO
LEVAQUIN TABS	4	MO
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	3	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	3	MO
<i>moxifloxacin hcl tabs</i>	4	MO
<i>ofloxacin tabs 400mg</i>	2	MO GC
<i>ofloxacin tabs 300mg</i>	4	MO
Sulfonamides		
BACTRIM DS	4	MO
BACTRIM TABS	4	MO
<i>sulfadiazine tabs</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim inj, susp</i>	4	MO
SULFATRIM PEDIATRIC	4	
Tetracyclines		
<i>doxy 100</i>	4	MO
<i>doxycycline hyclate dr</i>	4	MO
<i>doxycycline hyclate caps</i>	3	MO
<i>doxycycline hyclate inj</i>	4	MO
<i>doxycycline hyclate tabs 100mg, 20mg</i>	3	MO
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	MO GC

Drug name	Drug tier	Requirements/Limits
<i>doxycycline monohydrate caps 150mg, 75mg</i>	4	MO
<i>doxycycline monohydrate tabs</i>	2	MO GC
<i>doxycycline susr 25mg/5ml</i>	3	MO
MINOCIN CAPS	4	ST MO
<i>minocycline hcl er</i>	4	ST MO
<i>minocycline hcl caps</i>	2	MO GC
<i>minocycline hcl tabs</i>	4	ST MO
<i>morgidox 1x100mg caps</i>	4	
<i>morgidox 1x50mg caps</i>	4	
<i>morgidox 2x100mg caps</i>	4	
SOLODYN TB24 105MG, 115MG, 55MG, 65MG, 80MG	4	ST MO
<i>tetracycline hydrochloride</i>	4	MO
VIBRAMYCIN SUSR 25MG/5ML	4	ST MO
VIBRAMYCIN CAPS 100MG	4	ST MO

ANTICONSULSANTS

Anticonvulsants, Other

APTiom TABS 200MG	4	QL (180 EA per 30 days) MO
APTiom TABS 600MG, 800MG	5	QL (60 EA per 30 days) MO
APTiom TABS 400MG	5	QL (90 EA per 30 days) MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN, TABS	5	PA MO
FYCOMPA SUSP	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (180 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	4	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 6MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 4MG	4	QL (90 EA per 30 days) PA MO
KEPPRA XR	4	ST MO
KEPPRA SOLN, TABS	4	ST MO
<i>levetiracetam er</i>	4	MO
<i>levetiracetam oral soln, tabs</i>	2	MO GC
<i>levetiracetam inj 10mg/ml, 15mg/ml, 5mg/ml</i>	4	
<i>levetiracetam inj 500mg/5ml</i>	4	MO
POTIGA TABS 50MG	4	QL (270 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 25 going to page 8.

Drug name	Drug tier	Requirements/Limits
POTIGA TABS 200MG	5	QL (180 EA per 30 days) MO
POTIGA TABS 300MG, 400MG	5	QL (90 EA per 30 days) MO
<i>roweepira</i>	2	GC
SPRITAM	4	MO
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	MO
<i>ethosuximide</i>	4	MO
LYRICA SOLN	3	QL (946 ML per 30 days) MO
LYRICA CAPS 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) MO
LYRICA CAPS 225MG, 300MG	3	QL (60 EA per 30 days) MO
LYRICA CAPS 200MG	3	QL (90 EA per 30 days) MO
ZARONTIN	4	MO
ZONEGRAN CAPS 100MG, 25MG	4	ST MO
<i>zonisamide</i>	2	MO GC
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 1mg</i>	3	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	3	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	1	QL (120 EA per 30 days) MO GC
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days) MO GC
<i>clonazepam tabs 0.5mg</i>	1	QL (90 EA per 30 days) MO GC
DEPAKENE CAPS	4	MO
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO
DEPAKOTE SPRINKLES	4	MO
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC GEL 2.5MG	4	MO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
<i>divalproex sodium sprinkle caps</i>	3	MO
<i>gabapentin caps 100mg, 300mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	3	QL (270 EA per 30 days) MO
<i>gabapentin soln</i>	3	QL (2160 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>gabapentin tabs 800mg</i>	3	QL (120 EA per 30 days) MO
<i>gabapentin tabs 600mg</i>	3	QL (180 EA per 30 days) MO
GABITRIL TABS 12MG, 16MG, 2MG, 4MG	4	MO
KLONOPIN TABS 1MG	4	QL (120 EA per 30 days) MO
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days) MO
KLONOPIN TABS 0.5MG	4	QL (90 EA per 30 days) MO
MYSOLINE TABS	4	MO
NEURONTIN SOLN	4	QL (2160 ML per 30 days) MO
NEURONTIN CAPS 100MG, 300MG	4	QL (180 EA per 30 days) MO
NEURONTIN CAPS 400MG	4	QL (270 EA per 30 days) MO
NEURONTIN TABS 800MG	4	QL (120 EA per 30 days) MO
NEURONTIN TABS 600MG	4	QL (180 EA per 30 days) MO
ONFI SUSP	5	PA MO
ONFI TABS 10MG	4	PA MO
ONFI TABS 20MG	5	PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	QL (120 EA per 30 days) PA MO
<i>primidone tabs</i>	2	MO GC
SABRIL	5	QL (180 EA per 30 days) PA LA
<i>tiagabine hydrochloride</i>	4	MO
<i>valproate sodium inj</i>	3	
<i>valproic acid caps, soln</i>	2	MO GC
Glutamate Reducing Agents		
<i>felbamate</i>	4	MO
FELBATOL	5	MO
LAMICTAL CHEWABLE DISPERSIBLE	4	ST MO
LAMICTAL ODT TABS	4	ST MO
LAMICTAL STARTER BLUE (35)	4	ST MO
LAMICTAL STARTER GREEN (98)	4	ST MO
LAMICTAL STARTER ORANGE (49)	4	ST MO
LAMICTAL XR KIT	4	ST MO

*You can find information on what the symbols and abbreviations on this table mean by 27 going to page 8.

Drug name	Drug tier	Requirements/Limits
LAMICTAL XR TB24 100MG, 200MG, 250MG, 25MG, 50MG	4	ST MO
LAMICTAL XR TB24 300MG	5	ST MO
LAMICTAL TABS	4	ST MO
<i>lamotrigine er</i>	4	MO
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine titration</i>	4	MO
<i>lamotrigine chew, tabs</i>	2	MO GC
QUDEXY XR	4	ST MO
TOPAMAX	4	ST MO
TOPAMAX SPRINKLE	4	ST MO
<i>topiramate er</i>	4	MO
<i>topiramate sprinkle caps, tabs</i>	2	MO GC
TROKENDI XR	4	MO
Sodium Channel Agents		
BANZEL	5	PA MO
<i>carbamazepine er</i>	4	MO
<i>carbamazepine chew, susp, tabs</i>	2	MO GC
CARBATROL	4	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
DILANTIN CAPS	3	MO
<i>epitol</i>	4	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
<i>oxcarbazepine tabs</i>	3	MO
<i>oxcarbazepine susp</i>	4	MO
OXTELLAR XR	4	ST MO
PEGANONE TABS 250MG	4	MO
PHENYTEK	3	MO
<i>phenytoin sodium extended</i>	3	MO
<i>phenytoin sodium inj</i>	4	
<i>phenytoin chew, susp</i>	3	MO
TEGRETOL-XR	4	ST MO
TEGRETOL SUSP, TABS	4	ST MO
TRILEPTAL	4	ST MO

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

Drug name	Drug tier	Requirements/Limits
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	4	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	4	QL (60 EA per 30 days) MO

ANTIDEMENTIA AGENTS

Antidementia Agents, Other

<i>ergoloid mesylates tabs</i>	3	PA MO
NAMZARIC	4	PA MO

Cholinesterase Inhibitors

ARICEPT TABS 23MG, 5MG	4	QL (30 EA per 30 days) ST MO
ARICEPT TABS 10MG	4	QL (60 EA per 30 days) ST MO
<i>donepezil hcl odt</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 23mg, 5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO GC
EXELON PT24	4	QL (30 EA per 30 days) ST MO
<i>galantamine hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
RAZADYNE ER	4	QL (30 EA per 30 days) ST MO
RAZADYNE TABS	4	QL (60 EA per 30 days) ST MO
<i>rivastigmine tartrate caps</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO

N-methyl-D-aspartate (NMDA) Receptor Antagonist

<i>memantine hcl</i>	3	QL (60 EA per 30 days) PA MO
<i>memantine hcl titration pak</i>	3	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride soln</i>	3	QL (360 ML per 30 days) PA MO
NAMENDA TITRATION PAK	4	QL (98 EA per 365 days) PA MO
NAMENDA XR	4	PA MO
NAMENDA XR TITRATION PACK	4	PA MO
NAMENDA SOLN	4	QL (360 ML per 30 days) PA MO
NAMENDA TABS	4	QL (60 EA per 30 days) PA MO

ANTIDEPRESSANTS

Antidepressants, Other

<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
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*You can find information on what the symbols and abbreviations on this table mean by 29 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>bupropion hcl xl</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	3	QL (180 EA per 30 days) MO
FORFIVO XL	4	QL (30 EA per 30 days) ST MO
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>mirtazapine tabs 7.5mg</i>	2	MO GC
<i>mirtazapine tabs 15mg, 30mg, 45mg</i>	2	QL (30 EA per 30 days) MO GC
REMERON	4	QL (30 EA per 30 days) MO
REMERON SOLTAB	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 5MG	4	QL (120 EA per 30 days) ST MO
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) ST MO
TRINTELLIX TABS 10MG	4	QL (60 EA per 30 days) ST MO
WELLBUTRIN SR	4	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL	4	QL (30 EA per 30 days) ST MO
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days) PA MO
MARPLAN	4	QL (180 EA per 30 days) MO
<i>phenelzine sulfate</i>	3	MO
<i>tranylcypromine sulfate</i>	4	MO
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
CELEXA TABS 10MG	4	QL (120 EA per 30 days) ST MO
CELEXA TABS 40MG	4	QL (30 EA per 30 days) ST MO
CELEXA TABS 20MG	4	QL (60 EA per 30 days) ST MO
<i>citalopram hydrobromide soln</i>	3	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO GC
CYMBALTA CPEP 20MG, 60MG	4	QL (60 EA per 30 days) ST MO
CYMBALTA CPEP 30MG	4	QL (90 EA per 30 days) ST MO
DESVENLAFAXINE ER TB24 (GENERIC KHEDEZLA) 100MG, 50MG	4	QL (30 EA per 30 days) MO
<i>desvenlafaxine er tb24 (generic Pristiq) 25mg</i>	4	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>desvenlafaxine er tb24 (generic Pristiq) 100mg, 50mg</i>	4	QL (30 EA per 30 days) MO
<i>duloxetine hcl cpep 20mg, 40mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>duloxetine hcl cpep 30mg</i>	3	QL (90 EA per 30 days) MO
EFFEXOR XR CP24 37.5MG, 75MG	4	QL (30 EA per 30 days) ST MO
EFFEXOR XR CP24 150MG	4	QL (60 EA per 30 days) ST MO
<i>escitalopram oxalate soln</i>	3	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	3	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	ST MO
FETZIMA CP24 20MG	4	QL (180 EA per 30 days) ST MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CP24 40MG	4	QL (90 EA per 30 days) ST MO
<i>fluoxetine dr caps 90mg</i>	4	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	2	QL (120 EA per 30 days) MO GC
<i>fluoxetine hcl caps 10mg</i>	2	QL (30 EA per 30 days) MO GC
<i>fluoxetine hcl caps 40mg</i>	2	QL (60 EA per 30 days) MO GC
<i>fluoxetine hcl soln</i>	2	MO GC
FLUOXETINE HCL TABS 60MG	3	MO
<i>fluoxetine hcl tabs (generic Prozac) 10mg, 20mg</i>	2	MO GC
<i>fluvoxamine maleate er caps</i>	4	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	2	MO GC
LEXAPRO SOLN	4	QL (600 ML per 30 days) ST MO
LEXAPRO TABS 20MG	4	QL (30 EA per 30 days) ST MO
LEXAPRO TABS 10MG, 5MG	4	QL (45 EA per 30 days) ST MO
<i>maprotiline hcl</i>	4	MO
<i>nefazodone hcl</i>	4	MO
<i>olanzapine/fluoxetine</i>	4	QL (30 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO GC
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL (60 EA per 30 days) MO GC

*You can find information on what the symbols and abbreviations on this table mean by 31 going to page 8.

Drug name	Drug tier	Requirements/Limits
PAXIL CR TB24 37.5MG	4	QL (60 EA per 30 days) ST MO
PAXIL CR TB24 12.5MG, 25MG	4	QL (90 EA per 30 days) ST MO
PAXIL SUSP	4	QL (900 ML per 30 days) MO
PAXIL TABS 10MG, 20MG	4	QL (30 EA per 30 days) ST MO
PAXIL TABS 30MG, 40MG	4	QL (60 EA per 30 days) ST MO
PRISTIQ TB24 100MG, 50MG	3	QL (30 EA per 30 days) MO
PRISTIQ TB24 25MG	3	QL (30 EA per 30 days) ST MO
PROZAC WEEKLY	4	QL (4 EA per 28 days) ST MO
PROZAC CAPS 20MG	4	QL (120 EA per 30 days) ST MO
PROZAC CAPS 10MG	4	QL (30 EA per 30 days) ST MO
PROZAC CAPS 40MG	4	QL (60 EA per 30 days) ST MO
<i>sertraline hcl conc</i>	3	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO GC
<i>sertraline hcl tabs 100mg, 50mg</i>	1	QL (60 EA per 30 days) MO GC
SYMBYAX	4	QL (30 EA per 30 days) ST MO
<i>trazodone hcl tabs</i>	2	MO GC
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl tabs</i>	3	MO
VIIIBRYD STARTER PACK	4	MO
VIIIBRYD TABS	4	QL (30 EA per 30 days) MO
ZOLOFT CONC	4	QL (300 ML per 30 days) ST MO
ZOLOFT TABS 25MG	4	QL (30 EA per 30 days) ST MO
ZOLOFT TABS 100MG, 50MG	4	QL (60 EA per 30 days) ST MO
Tricyclics		
<i>amitriptyline hcl tabs</i>	3	PA MO
<i>amoxapine</i>	3	MO
ANAFRANIL	4	PA MO
<i>chlordiazepoxide/amitriptyline</i>	4	PA MO
<i>clomipramine hcl caps</i>	4	PA MO
<i>desipramine hcl tabs</i>	4	MO
<i>doxepin hcl caps, conc</i>	3	PA MO
ELAVIL TABS 25MG	4	PA MO

Drug name	Drug tier	Requirements/Limits
<i>imipramine hcl tabs</i>	2	PA MO GC
<i>imipramine pamoate caps</i>	4	PA MO
NORPRAMIN TABS 10MG, 25MG	4	MO
<i>nortriptyline hcl caps, soln</i>	2	MO GC
PAMELOR CAPS	4	MO
<i>perphenazine/amitriptyline</i>	4	PA MO
<i>protriptyline hcl</i>	4	MO
TOFRANIL TABS	4	PA MO
<i>trimipramine maleate caps</i>	4	PA MO

ANTIEMETICS

Antiemetics, Other

<i>meclizine hcl tabs</i>	2	MO GC
<i>phenadoz supp 25mg</i>	4	PA
<i>phenadoz supp 12.5mg</i>	4	PA MO
<i>phenergan supp 12.5mg, 25mg, 50mg</i>	4	PA
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	4	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	4	PA
<i>promethegan supp 50mg</i>	4	PA MO
TIGAN INJ	4	PA MO
TIGAN CAPS 300MG	4	PA MO
TRANSDERM-SCOP	4	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hcl caps 300mg</i>	4	PA MO

Emetogenic Therapy Adjuncts

<i>aprepitant</i>	4	B/D MO
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	4	B/D MO
EMEND SUSR	4	B/D
EMEND CAPS	4	B/D MO
EMEND INJ	4	MO
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO
MARINOL CAPS 2.5MG	4	QL (60 EA per 30 days) PA MO
MARINOL CAPS 10MG, 5MG	5	QL (60 EA per 30 days) PA MO
<i>ondansetron hcl tabs</i>	2	B/D MO GC
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO

*You can find information on what the symbols and abbreviations on this table mean by 33 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	4	MO
<i>ondansetron odt</i>	2	B/D MO GC
SANCUSO	5	QL (4 EA per 28 days) MO
ZOFRAN ODT	4	B/D MO
ZOFRAN SOLN	4	QL (900 ML per 30 days) B/D MO
ZOFRAN TABS 4MG, 8MG	4	B/D MO

ANTIFUNGALS

Antifungals

ABELCET	5	B/D
AMBISOME	4	B/D
<i>amphotericin b inj</i>	4	B/D MO
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	MO
<i>ciclodan</i>	3	
<i>ciclopirox nail lacquer</i>	3	MO
<i>ciclopirox olamine crea</i>	3	MO
<i>ciclopirox gel, sham, susp</i>	3	MO
<i>clotrimazole/betamethasone dipropionate</i>	4	MO
<i>clotrimazole crea, lozg, soln</i>	3	MO
DIFLUCAN	4	MO
<i>econazole nitrate crea</i>	4	MO
ERTACZO	4	MO
EXTINA	4	MO
<i>fluconazole in dextrose inj</i>	4	
<i>fluconazole in nacl inj</i>	4	
<i>fluconazole tabs</i>	2	MO GC
<i>fluconazole susr</i>	3	MO
<i>flucytosine caps</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	MO
<i>itraconazole caps</i>	4	PA MO
<i>ketoconazole sham, tabs</i>	2	MO GC
<i>ketoconazole crea</i>	3	MO
<i>ketoconazole foam</i>	4	MO

Drug name	Drug tier	Requirements/Limits
LAMISIL TABS	4	ST MO
LOPROX SHAMPOO	4	MO
LOPROX CREA	4	MO
LOTRISONE	4	MO
<i>miconazole 3 supp</i>	4	MO
MYCAMINE	5	MO
<i>naftifine hcl 1% cream</i>	4	MO
<i>naftifine hcl 2% cream</i>	4	MO
NAFTIN GEL	4	MO
NAFTIN CREA 2%	4	MO
NIZORAL SHAM	4	MO
NOXAFIL SUSP, DR TAB	5	MO
<i>nyamyc</i>	3	
<i>nyata powd</i>	3	
<i>nystatin/triamcinolone</i>	4	MO
<i>nystatin crea</i>	2	MO GC
<i>nystatin powd</i>	3	MO
<i>nystatin oint, susp, tabs</i>	4	MO
<i>nystop</i>	3	MO
ONMEL	5	PA MO
ORAVIG	4	MO
<i>oxiconazole nitrate</i>	4	MO
OXISTAT	4	MO
SPORANOX PULSEPAK	4	PA MO
SPORANOX CAPS	4	PA MO
SPORANOX SOLN	5	PA MO
TERAZOL 7	4	MO
<i>terbinafine hcl tabs</i>	2	MO GC
<i>terconazole crea</i>	3	MO
<i>terconazole supp</i>	4	MO
<i>voriconazole inj</i>	4	
<i>voriconazole susr, tabs</i>	4	MO
<i>zazole supp</i>	4	

ANTIGOUT AGENTS

Antigout Agents

<i>allopurinol tabs</i>	1	MO GC
<i>colchicine caps</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 35 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>colchicine tabs 0.6mg</i>	3	QL (120 EA per 30 days) MO
COLCRYS	3	QL (120 EA per 30 days) MO
<i>probenecid/colchicine</i>	3	MO
<i>probenecid tabs</i>	3	MO
ULORIC	3	ST MO
ZYLOPRIM	4	MO

ANTIMIGRAINE AGENTS

Ergot Alkaloids

CAFERGOT TABS	4	MO
<i>dihydroergotamine mesylate inj</i>	4	MO
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 28 days) MO
<i>ergotamine tartrate/caffeine</i>	4	MO
MIGRANAL	4	QL (8 ML per 28 days) MO

Serotonin (5-HT) 1b/1d Receptor Agonists

<i>almotriptan malate</i>	4	QL (8 EA per 30 days) MO
AMERGE	4	QL (9 EA per 30 days) ST MO
AXERT	4	QL (8 EA per 30 days) ST MO
FROVA	5	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	4	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL	4	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM	4	QL (4 ML per 30 days) ST MO
IMITREX NASAL SOLN	4	QL (12 EA per 30 days) ST MO
IMITREX INJ	4	QL (4 ML per 30 days) ST MO
IMITREX TABS	4	QL (9 EA per 30 days) ST MO
MAXALT	4	QL (12 EA per 30 days) ST MO
MAXALT-MLT	4	QL (12 EA per 30 days) ST MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
ONZETRA XSAIL	4	QL (16 EA per 30 days) ST MO
RELPAK	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	3	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO GC

Drug name	Drug tier	Requirements/Limits
<i>sumatriptan succinate inj</i> 4mg/0.5ml, 6mg/0.5ml	4	QL (4 ML per 30 days) MO
<i>sumatriptan soln</i>	2	QL (12 EA per 30 days) MO GC
SUMAVEL DOSEPRO	5	QL (4 ML per 30 days) ST MO
TREXIMET TABS 500MG; 85MG	4	QL (9 EA per 30 days) ST MO
ZEMBRACE SYMTOUCH	4	QL (8 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	4	QL (6 EA per 30 days) MO
ZOMIG SOLN	4	QL (12 EA per 30 days) ST MO
ZOMIG TABS	4	QL (6 EA per 30 days) ST MO

ANTIMYASTHENIC AGENTS

Parasympathomimetics

GUANIDINE HCL	4	
MESTINON TIMESPAN	4	MO
MESTINON SYRP, TABS	4	MO
<i>pyridostigmine bromide er</i>	3	MO
<i>pyridostigmine bromide tabs</i>	3	MO

ANTIMYCOBACTERIALS

Antimycobacterials, Other

<i>dapsone tabs</i>	3	MO
<i>rifabutin</i>	4	MO

Antituberculars

CAPASTAT SULFATE	4	
<i>cycloserine</i>	5	MO
<i>ethambutol hcl tabs</i>	4	MO
<i>isoniazid tabs</i>	1	MO GC
<i>isoniazid syrp</i>	2	MO GC
<i>isoniazid inj</i>	4	
MYAMBUTOL	4	MO
PASER	3	MO
PRIFTIN	4	MO
<i>pyrazinamide tabs</i>	4	MO
RIFADIN INJ	5	
RIFADIN CAPS 150MG	4	MO
<i>rifampin caps</i>	3	MO
<i>rifampin inj</i>	4	MO
RIFATER	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 37 going to page 8.

Drug name	Drug tier	Requirements/Limits
SIRTURO	5	PA LA
TRECTOR	4	MO
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
ALKERAN TABS	4	B/D MO
ALKERAN INJ	5	B/D
BENDEKA	5	
<i>busulfan</i>	5	B/D
BUSULFEX	5	B/D
<i>cyclophosphamide inj</i>	4	
<i>cyclophosphamide caps</i>	4	B/D MO
EVOMELA	5	B/D
GLEOSTINE	4	
HEXALEN	5	MO
KISQALI 200MG FEMARA CO-PACK	5	QL (91 EA per 28 days) PA
KISQALI 400MG FEMARA CO-PACK	5	QL (91 EA per 28 days) PA
KISQALI 600MG FEMARA CO-PACK	5	QL (91 EA per 28 days) PA
LEUKERAN	4	MO
MATULANE	5	LA
<i>melphalan hydrochloride</i>	5	B/D
MUSTARGEN	5	B/D
TEMODAR INJ	5	B/D
<i>thiotepa inj 15mg</i>	5	
TREANDA INJ 100MG, 25MG	5	B/D
VALCHLOR	5	PA LA
YONDELIS	5	PA
<i>Antiandrogens</i>		
<i>bicalutamide</i>	3	MO
CASODEX	4	MO
<i>flutamide</i>	4	MO
<i>nilutamide</i>	5	MO
XTANDI	5	PA LA
ZYTIGA TABS 250MG	5	PA LA
<i>Antiangiogenic Agents</i>		
POMALYST	5	PA LA

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

Drug name	Drug tier	Requirements/Limits
REVLIMID	5	PA LA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	4	MO
FARESTON	5	MO
SOLTAMOX	4	MO
<i>tamoxifen citrate tabs</i>	2	MO GC
Antimetabolites		
<i>clofarabine</i>	5	
DEPOCYT	4	
DROXIA	3	MO
<i>fluorouracil inj 1gm/20ml, 5gm/100ml</i>	3	B/D
HYDREA	4	MO
<i>hydroxyurea caps</i>	2	MO GC
<i>mercaptopurine tabs</i>	4	MO
PURIXAN	5	
TABLOID	4	MO
Antineoplastics, Other		
ABRAXANE	5	B/D
<i>adrucil</i>	3	B/D
ALIMTA	5	B/D
ARRANON	5	
AVASTIN	5	PA LA
BICNU	5	B/D
BLEO 15K	5	B/D
<i>bleomycin sulfate</i>	4	B/D
<i>carboplatin</i>	3	
<i>cisplatin</i>	3	
<i>cladribine</i>	4	B/D
CLOLAR	5	
COSMEGEN	5	
<i>cytarabine aqueous</i>	4	B/D
<i>dacarbazine</i>	4	
<i>daunorubicin hcl inj 5mg/ml</i>	4	
<i>decitabine</i>	4	
<i>dexrazoxane</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by 39 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>docetaxel inj 20mg/ml</i>	4	B/D
<i>docetaxel liposomal inj 160mg/16ml, 20mg/2ml, 80mg/8ml</i>	5	
<i>docetaxel inj 160mg/8ml, 80mg/4ml</i>	5	B/D
<i>doxorubicin hcl liposome</i>	4	
<i>doxorubicin hcl inj 10mg, 2mg/ml, 50mg</i>	4	B/D
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	4	
ERBITUX	5	PA
ERWINAZE	5	PA
FASLODEX	5	B/D
<i>fludarabine phosphate</i>	4	
<i>fluorouracil inj 2.5gm/50ml</i>	3	B/D
FOLOTYN	5	
FUSILEV	5	B/D
<i>gemcitabine inj 2gm/52.6ml</i>	4	
<i>gemcitabine inj 1gm/26.3ml, 200mg/5.26ml</i>	5	
HALAVEN	5	PA
HERCEPTIN	5	PA
<i>idarubicin hcl</i>	4	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	4	
INTRON A W/DILUENT INJ 10MU	5	B/D
INTRON A INJ 10MU/ML, 18MU	5	B/D
<i>irinotecan</i>	4	
ISTODAX (OVERFILL)	5	B/D
IXEMPRA KIT	5	PA
KADCYLA	5	B/D
KISQALI	5	PA
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg</i>	4	
<i>levoleucovorin calcium inj 175mg/17.5ml (10mg/ml)</i>	5	B/D

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

Drug name	Drug tier	Requirements/Limits
LEVOLEUCOVORIN INJ 175MG	4	B/D
<i>levoleucovorin inj 50mg</i>	4	B/D
<i>levoleucovorin inj 250mg/25ml</i>	5	B/D
LONSURF	5	PA
MARQIBO	5	PA
<i>mitomycin inj 20mg, 5mg</i>	4	
<i>mitomycin inj 40mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	3	
NINLARO	5	PA
NIPENT	5	B/D
ONCASPAR	5	
ONIVYDE	5	PA
<i>oxaliplatin</i>	4	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	4	
PERJETA	5	PA LA
PORTRAZZA	5	PA
PROLEUKIN	5	B/D
RUBRACA TABS 200MG, 300MG	5	QL (120 EA per 30 days) PA
RYDAPT	5	PA
SYNRIBO	5	PA
TAXOTERE INJ 80MG/4ML	5	B/D
THERACYS INJ 81MG/VIAL	4	
TICE BCG	4	
TRISENOX	5	B/D
UVADEX	4	
VALSTAR	5	
VECTIBIX	5	PA
VELCADE	5	PA
<i>vinblastine sulfate inj 1mg/ml</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
YERVOY	5	PA
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA LA

*You can find information on what the symbols and abbreviations on this table mean by 41 going to page 8.

