



Your Empire MediBlue Freedom (PPO) with Senior Rx Plus Plan 2015 Formulary (List of Covered Drugs)

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

Your Medicare Prescription Drug benefits and Senior Rx Plus benefits cover the same Part D drug list (formulary).

This formulary was updated on August 8, 2014. For more recent information or other questions, please contact us, Empire BlueCross at **1-866-222-0444** or, for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit www.empireblue.com.

Note to existing members:

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Empire BlueCross. When it refers to “plan” or “your plan,” it means your 2015 group retiree drug plan.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2015. 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. Your formulary and pharmacy network may change on January 1, 2016 and from time to time during the year. Depending on your group sponsor's renewal date, your benefits, premium or copayments/coinsurance may also change on January 1, 2016. Please refer to your Evidence of Coverage for information specific to your plan.

Our plan has free language interpreter services available to answer questions from non-English speaking members. Please call the Customer Service number listed on the front or back cover pages to request interpreter services.

This document may be available in an alternate format, such as large print. Please call the Customer Service number listed on the front or back cover pages for additional information.

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What is the Empire MediBlue Freedom (PPO) formulary?

A formulary is a list of covered drugs selected by us 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.

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

- The drug is medically necessary.
- The prescription is filled at a network pharmacy and other plan rules are followed.
- The drug is a Medicare Part D eligible drug. Medicare Part D eligible drugs are all approved by the FDA and if brand, the drug manufacturer has agreed to provide the Coverage Gap Discount. The drugs covered under your retiree drug coverage are listed in this document.
 - If your plan uses a Closed Formulary (Closed Drug List), you have coverage for most, but not all, Medicare Part D eligible drugs. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. Not all drugs are on the Closed Formulary.
 - If your plan uses an Open Formulary (Open Drug List), you generally have coverage for all Medicare Part D eligible drugs.

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

You may also have coverage for certain additional drugs not covered by Medicare Part D plans. These drugs are referred to as “Extra Covered Drugs” and are covered by your Senior Rx Plus supplemental benefits. You can find out which specific drugs are covered by checking your Extra Covered Drug List.

To find out whether you have a Closed or Open Formulary benefit or if your plan includes coverage for additional drugs, please check the benefit chart located at the front of your Evidence of Coverage. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary (Drug List) change?

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

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.

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

The enclosed formulary is current as of January 1, 2015. If any other type of approved formulary change is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary. To get updated information about the drugs covered by your plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical Condition:

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

Alphabetical Listing:

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Many plans also cover a small group of Select Generic drugs. These are drugs which have proven over time to be especially cost effective options for treating some conditions. Your plan offers these drugs at no cost to you when you purchase them at a network pharmacy. You can find the list of Select Generic drugs on page 6. To find out whether your plan includes this benefit, please check the benefit chart located at the front of your Evidence of Coverage.

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:** Your plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 100 units per ml per prescription for HUMALOG. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8.

You can 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 plan's formulary?" for information about how to request an exception.

What if my drug is not on the formulary?

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

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

How do I request an exception to the Empire MediBlue Freedom (PPO) 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.

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

Generally, your plan will only approve your request for an exception if the alternative 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 prescribing provider supporting your request.

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

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

As a new or continuing member in 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 cover a temporary 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.

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 your plan, please contact us. Our contact information, along with the date we last updated this 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>.

Your plan's formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

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

The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Our drug plans group drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. To find out what your copayment is for each drug tier, please check the benefit chart located at the front of your Evidence of Coverage.

The benefit chart in your Evidence of Coverage will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$2,960. Please check your benefit chart and Evidence of Coverage for complete details on the cost you must pay for drugs covered by your drug plan.

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 8, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Select Generics

(Please check the benefit chart located at the front of your Evidence of Coverage to find out if your plan offers Select Generic drugs.)

Drug Name

Cardiovascular

atenolol 25 mg tablet
atenolol 50 mg tablet
atenolol 100 mg tablet
atenolol-chlorthalidone 50-25 tablet
atenolol-chlorthalidone 100-25 tablet
benazepril hcl 5 mg tablet
benazepril hcl 10 mg tablet
benazepril hcl 20 mg tablet
benazepril hcl 40 mg tablet
benazepril-hydrochlorothiazide 5-6.25 mg tablet
benazepril-hydrochlorothiazide 10-12.5 mg tablet
benazepril-hydrochlorothiazide 20-12.5 mg tablet
benazepril-hydrochlorothiazide 20-25 mg tablet
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tablet
bisoprolol-hydrochlorothiazide 5-6.25 mg tablet
bisoprolol-hydrochlorothiazide 10-6.25 mg tablet
captopril 12.5 mg tablet
captopril 25 mg tablet
captopril 50 mg tablet
captopril 100 mg tablet
captopril-hydrochlorothiazide 25-15 mg tablet
captopril-hydrochlorothiazide 25-25 mg tablet
captopril-hydrochlorothiazide 50-15 mg tablet
captopril-hydrochlorothiazide 50-25 mg tablet
chlorthalidone 25 mg tablet
chlorthalidone 50 mg tablet
enalapril maleate 2.5 mg tablet
enalapril maleate 5 mg tablet
enalapril maleate 10 mg tablet
enalapril maleate 20 mg tablet
enalapril-hydrochlorothiazide 5-12.5 mg tablet
enalapril-hydrochlorothiazide 10-25 mg tablet
hydrochlorothiazide 12.5 mg capsule
hydrochlorothiazide 12.5 mg tablet
hydrochlorothiazide 25 mg tablet
hydrochlorothiazide 50 mg tablet
lisinopril 2.5 mg tablet
lisinopril 5 mg tablet
lisinopril 10 mg tablet
lisinopril 20 mg tablet
lisinopril 30 mg tablet

Drug Name

lisinopril 40 mg tablet
lisinopril-hydrochlorothiazide 10-12.5 mg tablet
lisinopril-hydrochlorothiazide 20-12.5 mg tablet
lisinopril-hydrochlorothiazide 20-25 mg tablet
metoprolol 50 mg tablet
metoprolol 100 mg tablet
metoprolol tartrate 25 mg tablet
metoprolol tartrate 50 mg tablet
metoprolol tartrate 100 mg tablet

Cholesterol

lovastatin 10 mg tablet
lovastatin 20 mg tablet
lovastatin 40 mg tablet
pravastatin sodium 10 mg tablet
pravastatin sodium 20 mg tablet
pravastatin sodium 40 mg tablet
pravastatin sodium 80 mg tablet
simvastatin 5 mg tablet
simvastatin 10 mg tablet
simvastatin 20 mg tablet
simvastatin 40 mg tablet
simvastatin 80 mg tablet

Depression

budeprion sr 100 mg tablet
budeprion sr 150 mg tablet
bupropion hcl 75 mg tablet
bupropion hcl 100 mg tablet
bupropion hcl sr 100 mg tablet
bupropion sr 150 mg tablet
bupropion hcl sr 200 mg tablet
citalopram hbr 10 mg tablet
citalopram hbr 20 mg tablet
citalopram hbr 40 mg tablet
fluoxetine hcl 10 mg capsule
fluoxetine hcl 10 mg tablet
fluoxetine hcl 20 mg capsule
fluoxetine hcl 20 mg tablet
fluoxetine hcl 40 mg capsule
mirtazapine 7.5 mg tablet
mirtazapine 15 mg orally disintegrating tablet
mirtazapine 15 mg tablet

mirtazapine 30 mg orally disintegrating tablet
mirtazapine 30 mg tablet
mirtazapine 45 mg orally disintegrating tablet
mirtazapine 45 mg tablet
paroxetine hcl 10 mg tablet
paroxetine hcl 20 mg tablet
paroxetine hcl 30 mg tablet
paroxetine hcl 40 mg tablet

Diabetes

glimepiride 1 mg tablet
glimepiride 2 mg tablet
glimepiride 4 mg tablet
glipizide 5 mg tablet
glipizide 10 mg tablet
glipizide er 2.5 mg tablet
glipizide er 5 mg tablet
glipizide er 10 mg tablet
glipizide-metformin 2.5-250 mg
glipizide-metformin 2.5-500 mg
glipizide-metformin 5-500 mg
metformin hcl 500 mg tablet
metformin hcl 850 mg tablet
metformin hcl 1,000 mg tablet
metformin hcl er 500 mg tablet

Osteoporosis

alendronate sodium 5 mg tablet
alendronate sodium 10 mg tablet
alendronate sodium 35 mg tablet
alendronate sodium 40 mg tablet
alendronate sodium 70 mg tablet

Smoking Cessation

buprobam 150 mg tablet
bupropion hcl sr 150 mg tablet

Covered Medications by Therapeutic Category

Legend

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

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

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

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

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

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

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

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

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

Part D Eligible Drugs

Drug Name	Drug Tier	Requirements/Limits
Anti - Infectives		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	1	MO
ABELCET	3	B/D PAR; MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous recon soln 500 mg</i>	1	B/D PAR; MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PAR
<i>adefovir</i>	1	MO
ADOXA ORAL CAPSULE	3	MO
ALBENZA	2	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QLL (180 per 3 days)
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral syrup</i>	3	MO
<i>amantadine hcl oral tablet</i>	1	MO
AMBISOME	3	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	B/D PAR; MO
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>amphotericin b</i>	1	B/D PAR; MO
<i>ampicillin</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg</i>	1	B/D PAR; MO
<i>ampicillin sodium injection recon soln 500 mg</i>	1	B/D PAR
<i>ampicillin sodium intravenous</i>	1	B/D PAR
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram</i>	1	B/D PAR
<i>ampicillin-sulbactam injection recon soln 3 gram</i>	1	B/D PAR; MO
<i>ampicillin-sulbactam intravenous</i>	1	B/D PAR
ANCOBON	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
APTIVUS ORAL CAPSULE	2	MO
APTIVUS ORAL SOLUTION	2	
<i>atovaquone</i>	1	PAR; MO
<i>atovaquone-proguanil</i>	1	MO
ATRIPLA	2	MO
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML, 250-62.5 MG/5 ML	3	MO
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	MO
AUGMENTIN XR	3	MO
AVELOX	3	MO; QLL (21 per 1 day)
AVELOX ABC PACK	3	MO; QLL (5 per 1 day)
AVELOX IN NAACL (ISO-OSMOTIC)	3	MO
AZACTAM	3	MO
AZACTAM IN DEXTROSE (ISO-OSM)	2	
<i>azithromycin intravenous</i>	1	B/D PAR; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	1	MO; QLL (15 per 1 day)
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	1	MO; QLL (46 per 1 day)
<i>azithromycin oral tablet 250 mg</i>	1	MO; QLL (6 per 1 day)
<i>azithromycin oral tablet 500 mg</i>	1	MO; QLL (3 per 1 day)
<i>azithromycin oral tablet 600 mg</i>	1	MO; QLL (8 per 1 day)
<i>aztreonam</i>	1	MO
<i>baciiim</i>	1	B/D PAR
<i>bacitracin intramuscular</i>	1	B/D PAR; MO
BACTRIM	3	MO
BACTRIM DS	3	MO
BARACLUDE	2	PAR; MO
BETHKIS	3	MO

Drug Name	Drug Tier	Requirements/Limits
BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	3	MO
BIAXIN ORAL TABLET	3	MO
BIAXIN XL	3	MO; QLL (28 per 1 day)
BIAXIN XL PAK	3	MO; QLL (28 per 1 day)
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
BILTRICIDE	3	MO
CANCIDAS	3	B/D PAR; MO
CAPASTAT	2	B/D PAR
CAYSTON	3	PAR; MO; LA
CEDAX ORAL CAPSULE	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML	3	MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	MO
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	B/D PAR; MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	1	B/D PAR
<i>cefazolin injection recon soln 1 gram</i>	1	B/D PAR; MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 500 mg</i>	1	B/D PAR
<i>cefazolin intravenous</i>	1	B/D PAR
<i>cefdinir</i>	1	MO
<i>cefepime</i>	1	B/D PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
CEFEPIME IN DEXTROSE 5 %	3	
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cefotaxime injection recon soln 10 gram</i>	1	MO
<i>cefotetan</i>	1	
CEFOTETAN IN DEXTROSE, ISO-OSM	3	
<i>cefvoxitin in dextrose, iso-osm</i>	1	B/D PAR
<i>cefvoxitin intravenous recon soln 1 gram</i>	1	B/D PAR; MO
<i>cefvoxitin intravenous recon soln 10 gram, 2 gram</i>	1	B/D PAR
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
CEFTAZIDIME IN D5W	2	
<i>ceftazidime injection recon soln 1 gram, 6 gram</i>	1	B/D PAR
<i>ceftazidime injection recon soln 2 gram</i>	1	B/D PAR; MO
<i>ceftibuten</i>	1	MO
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
CEFTIN ORAL TABLET 250 MG, 500 MG	3	MO
<i>ceftriaxone in dextrose, iso-osm</i>	1	B/D PAR; MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	B/D PAR; MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	B/D PAR
<i>ceftriaxone intravenous recon soln</i>	1	B/D PAR; MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	1	B/D PAR; MO
<i>cefuroxime sodium intravenous</i>	1	B/D PAR
<i>cefuroxime-dextrose (iso-osm) intravenous piggyback 1.5 gram/ 50 ml</i>	3	
<i>cephalexin</i>	1	MO
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate oral</i>	1	MO
<i>cidofovir</i>	1	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	2	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG	3	QLL (14 per 1 day)
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	3	QLL (3 per 1 day)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i>	1	MO; QLL (14 per 1 day)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i>	1	MO; QLL (3 per 1 day)
<i>ciprofloxacin in 5 % dextrose</i>	1	MO
<i>ciprofloxacin intravenous solution 200 mg/20 ml</i>	1	B/D PAR; MO
<i>ciprofloxacin intravenous solution 400 mg/40 ml</i>	1	B/D PAR
<i>ciprofloxacin oral suspension, microcapsule recon</i>	1	
<i>ciprofloxacin oral tablet</i>	1	MO
CLAFORAN INJECTION RECON SOLN 1 GRAM	2	MO
CLAFORAN INJECTION RECON SOLN 10 GRAM, 2 GRAM	3	MO
CLAFORAN INJECTION RECON SOLN 500 MG	3	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM	2	
CLAFORAN INTRAVENOUS RECON SOLN 2 GRAM	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO; QLL (28 per 1 day)
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
PIGGYBACK 300 MG/50 ML, 600 MG/50 ML		
CLEOCIN IN 5 %	3	
DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML		
CLEOCIN INJECTION	3	B/D PAR; MO
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML	3	MO
CLEOCIN INTRAVENOUS SOLUTION 900 MG/6 ML	3	B/D PAR
CLEOCIN ORAL	3	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in dextrose 5 %</i>	1	B/D PAR; MO
<i>clindamycin palmitate hcl</i>	1	MO
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate injection</i>	1	B/D PAR; MO
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	1	B/D PAR
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	B/D PAR; MO
<i>clotrimazole mucous membrane</i>	1	MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	B/D PAR; MO
COLY-MYCIN M PARENTERAL	3	B/D PAR; MO
COMBIVIR	3	MO
COMPLERA	2	MO
COPEGUS	3	PAR; MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
CUBICIN	2	B/D PAR; MO
CYCLOSERINE	3	MO
CYTOVENE	3	MO
DAPSONE	2	MO
DARAPRIM	2	MO
<i>demeclocycline oral</i>	1	MO
<i>dicloxacillin</i>	1	MO
<i>didanosine</i>	1	MO
DIFICID	2	PAR; MO
DIFLUCAN	3	MO
DORIBAX	2	

Drug Name	Drug Tier	Requirements/Limits
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 150 MG, 200 MG	3	MO
<i>doxy-100</i>	1	B/D PAR; MO
<i>doxycycline hyclate intravenous</i>	1	B/D PAR
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet</i>	1	MO
<i>doxycycline hyclate oral tablet, delayed release (drlec)</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 75 mg</i>	1	MO; QLL (60 per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>e.e.s. 400 oral tablet</i>	3	MO
E.E.S. GRANULES	3	MO
EDURANT	2	MO
EMTRIVA	2	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPIVIR ORAL SOLUTION	2	MO
EPIVIR ORAL TABLET	3	MO
EPZICOM	2	MO
ERAXIS(WATER DILUENT)	3	PAR; MO
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	B/D PAR
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral capsule, delayed release(drlec)</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin oral tablet</i>	1	MO
<i>erythromycin-sulfisoxazole</i>	1	MO
<i>ethambutol</i>	1	MO
FACTIVE	3	MO
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	1	MO; QLL (21 per 7 days)
FAMVIR ORAL TABLET 125 MG, 250 MG	3	MO; QLL (60 per 30 days)
FAMVIR ORAL TABLET 500 MG	3	MO; QLL (21 per 7 days)
FLAGYL	3	MO
FLAGYL ER	3	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in dextrose(iso-o)</i>	1	B/D PAR
<i>fluconazole in nacl (iso-osm)</i>	1	B/D PAR
<i>flucytosine</i>	1	MO
FLUMADINE ORAL TABLET	3	
FORTAZ IN DEXTROSE 5 %	3	
FORTAZ INJECTION RECON SOLN 1 GRAM, 6 GRAM	3	B/D PAR
FORTAZ INJECTION RECON SOLN 2 GRAM, 500 MG	3	B/D PAR; MO
FORTAZ INTRAVENOUS	3	
<i>foscarnet</i>	1	B/D PAR; MO
FURADANTIN	3	PAR; MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO; QLL (60 per 30 days)
<i>ganciclovir sodium</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	2	
<i>gentamicin injection</i>	1	MO
<i>gentamicin sulfate (ped) (pf)</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	MO
<i>gentamicin sulfate (pf) intravenous solution 60 mg/6 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	1	
GRIS-PEG (ULTRAMICROSIZED)	3	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
HEPSERA	3	PAR; MO
HIPREX	3	MO
<i>hydroxychloroquine oral</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
INCIVEK	2	PAR; MO; QLL (180 per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	2	MO
INTELENCE ORAL TABLET 25 MG	2	
INVANZ INJECTION	2	MO
INVANZ INTRAVENOUS	2	
INVIRASE	2	MO
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	2	MO
ISENTRESS ORAL TABLET,CHEWABLE	2	MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>itraconazole</i>	1	PAR; MO
KALETRA	3	MO
KEFLEX ORAL CAPSULE	3	MO
KETEK	2	MO; QLL (20 per 1 day)
<i>ketoconazole oral</i>	1	MO
LAMISIL ORAL GRANULES IN PACKET	3	MO
LAMISIL ORAL TABLET	3	MO; QLL (30 per 30 days)
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEVAQUIN IN 5 % DEXTROSE INTRAVENOUS	3	

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

Drug Name	Drug Tier	Requirements/Limits
PIGGYBACK 250 MG/50 ML, 750 MG/150 ML		
LEVAQUIN IN 5 %	3	MO
DEXTROSE INTRAVENOUS PIGGYBACK 500 MG/100 ML		
LEVAQUIN ORAL SOLUTION	3	MO
LEVAQUIN ORAL TABLET	3	MO; QLL (14 per 1 day)
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	3	MO
<i>levofloxacin oral solution</i>	3	MO
<i>levofloxacin oral tablet</i>	1	MO; QLL (14 per 1 day)
LEXIVA	2	MO
LINCOCIN	2	MO
MACROBID	3	PAR; MO
MACRODANTIN	3	PAR; MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
MAXIPIME INJECTION	3	B/D PAR; MO
MAXIPIME INTRAVENOUS	3	
<i>mefloquine</i>	1	MO
MEFOXIN IN DEXTROSE (ISO-OSM)	3	
MEPRON	2	PAR; MO
<i>meropenem</i>	1	B/D PAR; MO
MERREM	3	B/D PAR; MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>metro i.v.</i>	1	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	MO
MINOCIN KIT WITH WIPES	3	MO
MINOCIN ORAL CAPSULE 100 MG, 50 MG	3	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>minocycline oral tablet extended release 24 hr</i>	3	MO
<i>moderiba</i>	3	PAR; MO
<i>moderiba dose pack</i>	3	PAR; MO
MONUROL	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>morgidox</i>	1	MO
MORGIDOX 1X100	3	MO
MORGIDOX 2X100	3	MO
MOXATAG	3	
<i>moxifloxacin</i>	1	MO; QLL (21 per 1 day)
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCAMINE	3	MO
MYCOBUTIN	3	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	B/D PAR
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	B/D PAR; MO
<i>nafcillin injection</i>	1	B/D PAR; MO
<i>nafcillin intravenous recon soln 1 gram</i>	1	B/D PAR
<i>nafcillin intravenous recon soln 2 gram</i>	1	B/D PAR; MO
NEBUPENT	2	B/D PAR; MO
<i>neomycin</i>	1	MO
<i>nevirapine</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	PAR; MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	PAR; MO
<i>nitrofurantoin oral</i>	3	PAR; MO
NOROXIN	3	MO
NORVIR	2	MO
NOXAFIL INTRAVENOUS	3	
NOXAFIL ORAL SUSPENSION	3	PAR; MO; QLL (630 per 30 days)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PAR; MO; QLL (240 per 30 days)
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
<i>ofloxacin oral</i>	1	MO
OLYSIO	3	PAR; MO
ONMEL	3	MO
ORACEA	3	MO
ORAVIG	3	MO
<i>oxacillin in dextrose(iso-osm)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin injection</i>	1	MO
<i>oxacillin intravenous</i>	1	
<i>paromomycin</i>	1	MO
PASER	2	MO
PCE	3	MO
PENICILLIN G POT IN DEXTROSE	2	B/D PAR
<i>penicillin g potassium</i>	1	B/D PAR; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	B/D PAR; MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	1	B/D PAR
<i>penicillin g sodium</i>	1	B/D PAR; MO
<i>penicillin v potassium</i>	1	MO
PENTAM	2	MO
<i>pfizerpen-g</i>	1	B/D PAR
<i>piperacillin-tazobactam</i>	1	B/D PAR; MO
PLAQUENIL	3	MO
<i>polymyxin b sulfate</i>	1	MO
PREZISTA ORAL SUSPENSION	2	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	2	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV	3	MO
PRIMSOL	3	MO
<i>pyrazinamide</i>	1	MO
QUALAQUIN	3	PAR; MO
<i>quinine sulfate</i>	1	PAR; MO
REBETOL	3	PAR; MO
RELENZA DISKHALER	2	MO; QLL (60 per 180 days)
RESCRIPTOR	2	MO
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	MO
<i>ribapak dose pack oral tablets, dose pack 200 mg (28)- 400 mg (28), 400-400 mg (28)-mg (28), 600-</i>	1	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>		
<i>ribapak dose pack oral tablets, dose pack 200 mg (7)- 400 mg (7), 400 mg (7)- 400 mg (7), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	1	PAR
<i>ribasphere oral capsule</i>	1	PAR; MO
<i>ribasphere oral tablet 200 mg, 600 mg</i>	1	PAR; MO
<i>ribasphere oral tablet 400 mg</i>	1	PAR
<i>ribavirin oral capsule</i>	1	PAR; MO
<i>ribavirin oral tablet 200 mg</i>	1	PAR; MO
<i>rifabutin</i>	1	MO
RIFADIN INTRAVENOUS	2	B/D PAR; MO
RIFADIN ORAL	3	MO
RIFAMATE	3	MO
<i>rifampin intravenous</i>	1	B/D PAR; MO
<i>rifampin oral</i>	1	MO
RIFATER	2	MO
<i>rimantadine</i>	1	MO
RIMSO-50	3	MO
ROCEPHIN INJECTION	3	B/D PAR; MO
RECON SOLN 1 GRAM, 500 MG		
SELZENTRY	2	MO
SIRTURO	3	MO; LA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	MO
SOVALDI	3	PAR; MO
SPECTRACEF ORAL TABLET 400 MG	3	MO
SPORANOX ORAL CAPSULE	3	PAR; MO
SPORANOX ORAL SOLUTION	3	MO
SPORANOX PULSEPAK	3	PAR; MO
<i>stavudine</i>	1	MO
STREPTOMYCIN INTRAMUSCULAR	2	MO
STRIBILD	2	MO
STROMECTOL	2	MO
<i>sulfadiazine oral</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	B/D PAR; MO
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO
SULFATRIM	3	
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET	3	MO
SUPRAX ORAL TABLET,CHEWABLE	3	MO
SUSTIVA	2	MO
SYNAGIS	3	PAR; MO; LA
SYNERCID	3	
TAMIFLU ORAL CAPSULE 30 MG	2	MO; QLL (84 per 1 day)
TAMIFLU ORAL CAPSULE 45 MG	2	MO; QLL (42 per 1 day)
TAMIFLU ORAL CAPSULE 75 MG	2	MO; QLL (56 per 365 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ ML	2	MO; QLL (360 per 180 days)
TAZICEF INJECTION	3	B/D PAR
TAZICEF INTRAVENOUS	3	
TEFLARO	2	MO
<i>terbinafine oral</i>	1	MO; QLL (30 per 30 days)
TERBINEX	3	MO
<i>tetracycline</i>	1	MO
TIMENTIN INTRAVENOUS RECON SOLN 3.1 G	2	MO
TIMENTIN INTRAVENOUS RECON SOLN 31 GRAM	2	
TINDAMAX	3	MO
<i>tinidazole</i>	1	MO
TIVICAY	3	MO

Drug Name	Drug Tier	Requirements/Limits
TOBI	2	B/D PAR; MO; QLL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE	3	QLL (224 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	3	MO; QLL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	1	B/D PAR; MO; QLL (280 per 28 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>	1	MO
<i>tobramycin sulfate injection recon soln</i>	1	B/D PAR
<i>tobramycin sulfate injection solution</i>	1	B/D PAR; MO
TRECTOR	2	MO
<i>trimethoprim</i>	1	MO
TRIZIVIR	2	MO
TRUVADA	2	MO
TYGACIL	3	MO
TYZEKA	3	PAR; MO
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM	3	B/D PAR
UNASYN INJECTION RECON SOLN 3 GRAM	3	B/D PAR; MO
<i>valacyclovir</i>	1	MO; QLL (30 per 1 day)
VALCYTE	2	MO
VALTREX	3	ST; MO; QLL (30 per 1 day)
VANCOCIN ORAL CAPSULE 125 MG	3	PAR; MO; QLL (40 per 1 day)
VANCOCIN ORAL CAPSULE 250 MG	3	PAR; MO; QLL (80 per 1 day)
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	B/D PAR; MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	B/D PAR