Drug name	Drug tier	Requirements/Limits
ZANOSAR	4	
ZEJULA	5	QL (90 EA per 30 days) PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	2	MO GC
ARIMIDEX	4	MO
AROMASIN	4	MO
<i>exemestane</i>	4	MO
FEMARA	4	MO
<i>letrozole</i>	2	MO GC
Enzyme Inhibitors		
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	3	
KYPROLIS	5	PA
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	3	
<i>topotecan hcl</i>	5	
Molecular Target Inhibitors		
AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
ALECENSA	5	PA LA
ALUNBRIG	5	PA
BELEODAQ	5	PA
BOSULIF	5	PA
CABOMETYX	5	PA LA
CAPRELSA	5	PA LA
COMETRIQ	5	PA LA
COTELLIC	5	PA LA
CYRAMZA	5	PA
ERIVEDGE	5	PA LA
FARYDAK	5	PA LA
GILOTRIF	5	PA LA
GLEEVEC TABS 400MG	5	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	5	QL (90 EA per 30 days) PA
IBRANCE	5	PA LA
ICLUSIG	5	PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA

Drug name	Drug tier	Requirements/Limits
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA	5	PA LA
INLYTA	5	PA LA
IRESSA	5	PA LA MO
JAKAFI	5	PA LA
J EVTANA	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LYNPARZA	5	PA LA
MEKINIST	5	PA LA
NEXAVAR	5	PA LA
ODOMZO	5	PA LA
SPRYCEL	5	PA
STIVARGA	5	PA LA
SUTENT	5	PA
TAFINLAR	5	PA LA
TAGRISSE	5	PA LA
TARCEVA	5	PA LA
TASIGNA	5	PA
TORISEL	5	
TYKERB	5	PA LA
VENCLEXTA STARTING PACK	5	PA LA
VENCLEXTA TABS 10MG, 50MG	4	PA LA
VENCLEXTA TABS 100MG	5	PA LA
VOTRIENT	5	PA LA
XALKORI	5	PA LA
ZELBORAF	5	PA LA
ZYDELIG	5	PA LA
ZYKADIA	5	PA LA
Monoclonal Antibody/Antibody-Drug Conjugate		
ARZERRA INJ 1000MG/50ML	5	PA
ARZERRA INJ 100MG/5ML	5	PA LA
BAVENCIO	5	PA

*You can find information on what the symbols and abbreviations on this table mean by 43 going to page 8.

Drug name	Drug tier	Requirements/Limits
BLINCYTO	5	PA LA
DARZALEX	5	PA
EMPLICITI	5	PA
GAZYVA	5	PA LA
IMFINZI	5	PA
KEYTRUDA	5	PA
LARTRUVO INJ 500MG/50ML	5	PA
OPDIVO	5	PA LA
RITUXAN INJ 100MG/10ML	5	PA
RITUXAN INJ 500MG/50ML	5	PA LA
TECENTRIQ	5	PA LA
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	5	MO
TARGRETIN GEL	5	PA
<i>tretinoin caps 10mg</i>	5	MO
Treatment Adjuncts		
ELITEK	5	B/D
<i>mesna</i>	4	
MESNEX TABS	5	MO

ANTIPARASITICS

Anthelmintics

ALBENZA	5	MO
BILTRICIDE	3	MO
EMVERM	4	MO
<i>ivermectin tabs</i>	3	MO
STROMEKTOL TABS 3MG	4	MO

Antiprotozoals

ALINIA	4	MO
<i>atovaquone</i>	4	PA MO
<i>atovaquone/proguanil hcl</i>	4	MO
<i>chloroquine phosphate tabs</i>	2	MO GC
COARTEM	4	MO
<i>hydroxychloroquine sulfate tabs</i>	3	MO
<i>mefloquine hcl</i>	3	MO
MEPRON SUSP	5	PA MO
NEBUPENT	4	B/D MO

Drug name	Drug tier	Requirements/Limits
PENTAM 300	4	MO
PLAQUENIL	4	MO
<i>primaquine phosphate tabs</i>	3	MO
QUALAQUIN	4	PA MO
<i>quinine sulfate caps 324mg</i>	4	PA MO
<i>Pediculicides/Scabicides</i>		
ELIMITE	4	MO
EURAX	4	MO
<i>lindane sham</i>	3	MO
<i>malathion</i>	4	MO
OVIDE	4	MO
<i>permethrin crea</i>	4	MO
ANTIPARKINSON AGENTS		
<i>Anticholinergics</i>		
<i>benztropine mesylate inj, tabs</i>	2	PA MO GC
COGENTIN INJ	4	PA
<i>trihexyphenidyl hcl</i>	2	PA MO GC
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl tabs</i>	3	MO
<i>amantadine hcl caps, syrp</i>	4	MO
COMTAN	4	MO
<i>entacapone</i>	4	MO
<i>Dopamine Agonists</i>		
APOKYN INJ	5	PA LA
<i>bromocriptine mesylate caps, tabs</i>	4	MO
MIRAPEX	4	ST MO
MIRAPEX ER	4	QL (30 EA per 30 days) ST MO
NEUPRO	4	MO
<i>pramipexole dihydrochloride er</i>	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	2	MO GC
REQUIP XL TB24 6MG	4	QL (120 EA per 30 days) MO
REQUIP XL TB24 4MG	4	QL (150 EA per 30 days) MO
REQUIP XL TB24 2MG	4	QL (30 EA per 30 days) MO
REQUIP XL TB24 12MG	4	QL (60 EA per 30 days) MO
REQUIP XL TB24 8MG	4	QL (90 EA per 30 days) MO
REQUIP TABS	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 45 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ropinirole er tb24 6mg</i>	4	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	4	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs</i>	2	MO GC

Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors

<i>carbidopa/levodopa er</i>	4	MO
<i>carbidopa/levodopa odt</i>	3	MO
<i>carbidopa/levodopa tabs</i>	2	MO GC
<i>carbidopa/levodopa/entacapone</i>	4	MO
<i>carbidopa tabs</i>	5	MO
DUOPA	5	B/D
LODOSYN	5	MO
RYTARY	4	MO
SINEMET	4	MO
SINEMET CR	4	MO
STALEVO 100	5	ST MO
STALEVO 150	5	ST MO
STALEVO 200	5	ST MO
STALEVO 50	4	ST MO

Monoamine Oxidase B (MAO-B) Inhibitors

AZILECT	3	MO
ELDEPRYL CAPS	4	MO
<i>rasagiline mesylate tabs</i>	4	MO
<i>selegiline hcl caps, tabs</i>	2	MO GC
ZELAPAR	4	QL (60 EA per 30 days) MO

ANTIPSYCHOTICS

1st Generation/Typical

<i>chlorpromazine hcl tabs</i>	4	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl inj 25mg/ml</i>	4	MO
<i>compro</i>	2	MO GC
<i>fluphenazine decanoate inj</i>	4	MO
<i>fluphenazine hcl conc, elix, tabs</i>	2	MO GC
<i>fluphenazine hcl inj</i>	4	MO

Drug name	Drug tier	Requirements/Limits
HALDOL DECANOATE 100 INJ	4	MO
HALDOL DECANOATE 50 INJ	4	MO
HALDOL INJ	4	MO
<i>haloperidol decanoate inj</i>	4	MO
<i>haloperidol lactate inj</i>	4	MO
<i>haloperidol conc, tabs</i>	3	MO
<i>loxapine succinate caps</i>	3	MO
<i>molindone hydrochloride tabs 25mg</i>	3	QL (270 EA per 30 days) MO
<i>molindone hydrochloride tabs 10mg</i>	3	QL (60 EA per 30 days) MO
<i>molindone hydrochloride tabs 5mg</i>	3	QL (90 EA per 30 days) MO
<i>perphenazine tabs</i>	4	MO
<i>pimozide</i>	4	MO
<i>prochlorperazine edisylate inj</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO GC
<i>prochlorperazine supp 25mg</i>	2	MO GC
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	PA MO
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	MO
<i>trifluoperazine hcl tabs</i>	4	MO
2nd Generation/Atypical		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	4	QL (900 ML per 30 days) MO
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 28 days)
FANAPT TITRATION PACK	4	ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL (60 EA per 30 days) ST MO
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST MO
GEODON INJ	4	QL (6 EA per 3 days) MO
GEODON CAPS	4	QL (60 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by 47 going to page 8.

Drug name	Drug tier	Requirements/Limits
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL (2.63 ML per 90 days)
INVEGA TB24 1.5MG, 3MG, 9MG	4	QL (30 EA per 30 days) ST MO
INVEGA TB24 6MG	4	QL (60 EA per 30 days) ST MO
LATUDA TABS 20MG	4	QL (240 EA per 30 days) MO
LATUDA TABS 120MG, 40MG	4	QL (30 EA per 30 days) MO
LATUDA TABS 60MG, 80MG	4	QL (60 EA per 30 days) MO
NUPLAZID	5	QL (60 EA per 30 days) PA LA
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	5	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	5	QL (60 EA per 30 days) MO
<i>quetiapine fumarate er tb24 50mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	3	QL (30 EA per 30 days) MO
<i>quetiapine fumarate er tb24 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>quetiapine fumarate tabs 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	3	QL (90 EA per 30 days) MO
REXULTI TABS 0.5MG	5	QL (180 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG	5	QL (360 EA per 30 days) MO
REXULTI TABS 2MG	5	QL (60 EA per 30 days) MO
REXULTI TABS 1MG	5	QL (90 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO
RISPERDAL M-TAB TBDP 4MG	4	QL (120 EA per 30 days) MO
RISPERDAL M-TAB TBDP 1MG, 2MG	4	QL (60 EA per 30 days) MO
RISPERDAL M-TAB TBDP 0.5MG, 3MG	4	QL (90 EA per 30 days) MO
RISPERDAL SOLN	4	MO
RISPERDAL TABS 4MG	4	QL (120 EA per 30 days) MO
RISPERDAL TABS 1MG, 2MG	4	QL (60 EA per 30 days) MO
RISPERDAL TABS 0.25MG, 0.5MG, 3MG	4	QL (90 EA per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	4	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	MO GC
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO GC
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO GC
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO GC
SAPHRIS SUBL 5MG	4	QL (120 EA per 30 days) MO
SAPHRIS SUBL 2.5MG	4	QL (240 EA per 30 days) MO
SAPHRIS SUBL 10MG	4	QL (60 EA per 30 days) MO
VRAYLAR CPPK	4	PA MO
VRAYLAR CAPS 1.5MG	5	QL (120 EA per 30 days) PA MO
VRAYLAR CAPS 4.5MG, 6MG	5	QL (30 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by 49 going to page 8.

Drug name	Drug tier	Requirements/Limits
VRAYLAR CAPS 3MG	5	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl</i>	3	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA
ZYPREXA ZYDIS	4	QL (30 EA per 30 days) ST MO
ZYPREXA INJ	4	MO
ZYPREXA TABS 10MG, 15MG, 20MG, 5MG, 7.5MG	4	QL (30 EA per 30 days) ST MO
ZYPREXA TABS 2.5MG	4	QL (60 EA per 30 days) ST MO
Treatment-Resistant		
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
CLOZARIL	4	ST
FAZACLO	4	ST
VERSACLOZ	5	QL (600 ML per 30 days) PA

ANTISPASTICITY AGENTS

Antispasticity Agents

<i>baclofen tabs</i>	2	MO GC
<i>dantrolene sodium caps</i>	4	MO
GABLOFEN INJ 10000MCG/20ML, 40000MCG/20ML, 50MCG/ML	4	B/D
LIORESAL INTRATHECAL	4	B/D
<i>tizanidine hcl tabs</i>	2	MO GC
<i>tizanidine hcl caps</i>	4	MO
ZANAFLEX CAPS	4	MO
ZANAFLEX TABS 4MG	4	MO

ANTIVIRALS

Anti-cytomegalovirus (CMV) Agents

<i>ganciclovir inj 500mg</i>	3	B/D
VALCYTE	5	MO
<i>valganciclovir hydrochloride soln</i>	5	MO
<i>valganciclovir tabs</i>	5	MO

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
BARACLUDE SOLN	5	MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
EPIVIR HBV	4	MO
<i>lamivudine tabs 100mg</i>	3	MO
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
EPCLUSA	5	QL (28 EA per 28 days) PA
HARVONI	5	QL (30 EA per 30 days) PA
SOVALDI	5	QL (28 EA per 28 days) PA
Anti-hepatitis C (HCV) Agents, Other		
COPEGUS	5	
INTRON A INJ 50MU, 6000000UNIT/ML	5	B/D
<i>moderiba tabs 200mg</i>	3	
PEGASYS	5	PA
PEGASYS PROCLICK	5	PA
REBETOL SOLN	5	
RIBASPHERE RIBAPAK	4	
<i>ribasphere caps</i>	3	
RIBASPHERE TABS 400MG, 600MG	4	
<i>ribasphere tabs 200mg</i>	3	
<i>ribavirin caps 200mg</i>	3	
<i>ribavirin tabs 200mg</i>	3	
SYLATRON	5	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ATRIPLA	5	MO
GENVOYA	5	MO
ISENTRESS PACK	5	
ISENTRESS TABS	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS CHEW 100MG	5	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	MO
EDURANT	5	MO
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
<i>nevirapine er</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 51 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>nevirapine susp</i>	3	
<i>nevirapine tabs</i>	3	MO
ODEFSEY	5	MO
RESCRIPTOR	4	MO
STRIBILD	5	MO
SUSTIVA TABS	5	MO
SUSTIVA CAPS 50MG	3	MO
SUSTIVA CAPS 200MG	5	MO
VIRAMUNE	4	MO
VIRAMUNE XR	4	MO
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	3	MO
<i>abacavir sulfate/lamivudine/ zidovudine</i>	5	MO
<i>abacavir/lamivudine</i>	5	MO
DESCOVY	5	MO
<i>didanosine</i>	4	MO
EMTRIVA	3	MO
EPIVIR	4	MO
EPZICOM	5	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
RETROVIR IV INFUSION	3	
RETROVIR CAPS, SYRP	4	MO
<i>stavudine caps</i>	3	MO
TRIUMEQ	5	MO
TRUVADA TABS 133MG; 200MG, 167MG; 250MG, 200MG; 300MG	5	QL (30 EA per 30 days) MO
TRUVADA TABS 100MG; 150MG	5	QL (60 EA per 30 days) MO
VIDEX EC	4	MO
VIDEX PEDIATRIC	4	MO
VIREAD	5	MO
ZERIT SOLR	4	MO
ZIAGEN SOLN	3	MO
<i>zidovudine</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
Anti-HIV Agents, Other		
FUZEON	5	
ISENTRESS HD	5	
SELZENTRY TABS 25MG	4	QL (240 EA per 30 days)
SELZENTRY TABS 150MG, 300MG	5	MO
SELZENTRY TABS 75MG	5	QL (60 EA per 30 days)
TYBOST	3	MO
Anti-HIV Agents, Protease Inhibitors		
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
CRIXIVAN CAPS 200MG, 400MG	4	MO
EVOTAZ	5	MO
INVIRASE	5	MO
KALETRA SOLN	5	MO
KALETRA TABS 100MG; 25MG	3	MO
KALETRA TABS 200MG; 50MG	5	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	5	MO
<i>lopinavir/ritonavir</i>	4	MO
NORVIR CAPS	3	
NORVIR SOLN, TABS	3	MO
PREZCOBIX	5	MO
PREZISTA SUSP	5	MO
PREZISTA TABS 150MG, 75MG	3	MO
PREZISTA TABS 600MG, 800MG	5	MO
REYATAZ	5	MO
VIRACEPT	5	MO
Anti-influenza Agents		
<i>oseltamivir phosphate</i>	4	MO
RELENZA DISKHALER	3	MO
<i>rimantadine hcl</i>	4	MO
TAMIFLU CAPS	3	MO
TAMIFLU SUSR 6MG/ML	3	MO
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps, tabs</i>	2	MO GC
<i>acyclovir susp</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 53 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>acyclovir oint</i>	4	MO
DENAVIR	4	MO
<i>famciclovir tabs 500mg</i>	3	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	3	QL (60 EA per 30 days) MO
FAMVIR TABS 500MG	4	QL (21 EA per 30 days) MO
FAMVIR TABS 125MG, 250MG	4	QL (60 EA per 30 days) MO
<i>valacyclovir hcl</i>	3	MO
VALTrex	4	MO
ZOVIRAX CAPS, CREA, OINT, SUSP	4	MO

ANXIOLYTICS

Anxiolytics, Other

<i>buspirone hcl tabs</i>	2	MO GC
<i>meprobamate</i>	4	PA MO

Benzodiazepines

<i>alprazolam er tb24 0.5mg, 1mg</i>	4	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	4	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	4	QL (90 EA per 30 days) MO
<i>alprazolam intensol oral soln conc</i>	4	QL (300 ML per 30 days) MO
<i>alprazolam odt tbdp 0.5mg, 1mg</i>	4	MO
<i>alprazolam odt tbdp 0.25mg</i>	4	QL (120 EA per 30 days) MO
<i>alprazolam odt tbdp 2mg</i>	4	QL (150 EA per 30 days) MO
<i>alprazolam immediate release tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>alprazolam immediate release tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>chlordiazepoxide hcl</i>	4	QL (120 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	3	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL (90 EA per 30 days) MO
<i>diazepam intensol oral soln conc 5mg/ml</i>	3	MO
<i>diazepam inj 5mg/ml</i>	4	QL (240 ML per 30 days) MO
<i>diazepam oral soln 1mg/ml</i>	4	QL (1200 ML per 30 days) MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	3	QL (120 EA per 30 days) MO
<i>flurazepam hcl</i>	4	QL (30 EA per 30 days) MO
HALCION TABS 0.25MG	4	QL (60 EA per 30 days) MO

Drug name	Drug tier	Requirements/Limits
<i>lorazepam intensol oral soln conc</i>	2	QL (150 ML per 30 days) MO GC
<i>lorazepam inj 4mg/ml</i>	2	QL (120 ML per 30 days) GC
<i>lorazepam inj 2mg/ml</i>	2	QL (120 ML per 30 days) MO GC
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>lorazepam tabs 1mg</i>	2	QL (180 EA per 30 days) MO GC
<i>oxazepam</i>	4	QL (120 EA per 30 days) MO
RESTORIL	4	QL (30 EA per 30 days) MO
<i>temazepam</i>	4	QL (30 EA per 30 days) MO
TRANXENE T TABS 7.5MG	4	MO
<i>triazolam</i>	4	QL (60 EA per 30 days) MO
VALIUM TABS	4	QL (120 EA per 30 days) MO
XANAX XR TB24 0.5MG, 1MG	4	QL (30 EA per 30 days) ST MO
XANAX XR TB24 3MG	4	QL (60 EA per 30 days) ST MO
XANAX XR TB24 2MG	4	QL (90 EA per 30 days) ST MO
XANAX TABS 0.25MG, 0.5MG	4	QL (120 EA per 30 days) ST MO
XANAX TABS 1MG, 2MG	4	QL (150 EA per 30 days) ST MO

BIPOLAR AGENTS

Mood Stabilizers

EQUETRO	4	MO
<i>lithium carbonate er tabs</i>	4	MO
<i>lithium carbonate caps, tabs</i>	1	MO GC
<i>lithium oral soln</i>	3	MO
LITHOBID	4	MO

BLOOD GLUCOSE REGULATORS

Antidiabetic Agents

<i>acarbose</i>	1	QL (90 EA per 30 days) MO GC
ACTOPLUS MET IMMEDIATE RELEASE TABS	4	QL (90 EA per 30 days) MO
ACTOS	4	QL (30 EA per 30 days) MO
AMARYL	4	MO
AVANDIA TABS 2MG, 4MG	4	QL (60 EA per 30 days) MO
BYDUREON	3	QL (4 EA per 28 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 55 going to page 8.

Drug name	Drug tier	Requirements/Limits
BYDUREON PEN	3	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
CYCLOSET	4	QL (180 EA per 30 days) PA MO
DUETACT	4	QL (30 EA per 30 days) MO
FARXIGA TABS 10MG	3	QL (30 EA per 30 days) MO
FARXIGA TABS 5MG	3	QL (60 EA per 30 days) MO
FORTAMET TB24 1000MG	4	PA MO
<i>glimepiride</i>	1	MO GC
<i>glipizide er</i>	1	MO GC
<i>glipizide xl</i>	1	MO GC
<i>glipizide/metformin hcl</i>	1	MO GC
<i>glipizide tabs</i>	1	MO GC
GLUCOPHAGE	4	MO
GLUCOPHAGE XR	4	MO
GLUCOTROL	4	MO
GLUCOTROL XL	4	MO
GLUCOVANCE TABS 2.5MG; 500MG, 5MG; 500MG	4	PA MO
GLUMETZA TB24 500MG	5	QL (150 EA per 30 days) PA MO
GLUMETZA TB24 1000MG	5	QL (60 EA per 30 days) PA MO
<i>glyburide micronized</i>	2	PA MO GC
<i>glyburide/metformin hcl</i>	2	PA MO GC
<i>glyburide tabs</i>	2	PA MO GC
GLYNASE	4	PA MO
INVOKAMET XR TB24 50MG; 500MG	3	QL (120 EA per 30 days) MO
INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) MO
INVOKAMET TABS 50MG; 500MG	3	QL (120 EA per 30 days) MO
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) MO
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) MO
INVOKANA TABS 100MG	3	QL (90 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
KORLYM	5	PA LA
<i>metformin hcl er tb24 (generic Glucophage XR) 500mg, 750mg</i>	1	MO GC
<i>metformin hcl er tb24 (generic Fortamet) 500mg</i>	4	PA MO
<i>metformin hcl er tb24 (generic Glumetza) 500mg</i>	4	QL (150 EA per 30 days) PA MO
<i>metformin hcl tabs</i>	1	MO GC
<i>miglitol</i>	4	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	MO GC
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO GC
PRANDIN TABS 0.5MG, 1MG	4	QL (120 EA per 30 days) MO
PRANDIN TABS 2MG	4	QL (240 EA per 30 days) MO
PRECOSE	4	QL (90 EA per 30 days) MO
<i>repaglinide/metformin hydrochloride</i>	1	QL (150 EA per 30 days) MO GC
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO GC
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO GC
RIOMET	4	MO
STARLIX	4	MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (12 ML per 30 days) PA MO
<i>tolazamide tabs 250mg, 500mg</i>	1	MO GC
<i>tolbutamide</i>	1	MO GC

*You can find information on what the symbols and abbreviations on this table mean by 57 going to page 8.