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

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN DEXTROSE ISO-OSM	2	B/D PAR
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	1	B/D PAR; MO
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	2	B/D PAR; MO
<i>vancomycin oral capsule 125 mg</i>	1	PAR; MO; QLL (40 per 1 day)
<i>vancomycin oral capsule 250 mg</i>	1	PAR; MO; QLL (80 per 1 day)
VFEND IV	3	MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	PAR; MO; QLL (300 per 30 days)
VFEND ORAL TABLET 200 MG	3	PAR; MO; QLL (60 per 30 days)
VFEND ORAL TABLET 50 MG	3	PAR; MO; QLL (120 per 30 days)
VIBATIV	3	PAR
VIBRAMYCIN ORAL CAPSULE 100 MG	3	MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	3	MO
VICTRELIS	2	PAR; MO; QLL (360 per 30 days)
VIDEX 2 GRAM PEDIATRIC	2	MO
VIDEX 4 GRAM PEDIATRIC	2	MO
VIDEX EC	3	MO
VIRACEPT ORAL TABLET	2	MO
VIRAMUNE	3	MO
VIRAMUNE XR	2	MO
VIRAZOLE	3	PAR; MO
VIREAD ORAL POWDER	2	MO; QLL (240 per 30 days)
VIREAD ORAL TABLET 150 MG	3	MO
VIREAD ORAL TABLET 200 MG, 250 MG, 300 MG	2	MO
VISTIDE	3	B/D PAR; MO
<i>voriconazole intravenous</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral suspension for reconstitution</i>	1	PAR; MO; QLL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	1	PAR; MO; QLL (120 per 30 days)
XIFAXAN	3	MO
ZERIT	3	MO
ZIAGEN ORAL SOLUTION	2	MO
ZIAGEN ORAL TABLET	3	MO
<i>zidovudine</i>	1	MO
ZINACEF IN STERILE WATER	3	
ZINACEF INJECTION RECON SOLN 1.5 GRAM	3	B/D PAR; MO
ZINACEF INJECTION RECON SOLN 750 MG	3	B/D PAR
ZINACEF INTRAVENOUS RECON SOLN 1.5 GRAM, 750 MG	3	
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3	B/D PAR
ZITHROMAX INTRAVENOUS	3	B/D PAR; MO
ZITHROMAX ORAL	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZMAX	2	MO
ZOSYN	3	B/D PAR; MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 4.5 GRAM/100 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
ZOVIRAX ORAL CAPSULE	3	MO
ZOVIRAX ORAL SUSPENSION	3	MO
ZOVIRAX ORAL TABLET 400 MG	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	2	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	2	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	2	PAR; MO; QLL (1800 per 1 day)
ZYVOX ORAL TABLET	2	PAR; MO; QLL (28 per 1 day)
Antineoplastic / Immunosuppressant Drugs		
ABRAXANE	3	B/D PAR; MO
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	B/D PAR
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	1	B/D PAR; MO
AFINITOR	2	PAR; MO
AFINITOR DISPERZ	3	PAR; MO
ALIMTA	3	PAR; MO
ALKERAN INTRAVENOUS	3	B/D PAR
ALKERAN ORAL	3	B/D PAR; MO
<i>amifostine crystalline</i>	1	PAR; MO
<i>anastrozole</i>	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON	2	B/D PAR
ARZERRA	3	B/D PAR; MO
ASTAGRAF XL	3	B/D PAR; MO
AVASTIN	3	PAR; MO
<i>azacitidine</i>	1	PAR; MO
AZASAN	3	B/D PAR; MO
<i>azathioprine</i>	1	B/D PAR; MO
<i>bicalutamide</i>	1	MO
BICNU	2	B/D PAR; MO
<i>bleomycin</i>	1	B/D PAR; MO
BOSULIF	2	PAR; MO
BUSULFEX	2	B/D PAR
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	3	B/D PAR; MO
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	3	B/D PAR
CAPRELSA	2	PAR; MO; LA

Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin intravenous solution</i>	1	B/D PAR; MO
CASODEX	3	MO
CELLCEPT INTRAVENOUS	2	B/D PAR
CELLCEPT ORAL CAPSULE	3	B/D PAR; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	2	B/D PAR; MO
CELLCEPT ORAL TABLET	2	B/D PAR; MO
<i>cisplatin</i>	1	B/D PAR; MO
<i>cladribine</i>	1	B/D PAR; MO
CLOLAR	3	B/D PAR; MO
COMETRIQ	3	PAR; MO
COSMEGEN	3	B/D PAR; MO
<i>cyclophosphamide intravenous</i>	3	MO
<i>cyclophosphamide oral tablet</i>	1	B/D PAR; MO
<i>cyclosporine intravenous</i>	1	B/D PAR
<i>cyclosporine modified</i>	1	B/D PAR; MO
<i>cyclosporine oral capsule</i>	1	B/D PAR; MO
CYRAMZA	3	PAR; MO
<i>cytarabine</i>	1	B/D PAR; MO
<i>cytarabine (pf) injection recon soln 1 gram</i>	1	B/D PAR; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PAR
<i>dacarbazine</i>	1	B/D PAR; MO
DACOGEN	3	B/D PAR; MO
<i>daunorubicin intravenous solution</i>	1	B/D PAR
DAUNOXOME	3	MO
<i>decitabine</i>	1	B/D PAR; MO
DEPOCYT (PF)	3	B/D PAR; MO
<i>dexrazoxane intravenous recon soln 250 mg</i>	1	B/D PAR
<i>dexrazoxane intravenous recon soln 500 mg</i>	1	B/D PAR; MO
DOCEFREZ	3	B/D PAR
<i>docetaxel intravenous solution 140 mg/7 ml (20 mg/ml), 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PAR

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

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PAR; MO
DOXIL	3	B/D PAR; MO
<i>doxorubicin hcl peg-liposomal</i>	3	B/D PAR; MO
<i>doxorubicin intravenous recon soln</i>	1	B/D PAR
<i>doxorubicin intravenous solution</i>	1	B/D PAR; MO
DROXIA	3	MO
ELIGARD SUBCUTANEOUS SYRINGE 22.5 MG, 7.5 MG	2	PAR; MO
ELIGARD SUBCUTANEOUS SYRINGE 30 MG, 45 MG	3	PAR; MO
ELITEK	3	PAR
ELLENC	3	B/D PAR; MO
ELOXATIN INTRAVENOUS SOLUTION 100 MG/20 ML, 50 MG/10 ML (5 MG/ML)	3	B/D PAR; MO
EMCYT	3	MO
<i>epirubicin intravenous recon soln 50 mg</i>	1	B/D PAR
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PAR
<i>epirubicin intravenous solution 50 mg/25 ml</i>	1	B/D PAR; MO
ERBITUX	3	PAR; MO
ERIVEDGE	2	PAR; MO
ERWINAZE	3	B/D PAR
ETOPOPHOS	2	B/D PAR; MO
<i>etoposide intravenous</i>	1	B/D PAR; MO
<i>exemestane</i>	1	MO
FARESTON	3	MO
FASLODEX	3	PAR; MO
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	3	B/D PAR; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	B/D PAR; MO
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	3	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON SUBCUTANEOUS RECON SOLN 80 MG	2	B/D PAR; MO
<i>floxuridine</i>	3	
<i>fludarabine intravenous recon soln</i>	1	B/D PAR; MO
<i>fludarabine intravenous solution</i>	1	B/D PAR
<i>fluorouracil intravenous</i>	1	B/D PAR; MO
<i>flutamide</i>	1	MO
FOLOTYN	3	B/D PAR; MO
FUSILEV	3	B/D PAR; MO
GAZYVA	3	PAR; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PAR
<i>gemcitabine intravenous solution</i>	1	B/D PAR
GEMZAR	3	B/D PAR; MO
<i>gengraf</i>	1	B/D PAR; MO
GILOTRIF	2	PAR; MO
GLEEVEC	2	PAR; MO
HALAVEN	3	PAR; MO
<i>hecoria</i>	1	B/D PAR; MO
HERCEPTIN	3	PAR; MO
HEXALEN	2	MO
HYCAMTIN INTRAVENOUS	3	B/D PAR; MO
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
ICLUSIG	2	PAR; MO
IDAMYCIN PFS	3	B/D PAR; MO
<i>idarubicin</i>	1	B/D PAR
IFEX	2	B/D PAR; MO
<i>ifosfamide intravenous recon soln 1 gram</i>	1	B/D PAR; MO
<i>ifosfamide intravenous recon soln 3 gram</i>	1	B/D PAR
<i>ifosfamide intravenous solution</i>	1	B/D PAR
<i>ifosfamide-mesna intravenous kit 1-1 gram</i>	3	
IMBRUVICA	3	PAR; MO
IMURAN	3	B/D PAR; MO
INLYTA	2	PAR; MO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	1	B/D PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	B/D PAR
ISTODAX	3	PAR; MO
IXEMPRA	3	B/D PAR; MO
JAKAFI	2	PAR; MO
JEVTANA	3	B/D PAR; MO
KADCYLA	3	PAR; MO
KEPIVANCE	3	B/D PAR
<i>letrozole</i>	1	MO
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	B/D PAR; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	1	B/D PAR
<i>leucovorin calcium oral</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide</i>	1	PAR; MO
<i>lipodox</i>	3	B/D PAR; MO
<i>lipodox 50</i>	3	B/D PAR; MO
LOMUSTINE	3	MO
LUPRON DEPOT (3 MONTH)	3	PAR; MO
LUPRON DEPOT (4 MONTH)	3	PAR; MO
LUPRON DEPOT (6 MONTH)	3	PAR; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	3	PAR; MO
LUPRON DEPOT-PED (3 MONTH)	3	PAR; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	3	PAR; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	2	PAR; MO
LYSODREN	2	MO
MATULANE	2	MO
MEGACE	3	PAR; MO
MEGACE ES	3	PAR; MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	1	PAR

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PAR; MO
<i>megestrol oral tablet</i>	1	PAR; MO
MEKINIST	2	PAR; MO
<i>melphalan</i>	1	B/D PAR
<i>mercaptopurine</i>	1	MO
<i>mesna</i>	1	B/D PAR; MO
MESNEX INTRAVENOUS	2	B/D PAR
MESNEX ORAL	3	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PAR
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PAR; MO
<i>methotrexate sodium injection</i>	1	B/D PAR; MO
<i>methotrexate sodium oral</i>	1	MO
<i>mitomycin</i>	1	B/D PAR; MO
<i>mitoxantrone</i>	1	B/D PAR; MO
MUSTARGEN	2	B/D PAR; MO
<i>mycophenolate mofetil</i>	1	B/D PAR; MO
<i>mycophenolate sodium</i>	1	B/D PAR; MO
MYFORTIC	3	B/D PAR; MO
NEORAL	3	B/D PAR; MO
NEXAVAR	2	PAR; MO; LA; QLL (120 per 30 days)
NILANDRON	3	MO
NIPENT	3	B/D PAR; MO
NULOJIX	3	B/D PAR; MO
<i>octreotide acetate</i>	1	PAR; MO
ONCASPAR	3	B/D PAR; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PAR; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PAR
<i>oxaliplatin intravenous solution</i>	1	B/D PAR; MO
<i>paclitaxel</i>	1	B/D PAR; MO
PERJETA	3	PAR; MO
POMALYST	2	PAR; MO
PROGRAF INTRAVENOUS	2	B/D PAR; MO
PROGRAF ORAL	3	B/D PAR; MO
PURINETHOL	3	MO
RAPAMUNE ORAL SOLUTION	2	B/D PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE ORAL TABLET 0.5 MG, 2 MG	2	B/D PAR; MO
RAPAMUNE ORAL TABLET 1 MG	3	B/D PAR; MO
REVLIMID ORAL CAPSULE 10 MG	2	PAR; MO; LA; QLL (60 per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	2	PAR; MO; LA; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	2	PAR; MO; LA; QLL (150 per 30 days)
RHEUMATREX	3	MO
RITUXAN	3	PAR; MO
SANDIMMUNE	3	B/D PAR; MO
SANDOSTATIN	3	PAR; MO
SANDOSTATIN LAR DEPOT	3	PAR; MO
SIGNIFOR	3	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PAR
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PAR; MO
<i>sirolimus</i>	1	B/D PAR; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	3	MO
SPRYCEL	2	PAR; MO
STIVARGA	2	PAR; MO; QLL (120 per 30 days)
SUPPRELIN LA	3	MO
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	2	PAR; MO
SUTENT ORAL CAPSULE 37.5 MG	2	PAR
SYNRIBO	3	PAR; MO
TABLOID	2	MO
<i>tacrolimus</i>	1	B/D PAR; MO
TAFINLAR	2	PAR; MO
<i>tamoxifen</i>	1	MO
TARCEVA	2	PAR; MO
TARGRETIN	2	PAR; MO
TASIGNA	2	PAR; MO
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1	3	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
ML), 80 MG/4 ML (20 MG/ML)		
TEMODAR INTRAVENOUS	3	MO
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PAR; MO; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	2	PAR; MO; QLL (60 per 30 days)
<i>thiotepa</i>	1	B/D PAR; MO
<i>toposar</i>	1	B/D PAR; MO
<i>topotecan intravenous recon soln</i>	1	B/D PAR; MO
<i>topotecan intravenous solution</i>	1	B/D PAR
TORISEL	2	B/D PAR; MO
TREANDA	3	B/D PAR; MO
TRELSTAR	3	MO
TRELSTAR DEPOT	3	
TRELSTAR LA	3	
<i>tretinoin (chemotherapy)</i>	1	MO
TREXALL	3	MO
TRISENOX	3	B/D PAR; MO
TYKERB	2	PAR; MO; LA
VALSTAR	3	MO
VANTAS	3	MO
VECTIBIX	3	PAR; MO
VELCADE	3	PAR; MO
VIDAZA	3	PAR; MO
<i>vinblastine intravenous solution</i>	1	B/D PAR; MO
<i>vincasar pfs</i>	1	B/D PAR
<i>vincristine</i>	1	B/D PAR; MO
<i>vinorelbine</i>	1	B/D PAR; MO
VOTRIENT	2	PAR; MO
XALKORI	2	PAR; MO
XGEVA	3	PAR; MO; QLL (1.7 per 28 days)
XTANDI	2	PAR; MO
YERVOY	3	PAR; MO
ZALTRAP	3	PAR; MO
ZANOSAR	2	B/D PAR; MO
ZELBORAF	2	PAR; MO
ZINECARD	3	B/D PAR; MO
ZOLADEX	3	MO
ZOLINZA	2	PAR; MO
ZORTRESS	2	B/D PAR; MO
ZYKADIA	3	PAR; MO
ZYTIGA	2	PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
Autonomic / Cns Drugs, Neurology / Psych		
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 10 MG	2	MO; QLL (90 per 30 days)
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 15 MG	2	MO; QLL (60 per 30 days)
ABILIFY INTRAMUSCULAR	2	B/D PAR; MO
ABILIFY MAINTENA	3	MO; QLL (1 per 28 days)
ABILIFY ORAL SOLUTION	2	MO; QLL (900 per 30 days)
ABILIFY ORAL TABLET 10 MG	2	MO; QLL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG, 20 MG	2	MO; QLL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	2	MO; QLL (450 per 30 days)
ABILIFY ORAL TABLET 30 MG	2	MO; QLL (30 per 30 days)
ABILIFY ORAL TABLET 5 MG	2	MO; QLL (180 per 30 days)
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG	3	PAR; QLL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET 600 MCG, 800 MCG	3	PAR; MO; QLL (120 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	1	QLL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QLL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	MO; QLL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	MO; QLL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QLL (180 per 30 days)
ACTIQ	3	PAR; MO; QLL (120 per 30 days)
ADASUVE	3	

Drug Name	Drug Tier	Requirements/Limits
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PAR; MO; QLL (90 per 30 days)
ADDERALL ORAL TABLET 30 MG	3	PAR; MO; QLL (60 per 30 days)
ADDERALL XR	3	PAR; MO; QLL (30 per 30 days)
ALAGESIC LQ	2	PAR; MO
<i>alprazolam intensol</i>	1	MO; QLL (300 per 30 days)
<i>alprazolam oral tablet</i>	1	MO; QLL (90 per 30 days)
<i>alprazolam oral tablet extended release 24 hr</i>	1	MO; QLL (30 per 30 days)
<i>alprazolam oral tablet,disintegrating</i>	1	MO; QLL (90 per 30 days)
ALSUMA	3	MO; QLL (4 per 30 days)
AMBIEN	3	PAR; MO; QLL (30 per 30 days)
AMBIEN CR	3	PAR; MO; QLL (30 per 30 days)
AMERGE	3	MO; QLL (9 per 30 days)
<i>amitriptyline</i>	1	PAR; MO
<i>amitriptyline-chlordiazepoxide</i>	1	PAR; MO
<i>amoxapine</i>	1	MO
<i>amphetamine salt combo oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PAR; MO; QLL (90 per 30 days)
<i>amphetamine salt combo oral tablet 30 mg</i>	1	PAR; MO; QLL (60 per 30 days)
AMPYRA	3	PAR; MO; LA; QLL (60 per 30 days)
AMRIX	3	PAR; MO
AMYTAL	2	PAR
ANAFRANIL	3	PAR; MO
ANAPROX	3	MO
ANAPROX DS	3	MO
<i>anectine</i>	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	MO; QLL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG	3	MO; QLL (45 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	3	MO; QLL (30 per 30 days)
APOKYN	3	PAR; MO; LA
APTIOM	3	ST; MO
ARICEPT ODT	3	MO; QLL (30 per 30 days)
ARICEPT ORAL TABLET 10 MG, 5 MG	3	MO; QLL (30 per 30 days)
ARICEPT ORAL TABLET 23 MG	2	ST; MO; QLL (30 per 30 days)
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
<i>ascomp with codeine</i>	3	PAR; MO
ATIVAN INJECTION SOLUTION 2 MG/ML	3	MO
ATIVAN INJECTION SOLUTION 4 MG/ML	3	
ATIVAN ORAL	2	MO; QLL (90 per 30 days)
AUBAGIO	3	PAR; MO; QLL (30 per 30 days)
AVINZA ORAL CAPSULE, ER MULTIPHASE 24 HR 120 MG, 75 MG, 90 MG	3	MO; QLL (60 per 30 days)
AVINZA ORAL CAPSULE, ER MULTIPHASE 24 HR 30 MG, 45 MG, 60 MG	3	MO; QLL (30 per 30 days)
AXERT	3	MO; QLL (9 per 30 days)
AZILECT	2	MO
<i>baclofen</i>	1	MO
BANZEL ORAL SUSPENSION	3	PAR; MO; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	3	PAR; MO; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	3	PAR; MO; QLL (240 per 30 days)
<i>benztropine injection</i>	1	PAR; MO
<i>benztropine oral</i>	1	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
BLOXIVERZ	3	
BRINTELLIX ORAL TABLET 10 MG	3	ST; MO; QLL (60 per 30 days)
BRINTELLIX ORAL TABLET 20 MG	3	ST; MO; QLL (30 per 30 days)
BRINTELLIX ORAL TABLET 5 MG	3	ST; MO; QLL (120 per 30 days)
BRISDELLE	3	MO
<i>bromocriptine</i>	1	MO
BUPAP ORAL TABLET 50-300 MG	3	PAR; MO; QLL (180 per 30 days)
BUPRENEX	3	MO
<i>buprenorphine injection syringe</i>	1	B/D PAR
<i>buprenorphine sublingual tablet 2 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>buprenorphine sublingual tablet 8 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	PAR; MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	PAR; MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 100 mg</i>	1	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 150 mg, 200 mg</i>	1	MO; QLL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QLL (45 per 30 days)
<i>buspirone</i>	1	MO
<i>butalbital compound w/codeine</i>	3	PAR; MO
<i>butalbital-acetaminop-caf-cod</i>	3	PAR; MO; QLL (180 per 30 days)
<i>butalbital-acetaminophen</i>	1	PAR; MO
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	3	PAR; MO; QLL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	PAR; MO
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PAR; MO
BUTISOL ORAL ELIXIR	2	PAR; MO; QLL (1000 per 30 days)
BUTISOL ORAL TABLET 30 MG	2	PAR; MO; QLL (180 per 30 days)
BUTISOL ORAL TABLET 50 MG	2	PAR; MO; QLL (120 per 30 days)
<i>butorphanol tartrate injection solution</i>	1	MO
<i>butorphanol tartrate nasal</i>	1	MO; QLL (5 per 28 days)
BUTRANS	3	MO; QLL (4 per 28 days)
CAFERGOT	3	MO
CAMBIA	3	MO; QLL (4 per 30 days)
CAPACET	2	PAR; MO
CAPITAL WITH CODEINE	3	MO; QLL (2700 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL	3	MO
<i>carbidopa</i>	1	ST; MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>carisoprodol</i>	3	PAR; MO
<i>carisoprodol-asa-codeine</i>	3	PAR; MO
<i>carisoprodol-aspirin</i>	3	PAR; MO
CATAFLAM	3	MO
CELEBREX	3	PAR; MO; QLL (60 per 30 days)
CELEXA ORAL TABLET 10 MG	3	MO; QLL (120 per 30 days)
CELEXA ORAL TABLET 20 MG	3	MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CELEXA ORAL TABLET 40 MG	3	MO; QLL (30 per 30 days)
CELONTIN ORAL CAPSULE 300 MG	3	MO
CEREBYX	3	B/D PAR
<i>chlordiazepoxide hcl</i>	1	MO; QLL (120 per 30 days)
<i>chlorpromazine</i>	1	PAR; MO
<i>chlorzoxazone</i>	3	PAR; MO
<i>citalopram oral solution</i>	1	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>clomipramine</i>	1	PAR; MO
<i>clonazepam oral tablet 0.5 mg</i>	1	PAR; MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	PAR; MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	PAR; MO; QLL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	1	PAR; MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	1	PAR; MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	1	PAR; MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	1	PAR; MO; QLL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	PAR; MO; QLL (300 per 30 days)
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	3	
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<i>clorazepate dipotassium</i>	1	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 100 mg</i>	1	QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QLL (135 per 30 days)
<i>clozapine oral tablet 25 mg</i>	1	QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	1	QLL (540 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	1	QLL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	1	QLL (2160 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	1	QLL (1080 per 30 days)
CLOZARIL ORAL TABLET 100 MG	3	MO; QLL (270 per 30 days)
CLOZARIL ORAL TABLET 25 MG	3	MO; QLL (1080 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	1	MO; QLL (360 per 30 days)
<i>codeine sulfate oral tablet 60 mg</i>	1	MO; QLL (180 per 30 days)
COGENTIN	3	PAR; MO
COMFORT PAC-TIZANIDINE	3	
COMTAN	3	MO
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	PAR; MO; QLL (30 per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	PAR; MO; QLL (60 per 30 days)
CONZIP	3	MO; QLL (30 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE KIT	3	PAR; MO; QLL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE	3	PAR; MO; QLL (12 per 28 days)
<i>cyclobenzaprine oral tablet</i>	1	PAR; MO
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QLL (120 per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 60 MG	3	MO; QLL (60 per 30 days)
D.H.E.45	3	MO
DANTRIUM INTRAVENOUS	3	
DANTRIUM ORAL	3	MO
<i>dantrolene</i>	1	MO
DAYPRO	3	MO
DAYTRANA	3	MO; QLL (30 per 30 days)
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 75 MG/1.5 ML	3	PAR
<i>demerol (pf) injection solution 100 mg/ml</i>	3	PAR; MO
DEMEROL (PF) INJECTION SOLUTION 50 MG/ML	3	PAR; MO
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML	3	PAR; MO
DEMEROL (PF) INJECTION SYRINGE 75 MG/ML	3	PAR
DEMEROL INJECTION	3	PAR; MO
DEMEROL ORAL TABLET 100 MG	3	PAR; MO; QLL (180 per 30 days)
DEMEROL ORAL TABLET 50 MG	3	PAR; MO; QLL (360 per 30 days)
DEPACON	2	B/D PAR; MO
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
<i>desipramine oral</i>	1	MO
DESOXYN	3	MO; QLL (150 per 30 days)
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE FUMARATE ORAL TABLET	3	MO; QLL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EXTENDED RELEASE 24HR 50 MG		
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	QLL (240 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 5 MG	3	MO; QLL (60 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	3	MO; QLL (120 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	3	MO; QLL (30 per 30 days)
<i>dexmethylphenidate oral tablet</i>	3	MO; QLL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	3	MO; QLL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	3	MO; QLL (120 per 30 days)
<i>dextroamphetamine oral solution</i>	3	PAR; MO; QLL (1920 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	1	PAR; MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	1	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	3	PAR; MO; QLL (30 per 30 days)
DIASTAT	3	MO; QLL (2 per 1 day)
DIASTAT ACUDIAL	3	MO; QLL (2 per 1 day)
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol</i>	1	PAR; MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml</i>	1	MO; QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	PAR; MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	1	MO; QLL (2 per 1 day)
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	3	MO; QLL (300 per 30 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>dihydrocodeine-aspirin-caff</i>	1	QLL (240 per 30 days)
<i>dihydroergotamine injection</i>	1	MO
<i>dihydroergotamine nasal</i>	1	MO; QLL (8 per 28 days)
DILANTIN	2	MO
DILANTIN EXTENDED	3	MO
DILANTIN INFATABS	2	MO
DILANTIN-125	3	MO
DILAUDID (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	MO
DILAUDID (PF) INJECTION SOLUTION 2 MG/ML	3	MO; QLL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QLL (720 per 30 days)
DILAUDID ORAL TABLET 2 MG, 4 MG	3	MO; QLL (360 per 30 days)
DILAUDID ORAL TABLET 8 MG	3	MO; QLL (180 per 30 days)
DILAUDID-HP (PF)	3	
<i>diskets</i>	1	QLL (30 per 30 days)
<i>divalproex</i>	1	MO
DOLOPHINE ORAL TABLET 10 MG	3	MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DOLOPHINE ORAL TABLET 5 MG	3	MO; QLL (360 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i>	1	ST; MO; QLL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i>	1	MO; QLL (30 per 30 days)
DOPRAM	3	
<i>doxepin oral</i>	1	PAR; MO
DUEXIS	3	MO
<i>duloxetine oral capsule, delayed release(drlec) 20 mg</i>	1	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 30 mg</i>	1	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 60 mg</i>	1	MO; QLL (60 per 30 days)
DURACLON (PF) EPIDURAL SOLUTION 5,000 MCG/10 ML	3	
DURAGESIC	3	MO; QLL (15 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	B/D PAR; MO
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	B/D PAR
EC-NAPROSYN	3	MO
EDLUAR	3	PAR; MO; QLL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG	3	MO; QLL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 37.5 MG	3	MO; QLL (180 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	MO; QLL (90 per 30 days)
ELDEPRYL	3	MO
EMSAM	3	PAR; MO; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QLL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>endodan</i>	1	MO; QLL (360 per 30 days)
<i>enlon</i>	3	
ENLON-PLUS	3	
<i>entacapone</i>	1	MO
<i>epitol</i>	1	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	MO; QLL (480 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	MO; QLL (240 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	MO; QLL (180 per 30 days)
<i>ergoloid</i>	1	PAR; MO
ERGOMAR	2	MO
<i>escitalopram oxalate oral solution</i>	1	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QLL (120 per 30 days)
ESGIC	2	PAR; MO
<i>estazolam</i>	1	MO; QLL (30 per 30 days)
<i>eszopiclone</i>	3	PAR; MO; QLL (30 per 30 days)
<i>ethosuximide</i>	1	MO
<i>etodolac</i>	1	MO
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 16 MG, 32 MG	3	MO; QLL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 8 MG	3	MO; QLL (30 per 30 days)
EXELON ORAL CAPSULE	3	MO; QLL (60 per 30 days)
EXELON TRANSDERMAL	2	MO; QLL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	3	MO; QLL (720 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 10 MG	3	MO; QLL (72 per 30 days)
FANAPT ORAL TABLET 12 MG	3	MO; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	3	MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	3	MO; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	3	MO; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	3	MO; QLL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	QLL (8 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG	2	QLL (270 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 12.5 MG	2	QLL (2160 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG	2	QLL (180 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 200 MG	2	QLL (135 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 25 MG	2	QLL (1080 per 30 days)
<i>felbamate</i>	1	MO
FELBATOL	3	MO
FELDENE	3	MO
<i>fenoprofen oral tablet</i>	1	MO
<i>fentanyl citrate</i>	1	PAR; MO; QLL (120 per 30 days)
<i>fentanyl citrate (pf) injection</i>	3	MO
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	3	
<i>fentanyl patches</i>	1	ST; MO; QLL (15 per 30 days)
FENTORA	3	PAR; MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	PAR; MO; QLL (28 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	3	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	3	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	3	PAR; MO; QLL (90 per 30 days)
FEXMID	3	PAR; MO
FIORICET ORAL CAPSULE	3	PAR; MO; QLL (180 per 30 days)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PAR; MO; QLL (180 per 30 days)
FIORINAL	2	PAR; MO
FIORINAL-CODEINE #3	3	PAR; MO
FLECTOR	3	MO; QLL (60 per 30 days)
<i>flumazenil</i>	3	MO
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QLL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(drlec)</i>	1	MO; QLL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QLL (120 per 30 days)
FLUOXETINE ORAL TABLET 60 MG	2	MO; QLL (30 per 30 days)
<i>fluphenazine decanoate</i>	1	B/D PAR; MO
<i>fluphenazine hcl injection</i>	1	B/D PAR; MO
<i>fluphenazine hcl oral</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam</i>	1	MO; QLL (30 per 30 days)
<i>flurbiprofen</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr 100 mg</i>	1	MO; QLL (90 per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr 150 mg</i>	1	MO; QLL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QLL (180 per 30 days)
FOCALIN	3	MO; QLL (60 per 30 days)
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	MO; QLL (30 per 30 days)
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 20 MG	3	MO; QLL (60 per 30 days)
FORFIVO XL	3	MO; QLL (30 per 30 days)
<i>fosphenytoin</i>	1	B/D PAR; MO
FROVA	3	MO; QLL (12 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	3	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	3	MO; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	3	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	3	MO; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	1	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	MO; QLL (270 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QLL (135 per 30 days)
GABITRIL	3	MO
GABLOFEN INTRATHECAL SOLUTION	3	B/D PAR; MO
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	3	B/D PAR
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML)	3	B/D PAR; MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO; QLL (30 per 30 days)
<i>galantamine oral solution</i>	1	MO; QLL (180 per 30 days)
<i>galantamine oral tablet</i>	1	MO; QLL (60 per 30 days)
GEODON INTRAMUSCULAR	2	B/D PAR; MO
GEODON ORAL CAPSULE 20 MG	3	MO; QLL (240 per 30 days)
GEODON ORAL CAPSULE 40 MG	3	MO; QLL (120 per 30 days)
GEODON ORAL CAPSULE 60 MG, 80 MG	3	MO; QLL (60 per 30 days)
GILENYA	2	PAR; MO; QLL (30 per 30 days)
GRALISE 30-DAY STARTER PACK	3	MO; QLL (78 per 365 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QLL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	MO; QLL (90 per 30 days)
<i>guanidine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
HALCION ORAL TABLET 0.25 MG	2	MO; QLL (30 per 30 days)
HALDOL	3	MO
HALDOL DECANOATE	3	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	B/D PAR; MO
<i>haloperidol lactate injection</i>	1	B/D PAR; MO
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	3	PAR; MO; QLL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	2	PAR; MO; QLL (120 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PAR; MO; QLL (60 per 30 days)
HYCET	3	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml</i>	1	QLL (2700 per 30 days)
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	2	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	3	MO; QLL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QLL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	3	MO
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	1	MO; QLL (390 per 30 days)
<i>hydrocodone-ibuprofen</i>	1	MO; QLL (480 per 30 days)
<i>hydromorphone (pf) injection solution 1 mg/ml</i>	1	
<i>hydromorphone (pf) injection solution 10 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection solution</i>	1	MO; QLL (180 per 30 days)
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	2	QLL (720 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone injection syringe 1 mg/ml</i>	1	
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QLL (180 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO
<i>hydromorphone oral liquid</i>	1	MO; QLL (720 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	1	MO; QLL (360 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	1	MO; QLL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg</i>	3	MO; QLL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 8 mg</i>	3	MO; QLL (30 per 30 days)
IBUDONE	3	MO; QLL (480 per 30 days)
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen-oxycodone</i>	1	MO; QLL (28 per 1 day)
<i>imipramine hcl</i>	1	PAR; MO
<i>imipramine pamoate</i>	3	PAR; MO
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	3	MO; QLL (8 per 30 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	3	MO; QLL (16 per 30 days)
IMITREX ORAL	3	MO; QLL (9 per 30 days)
IMITREX STATDOSE KIT REFILL	3	MO; QLL (4 per 30 days)
IMITREX STATDOSE PEN	3	MO; QLL (4 per 30 days)
IMITREX SUBCUTANEOUS	3	MO; QLL (4 per 30 days)
INDOCIN ORAL	3	PAR; MO
INDOCIN RECTAL	3	PAR; MO
<i>indomethacin oral</i>	3	PAR; MO
<i>indomethacin sodium</i>	3	PAR; MO

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Drug Name	Drug Tier	Requirements/Limits
INFUMORPH P/F	3	B/D PAR; MO
INTERMEZZO	3	PAR; MO
INTUNIV ER	3	PAR; MO; QLL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	3	MO; QLL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	3	MO; QLL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QLL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	3	MO; QLL (40 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ ML, 234 MG/1.5 ML	3	B/D PAR; MO; QLL (2 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	2	B/D PAR; MO; QLL (2 per 28 days)
KADIAN	3	MO; QLL (60 per 30 days)
KAPVAY	3	MO
KEPPRA INTRAVENOUS	3	B/D PAR; MO
KEPPRA ORAL	3	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QLL (180 per 30 days)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QLL (120 per 30 days)
<i>ketoprofen oral capsule</i>	1	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>ketorolac injection cartridge 15 mg/ml</i>	3	PAR
<i>ketorolac injection cartridge 30 mg/ml</i>	3	PAR; MO
<i>ketorolac injection solution 15 mg/ ml, 30 mg/ml (1 ml)</i>	3	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac injection syringe 30 mg/ ml</i>	3	PAR
<i>ketorolac intramuscular solution</i>	3	PAR; MO
<i>ketorolac oral</i>	3	PAR; MO; QLL (20 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	MO; QLL (240 per 30 days)
KLONOPIN ORAL TABLET 0.5 MG	3	PAR; MO; QLL (1200 per 30 days)
KLONOPIN ORAL TABLET 1 MG	3	PAR; MO; QLL (600 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	PAR; MO; QLL (300 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ODT STARTER (BLUE)	3	MO
LAMICTAL ODT STARTER (GREEN)	3	MO
LAMICTAL ODT STARTER (ORANGE)	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
<i>lamotrigine oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i>	3	
LATUDA ORAL TABLET 120 MG	3	MO; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	3	MO; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	3	MO; QLL (120 per 30 days)
LATUDA ORAL TABLET 60 MG	3	MO; QLL (75 per 30 days)
LATUDA ORAL TABLET 80 MG	3	MO; QLL (60 per 30 days)
LAZANDA	2	PAR; MO; QLL (30 per 30 days)
LEVETIRACETAM IN NAACL (ISO-OS)	3	
<i>levetiracetam intravenous</i>	1	B/D PAR; MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	MO; QLL (120 per 30 days)
<i>levorphanol tartrate</i>	1	MO; QLL (180 per 30 days)
LEXAPRO ORAL SOLUTION	3	MO; QLL (600 per 30 days)
LEXAPRO ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	MO; QLL (30 per 30 days)
LEXAPRO ORAL TABLET 5 MG	3	MO; QLL (120 per 30 days)
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PAR
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
LITHOBID	3	MO
LODOSYN	3	ST; MO
<i>lorazepam injection solution</i>	1	MO
<i>lorazepam injection syringe</i>	1	
<i>lorazepam intensol</i>	1	MO; QLL (90 per 30 days)
<i>lorazepam oral</i>	1	MO; QLL (90 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	3	QLL (360 per 30 days)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	MO; QLL (2025 per 30 days)
LORZONE	3	PAR; MO
<i>loxapine succinate</i>	1	MO
LOXITANE ORAL CAPSULE 5 MG	3	MO
LUNESTA	3	PAR; MO; QLL (30 per 30 days)
LUVOX CR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	MO; QLL (90 per 30 days)
LUVOX CR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG	3	MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG	2	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	2	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	2	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	2	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	2	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	2	PAR; MO; QLL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL SOLUTION	2	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	1	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	1	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	1	MO
MARGESIC	2	PAR; MO
MARPLAN	2	MO
MAXALT	2	MO; QLL (12 per 30 days)
MAXALT-MLT	2	MO; QLL (12 per 30 days)
<i>meclofenamate oral</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral suspension</i>	1	MO; QLL (300 per 30 days)
<i>meloxicam oral tablet</i>	1	MO; QLL (30 per 30 days)
<i>mepерidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	3	PAR; MO
<i>mepерidine (pf) injection solution 25 mg/ml</i>	3	PAR
<i>mepерidine injection cartridge</i>	3	PAR
<i>mepерidine oral solution</i>	3	PAR; MO; QLL (3600 per 30 days)
<i>mepерidine oral tablet 100 mg</i>	3	PAR; MO; QLL (180 per 30 days)
<i>mepерidine oral tablet 50 mg</i>	3	PAR; MO; QLL (360 per 30 days)
<i>mepерitab oral tablet 100 mg</i>	3	PAR; MO; QLL (180 per 30 days)
<i>meprobamate oral tablet 200 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>meprobamate oral tablet 400 mg</i>	3	PAR; MO; QLL (180 per 30 days)
MESTINON ORAL SYRUP	2	MO
MESTINON ORAL TABLET	3	MO
MESTINON TIMESPAN	2	MO
METADATE CD	3	PAR; MO; QLL (30 per 30 days)
<i>metadate er</i>	3	PAR; MO; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metaxalone</i>	3	PAR; MO
<i>methadone injection</i>	3	B/D PAR
<i>methadone intensol</i>	1	MO; QLL (180 per 30 days)
<i>methadone oral concentrate</i>	1	QLL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	MO; QLL (900 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	MO; QLL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	MO; QLL (360 per 30 days)
<i>methadone oral tablet, soluble</i>	1	QLL (30 per 30 days)
<i>methadose oral concentrate</i>	1	QLL (180 per 30 days)
<i>methadose oral tablet, soluble</i>	1	MO; QLL (30 per 30 days)
<i>methamphetamine</i>	3	MO; QLL (150 per 30 days)
<i>methocarbamol</i>	3	PAR; MO
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	PAR; MO; QLL (900 per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	PAR; MO; QLL (1800 per 30 days)
METHYLIN ORAL TABLET, CHEWABLE	3	PAR; MO; QLL (90 per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70</i>	3	PAR; MO; QLL (30 per 30 days)
<i>methylphenidate oral capsule, er biphasic 50-50</i>	3	PAR; MO; QLL (30 per 30 days)
<i>methylphenidate oral solution 10 mg/5 ml</i>	3	PAR; MO; QLL (900 per 30 days)
<i>methylphenidate oral solution 5 mg/5 ml</i>	3	PAR; MO; QLL (1800 per 30 days)
<i>methylphenidate oral tablet</i>	1	PAR; MO; QLL (90 per 30 days)
<i>methylphenidate oral tablet extended release</i>	3	PAR; MO; QLL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	3	PAR; MO; QLL (30 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 36 mg</i>	3	PAR; MO; QLL (60 per 30 days)
<i>midazolam (pf) injection cartridge</i>	1	
<i>midazolam (pf) injection solution 1 mg/ml</i>	1	
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	MO
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	1	
<i>midazolam injection</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	MO
<i>migergot</i>	1	MO
MIGRANAL	3	MO; QLL (8 per 28 days)
MIRAPEX	3	ST; MO
MIRAPEX ER	3	ST; MO
<i>mirtazapine oral tablet 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	1	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	1	MO; QLL (30 per 30 days)
MOBIC ORAL SUSPENSION	3	MO; QLL (300 per 30 days)
MOBIC ORAL TABLET	3	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
<i>morphine (pf) injection solution 1 mg/ml</i>	1	B/D PAR; MO
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml</i>	1	MO
<i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml</i>	1	
<i>morphine concentrate oral solution</i>	1	MO; QLL (270 per 30 days)
<i>morphine intravenous cartridge 10 mg/ml, 15 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	2	
<i>morphine intravenous pt controlled analgesia syring</i>	1	B/D PAR
<i>morphine intravenous solution 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml</i>	1	
<i>morphine intravenous solution 50 mg/ml</i>	1	MO
MORPHINE INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	2	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 75 mg, 90 mg</i>	3	MO; QLL (60 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg</i>	3	MO; QLL (30 per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	3	MO; QLL (60 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	MO; QLL (2700 per 30 days)
<i>morphine oral solution 20 mg/5 ml</i>	1	MO; QLL (1350 per 30 days)
<i>morphine oral tablet 15 mg</i>	1	MO; QLL (360 per 30 days)
<i>morphine oral tablet 30 mg</i>	1	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	1	MO; QLL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet extended release 200 mg</i>	1	MO; QLL (60 per 30 days)
<i>morphine rectal</i>	1	MO; QLL (180 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 30 MG, 60 MG	3	MO; QLL (90 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QLL (60 per 30 days)
MYSOLINE	3	MO
<i>nabumetone</i>	1	MO
<i>nalbuphine injection</i>	1	B/D PAR; MO
NALFON ORAL CAPSULE 400 MG	3	MO
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>ml</i>		
<i>naloxone injection syringe 0.4 mg/ml</i>	1	
<i>ml</i>		
<i>naloxone injection syringe 1 mg/ml</i>	1	MO
<i>naltrexone oral</i>	1	MO
NAMENDA ORAL SOLUTION	2	PAR; MO; QLL (300 per 30 days)
NAMENDA ORAL TABLET 10 MG	2	MO; QLL (60 per 30 days)
NAMENDA ORAL TABLET 5 MG	2	MO; QLL (90 per 30 days)
NAMENDA TITRATION PAK	2	MO; QLL (60 per 30 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	PAR; MO; QLL (28 per 365 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	2	PAR; MO; QLL (30 per 30 days)
NAPRELAN CR	3	MO
NAPROSYN	3	MO
<i>naproxen</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naratriptan</i>	1	MO; QLL (9 per 30 days)
NARDIL	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone oral tablet 100 mg</i>	1	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	1	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	1	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	1	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	1	MO; QLL (360 per 30 days)
NEMBUTAL SODIUM	3	PAR
NEOPROFEN (IBUPROFEN LYSN)(PF)	3	
<i>neostigmine methylsulfate injection</i>	3	
NEUPRO	3	PAR; MO; QLL (30 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG	3	MO; QLL (1080 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QLL (360 per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	MO; QLL (270 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QLL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QLL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QLL (135 per 30 days)
NORCO	3	MO; QLL (360 per 30 days)
NORPRAMIN	3	MO
<i>norriptyline</i>	1	MO
NUCYNTA ER	3	MO; QLL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QLL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QLL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QLL (242 per 30 days)
NUEDEXTA	2	MO; QLL (60 per 30 days)
NUVIGIL ORAL TABLET 150 MG	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
NUVIGIL ORAL TABLET 200 MG, 250 MG	3	MO; QLL (30 per 30 days)
NUVIGIL ORAL TABLET 50 MG	3	MO; QLL (60 per 30 days)
<i>olanzapine intramuscular</i>	1	B/D PAR; MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	1	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg</i>	1	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	1	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	3	MO; QLL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i>	3	MO; QLL (90 per 30 days)
OLEPTRO ER ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QLL (75 per 30 days)
OLEPTRO ER ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QLL (38 per 30 days)
ONFI ORAL SUSPENSION	3	PAR; MO; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	3	PAR; MO; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	3	PAR; MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OPANA ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 40 MG, 5 MG, 7.5 MG	3	MO; QLL (60 per 30 days)
OPANA ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 30 MG	3	MO; QLL (120 per 30 days)
OPANA INJECTION	3	
OPANA ORAL TABLET 10 MG	3	MO; QLL (180 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QLL (360 per 30 days)
ORAP	2	MO
<i>orphenadrine citrate injection</i>	3	PAR; MO
<i>orphenadrine citrate oral</i>	3	PAR; MO
<i>orphenadrine compound-ds</i>	3	PAR; MO
<i>oxaprozin</i>	1	MO
<i>oxazepam</i>	1	PAR; MO; QLL (120 per 30 days)
<i>oxcarbazepine</i>	1	MO
OXECTA	3	MO; QLL (360 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QLL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QLL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	MO; QLL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QLL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QLL (360 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QLL (1800 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	MO; QLL (360 per 30 days)
<i>oxycodone oral tablet 15 mg</i>	1	MO; QLL (540 per 30 days)
<i>oxycodone oral tablet 20 mg, 30 mg</i>	1	MO; QLL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QLL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QLL (360 per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	3	ST; MO; QLL (60 per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 60 MG, 80 MG	3	ST; MO; QLL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	3	MO; QLL (180 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	3	MO; QLL (360 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 40 mg, 5 mg, 7.5 mg</i>	3	MO; QLL (60 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	3	MO; QLL (120 per 30 days)
PAMELOR	3	MO
PARAFON FORTE DSC	3	PAR; MO
PARCOPA	3	ST; MO
PARLODEL ORAL CAPSULE	3	MO
PARNATE	3	MO
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QLL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	1	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	MO; QLL (60 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QLL (90 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QLL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO; QLL (900 per 30 days)
PAXIL ORAL TABLET 10 MG	3	MO; QLL (180 per 30 days)
PAXIL ORAL TABLET 20 MG	3	MO; QLL (90 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
PAXIL ORAL TABLET 40 MG	3	MO; QLL (45 per 30 days)
PEGANONE	3	MO
PENNSAID TOPICAL DROPS	3	MO; QLL (300 per 30 days)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	MO
<i>pentazocine-naloxone</i>	3	PAR; MO; QLL (360 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	MO; QLL (360 per 30 days)
PERCODAN	3	MO; QLL (360 per 30 days)
<i>perphenazine</i>	1	MO
<i>perphenazine-amitriptyline</i>	3	PAR; MO
PEXEVA ORAL TABLET 10 MG	3	MO; QLL (180 per 30 days)
PEXEVA ORAL TABLET 20 MG	3	MO; QLL (90 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QLL (60 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QLL (45 per 30 days)
<i>phenelzine</i>	1	MO
<i>phenobarbital oral elixir</i>	1	PAR; MO; QLL (3000 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 100 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	1	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	1	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	1	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	1	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	1	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	1	PAR; MO; QLL (123 per 30 days)
<i>phenobarbital sodium injection solution</i>	1	PAR
PHENYTEK	3	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	B/D PAR; MO
<i>phenytoin sodium intravenous syringe</i>	1	B/D PAR
<i>piroxicam</i>	1	MO
PONSTEL	3	MO
POTIGA ORAL TABLET 200 MG, 400 MG	2	MO; QLL (90 per 30 days)
POTIGA ORAL TABLET 300 MG	3	MO; QLL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	2	MO; QLL (270 per 30 days)
<i>pramipexole</i>	1	MO
PRECEDEX IN 0.9 % SODIUM CHLOR	3	
PRIALT	3	MO
<i>primidone</i>	1	MO
PRIMLEV	3	MO; QLL (390 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QLL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QLL (240 per 30 days)
<i>procentra</i>	3	MO; QLL (1920 per 30 days)
<i>protriptyline</i>	1	MO
PROVIGIL ORAL TABLET 100 MG	3	PAR; MO; QLL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	3	PAR; MO; QLL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG	3	MO; QLL (240 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO; QLL (120 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	MO; QLL (60 per 30 days)
PROZAC WEEKLY	3	MO; QLL (4 per 28 days)
<i>pyridostigmine bromide</i>	1	MO
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG	3	PAR; QLL (120 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG, 200 MG	3	PAR; QLL (60 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 25 MG	3	PAR; QLL (480 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 50 MG	3	PAR; QLL (240 per 30 days)
QUELICIN INJECTION SOLUTION	3	
<i>quetiapine oral tablet 100 mg</i>	1	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	1	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	1	MO; QLL (80 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 400 mg</i>	1	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	1	MO; QLL (480 per 30 days)
QUILLIVANT XR	3	PAR; MO; QLL (360 per 30 days)
RAZADYNE ER	3	MO; QLL (30 per 30 days)
RAZADYNE ORAL SOLUTION	3	MO; QLL (180 per 30 days)
RAZADYNE ORAL TABLET	3	MO; QLL (60 per 30 days)
<i>regonol</i>	1	
RELPAK	3	MO; QLL (9 per 30 days)
REMERON ORAL TABLET 15 MG	3	MO; QLL (90 per 30 days)
REMERON ORAL TABLET 30 MG	3	MO; QLL (45 per 30 days)
REMERON ORAL TABLET 45 MG	3	MO; QLL (30 per 30 days)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG	3	MO; QLL (90 per 30 days)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 30 MG	3	MO; QLL (45 per 30 days)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 45 MG	3	MO; QLL (30 per 30 days)
<i>reprexain</i>	3	MO; QLL (480 per 30 days)
REQUIP	3	ST; MO
REQUIP XL	3	ST; MO
RESTORIL	2	MO; QLL (30 per 30 days)
REVIA	3	MO
<i>revonto</i>	3	
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML	2	B/D PAR; MO; QLL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	2	B/D PAR; MO
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG	3	MO; QLL (960 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 1 MG	3	MO; QLL (480 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 2 MG	3	MO; QLL (240 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG	3	MO; QLL (160 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 4 MG	3	MO; QLL (120 per 30 days)
RISPERDAL ORAL SOLUTION	3	MO; QLL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QLL (1920 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	3	MO; QLL (960 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QLL (480 per 30 days)
RISPERDAL ORAL TABLET 2 MG	3	MO; QLL (240 per 30 days)
RISPERDAL ORAL TABLET 3 MG	3	MO; QLL (160 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QLL (120 per 30 days)
<i>risperidone oral solution</i>	1	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QLL (160 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 4 mg</i>	1	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	1	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	1	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	MO; QLL (160 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QLL (120 per 30 days)
RITALIN	3	PAR; MO; QLL (90 per 30 days)
RITALIN LA	3	PAR; MO; QLL (30 per 30 days)
RITALIN SR	3	PAR; MO; QLL (90 per 30 days)
<i>rivastigmine tartrate</i>	1	MO; QLL (60 per 30 days)
<i>rizatriptan oral tablet</i>	3	MO; QLL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	1	MO; QLL (12 per 30 days)
ROBAXIN INJECTION	3	PAR
ROBAXIN ORAL	3	PAR; MO
ROBAXIN-750	3	PAR; MO
<i>ropinirole</i>	1	MO
ROXICET ORAL SOLUTION	2	MO; QLL (1800 per 30 days)
<i>roxicet oral tablet 5-325 mg</i>	1	MO; QLL (360 per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	MO; QLL (540 per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	MO; QLL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	MO; QLL (360 per 30 days)
ROZEREM	2	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SABRIL	3	PAR; MO; LA; QLL (180 per 30 days)
<i>salsalate</i>	3	MO
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	3	MO; QLL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	3	MO; QLL (120 per 30 days)
SARAFEM ORAL TABLET 10 MG	3	MO; QLL (240 per 30 days)
SARAFEM ORAL TABLET 20 MG	3	MO; QLL (120 per 30 days)
<i>seconal sodium</i>	1	PAR; MO; QLL (90 per 30 days)
<i>selegiline hcl</i>	1	MO
SEROQUEL ORAL TABLET 100 MG	3	MO; QLL (240 per 30 days)
SEROQUEL ORAL TABLET 200 MG	3	MO; QLL (120 per 30 days)
SEROQUEL ORAL TABLET 25 MG	3	MO; QLL (960 per 30 days)
SEROQUEL ORAL TABLET 300 MG	3	MO; QLL (80 per 30 days)
SEROQUEL ORAL TABLET 400 MG	3	MO; QLL (60 per 30 days)
SEROQUEL ORAL TABLET 50 MG	3	MO; QLL (480 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	MO; QLL (160 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	2	MO; QLL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	MO; QLL (80 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QLL (480 per 30 days)
<i>sertraline oral concentrate</i>	1	MO; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QLL (120 per 30 days)
SILENOR	3	PAR; MO; QLL (30 per 30 days)
SINEMET	3	ST; MO
SINEMET CR	3	ST; MO
SKELAXIN	3	PAR; MO
SOMA	3	PAR; MO
SONATA ORAL CAPSULE 10 MG	3	PAR; MO; QLL (60 per 30 days)
SONATA ORAL CAPSULE 5 MG	3	PAR; MO; QLL (30 per 30 days)
SPRIX	3	MO; QLL (5 per 30 days)
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
STAVZOR	3	MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	2	PAR; MO; QLL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	2	PAR; MO; QLL (30 per 30 days)
<i>sublimaze (pf)</i>	3	
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	PAR; MO; QLL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	PAR; MO; QLL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	3	PAR; MO; QLL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	PAR; MO; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SUBSYS	3	PAR; MO; LA; QLL (120 per 30 days)
<i>sulindac oral</i>	1	MO
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QLL (8 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QLL (16 per 30 days)
<i>sumatriptan succinate oral</i>	1	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QLL (4 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QLL (4 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QLL (4 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QLL (4 per 30 days)
SUMAVEL DOSEPRO	3	MO; QLL (4 per 30 days)
SURMONTIL	2	PAR; MO
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-50 MG	3	MO; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO; QLL (90 per 30 days)
SYNALGOS-DC	3	MO; QLL (240 per 30 days)
TALWIN	3	PAR; MO
TASMAR ORAL TABLET 100 MG	2	MO
TECFIDERA	3	PAR; MO
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
<i>temazepam</i>	1	MO; QLL (30 per 30 days)
TENCON ORAL TABLET 50-325 MG	2	PAR
<i>thioridazine</i>	1	PAR; MO
<i>thiothixene</i>	1	MO
<i>tiagabine</i>	1	MO
<i>tizanidine</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
TOFRANIL	3	PAR; MO
TOFRANIL-PM	3	PAR; MO
<i>tolmetin oral capsule</i>	3	MO
<i>tolmetin oral tablet 200 mg</i>	1	MO
<i>tolmetin oral tablet 600 mg</i>	3	MO
TOPAMAX	3	PAR; MO
<i>topiramate oral capsule, sprinkle</i>	1	PAR; MO
<i>topiramate oral tablet 100 mg</i>	1	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	1	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	1	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	1	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	1	MO; QLL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	MO; QLL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	MO; QLL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QLL (240 per 30 days)
TRANXENE T-TAB	2	MO; QLL (120 per 30 days)
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
TREXIMET	3	MO; QLL (9 per 30 days)
<i>triazolam</i>	1	MO; QLL (30 per 30 days)
<i>trifluoperazine</i>	1	MO
<i>trihexyphenidyl</i>	3	PAR; MO
TRILEPTAL	3	MO
TROKENDI XR	3	MO
TYLENOL-CODEINE #3	3	MO; QLL (360 per 30 days)
TYLENOL-CODEINE #4	3	MO; QLL (180 per 30 days)
TYSABRI	3	MO; LA
ULTRACET	3	MO; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ULTRAM	3	MO; QLL (240 per 30 days)
ULTRAM ER	3	MO; QLL (30 per 30 days)
VALIUM ORAL TABLET 10 MG	2	PAR; MO; QLL (120 per 30 days)
VALIUM ORAL TABLET 2 MG	2	PAR; MO; QLL (600 per 30 days)
VALIUM ORAL TABLET 5 MG	2	PAR; MO; QLL (240 per 30 days)
<i>valproate sodium</i>	1	B/D PAR; MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	MO; QLL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	1	MO; QLL (90 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; QLL (113 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	1	MO; QLL (450 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	1	MO; QLL (300 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	MO; QLL (225 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	1	MO; QLL (150 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	1	MO; QLL (60 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	MO; QLL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	1	MO; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	1	MO; QLL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	3	LA; QLL (600 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>vicodin es oral tablet 7.5-300 mg</i>	1	MO; QLL (390 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	1	MO; QLL (390 per 30 days)
<i>vicodin oral tablet 5-300 mg</i>	1	MO; QLL (390 per 30 days)
VICOPROFEN	3	MO; QLL (480 per 30 days)
VIIBRYD ORAL TABLET 10 MG	2	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	2	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	2	ST; MO; QLL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK	2	ST; MO; QLL (30 per 30 days)
VIMOVO	3	MO; QLL (60 per 30 days)
VIMPAT INTRAVENOUS	2	PAR; QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	2	PAR; MO; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	3	PAR; MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	3	PAR; MO; QLL (80 per 30 days)
VIMPAT ORAL TABLET 200 MG	3	PAR; MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	PAR; MO; QLL (240 per 30 days)
VIVACTIL	3	MO
VIVITROL	3	MO
VOLTAREN GEL TOPICAL GEL 1 %	2	MO; QLL (1000 per 30 days)
VOLTAREN-XR	3	MO
VYVANSE	3	MO; QLL (30 per 30 days)
WELLBUTRIN ORAL TABLET 100 MG	3	MO; QLL (135 per 30 days)
WELLBUTRIN ORAL TABLET 75 MG	3	MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QLL (120 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 150 MG, 200 MG	3	MO; QLL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QLL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QLL (45 per 30 days)
XANAX	2	MO; QLL (90 per 30 days)
XANAX XR	2	MO; QLL (30 per 30 days)
XARTEMIS XR	3	MO; QLL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	3	PAR; MO; LA; QLL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	3	PAR; MO; LA; QLL (120 per 30 days)
XODOL 10/300	3	MO; QLL (390 per 30 days)
XODOL 5/300	3	MO; QLL (390 per 30 days)
XODOL 7.5/300	3	MO; QLL (390 per 30 days)
XYREM	3	PAR; MO; LA; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	PAR; MO; QLL (30 per 30 days)
<i>zamicet</i>	3	MO; QLL (2700 per 30 days)
ZANAFLEX ORAL CAPSULE	3	MO
ZANAFLEX ORAL TABLET 4 MG	3	MO
ZARONTIN	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
ZEBUTAL ORAL CAPSULE 50-325-40 MG	2	PAR; MO
ZELAPAR	3	MO
<i>zenzedi oral tablet 10 mg</i>	1	PAR; MO; QLL (180 per 30 days)
ZENZEDI ORAL TABLET 15 MG	3	PAR; QLL (90 per 30 days)
ZENZEDI ORAL TABLET 2.5 MG	3	PAR; MO; QLL (90 per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	3	PAR; QLL (60 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	1	PAR; MO; QLL (90 per 30 days)
ZENZEDI ORAL TABLET 7.5 MG	3	PAR; MO; QLL (180 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	MO; QLL (60 per 30 days)
ZIPSOR	3	MO
ZOHYDRO ER ORAL CAPSULE,EXTENDED RELEASE 12 HR 10 MG, 15 MG, 20 MG	3	PAR; MO; QLL (60 per 30 days)
ZOHYDRO ER ORAL CAPSULE,EXTENDED RELEASE 12 HR 30 MG, 40 MG, 50 MG	3	PAR; MO; QLL (120 per 30 days)
<i>zolmitriptan</i>	1	MO; QLL (9 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	MO; QLL (300 per 30 days)
ZOLOFT ORAL TABLET 100 MG	3	MO; QLL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QLL (240 per 30 days)
ZOLOFT ORAL TABLET 50 MG	3	MO; QLL (120 per 30 days)
<i>zolpidem</i>	1	PAR; MO; QLL (30 per 30 days)
ZOLPIMIST	3	PAR; MO; QLL (8 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZOMIG NASAL	3	MO; QLL (6 per 30 days)
ZOMIG ORAL	3	MO; QLL (9 per 30 days)
ZOMIG ZMT	3	MO; QLL (9 per 30 days)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	MO
<i>zonisamide</i>	1	MO
ZORVOLEX	3	MO
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	3	PAR; MO; QLL (330 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG	3	PAR; MO; QLL (90 per 30 days)
ZYPREXA INTRAMUSCULAR	3	B/D PAR; MO; QLL (60 per 30 days)
ZYPREXA ORAL TABLET 10 MG	3	MO; QLL (60 per 30 days)
ZYPREXA ORAL TABLET 15 MG	3	MO; QLL (40 per 30 days)
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QLL (240 per 30 days)
ZYPREXA ORAL TABLET 20 MG	3	MO; QLL (30 per 30 days)
ZYPREXA ORAL TABLET 5 MG	3	MO; QLL (120 per 30 days)
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QLL (80 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 405 MG	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	3	MO
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QLL (60 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG	3	MO; QLL (40 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 20 MG	3	MO; QLL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 5 MG	3	MO; QLL (120 per 30 days)
Cardiovascular, Hypertension / Lipids		
ACCUPRIL	3	MO
ACCURETIC	3	MO
<i>acebutolol oral</i>	1	MO
ADALAT CC	3	MO
ADENOCARD	3	MO
<i>adenosine</i>	3	
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	3	MO; QLL (60 per 30 days)
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG	3	MO; QLL (30 per 30 days)
<i>afeditab cr</i>	1	MO
AGGRENOX	2	MO; QLL (60 per 30 days)
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
ALTACE	3	MO
ALTOPREV	3	PAR; MO; QLL (30 per 30 days)
<i>amiloride oral</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>aminocaproic acid intravenous</i>	3	MO
<i>aminocaproic acid oral solution</i>	1	MO
AMINOCAPROIC ACID ORAL TABLET	3	MO
<i>aminocaproic acid oral tablet</i>	3	MO
<i>amiodarone intravenous solution</i>	1	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	1	B/D PAR
<i>amiodarone oral</i>	1	MO
<i>amlodipine oral tablet 10 mg, 2.5 mg</i>	1	MO; QLL (30 per 30 days)
<i>amlodipine oral tablet 5 mg</i>	1	MO; QLL (45 per 30 days)
<i>amlodipine-atorvastatin</i>	1	MO; QLL (30 per 30 days)
<i>amlodipine-benazepril</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
AMTURNIDE	3	MO; QLL (30 per 30 days)
ANTARA ORAL CAPSULE 130 MG, 43 MG, 90 MG	3	ST; MO
ANTARA ORAL CAPSULE 30 MG	3	ST
ARGATROBAN	3	MO
ARGATROBAN IN 0.9 % SOD CHLOR	3	
ARGATROBAN IN NAACL (ISO-OS)	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	3	MO; QLL (24 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	2	MO; QLL (15 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	3	MO; QLL (12 per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	3	MO; QLL (18 per 30 days)
ATACAND HCT ORAL TABLET 16-12.5 MG	3	MO; QLL (60 per 30 days)
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG	3	MO; QLL (30 per 30 days)
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG	3	MO; QLL (60 per 30 days)
ATACAND ORAL TABLET 32 MG	3	MO; QLL (30 per 30 days)
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin</i>	1	MO; QLL (30 per 30 days)
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	MO; QLL (30 per 30 days)
AVAPRO	3	MO; QLL (30 per 30 days)
AZOR	2	MO; QLL (30 per 30 days)
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR HCT	2	MO; QLL (30 per 30 days)
BENICAR ORAL TABLET 20 MG, 40 MG	2	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BENICAR ORAL TABLET 5 MG	2	MO; QLL (60 per 30 days)
BETAPACE AF	3	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	MO
<i>betaxolol oral</i>	1	MO
BIDIL	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BREVIBLOC IN NAACL (ISO-OSM)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML	3	
BRILINTA	3	MO; QLL (60 per 30 days)
<i>bumetanide</i>	1	MO
BYSTOLIC	2	MO
CADUET	3	MO; QLL (30 per 30 days)
CALAN	3	MO
CALAN SR	3	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	MO; QLL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	1	MO; QLL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	1	MO; QLL (60 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	1	MO; QLL (30 per 30 days)
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML	3	
CARDENE IV IN SODIUM CHLORIDE	3	
CARDENE SR ORAL CAPSULE, EXTENDED RELEASE 30 MG, 60 MG	3	MO
<i>cardioplegic soln</i>	3	
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
CARDURA	3	MO
CARDURA XL	3	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
CATAPRES	3	MO
CATAPRES-TTS-1	3	MO; QLL (4 per 28 days)
CATAPRES-TTS-2	3	MO; QLL (4 per 28 days)
CATAPRES-TTS-3	3	MO; QLL (4 per 28 days)
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>cilostazol</i>	1	MO
<i>clonidine</i>	1	MO; QLL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	3	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QLL (30 per 30 days)
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i>	1	MO
CLORPRES ORAL TABLET 0.3-15 MG	3	MO
COLESTID	3	MO
COLESTID FLAVORED	3	MO
<i>colestipol</i>	1	MO
CORDARONE	3	MO
COREG	3	MO
COREG CR	3	ST; MO
CORGARD	3	MO
CORLOPAM	3	
CORVERT	3	MO
CORZIDE	3	MO
COUMADIN	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
COZAAR ORAL TABLET 100 MG	3	MO; QLL (30 per 30 days)
COZAAR ORAL TABLET 25 MG, 50 MG	3	MO; QLL (60 per 30 days)
CRESTOR	2	ST; MO; QLL (30 per 30 days)
CYKLOKAPRON	3	B/D PAR; MO
DEMADEX	3	MO
DEMSEK	3	MO
DIBENZYLINE	3	MO
<i>digox oral tablet 125 mcg</i>	1	MO; QLL (30 per 30 days)
<i>digox oral tablet 250 mcg</i>	1	PAR; MO
<i>digoxin injection solution</i>	3	MO
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet 125 mcg</i>	1	MO; QLL (30 per 30 days)
<i>digoxin oral tablet 250 mcg</i>	3	PAR; MO
DILACOR XR ORAL CAPSULE,EXT RELEASE DEGRADABLE 240 MG	3	MO
DILATRATE-SR	3	MO
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl intravenous recon soln</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	B/D PAR
<i>diltiazem hcl oral capsule, extended release</i>	1	MO
<i>diltiazem hcl oral capsule,ext release degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
DIOVAN HCT	3	MO; QLL (30 per 30 days)
DIOVAN ORAL TABLET 160 MG	2	MO; QLL (60 per 30 days)
DIOVAN ORAL TABLET 320 MG	2	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DIOVAN ORAL TABLET 40 MG, 80 MG	2	MO; QLL (90 per 30 days)
<i>dipyridamole intravenous</i>	3	PAR
<i>dipyridamole oral</i>	3	PAR; MO
<i>disopyramide phosphate oral capsule</i>	3	PAR; MO
DIURIL	3	MO
DIURIL IV	3	
<i>dobutamine</i>	3	
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	3	
<i>dopamine in 5 % dextrose</i>	3	
<i>dopamine intravenous solution</i>	3	
<i>doxazosin</i>	1	MO
DUTOPROL	3	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
EDARBI	3	MO; QLL (30 per 30 days)
EDARBYCLOR	3	MO; QLL (30 per 30 days)
EDECIN	3	MO
EFFIENT	3	MO; QLL (30 per 30 days)
ELIQUIS	2	MO; QLL (60 per 30 days)
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>enalaprilat intravenous injectable</i>	3	
<i>enoxaparin subcutaneous solution</i>	1	MO; QLL (84 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QLL (28 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QLL (22.4 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO; QLL (8.4 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QLL (11.2 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO; QLL (16.8 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EPANED	3	MO
<i>eplerenone</i>	1	MO
<i>epoprostenol (glycine)</i>	3	MO
<i>eprosartan</i>	1	MO; QLL (30 per 30 days)
<i>esmolol intravenous solution</i>	3	
EXFORGE	3	MO; QLL (30 per 30 days)
EXFORGE HCT	3	MO; QLL (30 per 30 days)
<i>felodipine</i>	1	MO
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	1	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	MO; QLL (30 per 30 days)
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet</i>	1	MO; QLL (30 per 30 days)
<i>fenofibric acid</i>	3	MO
<i>fenofibric acid (choline) dr capsules</i>	1	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
<i>flecainide</i>	1	MO
FLOLAN	3	MO
<i>fluvastatin</i>	1	MO; QLL (60 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	MO; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	MO; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	MO; QLL (18 per 30 days)
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	3	ST; MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 UNIT/ML, 12,500 UNIT/0.5 ML, 15,000 UNIT/0.6 ML, 18,000 UNIT/0.72 ML, 7,500 UNIT/0.3 ML	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 UNIT/0.2 ML, 5,000 UNIT/0.2 ML	2	ST; MO
<i>furosemide injection</i>	1	B/D PAR; MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil oral</i>	1	MO
<i>guanfacine</i>	3	PAR; MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	1	B/D PAR
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	1	B/D PAR; MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	B/D PAR
<i>heparin (porcine) injection cartridge</i>	1	B/D PAR; MO
<i>heparin (porcine) injection solution</i>	1	B/D PAR; MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	B/D PAR
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	B/D PAR
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	B/D PAR; MO
<i>heparin, porcine (pf) injection syringe</i>	1	B/D PAR; MO
<i>hydralazine injection</i>	1	B/D PAR; MO
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	3	MO; QLL (30 per 30 days)
<i>ibutilide fumarate</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
IMDUR	3	MO
<i>indapamide</i>	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
INTEGRILIN INTRAVENOUS SOLUTION 0.75 MG/ML	3	
INTEGRILIN INTRAVENOUS SOLUTION 2 MG/ML	3	MO
IPRIVASK	3	MO
<i>irbesartan</i>	1	MO; QLL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	1	MO; QLL (30 per 30 days)
ISORDIL	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorbide dinitrate oral</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isradipine</i>	1	MO
ISUPREL	3	
<i>jantoven</i>	1	MO
JUXTAPID	3	MO; LA
KYNAMRO	3	MO; LA
<i>labetalol intravenous solution</i>	1	B/D PAR; MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	B/D PAR
<i>labetalol oral</i>	1	MO
LANOXIN INJECTION	3	B/D PAR; MO
LANOXIN ORAL TABLET 125 MCG	2	MO; QLL (30 per 30 days)
LANOXIN ORAL TABLET 187.5 MCG	2	PAR
LANOXIN ORAL TABLET 250 MCG	3	PAR; MO
LANOXIN ORAL TABLET 62.5 MCG	2	MO
LANOXIN PEDIATRIC	3	
LASIX	3	MO
LESCOL	3	PAR; MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LESCOL XL	3	PAR; MO; QLL (30 per 30 days)
LEVATOL	3	MO
LEVOPHED (BITARTRATE)	3	MO
<i>lidocaine (pf) in d7.5w</i>	3	
<i>lidocaine (pf) intravenous solution</i>	1	B/D PAR; MO
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	B/D PAR
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	3	
LIPITOR	3	MO; QLL (30 per 30 days)
LIPOFEN	2	MO
LIPTRUZET	3	PAR; MO; QLL (30 per 30 days)
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LIVALO	3	PAR; MO; QLL (30 per 30 days)
LOFIBRA	3	MO; QLL (30 per 30 days)
LOPID	3	MO
LOPRESSOR HCT ORAL TABLET 50-25 MG	3	MO
LOPRESSOR INTRAVENOUS	2	MO
LOPRESSOR ORAL TABLET 50 MG	3	MO
<i>losartan oral tablet 100 mg</i>	1	MO; QLL (30 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	1	MO; QLL (60 per 30 days)
<i>losartan-hydrochlorothiazide</i>	1	MO; QLL (30 per 30 days)
LOTENSIN HCT	3	MO
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	MO
LOTREL	3	MO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	MO; QLL (30 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QLL (60 per 30 days)
LOVAZA	2	PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SUBCUTANEOUS SOLUTION	2	MO; QLL (84 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QLL (28 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QLL (22.4 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML	2	MO; QLL (8.4 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	MO; QLL (11.2 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 60 MG/0.6 ML	3	MO; QLL (16.8 per 30 days)
<i>mannitol 10 %</i>	3	
<i>mannitol 20 %</i>	3	
<i>mannitol 25 % intravenous solution</i>	3	MO
<i>mannitol 5 %</i>	3	
<i>matzim la</i>	1	MO
MAVIK	3	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	3	PAR; MO
<i>methyldopa-hydrochlorothiazide</i>	3	PAR; MO
<i>methyldopate</i>	3	PAR
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	B/D PAR; MO
<i>metoprolol tartrate intravenous syringe</i>	1	B/D PAR
<i>metoprolol tartrate oral</i>	1	MO
MEVACOR ORAL TABLET 20 MG	3	MO; QLL (30 per 30 days)
<i>mexiletine</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25 MG	2	MO; QLL (30 per 30 days)
MICARDIS HCT ORAL TABLET 80-12.5 MG	2	MO; QLL (60 per 30 days)
MICARDIS ORAL TABLET 20 MG, 40 MG	2	MO; QLL (30 per 30 days)
MICARDIS ORAL TABLET 80 MG	2	MO; QLL (60 per 30 days)
MICROZIDE	3	MO
<i>milrinone</i>	3	
<i>milrinone in 5 % dextrose</i>	3	
MINIPRESS	3	MO
MINITRAN	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
MULTAQ	3	MO; QLL (60 per 30 days)
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	1	MO
NATRECOR	3	MO
NEXTERONE	3	B/D PAR
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	1	MO; QLL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr 500 mg</i>	1	MO; QLL (30 per 30 days)
NIACOR	2	MO
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 750 MG	2	MO; QLL (60 per 30 days)
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QLL (30 per 30 days)
<i>nicardipine</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine oral capsule</i>	3	PAR; MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine</i>	3	MO
<i>nitro-bid</i>	1	MO
NITRO-DUR	3	MO
<i>nitroglycerin in 5 % dextrose</i>	3	
<i>nitroglycerin intravenous</i>	1	B/D PAR
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO
NITROLINGUAL	3	MO
NITROMIST	3	MO
NITROPRESS	3	MO
NITROSTAT	2	MO
<i>norepinephrine bitartrate</i>	3	
NORPACE	3	PAR; MO
NORPACE CR	3	PAR; MO
NORVASC ORAL TABLET 10 MG, 2.5 MG	3	MO; QLL (30 per 30 days)
NORVASC ORAL TABLET 5 MG	3	MO; QLL (45 per 30 days)
NPLATE	3	MO
NYMALIZE	3	
<i>omega-3 acid ethyl esters</i>	1	PAR; MO
ORENITRAM	3	PAR; MO
OSMITROL 10 %	3	
<i>osmitrol 15 %</i>	3	
<i>osmitrol 20 %</i>	3	
OSMITROL 5 %	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>pentoxifylline</i>	1	MO
<i>perindopril erbumine</i>	1	MO
PERSANTINE	3	PAR; MO
<i>phentolamine injection recon soln</i>	3	MO
<i>pindolol</i>	1	MO
PLAVIX ORAL TABLET 300 MG	3	MO; QLL (1 per 30 days)
PLAVIX ORAL TABLET 75 MG	3	MO; QLL (30 per 30 days)
PLEGISOL	3	
PLETAL	3	MO
PRADAXA	3	MO; QLL (60 per 30 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin</i>	1	MO; QLL (30 per 30 days)
<i>prazosin</i>	1	MO
<i>prevalite</i>	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
<i>procainamide injection solution 100 mg/ml</i>	1	B/D PAR; MO
<i>procainamide injection solution 500 mg/ml</i>	1	B/D PAR
PROCARDIA	3	PAR; MO
PROCARDIA XL	3	MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	3	PAR; MO; LA; QLL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG	3	PAR; MO; LA; QLL (60 per 30 days)
<i>propafenone</i>	1	MO
<i>propranolol intravenous</i>	1	B/D PAR
<i>propranolol oral</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>protamine</i>	3	
QUESTRAN	3	MO
QUESTRAN LIGHT ORAL POWDER	3	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine gluconate</i>	3	MO
<i>quinidine sulfate</i>	1	MO
<i>ramipril</i>	1	MO
RANEXA	2	PAR; MO
REMODULIN	3	PAR; MO; LA
REOPRO	3	MO
RESECTISOL	3	
<i>reserpine oral tablet 0.1 mg</i>	1	PAR; MO
<i>reserpine oral tablet 0.25 mg</i>	3	PAR; MO
RYTHMOL ORAL TABLET 150 MG, 225 MG	3	MO
RYTHMOL SR	3	MO
SECTRAL	3	MO
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG	3	MO; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG, 500-40 MG, 750-20 MG	3	MO; QLL (30 per 30 days)
<i>simvastatin</i>	1	MO; QLL (30 per 30 days)
SODIUM EDECIN	3	
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af</i>	1	MO
SOTALOL INTRAVENOUS	3	
<i>sotalol oral</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>spironolactone</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
TARKA	3	MO
<i>taztia xt</i>	1	MO
TEKAMLO	3	MO; QLL (30 per 30 days)
TEKTURNA	3	MO; QLL (30 per 30 days)
TEKTURNA HCT	3	MO; QLL (30 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1	MO; QLL (30 per 30 days)
<i>telmisartan oral tablet 80 mg</i>	1	MO; QLL (60 per 30 days)
<i>telmisartan-amlodipine</i>	1	MO; QLL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	1	MO; QLL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	1	MO; QLL (60 per 30 days)
TENEX	3	PAR; MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
<i>terazosin</i>	1	MO
TEVETEN HCT	3	MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TEVETEN ORAL TABLET 600 MG	3	MO; QLL (30 per 30 days)
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT	3	
TIAZAC	3	MO
<i>ticlopidine</i>	3	PAR; MO
TIKOSYN	2	MO
<i>timolol maleate oral</i>	1	MO
TOPROL XL	3	MO
<i>torsemid intravenous solution 20 mg/2 ml (10 mg/ml)</i>	1	
TORSEMIDE INTRAVENOUS SOLUTION 50 MG/5 ML (10 MG/ML)	2	
<i>torsemid oral</i>	1	MO
TRANDATE ORAL	3	MO
<i>trandolapril</i>	1	MO
<i>tranexamic acid intravenous</i>	1	B/D PAR; MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	3	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR	3	MO; QLL (30 per 30 days)
TRICOR	3	MO
TRIGLIDE ORAL TABLET 160 MG	3	MO
TRILIPIX	2	MO
TWYNSTA	2	MO; QLL (30 per 30 days)
UNIRETIC ORAL TABLET 15-12.5 MG, 7.5-12.5 MG	3	MO
UNIVASC	3	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO; QLL (30 per 30 days)
VASCEPA	3	MO
VASERETIC	3	MO
VASOTEC	3	MO
VECAMYL	3	
<i>veletri</i>	3	MO
<i>verapamil intravenous solution</i>	1	B/D PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil intravenous syringe</i>	1	B/D PAR
<i>verapamil oral</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
VYTORIN 10-10	3	PAR; MO; QLL (30 per 30 days)
VYTORIN 10-20	3	PAR; MO; QLL (30 per 30 days)
VYTORIN 10-40	3	PAR; MO; QLL (30 per 30 days)
VYTORIN 10-80	3	PAR; MO; QLL (30 per 30 days)
<i>warfarin</i>	1	MO
WELCHOL	2	MO
XARELTO ORAL TABLET 10 MG, 20 MG	2	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	2	MO; QLL (42 per 30 days)
XYLOCAINE (CARDIAC) (PF)	3	
ZAROXOLYN ORAL TABLET 2.5 MG, 5 MG	3	MO
ZEBETA	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZETIA	2	PAR; MO; QLL (30 per 30 days)
ZIAC	3	MO
ZOCOR	3	MO; QLL (30 per 30 days)
Dermatologicals/Topical Therapy		
<i>8-MOP</i>	3	PAR; MO
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	MO; LA
ACANYA	3	MO; QLL (50 per 30 days)
<i>acitretin</i>	1	MO
<i>acyclovir topical</i>	1	MO; QLL (30 per 30 days)
ACZONE	3	MO
<i>adapalene topical cream</i>	3	MO
<i>adapalene topical gel 0.1 %</i>	1	MO
<i>adapalene topical gel 0.3 %</i>	3	MO
AKNE-MYCIN	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ala-cort topical cream</i>	1	MO
ALA-SCALP	3	MO
<i>alclometasone</i>	1	MO
ALDARA	3	MO
ALTABAX	3	MO
<i>amcinonide</i>	1	MO
<i>ammonium lactate topical</i>	1	MO
<i>amnestem</i>	1	MO
<i>apexicon e</i>	1	MO
ARTISS	3	
ATRALIN	3	MO; QLL (45 per 30 days)
<i>avita topical cream</i>	1	MO; QLL (45 per 30 days)
AVITA TOPICAL GEL	3	MO; QLL (45 per 30 days)
AZELEX	3	MO
BACTROBAN	3	MO
BENZAACLIN	3	MO
BENZAACLIN PUMP	3	MO
BENZAMYCIN	3	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)</i>	3	MO
<i>bupivacaine (pf) injection solution 0.5 % (5 mg/ml)</i>	1	MO
<i>bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)</i>	1	
<i>bupivacaine injection solution 0.25 % (2.5 mg/ml)</i>	3	MO
<i>bupivacaine injection solution 0.5 % (5 mg/ml)</i>	1	MO
<i>bupivacaine-epinephrine (pf)</i>	3	
BUPIVACAINE-EPINEPHRINE BITART	3	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000</i>	3	
<i>bupivacaine-epinephrine injection solution 0.5 %-1:200,000</i>	3	MO
<i>calcipotriene topical cream</i>	1	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene topical ointment</i>	1	MO; QLL (120 per 30 days)
<i>calcipotriene topical solution</i>	1	MO; QLL (60 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO
<i>calcitrene</i>	1	MO; QLL (120 per 30 days)
<i>calcitriol topical</i>	1	MO; QLL (800 per 28 days)
CAPEX	3	MO
CARAC	3	MO
CARBOCAINE	3	
CARBOCAINE (PF) INJECTION SOLUTION 10 MG/ML (1 %)	3	
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	3	
CARBOCAINE (PF) INJECTION SOLUTION 20 MG/ML (2 %)	3	MO
CENTANY	3	MO
CENTANY AT	3	MO
CICLODAN KIT TOPICAL COMBO PACK	3	MO
<i>ciclodan topical cream</i>	1	MO
<i>ciclodan topical solution</i>	1	PAR; MO
<i>ciclopirox topical cream</i>	1	MO
<i>ciclopirox topical gel</i>	1	MO
<i>ciclopirox topical shampoo</i>	1	MO
<i>ciclopirox topical solution</i>	1	PAR; MO
<i>ciclopirox topical suspension</i>	1	MO
<i>claravis</i>	1	MO
CLEOCIN T	3	MO
<i>clindacin etz</i>	3	MO
<i>clindacin p</i>	3	MO
CLINDACIN PAC	3	MO
CLINDAGEL	3	MO
<i>clindamycin phosphate topical</i>	1	MO
<i>clindamycin-benzoyl peroxide</i>	1	MO
<i>clobetasol</i>	1	MO
<i>clobetasol-emollient</i>	1	MO
CLOBEX	3	MO
CLOCORTOLONE PIVALATE	3	MO