Drug name	Drug tier	Requirements/Limits
TRADJENTA	3	QL (30 EA per 30 days) MO
TRULICITY	4	QL (4 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TB24 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
<i>Glycemic Agents</i>		
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT	3	MO
PROGLYCEM	4	MO
<i>Insulins</i>		
HUMALOG	4	ST MO
HUMALOG KWIKPEN	4	ST MO
HUMALOG MIX 75/25	4	ST MO
HUMALOG MIX 75/25 KWIKPEN	4	ST MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
TOUJEO SOLOSTAR	3	MO
TRESIBA FLEXTOUCH	3	MO

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

Anticoagulants

COUMADIN TABS	4	MO
ELIQUIS	3	MO

Drug name	Drug tier	Requirements/Limits
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	MO
FRAGMIN INJ	4	MO
HEPARIN SODIUM/D5W INJ 100UNIT/ML	4	
<i>heparin sodium/d5w inj 40unit/ml, 50unit/ml</i>	4	
HEPARIN SODIUM/NACL 0.45%	4	
<i>heparin sodium inj 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	4	MO
<i>jantoven</i>	1	MO GC
LOVENOX INJ 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	4	MO
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML	5	MO
PRADAXA	4	MO
<i>warfarin sodium tabs</i>	1	MO GC
ZONTIVITY	4	
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	3	MO
<i>azacitidine</i>	5	PA
GRANIX	5	PA
MOZOBIL	5	PA
NEULASTA INJ	5	PA
NEUPOGEN	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABS 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA TABS 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 75MG	5	QL (60 EA per 30 days) PA LA
PROMACTA TABS 50MG	5	QL (90 EA per 30 days) PA LA
Hemostasis Agents		
LYSTEDA	4	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 59 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>tranexamic acid inj</i>	4	
<i>tranexamic acid tabs</i>	4	QL (30 EA per 30 days) MO
Platelet Modifying Agents		
AGGRENEX	4	QL (60 EA per 30 days) ST MO
<i>aspirin/dipyridamole</i>	3	QL (60 EA per 30 days) MO
BRILINTA	3	MO
<i>cilostazol</i>	1	MO GC
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) GC
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO GC
<i>dipyridamole tabs</i>	4	PA MO
DURLAZA	4	QL (30 EA per 30 days) MO
EFFIENT	4	MO
PLAVIX TABS 300MG	4	QL (2 EA per 365 days) ST
PLAVIX TABS 75MG	4	QL (30 EA per 30 days) ST MO

CARDIOVASCULAR AGENTS

Alpha-adrenergic Agonists

CATAPRES TABS	4	MO
CATAPRES-TTS-1 PATCHES	4	QL (8 EA per 28 days) MO
CATAPRES-TTS-2 PATCHES	4	QL (8 EA per 28 days) MO
CATAPRES-TTS-3 PATCHES	4	QL (8 EA per 28 days) MO
<i>clonidine hcl immediate release tabs</i>	2	MO GC
<i>clonidine hcl weekly patch</i>	3	QL (8 EA per 28 days) MO
<i>guanfacine hcl</i>	4	PA MO
<i>methyldopa tabs 250mg, 500mg</i>	4	PA MO
<i>midodrine hcl</i>	3	MO
NORTHERA	5	PA LA
TENEX	4	PA MO

Alpha-adrenergic Blocking Agents

CARDURA	4	MO
<i>doxazosin mesylate tabs 4mg</i>	2	MO GC
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	2	MO GC
MINIPRESS	4	MO
<i>prazosin hcl caps</i>	3	MO
<i>terazosin hcl caps</i>	1	MO GC

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

Drug name	Drug tier	Requirements/Limits
Angiotensin II Receptor Antagonists		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO GC
<i>amlodipine/olmesartan medoxomil</i>	4	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz</i>	1	QL (30 EA per 30 days) MO GC
ATACAND	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 16MG; 12.5MG	4	QL (60 EA per 30 days) ST MO
AVALIDE	4	QL (30 EA per 30 days) ST MO
AVAPRO	4	QL (30 EA per 30 days) ST MO
AZOR	4	QL (30 EA per 30 days) ST MO
BENICAR	4	QL (30 EA per 30 days) MO
BENICAR HCT	4	QL (30 EA per 30 days) MO
<i>candesartan cilexetil</i>	2	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/ hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	2	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/ hydrochlorothiazide tabs 16mg; 12.5mg</i>	2	QL (60 EA per 30 days) MO GC
COZAAR TABS 100MG	4	QL (30 EA per 30 days) ST MO
COZAAR TABS 25MG, 50MG	4	QL (60 EA per 30 days) ST MO
DIOVAN HCT	4	QL (30 EA per 30 days) ST MO
DIOVAN TABS 320MG	4	QL (30 EA per 30 days) ST MO
DIOVAN TABS 160MG, 40MG, 80MG	4	QL (60 EA per 30 days) ST MO
EDARBI	4	QL (30 EA per 30 days) MO
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days) MO GC
EXFORGE	4	QL (30 EA per 30 days) ST MO
EXFORGE HCT	4	QL (30 EA per 30 days) ST MO
HYZAAR	4	QL (30 EA per 30 days) ST MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO GC
<i>irbesartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO GC

*You can find information on what the symbols and abbreviations on this table mean by 61 going to page 8.

Drug name	Drug tier	Requirements/Limits
MICARDIS	4	QL (30 EA per 30 days) ST MO
MICARDIS HCT	4	QL (30 EA per 30 days) ST MO
<i>olmesartan medoxomil/ amlodipine/hydrochlorothiazide</i>	4	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	4	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs</i>	4	QL (30 EA per 30 days) MO
<i>telmisartan</i>	2	QL (30 EA per 30 days) MO GC
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO GC
<i>telmisartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
TRIBENZOR	4	QL (30 EA per 30 days) ST MO
TWYNSTA	4	QL (30 EA per 30 days) ST MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO GC
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO GC
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL	4	MO
ACCURETIC	4	MO
ALTACE CAPS	4	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO GC
<i>benazepril hcl tabs</i>	1	MO GC
<i>captopril/hydrochlorothiazide</i>	1	MO GC
<i>captopril tabs</i>	2	MO GC
<i>enalapril maleate/ hydrochlorothiazide</i>	1	MO GC
<i>enalapril maleate tabs</i>	1	MO GC
EPANED SOLN RECONSTITUTED	4	MO
<i>fosinopril sodium</i>	1	MO GC
<i>fosinopril sodium/ hydrochlorothiazide</i>	1	MO GC
<i>lisinopril/hydrochlorothiazide</i>	1	MO GC
<i>lisinopril tabs</i>	1	MO GC
LOTENSIN TABS 20MG, 40MG	4	MO
MAVIK TABS 1MG, 2MG	4	MO
<i>moexipril hcl</i>	1	MO GC
<i>moexipril/hydrochlorothiazide</i>	1	MO GC
<i>perindopril erbumine</i>	2	MO GC
PRINIVIL TABS 10MG, 20MG, 5MG	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>quinapril</i>	1	MO GC
<i>quinapril/hydrochlorothiazide</i>	2	MO GC
<i>ramipril</i>	1	MO GC
TARKA	4	MO
<i>trandolapril</i>	1	MO GC
<i>trandolapril/verapamil hcl er</i>	1	MO GC
VASOTEC	4	MO
ZESTORETIC	4	MO
ZESTRIL	4	MO
Antiarrhythmics		
<i>amiodarone hcl tabs</i>	2	MO GC
<i>amiodarone hcl inj 50mg/ml</i>	4	
<i>disopyramide phosphate caps</i>	4	PA MO
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	MO
<i>lidocaine hcl in d5w inj 4mg/ml</i>	4	
<i>lidocaine hcl inj 20mg/ml</i>	4	
<i>lidocaine hcl inj 10mg/ml</i>	4	MO
<i>mexiletine hcl</i>	4	MO
MULTAQ	4	MO
NORPACE	4	PA MO
NORPACE CR	4	PA MO
<i>pacerone tabs 100mg, 200mg, 400mg</i>	2	GC
<i>propafenone hcl er caps</i>	4	MO
<i>propafenone hcl tabs</i>	3	MO
<i>quinidine gluconate cr tabs</i>	4	MO
<i>quinidine gluconate er tabs</i>	4	MO
<i>quinidine sulfate tabs</i>	2	MO GC
RYTHMOL SR	4	MO
<i>sorine</i>	1	GC
<i>sotalol af</i>	2	MO GC
<i>sotalol hcl</i>	1	MO GC
TIKOSYN	4	ST
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	2	MO GC
<i>atenolol/chlorthalidone</i>	2	MO GC

*You can find information on what the symbols and abbreviations on this table mean by 63 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>atenolol tabs</i>	1	MO GC
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO GC
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	1	MO GC
BYSTOLIC	4	MO
<i>carvedilol</i>	1	MO GC
COREG	4	MO
COREG CR	4	QL (30 EA per 30 days) MO
CORGARD TABS 20MG, 40MG, 80MG	4	MO
INDERAL LA	4	MO
INNOPRAN XL	4	MO
<i>labetalol hcl tabs</i>	3	MO
<i>labetalol hcl inj</i>	4	MO
LOPRESSOR TABS	4	MO
<i>metoprolol succinate er</i>	2	MO GC
<i>metoprolol tartrate tabs</i>	1	MO GC
<i>metoprolol tartrate inj</i>	4	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO GC
<i>nadolol/bendroflumethiazide</i>	3	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	4	MO
<i>pindolol tabs</i>	3	MO
<i>propranolol hcl er caps</i>	4	MO
<i>propranolol hcl oral soln, tabs</i>	2	MO GC
<i>propranolol hcl inj</i>	4	
<i>propranolol/hydrochlorothiazide</i>	2	MO GC
SECTRAL	4	MO
TENORMIN TABS	4	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO GC
TOPROL XL	4	ST MO
ZIAC	4	MO
Calcium Channel Blocking Agents		
ADALAT CC	4	MO
<i>afeditab cr</i>	4	
<i>amlodipine besylate/atorvastatin calcium</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL (30 EA per 30 days) MO GC
<i>amlodipine besylate tabs</i>	1	MO GC
CADUET TABS 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 80MG, 5MG; 10MG, 5MG; 20MG, 5MG; 40MG, 5MG; 80MG	4	ST MO
CALAN SR	4	MO
CALAN TABS 120MG, 80MG	4	MO
CARDIZEM CD CP24 120MG, 240MG, 360MG	4	MO
CARDIZEM LA	4	MO
CARDIZEM TABS 120MG, 30MG, 60MG	4	MO
<i>cartia xt</i>	2	GC
<i>dilt-xr cp24 180mg, 240mg</i>	2	GC
<i>dilt-xr cp24 120mg</i>	2	MO GC
<i>diltiazem cd cp24 180mg</i>	2	GC
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	MO GC
<i>diltiazem cd cp24 360mg</i>	2	MO GC
<i>diltiazem hcl er</i>	2	MO GC
<i>diltiazem hcl immediate release tabs</i>	2	MO GC
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	4	
<i>felodipine er</i>	4	MO
<i>isradipine</i>	2	MO GC
LOTREL CAPS 10MG; 20MG, 10MG; 40MG, 5MG; 10MG, 5MG; 20MG	4	QL (30 EA per 30 days) MO
<i>matzim la</i>	4	MO
<i>nicardipine hcl caps</i>	4	MO
<i>nifedical xl tb24 60mg</i>	4	
<i>nifedipine er</i>	4	MO
<i>nifedipine caps</i>	4	PA MO
<i>nimodipine caps</i>	4	MO
<i>nisoldipine er</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 65 going to page 8.

Drug name	Drug tier	Requirements/Limits
NORVASC	4	MO
PROCARDIA XL	4	MO
PROCARDIA CAPS 10MG	4	PA MO
SULAR TB24 17MG, 34MG, 8.5MG	4	MO
<i>taztia xt</i>	2	GC
TIAZAC	4	MO
<i>verapamil hcl er tabs, caps</i>	2	MO GC
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	MO GC
<i>verapamil hcl sr cp24 360mg</i>	3	MO
<i>verapamil hcl sr tbcR 240mg</i>	2	MO GC
<i>verapamil hcl tabs</i>	1	MO GC
<i>verapamil hcl inj</i>	4	MO
VERELAN	4	MO
VERELAN PM	4	MO
Cardiovascular Agents, Other		
CORLANOR	4	ST MO
DEMSEER	5	MO
<i>digitek</i>	3	
<i>digox</i>	3	
DIGOXIN ORAL SOLN	3	MO
<i>digoxin inj 0.25mg/ml</i>	4	MO
<i>digoxin tabs 125mcg, 250mcg</i>	3	MO
ENTRESTO	3	MO
LANOXIN PEDIATRIC	4	
LANOXIN INJ	4	MO
LANOXIN TABS 125MCG, 187.5MCG, 250MCG, 62.5MCG	4	MO
<i>pentoxifylline cr</i>	2	MO GC
<i>pentoxifylline er</i>	2	MO GC
RANEXA	3	MO
TEKTURNA	4	QL (30 EA per 30 days) MO
TEKTURNA HCT	4	QL (30 EA per 30 days) MO
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er caps</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
DIAMOX SEQUELS ER CAPS	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>methazolamide</i>	4	MO
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	3	MO
DEMADEX TABS 10MG, 20MG	4	MO
<i>furosemide oral soln, tabs</i>	1	MO GC
<i>furosemide inj</i>	3	MO
LASIX TABS	4	MO
<i>torsemide tabs</i>	2	MO GC
Diuretics, Potassium-sparing		
ALDACTONE	4	MO
<i>amiloride tabs</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO GC
DYAZIDE	4	MO
DYRENIUM	4	MO
<i>eplerenone</i>	4	MO
INSPRA	4	MO
MAXZIDE	4	MO
MAXZIDE-25	4	MO
<i>spironolactone/ hydrochlorothiazide</i>	3	MO
<i>spironolactone tabs</i>	1	MO GC
<i>triamterene/hydrochlorothiazide</i>	1	MO GC
Diuretics, Thiazide		
<i>chlorothiazide tabs</i>	3	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	2	MO GC
DIURIL SUSP	4	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO GC
<i>indapamide tabs</i>	2	MO GC
<i>methyclothiazide tabs</i>	3	MO
<i>metolazone</i>	3	MO
MICROZIDE	4	MO
Dyslipidemics, Fibrin Acid Derivatives		
ANTARA CAPS 30MG, 90MG	4	MO
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	3	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 67 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>fenofibrate tabs 120mg, 40mg</i>	4	MO
<i>fenofibric acid dr caps</i>	4	MO
FENOFIBRIC ACID TABS 105MG	3	MO
<i>fenofibric acid tabs 35mg</i>	3	MO
FENOGLIDE	4	MO
<i>gemfibrozil tabs</i>	2	MO GC
LIPOFEN	4	MO
LOFIBRA CAPS 134MG, 67MG	4	MO
LOPID TABS	4	MO
TRICOR TABS 145MG, 48MG	4	MO
TRIGLIDE TABS 160MG	4	MO
TRILIPIX	4	MO
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ALTOPREV TB24 40MG	4	QL (30 EA per 30 days) ST MO
ALTOPREV TB24 20MG	4	QL (60 EA per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO GC
CRESTOR	4	QL (30 EA per 30 days) ST MO
<i>fluvastatin caps</i>	2	QL (60 EA per 30 days) MO GC
<i>fluvastatin er tabs</i>	2	QL (30 EA per 30 days) MO GC
LESCOL XL	4	QL (30 EA per 30 days) ST MO
LIPITOR	4	QL (30 EA per 30 days) MO
LIVALO	4	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO GC
PRAVACHOL TABS 20MG, 40MG, 80MG	4	QL (30 EA per 30 days) MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO GC
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO GC
<i>simvastatin tabs</i>	1	QL (30 EA per 30 days) MO GC
ZOCOR	4	QL (30 EA per 30 days) MO
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	4	MO
<i>cholestyramine pack, powd</i>	4	MO
COLESTID FLAVORED GRAN 5GM	4	MO
COLESTID GRAN, TABS	4	MO
<i>colestipol hcl</i>	4	MO
<i>ezetimibe</i>	4	MO
<i>ezetimibe/simvastatin</i>	4	QL (30 EA per 30 days) ST

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

Drug name	Drug tier	Requirements/Limits
JUXTAPID	5	PA LA
KYNAMRO	5	PA
LOVAZA	4	QL (120 EA per 30 days) MO
<i>niacin er tabs 500mg, 750mg, 1000mg</i>	4	MO
NIACOR	4	MO
NIASPAN TBCR 1000MG, 500MG, 750MG	4	ST MO
<i>omega-3-acid ethyl esters caps 1gm</i>	4	QL (120 EA per 30 days) MO
PRALUENT	5	PA
<i>prevalite</i>	4	MO
QUESTRAN PACK, POWD	4	MO
VASCEPA	4	MO
VYTORIN	4	QL (30 EA per 30 days) ST MO
WELCHOL	3	MO
ZETIA	3	MO
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
BIDIL	4	MO
ISORDIL TITRADOSE TABS 40MG, 5MG	4	MO
<i>isosorbide dinitrate er tabs 40mg</i>	2	MO GC
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide mononitrate</i>	1	MO GC
<i>isosorbide mononitrate er</i>	2	MO GC
<i>minitran</i>	3	
NITRO-BID	3	MO
NITRO-DUR	4	MO
<i>nitroglycerin lingual spray</i>	4	MO
<i>nitroglycerin transdermal</i>	3	MO
<i>nitroglycerin inj 5mg/ml</i>	4	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	4	MO
NITROLINGUAL PUMPSPRAY	4	MO
NITROMIST	4	MO
NITROSTAT SUBL	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 69 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl tabs</i>	2	MO GC
<i>hydralazine hcl inj</i>	4	MO
<i>minoxidil tabs</i>	2	MO GC

CENTRAL NERVOUS SYSTEM AGENTS

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	4	QL (30 EA per 30 days) PA MO
ADDERALL TABS 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	4	QL (60 EA per 30 days) PA MO
ADDERALL TABS 20MG	4	QL (90 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine 24hr er caps</i>	4	QL (30 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	3	QL (90 EA per 30 days) PA MO
DEXEDRINE SPANSULE CP24	4	QL (120 EA per 30 days) PA MO
<i>dexedrine tabs</i>	4	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er caps</i>	4	QL (120 EA per 30 days) PA MO
<i>dextroamphetamine sulfate immediate release tabs</i>	4	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) PA MO
PROCENTRA	4	QL (1800 ML per 30 days) PA MO
VYVANSE CHEW	4	QL (30 EA per 30 days) PA
VYVANSE CAPS	4	QL (30 EA per 30 days) PA MO
ZENZEDI TABS 15MG	4	QL (120 EA per 30 days) PA MO
ZENZEDI TABS 2.5MG	4	QL (180 EA per 30 days) PA MO
ZENZEDI TABS 7.5MG	4	QL (240 EA per 30 days) PA MO
ZENZEDI TABS 30MG	4	QL (60 EA per 30 days) PA MO
ZENZEDI TABS 20MG	4	QL (90 EA per 30 days) PA MO
<i>zenzedi tabs 10mg, 5mg</i>	4	QL (180 EA per 30 days) PA

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

APTENSIO XR	4	QL (30 EA per 30 days) PA MO
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Drug name	Drug tier	Requirements/Limits
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	4	QL (60 EA per 30 days) MO
<i>clonidine hcl er</i>	4	MO
CONCERTA	4	QL (30 EA per 30 days) PA MO
<i>dexmethylphenidate hcl er</i>	4	QL (30 EA per 30 days) PA MO
<i>dexmethylphenidate hcl tabs</i>	4	QL (60 EA per 30 days) PA MO
FOCALIN	4	QL (60 EA per 30 days) PA MO
FOCALIN XR	4	QL (30 EA per 30 days) PA MO
<i>guanfacine er</i>	3	QL (30 EA per 30 days) PA MO
INTUNIV	4	QL (30 EA per 30 days) ST MO
KAPVAY	4	MO
METADATE CD CAPS	4	QL (30 EA per 30 days) PA MO
<i>metadate er tabs 20mg</i>	4	QL (90 EA per 30 days) PA
METHYLIN SOLN 5MG/5ML	4	QL (1800 ML per 30 days) PA MO
METHYLIN SOLN 10MG/5ML	4	QL (900 ML per 30 days) PA MO
<i>methylphenidate hcl cd cpcr 10mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er (la) caps</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er caps 24hr 20mg, 40mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er caps 24hr 30mg</i>	4	QL (60 EA per 30 days) PA MO
<i>methylphenidate hcl er cpcr 20mg, 30mg, 40mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tab 24hr</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tab (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tbcr 10mg, 20mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl immediate release tabs</i>	3	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl chew</i>	4	QL (180 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by 71 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	QL (1800 ML per 30 days) PA MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	4	QL (900 ML per 30 days) PA MO
QUILLICHEW ER 40MG	4	QL (30 EA per 30 days) PA MO
QUILLICHEW ER 30MG	4	QL (60 EA per 30 days) PA MO
QUILLICHEW ER 20MG	4	QL (90 EA per 30 days) PA MO
QUILLIVANT XR	4	PA MO
RITALIN	4	QL (90 EA per 30 days) PA MO
RITALIN LA CP24 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) PA MO
RITALIN LA CP24 30MG	4	QL (60 EA per 30 days) PA MO
STRATTERA CAPS 10MG, 18MG, 25MG	4	QL (120 EA per 30 days) MO
STRATTERA CAPS 100MG, 60MG, 80MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPS 40MG	4	QL (60 EA per 30 days) MO
Central Nervous System, Other		
NUDEXTA	4	PA MO
RILUTEK	5	MO
<i>riluzole</i>	4	MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA
XENAZINE TABS 25MG	5	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	5	QL (90 EA per 30 days) PA LA
Fibromyalgia Agents		
SAVELLA	4	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	4	QL (110 EA per 365 days) PA MO
Multiple Sclerosis Agents		
AMPYRA	5	PA LA
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
GILENYA	5	QL (28 EA per 28 days) PA
TYSABRI	5	PA LA

Drug name

Drug tier Requirements/Limits

DENTAL AND ORAL AGENTS

Dental and Oral Agents

<i>cevimeline hcl</i>	4	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO GC
<i>clinpro 5000</i>	4	MO
<i>dentagel</i>	4	MO
EVOXAC	4	MO
<i>oralone</i>	4	
<i>paroex</i>	1	GC
<i>periogard</i>	1	GC
<i>phos-flur gel</i>	4	
<i>pilocarpine hcl tabs 5mg</i>	4	MO
<i>pilocarpine hcl tabs 7.5mg</i>	4	MO
SALAGEN	4	MO
<i>sf gel 1.1%</i>	4	MO
<i>triamcinolone acetonide pste 0.1%</i>	4	MO
<i>triamcinolone in orabase</i>	4	MO

DERMATOLOGICAL AGENTS

Dermatological Agents

<i>acitretin</i>	3	PA MO
ACZONE	4	MO
<i>adapalene crea, gel</i>	4	PA MO
<i>ammonium lactate crea, lotn</i>	3	MO
ATRALIN	4	PA MO
AVITA CREA	4	PA
AVITA GEL	4	PA MO
BACTROBAN CREA	4	MO
<i>calcipotriene</i>	4	MO
<i>calcipotriene/betamethasone dipropionate oint</i>	4	QL (400 GM per 28 days) MO
<i>calcitrene</i>	4	MO
<i>calcitriol oint 3mcg/gm</i>	4	MO
CARAC	5	MO
<i>claravis</i>	4	
CLEOCIN-T	4	MO
CLINDACIN ETZ	3	MO
<i>clindacin etz pledgets kit</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 73 going to page 8.

Drug name	Drug tier	Requirements/Limits
CLINDACIN PAC KIT 1%	3	MO
<i>clindacin-p pad 1%</i>	3	MO
CLINDAGEL	4	MO
<i>clindamycin phosphate foam 1%</i>	4	MO
<i>clindamycin phosphate gel 1%</i>	3	MO
<i>clindamycin phosphate lotn 1%</i>	4	MO
<i>clindamycin phosphate external soln 1%</i>	3	MO
<i>clindamycin phosphate swab 1%</i>	3	MO
<i>clindamycin/benzoyl peroxide</i>	4	MO
CONDYLOX GEL	4	MO
CORTISPORIN TOPICAL CREA, OINT	4	MO
<i>diclofenac sodium gel 1%</i>	3	QL (1000 GM per 30 days) MO
<i>diclofenac sodium gel 3%</i>	4	MO
DOVONEX CREA	4	MO
<i>doxepin hydrochloride 5% crea</i>	4	MO
DUAC	4	MO
EFUDEX CREA	4	MO
ELIDEL	4	QL (60 GM per 30 days) ST MO
<i>ery pad 2%</i>	4	MO
ERYGEL	4	MO
<i>erythromycin/benzoyl peroxide</i>	4	MO
<i>erythromycin gel 2%</i>	2	MO GC
<i>erythromycin pads 2%</i>	4	MO
<i>erythromycin soln 2%</i>	2	MO GC
EVOCLIN	4	MO
FINACEA	4	MO
<i>fluocinolone acetonide body</i>	4	MO
<i>fluocinolone acetonide scalp</i>	4	MO
<i>fluorouracil crea 0.5%, 5%</i>	4	MO
<i>fluorouracil external soln 2%, 5%</i>	4	MO
<i>gentamicin sulfate crea 0.1%</i>	3	MO
<i>gentamicin sulfate external oint 0.1%</i>	3	MO
<i>imiquimod crea</i>	3	MO
KLARON	4	MO
<i>methoxsalen caps</i>	5	MO

Drug name	Drug tier	Requirements/Limits
METROCREAM	4	MO
METROGEL 1% TOPICAL GEL	4	MO
METROLOTION	4	MO
<i>metronidazole crea 0.75%</i>	4	MO
<i>metronidazole topical gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
<i>mupirocin oint</i>	2	MO GC
<i>mupirocin crea</i>	4	MO
<i>myorisan</i>	4	
<i>neuac gel 1.2; 5%</i>	4	MO
NORITATE	4	MO
ORACEA	4	QL (30 EA per 30 days) ST MO
PICATO GEL 0.05%	5	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	5	QL (3 EA per 30 days) MO
<i>podofilox soln</i>	4	MO
PROTOPIC	4	QL (60 GM per 30 days) ST MO
PRUDOXIN	4	MO
RECTIV	4	MO
REGRANEX	5	PA MO
RETIN-A MICRO GEL	4	PA MO
RETIN-A MICRO GEL PUMP	4	PA MO
RETIN-A CREA, GEL	4	PA MO
<i>rosadan 0.75% crea, gel</i>	4	
SANTYL	4	MO
<i>selenium sulfide lotn</i>	2	MO GC
SILVADENE	4	MO
<i>silver sulfadiazine</i>	3	MO
<i>sodium sulfacetamide lotn 10%</i>	3	MO
SOLARAZE	5	MO
SORILUX	4	ST MO
SSD 1% CREA	3	
<i>sulfacetamide sodium lotn 10%</i>	3	MO
SULFAMYLON CREA	4	MO
SULFAMYLON PACK 5% SOLN	5	MO
TACLONEX OINT 0.064%; 0.005%	4	QL (400 GM per 28 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by 75 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>tacrolimus oint 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
<i>tazarotene crea</i>	4	MO
TAZORAC	4	PA MO
TOLAK	4	MO
<i>tretinoin microsphere gel</i>	4	PA MO
<i>tretinoin microsphere pump gel</i>	4	PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA MO
VECTICAL	4	MO
<i>zenatane</i>	4	
ZONALON	4	MO
ZYCLARA CREA	4	QL (56 EA per 28 days) MO
ZYCLARA PUMP CREA 2.5%	4	QL (15 GM per 28 days) MO
ZYCLARA PUMP CREA 3.75%	4	QL (30 GM per 28 days) MO

ELECTROLYTES/MINERALS/METALS/VITAMINS

Electrolyte/Mineral Replacement

AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTES	4	B/D
AMINOSYN II 8.5%/ ELECTROLYTES	4	B/D
AMINOSYN II INJ 7%, 8.5%, 10%	4	B/D
AMINOSYN M INJ	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
AMINOSYN INJ 8.5%, 10%	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
<i>clinisol sf 15%</i>	4	B/D
DEXTROSE 10%/NAACL 0.45%	4	

Drug name	Drug tier	Requirements/Limits
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	4	
<i>dextrose 10%</i>	3	
DEXTROSE 10%/NACL 0.2%	4	
<i>dextrose 2.5%/nacl 0.45%</i>	4	
DEXTROSE 20%	3	B/D
DEXTROSE 25%	3	B/D
DEXTROSE 30%	3	B/D
DEXTROSE 40%	3	B/D
<i>dextrose 5%</i>	3	MO
<i>dextrose 5%/lactated ringers</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
DEXTROSE 5%/NACL 0.225%	4	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	MO
<i>dextrose 50%</i>	3	B/D
<i>dextrose 70%</i>	3	B/D
EFFERVESCENT POT CHLORIDE	3	MO
<i>fluor-a-day soln</i>	4	
<i>fluoride chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	1	MO GC
<i>fluoritab chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	1	GC
FREAMINE HBC 6.9%	4	B/D
HEPATAMINE	4	B/D
INTRALIPID	4	B/D
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S INJ	4	
K-TAB	4	MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
KCL 0.15%/D5W/NACL 0.225% INJ 5%; 20MEQ/L; 0.225%	4	

*You can find information on what the symbols and abbreviations on this table mean by 77 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO
<i>klor-con m10</i>	2	MO GC
KLOR-CON M15	4	MO
<i>klor-con m20</i>	2	MO GC
KLOR-CON POW 20MEQ	3	MO
<i>klor-con sprinkle</i>	2	MO GC
<i>klor-con/ef tabs</i>	3	MO
<i>lactated ringers viaflex inj</i>	4	
<i>ludent</i>	1	MO GC
<i>magnesium sulfate inj 50%</i>	4	MO
NEPHRAMINE	4	B/D
NORMOSOL-R IN D5W	4	
NORMOSOL-R INJ PH 7.4	4	
NUTRILIPID	4	B/D
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride 0.15% d5w/ nacl 0.45%</i>	4	
<i>potassium chloride 0.22% d5w/ nacl 0.45%</i>	4	
<i>potassium chloride 0.224%d5w/ nacl 0.45% viaflex</i>	4	
<i>potassium chloride cr tbc 20meq</i>	2	MO GC
<i>potassium chloride cr tbc 10meq</i>	3	MO
<i>potassium chloride er cpcr 8meq, 10meq</i>	2	MO GC
<i>potassium chloride er tbc 10meq, 20meq, 8meq</i>	2	MO GC
<i>potassium chloride sr tbc 8meq</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS	4	
<i>potassium chloride/dextrose/ sodium chloride</i>	4	
POTASSIUM CHLORIDE/ DEXTROSE INJ 5%; 40MEQ/L	4	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	4	MO
POTASSIUM CHLORIDE INJ 10MEQ/50ML	4	
<i>potassium chloride inj 20meq/100ml, 40meq/100ml</i>	4	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml</i>	4	MO
POTASSIUM CHLORIDE ORAL SOLN 20%	4	MO
<i>potassium chloride oral soln 10%</i>	4	MO
<i>potassium citrate er tabs</i>	4	MO
PREMASOL INJ 10%	4	B/D
<i>premasol inj 6%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>ringers injection</i>	3	
<i>sodium chloride 0.45% inj</i>	3	
<i>sodium chloride inj 0.9%</i>	3	MO
<i>sodium chloride inj 2.5meq/ml, 3%, 4meq/ml, 5%</i>	4	MO
<i>sodium fluoride chew 0.5 mg (1.1mg)</i>	1	MO GC
<i>sodium fluoride soln 0.5mg/ml (1.1mg/ml)</i>	4	MO
<i>sterile water irrigation</i>	3	MO
TPN ELECTROLYTES INJ	4	B/D
TRAVASOL INJ 10%	4	B/D

*You can find information on what the symbols and abbreviations on this table mean by 79 going to page 8.

Drug name	Drug tier	Requirements/Limits
TROPHAMINE INJ 10%	4	B/D
UROCIT-K 10	4	MO
UROCIT-K 15	4	MO
UROCIT-K 5	4	MO
Electrolyte/Mineral/Metal Modifiers		
CARNITOR	4	MO
CARNITOR SF	4	MO
CHEMET	4	MO
DEPEN TITRATABS	5	MO
EXJADE	5	PA LA
<i>fomepizole</i>	5	
KAYEXALATE	4	MO
<i>kionex powd</i>	3	
<i>kionex susp</i>	3	MO
<i>levocarnitine</i>	4	MO
<i>sodium bicarbonate inj</i>	4	MO
<i>sodium bicarbonate partial fill 4.2%</i>	4	MO
<i>sodium polystyrene sulfonate powd, oral susp</i>	3	MO
<i>sodium polystyrene sulfonate rectal susp</i>	4	
<i>sps oral susp 15gm/60ml</i>	3	
SYPRINE	5	MO
Phosphate Binders		
AURYXIA	5	MO
<i>calcium acetate caps 667mg</i>	4	MO
<i>calcium acetate tabs 667mg</i>	4	MO
ELIPHOS	4	MO
PHOSLYRA	4	MO
RENAGEL TABS	4	ST MO
REVELA	3	MO
Vitamins		
BAL-CARE DHA	3	MO
CALCIUM PNV	3	MO
CITRANATAL 90 DHA	3	MO
CITRANATAL B-CALM	3	MO
CITRANATAL RX TABS	3	MO

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

Drug name	Drug tier	Requirements/Limits
COMPLETENATE	3	MO
CONCEPT DHA	3	MO
CONCEPT OB	3	MO
ENBRACE HR	3	MO
EXTRA-VIRT PLUS DHA	3	MO
FOCALGIN 90 DHA	3	MO
FOLET ONE	3	MO
FOLIVANE-OB	3	MO
HEMENATAL OB	3	MO
HEMENATAL OB + DHA	3	MO
<i>multi-vitamin/fluoride chew 0.5mg</i>	2	GC
<i>multi vitamin/fluoride chew 1mg</i>	2	MO GC
<i>multi-vit/fluoride drops 0.25 mg/ml</i>	2	MO GC
<i>multi-vit/iron/fluoride drops 0.25 mg/ml</i>	2	MO GC
<i>multi-vitamin/fluoride/iron drops 0.25 mg/ml</i>	2	MO GC
<i>multi-vitamin/fluoride drops 0.5 mg/ml</i>	2	MO GC
<i>multivitamin with fluoride chew 0.25mg</i>	2	MO GC
<i>mvc-fluoride</i>	2	MO GC
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	3	MO
NATELLE ONE CAPS 30MG; 102MG; 250MG; 0.625MG; 28MG; 1MG; 25MG; 30UNIT	3	MO
NESTABS TABS 65MG; 155MG; 450UNIT; 55MG; 10MCG; 32MG; 1000MCG; 100MCG; 50MG; 3MG; 120MG; 3MG; 30UNIT; 10MG	3	MO
NEXA PLUS CAPS 28MG; 0; 250MCG; 660MG; 160MG; 0; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	3	MO
NIVA-PLUS	3	MO
O-CAL PRENATAL	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 81 going to page 8.

Drug name	Drug tier	Requirements/Limits
OB COMPLETE GOLD	3	MO
OB COMPLETE ONE	3	MO
OB COMPLETE PETITE	3	MO
OB COMPLETE PREMIER	3	MO
OB COMPLETE/DHA	3	MO
PNV FERROUS FUMARATE/ DOCUSATE/FOLIC ACID	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
PNV PRENATAL PLUS MULTIVITAMIN + DHA	3	MO
PNV TABS 29-1	3	MO
PNV-DHA	3	MO
PNV-SELECT	3	MO
PNV-VP-U	3	MO
<i>poly-vitamin/fluoride drops</i>	2	GC
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	3	
PREFERAOB +DHA	3	MO
PREFERAOB ONE	3	MO
PRENAISSANCE	3	MO
PRENAISSANCE PLUS	3	MO
PRENATA	3	MO
PRENATAL 19 CHEW 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	3	MO
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	3	MO

Drug name	Drug tier	Requirements/Limits
PRENATAL PLUS IRON TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	3	MO
PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	3	MO
PRENATE	3	MO
PRENATE AM	3	MO
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	3	
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	3	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	3	
PRENATE ESSENTIAL CAPS 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	3	MO
PRENATE MINI CAPS 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG	3	MO
PRENATE PIXIE	3	MO
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	3	MO
PREQUE 10	3	

*You can find information on what the symbols and abbreviations on this table mean by 83 going to page 8.

Drug name	Drug tier	Requirements/Limits
PRETAB	3	
PROVIDA DHA	3	MO
PUREFE OB PLUS	3	
RELNATE DHA	3	MO
SE-NATAL 19	3	MO
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	3	MO
TARON-PREX	3	MO
THRIVITE RX	3	MO
TL-SELECT	3	MO
TRI-VIT/FLUORIDE/IRON	4	MO
<i>tri-vit/fluoride soln 0.5mg/ml</i>	4	MO
<i>tri-vitamin/fluoride soln 0.25mg/ml</i>	4	MO
TRIADVANCE	3	
TRICARE PRENATAL DHA ONE	3	MO
TRICARE PRENATAL TABS	3	MO
TRICARE PRENATAL CHEW	3	
TRINATAL GT	3	MO
TRINATAL RX 1	3	MO
TRISTART DHA	3	MO
TRIVEEN-PRX RNF	3	MO
ULTIMATECARE ONE NF	3	MO
VEMAVITE-PRX 2	3	MO
VENA-BAL DHA	3	MO
VIRT-ADVANCE	3	MO
VIRT-C DHA	3	MO
VIRT-PN	3	MO
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	3	MO
VIRT-PN PLUS	3	MO
VIRT-SELECT	3	MO
VITAFOL FE+	3	MO
VITAFOL GUMMIES	3	MO

Drug name	Drug tier	Requirements/Limits
VITAFOL-ONE	3	MO
VITAMEDMD ONE RX/ QUATREFOLIC	3	MO
<i>vitamins a/d/c/fluoride</i>	4	
VOL-NATE	3	MO
VOL-PLUS	3	MO
VP-CH-PNV	3	MO
VP-HEME ONE	3	MO
VP-PNV-DHA	3	MO
ZATEAN-CH	3	
ZATEAN-PN DHA	3	MO
ZATEAN-PN PLUS	3	MO

GASTROINTESTINAL AGENTS

Antispasmodics, Gastrointestinal

ATROPINE SULFATE INJ 0.25MG/5ML	4	
BENTYL CAPS, INJ	4	MO
CUVPOSA	4	QL (1350 ML per 30 days) MO
<i>dicyclomine hcl caps, tabs</i>	1	MO GC
<i>dicyclomine hcl oral soln</i>	3	MO
<i>dicyclomine hcl inj</i>	4	
<i>glycopyrrolate tabs</i>	3	MO
<i>glycopyrrolate inj 0.4mg/2ml</i>	4	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	4	MO
<i>methscopolamine bromide tabs</i>	4	MO
ROBINUL FORTE	4	MO
ROBINUL TABS	4	MO

Gastrointestinal Agents, Other

ACTIGALL	4	MO
<i>cromolyn sodium conc oral soln 100mg/5ml</i>	4	MO
<i>diphenatol</i>	3	
<i>diphenoxylate/atropine</i>	3	MO
GASTROCROM CONC	4	MO
GATTEX	5	PA LA
<i>gavilyte-h</i>	3	
<i>loperamide hcl caps</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 85 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>metoclopramide hcl tabs</i>	2	MO GC
<i>metoclopramide hcl inj, oral soln</i>	4	MO
<i>metoclopramide odt</i>	4	MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO
REGLAN TABS	4	MO
RELISTOR INJ	5	PA MO
URSO 250	4	MO
URSO FORTE	4	MO
<i>ursodiol caps</i>	3	MO
<i>ursodiol tabs</i>	4	MO
Histamine2 (H2) receptor Antagonists		
<i>cimetidine hcl oral soln</i>	4	MO
<i>cimetidine tabs</i>	4	MO
<i>famotidine premixed inj 20mg/50ml</i>	4	
<i>famotidine inj 200mg/20ml, 40mg/4ml</i>	4	
<i>famotidine inj 20mg/2ml</i>	4	MO
<i>famotidine susr 40mg/5ml</i>	3	MO
<i>famotidine tabs 20mg, 40mg</i>	2	MO GC
<i>nizatidine</i>	4	MO
PEPCID SUSR	4	MO
<i>ranitidine hcl caps, syrp</i>	2	MO GC
<i>ranitidine hcl inj 150mg/6ml</i>	4	
<i>ranitidine hcl inj 50mg/2ml</i>	4	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO GC
ZANTAC TABS 150MG, 300MG	4	MO
ZANTAC INJ 25MG/ML	4	
ZANTAC INJ 50MG/2ML	4	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) MO
AMITIZA	3	QL (60 EA per 30 days) MO
LINZESS CAPS 290MCG	3	QL (30 EA per 30 days) MO
LINZESS CAPS 145MCG	3	QL (60 EA per 30 days) MO
LOTRONEX	5	QL (60 EA per 30 days) ST MO

Drug name	Drug tier	Requirements/Limits
Laxatives		
<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>gavilyte-c</i>	2	MO GC
<i>gavilyte-g</i>	2	MO GC
<i>gavilyte-n/flavor pack</i>	2	GC
<i>generlac</i>	2	MO GC
GOLYTELY	3	MO
KRISTALOSE	4	MO
<i>lactulose soln</i>	2	MO GC
MOVIPREP	4	MO
NULYTELY/FLAVOR PACKS	3	MO
OSMOPREP	4	MO
<i>peg-3350/electrolytes</i>	2	MO GC
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO GC
<i>polyethylene glycol 3350 pack, powd</i>	2	MO GC
PREPOPIK	4	MO
SUPREP BOWEL PREP KIT	4	MO
<i>trilyte</i>	2	GC
Protectants		
CARAFATE	4	MO
CYTOTEC	4	MO
<i>misoprostol</i>	3	MO
SUCRALFATE SUSP	3	MO
<i>sucralfate tabs</i>	2	MO GC
Proton Pump Inhibitors		
ACIPHEX TABS	4	ST MO
DEXILANT	3	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	3	
<i>lansoprazole caps dr</i>	4	QL (30 EA per 30 days) MO
<i>omeprazole/sodium bicarbonate</i>	4	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO GC
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>pantoprazole sodium inj</i>	4	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO GC

*You can find information on what the symbols and abbreviations on this table mean by 87 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO GC
PREVACID SOLUTAB	4	QL (30 EA per 30 days) ST MO
PREVACID CAPS DR	4	QL (30 EA per 30 days) ST MO
PRILOSEC POWDER PACK 10MG	4	QL (120 EA per 30 days) ST MO
PRILOSEC POWDER PACK 2.5MG	4	QL (90 EA per 30 days) ST MO
PROTONIX PACK	4	QL (30 EA per 30 days) ST MO
PROTONIX INJ	4	ST
PROTONIX TBEC 20MG	4	QL (30 EA per 30 days) ST MO
PROTONIX TBEC 40MG	4	QL (60 EA per 30 days) ST MO
<i>rabeprazole sodium tabs</i>	4	ST MO
ZEGERID	5	QL (30 EA per 30 days) ST MO

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

ADAGEN	5	PA LA
ALDURAZYME	5	PA LA
ARALAST NP INJ 1000MG	5	PA
ARALAST NP INJ 500MG	5	PA LA
BUPHENYL TABS	5	PA LA
CARBAGLU	5	PA LA
CERDELGA	5	PA
CEREZYME	5	PA LA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO
CYSTADANE	5	LA
CYSTAGON	4	PA LA
FABRAZYME	5	PA LA
KUVAN	5	PA LA
LUMIZYME	5	PA LA
NAGLAZYME	5	PA LA
ORFADIN CAPS 20MG	5	PA
ORFADIN CAPS 10MG, 2MG, 5MG	5	PA LA
PROLASTIN-C	5	PA LA MO

Drug name	Drug tier	Requirements/Limits
RAVICTI	5	PA
<i>sodium phenylbutyrate powd</i>	5	PA
ZAVESCA	5	PA LA
ZEMAIRA	5	PA LA
ZENPEP	4	MO

GENITOURINARY AGENTS

Antispasmodics, Urinary

<i>darifenacin hydrobromide er</i>	4	QL (30 EA per 30 days) MO
DETROL LA CAPS	4	QL (30 EA per 30 days) MO
DETROL TABS	4	QL (60 EA per 30 days) MO
DITROPAN XL TB24 5MG	4	QL (30 EA per 30 days) MO
DITROPAN XL TB24 10MG, 15MG	4	QL (60 EA per 30 days) MO
ENABLEX	4	QL (30 EA per 30 days) MO
<i>flavoxate hcl</i>	4	MO
GELNIQUE GEL 10%	4	QL (30 GM per 30 days) MO
MYRBETRIQ TB24 50MG	4	QL (30 EA per 30 days) MO
MYRBETRIQ TB24 25MG	4	QL (60 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO GC
<i>oxybutynin chloride syrup</i>	2	QL (600 ML per 30 days) MO GC
OXYTROL	4	QL (8 EA per 28 days) MO
<i>tolterodine tartrate er caps</i>	4	QL (30 EA per 30 days) MO
<i>tolterodine tartrate tabs</i>	4	QL (60 EA per 30 days) MO
TOVIAZ	3	QL (30 EA per 30 days) MO
<i>trospium chloride er caps</i>	2	QL (30 EA per 30 days) MO GC
<i>trospium chloride tabs</i>	2	QL (60 EA per 30 days) MO GC
VESICARE	4	QL (30 EA per 30 days) MO

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	4	QL (30 EA per 30 days) MO
CARDURA XL	4	QL (60 EA per 30 days) MO
<i>dutasteride</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO GC

*You can find information on what the symbols and abbreviations on this table mean by 89 going to page 8.

Drug name	Drug tier	Requirements/Limits
FLOMAX	4	QL (60 EA per 30 days) MO
PROSCAR	4	QL (30 EA per 30 days) MO
RAPAFLO	4	QL (30 EA per 30 days) MO
<i>tamsulosin hcl</i>	2	QL (60 EA per 30 days) MO GC
UROXATRAL	4	QL (30 EA per 30 days) MO
Genitourinary Agents, Other		
<i>acetic acid 0.25% irrigation soln</i>	3	MO
<i>bethanechol chloride tabs</i>	3	MO
ELMIRON	4	MO
<i>sodium chloride 0.9% irrigation soln</i>	3	MO
URECHOLINE TABS	4	MO

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

ALA SCALP	4	MO
<i>ala-cort cream</i>	1	GC
<i>alclometasone dipropionate</i>	4	MO
ANUSOL-HC CREA	4	MO
APEXICON E	4	MO
<i>augmented betamethasone dipropionate crea</i>	3	MO
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	4	MO
<i>betamethasone dipropionate lotn</i>	3	MO
<i>betamethasone dipropionate crea, oint</i>	4	MO
<i>betamethasone valerate crea, lotn, oint</i>	3	MO
<i>betamethasone valerate foam</i>	4	MO
<i>budesonide cpep 3mg</i>	5	MO
CAPEX	4	MO
<i>clobetasol propionate emollient crea</i>	4	MO
<i>clobetasol propionate emollient foam</i>	4	MO
<i>clobetasol propionate crea</i>	3	MO
<i>clobetasol propionate foam, gel, spray, lotn, oint, sham, soln</i>	4	MO

Drug name	Drug tier	Requirements/Limits
CLOBEX	4	MO
<i>clodan shampoo</i>	4	
CLODERM	4	MO
CLODERM PUMP	4	MO
<i>colocort</i>	4	
CORDRAN TAPE	4	MO
<i>cormax scalp application</i>	4	
CORTEF TABS	4	MO
<i>cortisone acetate tabs 25mg</i>	3	MO
CUTIVATE LOTN	4	MO
<i>deltasone tabs 20mg</i>	1	GC
DEPO-MEDROL	4	MO
DESONATE	4	MO
<i>desonide crea, lotn, oint</i>	4	MO
DESOWEN CREA, LOTN	4	MO
<i>desoximetasone crea, gel, oint</i>	4	MO
<i>dexamethasone intensol oral soln conc</i>	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	4	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>dexamethasone elix, soln</i>	2	MO GC
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	MO GC
DEXPAK 13 DAY TBPK	4	MO
<i>diflorasone diacetate</i>	4	MO
ELOCON CREA, OINT	4	MO
ENTOCORT EC	5	MO
<i>fludrocortisone acetate tabs</i>	2	MO GC
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	4	MO
<i>fluocinolone acetonide oint 0.025%</i>	4	MO
<i>fluocinolone acetonide topical soln 0.01%</i>	4	MO
<i>fluocinonide emulsified base crea</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 91 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>fluocinonide crea 0.05%</i>	4	MO
<i>fluocinonide gel, oint, soln</i>	4	MO
<i>flurandrenolide crea</i>	4	MO
<i>fluticasone propionate crea 0.05%</i>	3	MO
<i>fluticasone propionate lotn 0.05%</i>	4	MO
<i>fluticasone propionate oint 0.005%</i>	3	MO
<i>halobetasol propionate crea, oint</i>	4	MO
HALOG OINT	4	MO
HALOG CREA 0.1%	4	MO
<i>hydrocortisone butyrate (lipophilic) crea</i>	4	MO
<i>hydrocortisone butyrate crea, oint, soln</i>	4	MO
<i>hydrocortisone in absorbase oint</i>	1	MO GC
<i>hydrocortisone valerate crea, oint</i>	4	MO
<i>hydrocortisone crea 1%, 2.5%</i>	1	MO GC
<i>hydrocortisone enem</i>	2	MO GC
<i>hydrocortisone tabs</i>	3	MO
<i>hydrocortisone lotn 2.5%</i>	2	MO GC
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO GC
KENALOG-10	4	MO
KENALOG-40	4	MO
KENALOG AERS	4	MO
LOCOID CREAM	4	MO
<i>lokara</i>	4	
MEDROL DOSEPAK	4	MO
MEDROL TABS 16MG, 2MG, 32MG, 4MG, 8MG	4	MO
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	2	MO GC
<i>methylprednisolone dose pack tbpk</i>	2	MO GC
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	4	MO
<i>methylprednisolone tabs</i>	2	MO GC
MILLIPRED TABS, SOLN SOLN	4	
MILLIPRED TABS, SOLN TABS	4	MO

Drug name	Drug tier	Requirements/Limits
<i>mometasone furoate crea 0.1%</i>	3	MO
<i>mometasone furoate oint 0.1%</i>	3	MO
<i>mometasone furoate lotn 0.1%</i>	3	MO
OLUX	4	MO
ORAPRED ODT	4	MO
<i>prednicarbate oint, emollient crea</i>	4	MO
<i>prednisolone sodium phosphate odt</i>	4	MO
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml</i>	2	MO GC
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml</i>	3	
<i>prednisolone sodium phosphate oral soln 5mg/5ml</i>	3	MO
<i>prednisolone oral soln</i>	3	MO
<i>prednisolone oral syrp 15mg/5ml</i>	3	MO
<i>prednisone intensol oral soln conc</i>	3	B/D MO
<i>prednisone soln, tbpk</i>	1	MO GC
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	MO GC
<i>procto-med hc</i>	4	
<i>procto-pak</i>	4	MO
<i>proctosol hc topical crea</i>	4	MO
<i>proctozone-hc</i>	4	MO
PSORCON CREA	4	MO
RAYOS	5	MO
SOLU-CORTEF INJ 250MG	4	MO
SOLU-MEDROL INJ 2GM	4	
SOLU-MEDROL INJ 125MG, 500MG	4	MO
SYNALAR CREAM KIT	4	MO
SYNALAR CREA	4	MO
TACLONEX SUSP 0.064%; 0.005%	4	ST MO
TEMOVATE OINT	4	MO
TOPICORT	4	MO
<i>triamcinolone acetonide topical spray 0.147mg/gm</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 93 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>triamcinolone acetonide crea</i> 0.025%, 0.1%, 0.5%	2	MO GC
<i>triamcinolone acetonide lotn</i> 0.025%, 0.1%	3	MO
<i>triamcinolone acetonide oint</i> 0.025%, 0.1%, 0.5%	2	MO GC
TRIANEX	4	MO
<i>triderm crea</i>	4	
UCERIS TABS 24HR	5	MO
ULTRAVATE CREA, OINT	4	MO
ULTRAVATE LOTN	5	QL (120 ML per 30 days) MO
VANOS	4	MO
VERIPRED 20	4	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