Drug Name	Drug Tier	Requirements/Limits
CLODERM	3	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole-betamethasone</i>	1	MO
CNL 8 NAIL	3	MO
CONDYLOX	3	MO
CORDRAN TAPE LARGE ROLL	3	MO
CORDRAN TAPE SMALL ROLL	3	MO
<i>cormax topical solution</i>	1	MO
CORTISPORIN TOPICAL	3	MO
CUTIVATE TOPICAL CREAM	3	MO
CUTIVATE TOPICAL LOTION	3	MO
DENAVIR	2	MO; QLL (5 per 1 day)
DERMASORB HC COMPLETE KIT	3	
DERMASORB TA COMPLETE KIT	3	MO
DERMATOP	3	MO
DESONATE	3	MO
<i>desonide</i>	1	MO
DESOWEN TOPICAL LOTION	3	MO
<i>desoximetasone</i>	1	MO
<i>diclofenac sodium topical gel</i>	1	PAR; MO; QLL (100 per 30 days)
DIFFERIN	3	MO
<i>diflorasone</i>	1	MO
DIPROLENE	3	MO
DIPROLENE AF	3	MO
DNA MEDICATED COLLECTION	3	
DOVONEX TOPICAL CREAM	3	MO; QLL (120 per 30 days)
DUAC	3	MO
<i>econazole topical</i>	1	MO
EFUDEX TOPICAL CREAM	3	MO
ELIDEL	2	PAR; MO; QLL (60 per 1 day)
ELIMITE	3	
ELOCON	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
EMLA	3	MO
EPIDUO	3	MO
EPIFOAM	3	MO
ERTACZO	3	MO
<i>ery pads</i>	1	MO
<i>erygel</i>	3	MO
<i>erythromycin with ethanol</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
EURAX	3	MO
EVOCLIN	3	MO
EXELDERM	3	MO
EXTINA	3	MO
FABIOR	3	MO
FINACEA	3	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone-shower cap</i>	1	MO
<i>fluocinonide</i>	1	MO
<i>fluocinonide-e</i>	1	MO
<i>fluocinonide-emollient</i>	1	MO
<i>fluorouracil topical</i>	1	MO
<i>fluticasone topical</i>	1	MO
<i>gentamicin topical</i>	1	MO
<i>halobetasol propionate</i>	1	MO
HALOG	3	MO
<i>halonate</i>	3	MO
<i>halonate pac</i>	3	MO
<i>hydrocortisone butyr-emollient</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>hydrocortisone-min oil-wht pet</i>	1	MO
<i>imiquimod</i>	1	MO
KENALOG TOPICAL	3	MO
<i>ketoconazole topical cream</i>	1	MO
<i>ketoconazole topical shampoo</i>	1	MO
<i>ketodan</i>	3	MO
<i>ketodan kit</i>	3	MO
KLARON	3	MO
LAC-HYDRIN	3	MO