DDAVP NASAL SOLN, TABS	4	MO
DDAVP INJ 4MCG/ML	4	MO
<i>desmopressin acetate nasal soln,</i> <i>tabs</i>	3	MO
<i>desmopressin acetate inj</i>	4	MO
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
NORDITROPIN FLEXPRO	5	PA
STIMATE SOLN	4	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

Anabolic Steroids

ANADROL-50	5	PA MO
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA MO

Androgens

ANDRODERM PATCH 2MG/24HR, 4MG/24HR	4	QL (30 EA per 30 days) PA MO
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Drug name	Drug tier	Requirements/Limits
AXIRON	3	QL (440 ML per 30 days) PA MO
<i>danazol caps</i>	4	MO
DEPO-TESTOSTERONE INJ 100MG/ML, 200MG/ML	4	PA MO
FORTESTA	4	QL (120 GM per 30 days) PA MO
NATESTO	4	QL (24 GM per 30 days) PA MO
STRIANT	4	QL (60 EA per 30 days) PA MO
TESTIM	4	QL (300 GM per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	MO
<i>testosterone enanthate inj</i>	4	MO
<i>testosterone gel 12.5mg/act pump</i>	4	QL (300 GM per 30 days) PA MO
<i>testosterone gel pump 10mg/act</i>	4	QL (120 GM per 30 days) PA MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	QL (300 GM per 30 days) PA MO
VOGELXO	4	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	4	QL (300 GM per 30 days) PA MO
Estrogens		
ACTIVELLA	4	PA MO
ALORA TWICE WEEKLY PATCH 0.025MG/24HR, 0.05MG/24HR, 0.1MG/24HR	4	QL (8 EA per 28 days) PA MO
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amethia</i>	3	
AMETHIA LO	3	
ANGELIQ	4	PA MO
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra</i>	3	
<i>aviane</i>	3	
<i>azurette</i>	3	

*You can find information on what the symbols and abbreviations on this table mean by 95 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi 24 fe</i>	3	MO
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	3	
<i>chateal</i>	3	
CLIMARA	4	QL (4 EA per 28 days) PA MO
COMBIPATCH	4	QL (8 EA per 28 days) PA MO
<i>cryselle-28</i>	3	MO
<i>cyclafem 1/35</i>	3	MO
<i>cyclafem 7/7/7</i>	3	MO
<i>cyred</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	3	MO
DELESTROGEN	4	MO
<i>delyla</i>	3	
DEPO-ESTRADIOL INJ 5MG/ML	4	MO
<i>desogestrel/ethinyl estradiol</i>	3	MO
DIVIGEL	4	MO
<i>drospirenone/ethinyl estradiol</i>	3	MO
<i>drospirenone/ethinyl estradiol/ levomefolate calcium</i>	3	MO
ELESTRIN	4	MO
<i>elinest</i>	3	
<i>emoquette</i>	3	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	MO
<i>estarylla</i>	3	
ESTRACE CREA	4	MO
ESTRACE TABS	4	PA MO
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	4	MO

Drug name	Drug tier	Requirements/Limits
<i>estradiol tabs</i>	3	PA MO
<i>estradiol weekly patch</i>	3	QL (4 EA per 28 days) PA MO
<i>estradiol twice weekly patch</i>	3	QL (8 EA per 28 days) PA MO
ESTRING	4	QL (1 EA per 90 days) MO
<i>estropipate tabs</i>	4	PA MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	MO
EVAMIST	4	QL (16.2 ML per 30 days) MO
<i>falmina</i>	3	
<i>fayosim</i>	3	MO
FEMHRT LOW DOSE	4	PA MO
<i>femynor</i>	3	
GIANVI	3	
<i>gildagia</i>	3	
<i>introvale</i>	3	
JOLESSA	3	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	MO
<i>junel fe 1/20</i>	3	MO
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	MO
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	MO
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin 24 fe</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
LAYOLIS FE	3	
LEENA	3	MO
<i>lessina</i>	3	
<i>levonest</i>	3	

*You can find information on what the symbols and abbreviations on this table mean by 97 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>levonorgestrel/ethinyl estradiol</i>	3	MO
<i>levora 0.15/30-28</i>	3	
<i>lomedica 24 fe</i>	3	
<i>loryna</i>	3	MO
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>marlissa</i>	3	MO
MENOSTAR	4	QL (4 EA per 28 days) PA MO
<i>mibelas 24 fe</i>	3	MO
MICROGESTIN 1.5/30	3	MO
MICROGESTIN 1/20	3	
MICROGESTIN 24 FE	3	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
MINIVELLE	4	QL (8 EA per 28 days) PA MO
<i>mono-linyah</i>	3	
MONONESSA	3	
<i>myzilra</i>	3	MO
<i>necon 0.5/35-28</i>	3	
<i>necon 1/35</i>	3	
NECON 10/11-28	3	
NECON 7/7/7	3	
<i>nikki</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	3	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	3	MO
<i>norgestimate/ethinyl estradiol tabs</i>	3	MO
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
NUVARING	4	MO
OCELLA	3	
<i>orsythia</i>	3	
ORTHO TRI-CYCLEN LO	4	MO
<i>philith</i>	3	

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

Drug name	Drug tier	Requirements/Limits
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	MO
<i>portia-28</i>	3	
PREMARIN CREA	4	MO
PREMPHASE	4	PA MO
PREMPRO	4	PA MO
<i>previfem</i>	3	MO
<i>quasense</i>	3	
<i>rajani</i>	3	
<i>reclipsen</i>	3	
RIVELSA	3	
SEASONIQUE	4	MO
<i>setlakin</i>	3	
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	MO
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	3	
TILIA FE	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	MO
<i>tri-linyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-sprintec</i>	3	MO
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	MO
TRINESSA	3	
TRINESSA LO	3	
<i>trivora-28</i>	3	
VAGIFEM TABS 10MCG	4	MO
<i>velivet</i>	3	MO
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	MO
VIVELLE-DOT	4	QL (8 EA per 28 days) PA MO
<i>vyfemla</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 99 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>wera</i>	3	
<i>wymzya fe</i>	3	MO
XULANE	4	MO
YASMIN 28	4	MO
<i>yuvafem</i>	3	MO
<i>zarah</i>	3	
<i>zenchent</i>	3	
<i>zenchent fe</i>	3	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	MO
Progestins		
AYGESTIN	4	MO
<i>camila</i>	3	MO
CRINONE	4	PA MO
<i>deblitane</i>	3	
DEPO-PROVERA INJ 150MG/ML VIAL	4	MO
DEPO-PROVERA INJ 400MG/ML	4	B/D
DEPO-SUBQ PROVERA 104	4	MO
<i>errin</i>	3	
<i>heather</i>	3	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	PA
<i>jencycla</i>	3	
JOLIVETTE	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tabs</i>	2	MO GC
<i>medroxyprogesterone acetate inj</i>	4	MO
MEGACE ES ORAL SUSP 625MG/5ML	4	PA MO
MEGACE ORAL SUSP 40MG/ML	4	PA MO
<i>megestrol acetate tabs</i>	3	PA MO
<i>megestrol acetate susp 40mg/ml</i>	3	PA MO
<i>megestrol acetate susp 625mg/5ml</i>	4	PA MO
<i>nora-be</i>	3	
<i>norethindrone acetate tabs 5mg</i>	2	MO GC
<i>norethindrone tabs 0.35mg</i>	3	MO
<i>norlyroc</i>	3	

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

Drug name	Drug tier	Requirements/Limits
<i>progesterone caps, inj</i>	4	MO
PROMETRIUM	4	MO
PROVERA	4	MO
<i>sharobel</i>	3	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride</i>	3	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
CYTOMEL	4	MO
LEVOTHYROXINE SODIUM INJ	4	MO
<i>levothyroxine sodium tabs</i>	1	MO GC
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	MO
<i>liothyronine sodium tabs</i>	2	MO GC
<i>liothyronine sodium inj</i>	5	
SYNTHROID TABS	4	MO
TIROSINT	4	MO
TRIOSTAT	5	
UNITHROID	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	4	MO
ELIGARD	4	PA
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG	5	PA
<i>leuprolide acetate inj</i>	3	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG	5	PA

*You can find information on what the symbols and abbreviations on this table mean by 101 going to page 8.

Drug name	Drug tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA
<i>octreotide acetate</i>	4	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR 0.3MG/ML, 0.6MG/ML, 0.9MG/ML.	5	PA LA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA LA
SYNAREL	5	MO
TRELSTAR	5	PA
TRELSTAR MIXJECT	5	PA
ZOLADEX	4	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

Antithyroid Agents

<i>methimazole tabs 10mg, 5mg</i>	2	MO GC
<i>propylthiouracil tabs</i>	3	MO
TAPAZOLE	4	MO

IMMUNOLOGICAL AGENTS

Angioedema Agents

CINRYZE	5	PA LA
FIRAZYR	5	PA

Immune Suppressants

ASTAGRAF XL	4	B/D MO
AZASAN	4	B/D MO
<i>azathioprine tabs</i>	3	B/D MO
<i>azathioprine inj</i>	4	B/D
<i>cyclosporine modified caps, soln</i>	4	B/D MO
<i>cyclosporine inj</i>	3	B/D
<i>cyclosporine caps</i>	4	B/D MO
ENBREL SURECLICK	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	5	QL (4.08 ML per 28 days) PA
ENBREL INJ 50MG/ML	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	5	QL (8 EA per 28 days) PA
ENVARUS XR	4	B/D MO
<i>gengraf caps</i>	4	B/D
<i>gengraf soln</i>	4	B/D MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA

Drug name	Drug tier	Requirements/Limits
HUMIRA PEN	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA
HUMIRA PEN-PSORIASIS STARTER	5	PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
IMURAN TABS	4	B/D MO
<i>methotrexate sodium inj</i> 100mg/4ml, 1gm/40ml, 1gm, 200mg/8ml, 25mg/ml	1	GC
<i>methotrexate sodium inj</i> 250mg/10ml, 50mg/2ml	1	MO GC
<i>methotrexate tabs</i>	1	MO GC
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil inj</i>	4	B/D
<i>mycophenolate mofetil susr</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
MYFORTIC	4	B/D MO
NEORAL	3	B/D MO
NULOJIX	5	B/D
OTREXUP	4	
PROGRAF INJ	4	B/D
PROGRAF CAPS 0.5MG, 1MG	4	B/D MO
PROGRAF CAPS 5MG	5	B/D MO
RAPAMUNE TABS	4	B/D MO
RAPAMUNE SOLN	5	B/D MO
RASUVO	4	
REMICADE	5	PA
SANDIMMUNE ORAL SOLN	3	B/D MO
SANDIMMUNE INJ	4	B/D
SANDIMMUNE CAPS 100MG, 25MG	4	B/D MO
SIMULECT	5	B/D
<i>sirolimus tabs</i>	4	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D MO
TREXALL	4	B/D MO
XELJANZ	5	QL (60 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by 103 going to page 8.

Drug name	Drug tier	Requirements/Limits
XELJANZ XR	5	QL (30 EA per 30 days) PA
ZORTRESS TABS 0.25MG	3	B/D MO
ZORTRESS TABS 0.5MG, 0.75MG	5	B/D MO
<i>Immunizing Agents, Passive</i>		
ATGAM	5	B/D
BIVIGAM	5	PA
CARIMUNE NANOFILTERED INJ 12GM, 6GM	5	PA
FLEBOGAMMA DIF INJ 5% 0.5GM/10ML, 5% 2.5GM/50ML, 5% 5GM/100ML, 5% 10GM/200ML, 10% 5GM/50ML, 10% 10GM/100ML, 10% 20GM/200ML	5	PA
GAMASTAN S/D	3	B/D
GAMMAGARD LIQUID INJ 1GM/10ML, 2.5GM/25ML	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED INJ 1GM/10ML, 2.5GM/25ML	5	PA
GAMMAPLEX INJ 5% 5GM/100ML, 5% 10GM/200ML, 10% 20GM/200ML, 10% 5GM/50ML, 10% 10GM/100ML	5	PA
GAMUNEX-C INJ 1GM/10ML, 2.5GM/25ML	5	PA
OCTAGAM INJ 10GM/100ML, 20GM/200ML, 2GM/20ML, 5GM/50ML	5	PA
OCTAGAM INJ 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 5GM/100ML	5	PA MO
PRIVIGEN INJ 10GM/100ML, 20GM/200ML, 5GM/50ML	5	PA
THYMOGLOBULIN	5	B/D
<i>Immunomodulators</i>		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA
BENLYSTA	5	PA

Drug name	Drug tier	Requirements/Limits
<i>leflunomide tabs</i>	2	MO GC
RIDAURA	5	MO
SYLVANT	5	PA
SYNAGIS	5	
XOLAIR	5	PA LA
Vaccines		
ACTHIB INJ	3	
ADACEL	3	
<i>bcg vaccine</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	4	
ENGERIX-B	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	4	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	

*You can find information on what the symbols and abbreviations on this table mean by 105 going to page 8.

Drug name	Drug tier	Requirements/Limits
ROTATEQ SOLN	3	
TENIVAC	3	B/D
<i>tetanus/diphtheria toxoids-adsorbed</i>	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 EA per 999 days)

INFLAMMATORY BOWEL DISEASE AGENTS

Aminosalicylates

APRISO	3	MO
ASACOL HD	4	MO
<i>balsalazide disodium caps</i>	4	MO
CANASA SUPP 1000MG	4	MO
COLAZAL	4	MO
DELZICOL	4	MO
DIPENTUM	5	MO
GIAZO	5	MO
LIALDA	4	MO
<i>mesalamine dr tbec 800mg</i>	4	MO
<i>mesalamine enem, kit</i>	4	MO
PENTASA	4	MO

Sulfonamides

AZULFIDINE EN-TABS	4	MO
AZULFIDINE TABS	4	MO
<i>sulfasalazine tabs, dr tabs</i>	3	MO

METABOLIC BONE DISEASE AGENTS

Metabolic Bone Disease Agents

ACTONEL TABS 150MG	4	QL (1 EA per 28 days) ST MO
ACTONEL TABS 35MG	4	QL (12 EA per 84 days) ST MO
ACTONEL TABS 30MG, 5MG	4	QL (30 EA per 30 days) ST MO
<i>alendronate sodium soln</i>	1	MO GC
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO GC

Drug name	Drug tier	Requirements/Limits
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO GC
ATELVIA	4	QL (4 EA per 28 days) ST MO
BONIVA INJ	4	QL (3 ML per 90 days) MO
BONIVA TABS 150MG	4	QL (1 EA per 30 days) MO
<i>calcitonin-salmon nasal soln</i>	3	MO
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	MO GC
<i>calcitriol inj 1mcg/ml</i>	4	
<i>calcitriol oral soln 1mcg/ml</i>	4	MO
<i>doxercalciferol caps, inj</i>	4	MO
<i>etidronate disodium</i>	4	MO
FORTEO INJ 600MCG/2.4ML	5	QL (2.4 ML per 28 days) PA
FOSAMAX PLUS D	4	QL (4 EA per 28 days) ST MO
FOSAMAX TABS 70MG	4	QL (4 EA per 28 days) ST MO
HECTOROL CAPS	4	MO
HECTOROL INJ 2MCG/ML	4	
HECTOROL INJ 4MCG/2ML	4	MO
<i>ibandronate sodium tabs</i>	4	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	4	QL (3 ML per 90 days) MO
MIACALCIN NASAL SOLN	4	MO
MIACALCIN INJ	5	B/D MO
NATPARA	5	PA
<i>pamidronate disodium</i>	4	
<i>paricalcitol caps</i>	4	MO
<i>paricalcitol inj 2mcg/ml</i>	4	
<i>paricalcitol inj 5mcg/ml</i>	4	MO
PROLIA	4	QL (1 ML per 180 days)
RECLAST	4	
<i>risedronate sodium dr tabs 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	4	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO
ROCALTROL	4	MO
SENSIPAR TABS 30MG	3	QL (120 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)

*You can find information on what the symbols and abbreviations on this table mean by 107 going to page 8.

Drug name	Drug tier	Requirements/Limits
XGEVA	5	PA
ZEMPLAR INJ 5MCG/ML, 2MCG/ML	4	MO
ZEMPLAR CAPS 1MCG, 2MCG	4	MO
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	4	

MISCELLANEOUS THERAPEUTIC AGENTS

Miscellaneous Therapeutic Agents

ALCOHOL PREP PADS	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	MO
BD PEN NEEDLE/ULTRAFINE/29G X 12.7M	3	MO
CURITY GAUZE PADS 2"X2"	3	MO
INSUPEN 33GX4MM	3	MO
<i>methergine tabs</i>	5	MO
ORFADIN SUSP 4MG/ML	5	PA LA
SARAFEM TABS 20MG	4	QL (120 EA per 30 days) MO
SARAFEM TABS 10MG	4	QL (30 EA per 30 days) MO

OPHTHALMIC AGENTS

Ophthalmic Prostaglandin and Prostanamide Analogs

COMBIGAN	3	MO
<i>latanoprost soln</i>	2	MO GC
LUMIGAN	3	MO
TRAVATAN Z	3	MO
XALATAN	4	MO
ZIOPTAN	4	ST MO

Drug name	Drug tier	Requirements/Limits
Ophthalmic Agents, Other		
ATROPINE SULFATE OPHTHALMIC SOLN 1%	4	MO
AZASITE	4	MO
<i>bacitracin/neomycin/polymyxin ophthalmic oint</i>	3	MO
<i>bacitracin/polymyxin b ophthalmic oint</i>	2	MO GC
<i>bacitracin ophthalmic oint 500unit/gm</i>	3	MO
BESIVANCE	3	MO
BLEPH-10 SOLN	4	MO
BLEPHAMIDE S.O.P. OINT	4	MO
CILOXAN OINT	3	MO
CILOXAN SOLN	4	MO
<i>ciprofloxacin hcl soln 0.3%</i>	3	MO
CYSTARAN	5	PA LA
<i>erythromycin oint 5mg/gm</i>	2	MO GC
<i>gatifloxacin soln</i>	4	MO
<i>gentak oint</i>	2	MO GC
<i>gentamicin sulfate ophthalmic oint 0.3%</i>	2	MO GC
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	MO GC
<i>levofloxacin ophthalmic soln 0.5%</i>	3	MO
MAXITROL	4	MO
MOXEZA	3	MO
NATACYN	4	MO
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin ophthalmic oint</i>	3	MO
<i>neomycin/polymyxin/bacitracin/ hydrocortisone ophthalmic oint</i>	4	MO
<i>neomycin/polymyxin/ dexamethasone</i>	2	MO GC
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>neomycin/polymyxin/ hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 109 going to page 8.

Drug name	Drug tier	Requirements/Limits
OCUFLOX	4	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	MO
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO GC
<i>proparacaine hcl</i>	3	MO
RESTASIS	3	QL (64 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (64 ML per 30 days) MO
<i>sodium sulfacetamide soln 10%</i>	3	MO
<i>sulfacetamide sodium/ prednisolone sodium phosphate ophthalmic soln</i>	2	MO GC
<i>sulfacetamide sodium oint 10%</i>	4	MO
<i>sulfacetamide sodium soln 10%</i>	3	MO
TOBRADEX ST SUSP	3	MO
TOBRADEX OINT	3	MO
TOBRADEX SUSP	4	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	MO GC
<i>tobramycin/dexamethasone susp</i>	4	MO
TOBEX	4	MO
<i>trifluridine</i>	3	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO GC
<i>triple antibiotic oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
VIGAMOX	3	MO
VIROPTIC	4	MO
ZIRGAN	4	MO
ZYLET	3	MO
ZYMAXID	4	MO
Ophthalmic Anti-allergy Agents		
ALOCRIAL	4	MO
ALOMIDE	4	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	3	MO
BEPREVE	3	MO

Drug name	Drug tier	Requirements/Limits
<i>cromolyn sodium ophthalmic soln 4%</i>	4	MO
ELESTAT	4	MO
<i>epinastine hcl</i>	3	MO
LASTACAFT	4	MO
<i>olopatadine hcl ophthalmic soln (generic pataday) 0.2%</i>	4	MO
<i>olopatadine hcl ophthalmic soln (generic Patanol) 0.1%</i>	4	MO
PATADAY	3	MO
PAZEO	3	MO
Ophthalmic Anti-inflammatories		
ACULAR	4	ST MO
ACULAR LS	4	ST MO
ACUVAIL	4	MO
ALREX	3	MO
<i>bromfenac</i>	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO GC
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	MO GC
DUREZOL	3	MO
FLAREX	4	MO
<i>fluorometholone</i>	3	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO GC
FML	4	MO
FML FORTE	4	MO
FML LIQUIFILM	4	MO
ILEVRO	3	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO GC
LOTEMAX	3	MO
MAXIDEX SUSP	3	MO
NEVANAC	4	MO
OCUFEN	4	ST MO
OMNIPRED	4	MO
PRED FORTE	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 111 going to page 8.

Drug name	Drug tier	Requirements/Limits
PRED MILD	4	MO
<i>prednisolone acetate ophthalmic soln 1%</i>	2	MO GC
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	3	MO
PROLENSA	3	MO
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	3	MO
<i>apraclonidine</i>	3	MO
AZOPT	3	MO
BETAGAN SOLN 0.5%	4	MO
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETIMOL	4	MO
BETOPTIC-S	3	MO
<i>brimonidine tartrate</i>	3	MO
<i>carteolol hcl</i>	2	MO GC
COSOPT	4	MO
COSOPT PF	4	
<i>dorzolamide hcl</i>	1	MO GC
<i>dorzolamide hcl/timolol maleate</i>	1	MO GC
ISOPTO CARPINE SOLN 1%, 2%, 4%	4	MO
ISTALOL	3	MO
<i>levobunolol hcl soln 0.5%</i>	2	MO GC
<i>metipranolol</i>	2	MO GC
MIRVASO	4	MO
PHOSPHOLINE IODIDE SOLR 0.125%	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	4	MO
SIMBRINZA	3	MO
<i>timolol maleate ophthalmic gel forming soln</i>	4	MO
<i>timolol maleate ophthalmic soln 0.25%, 0.5%</i>	1	MO GC
TIMOPTIC	4	MO
TIMOPTIC OCUDOSE	4	MO
TIMOPTIC-XE	4	MO
TRUSOPT	4	MO

Drug name	Drug tier	Requirements/Limits
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OTIC AGENTS

Otic Agents

<i>acetazol hc</i>	4	
<i>acetic acid otic soln</i>	3	MO
<i>acetic acid/aluminum acetate soln 2%</i>	2	MO GC
CIPRO HC OTIC SUSP	4	MO
CIPRODEX	3	MO
<i>fluocinolone acetonide otic oil 0.01%</i>	4	MO
<i>hydrocortisone/acetic acid</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	4	MO

RESPIRATORY TRACT/PULMONARY AGENTS

Anti-inflammatories, Inhaled Corticosteroids

ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
AEROSPAN	4	QL (17.8 GM per 30 days) MO
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
BECONASE AQ SUSP	4	QL (50 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
<i>budesonide nasal spray</i>	4	QL (17.2 GM per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
<i>flunisolide soln 0.025%</i>	3	MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO GC

*You can find information on what the symbols and abbreviations on this table mean by 113 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>mometasone furoate susp 50mcg/act</i>	3	QL (34 GM per 30 days) MO
OMNARIS	4	QL (12.5 GM per 30 days) MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) MO
PULMICORT INHALATION SUSP	4	B/D MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO
<i>triamcinolone acetonide aero 55mcg/act</i>	4	MO
VERAMYST	4	QL (10 GM per 30 days) MO
Antihistamines		
<i>arbinoxa tabs</i>	4	PA
ASTEPRO SOLN 0.15%	4	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal soln 0.1%, 0.15%</i>	3	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln, tabs</i>	4	PA MO
<i>cetirizine hcl syrp 1mg/ml</i>	4	QL (300 ML per 30 days) MO
CLARINEX TABS	4	QL (30 EA per 30 days) MO
CLARINEX SYRP	4	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	3	PA MO
<i>cyproheptadine hcl syrp, tabs</i>	4	PA MO
<i>desloratadine odt tabs</i>	4	QL (30 EA per 30 days) MO
<i>desloratadine tabs</i>	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj 50mg/ml</i>	4	PA MO
<i>hydroxyzine hcl inj, syrp, tabs</i>	4	PA MO
<i>hydroxyzine pamoate caps</i>	4	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO GC
<i>levocetirizine dihydrochloride soln</i>	3	QL (300 ML per 30 days) MO
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO
PATANASE	4	QL (30.5 GM per 30 days) MO
PHENERGAN INJ 25MG/ML, 50MG/ML	4	PA MO
<i>promethazine hcl inj 25mg/ml, 50mg/ml</i>	4	PA MO
<i>promethazine hcl syrp 6.25mg/5ml</i>	4	PA MO
<i>promethazine hcl tabs 12.5mg, 25mg, 50mg</i>	2	PA MO GC
<i>promethazine vc plain syrp</i>	4	PA MO
<i>promethazine/phenylephrine syrp</i>	4	PA MO

Drug name	Drug tier	Requirements/Limits
VISTARIL CAPS 25MG, 50MG	4	PA MO
XYZAL TABS	4	QL (30 EA per 30 days) MO
XYZAL SOLN	4	QL (300 ML per 30 days) MO
Antileukotrienes		
ACCOLATE	4	QL (60 EA per 30 days) MO
<i>montelukast sodium chew, tabs</i>	2	QL (30 EA per 30 days) MO GC
<i>montelukast sodium granules</i>	3	QL (30 EA per 30 days) MO
SINGULAIR	4	QL (30 EA per 30 days) ST MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb</i>	2	B/D MO GC
<i>ipratropium bromide inhalation soln</i>	2	B/D MO GC
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 30 days) MO GC
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO GC
Bronchodilators, Sympathomimetic		
ADRENALIN INJ 30MG/30ML	4	QL (2 ML per 30 days)
ADRENALIN INJ 1MG/ML	4	QL (2 ML per 30 days) MO
<i>albuterol sulfate er tabs</i>	4	MO
<i>albuterol sulfate nebu</i>	2	B/D MO GC
<i>albuterol sulfate syrup</i>	2	MO GC
<i>albuterol sulfate tabs</i>	3	MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
BROVANA	4	QL (120 ML per 30 days) B/D MO
<i>epinephrine junior inj 0.15mg/0.3ml</i>	4	QL (2 EA per 30 days)
<i>epinephrine inj 0.15mg/0.15ml, 0.3mg/0.3ml</i>	4	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	3	MO
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 115 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	4	B/D MO
LEVALBUTEROL TARTRATE HFA	4	QL (30 GM per 30 days) MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	4	B/D MO
<i>metaproterenol sulfate syrpf</i>	2	MO GC
<i>metaproterenol sulfate tabs</i>	4	MO
PERFOROMIST	4	QL (120 ML per 30 days) B/D MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj, tabs</i>	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
XOPENEX HFA 45MCG/ACT	3	QL (30 GM per 30 days) MO
XOPENEX NEBU 0.31MG/3ML, 0.63MG/3ML, 1.25MG/3ML	4	B/D MO
Cystic Fibrosis Agents		
BETHKIS	5	QL (224 ML per 56 days) B/D LA
CAYSTON	5	PA LA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	PA
TOBI	5	QL (280 ML per 56 days) B/D LA
TOBI PODHALER	5	QL (224 EA per 42 days) PA
<i>tobramycin nebu 300mg/5ml</i>	3	QL (280 ML per 56 days) B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D MO
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	4	MO
DALIRESP	4	MO
ELIXOPHYLLIN	4	MO
THEO-24	4	MO
<i>theophylline cr tab 12hr 100mg, 200mg</i>	3	MO
<i>theophylline er tab 12hr, tab 24hr</i>	3	MO
<i>theophylline oral soln 80mg/15ml</i>	3	MO
Pulmonary Antihypertensives		
ADCIRCA	5	PA

Drug name	Drug tier	Requirements/Limits
ADEMPAS	5	QL (90 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	4	PA LA
LETAIRIS	5	QL (30 EA per 30 days) PA LA
OPSUMIT	5	PA LA
REMODULIN	5	PA LA
REVATIO INJ	5	QL (1125 ML per 30 days) PA
REVATIO SUSR 10MG/ML	5	QL (224 ML per 30 days) PA
REVATIO TABS	5	QL (90 EA per 30 days) PA
<i>sildenafil tabs 20mg</i>	3	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	5	QL (1125 ML per 30 days) PA
TRACLEER TABS 62.5MG	5	QL (120 EA per 30 days) PA LA
TRACLEER TABS 125MG	5	QL (60 EA per 30 days) PA LA
UPTRAVI TITRATION PAK	5	PA LA
UPTRAVI TABS 800MCG	5	QL (120 EA per 30 days) PA LA
UPTRAVI TABS 600MCG	5	QL (150 EA per 30 days) PA LA
UPTRAVI TABS 400MCG	5	QL (240 EA per 30 days) PA LA
UPTRAVI TABS 200MCG	5	QL (480 EA per 30 days) PA LA
UPTRAVI TABS 1200MCG, 1400MCG, 1600MCG	5	QL (60 EA per 30 days) PA LA
UPTRAVI TABS 1000MCG	5	QL (90 EA per 30 days) PA LA
VENTAVIS	5	PA
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET	5	PA
OFEV	5	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation soln</i>	3	B/D MO
<i>acetylcysteine inj</i>	4	
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
<i>ribavirin nebu soln 6gm</i>	5	
VIRAZOLE	5	

SKELETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>chlorzoxazone tabs 500mg</i>	3	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hcl tabs</i>	3	QL (90 EA per 30 days) PA MO

SLEEP DISORDER AGENTS

GABA Receptor Modulators

EDLUAR SUBL 10MG	4	QL (30 EA per 30 days) PA MO
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*You can find information on what the symbols and abbreviations on this table mean by 117 going to page 8.

Drug name	Drug tier	Requirements/Limits
EDLUAR SUBL 5MG	4	QL (60 EA per 30 days) PA MO
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA MO
INTERMEZZO	4	QL (30 EA per 30 days) PA MO
LUNESTA	4	QL (30 EA per 30 days) PA MO
SONATA CAPS 5MG	4	QL (30 EA per 30 days) PA MO
SONATA CAPS 10MG	4	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	3	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs</i>	2	QL (30 EA per 30 days) PA MO GC
<i>zolpidem tartrate subl</i>	4	QL (30 EA per 30 days) PA MO
<i>Sleep Disorders, Other</i>		
<i>armodafinil</i>	4	QL (30 EA per 30 days) PA MO
HETLIOZ	5	PA LA
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
NUVIGIL	4	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	4	PA
PROVIGIL TABS 100MG	5	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 200MG	5	QL (60 EA per 30 days) PA MO
ROZEREM	4	QL (30 EA per 30 days) MO
SILENOR TABS 6MG	3	QL (30 EA per 30 days) MO
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<i>dentagel</i>	73	DEXPAK 13 DAY	91	<i>diazepam</i>	26
DEPAKENE	26	<i>dexrazoxane</i>	39	<i>diazepam</i>	54
DEPAKOTE	26	<i>dextroamphetamine sulfate</i>	70	<i>diazepam intensol oral soln conc 5mg/ml</i>	54
DEPAKOTE ER	26	<i>dextroamphetamine sulfate er caps</i>	70	<i>diclofenac potassium</i>	11
DEPAKOTE SPRINKLES	26	DEXTROSE 10%/NACL 0.45%	76	<i>diclofenac sodium</i>	11
DEPEN TITRATABS	80	DEXTROSE 5% / ELECTROLYTE #48 VIAFLEX	77	<i>diclofenac sodium</i>	74
DEPOCYT	39	<i>dextrose 10%</i>	77	<i>diclofenac sodium dr</i>	11
DEPO-ESTRADIOL	96	DEXTROSE 10%/NACL 0.2%	77	<i>diclofenac sodium er</i>	11
DEPO-MEDROL	91	<i>dextrose 2.5%/nacl 0.45%</i>	77	<i>diclofenac sodium/ misoprostol</i>	11
DEPO-PROVERA	100	DEXTROSE 20%	77	<i>dicloxacillin sodium</i>	22
DEPO-PROVERA INJ 150MG/ML VIAL	100	DEXTROSE 25%	77	<i>dicyclomine hcl</i>	85
DEPO-SUBQ PROVERA 104	104	DEXTROSE 30%	77	<i>didanosine</i>	52
DEPO-TESTOSTERONE	95			DIFICID	23
DESCOVY	52			<i>diflorasone diacetate</i>	91
<i>desipramine hcl</i>	32			DIFLUCAN	34
<i>desloratadine odt tabs</i>	114			<i>diflunisal</i>	11
<i>desloratadine tabs</i>	114				
<i>desmopressin acetate</i>	94				

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<i>digitek</i>	66	<i>dorzolamide hcl/ timolol maleate</i>	112	E.E.S. 400	23
<i>digox</i>	66	DOVONEX	74	E.E.S. GRANULES	23
DIGOXIN	66	<i>doxazosin mesylate</i>	60	EC-NAPROSYN	11
<i>dihydroergotamine mesylate</i>	36	<i>doxazosin mesylate tabs 4mg</i>	60	<i>econazole nitrate</i>	34
DILANTIN	28	<i>doxepin hcl</i>	32	EDARBI	61
DILANTIN INFATABS	28	<i>doxepin hydrochloride 5% crea</i>	74	EDLUAR	117
DILANTIN-125	28	<i>doxercalciferol caps, inj</i>	107	EDURANT	51
DILAUDID	14	<i>doxorubicin hcl</i>	40	EFFERVESCENT POT CHLORIDE	77
<i>diltiazem cd</i>	65	<i>doxorubicin hcl liposome</i>	40	EFFEXOR XR	31
<i>diltiazem hcl</i>	65	<i>doxy 100</i>	24	EFFIENT	60
<i>diltiazem hcl er</i>	65	<i>doxycycline</i>	25	EFUDEX	74
<i>dilt-xr</i>	65	<i>doxycycline hyclate</i>	24	ELAVIL	32
DIOVAN	61	<i>doxycycline hyclate dr</i>	24	ELDEPRYL	46
DIOVAN HCT	61	<i>doxycycline</i>	24	ELESTAT	111
DIPENTUM	106	<i>doxycycline monohydrate</i>	24	ELESTRIN	96
<i>diphenatol</i>	85	<i>dronabinol</i>	33	ELIDEL	74
<i>diphenhydramine hcl</i>	114	<i>drospirenone/ethinyl estradiol</i>	96	ELIGARD	101
<i>diphenoxylate/ atropine</i>	85	<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	96	ELIMITE	45
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	105	DROXIA	39	<i>elinest</i>	96
<i>dipyridamole</i>	60	DUAC	74	ELIPHOS	80
<i>disopyramide phosphate</i>	63	DUETACT	56	ELIQUIS	58
<i>disulfiram</i>	17	DUEXIS	11	ELITEK	44
DITROPAN XL	89	<i>duloxetine hcl</i>	31	ELIXOPHYLLIN	116
DIURIL	67	DUOPA	46	ELMIRON	90
<i>divalproex sodium</i>	26	DURAMORPH	14	ELOCON	91
<i>divalproex sodium dr</i>	26	DUREZOL	111	EMCYT	39
<i>divalproex sodium er</i>	26	DURLAZA	60	EMEND	33
DIVIGEL	96	<i>dutasteride</i>	89	EMEND TRIPACK	33
<i>docetaxel</i>	40	<i>dutasteride/ tamsulosin hydrochloride</i>	89	<i>emoquette</i>	96
<i>dofetilide</i>	63	DYAZIDE	67	EMPLICITI	44
DOLOPHINE	12	DYRENIUM	67	EMSAM	30
<i>donepezil hcl</i>	29			EMTRIVA	52
<i>dorzolamide hcl</i>	112			EMVERM	44
				ENABLEX	89
				<i>enalapril maleate</i>	62
				<i>enalapril maleate/ hydrochlorothiazide</i>	62

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ENBRACE HR	81	ERYPED 200	23	EVOCLIN	74
ENBREL	102	ERYPED 400	23	EVOMELA	38
ENBREL SURECLICK	102	ERY-TAB	23	EVOTAZ	53
<i>endocet</i>	14	ERYTHROCIN	23	EVOXAC	73
ENGERIX-B	105	LACTOBIONATE		EXALGO	12
<i>enoxaparin sodium</i>	59	ERYTHROCIN	23	EXELON	29
<i>enpresse-28</i>	96	STEARATE		<i>exemestane</i>	42
<i>enskyce</i>	96	<i>erythromycin</i>	23	EXFORGE	61
<i>entacapone</i>	45	<i>erythromycin</i>	74	EXFORGE HCT	61
<i>entecavir</i>	50	<i>erythromycin</i>	109	EXJADE	80
ENTOCORT EC	91	<i>erythromycin base</i>	23	EXTINA	34
ENTRESTO	66	<i>erythromycin</i>	23	EXTRA-VIRT PLUS	81
<i>enulose</i>	87	<i>ethylsuccinate</i>		DHA	
ENVARUSUS XR	102	<i>erythromycin stearate</i>	23	<i>ezetimibe</i>	68
EPCLUSA	51	<i>erythromycin/benzoyl</i>	74	<i>ezetimibe/simvastatin</i>	68
<i>epinastine hcl</i>	111	<i>peroxide</i>		FABRAZYME	88
<i>epinephrine</i>	115	ESBRIET	117	<i>falmina</i>	97
EPIPEN 2-PAK	115	<i>escitalopram oxalate</i>	31	<i>famciclovir</i>	54
EPIPEN-JR 2-PAK	115	<i>esgic caps</i>	10	<i>famotidine</i>	86
<i>epirubicin hcl</i>	40	<i>esomeprazole</i>	87	<i>famotidine premixed</i>	86
<i>epitol</i>	28	<i>magnesium caps</i>		<i>inj 20mg/50ml</i>	
EPIVIR	52	<i>esomeprazole sodium</i>	87	FAMVIR	54
EPIVIR HBV	51	<i>inj</i>		FANAPT	47
<i>eplerenone</i>	67	<i>estarylla</i>	96	FANAPT TITRATION	47
<i>epoprostenol sodium</i>	117	ESTRACE	96	PACK	
<i>eprosartan mesylate</i>	61	<i>estradiol</i>	97	FARESTON	39
EPZICOM	52	<i>estradiol valerate</i>	96	FARXIGA	56
EQUETRO	55	ESTRING	97	FARYDAK	42
ERBITUX	40	<i>estropipate</i>	97	FASLODEX	40
<i>ergoloid mesylates</i>	29	<i>eszopiclone</i>	118	<i>fayosim</i>	97
<i>ergotamine tartrate/</i>	36	<i>ethambutol hcl</i>	37	FAZACLO	50
<i>caffeine</i>		<i>ethosuximide</i>	26	<i>felbamate</i>	27
ERIVEDGE	42	<i>ethynodiol diacetate/</i>	97	FELBATOL	27
<i>errin</i>	100	<i>ethinyl estradiol</i>		FELDENE	11
ERTACZO	34	<i>etidronate disodium</i>	107	<i>felodipine er</i>	65
ERWINAZE	40	<i>etodolac</i>	11	FEMARA	42
<i>ery pad 2%</i>	74	<i>etodolac er</i>	11	FEMHRT LOW DOSE	97
ERYGEL	74	<i>etoposide</i>	42	<i>femynor</i>	97
		EURAX	45	<i>fenofibrate</i>	67
		EVAMIST	97		

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<i>fenofibrate</i>	67	<i>fluocinolone</i>	113	FOCALGIN 90 DHA	81
<i>micronized</i>		<i>acetonide</i>		FOCALIN	71
FENOFIBRIC ACID	68	<i>fluocinolone</i>	91	FOCALIN XR	71
<i>fenofibric acid dr caps</i>	68	<i>acetonide</i>		FOLET ONE	81
FENOGLIDE	68	<i>fluocinolone</i>	74	FOLIVANE-OB	81
<i>fenoprofen calcium</i>	11	<i>acetonide body</i>		FOLOTYN	40
<i>fentanyl citrate oral</i>	14	<i>fluocinolone</i>	74	<i>fomepizole</i>	80
<i>transmucosal</i>		<i>acetonide scalp</i>		<i>fondaparinux sodium</i>	59
<i>fentanyl transdermal</i>	12	<i>fluocinonide</i>	92	FORFIVO XL	30
<i>patches</i>		<i>fluocinonide</i>	91	FORTAMET	56
FENTORA	14	<i>emulsified base crea</i>		FORTAZ	21
FETZIMA	31	<i>fluor-a-day</i>	77	FORTEO	107
FETZIMA TITRATION	31	<i>fluoride</i>	77	FORTESTA	95
PACK		<i>fluoritab</i>	77	FOSAMAX	107
FINACEA	74	<i>fluorometholone</i>	111	FOSAMAX PLUS D	107
<i>finasteride</i>	89	<i>fluorouracil</i>	39	<i>fosinopril sodium</i>	62
FIORICET	10	<i>fluorouracil</i>	40	<i>fosinopril sodium/</i>	62
FIORICET/CODEINE	10	<i>fluorouracil</i>	74	<i>hydrochlorothiazide</i>	
FIORINAL	10	<i>fluoxetine dr caps</i>	31	<i>fosphenytoin sodium</i>	28
FIRAZYR	102	<i>90mg</i>		FRAGMIN	59
FIRMAGON	101	<i>fluoxetine hcl</i>	31	FREAMINE HBC 6.9%	77
FLAGYL	18	<i>fluphenazine</i>	46	FROVA	36
FLAREX	111	<i>decanoate</i>		<i>frovatriptan succinate</i>	36
<i>flavoxate hcl</i>	89	<i>fluphenazine hcl</i>	46	FURADANTIN	18
FLEBOGAMMA DIF	104	<i>flurandrenolide</i>	92	<i>furosemide</i>	67
<i>flecainide acetate</i>	63	<i>flurazepam hcl</i>	54	FUSILEV	40
FLECTOR	11	<i>flurbiprofen</i>	11	FUZEON	53
FLOMAX	90	<i>flurbiprofen sodium</i>	111	FYCOMPA	25
FLOVENT DISKUS	113	<i>ophthalmic soln</i>		<i>gabapentin</i>	26
FLOVENT HFA	113	<i>0.03%</i>		GABITRIL	27
<i>fluconazole</i>	34	<i>flutamide</i>	38	GABLOFEN	50
<i>fluconazole in</i>	34	<i>fluticasone propionate</i>	92	<i>galantamine</i>	29
<i>dextrose</i>		<i>fluticasone propionate</i>	113	<i>hydrobromide</i>	
<i>fluconazole in nacl inj</i>	34	<i>fluvastatin</i>	68	<i>galantamine</i>	29
<i>flucytosine</i>	34	<i>fluvoxamine maleate</i>	31	<i>hydrobromide er</i>	
<i>fludarabine</i>	40	<i>er caps</i>		GAMASTAN S/D	104
<i>phosphate</i>		<i>fluvoxamine maleate</i>	31	GAMMAGARD	104
<i>fludrocortisone</i>	91	<i>tabs</i>		LIQUID	
<i>acetate</i>		FML	111		
<i>flunisolide</i>	113	FML FORTE	111		
		FML LIQUIFILM	111		

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GAMMAGARD S/D INJ 5GM, 10GM	104	GILOTRIF	42	HALDOL	47
GAMMAKED	104	GLEEVEC	42	DECANOATE 50 INJ	
GAMMAPLEX	104	GLEOSTINE	38	<i>halobetasol propionate crea, oint</i>	92
GAMUNEX-C	104	<i>glimepiride</i>	56	HALOG	92
<i>ganciclovir</i>	50	<i>glipizide</i>	56	<i>haloperidol</i>	47
GARDASIL	105	<i>glipizide er</i>	56	<i>haloperidol decanoate</i>	47
GARDASIL 9	105	<i>glipizide xl</i>	56	<i>haloperidol lactate inj</i>	47
GASTROCROM	85	<i>glipizide/metformin hcl</i>	56	HARVONI	51
<i>gatifloxacin soln</i>	109	GLUCAGEN HYPOKIT	58	HAVRIX	105
GATTEX	85	GLUCAGON	58	<i>heather</i>	100
<i>gavilyte-c</i>	87	EMERGENCY KIT		HECTOROL	107
<i>gavilyte-g</i>	87	GLUCOPHAGE	56	HEMENATAL OB	81
<i>gavilyte-h</i>	85	GLUCOPHAGE XR	56	HEMENATAL OB + DHA	81
<i>gavilyte-n/ flavor pack</i>	87	GLUCOTROL	56	<i>heparin sodium</i>	59
GAZYVA	44	GLUCOTROL XL	56	HEPARIN SODIUM/ D5W	59
GELNIQUE	89	GLUCOVANCE	56	HEPARIN SODIUM/ NACL 0.45%	59
<i>gemcitabine</i>	40	GLUMETZA	56	HEPATAMINE	77
<i>gemfibrozil</i>	68	<i>glyburide</i>	56	HERCEPTIN	40
<i>generlac</i>	87	<i>glyburide micronized</i>	56	HETLIOZ	118
<i>gengraf</i>	102	<i>glyburide/metformin hcl</i>	56	HEXALEN	38
GENOTROPIN	94	<i>glycopyrrolate</i>	85	HIBERIX	105
GENOTROPIN MINIQUICK	94	GLYNASE	56	HIPREX	18
<i>gentak</i>	109	GOLYTELY	87	HUMALOG	58
<i>gentamicin sulfate</i>	17	<i>granisetron hcl</i>	33	HUMALOG KWIKPEN	58
<i>gentamicin sulfate</i>	74	GRANIX	59	HUMALOG MIX 75/25	58
<i>gentamicin sulfate</i>	109	<i>griseofulvin microsize</i>	34	HUMALOG MIX 75/25 KWIKPEN	58
<i>gentamicin sulfate pediatric</i>	17	<i>griseofulvin ultramicrosize</i>	34	HUMIRA	103
<i>gentamicin sulfate/0.9% sodium chloride</i>	17	<i>guanfacine er</i>	71	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	102
GENVOYA	51	<i>guanfacine hcl</i>	60	HUMIRA PEN	103
GEODON	47	GUANIDINE HCL	37	HUMIRA PEN-CROHNS DISEASESTARTER	103
GIANVI	97	HALAVEN	40		
GIAZO	106	HALCION	54		
<i>gildagia</i>	97	HALDOL	47		
GILENYA	72	HALDOL	47		
		DECANOATE 100 INJ			

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HUMIRA PEN-PSORIASIS STARTER	103	<i>ibudone</i>	15	INTRON A W/ DILUENT	40
HUMULIN R U-500 (CONCENTRATED)	58	<i>ibuprofen</i>	11	<i>introvale</i>	97
HUMULIN R U-500 KWIKPEN	58	ICLUSIG	42	INTUNIV	71
<i>hydralazine hcl</i>	70	<i>idarubicin hcl</i>	40	INVANZ	21
HYDREA	39	IFOSFAMIDE	40	INVEGA	48
<i>hydrochlorothiazide</i>	67	ILEVRO	111	INVEGA SUSTENNA	48
<i>hydrocodone bitartrate/acetaminophen</i>	14	<i>imatinib mesylate</i>	42	INVEGA TRINZA	48
<i>hydrocodone/acetaminophen</i>	14	IMBRUVICA	43	INVIRASE	53
<i>hydrocodone/ibuprofen</i>	14	IMFINZI	44	INVOKAMET	56
<i>hydrocortisone</i>	92	<i>imipenem/cilastatin</i>	21	INVOKAMET XR	56
<i>hydrocortisone butyrate</i>	92	<i>imipramine hcl</i>	33	INVOKANA	56
<i>hydrocortisone butyrate (lipophilic) crea</i>	92	<i>imipramine pamoate caps</i>	33	IONOSOL-B/ DEXTROSE 5%	77
<i>hydrocortisone in absorbase oint</i>	92	<i>imiquimod</i>	74	IONOSOL-MB/ DEXTROSE 5%	77
<i>hydrocortisone valerate crea, oint</i>	92	IMITREX	36	IPOP INACTIVATED IPV	105
<i>hydrocortisone/acetic acid</i>	113	IMITREX STATDOSE REFILL	36	<i>ipratropium bromide</i>	115
<i>hydromorphone hcl</i>	14	IMITREX STATDOSE SYSTEM	36	<i>ipratropium bromide/ albuterol sulfate neb</i>	115
<i>hydromorphone hcl er</i>	12	IMOVAX RABIES (H.D.C.V.)	105	<i>irbesartan</i>	61
<i>hydromorphone hcl er t24a 32mg</i>	12	IMURAN	103	<i>irbesartan/ hydrochlorothiazide</i>	61
<i>hydroxychloroquine sulfate</i>	44	INCRELEX	94	IRESSA	43
<i>hydroxyprogesterone caproate</i>	100	INCRUSE ELLIPTA	115	<i>irinotecan</i>	40
<i>hydroxyurea</i>	39	<i>indapamide</i>	67	ISENTRESS	51
<i>hydroxyzine hcl</i>	114	INDERAL LA	64	ISENTRESS HD	53
<i>hydroxyzine pamoate</i>	114	INDOCIN	11	ISOLYTE-P/ DEXTROSE 5%	77
HYZAAR	61	<i>indomethacin</i>	11	ISOLYTE-S INJ	77
<i>ibandronate sodium</i>	107	<i>indomethacin er</i>	11	<i>isoniazid</i>	37
IBRANCE	42	INFANRIX	105	ISOPROPYL ALCOHOL WIPES	19
		INLYTA	43	ISOPTO CARPINE	112
		INNOPRAN XL	64	ISORDIL TITRADOSE	69
		INSPIRA	67	<i>isosorbide dinitrate</i>	69
		INSUPEN 33GX4MM	108	<i>isosorbide dinitrate er tabs 40mg</i>	69
		INTELENCE	51		
		INTERMEZZO	118		
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		INTRON A	40		
		INTRON A	51		