Drug Name	Drug Tier	Requirements/Limits
LEVULAN	3	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	B/D PAR; MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	B/D PAR
LIDOCAINE (PF) INJECTION SOLUTION 20 MG/ML (2 %)	3	B/D PAR; MO
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	3	B/D PAR; MO
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	B/D PAR; MO
LIDOCAINE HCL INJECTION SOLUTION 20 MG/ML (2 %)	3	B/D PAR; MO
<i>lidocaine hcl laryngotracheal</i>	1	MO
<i>lidocaine hcl mucous membrane gel</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch, medicated</i>	1	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-epinephrine (pf)</i>	3	
LIDOCAINE-EPINEPHRINE BIT	3	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000</i>	3	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	3	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO
<i>lidocaine-prilocaine topical kit</i>	1	
LIDODERM	3	PAR; MO; QLL (90 per 30 days)
<i>lindane</i>	1	MO
LOCOID LIPOCREAM	3	MO
LOCOID TOPICAL LOTION	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
LOPROX TOPICAL SHAMPOO	3	MO
LOTRISONE TOPICAL CREAM	3	MO
<i>lta pre-attached</i>	3	
LUXIQ	3	MO
LUZU	3	MO
<i>mafenide acetate</i>	1	MO
<i>malathion</i>	1	MO
MARCAINE	3	MO
MARCAINE (PF) INJECTION SOLUTION 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML)	3	MO
<i>marcaine (pf) injection solution 0.75 % (7.5 mg/ml)</i>	3	
MARCAINE-EPINEPHRINE (PF)	3	
MARCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000	3	
MARCAINE-EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200,000	3	MO
MENTAX	3	MO
MEPIVACAINE (PF)	3	
<i>methoxsalen rapid</i>	1	PAR
METROCREAM	3	MO
METROGEL TOPICAL GEL 1 %	3	MO
METROGEL TOPICAL GEL WITH PUMP	3	MO
METROLOTION	3	MO
<i>metronidazole topical</i>	1	MO
<i>mometasone</i>	1	MO
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
<i>myorisan</i>	1	
NAFTIN	3	MO
NAROPIN (PF)	3	
NESACAINE	3	
NESACAINE-MPF	3	
NIZORAL TOPICAL SHAMPOO	3	MO
NORITATE	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc</i>	1	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
OLUX	3	MO
OLUX-E	3	MO
OVIDE	3	MO
OXISTAT	3	MO
OXSORALEN	3	MO
OXSORALEN ULTRA	3	PAR; MO
PANDEL	3	MO
PANRETIN	3	MO
<i>pedi-dri</i>	1	MO
PEDIADERM AF	3	MO
PEDIADERM HC	3	MO
PEDIADERM TA	3	MO
PENLAC	3	PAR; MO
<i>permethrin topical cream</i>	1	MO
PICATO	3	MO
PLIAGLIS	3	
<i>podofilox</i>	1	MO
<i>polocaine</i>	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %)</i>	3	
<i>polocaine-mpf injection solution 15 mg/ml (1.5 %)</i>	1	
<i>polocaine-mpf injection solution 20 mg/ml (2 %)</i>	1	MO
PRAMOSONE TOPICAL LOTION 2.5-1 %	3	MO
<i>prednicarbate</i>	1	MO
PROTOPIC	3	PAR; MO; QLL (60 per 1 day)
<i>prudoxin</i>	1	MO
QUTENZA	3	MO
REGRANEX	3	PAR; MO
RETIN-A	3	MO; QLL (45 per 30 days)
RETIN-A MICRO	3	MO; QLL (45 per 30 days)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	3	MO; QLL (50 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	3	QLL (50 per 30 days)
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
ROSADAN TOPICAL KIT, CLEANSER & GEL	3	MO
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	MO
SANTYL	3	MO; QLL (30 per 30 days)
<i>selenium sulfide topical suspension 2.5 %</i>	1	MO
SENSORCAINE	3	
SENSORCAINE-MPF	3	
SENSORCAINE-MPF/ EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200,000, 0.75 %-1:200,000	3	
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
SKLICE	3	MO
SOLARAZE	3	PAR; MO; QLL (100 per 30 days)
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	MO
SORILUX	3	MO; QLL (120 per 30 days)
<i>spinosad</i>	3	MO
<i>ssd</i>	1	MO
STELARA SUBCUTANEOUS SYRINGE	3	PAR; MO; QLL (1 per 28 days)
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON	3	MO
SYNALAR CREAM KIT	3	MO
SYNALAR TOPICAL CREAM	3	MO
SYNALAR TOPICAL OINTMENT	3	
SYNALAR TOPICAL SOLUTION	3	MO
SYNALAR TS	3	MO
SYNERA	3	MO
TACLONEX	3	MO

Drug Name	Drug Tier	Requirements/Limits
TAZORAC	3	PAR; MO
TEMOVATE E	3	MO
TEMOVATE TOPICAL CREAM	3	MO
TEMOVATE TOPICAL OINTMENT	3	MO
TEXACORT	3	MO
<i>thermazene</i>	1	MO
TOPICORT	3	MO
TRETIN-X TOPICAL COMBO PACK	3	MO; QLL (45 per 30 days)
TRETIN-X TOPICAL CREAM	3	MO; QLL (45 per 30 days)
<i>tretinoin microspheres topical gel</i>	1	MO; QLL (45 per 30 days)
<i>tretinoin microspheres topical gel with pump</i>	1	QLL (50 per 30 days)
<i>tretinoin topical</i>	1	MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>trianex</i>	1	MO
<i>triderm topical cream</i>	1	MO
U-CORT	3	MO
ULESFIA	3	MO
ULTRAVATE	3	MO
UVADEX	2	B/D PAR
VALCHLOR	3	MO
VANOS	3	MO
VECTICAL	3	MO; QLL (800 per 28 days)
VELTIN	3	MO
VEREGEN	3	MO
VUSION	3	MO
XERESE	3	MO; QLL (5 per 30 days)
XYLOCAINE INJECTION	3	B/D PAR
XYLOCAINE MUCOUS MEMBRANE SOLUTION	3	
XYLOCAINE-EPINEPHRINE	3	

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

Drug Name	Drug Tier	Requirements/Limits
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	3	B/D PAR; MO
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %), 20 MG/ML (2 %), 40 MG/ML (4 %), 5 MG/ML (0.5 %)	3	B/D PAR
XYLOCAINE-MPF/ EPINEPHRINE	3	
<i>zenatane</i>	1	MO
ZIANA	3	MO
ZONALON	3	MO
ZOVIRAX TOPICAL CREAM	2	MO; QLL (5 per 1 day)
ZOVIRAX TOPICAL OINTMENT	3	MO; QLL (30 per 30 days)
ZYCLARA	3	MO
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>acetylcysteine intravenous</i>	1	B/D PAR
ACTONEL ORAL TABLET 30 MG	2	ST; MO; QLL (30 per 30 days)
ADAGEN	3	MO
AGRYLIN	3	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QLL (30 per 30 days)
AMMONUL	3	
<i>anagrelide</i>	1	MO
ANTABUSE	2	MO
ARALAST NP	3	PAR; MO; LA
BUPHENYL ORAL POWDER	3	PAR; MO
BUPHENYL ORAL TABLET	2	PAR; MO
<i>bupivacaine-dextrose-water(pf)</i>	3	
<i>buproban</i>	1	MO; QLL (60 per 30 days)
CAF CIT	3	
<i>caffeine citrated intravenous</i>	3	
<i>caffeine citrated oral</i>	3	MO
CAMPRAL	3	MO
CARBAGLU	3	PAR; MO; LA
CARNITOR	3	B/D PAR; MO
CARNITOR SUGAR-FREE	3	B/D PAR; MO

Drug Name	Drug Tier	Requirements/Limits
<i>cevimeline</i>	1	MO
CHANTIX	2	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	2	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	2	PAR; MO; QLL (53 per 365 days)
CHEMET	3	MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PAR
CLINIMIX E 2.75%/D10W SUL FREE	2	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	2	B/D PAR
<i>d10 % & 0.45 % sodium chloride</i>	1	B/D PAR
<i>d2.5 %-0.45 % sodium chloride</i>	1	B/D PAR
<i>d5 % and 0.9 % sodium chloride</i>	1	B/D PAR; MO
<i>d5 %-0.45 % sodium chloride</i>	1	B/D PAR; MO
<i>deferoxamine</i>	3	MO
DESFERAL	3	MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	B/D PAR
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	1	B/D PAR; MO
<i>dextrose 20 % in water (d20w)</i>	3	
<i>dextrose 25 % in water (d25w)</i>	1	B/D PAR
<i>dextrose 30 % in water (d30w)</i>	1	B/D PAR
<i>dextrose 40 % in water (d40w)</i>	1	B/D PAR
<i>dextrose 5 % in water (d5w)</i>	1	B/D PAR; MO
<i>dextrose 5 %-lactated ringers</i>	1	B/D PAR; MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	B/D PAR
<i>dextrose 5%-0.3 % sod.chloride</i>	1	B/D PAR
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	B/D PAR; MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	B/D PAR
<i>dextrose 70 % in water (d70w)</i>	1	B/D PAR
<i>disulfiram</i>	1	MO
<i>etidronate disodium</i>	1	MO
EVOXAC	3	MO
EXJADE	3	PAR; MO; LA
FERRIPROX	3	PAR; MO
FOSRENOL	3	ST; MO; QLL (90 per 30 days)
GLASSIA	3	PAR; MO; LA

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

Drug Name	Drug Tier	Requirements/Limits
HEXTEND	3	
INCRELEX	3	PAR; MO; LA
KAYEXALATE	3	MO
<i>kionex</i>	1	MO
<i>lactated ringers irrigation</i>	1	B/D PAR; MO
<i>levocarnitine (with sugar)</i>	1	B/D PAR; MO
<i>levocarnitine intravenous</i>	1	B/D PAR; MO
<i>levocarnitine oral tablet</i>	1	B/D PAR; MO
LITHOSTAT	3	MO
<i>lmd 10 % in 0.9 % sodium chlor</i>	3	
<i>lmd 10 % in 5 % dextrose</i>	3	
MARCAINE SPINAL (PF)	3	
<i>midodrine</i>	1	MO
<i>neomycin-polymyxin b gu</i>	1	MO
NEOSPORIN GU IRRIGANT	3	MO
NICOTROL	3	MO
NICOTROL NS	2	MO; QLL (120 per 30 days)
ORFADIN	2	MO; LA
PANHEMATIN	3	MO
PHYSIOLYTE	2	B/D PAR
PHYSIOSOL IRRIGATION	2	B/D PAR
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C	3	PAR; MO; LA
PROTOPAM CHLORIDE	3	
RAVICTI	3	MO
RECLAST	3	MO
RENAGEL	3	ST; MO
REVELA ORAL POWDER IN PACKET	3	MO; QLL (90 per 30 days)
REVELA ORAL TABLET	2	MO; QLL (270 per 30 days)
RILUTEK	3	MO
<i>riluzole</i>	1	MO
<i>ringers irrigation</i>	1	B/D PAR; MO
SALAGEN	3	MO
SENSORCAINE-MPF SPINAL	3	
<i>sevelamer carbonate</i>	1	MO; QLL (270 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	1	B/D PAR; MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	1	PAR; MO
<i>sodium polystyrene (sorb free)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sodium polystyrene sulfonate oral suspension</i>	1	
<i>sodium polystyrene sulfonate rectal</i>	1	
<i>sodium polystyrene sulfonate rectal</i>	1	
SOLIRIS	3	MO
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
SOTRADECOL	3	
<i>sps oral</i>	1	MO
<i>sps rectal</i>	1	
SURVANTA	3	
SYPRINE	3	MO
THIOLA	3	MO
VELPHORO	3	ST; MO; QLL (90 per 30 days)
<i>water for irrigation, sterile</i>	1	B/D PAR; MO
XENICAL	3	MO
XIAFLEX	3	MO
ZEMAIRA	3	PAR; MO; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	
<i>zoledronic acid-mannitol-water intravenous solution</i>	1	MO
ZYBAN	3	MO; QLL (60 per 30 days)
Ear, Nose / Throat Medications		
<i>acetazol hc</i>	1	MO
<i>acetic acid otic</i>	1	MO
<i>acetic acid-aluminum acetate</i>	1	MO
<i>antipyrine-benzocaine otic drops 5.4-1.4 %</i>	3	MO
ARESTIN	3	MO
ASTELIN	3	MO; QLL (30 per 25 days)
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	MO; QLL (30 per 25 days)
ATROVENT	3	MO; QLL (30 per 30 days)
<i>auroguard</i>	3	
<i>azelastine nasal</i>	1	MO; QLL (30 per 25 days)

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

Drug Name	Drug Tier	Requirements/Limits
BACTROBAN NASAL	3	MO
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CIPRO HC	3	MO
CIPRODEX	2	MO
<i>ciprofloxacin otic</i>	3	MO
CLINPRO 5000	3	MO
COLY-MYCIN S	3	MO
CORTISPORIN OTIC SOLUTION	3	MO
CORTISPORIN-TC	3	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic</i>	1	MO
<i>ofloxacin otic</i>	1	MO
<i>oralone</i>	1	MO
<i>otozin</i>	3	MO
<i>paroex oral rinse</i>	1	
PATANASE	2	MO; QLL (31 per 30 days)
<i>perio med</i>	3	MO
<i>periogard</i>	1	MO
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE	3	MO
<i>sf</i>	3	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride dental solution</i>	1	MO
<i>stannous fluoride</i>	3	MO
<i>triamcinolone acetonide dental</i>	1	MO
TYZINE NASAL DROPS 0.05 %	2	MO
VOSOL-HC	3	MO

Drug Name	Drug Tier	Requirements/Limits
Endocrine/Diabetes		
<i>a-hydrocort</i>	1	MO
<i>acarbose oral tablet 100 mg</i>	1	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QLL (180 per 30 days)
ACTHAR H.P.	3	PAR; MO
ACTHREL	3	MO
ACTOPLUS MET	3	MO; QLL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	2	MO; QLL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	2	MO; QLL (45 per 30 days)
ACTOS ORAL TABLET 15 MG	3	MO; QLL (90 per 30 days)
ACTOS ORAL TABLET 30 MG	3	MO; QLL (45 per 30 days)
ACTOS ORAL TABLET 45 MG	3	MO; QLL (30 per 30 days)
<i>alcohol pads</i>	1	
ALDURAZYME	3	PAR; MO
AMARYL ORAL TABLET 1 MG	3	MO; QLL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QLL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QLL (60 per 30 days)
ANADROL-50	3	PAR; MO
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	3	PAR; MO; QLL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ ACTUATION (1 %)	2	PAR; MO; QLL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	2	PAR; MO; QLL (150 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
20.25 MG/1.25 GRAM (1.62 %)		
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	2	PAR; MO; QLL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	2	PAR; MO; QLL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	2	PAR; MO; QLL (60 per 30 days)
ANDROID	3	MO
<i>androxy</i>	1	PAR; MO
APIDRA	2	ST; MO
APIDRA SOLOSTAR	2	ST; MO
ARISTOSPAN INTRA-ARTICULAR	3	MO
ARISTOSPAN INTRALESIONAL	3	
ARMOUR THYROID	3	PAR; MO
AVANDAMET ORAL TABLET 2-1,000 MG, 4-1,000 MG, 4-500 MG	3	PAR; MO; LA; QLL (60 per 30 days)
AVANDAMET ORAL TABLET 2-500 MG	3	PAR; MO; LA; QLL (120 per 30 days)
AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG	3	PAR; MO; LA; QLL (60 per 30 days)
AVANDARYL ORAL TABLET 4-4 MG, 8-2 MG, 8-4 MG	3	PAR; MO; LA; QLL (30 per 30 days)
AVANDIA ORAL TABLET 2 MG	3	PAR; MO; LA; QLL (120 per 30 days)
AVANDIA ORAL TABLET 4 MG	3	PAR; MO; LA; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AVANDIA ORAL TABLET 8 MG	3	PAR; MO; LA; QLL (30 per 30 days)
AVEED	3	MO
AXIRON	3	PAR; MO; QLL (90 per 1 day)
<i>betamethasone acet,sod phos</i>	3	MO
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	2	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	MO; QLL (1.2 per 30 days)
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	B/D PAR; MO
<i>calcitriol oral</i>	1	B/D PAR; MO
CELESTONE SOLUSPAN	3	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	PAR; MO
<i>chlorpropamide oral tablet 100 mg</i>	3	PAR; MO; QLL (225 per 30 days)
<i>chlorpropamide oral tablet 250 mg</i>	3	PAR; MO; QLL (90 per 30 days)
<i>chorionic gonadotropin, human</i>	3	B/D PAR; MO
CORTEF	3	MO
<i>cortisone</i>	1	MO
CYCLOSET	3	ST; MO; QLL (180 per 30 days)
CYTOMEL	3	MO
<i>danazol oral</i>	1	MO
DDAVP INJECTION	2	MO
DDAVP NASAL	3	MO
DDAVP ORAL	3	MO
DELATESTRYL	3	B/D PAR; MO
DEPO-MEDROL	3	B/D PAR; MO
DEPO-TESTOSTERONE	3	B/D PAR; MO
<i>desmopressin injection</i>	1	B/D PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>dexamethasone</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone sodium phos (pf)</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
DEXPAK 10 DAY	3	MO
DEXPAK 13 DAY	3	MO
DEXPAK 6 DAY	3	MO
DIABETA ORAL TABLET 1.25 MG	3	PAR; MO; QLL (480 per 30 days)
DIABETA ORAL TABLET 2.5 MG	3	PAR; MO; QLL (240 per 30 days)
DIABETA ORAL TABLET 5 MG	3	PAR; MO; QLL (120 per 30 days)
<i>doxercalciferol intravenous</i>	1	B/D PAR
<i>doxercalciferol oral</i>	3	B/D PAR; MO
DUETACT	3	MO; QLL (30 per 30 days)
ELAPRASE	3	PAR; MO
ELELYSO	3	PAR; MO
FABRAZYME	3	PAR; MO
FARXIGA	3	MO; QLL (30 per 30 days)
FLO-PRED	3	
<i>fludrocortisone</i>	1	MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	MO; QLL (75 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QLL (150 per 30 days)
FORTESTA	3	PAR; MO; QLL (120 per 30 days)
<i>fortical</i>	1	MO; QLL (4 per 30 days)
<i>gauze pads 2 x 2</i>	1	QLL (200 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 4 mg</i>	1	MO; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QLL (120 per 30 days)
GLUCAGEN	2	
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QLL (76 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QLL (153 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QLL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QLL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QLL (80 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QLL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QLL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QLL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QLL (120 per 30 days)
GLUCOVANCE	3	PAR; MO; QLL (120 per 30 days)
GLUMETZA ORAL TABLET, ER GAST.RETENTION 24 HR 1,000 MG	3	MO; QLL (60 per 30 days)
GLUMETZA ORAL TABLET, ER GAST.RETENTION 24 HR 500 MG	3	MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	3	PAR; MO; QLL (60 per 60 days)
<i>glyburide oral tablet 1.25 mg</i>	3	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	3	PAR; MO; QLL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	3	PAR; MO; QLL (120 per 30 days)
GLYNASE ORAL TABLET 1.5 MG	3	PAR; MO; QLL (240 per 30 days)
GLYNASE ORAL TABLET 3 MG	3	PAR; MO; QLL (120 per 30 days)
GLYNASE ORAL TABLET 6 MG	3	PAR; MO; QLL (60 per 60 days)
GLYSET ORAL TABLET 100 MG	3	MO; QLL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QLL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QLL (180 per 30 days)
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML (1 ML)	2	PAR