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<i>isosorbide mononitrate</i>	69	<i>kcl 0.075%/d5w/nacl 0.45%</i>	77	<i>klor-con 8</i>	78
<i>isosorbide mononitrate er</i>	69	<i>kcl 0.15%/d5w/nacl 0.2%</i>	77	<i>klor-con m10</i>	78
<i>isotonic gentamicin</i>	17	KCL 0.15%/D5W/ NACL 0.225%	77	KLOR-CON M15	78
<i>isradipine</i>	65	<i>kcl 0.15%/d5w/nacl 0.45%</i>	78	<i>klor-con m20</i>	78
ISTALOL	112	<i>kcl 0.15%/d5w/nacl 0.9%</i>	78	KLOR-CON POW 20MEQ	78
ISTODAX (OVERFILL)	40	<i>kcl 0.3%/d5w/nacl 0.45%</i>	78	<i>klor-con sprinkle</i>	78
<i>itraconazole</i>	34	KCL 0.3%/D5W/NACL 0.9%	78	<i>klor-con/ef tabs</i>	78
<i>ivermectin</i>	44	<i>kelnor 1/35</i>	97	KORLYM	57
IXEMPRA KIT	40	KENALOG	92	KRISTALOSE	87
IXIARO	105	KENALOG-10	92	K-TAB	77
JAKAFI	43	KENALOG-40	92	<i>kurvelo</i>	97
<i>jantoven</i>	59	KEPPRA	25	KUVAN	88
JANUMET	56	KEPPRA XR	25	KYNAMRO	69
JANUMET XR	57	<i>ketoconazole</i>	34	KYPROLIS	42
JANUVIA	57	<i>ketoprofen</i>	11	<i>labetalol hcl</i>	64
<i>jencycla</i>	100	<i>ketoprofen er</i>	11	<i>lactated ringers</i>	78
JENTADUETO	57	<i>ketorolac</i>	11	<i>viaflex inj</i>	
JENTADUETO XR	57	<i>tromethamine</i>		<i>lactulose</i>	87
J EVTANA	43	<i>ketorolac</i>	111	LAMICTAL	28
JOLESSA	97	<i>tromethamine</i>		LAMICTAL 27	
JOLIVETTE	100	KEYTRUDA	44	CHEWABLE DISPERSIBLE	
<i>juleber</i>	97	<i>kimidess</i>	97	LAMICTAL ODT	27
<i>junel 1.5/30</i>	97	KINRIX	105	LAMICTAL STARTER BLUE (35)	27
<i>junel 1/20</i>	97	<i>kionex</i>	80	LAMICTAL STARTER GREEN (98)	27
<i>junel fe 1.5/30</i>	97	KISQALI	40	LAMICTAL STARTER ORANGE (49)	27
<i>junel fe 1/20</i>	97	KISQALI 200MG	38	LAMICTAL XR	27
<i>junel fe 24</i>	97	FEMARA CO-PACK		LAMISIL	35
JUXTAPID	69	KISQALI 400MG	38	<i>lamivudine</i>	51
KADCYLA	40	FEMARA CO-PACK		<i>lamivudine</i>	52
KADIAN	12	KISQALI 600MG	38	<i>lamivudine/ zidovudine</i>	52
<i>kaitlib fe</i>	97	FEMARA CO-PACK		<i>lamotrigine</i>	28
KALETRA	53	KLARON	74	<i>lamotrigine er</i>	28
KALYDECO	116	KLONOPIN	27	<i>lamotrigine odt</i>	28
KAPVAY	71	<i>klor-con 10</i>	78	<i>lamotrigine titration</i>	28
<i>kariva</i>	97				
KAYEXALATE	80				

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LANOXIN	66	<i>leuprolide acetate</i>	101	<i>lindane</i>	45
LANOXIN PEDIATRIC	66	<i>levabuterol</i>	116	<i>linezolid</i>	19
<i>lansoprazole</i>	87	<i>levabuterol hcl</i>	116	LINZESS	86
<i>lansoprazole/</i>	19	LEVALBUTEROL	116	LIORESAL	50
<i>amoxicillin/</i>		TARTRATE HFA		INTRATHECAL	
<i>clarithromycin</i>		LEVAQUIN	24	<i>liothyronine sodium</i>	101
LANTUS	58	LEVEMIR	58	LIPITOR	68
LANTUS SOLOSTAR	58	LEVEMIR	58	LIPOFEN	68
<i>larin 1.5/30</i>	97	FLEXTOUCH		<i>lisinopril</i>	62
<i>larin 1/20</i>	97	<i>levetiracetam</i>	25	<i>lisinopril/</i>	62
<i>larin 24 fe</i>	97	<i>levetiracetam er</i>	25	<i>hydrochlorothiazide</i>	
<i>larin fe 1.5/30</i>	97	<i>levobunolol hcl</i>	112	<i>lithium carbonate</i>	55
<i>larin fe 1/20</i>	97	<i>levocarnitine</i>	80	<i>lithium carbonate er</i>	55
<i>larissia</i>	97	<i>levocetirizine</i>	114	<i>tabs</i>	
LARTRUVO	44	<i>dihydrochloride</i>		<i>lithium oral soln</i>	55
LASIX	67	<i>levofloxacin</i>	24	LITHOBID	55
LASTACFT	111	<i>levofloxacin</i>	109	LIVALO	68
<i>latanoprost</i>	108	<i>levofloxacin in d5w</i>	24	LOCOID CREAM	92
LATUDA	48	LEVOLEUCOVORIN	41	LODOSYN	46
LAYOLIS FE	97	<i>levoleucovorin</i>	40	LOFIBRA	68
LEENA	97	<i>calcium inj</i>		<i>lokara</i>	92
<i>leflunomide</i>	105	175mg/17.5ml (10mg/		<i>lomedica 24 fe</i>	98
LENVIMA 10 MG	43	<i>ml)</i>		LONSURF	41
DAILY DOSE		<i>levonest</i>	97	<i>loperamide hcl</i>	85
LENVIMA 14 MG	43	<i>levonorgestrel/ethinyl</i>	98	LOPID	68
DAILY DOSE		<i>estradiol</i>		<i>lopinavir/ritonavir</i>	53
LENVIMA 18 MG	43	<i>levora 0.15/30-28</i>	98	LOPRESSOR	64
DAILY DOSE		LEVOTHYROXINE	101	LOPROX	35
LENVIMA 20 MG	43	SODIUM		LOPROX SHAMPOO	35
DAILY DOSE		LEVOXYL	101	<i>lorazepam</i>	55
LENVIMA 24 MG	43	LEXAPRO	31	<i>lorazepam intensol</i>	55
DAILY DOSE		LEXIVA	53	<i>oral soln conc</i>	
LENVIMA 8 MG	43	LIALDA	106	<i>lorcet</i>	15
DAILY DOSE		<i>lidocaine</i>	16	<i>lorcet hd</i>	15
LESCOL XL	68	<i>lidocaine hcl</i>	16	<i>lorcet plus</i>	15
<i>lessina</i>	97	<i>lidocaine hcl</i>	63	<i>loryna</i>	98
LETAIRIS	117	<i>lidocaine hcl in d5w</i>	63	<i>losartan potassium</i>	61
<i>letrozole</i>	42	<i>lidocaine viscous</i>	16	<i>losartan potassium/</i>	61
<i>leucovorin calcium</i>	40	<i>lidocaine/prilocaine</i>	16	<i>hydrochlorothiazide</i>	
LEUKERAN	38	LIDODERM	16		

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LOTEMAX	111	MARPLAN	30	<i>meperidine hcl</i>	15
LOTENSIN	62	MARQIBO	41	<i>meprobamate</i>	54
LOTREL	65	MATULANE	38	MEPRON	44
LOTRISONE	35	<i>matzim la</i>	65	<i>mercaptapurine</i>	39
LOTRONEX	86	MAVIK	62	<i>meropenem vial</i>	21
<i>lovastatin</i>	68	MAXALT	36	MEROPENEM/ SODIUM CHLORIDE	22
LOVAZA	69	MAXALT-MLT	36	<i>mesalamine</i>	106
LOVENOX	59	MAXIDEX	111	<i>mesalamine dr</i>	106
<i>low-ogestrel</i>	98	MAXIPIME	21	<i>mesna</i>	44
<i>loxapine succinate</i>	47	MAXITROL	109	MESNEX	44
<i>ludent</i>	78	MAXZIDE	67	MESTINON	37
LUMIGAN	108	MAXZIDE-25	67	MESTINON	37
LUMIZYME	88	<i>meclizine hcl</i>	33	TIMESPAN	
LUNESTA	118	<i>meclofenamate sodium</i>	11	METADATE CD CAPS	71
LUPRON DEPOT (1-MONTH)	101	MEDROL	92	<i>metadate er</i>	71
LUPRON DEPOT (3-MONTH)	101	MEDROL DOSEPAK	92	<i>metaproterenol sulfate</i>	116
LUPRON DEPOT (4-MONTH)	101	<i>medroxyprogesterone acetate</i>	100	<i>metformin hcl</i>	57
LUPRON DEPOT (6-MONTH)	101	<i>mefloquine hcl</i>	44	<i>metformin hcl er</i>	57
LUPRON DEPOT-PED (1-MONTH)	101	MEGACE ES ORAL SUSP 625MG/5ML	100	<i>methadone hcl</i>	12
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	102	MEGACE ORAL SUSP 40MG/ML	100	<i>methazolamide</i>	67
<i>luteru</i>	98	<i>megestrol acetate</i>	100	<i>methenamine hippurate</i>	19
LYNPARZA	43	MEKINIST	43	<i>methergine</i>	108
LYRICA	26	<i>meloxicam</i>	11	<i>methimazole</i>	102
LYSODREN	101	<i>melphalan hydrochloride</i>	38	<i>methotrexate</i>	103
LYSTEDA	59	<i>memantine hcl</i>	29	<i>methotrexate sodium</i>	103
<i>lyza</i>	100	<i>memantine hcl titration pak</i>	29	<i>methoxsalen</i>	74
MACROBID	19	<i>memantine hydrochloride</i>	29	<i>methscopolamine bromide</i>	85
MACRODANTIN	19	MENACTRA	105	<i>methyclothiazide</i>	67
<i>magnesium sulfat</i>	78	MENHIBRIX	105	<i>methyl dopa</i>	60
<i>malathion</i>	45	MENOMUNE-A/C/ Y/W-135	105	METHYLIN	71
<i>maprotiline hcl</i>	31	MENOSTAR	98	<i>methylphenidate hcl</i>	71
MARINOL	33	MENVEO	105	<i>methylphenidate hcl cd</i>	71
<i>marlissa</i>	98			<i>methylphenidate hcl er</i>	71

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<i>methylphenidate hcl er (la) caps</i>	71	MICROGESTIN FE 1.5/30	98	MONUROL	19
<i>methylphenidate hydrochloride</i>	72	MICROGESTIN FE 1/20	98	<i>morgidox 1x100mg</i>	25
<i>methylprednisolone</i>	92	MICROZIDE	67	<i>morgidox 1x50mg caps</i>	25
<i>methylprednisolone acetate</i>	92	<i>midodrine hcl</i>	60	<i>morgidox 2x100mg</i>	25
<i>methylprednisolone dose pack</i>	92	<i>miglitol</i>	57	<i>morphine sulfate</i>	15
<i>methylprednisolone sodiumsuccinate</i>	92	MIGRANAL	36	<i>morphine sulfate er</i>	13
<i>metipranolol</i>	112	MILLIPRED TABS, SOLN	92	MOVANTIK	86
<i>metoclopramide hcl</i>	86	MINIPRESS	60	MOVIPREP	87
<i>metoclopramide odt</i>	86	<i>minitran</i>	69	MOXEZA	109
<i>metolazone</i>	67	MINIVELLE	98	<i>moxifloxacin hcl</i>	24
<i>metoprolol succinate er</i>	64	MINOCIN	25	MOZOBIL	59
<i>metoprolol tartrate</i>	64	<i>minocycline hcl</i>	25	MS CONTIN	13
<i>metoprolol/hydrochlorothiazide</i>	64	<i>minocycline hcl er</i>	25	MULTAQ	63
METROCREAM	75	<i>minoxidil</i>	70	<i>multi vitamin/fluoride</i>	81
METROGEL 1% TOPICAL GEL	75	MIRAPEX	45	<i>multi-vit/fluoride</i>	81
METROGEL-VAGINAL	19	MIRAPEX ER	45	<i>multi-vit/iron/fluoride</i>	81
METROLOTION	75	<i>mirtazapine</i>	30	<i>multivitamin with fluoride</i>	81
<i>metronidazole</i>	75	<i>mirtazapine odt</i>	30	<i>multi-vitamin/fluoride</i>	81
<i>metronidazole</i>	75	MIRVASO	112	<i>multi-vitamin/fluoride/iron</i>	81
<i>metronidazole in nacl 0.79%</i>	19	<i>misoprostol</i>	87	<i>multi-vitamin/fluoride</i>	81
<i>metronidazole vaginal</i>	19	<i>mitomycin</i>	41	<i>mupirocin</i>	75
<i>mexiletine hcl</i>	63	<i>mitoxantrone hcl</i>	41	MUSTARGEN	38
MIACALCIN	107	M-M-R II	105	<i>mvc-fluoride</i>	81
<i>mibelas 24 fe</i>	98	MOBIC	11	MYAMBUTOL	37
MICARDIS	62	<i>modafinil</i>	118	MYCAMINE	35
MICARDIS HCT	62	<i>moderiba</i>	51	<i>mycophenolate mofetil</i>	103
<i>miconazole 3</i>	35	<i>moexipril hcl</i>	62	<i>mycophenolic acid dr</i>	103
MICROGESTIN 1.5/30	98	<i>moexipril/hydrochlorothiazide</i>	62	MYFORTIC	103
MICROGESTIN 1/20	98	<i>molindone hydrochloride</i>	47	<i>myorisan</i>	75
MICROGESTIN 24 FE	98	<i>mometasone furoate</i>	93	MYRBETRIQ	89
		<i>mometasone furoate</i>	114	MYSOLINE	27
		<i>mono-lynyah</i>	98	<i>myzilra</i>	98
		MONONESSA	98	<i>nabumetone</i>	11
		<i>montelukast sodium</i>	115	<i>nadolol</i>	64

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<i>nadolol/</i>	64	<i>neomycin/bacitracin/</i>	109	<i>nifedipine er</i>	65
<i>bendroflumethiazide</i>		<i>polymyxin ophthalmic</i>		<i>nikki</i>	98
<i>naftillin sodium</i>	22	<i>ointment</i>		<i>nilutamide</i>	38
<i>naftifine hcl 1% cream</i>	35	<i>neomycin/polymyxin/</i>	109	<i>nimodipine</i>	65
<i>naftifine hcl 2% cream</i>	35	<i>bacitracin/</i>		NINLARO	41
NAFTIN	35	<i>hydrocortisone</i>		NIPENT	41
NAGLAZYME	88	<i>ophthalmic oint</i>		<i>nisoldipine er</i>	65
<i>nalbuphine hcl</i>	15	<i>neomycin/polymyxin/</i>	109	NITRO-BID	69
<i>naloxone hcl</i>	17	<i>dexamethasone</i>		NITRO-DUR	69
<i>naltrexone hcl</i>	17	<i>neomycin/polymyxin/</i>	109	<i>nitrofurantoin</i>	19
NAMENDA	29	<i>hydrocortisone</i>		<i>nitrofurantoin</i>	19
NAMENDA	29	<i>neomycin/polymyxin/</i>	113	<i>macrocrystals</i>	
TITRATION PAK		<i>hydrocortisone</i>		<i>nitrofurantoin</i>	19
NAMENDA XR	29	<i>neomycin/polymyxin/</i>	113	<i>monohydrate</i>	
NAMENDA XR	29	<i>hydrocortisone otic</i>		<i>nitroglycerin</i>	69
TITRATION PACK		<i>soln</i>		<i>nitroglycerin lingual</i>	69
NAMZARIC	29	<i>neo-polycin</i>	109	<i>spray</i>	
NAPRELAN	12	NEORAL	103	<i>nitroglycerin</i>	69
NAPROSYN	12	NEPHRAMINE	78	<i>transdermal</i>	
<i>naproxen</i>	12	NESTABS	81	NITROLINGUAL	69
<i>naproxen dr</i>	12	<i>neuac gel 1.2; 5%</i>	75	PUMPSPRAY	
<i>naproxen sodium</i>	12	NEULASTA INJ	59	NITROMIST	69
<i>naratriptan hcl</i>	36	NEUPOGEN	59	NITROSTAT	69
NATACHEW	81	NEUPRO	45	NIVA-PLUS	81
NATACYN	109	NEURONTIN	27	<i>nizatidine</i>	86
<i>nateglinide</i>	57	NEVANAC	111	NIZORAL	35
NATELLE ONE	81	<i>nevirapine</i>	52	<i>nora-be</i>	100
NATESTO	95	<i>nevirapine er</i>	51	NORCO	15
NATPARA	107	NEXA PLUS	81	NORDITROPIN	94
NEBUPENT	44	NEXAVAR	43	FLEXPRO	
<i>necon 0.5/35-28</i>	98	<i>niacin er tabs 500mg,</i>	69	<i>norethindrone</i>	100
<i>necon 1/35</i>	98	<i>750mg, 1000mg</i>		<i>norethindrone acetate</i>	100
NECON 10/11-28	98	NIACOR	69	<i>norethindrone</i>	98
NECON 7/7/7	98	NIASPAN	69	<i>acetate/ethinyl</i>	
<i>nefazodone hcl</i>	31	<i>nicardipine hcl</i>	65	<i>estradiol</i>	
<i>neomycin sulfate</i>	18	NICOTROL INHALER	17	<i>norethindrone</i>	98
		NICOTROL NS	17	<i>acetate/ethinyl</i>	
		<i>nifedical xl</i>	65	<i>estradiol/ferrous</i>	
		<i>nifedipine</i>	65	<i>fumarate</i>	

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<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	98	NUVESSA	19	<i>olopatadine hcl</i>	114
<i>norgestimate/ethinyl estradiol</i>	98	NUVIGIL	118	<i>olopatadine hcl ophthalmic soln (generic Pataday) 0.2%</i>	111
NORITATE	75	<i>nyamyc</i>	35	OLUX	93
<i>norlyroc</i>	100	<i>nyata</i>	35	<i>omega-3-acid ethyl esters caps 1gm</i>	69
NORMOSOL-R IN D5W	78	<i>nystatin</i>	35	<i>omeprazole</i>	87
NORMOSOL-R INJ PH 7.4	78	<i>nystatin/ triamcinolone</i>	35	<i>omeprazole/sodium bicarbonate</i>	87
NORPACE	63	OB COMPLETE GOLD	82	OMNARIS	114
NORPACE CR	63	OB COMPLETE ONE	82	OMNIPRED	111
NORPRAMIN	33	OB COMPLETE PETITE	82	ONCASPAR	41
NORTHERA	60	OB COMPLETE PREMIER	82	<i>ondansetron hcl</i>	33
<i>nortrel 0.5/35 (28)</i>	98	OB COMPLETE/DHA	82	<i>ondansetron odt</i>	34
<i>nortrel 1/35</i>	98	O-CAL PRENATAL	81	ONFI	27
<i>nortrel 7/7/7</i>	98	OCELLA	98	ONIVYDE	41
<i>nortriptyline hcl</i>	33	OCTAGAM	104	ONMEL	35
NORVASC	66	<i>octreotide acetate</i>	102	ONZETRA XSAIL	36
NORVIR	53	OCUFEN	111	OPANA	15
NOVOLIN 70/30	58	OCUFLOX	110	OPANA ER (CRUSH RESISTANT)	13
NOVOLIN N	58	ODEFSEY	52	OPDIVO	44
NOVOLIN R	58	ODOMZO	43	OPSUMIT	117
NOVOLOG	58	OFEV	117	ORACEA	75
NOVOLOG FLEXPEN	58	<i>ofloxacin</i>	24	<i>oralone</i>	73
NOVOLOG MIX 70/30	58	<i>ofloxacin</i>	110	ORAPRED ODT	93
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	58	<i>ofloxacin</i>	113	ORAVIG	35
NOVOLOG PENFILL	58	<i>olanzapine</i>	48	ORFADIN	88
NOXAFIL	35	<i>olanzapine odt</i>	48	ORFADIN	108
NUCYNTA	15	<i>olanzapine/fluoxetine</i>	31	ORKAMBI	116
NUCYNTA ER	13	<i>olmesartan medoxomil</i>	62	<i>orsythia</i>	98
NUEDEXTA	72	<i>olmesartan medoxomil/ amlodipine/ hydrochlorothiazide</i>	62	ORTHO TRI-CYCLEN LO	98
NULOJIX	103	<i>olmesartan medoxomil/ hydrochlorothiazide</i>	62	<i>oseltamivir phosphate</i>	53
NULYTELY/FLAVOR PACKS	87	<i>olmesartan medoxomil/ hydrochlorothiazide</i>	62	OSMOPREP	87
NUPLAZID	48	<i>olopatadine hcl</i>	111	OTREXUP	103
NUTRILIPID	78			OVIDE	45
NUVARING	98			<i>oxacillin sodium</i>	22

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<i>oxaliplatin</i>	41	PAXIL CR	32	<i>phenytoin</i>	28
<i>oxandrolone</i>	94	PAZEO	111	<i>phenytoin sodium</i>	28
<i>oxaprozin</i>	12	PCE	23	<i>phenytoin sodium extended</i>	28
<i>oxazepam</i>	55	PEDIARIX	105	<i>philith</i>	98
<i>oxcarbazepine</i>	28	PEDVAX HIB	105	<i>phos-flur gel</i>	73
<i>oxiconazole nitrate</i>	35	<i>peg-3350/electrolytes</i>	87	PHOSLYRA	80
OXISTAT	35	<i>peg-3350/nacl/na bicarbonate/kcl</i>	87	PHOSPHOLINE IODIDE	112
OXTELLAR XR	28	PEGANONE	28	PHYSIOLYTE	78
<i>oxybutynin chloride</i>	89	PEGASYS	51	PHYSIOSOL	78
<i>oxybutynin chloride er</i>	89	PEGASYS PROCLICK	51	IRRIGATION	
<i>oxycodone hcl</i>	15	<i>penicillin g potassium</i>	22	PICATO	75
<i>oxycodone hcl er</i>	13	<i>penicillin g procaine</i>	22	<i>pilocarpine hcl</i>	73
<i>oxycodone/acetaminophen</i>	15	<i>penicillin g sodium</i>	22	<i>pilocarpine hcl</i>	112
<i>oxycodone/aspirin</i>	16	<i>penicillin v potassium</i>	22	<i>pilocarpine hcl tabs 5mg</i>	73
<i>oxycodone/ibuprofen</i>	16	PENNSAID	12	<i>pimozide</i>	47
OXYCONTIN	13	PENTAM 300	45	<i>pimtrea</i>	99
<i>oxymorphone hydrochloride</i>	16	PENTASA	106	<i>pindolol</i>	64
<i>oxymorphone hydrochloride er</i>	13	<i>pentazocine/naloxone hcl</i>	16	<i>pioglitazone hcl</i>	57
OXYTROL	89	<i>pentoxifylline cr</i>	66	<i>pioglitazone hcl/metformin hcl</i>	57
<i>pacerone</i>	63	<i>pentoxifylline er</i>	66	<i>pioglitazone hcl-glimepiride</i>	57
<i>paclitaxel</i>	41	PEPCID	86	<i>piperacillin sodium/tazobactam sodium inj 2gm-0.25gm, 3gm-0.375gm, 36gm-4.5gm</i>	22
<i>paliperidone er</i>	48	PERCOCET	16	<i>piperacillin/tazobactam</i>	23
PAMELOR	33	PERFOROMIST	116	<i>pirmella 1/35</i>	99
<i>pamidronate disodium</i>	107	<i>perindopril erbumine</i>	62	<i>pirmella 7/7/7</i>	99
PANRETIN	44	<i>perigard</i>	73	<i>piroxicam</i>	12
<i>pantoprazole sodium</i>	87	PERJETA	41	PLAQUENIL	45
<i>paricalcitol</i>	107	<i>permethrin</i>	45	PLASMA-LYTE A	78
<i>paroex</i>	73	<i>perphenazine</i>	47	PLASMA-LYTE-148	78
<i>paromomycin sulfate</i>	18	<i>perphenazine/amitriptyline</i>	33	PLAVIX	60
<i>paroxetine hcl</i>	31	<i>phenadoz</i>	33	<i>plenamine</i>	78
<i>paroxetine hcl er</i>	31	<i>phenelzine sulfate</i>	30		
PASER	37	<i>phenergan</i>	33		
PATADAY	111	PHENERGAN	114		
PATANASE	114	<i>phenobarbital</i>	27		
PAXIL	32	<i>phenobarbital sodium</i>	118		
		PHENYTEK	28		

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PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	82	<i>potassium chloride/dextrose/sodium chloride</i>	79	PREMASOL	79
PNV PRENATAL PLUS MULTIVITAMIN	82	<i>potassium chloride/sodium chloride</i>	79	PREMPHASE	99
PNV PRENATAL PLUS MULTIVITAMIN + DHA	82	<i>potassium citrate er tabs</i>	79	PREMPRO	99
PNV TABS 29-1	82	POTIGA	25	PRENAISSANCE	82
PNV-DHA	82	PRADAXA	59	PRENAISSANCE PLUS	82
PNV-SELECT	82	PRALUENT	69	PRENATA	82
PNV-VP-U	82	<i>pramipexole dihydrochloride er</i>	45	PRENATAL 19	82
<i>podofilox</i>	75	<i>pramipexole dihydrochloride immediate release tabs</i>	45	PRENATAL PLUS	83
<i>polycin</i>	110	PRANDIN	57	PRENATAL PLUS IRON	83
<i>polyethylene glycol 3350</i>	87	PRAVACHOL	68	PRENATE	83
<i>polymyxin b sulfate/trimethoprim sulfate</i>	110	<i>pravastatin sodium</i>	68	PRENATE AM	83
<i>poly-vitamin/fluoride</i>	82	<i>prazosin hcl</i>	60	PRENATE DHA	83
POMALYST	38	PRECOSE	57	PRENATE ELITE	83
<i>portia-28</i>	99	PRED FORTE	111	PRENATE ESSENTIAL	83
PORTRAZZA	41	PRED MILD	112	PRENATE MINI	83
POTASSIUM CHLORIDE	79	<i>prednicarbate oint, emollient crea</i>	93	PRENATE PIXIE	83
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	78	<i>prednisolone</i>	93	PREPLUS	83
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	78	<i>prednisolone acetate ophthalmic soln 1%</i>	112	PREPOPIK	87
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	78	<i>prednisolone sodium phosphate</i>	93	PREQUE 10	83
<i>potassium chloride cr</i>	78	<i>prednisolone sodium phosphate</i>	112	PRETAB	84
<i>potassium chloride er</i>	78	<i>prednisolone sodium phosphate odt</i>	93	PREVACID	88
<i>potassium chloride sr</i>	78	<i>prednisone intensol oral soln conc</i>	93	PREVACID SOLUTAB	88
POTASSIUM CHLORIDE/DEXTROSE	79	PREFERA OB	82	<i>prevalite</i>	69
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	79	PREFERAOB +DHA	82	<i>previfem</i>	99
		PREFERAOB ONE	82	PREVPAC	19
		PREMARIN	99	PREZCOBIX	53
				PREZISTA	53
				PRIFTIN	37
				PRILOSEC	88
				<i>primaquine phosphate</i>	45
				<i>primidone</i>	27
				PRINIVIL	62
				PRISTIQ	32
				PRIVIGEN	104
				<i>probenecid</i>	36
				<i>probenecid/colchicine</i>	36