Drug Name	Drug Tier	Requirements/Limits
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	2	PAR; MO
HECTOROL ORAL	3	PAR; MO
HUMALOG	2	MO
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50-50	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMAPEN LUXURA HD	2	MO; QLL (200 per 30 days)
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN	2	MO
HUMULIN 70/30 PEN	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN	2	MO
HUMULIN N PEN	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 "CONCENTRATED"	3	MO
<i>hydrocortisone oral</i>	1	MO
INSULIN PEN NEEDLE	2	MO; QLL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	MO; QLL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 1 ML	2	QLL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO; QLL (200 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	MO; QLL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	MO; QLL (30 per 30 days)
JANUMET	2	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JANUVIA ORAL TABLET 100 MG	2	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	2	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	2	MO; QLL (60 per 30 days)
JENTADUETO	3	MO; QLL (60 per 30 days)
KAZANO	2	MO; QLL (60 per 30 days)
KENALOG INJECTION	3	MO
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QLL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QLL (30 per 30 days)
KORLYM	3	MO
KUVAN ORAL POWDER IN PACKET	3	PAR; MO; LA
KUVAN ORAL TABLET,SOLUBLE	2	PAR; MO; LA
LANTUS SOLOSTAR	2	MO
LANTUS SUBCUTANEOUS SOLUTION	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXPEN	2	MO
LEVEMIR FLEXTOUCH	2	MO
LEVOTHYROXINE INTRAVENOUS	3	MO
<i>levothyroxine intravenous</i>	3	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous</i>	1	
<i>liothyronine oral</i>	1	MO
LUMIZYME	3	MO; LA
MEDROL	3	MO
MEDROL (PAK)	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QLL (76 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 500 mg</i>	1	MO; QLL (153 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QLL (80 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	MO; QLL (75 per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	MO; QLL (150 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
METHITEST	3	MO
<i>methylprednisolone</i>	1	MO
<i>methylprednisolone acetate</i>	1	B/D PAR; MO
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	1	B/D PAR; MO
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	1	B/D PAR
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	B/D PAR; MO
MIACALCIN INJECTION	3	B/D PAR; MO
MIACALCIN NASAL	3	MO; QLL (4 per 30 days)
<i>millipred dp</i>	1	MO
MILLIPRED ORAL SOLUTION	3	MO
<i>millipred oral tablet</i>	1	MO
MYALEPT	3	MO; LA
MYOZYME	3	PAR; MO
NAGLAZYME	3	PAR; MO; LA
<i>nateglinide oral tablet 120 mg</i>	1	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QLL (180 per 30 days)
NEEDLES, INSULIN DISP,SAFETY	2	QLL (200 per 30 days)
NESINA ORAL TABLET 12.5 MG	2	MO; QLL (60 per 30 days)
NESINA ORAL TABLET 25 MG	2	MO; QLL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NESINA ORAL TABLET 6.25 MG	2	MO; QLL (120 per 30 days)
<i>novarel</i>	3	B/D PAR; MO
NOVOLIN 70/30	2	MO
NOVOLIN N	2	MO
NOVOLIN R	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70-30	2	MO
NOVOLOG MIX 70-30 FLEXPEN	2	MO
NOVOLOG PENFILL	2	MO
NOVOPEN ECHO	2	MO; QLL (200 per 30 days)
<i>np thyroid</i>	3	PAR; MO
ONGLYZA ORAL TABLET 2.5 MG	2	MO; QLL (60 per 30 days)
ONGLYZA ORAL TABLET 5 MG	2	MO; QLL (30 per 30 days)
ORAPRED	3	MO
ORAPRED ODT	3	MO
OSENI ORAL TABLET 12.5-15 MG	2	MO; QLL (60 per 30 days)
OSENI ORAL TABLET 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	MO; QLL (30 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	1	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PAR; MO; QLL (120 per 30 days)
<i>pamidronate</i>	1	B/D PAR; MO
<i>paricalcitol</i>	1	B/D PAR; MO
PEDIAPRED	3	
<i>pioglitazone oral tablet 15 mg</i>	1	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	1	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	1	MO; QLL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QLL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QLL (90 per 30 days)
PITRESSIN	3	

Drug Name	Drug Tier	Requirements/Limits
PRANDIMET	3	MO; QLL (150 per 30 days)
PRANDIN ORAL TABLET 0.5 MG	3	MO; QLL (960 per 30 days)
PRANDIN ORAL TABLET 1 MG	3	MO; QLL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	3	MO; QLL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QLL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QLL (180 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	3	
<i>prednisone intensol</i>	1	MO
<i>prednisone oral</i>	1	MO
PREGNYL	3	B/D PAR; MO
PROGLYCEM	3	MO
<i>propylthiouracil</i>	1	MO
RAYOS	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QLL (240 per 30 days)
RIOMET	3	MO; QLL (765 per 30 days)
ROCALTROL	3	B/D PAR; MO
SAMSCA ORAL TABLET 15 MG	3	PAR; MO; QLL (120 per 30 days)
SAMSCA ORAL TABLET 30 MG	3	PAR; MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	2	MO; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	2	MO; QLL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF	3	MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML	3	
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	MO
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML	3	B/D PAR; MO
SOLU-MEDROL (PF) INJECTION RECON SOLN 40 MG/ML	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	B/D PAR; MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	3	B/D PAR; MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	B/D PAR
SOMAVERT	3	PAR; MO; LA
STARLIX ORAL TABLET 120 MG	3	MO; QLL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QLL (180 per 30 days)
STIMATE	2	MO
STRIANT	3	MO
SYMLINPEN 120	3	PAR; MO; QLL (11 per 30 days)
SYMLINPEN 60	2	PAR; MO; QLL (6 per 30 days)
SYNAREL	3	PAR; MO
SYNTHROID	2	MO
TANZEUM	3	QLL (4 per 28 days)
TAPAZOLE	3	MO
TESTIM	2	PAR; MO; QLL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TESTOPEL	3	MO
<i>testosterone cypionate</i>	1	B/D PAR; MO
<i>testosterone enanthate</i>	1	B/D PAR; MO
TESTRED	3	MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
TIROSINT	3	MO
<i>tolazamide oral tablet 250 mg</i>	1	MO; QLL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QLL (60 per 30 days)
<i>tolbutamide</i>	1	MO; QLL (180 per 30 days)
TRADJENTA	3	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
TRIESENCE (PF)	3	MO
TRIOSTAT	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>vasopressin</i>	3	MO
<i>veripred 20</i>	1	MO
VICTOZA 2-PAK	2	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	2	MO; QLL (9 per 30 days)
VIMIZIM	3	PAR; MO
VPRIV	3	PAR; MO
ZAVESCA	3	PAR; MO; LA
ZEMPLAR	3	B/D PAR; MO
<i>zoledronic acid intravenous recon soln</i>	1	PAR
<i>zoledronic acid intravenous solution</i>	1	PAR; MO
ZOMETA	3	PAR; MO

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

Drug Name	Drug Tier	Requirements/Limits
Gastroenterology		
ACIPHEX	3	MO; QLL (30 per 30 days)
ACIPHEX SPRINKLE	3	MO; QLL (30 per 30 days)
ACTIGALL	3	MO
ALOXI	2	MO
AMITIZA	3	MO
<i>amoxicil-clarithromy-lansopraz</i>	3	MO
ANTIVERT ORAL TABLET 12.5 MG, 25 MG	3	MO
ANUSOL-HC RECTAL CREAM	3	MO
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML, 20 MG/ML	3	MO
ANZEMET INTRAVENOUS SOLUTION 12.5 MG/0.625 ML	3	MO
ANZEMET ORAL	3	B/D PAR; MO; QLL (5 per 30 days)
APRISO	2	MO
ASACOL HD	2	MO
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	B/D PAR
AXID ORAL SOLUTION	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide</i>	1	MO
BENTYL INTRAMUSCULAR	3	MO
BENTYL ORAL CAPSULE	3	MO
BENTYL ORAL TABLET	3	MO
<i>budesonide oral</i>	1	MO
CANASA	2	MO
CANTIL	3	MO
CARAFATE	3	MO
CESAMET	3	B/D PAR; MO
CHENODAL	3	MO; LA
<i>cimetidine</i>	3	MO
<i>cimetidine hcl oral</i>	3	MO
CIMZIA	3	PAR; MO; QLL (6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
CIMZIA POWDER FOR RECONST	3	PAR; MO; QLL (6 per 28 days)
CIMZIA STARTER KIT	3	PAR; MO; QLL (6 per 28 days)
COLAZAL	3	MO
<i>colocort</i>	1	MO
COLYTE WITH FLAVOR PACKS	3	MO
COMPAZINE ORAL	3	PAR
COMPAZINE RECTAL	3	PAR; MO
<i>compro</i>	1	PAR; MO
<i>constulose</i>	1	MO
CORTENEMA	3	MO
CORTIFOAM	3	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CUVPOSA	3	MO
CYSTADANE	3	MO
CYTOTEC	3	MO
DELZICOL	2	MO
DEXILANT	3	MO; QLL (30 per 30 days)
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>dimenhydrinate injection solution</i>	3	MO
DIPENTUM	3	MO
<i>diphenoxylate-atropine</i>	1	MO
<i>dronabinol</i>	1	B/D PAR; MO; QLL (120 per 30 days)
<i>droperidol injection solution</i>	3	MO
EMEND INTRAVENOUS RECON SOLN 150 MG	3	MO
EMEND ORAL CAPSULE 125 MG	2	B/D PAR; MO; QLL (4 per 30 days)
EMEND ORAL CAPSULE 40 MG	2	B/D PAR; MO; QLL (1 per 1 day)
EMEND ORAL CAPSULE 80 MG	2	B/D PAR; MO; QLL (8 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EMEND ORAL CAPSULE,DOSE PACK	2	B/D PAR; MO; QLL (12 per 30 days)
ENTEREG	3	
ENTOCORT EC	3	MO
<i>enulose</i>	1	MO
<i>esomeprazole sodium</i>	1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG	3	MO; QLL (30 per 30 days)
<i>famotidine (pf)</i>	1	B/D PAR; MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	B/D PAR
<i>famotidine intravenous</i>	1	B/D PAR; MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
FULYZAQ	3	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	3	MO
GATTEX ONE-VIAL	3	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
GIAZO	3	MO
GLYCATE	3	
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral</i>	1	MO
GOLYTELY	3	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	MO
<i>granisetron intravenous</i>	1	MO
<i>granisetron oral</i>	1	B/D PAR; MO; QLL (30 per 30 days)
<i>granisol</i>	3	B/D PAR; MO; QLL (150 per 30 days)
<i>hydrocortisone rectal enema</i>	1	MO
KRISTALOSE	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	1	MO; QLL (30 per 30 days)
LIALDA	2	MO
LINZESS	2	MO
LOMOTIL	3	MO
<i>loperamide oral capsule</i>	1	MO
LOTRONEX	3	PAR; MO; QLL (60 per 30 days)
MARINOL	3	B/D PAR; MO; QLL (120 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>methscopolamine oral</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	B/D PAR; MO
<i>metoclopramide hcl injection syringe</i>	1	B/D PAR
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
METOZOLV ODT ORAL TABLET,DISINTEGRATING 5 MG	3	MO
<i>misoprostol</i>	1	MO
MOTOFEN	3	MO
MOVIPREP	3	MO
NEXIUM	3	MO; QLL (30 per 30 days)
NEXIUM IV INTRAVENOUS RECON SOLN 20 MG	2	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	2	MO
NEXIUM PACKET	3	MO; QLL (30 per 30 days)
<i>nizatidine oral capsule</i>	1	MO
<i>nizatidine oral solution</i>	3	MO
NULYTELY WITH FLAVOR PACKS	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
OMECLAMOX-PAK	3	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	MO; QLL (30 per 30 days)
<i>omeprazole-sodium bicarbonate</i>	1	MO; QLL (30 per 30 days)
<i>ondansetron</i>	1	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	B/D PAR; MO
<i>ondansetron hcl (pf) injection syringe</i>	1	B/D PAR
<i>ondansetron hcl intravenous solution</i>	1	B/D PAR; MO
<i>ondansetron hcl oral solution</i>	1	B/D PAR; MO; QLL (450 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PAR; MO; QLL (90 per 30 days)
<i>opium tincture oral tincture</i>	1	MO
OSMOPREP	2	MO
PAMINE	3	MO
PAMINE FORTE	3	MO
PANCREAZE	3	MO
<i>pancrelipase 5000</i>	3	MO
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral</i>	1	MO; QLL (30 per 30 days)
<i>paregoric</i>	1	MO
<i>peg 3350-electrolytes</i>	1	MO
<i>peg-3350 with flavor packs</i>	1	MO
<i>peg-electrolyte soln</i>	1	
PENTASA	2	MO
PEPCID	3	MO
PERTZYE	3	MO
<i>polyethylene glycol 3350 oral</i>	1	MO
PREPOPIK	3	MO
PREVACID	3	MO; QLL (30 per 30 days)
PREVACID SOLUTAB	3	MO; QLL (30 per 30 days)
PREVPAC	3	MO

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	MO; QLL (30 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	MO
<i>prochlorperazine</i>	1	PAR; MO
<i>prochlorperazine edisylate</i>	1	PAR; MO
<i>prochlorperazine maleate oral</i>	1	PAR; MO
<i>procto-pak</i>	1	MO
PROCTOCORT RECTAL CREAM	3	MO
PROCTOFOAM HC	3	MO
<i>proctozone-hc</i>	1	MO
<i>propantheline</i>	1	MO
PROTONIX INTRAVENOUS	3	MO
PROTONIX ORAL	3	MO; QLL (30 per 30 days)
PYLERA	3	MO
<i>rabeprazole</i>	1	MO; QLL (30 per 30 days)
<i>ranitidine hcl injection</i>	1	B/D PAR; MO
<i>ranitidine hcl oral capsule</i>	3	MO
<i>ranitidine hcl oral syrup</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
RECTIV	3	MO
REGLAN ORAL	3	MO
RELISTOR SUBCUTANEOUS KIT	3	PAR; MO
RELISTOR SUBCUTANEOUS SOLUTION	3	PAR; MO
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PAR; MO
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	PAR; MO
REMICADE	2	PAR; MO
ROBINUL	3	MO
ROBINUL FORTE	3	MO
ROWASA	3	MO
SANCUSO	3	PAR; MO; QLL (4 per 28 days)
SFROWASA	3	MO
SUCLEAR	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
SUCRAID	3	MO
<i>sucralfate oral suspension</i>	3	MO
<i>sucralfate oral tablet</i>	1	MO
<i>sulfasalazine</i>	1	MO
<i>sulfazine</i>	1	MO
<i>sulfazine ec</i>	1	MO
SUPREP	3	MO
TIGAN INTRAMUSCULAR	3	PAR; MO
TIGAN ORAL CAPSULE 300 MG	3	PAR; MO
TRANSDERM-SCOP	3	MO; QLL (4 per 12 days)
<i>trilyte with flavor packets</i>	1	MO
<i>trimethobenzamide oral</i>	3	PAR; MO
UCERIS	3	MO
ULTRESA	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol</i>	1	MO
VIOKACE	3	MO
ZANTAC INJECTION	3	B/D PAR; MO
ZANTAC ORAL TABLET	3	MO
ZEGERID	3	MO; QLL (30 per 30 days)
ZENPEP	3	MO
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	2	B/D PAR; MO
ZOFRAN (AS HYDROCHLORIDE) ORAL SOLUTION	3	B/D PAR; MO; QLL (450 per 30 days)
ZOFRAN (AS HYDROCHLORIDE) ORAL TABLET	3	B/D PAR; MO; QLL (90 per 30 days)
ZOFRAN ODT	3	B/D PAR; MO; QLL (90 per 30 days)
ZUPLENZ	3	B/D PAR; MO
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	2	MO
ACTIMMUNE	3	PAR; MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	MO

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE)	2	PAR; MO
ARCALYST	3	PAR; MO
ATGAM	3	B/D PAR
AVONEX INTRAMUSCULAR KIT	3	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	3	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	3	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	3	PAR; MO; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	2	
BETASERON SUBCUTANEOUS KIT	3	PAR; MO
BIVIGAM	2	PAR; MO
BOOSTRIX TDAP	2	MO
BOTOX	2	PAR; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	3	PAR
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 3 GRAM	3	PAR
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE	2	MO
COMVAX (PF)	2	MO
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT	2	PAR; MO
EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG	3	MO
ENGERIX-B (PF)	2	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	2	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	B/D PAR
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML,	2	PAR; MO; QLL (12 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML		
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	3	PAR; MO; QLL (12 per 28 days)
EXTAVIA SUBCUTANEOUS KIT	3	PAR; MO
EXTAVIA SUBCUTANEOUS RECON SOLN	3	PAR
FLEBOGAMMA DIF	3	PAR; MO
<i>fomepizole</i>	1	MO
GAMASTAN S/D INTRAMUSCULAR SOLUTION	2	PAR; MO
GAMMAGARD LIQUID	2	PAR; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	2	PAR; MO
GAMMAKED	3	PAR; MO
GAMMAPLEX	3	PAR; MO
GAMUNEX-C	3	PAR; MO
GARDASIL (PF)	2	MO
GENOTROPIN	3	PAR; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	2	PAR; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	3	PAR; MO
GRANIX	3	MO
GRASTEK	3	PAR; MO; QLL (30 per 30 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML	3	
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML (5 ML)	3	MO
HIZENTRA	3	PAR; MO
HUMATROPE INJECTION CARTRIDGE 12 (36 UNIT) MG, 6 (18 UNIT) MG	3	PAR; MO
HUMATROPE INJECTION CARTRIDGE 24 (72 UNIT) MG	2	PAR; MO
HUMATROPE INJECTION RECON SOLN	3	PAR; MO
HYPERHEP B S-D NEONATAL	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	3	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	3	MO
HYPERTET S/D (PF)	3	MO
ILARIS (PF)	3	PAR; MO; LA
IMOGAM RABIES-HT (PF)	3	
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION RECON SOLN	2	PAR; MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	2	PAR; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	3	PAR; MO
IPOLE	2	MO
IXIARO (PF)	2	MO
KINRIX (PF)	3	
LEUKINE INJECTION RECON SOLN	2	PAR; MO
M-M-R II (PF)	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENOMUNE - A/C/Y/W-135	2	
MENOMUNE - A/C/Y/W-135 (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
MICRHOGAM ULTRA-FILTERED PLUS	3	
MOZOBIL	3	PAR; MO
MYOBLOC	3	PAR; MO
NABI-HB	3	MO
NEULASTA	3	PAR; MO; QLL (2 per 28 days)
NEUMEGA	3	PAR; MO; QLL (21 per 21 days)
NEUPOGEN	2	PAR; MO
NORDITROPIN FLEXPRO	3	PAR; MO
NORDITROPIN NORDIFLEX SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	3	PAR; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	3	PAR; MO

Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 5 MG/2 ML (2.5 MG/ML)	2	PAR; MO
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	3	PAR; MO
OMNITROPE	3	PAR; MO
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	2	MO
PEGASYS	3	PAR; MO
PEGASYS PROCLICK	3	PAR; MO
PEGINTRON	2	PAR; MO
PEGINTRON REDIPEN	2	PAR; MO
PENTACEL (PF)	3	MO
PRIVIGEN	3	PAR; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PAR; MO; QLL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	3	PAR; MO; QLL (12 per 28 days)
PROLEUKIN	3	B/D PAR; MO
PROQUAD (PF)	2	
RABAVERT (PF)	2	MO
RAGWITEK	3	PAR; MO; QLL (30 per 30 days)
REBIF (WITH ALBUMIN)	3	PAR; MO
REBIF REBIDOSE	3	PAR; MO
REBIF TITRATION PACK	3	PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	B/D PAR
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	B/D PAR
RHOGAM ULTRA-FILTERED PLUS	3	MO
RHOPHYLAC	3	

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

Drug Name	Drug Tier	Requirements/Limits
ROTARIX	2	
ROTATEQ VACCINE	2	
SAIZEN CLICK.EASY	3	PAR; MO
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	2	PAR; MO
SAIZEN SUBCUTANEOUS RECON SOLN 8.8 MG	3	MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PAR; MO
SYLATRON	3	PAR; MO
SYLATRON 4-PACK SUBCUTANEOUS KIT 296 MCG, 444 MCG	3	PAR; MO
TENIVAC (PF)	3	MO
<i>tetanus toxoid,adsorbed (pf)</i>	1	MO
TETANUS,DIPHThERIA	2	MO
TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/ 0.5 ML		
TETANUS-DIPHThERIA	2	MO
TOXOIDS-TD		
TEV-TROPIN	2	PAR; MO
THERACYS	3	MO
THYMOGLOBULIN	3	B/D PAR
TICE BCG	2	MO
TWINRIX (PF)	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION		
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	MO
VARIVAX (PF)	2	MO
VARIZIG	2	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT/1.3 ML, 2,500 UNIT/2.2 ML, 5,000 UNIT/4.4 ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
WINRHO SDF INJECTION SOLUTION 15,000 UNIT/13 ML	3	
XEOMIN	2	PAR; MO
YF-VAX (PF)	2	MO
ZORBTIVE	3	PAR; MO
ZOSTAVAX (PF)	2	MO
Musculoskeletal / Rheumatology		
ACTEMRA	3	PAR; MO
ACTONEL ORAL TABLET 150 MG	2	ST; MO; QLL (1 per 28 days)
ACTONEL ORAL TABLET 35 MG	2	ST; MO; QLL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	2	ST; MO; QLL (30 per 30 days)
<i>alendronate oral solution</i>	1	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QLL (4 per 28 days)
<i>allopurinol</i>	1	MO
<i>aloprim</i>	1	B/D PAR
ARAVA	3	MO
ATELVIA	3	MO; QLL (4 per 28 days)
BENLYSTA	3	PAR; MO
BINOSTO	3	MO; QLL (4 per 28 days)
BONIVA INTRAVENOUS	2	B/D PAR; MO
BONIVA ORAL	3	ST; MO; QLL (1 per 28 days)
<i>colchicine-probenecid</i>	1	MO
COLCRYS	2	MO
CUPRIMINE	3	MO
DEPEN TITRATABS	3	MO
ENBREL SUBCUTANEOUS KIT	2	PAR; MO; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	2	PAR; MO; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	2	PAR; MO; QLL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK	2	PAR; MO; QLL (8 per 28 days)
EVISTA	2	MO; QLL (30 per 30 days)
FORTEO	3	PAR; MO; QLL (3 per 28 days)
FOSAMAX ORAL TABLET 70 MG	2	ST; MO; QLL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QLL (4 per 28 days)
HUMIRA CROHN'S DIS START PCK	2	PAR; MO; QLL (4.8 per 365 days)
HUMIRA PEN	2	PAR; MO; QLL (3.2 per 28 days)
HUMIRA PSORIASIS STARTER PACK	2	PAR; MO; QLL (3.2 per 28 days)
HUMIRA SUBCUTANEOUS KIT 20 MG/0.4 ML	2	PAR; MO; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS KIT 40 MG/0.8 ML	2	PAR; MO; QLL (3.2 per 28 days)
IBANDRONATE INTRAVENOUS SOLUTION	2	B/D PAR; MO
<i>ibandronate oral</i>	1	MO; QLL (1 per 28 days)
KINERET	2	PAR; MO; QLL (28 per 28 days)
<i>leflunomide</i>	1	MO
ORENCIA	3	PAR; MO; QLL (4 per 28 days)
ORENCIA (WITH MALTOSE)	3	PAR; MO
OTREXUP (PF)	3	MO
<i>probenecid</i>	1	MO
PROLIA	2	PAR; MO; QLL (2 per 365 days)
<i>raloxifene</i>	1	MO; QLL (30 per 30 days)
RIDAURA	3	MO
SAVELLA ORAL TABLET 100 MG	2	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	2	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	2	MO; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLET 50 MG	2	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QLL (1 per 365 days)
SIMPONI	2	PAR; MO; QLL (1 per 28 days)
SIMPONI ARIA	3	PAR; MO
ULORIC	2	MO
XELJANZ	3	PAR; MO; QLL (60 per 30 days)
ZYLOPRIM	3	MO
Obstetrics / Gynecology		
ACTIVELLA	3	PAR; MO
ALORA	3	PAR; MO; QLL (8 per 28 days)
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethia</i>	1	MO
<i>amethia lo</i>	3	MO
<i>amethyst</i>	1	MO
ANGELIQ	3	PAR; MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra</i>	3	MO
AVC VAGINAL	3	MO
<i>aviane</i>	1	MO
AYGESTIN	3	MO
<i>azurette (28)</i>	1	MO
<i>balziva (28)</i>	1	MO
BEYAZ	3	MO
BREVICON (28)	3	MO
<i>briellyn</i>	1	MO
<i>camila</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant (28)</i>	1	MO
CENESTIN	3	PAR; MO
CERVIDIL	3	MO
<i>chateal</i>	3	MO
CLEOCIN VAGINAL	3	MO
CLIMARA	3	PAR; MO; QLL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO	3	PAR; MO; QLL (4 per 28 days)
<i>clindamycin phosphate vaginal</i>	1	MO
CLINDESSE	3	MO
COMBIPATCH	3	PAR; MO; QLL (8 per 28 days)
CRINONE	3	MO
<i>cryselle (28)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO
CYCLESSA (28)	3	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	2	MO
DEPO-PROVERA	3	B/D PAR; MO
DEPO-SUBQ PROVERA 104	2	B/D PAR; MO
DESOGEN	3	MO
<i>desogestrel-ethinyl estradiol</i>	3	
DIVIGEL	3	PAR; MO
<i>drospirenone-ethinyl estradiol</i>	1	
DUAVEE	3	PAR; MO; QLL (30 per 30 days)
ELESTRIN	3	PAR; MO
<i>elinest</i>	1	MO
ELLA	2	MO
EMOQUETTE	2	MO
ENJUVIA	3	PAR; MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
ESTRACE ORAL	3	PAR; MO
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	1	PAR; MO
<i>estradiol transdermal</i>	1	PAR; MO; QLL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	3	PAR; MO
ESTRASORB	3	PAR; MO
ESTRING	3	MO; QLL (1 per 90 days)

Drug Name	Drug Tier	Requirements/Limits
<i>estropipate</i>	3	PAR; MO
ESTROSTEP FE-28	3	MO
EVAMIST	3	PAR; MO
<i>falmina (28)</i>	1	MO
FEMCON FE	3	MO
FEMHRT LOW DOSE	3	PAR; MO
FEMRING	3	MO; QLL (1 per 90 days)
GENERESS FE	3	MO
<i>gianvi (28)</i>	1	MO
<i>gildagia</i>	1	MO
<i>gildess</i>	1	MO
<i>gildess fe</i>	1	MO
GYNAZOLE-1 VAGINAL CREAM	3	MO
<i>heather</i>	1	MO
HEMABATE	3	
<i>introvale</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	3	PAR; MO
<i>jolessa</i>	1	MO
<i>jolivette</i>	1	MO
<i>junel 1.5/30 (21)</i>	1	MO
<i>junel 1/20 (21)</i>	1	MO
<i>junel fe 1.5/30 (28)</i>	1	MO
<i>junel fe 1/20 (28)</i>	1	MO
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kurvelo</i>	3	MO
<i>l norgestrel estradiol-e estrad</i>	3	MO
<i>larin 1/20 (21)</i>	3	
<i>larin fe</i>	3	MO
<i>leena 28</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel</i>	3	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	MO
<i>levora-28</i>	1	MO
LO LOESTRIN FE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LO MINASTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28)	3	MO
LOESTRIN FE 1/20 (28)	3	MO
<i>lomedica 24 fe</i>	1	MO
<i>loryna (28)</i>	1	MO
LOSEASONIQUE	3	MO
<i>low-ogestrel (28)</i>	1	MO
LUPANETA PACK (1 MONTH)	3	PAR; MO
LUPANETA PACK (3 MONTH)	3	PAR; MO
<i>lutura (28)</i>	1	MO
LYSTEDA	3	MO
<i>lyza</i>	1	
MAKENA	3	PAR; MO
<i>marlissa</i>	1	MO
<i>medroxyprogesterone intramuscular</i>	1	B/D PAR; MO
<i>medroxyprogesterone oral</i>	1	MO
MENEST	3	PAR; MO
MENOSTAR	3	PAR; MO; QLL (4 per 28 days)
<i>methylegonovine injection</i>	3	MO
<i>methylegonovine oral</i>	1	MO
METROGEL VAGINAL	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO; QLL (6 per 30 days)
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mimvey</i>	3	PAR; MO
MINASTRIN 24 FE	3	MO
MINIVELLE	3	PAR; MO; QLL (8 per 28 days)
MIRCETTE (28)	3	MO
MIRENA	3	MO
MODICON (28)	3	MO
<i>mono-linyah</i>	1	MO
<i>mononessa (28)</i>	1	MO
<i>my way</i>	1	
<i>myzilra</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>necon 1/35 (28)</i>	1	MO
<i>necon 1/50 (28)</i>	1	MO
<i>necon 10/11 (28)</i>	1	MO
<i>necon 7/7/7 (28)</i>	1	MO
NEXPLANON	3	MO
<i>next choice one dose</i>	3	
NOR-QD	3	MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	MO
NORINYL 1+35 (28)	3	MO
NORINYL 1+50 (28)	3	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
NUVARING	3	MO
<i>ocella</i>	1	MO
<i>ogestrel (28)</i>	1	MO
<i>orsythia</i>	1	MO
ORTHO EVRA	3	MO
ORTHO MICRONOR	3	MO
ORTHO TRI-CYCLEN (28)	3	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-CEPT (28)	3	MO
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
OVCON-35 (28)	3	MO
<i>oxytocin injection solution</i>	3	MO
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	3	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	1	MO
PITOCIN	3	
PLAN B ONE-STEP	3	MO
<i>portia</i>	1	MO
PREFEST	3	PAR; MO
PREMARIN INJECTION	3	B/D PAR; MO

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	PAR; MO
PREMPRO	3	PAR; MO
PREPIDIL	3	
<i>previfem</i>	1	MO
<i>progesterone</i>	3	MO
<i>progesterone in oil</i>	3	MO
<i>progesterone micronized</i>	1	ST; MO
PROMETRIUM	3	ST; MO
PROVERA	3	MO
QUARTETTE	3	MO
<i>quasense</i>	1	MO
<i>reclipsen (28)</i>	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
SKYLA	3	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
TERAZOL 3 VAGINAL CREAM	3	MO
TERAZOL 7	3	MO
<i>terconazole</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
TRI-NORINYL (28)	3	MO
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trinessa (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
VAGIFEM	3	MO
<i>vandazole</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>viorele (28)</i>	1	MO
VIVELLE-DOT	3	PAR; MO; QLL (8 per 28 days)
<i>vyfemla (28)</i>	1	MO
<i>wera (28)</i>	3	MO
<i>wymzya fe</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>xulane</i>	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>zarah</i>	1	MO
<i>zazole</i>	1	
<i>zenchent (28)</i>	1	MO
<i>zenchent fe</i>	1	MO
<i>zeosa</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zovia 1/50e (28)</i>	1	MO
Ophthalmology		
<i>acetazolamide oral</i>	1	MO
<i>acetazolamide sodium</i>	1	
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
<i>ak-poly-bac</i>	1	MO
AKTEN (PF)	3	MO
ALOCRIAL	3	MO
ALOMIDE	3	MO
ALPHAGAN P	2	MO
OPHTHALMIC DROPS 0.1 %		
ALPHAGAN P	3	MO
OPHTHALMIC DROPS 0.15 %		
ALREX	3	MO
<i>apraclonidine</i>	1	MO
AZASITE	3	MO
<i>azelastine ophthalmic</i>	1	MO
AZOPT	3	MO
<i>bacitracin ophthalmic</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic</i>	1	MO
<i>balanced salt</i>	3	
BEPREVE	3	MO
BESIVANCE	3	MO
BETAGAN OPHTHALMIC DROPS 0.5 %	3	MO
<i>betaxolol ophthalmic</i>	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
BLEPH-10	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine</i>	1	MO
<i>bromfenac</i>	3	MO
<i>bss</i>	3	MO
BSS PLUS	3	
<i>carteolol</i>	1	MO
CILOXAN	3	MO
<i>ciprofloxacin ophthalmic</i>	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
<i>cromolyn ophthalmic</i>	1	MO
CYCLOGYL	3	MO
<i>cyclopentolate ophthalmic drops 1 %</i>	3	MO
<i>cyclopentolate ophthalmic drops 2 %</i>	1	
CYSTARAN	3	MO
<i>dexamethasone sodium phosphate ophthalmic</i>	1	MO
DIAMOX SEQUELS	3	MO
<i>diclofenac sodium ophthalmic</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
DUREZOL	2	MO
ELESTAT	3	MO
EMADINE	3	MO
<i>epinastine</i>	1	MO
<i>erythromycin ophthalmic</i>	1	MO
EYLEA	3	MO
FLAREX	3	MO
<i>fluorescein-benoxinate</i>	3	
<i>fluorescein-proparacaine</i>	3	
<i>fluorometholone</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>flurox</i>	3	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	3	MO
<i>garamycin ophthalmic drops</i>	1	
<i>gatifloxacin</i>	3	MO
<i>gentak</i>	1	MO
<i>gentamicin ophthalmic drops</i>	1	MO
<i>gentamicin ophthalmic ointment</i>	1	
ILEVRO	3	MO

Drug Name	Drug Tier	Requirements/Limits
ILOTYCIN	3	MO
IOPIDINE	3	MO
ISOPTO CARPINE	3	MO
ISTALOL	3	MO
JETREA (PF)	3	MO
<i>ketorolac ophthalmic</i>	1	MO
LACRISERT	2	MO
LASTACAFT	3	MO
<i>latanoprost</i>	1	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic</i>	1	MO
LOTEMAX	3	MO
LUCENTIS	3	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	2	MO
MAXIDEX	3	MO
MAXITROL	3	MO
<i>methazolamide oral</i>	1	MO
<i>metipranolol</i>	1	MO
<i>miostat</i>	3	
MOXEZA	2	MO
MYDRIACYL	3	MO
<i>naphazoline</i>	1	MO
NATACYN	2	MO
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-dexameth</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic</i>	1	MO
NEOSPORIN (NEO-POLYM-GRAMICID)	3	MO
NEPTAZANE	3	MO
NEVANAC	2	MO
OCUFEN	3	MO
OCUFLOX	3	MO
<i>ofloxacin ophthalmic</i>	1	MO
OMNIPRED	3	MO
OPTIVAR	3	MO
OZURDEX	3	MO
PATADAY	2	MO

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Drug Name	Drug Tier	Requirements/Limits
PATANOL	2	MO
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl ophthalmic drops</i> 1 %, 2 %, 4 %	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
POLYTRIM	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate</i> <i>ophthalmic</i>	1	MO
PROLENSA	3	MO
RESCULA	3	MO
RESTASIS	2	MO
RETISERT	3	MO
SIMBRINZA	3	MO
<i>sulfacetamide sodium ophthalmic</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
<i>tetracaine hcl</i>	3	MO
<i>tetracaine hcl (pf) ophthalmic</i>	3	MO
TETRAVISC	3	
TETRAVISC FORTE	3	
OPHTHALMIC DROPS,HYPERVISCIOUS		
<i>timolol maleate ophthalmic</i>	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
TOBRADEX OPHTHALMIC DROPS,SUSPENSION	3	MO
TOBRADEX OPHTHALMIC OINTMENT	2	MO
TOBRADEX ST	2	MO
<i>tobramycin</i>	1	MO
<i>tobramycin-dexamethasone</i>	1	MO
TOBREX	3	MO
TRAVATAN Z	2	MO
<i>travoprost (benzalkonium)</i>	1	MO
<i>trifluridine</i>	1	MO
<i>tropicamide ophthalmic</i>	1	MO
TRUSOPT	3	MO

Drug Name	Drug Tier	Requirements/Limits
VEXOL	3	MO
VIGAMOX	2	MO
VIROPTIC	3	MO
XALATAN	3	MO
ZIOPTAN (PF)	3	MO
ZIRGAN	2	MO
ZYLET	3	MO
ZYMAXID	3	MO
Respiratory And Allergy		
ACCOLATE	3	MO; QLL (60 per 30 days)
<i>acetylcysteine solution</i>	1	B/D PAR; MO
ADCIRCA	2	PAR; MO; QLL (60 per 30 days)
ADEMPAS	3	PAR; MO; LA
ADRENACLICK	2	MO; QLL (2 per 1 day)
<i>adrenalin injection solution 1 mg/</i> <i>ml (1:1,000) (1ml)</i>	3	
ADVAIR DISKUS	2	MO; QLL (60 per 30 days)
ADVAIR HFA	2	MO; QLL (12 per 30 days)
AEROSPAN	3	MO; QLL (18 per 30 days)
<i>albuterol sulfate inhalation</i> <i>solution for nebulization 0.63 mg/</i> <i>3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml</i> <i>(0.083 %)</i>	1	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation</i> <i>solution for nebulization 2.5 mg/</i> <i>0.5 ml, 5 mg/ml</i>	1	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral</i>	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QLL (14 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QLL (7 per 30 days)
<i>aminophylline intravenous solution</i> <i>250 mg/10 ml</i>	1	MO
<i>aminophylline intravenous solution</i> <i>500 mg/20 ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
<i>arbinoxa</i>	3	PAR; MO
ARCAPTA NEOHALER	3	MO; QLL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES)	2	MO; QLL (0.135 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	2	MO; QLL (0.24 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	2	MO; QLL (0.24 per 30 days)
ATROVENT HFA	3	MO; QLL (26 per 30 days)
AUVI-Q	3	MO; QLL (2 per 1 day)
BECONASE AQ	3	ST; MO; QLL (50 per 30 days)
BERINERT INTRAVENOUS KIT	3	MO
BREO ELLIPTA	2	MO; QLL (60 per 30 days)
BROVANA	3	B/D PAR; MO; QLL (120 per 30 days)
<i>budesonide inhalation</i>	3	B/D PAR; MO; QLL (120 per 30 days)
<i>budesonide nasal</i>	3	MO; QLL (18 per 30 days)
<i>carbinoxamine maleate</i>	3	PAR; MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO; QLL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CINRYZE	3	PAR; MO
CLARINEX ORAL SYRUP	3	MO; QLL (300 per 30 days)
CLARINEX ORAL TABLET	3	MO; QLL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QLL (60 per 30 days)
<i>clemastine oral syrup</i>	3	PAR; MO
<i>clemastine oral tablet 2.68 mg</i>	1	PAR; MO
COMBIVENT RESPIMAT	3	MO; QLL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PAR; MO; QLL (240 per 30 days)
CUROSURF	3	
<i>cypheptadine</i>	3	PAR; MO
DALIRESP	3	PAR; MO; QLL (30 per 30 days)
<i>desloratadine</i>	1	MO; QLL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PAR; MO
<i>diphenhydramine hcl injection syringe</i>	1	PAR; MO
<i>diphenhydramine hcl oral capsule 50 mg</i>	3	PAR; MO
<i>diphenhydramine hcl oral elixir</i>	3	PAR; MO
DULERA	2	MO; QLL (13 per 30 days)
DYMISTA	3	MO; QLL (1 per 28 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	MO
<i>epinephrine (pf)</i>	1	MO
<i>epinephrine injection auto-injector</i>	1	MO; QLL (2 per 1 day)
<i>epinephrine injection solution 1 mg/ml (1:1,000)</i>	1	MO
<i>epinephrine injection syringe 0.1 mg/ml (1:10,000)</i>	1	MO
EPIPEN 2-PAK	2	MO; QLL (2 per 1 day)
EPIPEN JR 2-PAK	2	MO; QLL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	3	MO
FIRAZYR	3	PAR; MO
FLONASE	3	ST; MO; QLL (16 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	2	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACTUATION	2	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACTUATION	2	MO; QLL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACTUATION	2	MO; QLL (11 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QLL (50 per 30 days)
<i>fluticasone nasal</i>	1	MO; QLL (16 per 30 days)
FORADIL AEROLIZER	2	MO; QLL (60 per 30 days)
<i>hydroxyzine hcl intramuscular</i>	3	PAR; MO
<i>hydroxyzine hcl oral syrup 10 mg/5 ml</i>	3	PAR; MO
<i>hydroxyzine hcl oral tablet</i>	3	PAR; MO
<i>hydroxyzine pamoate</i>	3	PAR; MO
<i>ipratropium bromide inhalation</i>	1	B/D PAR; MO
<i>ipratropium-albuterol</i>	1	B/D PAR; MO; QLL (540 per 30 days)
KALBITOR	3	MO
KALYDECO	3	PAR; MO; QLL (60 per 30 days)
KARBINAL ER	3	

Drug Name	Drug Tier	Requirements/Limits
LETAIRIS	2	PAR; MO; LA; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	1	B/D PAR; MO; QLL (540 per 30 days)
<i>levocetirizine oral solution</i>	3	MO; QLL (300 per 30 days)
<i>levocetirizine oral tablet</i>	1	MO; QLL (30 per 30 days)
LUFYLLIN	3	MO
<i>metaproterenol oral</i>	1	MO
<i>montelukast</i>	1	MO; QLL (30 per 30 days)
NASACORT AQ	3	ST; MO; QLL (34 per 30 days)
NASONEX	2	MO; QLL (17 per 30 days)
OMNARIS	2	ST; MO; QLL (13 per 30 days)
OPSUMIT	3	PAR; MO; LA
<i>palgic</i>	3	PAR; MO
PERFOROMIST	3	B/D PAR; MO; QLL (120 per 30 days)
<i>phenadoz</i>	3	PAR; MO
PHENERGAN INJECTION	3	PAR; MO
PROAIR HFA	2	MO; QLL (18 per 30 days)
<i>promethazine injection solution</i>	1	PAR; MO
<i>promethazine injection syringe</i>	1	PAR
<i>promethazine oral</i>	3	PAR; MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	3	PAR; MO
<i>promethazine vc</i>	3	PAR; MO
<i>promethegan</i>	3	PAR; MO
PROVENTIL HFA	2	MO; QLL (14 per 30 days)
PULMICORT FLEXHALER	3	MO; QLL (2 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	B/D PAR; MO; QLL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	B/D PAR; MO; QLL (60 per 30 days)
PULMOZYME	3	B/D PAR; MO
QNASL	3	ST; MO; QLL (9 per 30 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	2	MO; QLL (9 per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	2	MO; QLL (18 per 30 days)
REVATIO INTRAVENOUS	3	PAR; MO; QLL (1125 per 30 days)
REVATIO ORAL TABLET	3	PAR; MO; QLL (90 per 30 days)
RHINOCORT AQUA	3	ST; MO; QLL (18 per 30 days)
SEMPREX-D	3	MO
SEREVENT DISKUS	2	MO; QLL (60 per 30 days)
<i>sildenafil</i>	1	PAR; MO; QLL (90 per 30 days)
SINGULAIR	3	MO; QLL (30 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QLL (30 per 30 days)
SYMBICORT	2	MO; QLL (11 per 30 days)
<i>terbutaline oral</i>	1	MO
<i>terbutaline subcutaneous</i>	1	B/D PAR; MO
THEO-24	3	MO
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i>	3	
<i>theophylline oral solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release</i>	1	MO
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
TRACLEER	2	PAR; MO; LA; QLL (60 per 30 days)
<i>triamcinolone acetonide nasal</i>	1	MO; QLL (34 per 30 days)
TUDORZA PRESSAIR	3	MO; QLL (1 per 30 days)
TYVASO	3	PAR; MO
TYVASO REFILL KIT	2	PAR; MO
TYVASO STARTER KIT	3	PAR; MO
VENTAVIS	3	PAR; MO
VENTOLIN HFA	2	ST; MO; QLL (36 per 30 days)
VERAMYST	2	ST; MO; QLL (10 per 30 days)
VISTARIL	3	PAR; MO
VOSPIRE ER	3	MO
XOLAIR	2	PAR; MO; LA; QLL (6 per 28 days)
XOPENEX CONCENTRATE	3	B/D PAR; MO; QLL (45 per 30 days)
XOPENEX HFA	3	ST; MO; QLL (45 per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 1.25 MG/3 ML	3	B/D PAR; MO; QLL (270 per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML	3	B/D PAR; MO; QLL (540 per 30 days)
XYZAL ORAL SOLUTION	3	MO; QLL (300 per 30 days)
XYZAL ORAL TABLET	3	MO; QLL (30 per 30 days)
<i>zafirlukast</i>	1	MO; QLL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZETONNA	3	MO; QLL (6.1 per 30 days)
ZYFLO	3	MO; QLL (120 per 30 days)
ZYFLO CR	3	MO; QLL (120 per 30 days)
Urologicals		
<i>alfuzosin</i>	1	MO
<i>alprostadil</i>	3	MO
AMMONIUM CHLORIDE	2	
AVODART	2	MO; QLL (30 per 30 days)
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PAR; MO; QLL (30 per 30 days)
CYSTAGON	2	MO; LA
DETROL	3	ST; MO; QLL (60 per 30 days)
DETROL LA	3	MO; QLL (30 per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 15 MG	3	ST; MO; QLL (60 per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	ST; MO; QLL (30 per 30 days)
ELMIRON	3	MO
ENABLEX	3	ST; MO; QLL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>flavoxate</i>	1	MO
FLOMAX	3	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP	2	ST; MO; QLL (100 per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	2	ST; MO; QLL (30 per 30 days)
<i>glycine irrigation</i>	3	
<i>glycine urologic</i>	3	
JALYN	2	MO; QLL (30 per 30 days)
MYRBETRIQ	3	ST; MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral syrup</i>	1	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	1	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	1	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	1	MO; QLL (30 per 30 days)
OXYTROL	3	ST; MO; QLL (8 per 28 days)
<i>potassium citrate oral tablet extended release 10 meq, 5 meq</i>	1	MO
PROCYSBI	3	MO
PROSCAR	3	MO
PROSTIN VR PEDIATRIC	3	MO
RAPAFLO	3	MO
RENACIDIN	3	MO
SANCTURA	3	ST; MO; QLL (60 per 30 days)
SANCTURA XR	3	ST; MO; QLL (30 per 30 days)
<i>tamsulosin</i>	1	MO
<i>tolterodine oral capsule, extended release 24hr</i>	3	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	1	MO; QLL (60 per 30 days)
TOVIAZ	2	MO; QLL (30 per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	1	MO; QLL (30 per 30 days)
<i>trospium oral tablet</i>	1	MO; QLL (60 per 30 days)
URECHOLINE	3	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
UROXATRAL	3	MO
VESICARE	3	ST; MO; QLL (30 per 30 days)
Vitamins, Hematinics / Electrolytes		
ALBUKED-25	3	
ALBUKED-5	3	
<i>albumin, human 25 %</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>albumin, human 5 %</i>	3	
<i>albuminar 25 %</i>	3	MO
<i>albuminar 5 %</i>	3	
<i>alburx (human) 25 %</i>	3	
<i>alburx (human) 5 %</i>	3	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
<i>amino acids 15 %</i>	3	B/D PAR
AMINOSYN 10 %	2	B/D PAR
AMINOSYN 7 % WITH ELECTROLYTES	2	B/D PAR
AMINOSYN 8.5 %	2	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	2	B/D PAR
AMINOSYN II 10 %	2	B/D PAR
AMINOSYN II 15 %	2	B/D PAR
AMINOSYN II 7 %	2	B/D PAR
AMINOSYN II 8.5 %	2	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	2	B/D PAR
AMINOSYN M 3.5 %	2	B/D PAR
AMINOSYN-HBC 7%	2	B/D PAR
AMINOSYN-PF 10 %	2	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	2	B/D PAR
AMINOSYN-RF 5.2 %	2	B/D PAR
BAL IN OIL	3	
<i>bal-care dha</i>	1	MO
BAL-CARE DHA ESSENTIAL	3	MO
<i>buminate 25 %</i>	1	
<i>buminate 5 %</i>	1	
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet</i>	1	MO; QLL (360 per 30 days)
<i>calcium chloride intravenous</i>	3	
CALCIUM DISODIUM VERSENATE	3	
<i>calcium gluconate intravenous</i>	3	MO
CITRANATAL 90 DHA (ALGAL OIL)	3	MO
CITRANATAL ASSURE ORAL	3	MO
COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG		