Drug name	Page	Drug name	Page	Drug name	Page
PROCALAMINE	79	<i>propylthiouracil</i>	102	<i>quinidine gluconate cr tabs</i>	63
PROCARDIA	66	PROQUAD	105	<i>quinidine gluconate er tabs</i>	63
PROCARDIA XL	66	PROSCAR	90	<i>quinidine sulfate</i>	63
PROCENTRA	70	PROSOL	79	<i>quinine sulfate</i>	45
<i>prochlorperazine</i>	47	PROTONIX	88	RABAVERT	105
<i>prochlorperazine edisylate</i>	47	PROTOPIC	75	<i>rabeprazole sodium tabs</i>	88
<i>prochlorperazine maleate</i>	47	<i>protriptyline hcl</i>	33	<i>rajani</i>	99
PROCRIT	59	PROVERA	101	<i>raloxifene hydrochloride</i>	101
<i>procto-med hc</i>	93	PROVIGIL	118	<i>ramipril</i>	63
<i>procto-pak</i>	93	PROZAC	32	RANEXA	66
<i>proctosol hc topical crea</i>	93	PROZAC WEEKLY	32	<i>ranitidine hcl</i>	86
<i>proctozone-hc</i>	93	PRUDOXIN	75	RAPAFLO	90
<i>progesterone</i>	101	PSORCON	93	RAPAMUNE	103
PROGLYCEM	58	PULMICORT FLEXHALER	114	<i>rasagiline mesylate</i>	46
PROGRAF	103	PULMICORT INHALATION SUSP	114	RASUVO	103
PROLASTIN-C	88	PULMOZYME	116	RAVICTI	89
PROLENSA	112	PUREFE OB PLUS	84	RAYOS	93
PROLEUKIN	41	PURIXAN	39	RAZADYNE	29
PROLIA	107	<i>pyrazinamide</i>	37	RAZADYNE ER	29
PROMACTA	59	<i>pyridostigmine bromide</i>	37	REBETOL	51
<i>promethazine hcl</i>	33	<i>pyridostigmine bromide er</i>	37	RECLAST	107
<i>promethazine hcl</i>	114	QUADRACEL	105	<i>reclipsen</i>	99
<i>promethazine vc plain syrup</i>	114	QUALAQUIN	45	RECOMBIVAX HB	105
<i>promethazine/phenylephrine syrup</i>	114	<i>quasense</i>	99	RECTIV	75
<i>promethegan</i>	33	QUDEXY XR	28	REGLAN	86
PROMETRIUM	101	QUESTRAN	69	REGRANEX	75
<i>propafenone hcl er caps</i>	63	<i>quetiapine fumarate</i>	48	RELENZA DISKHALER	53
<i>propafenone hcl tabs</i>	63	<i>quetiapine fumarate er</i>	48	RELISTOR	86
<i>proparacaine hcl</i>	110	QUILLICHEW ER	72	RELNATE DHA	84
<i>propranolol hcl</i>	64	QUILLIVANT XR	72	RELPAK	36
<i>propranolol hcl er caps</i>	64	<i>quinapril</i>	63	REMERON	30
<i>propranolol/hydrochlorothiazide</i>	64	<i>quinapril/hydrochlorothiazide</i>	63	REMERON SOLTAB	30
				REMICADE	103
				REMODULIN	117
				RENAGEL	80

Drug name	Page	Drug name	Page	Drug name	Page
RENVELA	80	<i>risedronate sodium</i>	107	SALAGEN	73
<i>repaglinide</i>	57	<i>risedronate sodium dr</i>	107	SANCUSO	34
<i>repaglinide/</i>	57	<i>tabs 35mg</i>		SANDIMMUNE	103
<i>metformin</i>		RISPERDAL	49	SANDOSTATIN LAR	102
<i>hydrochloride</i>		RISPERDAL CONSTA	49	DEPOT	
<i>reprexain</i>	16	RISPERDAL M-TAB	49	SANTYL	75
REQUIP	45	<i>risperidone</i>	49	SAPHRIS	49
REQUIP XL	45	<i>risperidone odt</i>	49	SARAFEM	108
RESCRIPTOR	52	RITALIN	72	SAVELLA	72
RESTASIS	110	RITALIN LA	72	SAVELLA TITRATION	72
RESTASIS	110	RITUXAN	44	PACK	
MULTIDOSE		<i>rivastigmine tartrate</i>	29	SEASONIQUE	99
RESTORIL	55	<i>caps</i>		SECTRAL	64
RETIN-A	75	<i>rivastigmine</i>	29	SELECT-OB	84
RETIN-A MICRO GEL	75	<i>transdermal system</i>		<i>selegiline hcl</i>	46
RETIN-A MICRO GEL	75	RIVELSA	99	<i>selenium sulfide</i>	75
PUMP		<i>rizatriptan benzoate</i>	36	SELZENTRY	53
RETROVIR	52	<i>odt</i>		SE-NATAL 19	84
RETROVIR IV	52	<i>rizatriptan benzoate</i>	36	SENSIPAR	107
INFUSION		<i>tabs</i>		SEREVENT DISKUS	116
REVATIO	117	ROBINUL	85	<i>sertraline hcl</i>	32
REVLIMID	39	ROBINUL FORTE	85	<i>setlakin</i>	99
REXULTI	49	ROCALTROL	107	<i>sf gel 1.1%</i>	73
REYATAZ	53	<i>ropinirole er</i>	46	<i>sharobel</i>	101
<i>ribasphere</i>	51	<i>ropinirole hcl</i>	46	SIGNIFOR 0.3MG/	102
RIBASPHERE	51	<i>immediate release</i>		ML, 0.6MG/ML,	
RIBAPAK		<i>tabs</i>		0.9MG/ML.	
<i>ribavirin</i>	117	<i>rosadan 0.75% crea,</i>	75	<i>sildenafil</i>	117
<i>ribavirin</i>	51	<i>gel</i>		SILENOR	118
RIDAURA	105	<i>rosuvastatin calcium</i>	68	SILVADENE	75
<i>rifabutin</i>	37	ROTARIX	105	<i>silver sulfadiazine</i>	75
RIFADIN	37	ROTATEQ	106	SIMBRINZA	112
<i>rifampin</i>	37	<i>rowepra</i>	26	SIMULECT	103
RIFATER	37	ROXICODONE	16	<i>simvastatin</i>	68
RILUTEK	72	ROZEREM	118	SINEMET	46
<i>riluzole</i>	72	RUBRACA	41	SINEMET CR	46
<i>rimantadine hcl</i>	53	RYDAPT	41	SINGULAIR	115
<i>ringers injection</i>	79	RYTARY	46	<i>sirolimus</i>	103
RIOMET	57	RYTHMOL SR	63	SIRTURO	38
		SABRIL	27		

Drug name	Page	Drug name	Page	Drug name	Page
SIVEXTRO	19	<i>sps oral susp</i>	80	<i>sumatriptan succinate</i>	36
<i>sodium bicarbonate</i>	80	<i>15gm/60ml</i>		<i>refill</i>	
<i>inj</i>		<i>sronyx</i>	99	SUMAVEL DOSEPRO	37
<i>sodium bicarbonate</i>	80	SSD 1% CREA	75	SUPRAX	21
<i>partial fill 4.2%</i>		STALEVO 100	46	SUPREP BOWEL	87
<i>sodium chloride</i>	79	STALEVO 150	46	PREP KIT	
<i>sodium chloride</i>	79	STALEVO 200	46	SUSTIVA	52
<i>0.45%</i>		STALEVO 50	46	SUTENT	43
<i>sodium chloride 0.9%</i>	90	STARLIX	57	<i>syeda</i>	99
<i>irrigation soln</i>		<i>stavudine</i>	52	SYLATRON	51
<i>sodium fluoride</i>	79	<i>sterile water irrigation</i>	79	SYLVANT	105
<i>sodium</i>	89	STIMATE	94	SYMBICORT	114
<i>phenylbutyrate</i>		STIVARGA	43	SYMBYAX	32
<i>sodium polystyrene</i>	80	STRATTERA	72	SYMLINPEN 120	57
<i>sulfonate</i>		<i>streptomycin sulfate</i>	18	SYMLINPEN 60	57
<i>sodium sulfacetamide</i>	75	STRIANT	95	SYNAGIS	105
<i>sodium sulfacetamide</i>	110	STRIBILD	52	SYNALAR	93
SOLARAZE	75	STROMEKTOL	44	SYNALAR CREAM KIT	93
SOLODYN	25	SUBOXONE	17	SYNAREL	102
SOLTAMOX	39	SUCRALFATE	87	SYNERCID	19
SOLU-CORTEF	93	SULAR	66	SYNRIBO	41
SOLU-MEDROL	93	<i>sulfacetamide sodium</i>	75	SYNTHROID	101
SOMATULINE DEPOT	102	<i>sulfacetamide sodium</i>	110	SYPRINE	80
SOMAVERT	102	<i>sulfacetamide</i>	110	TABLOID	39
SONATA	118	<i>sodium/prednisolone</i>		TACLONEX	75
SORILUX	75	<i>sodium phosphate</i>		TACLONEX	93
<i>sorine</i>	63	<i>ophthalmic soln</i>		<i>tacrolimus</i>	76
<i>sotalol af</i>	63	<i>sulfadiazine</i>	24	<i>tacrolimus</i>	103
<i>sotalol hcl</i>	63	<i>sulfamethoxazole/</i>	24	TAFINLAR	43
SOVALDI	51	<i>trimethoprim</i>		TAGRISSO	43
<i>spironolactone</i>	67	<i>sulfamethoxazole/</i>	24	TAMIFLU	53
<i>spironolactone/</i>	67	<i>trimethoprim ds</i>		<i>tamoxifen citrate</i>	39
<i>hydrochlorothiazide</i>		SULFAMYLON	75	<i>tamsulosin hcl</i>	90
SPORANOX	35	<i>sulfasalazine</i>	106	TAPAZOLE	102
SPORANOX	35	SULFATRIM	24	TARCEVA	43
PULSEPAK		PEDIATRIC		TARGETIN	44
<i>sprintec 28</i>	99	<i>sulindac</i>	12	<i>tarina fe 1/20</i>	99
SPRITAM	26	<i>sumatriptan</i>	37	TARKA	63
SPRYCEL	43	<i>sumatriptan succinate</i>	36		

Drug name	Page	Drug name	Page	Drug name	Page
TARON-PREX	84	tetrabenazine	72	TOBRADEX ST SUSP	110
TASIGNA	43	tetracycline hydrochloride	25	tobramycin nebu 300mg/5ml	116
TAXOTERE	41	THALOMID	39	tobramycin sulfate	18
tazarotene	76	THEO-24	116	tobramycin sulfate	110
tazicef	21	theophylline	116	tobramycin/dexamethasone susp	110
TAZORAC	76	theophylline cr	116	TOBREX	110
taztia xt	66	theophylline er	116	TOFRANIL	33
TECENTRIQ	44	THERACYS	41	TOLAK	76
TEFLARO	21	thioridazine hcl	47	tolazamide	57
TEGRETOL	28	thiotepa	38	tolbutamide	57
TEGRETOL-XR	28	thiothixene	47	tolterodine tartrate er caps	89
TEKTURNA	66	THRIVITE RX	84	tolterodine tartrate tabs	89
TEKTURNA HCT	66	THYMOGLOBULIN	104	TOPAMAX	28
telmisartan	62	tiagabine hydrochloride	27	TOPAMAX SPRINKLE	28
telmisartan/amlodipine	62	TIAZAC	66	TOPICORT	93
telmisartan/hydrochlorothiazide	62	TICE BCG	41	topiramate	28
temazepam	55	TIGAN	33	topiramate er	28
TEMODAR	38	tigecycline	19	toposar	42
TEMOVATE	93	TIKOSYN	63	topotecan hcl	42
TENEX	60	TILIA FE	99	TOPROL XL	64
TENIVAC	106	timolol maleate	112	TORISEL	43
TENORMIN	64	timolol maleate	64	torse mide	67
TERAZOL 7	35	timolol maleate ophthalmic gel forming soln	112	TOUJEO SOLOSTAR	58
terazosin hcl	60	TIMOPTIC	112	TOVIAZ	89
terbinafine hcl	35	TIMOPTIC OCUDOSE	112	TPN ELECTROLYTES INJ	79
terbutaline sulfate	116	TIMOPTIC-XE	112	TRACLEER	117
terconazole	35	tinidazole	19	TRADJENTA	58
TESTIM	95	TIROSINT	101	tramadol hcl	16
testosterone	95	TIVICAY	51	tramadol hcl er	13
testosterone cypionate	95	TIVORBEX	12	tramadol hydrochloride/acetaminophen	16
testosterone enanthate	95	tizanidine hcl	50	trandolapril	63
testosterone gel 12.5mg/act pump	95	TL-SELECT	84	trandolapril/verapamil hcl er	63
tetanus/diphtheria toxoids-adsorbed	106	TOBI	116		
		TOBI PODHALER	116		
		TOBRADEX	110		

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<i>tranexamic acid</i>	60	TRICOR	68	<i>trivora-28</i>	99
TRANSDERM-SCOP	33	<i>triderm crea</i>	94	TROKENDI XR	28
TRANXENE T	55	<i>tri-estarylla</i>	99	TROPHAMINE INJ	80
<i>tranylcypromine sulfate</i>	30	<i>trifluoperazine hcl</i>	47	10%	
TRAVASOL	79	<i>trifluridine</i>	110	<i>trospium chloride er caps</i>	89
TRAVATAN Z	108	TRIGLIDE	68	<i>trospium chloride tabs</i>	89
<i>trazodone hcl</i>	32	<i>trihexyphenidyl hcl</i>	45	TRULICITY	58
TREANDA	38	<i>tri-legest fe</i>	99	TRUMENBA	106
TRECTOR	38	TRILEPTAL	28	TRUSOPT	112
TRELSTAR	102	<i>tri-linyah</i>	99	TRUVADA	52
TRELSTAR MIXJECT	102	TRILIPIX	68	TWINRIX	106
TRESIBA FLEXTOUCH	58	<i>tri-lo-estarylla</i>	99	TWYNSTA	62
<i>tretinoin</i>	44	<i>tri-lo-marzia</i>	99	TYBOST	53
<i>tretinoin</i>	76	<i>tri-lo-sprintec</i>	99	TYGACIL	19
<i>tretinoin microsphere gel</i>	76	<i>trilyte</i>	87	TYKERB	43
<i>tretinoin microsphere pump gel</i>	76	<i>trimethobenzamide hcl</i>	33	TYLENOL/CODEINE #3	16
TREXALL	103	<i>trimethoprim</i>	19	TYPHIM VI	106
TREXIMET	37	<i>trimethoprim sulfate/ polymyxin b sulfate</i>	110	TYSABRI	72
TRIADVANCE	84	<i>trimipramine maleate</i>	33	UCERIS	94
<i>triamcinolone acetone</i>	93	TRINATAL GT	84	ULORIC	36
<i>triamcinolone acetone</i>	73	TRINATAL RX 1	84	ULTIMATECARE ONE NF	84
<i>triamcinolone acetone</i>	114	TRINESSA	99	ULTRACET	16
<i>triamcinolone in orabase</i>	73	TRINESSA LO	99	ULTRAM	16
<i>triamterene/ hydrochlorothiazide</i>	67	TRINTELLIX	30	ULTRAVATE	94
TRIANEX	94	TRIOSTAT	101	UNITHROID	101
<i>triazolam</i>	55	<i>triple antibiotic</i>	110	UPTRAVI	117
TRIBENZOR	62	<i>tri-previfem</i>	99	URECHOLINE	90
TRICARE PRENATAL	84	TRISENOX	41	UROCIT-K 10	80
TRICARE PRENATAL DHA ONE	84	<i>tri-sprintec</i>	99	UROCIT-K 15	80
TRICARE PRENATAL TABS	84	TRISTART DHA	84	UROCIT-K 5	80
		TRIUMEQ	52	UROXATRAL	90
		TRIVEEN-PRX RNF	84	URSO 250	86
		<i>tri-vit/fluoride</i>	84	URSO FORTE	86
		TRI-VIT/FLUORIDE/IRON	84	<i>ursodiol</i>	86
		<i>tri-vitamin/fluoride soln 0.25mg/ml</i>	84	UVADEX	41

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VAGIFEM	99	VERAMYST	114	VIRT-PN	84
<i>valacyclovir hcl</i>	54	<i>verapamil hcl</i>	66	VIRT-PN DHA	84
VALCHLOR	38	<i>verapamil hcl er tabs,</i>	66	VIRT-PN PLUS	84
VALCYTE	50	<i>caps</i>		VIRT-SELECT	84
<i>valganciclovir</i>	50	<i>verapamil hcl sr</i>	66	VISTARIL	115
<i>hydrochloride soln</i>		VERELAN	66	VITAFOL FE+	84
<i>valganciclovir tabs</i>	50	VERELAN PM	66	VITAFOL GUMMIES	84
VALIUM	55	VERIPRED 20	94	VITAFOL-ONE	85
<i>valproate sodium</i>	27	VERSACLOZ	50	VITAMEDMD ONE	85
<i>valproic acid</i>	27	VESICARE	89	RX/QUATREFOLIC	
<i>valsartan</i>	62	<i>vestura</i>	99	<i>vitamins a/d/c/</i>	85
<i>valsartan/</i>	62	VIBRAMYCIN	25	<i>fluoride</i>	
<i>hydrochlorothiazide</i>		<i>vicodin</i>	16	VIVELLE-DOT	99
VALSTAR	41	<i>vicodin es</i>	16	VIVLODEX	12
VALTREX	54	<i>vicodin hp</i>	16	VOGELXO	95
VANCOGIN HCL	19	VICTOZA	58	VOGELXO PUMP	95
VANCOMYCIN	20	VIDEX EC	52	VOL-NATE	85
<i>vancomycin hcl</i>	19	VIDEX PEDIATRIC	52	VOL-PLUS	85
VANCOMYCIN HCL	19	<i>vienva</i>	99	<i>voriconazole</i>	35
IN DEXTROSE		VIGAMOX	110	VOTRIENT	43
VANDAZOLE	20	VIIIBRYD	32	VP-CH-PNV	85
VANOS	94	VIIIBRYD STARTER	32	VP-HEME ONE	85
VAQTA	106	PACK		VP-PNV-DHA	85
VARIVAX	106	VIMOVO	12	VRAYLAR	49
VASCEPA	69	VIMPAT	29	<i>vyfemla</i>	99
VASOTEC	63	<i>vinblastine sulfate</i>	41	VYTORIN	69
VECTIBIX	41	<i>vincasar pfs</i>	41	VYVANSE	70
VECTICAL	76	<i>vincristine sulfate</i>	41	<i>warfarin sodium</i>	59
VELCADE	41	<i>vinorelbine tartrate</i>	41	WELCHOL	69
<i>velivet</i>	99	<i>viorele</i>	99	WELLBUTRIN SR	30
VEMAVITE-PRX 2	84	VIRACEPT	53	WELLBUTRIN XL	30
VENA-BAL DHA	84	VIRAMUNE	52	<i>wera</i>	100
VENCLEXTA	43	VIRAMUNE XR	52	<i>wymzya fe</i>	100
VENCLEXTA	43	VIRAZOLE	117	XALATAN	108
STARTING PACK		VIREAD	52	XALKORI	43
<i>venlafaxine hcl er</i>	32	VIROPTIC	110	XANAX	55
<i>venlafaxine hcl tabs</i>	32	VIRT-ADVANCE	84	XANAX XR	55
VENTAVIS	117	VIRT-C DHA	84	XELJANZ	103
VENTOLIN HFA	116				

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XELJANZ XR	104	ZEGERID	88	ZOMIG	37
XENAZINE	72	ZEJULA	42	ZONALON	76
XGEVA	108	ZELAPAR	46	ZONEGRAN	26
XIFAXAN	20	ZELBORAF	43	<i>zonisamide</i>	26
XIGDUO XR	58	ZEMAIRA	89	ZONTIVITY	59
XODOL	16	ZEMBRACE	37	ZORTRESS	104
XOLAIR	105	SYMTOUCH		ZOSTAVAX	106
XOPENEX HFA	116	ZEMPLAR	108	<i>zovia 1/35e</i>	100
45MCG/ACT		<i>zenatane</i>	76	<i>zovia 1/50e</i>	100
XOPENEX NEBU	116	<i>zenchent</i>	100	ZOVIRAX	54
0.31MG/3ML,		<i>zenchent fe</i>	100	ZYBAN	17
0.63MG/3ML,		ZENPEP	89	ZYCLARA CREA	76
1.25MG/3ML		ZENZEDI	70	ZYCLARA PUMP	76
XTANDI	38	ZERIT	52	ZYDELIG	43
XULANE	100	ZESTORETIC	63	ZYKADIA	43
XYLOCAINE	16	ZESTRIL	63	ZYLET	110
<i>xylon</i>	16	ZETIA	69	ZYLOPRIM	36
XYREM	118	ZIAC	64	ZYMAXID	110
XYZAL	115	ZIAGEN	52	ZYPREXA	50
YASMIN 28	100	<i>zidovudine</i>	52	ZYPREXA RELPREVV	50
YERVOY	41	ZIOPTAN	108	ZYPREXA ZYDIS	50
YF-VAX	106	<i>ziprasidone hcl</i>	50	ZYTIGA	38
YONDELIS	38	ZIPSOR	12	ZYVOX	20
<i>yuvafem</i>	100	ZIRGAN	110		
<i>zafirlukast</i>	115	ZITHROMAX	23		
<i>zaleplon</i>	118	ZITHROMAX TRI-PAK	23		
ZALTRAP	41	ZITHROMAX Z-PAK	23		
<i>zamicet</i>	16	ZMAX	23		
ZANAFLEX	50	ZOCOR	68		
ZANOSAR	42	ZOFRAN	34		
ZANTAC	86	ZOFRAN ODT	34		
<i>zarah</i>	100	ZOLADEX	102		
ZARONTIN	26	<i>zoledronic acid</i>	108		
ZATEAN-CH	85	ZOLINZA	42		
ZATEAN-PN DHA	85	<i>zolmitriptan</i>	37		
ZATEAN-PN PLUS	85	<i>zolmitriptan odt</i>	37		
ZAVESCA	89	ZOLOFT	32		
<i>zazole</i>	35	<i>zolpidem tartrate</i>	118		
<i>zebutal</i>	10				

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 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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 the Aetna Medicare Customer Service Department at the phone number on your member identification card.

If you believe that Aetna has 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: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number on your member identification card (TTY: 711). If you need help filing a grievance, the Aetna Medicare Customer Service Department 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>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at MedicareCRCoordinator@aetna.com, or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number on your member identification card. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en su tarjeta de identificación de miembro. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打您會員卡上的電話號碼。(Traditional Chinese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nasa inyong identification card bilang miyembro. (Tagalog)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro figurant sur votre carte d'identification de membre. (French)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại trên thẻ hội viên của quý vị. (Vietnamese)

Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer auf Ihrem Mitgliderausweis an. (German)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 귀하의 ID 카드에 기재되어 있는 번호로 전화해 주십시오. (Korean)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному на вашей идентификационной карточке участника плана. (Russian)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف الموضح على بطاقة هوية العضو الخاصة بك. (Arabic)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या अपने सदस्य पहचान कार्ड पर दिए गए फोन नंबर पर कॉल करें। (Hindi)

Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono presente sul Suo tesserino identificativo. (Italian)

Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente em seu cartão de identificação de membros. (Portuguese)

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki sou kat idantifikasyon manm ou an. (Haitian Creole)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany na Państwa karcie członkowskiej. (Polish)

英語をお話にならない方は、無料の言語支援サービスを受けることができます。弊社ウェブサイトにはアクセスするか、またはメンバーIDカードに記載の電話番号にお問い合わせください。 (Japanese)

Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në kartën tuaj identifikuese të anëtarit. (Albanian)

ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በእርስዎ የአባልነት መታወቂያ ካርድ ላይ ያለውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)

Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ զանգահարեք Ձեր անդամի նույնականացման քարտի վրա նշված հեռախոսահամարով: (Armenian)

যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেন তাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইট দেখুন এবং আপনার সদস্য পরিচয়পত্রে থাকা ফোন নম্বরে ফোন করুন। (Bengali)

Yoo afaan Ingiiilifa allati affan birraa dubbattan tajaajjili garggarsa afaani(qooqqa) biliissan niarggama. Kannafu websitti keenya illala hookan telefoona waarraqa miseensa irra jirran bilbilla. (Cushite-Oromo)

បើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមាន ផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើង ឬហៅទៅកាន់ លេខទូរស័ព្ទដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។ (Khmer)

Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona na vašoj članskoj identifikacijskoj kartici. (Serbo-Croatian)

This formulary was updated on 10/01/2017. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-282-5366** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **<https://www.aetnamedicare.com/formulary>**.

Contract/PBP: H0523-022, 031, 052, 060, 061, 063; H3931-004, 091, 127; H4523-020, 021, 024; H5521-095, 128

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