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL B-CALM (FE GLUC)	3	MO
CITRANATAL RX (NEW FORMULA)	3	MO
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	2	B/D PAR
CLINIMIX 2.75%/D5W SULFIT FREE	2	B/D PAR
CLINIMIX 4.25%-D20W SULF-FREE	2	B/D PAR
CLINIMIX 4.25%-D25W SULF-FREE	2	B/D PAR
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PAR
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	2	
CLINIMIX E 4.25%/D25W SUL FREE	2	B/D PAR
CLINIMIX E 4.25%/D5W SULF FREE	2	B/D PAR
CLINIMIX E 5%/D15W SULFIT FREE	2	B/D PAR
CLINIMIX E 5%/D20W SULFIT FREE	2	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	2	B/D PAR
CLINISOL SF 15 %	3	B/D PAR; MO
<i>complete natal dha</i>	1	MO
<i>completenate</i>	1	MO
CONCEPT DHA	3	MO
CONCEPT OB	3	MO
<i>cysteine (l-cysteine) intravenous solution</i>	3	
EFFER-K	3	MO
<i>electrolyte-48 in d5w</i>	3	
<i>eliphos</i>	3	MO; QLL (360 per 30 days)
<i>elite-ob oral tablet</i>	3	MO
FLEXBUMIN 25 %	3	
<i>fluoritab oral tablet, chewable</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
FOCALGIN-B	3	
<i>folcal dha</i>	1	MO
<i>folcaps omega-3 (asparto-gly)</i>	1	MO
<i>folivane-ob</i>	1	MO
<i>folivane-prx dha nf</i>	1	MO
FREAMINE HBC 6.9 %	3	
<i>freamine iii 10 %</i>	1	B/D PAR
GESTICARE DHA	3	MO
GLYCOPHOS	3	
<i>hemenatal ob</i>	1	MO
<i>hemenatal ob + dha</i>	1	MO
HEPATAMINE 8%	2	B/D PAR
HEPATASOL 8 %	2	B/D PAR
<i>hetastarch 6 % in 0.9 % nacl</i>	3	
HYPERLYTE CR	3	B/D PAR
<i>inatal advance</i>	1	MO
<i>inatal ultra</i>	1	MO
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PAR; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PAR
IONOSOL-B IN D5W	2	
IONOSOL-MB IN D5W	2	
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 %	2	B/D PAR
DEXTROSE		
ISOLYTE-S	2	
<i>k-effervescent</i>	1	MO
K-TAB	3	MO
KEDBUMIN	3	
<i>klor-con</i>	3	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
KLOR-CON/25	3	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	1	B/D PAR; MO
LIPOSYN II	2	B/D PAR
<i>liposyn iii intravenous emulsion 10 %, 20 %</i>	1	B/D PAR
<i>magnesium chloride injection</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water</i>	1	B/D PAR
<i>magnesium sulfate injection solution</i>	1	B/D PAR; MO
<i>magnesium sulfate injection syringe</i>	1	B/D PAR
MULTI-VIT WITH FLUORIDE & IRON	3	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS	3	
<i>multi-vitamin with fluoride oral drops</i>	3	
<i>multi-vitamin with fluoride oral tablet, chewable</i>	3	MO
<i>multivitamin with fluoride</i>	3	MO
<i>multivitamins with fluoride</i>	3	MO
<i>mvc-fluoride</i>	3	MO
NATACHEW (FE BIS-GLYCINATE)	3	MO
<i>natalvirt 90 dha</i>	3	MO
<i>natalvirt ca</i>	3	MO
NATELLE ONE	3	MO
NEPHRAMINE 5.4 %	2	B/D PAR
NESTABS	3	MO
NESTABS DHA	3	MO
NEUT	3	
NEXA PLUS	3	MO
NORMOSOL-M IN 5 %	2	B/D PAR
DEXTROSE		
NORMOSOL-R	2	B/D PAR
NORMOSOL-R IN 5 %	2	B/D PAR
DEXTROSE		
NORMOSOL-R PH 7.4	2	B/D PAR
O-CAL PRENATAL	3	MO
OB COMPLETE 400 ORAL CAPSULE 40 MG IRON- 10 MG IRON	3	MO
OB COMPLETE ONE	3	MO
OB COMPLETE ORAL TABLET	3	MO
OB COMPLETE PETITE	3	MO
OB COMPLETE PREMIER	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
OB COMPLETE WITH DHA	3	MO
PAIRE OB PLUS DHA	3	MO
PHOSLO	3	ST; MO
PHOSLYRA	3	MO; QLL (1892 per 30 days)
<i>phospha 250 neutral</i>	1	MO
<i>plasbumin 25 %</i>	3	MO
<i>plasbumin 5 %</i>	3	
PLASMA-LYTE 148	2	B/D PAR
PLASMA-LYTE A	2	
PLASMA-LYTE-56 IN 5 %	2	B/D PAR
DEXTROSE		
<i>plasmanate</i>	3	
PNV FOLIC ACID + IRON	3	
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	1	MO
<i>pnv-dha</i>	1	MO
<i>pnv-select</i>	1	MO
<i>potassium acetate intravenous</i>	3	
<i>potassium bicarb & chloride</i>	1	MO
<i>potassium bicarb-citric acid</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	B/D PAR
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	B/D PAR; MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	B/D PAR
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	B/D PAR
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	B/D PAR; MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	1	B/D PAR
<i>potassium chloride intravenous parenteral solution</i>	3	B/D PAR; MO
<i>potassium chloride intravenous piggyback</i>	1	B/D PAR

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	1	B/D PAR
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	B/D PAR; MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	B/D PAR
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	B/D PAR
<i>potassium chloride-d5-0.9%nacl</i>	1	B/D PAR
<i>potassium phosphate dibasic pr natal 400</i>	3	MO
<i>pr natal 400 ec</i>	1	MO
<i>pr natal 430</i>	1	MO
<i>pr natal 430 ec</i>	1	MO
PREFERA-OB	3	MO
PREFERA-OB ONE	3	MO
PREFERA-OB PLUS DHA	3	MO
<i>premasol 10 %</i>	1	B/D PAR
PREMASOL 6 %	2	B/D PAR
<i>prenal</i>	1	MO
<i>prenal plus</i>	1	MO
<i>prenaissance</i>	1	MO
<i>prenaissance plus</i>	1	MO
PRENATA	3	MO
<i>prenatabs fa</i>	1	MO
<i>prenatal plus (calcium carb)</i>	1	MO
<i>prenatal vitamins low iron</i>	1	
PRENATE AM	3	MO
PRENATE ELITE	3	MO
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG	3	MO
PRENATE MINI	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
PREQUE 10 ORAL TABLET	3	MO
15 MG IRON -0.5 MG-25 MG		
PROCALAMINE 3%	2	B/D PAR
PROSOL 20 %	2	B/D PAR; MO
PUREFE OB PLUS	3	
PUREFE PLUS	3	
<i>relnate dha</i>	1	MO
<i>ringers intravenous</i>	1	B/D PAR
<i>se-natal 19</i>	1	MO
<i>se-natal 19 (with docusate)</i>	1	MO
<i>se-tan dha</i>	1	MO
<i>setonet</i>	1	MO
<i>setonet-ec</i>	1	MO
<i>sodium acetate intravenous</i>	3	
<i>sodium bicarbonate intravenous solution 4.2 %, 8.4 %</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	1	MO
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	B/D PAR; MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	1	B/D PAR
<i>sodium chloride 3 %</i>	1	B/D PAR; MO
<i>sodium chloride 5 %</i>	1	B/D PAR
<i>sodium chloride intravenous</i>	1	B/D PAR; MO
<i>sodium fluoride oral tablet</i>	1	
<i>sodium fluoride oral tablet, chewable 0.5 mg fluoride (1.1 mg)</i>	1	MO
<i>sodium lactate intravenous solution</i>	1	
<i>sodium phosphate</i>	3	
<i>taron-bc</i>	3	MO
<i>taron-c dha</i>	3	MO
<i>taron-prex prenatal-dha</i>	1	MO
THAM	3	
<i>tl-care dha</i>	1	
<i>tl-select</i>	1	MO
TPN ELECTROLYTES	2	B/D PAR
<i>travasol 10 %</i>	1	B/D PAR
<i>tri-vit with fluoride & iron</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vitamin with fluoride</i>	3	MO
<i>triadvance</i>	1	MO
TRICARE	3	MO
TRICARE PRENATAL	3	
COMPLEAT		
TRICARE PRENATAL DHA ONE	3	MO
<i>trinatal gt</i>	1	MO
<i>trinatal rx 1</i>	1	MO
<i>triple vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	3	MO
<i>triveen-duo dha</i>	1	MO
<i>triveen-prx rnf</i>	1	MO
TROPHAMINE 10 %	2	B/D PAR
TROPHAMINE 6%	2	B/D PAR
<i>ultimatecare one</i>	3	MO
<i>ultimatecare one rnf</i>	1	MO
<i>vemavite-prx-2</i>	1	MO
<i>vena-bal dha</i>	1	MO
<i>virt-pn</i>	1	MO
<i>virt-pn dha</i>	1	MO
<i>virt-select</i>	3	MO
VITAFOL-ONE	3	MO
VITAMED MD ONE RX	3	MO
VITAMED MD PLUS RX	3	MO
<i>vitamins a,c,d & fluoride</i>	3	MO
<i>vol-nate</i>	1	MO
<i>vol-plus</i>	1	MO
VOLUVEN 6 %	3	
<i>vp-ch-pnv</i>	1	MO
<i>vp-heme ob</i>	3	
VP-PNV-DHA	3	MO
<i>zatean-ch</i>	1	MO
<i>zatean-pn</i>	1	MO
<i>zatean-pn dha</i>	1	MO
<i>zatean-pn plus</i>	1	MO
<i>zingiber</i>	1	

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

Index of Drugs:

Legend

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

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TABLET,DISINTEGRATING 15 MG.....	21	<i>acetylcysteine intravenous</i>	57
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ABILIFY ORAL SOLUTION.....	21	ACIPHEX SPRINKLE.....	66
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<i>adapalene topical gel 0.1 %</i>	52	<i>albutein 5 %</i>	83
<i>adapalene topical gel 0.3 %</i>	52	<i>albuterol sulfate inhalation solution for nebulization 0.63</i> <i>mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	78
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<i>amantadine hcl oral syrup</i>	8	<i>amlodipine-atorvastatin</i>	44
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<i>amiloride oral</i>	44	<i>amphetamine salt combo oral tablet 30 mg</i>	21
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<i>aminocaproic acid oral solution</i>	44	<i>125 mg, 2 gram, 250 mg</i>	8
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<i>aminophylline intravenous solution 250 mg/10 ml</i>	78	<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15</i>	
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AMINOSYN 10 %.....	83	<i>ampicillin-sulbactam injection recon soln 3 gram</i>	8
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AMINOSYN II 8.5 %.....	83	ANAFRANIL.....	21
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<i>antipyrine-benzocaine otic drops 5.4-1.4 %</i>	58	ARISTOSPAN INTRA-ARTICULAR.....	60
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<i>buminate 25 %</i>	83	<i>butorphanol tartrate injection solution</i>	23
<i>buminate 5 %</i>	83	<i>butorphanol tartrate nasal</i>	23
BUPAP ORAL TABLET 50-300 MG.....	22	BUTRANS.....	23
BUPHENYL ORAL POWDER.....	57	BYDUREON SUBCUTANEOUS	
BUPHENYL ORAL TABLET.....	57	SUSPENSION,EXTENDED REL RECON.....	60
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)</i>	52	BYETTA SUBCUTANEOUS PEN INJECTOR 10	
<i>bupivacaine (pf) injection solution 0.5 % (5 mg/ml)</i>	52	MCG/DOSE(250 MCG/ML) 2.4 ML.....	60
<i>bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)</i>	52	BYETTA SUBCUTANEOUS PEN INJECTOR 5	
<i>bupivacaine injection solution 0.25 % (2.5 mg/ml)</i>	52	MCG/DOSE (250 MCG/ML) 1.2 ML.....	60
<i>bupivacaine injection solution 0.5 % (5 mg/ml)</i>	52	BYSTOLIC.....	45
<i>bupivacaine-dextrose-water(pf)</i>	57	<i>cabergoline</i>	60
<i>bupivacaine-epinephrine (pf)</i>	52	CADUET.....	45
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<i>bupivacaine-epinephrine injection solution 0.25 %-</i>		CAFERGOT.....	23
<i>1:200,000</i>	52	<i>caffeine citrated intravenous</i>	57
<i>bupivacaine-epinephrine injection solution 0.5 %-</i>		<i>caffeine citrated oral</i>	57
<i>1:200,000</i>	52	CALAN.....	45
BUPRENEX.....	22	CALAN SR.....	45
<i>buprenorphine injection syringe</i>	22	<i>calcipotriene topical cream</i>	52
<i>buprenorphine sublingual tablet 2 mg</i>	22	<i>calcipotriene topical ointment</i>	53
<i>buprenorphine sublingual tablet 8 mg</i>	22	<i>calcipotriene topical solution</i>	53
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	22	<i>calcipotriene-betamethasone</i>	53
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	22	<i>calcitonin (salmon)</i>	60
<i>buproban</i>	57	<i>calcitrene</i>	53
<i>bupropion hcl oral tablet 100 mg</i>	22	<i>calcitriol intravenous solution 1 mcg/ml</i>	60
<i>bupropion hcl oral tablet 75 mg</i>	22	<i>calcitriol oral</i>	60
<i>bupropion hcl oral tablet extended release 100 mg</i>	22	<i>calcitriol topical</i>	53
<i>bupropion hcl oral tablet extended release 150 mg, 200</i>		<i>calcium acetate oral capsule</i>	83
<i>mg</i>	22	<i>calcium acetate oral tablet</i>	83
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	22	<i>calcium chloride intravenous</i>	83
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	22	CALCIUM DISODIUM VERSENATE.....	83
<i>bupirone</i>	22	<i>calcium gluconate intravenous</i>	83
BUSULFEX.....	17	CAMBIA.....	23
<i>butalbital compound w/codeine</i>	22	<i>camila</i>	73

CAMPRAL.....	57	CARDENE SR ORAL CAPSULE, EXTENDED RELEASE 30 MG, 60 MG.....	45
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML.....	17	<i>cardioplegic soln</i>	45
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML.....	17	CARDIZEM CD.....	45
<i>camrese</i>	73	CARDIZEM LA.....	45
<i>camrese lo</i>	73	CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG.....	45
CANASA.....	66	CARDURA.....	45
CANCIDAS.....	9	CARDURA XL.....	45
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	45	CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM.....	69
<i>candesartan oral tablet 32 mg</i>	45	CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 3 GRAM.....	69
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	45	<i>carisoprodol</i>	23
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32- 25 mg</i>	45	<i>carisoprodol-asa-codeine</i>	23
CANTIL.....	66	<i>carisoprodol-aspirin</i>	23
CAPACET.....	23	CARNITOR.....	57
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CAPEX.....	53	<i>carteolol</i>	77
CAPITAL WITH CODEINE.....	23	<i>cartia xt</i>	45
CAPRELSA.....	17	<i>carvedilol</i>	45
<i>captopril</i>	45	CASODEX.....	17
<i>captopril-hydrochlorothiazide</i>	45	CATAFLAM.....	23
CARAC.....	53	CATAPRES.....	45
CARAFATE.....	66	CATAPRES-TTS-1.....	45
CARBAGLU.....	57	CATAPRES-TTS-2.....	45
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	23	CATAPRES-TTS-3.....	45
<i>carbamazepine oral suspension 100 mg/5 ml</i>	23	CAYSTON.....	9
<i>carbamazepine oral tablet</i>	23	<i>caziant (28)</i>	73
<i>carbamazepine oral tablet extended release 12 hr</i>	23	CEDAX ORAL CAPSULE.....	9
<i>carbamazepine oral tablet, chewable</i>	23	CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML.....	9
CARBATROL.....	23	<i>cefaclor oral capsule</i>	9
<i>carbidopa</i>	23	<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	9
<i>carbidopa-levodopa</i>	23	<i>cefaclor oral tablet extended release 12 hr</i>	9
<i>carbidopa-levodopa-entacapone</i>	23	<i>cefadroxil oral capsule</i>	9
<i>carbinoxamine maleate</i>	79	<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	9
CARBOCAINE.....	53	<i>cefadroxil oral tablet</i>	9
CARBOCAINE (PF) INJECTION SOLUTION 10 MG/ML (1 %).....	53	<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/ 50 ml</i>	9
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	53	<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/ 50 ml</i>	9
CARBOCAINE (PF) INJECTION SOLUTION 20 MG/ML (2 %).....	53	<i>cefazolin injection recon soln 1 gram</i>	9
<i>carboplatin intravenous solution</i>	17		
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML.....	45		
CARDENE IV IN SODIUM CHLORIDE.....	45		

<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 500 mg</i>	9	CENTANY.....	53
<i>cefazolin intravenous</i>	9	CENTANY AT.....	53
<i>cefdinir</i>	9	<i>cephalexin</i>	10
<i>cefepime</i>	9	CEPROTIN (BLUE BAR).....	45
CEFEPIME IN DEXTROSE 5 %.....	10	CEPROTIN (GREEN BAR).....	45
<i>cefepime in dextrose, iso-osm</i>	10	CEREBYX.....	23
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	10	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.....	60
<i>cefotaxime injection recon soln 10 gram</i>	10	CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE.....	69
<i>cefotetan</i>	10	CERVIDIL.....	73
CEFOTETAN IN DEXTROSE, ISO-OSM.....	10	CESAMET.....	66
<i>cefoxitin in dextrose, iso-osm</i>	10	<i>cetirizine oral solution 1 mg/ml</i>	79
<i>cefoxitin intravenous recon soln 1 gram</i>	10	<i>cevimeline</i>	57
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	10	CHANTIX.....	57
<i>cefpodoxime</i>	10	CHANTIX CONTINUING MONTH BOX.....	57
<i>cefprozil</i>	10	CHANTIX STARTING MONTH BOX.....	57
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<i>ceftazidime injection recon soln 1 gram, 6 gram</i>	10	CHEMET.....	57
<i>ceftazidime injection recon soln 2 gram</i>	10	CHENODAL.....	66
<i>ceftibuten</i>	10	<i>chloramphenicol sod succinate</i>	10
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION.....	10	<i>chlordiazepoxide hcl</i>	23
CEFTIN ORAL TABLET 250 MG, 500 MG.....	10	<i>chlorhexidine gluconate mucous membrane</i>	59
<i>ceftriaxone in dextrose, iso-os</i>	10	<i>chloroquine phosphate oral</i>	10
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	10	<i>chlorothiazide</i>	45
<i>ceftriaxone injection recon soln 10 gram</i>	10	<i>chlorothiazide sodium</i>	45
<i>ceftriaxone intravenous recon soln</i>	10	<i>chlorpromazine</i>	23
<i>cefuroxime axetil oral tablet</i>	10	<i>chlorpropamide oral tablet 100 mg</i>	60
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	10	<i>chlorpropamide oral tablet 250 mg</i>	60
<i>cefuroxime sodium intravenous</i>	10	<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	45
<i>cefuroxime-dextrose (iso-osm) intravenous piggyback 1.5 gram/50 ml</i>	10	<i>chlorzoxazone</i>	23
CELEBREX.....	23	<i>cholestyramine (with sugar)</i>	45
CELESTONE SOLUSPAN.....	60	<i>cholestyramine light</i>	45
CELEXA ORAL TABLET 10 MG.....	23	<i>chorionic gonadotropin, human</i>	60
CELEXA ORAL TABLET 20 MG.....	23	CIALIS ORAL TABLET 2.5 MG, 5 MG.....	82
CELEXA ORAL TABLET 40 MG.....	23	CICLODAN KIT TOPICAL COMBO PACK.....	53
CELLCEPT INTRAVENOUS.....	17	<i>ciclodan topical cream</i>	53
CELLCEPT ORAL CAPSULE.....	17	<i>ciclodan topical solution</i>	53
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION.....	17	<i>ciclopirox topical cream</i>	53
CELLCEPT ORAL TABLET.....	17	<i>ciclopirox topical gel</i>	53
CELONTIN ORAL CAPSULE 300 MG.....	23	<i>ciclopirox topical shampoo</i>	53
CENESTIN.....	73	<i>ciclopirox topical solution</i>	53
		<i>ciclopirox topical suspension</i>	53
		<i>cidofovir</i>	10
		<i>cilostazol</i>	45
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<i>cimetidine</i>	66	CLAFORAN INTRAVENOUS RECON SOLN 1	
<i>cimetidine hcl oral</i>	66	GRAM.....	10
CIMZIA.....	66	CLAFORAN INTRAVENOUS RECON SOLN 2	
CIMZIA POWDER FOR RECONST.....	66	GRAM.....	10
CIMZIA STARTER KIT.....	66	<i>claravis</i>	53
CINRYZE.....	79	CLARINEX ORAL SYRUP.....	79
CIPRO HC.....	59	CLARINEX ORAL TABLET.....	79
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400		CLARINEX-D 12 HOUR.....	79
MG/200 ML.....	10	<i>clarithromycin oral suspension for reconstitution</i>	10
CIPRO ORAL SUSPENSION,MICROCAPSULE		<i>clarithromycin oral tablet</i>	10
RECON.....	10	<i>clarithromycin oral tablet extended release 24 hr</i>	10
CIPRO ORAL TABLET 250 MG, 500 MG.....	10	<i>clemastine oral syrup</i>	79
CIPRO XR ORAL TABLET, ER MULTIPHASE 24		<i>clemastine oral tablet 2.68 mg</i>	79
HR 1,000 MG.....	10	CLEOCIN IN 5 % DEXTROSE INTRAVENOUS	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24		PIGGYBACK 300 MG/50 ML, 600 MG/50 ML..	10-
HR 500 MG.....	10	1	1
CIPRODEX.....	59	CLEOCIN IN 5 % DEXTROSE INTRAVENOUS	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000</i>		PIGGYBACK 900 MG/50 ML.....	11
<i>mg</i>	10	CLEOCIN INJECTION.....	11
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500</i>		CLEOCIN INTRAVENOUS SOLUTION 600 MG/4	
<i>mg</i>	10	ML.....	11
<i>ciprofloxacin in 5 % dextrose</i>	10	CLEOCIN INTRAVENOUS SOLUTION 900 MG/6	
<i>ciprofloxacin intravenous solution 200 mg/20 ml</i>	10	ML.....	11
<i>ciprofloxacin intravenous solution 400 mg/40 ml</i>	10	CLEOCIN ORAL.....	11
<i>ciprofloxacin ophthalmic</i>	77	CLEOCIN T.....	53
<i>ciprofloxacin oral suspension,microcapsule recon</i>	10	CLEOCIN VAGINAL.....	73
<i>ciprofloxacin oral tablet</i>	10	CLIMARA.....	73
<i>ciprofloxacin otic</i>	59	CLIMARA PRO.....	74
<i>cisplatin</i>	17	<i>clindacin etz</i>	53
<i>citalopram oral solution</i>	23	<i>clindacin p</i>	53
<i>citalopram oral tablet 10 mg</i>	23	CLINDACIN PAC.....	53
<i>citalopram oral tablet 20 mg</i>	23	CLINDAGEL.....	53
<i>citalopram oral tablet 40 mg</i>	23	<i>clindamycin hcl</i>	11
CITRANATAL 90 DHA (ALGAL OIL).....	83	<i>clindamycin in dextrose 5 %</i>	11
CITRANATAL ASSURE ORAL COMBO PACK 35		<i>clindamycin palmitate hcl</i>	11
MG IRON-1 MG -50 MG-300 MG.....	83	<i>clindamycin pediatric</i>	11
CITRANATAL B-CALM (FE GLUC).....	83	<i>clindamycin phosphate injection</i>	11
CITRANATAL RX (NEW FORMULA).....	83	<i>clindamycin phosphate intravenous solution 300 mg/2 ml,</i>	
<i>cladribine</i>	17	<i>900 mg/6 ml</i>	11
CLAFORAN INJECTION RECON SOLN 1		<i>clindamycin phosphate intravenous solution 600 mg/4</i>	
GRAM.....	10	<i>ml</i>	11
CLAFORAN INJECTION RECON SOLN 10 GRAM,		<i>clindamycin phosphate topical</i>	53
2 GRAM.....	10	<i>clindamycin phosphate vaginal</i>	74
CLAFORAN INJECTION RECON SOLN 500		<i>clindamycin-benzoyl peroxide</i>	53
MG.....	10	CLINDESSE.....	74
		CLINIMIX 2.75%/D5W SULFIT FREE.....	83

CLINIMIX 4.25%-D20W SULF-FREE.....	83	<i>clozapine oral tablet 100 mg.....</i>	24
CLINIMIX 4.25%-D25W SULF-FREE.....	83	<i>clozapine oral tablet 200 mg.....</i>	24
CLINIMIX 4.25%/D10W SULF FREE.....	83	<i>clozapine oral tablet 25 mg.....</i>	24
CLINIMIX 4.25%/D5W SULFIT FREE.....	57	<i>clozapine oral tablet 50 mg.....</i>	24
CLINIMIX 5%-D20W(SULFITE-FREE).....	83	<i>clozapine oral tablet,disintegrating 100 mg.....</i>	24
CLINIMIX 5%/D15W SULFITE FREE.....	83	<i>clozapine oral tablet,disintegrating 12.5 mg.....</i>	24
CLINIMIX 5%/D25W SULFITE-FREE.....	83	<i>clozapine oral tablet,disintegrating 25 mg.....</i>	24
CLINIMIX E 2.75%/D10W SUL FREE.....	57	CLOZARIL ORAL TABLET 100 MG.....	24
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CLINIMIX E 4.25%/D25W SUL FREE.....	83	COARTEM.....	11
CLINIMIX E 4.25%/D5W SULF FREE.....	83	<i>codeine sulfate oral tablet 15 mg, 30 mg.....</i>	24
CLINIMIX E 5%/D15W SULFIT FREE.....	83	<i>codeine sulfate oral tablet 60 mg.....</i>	24
CLINIMIX E 5%/D20W SULFIT FREE.....	83	COGENTIN.....	24
CLINIMIX E 5%/D25W SULFIT FREE.....	83	COLAZAL.....	66
CLINISOL SF 15 %.....	83	<i>colchicine-probenecid.....</i>	72
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<i>clobetasol.....</i>	53	COLESTID.....	45
<i>clobetasol-emollient.....</i>	53	COLESTID FLAVORED.....	45
CLOBEX.....	53	<i>colestipol.....</i>	45
CLOCORTOLONE PIVALATE.....	53	<i>colistin (colistimethate na).....</i>	11
CLODERM.....	53	<i>colocort.....</i>	66
CLOLAR.....	17	COLY-MYCIN M PARENTERAL.....	11
<i>clomipramine.....</i>	23	COLY-MYCIN S.....	59
<i>clonazepam oral tablet 0.5 mg.....</i>	23	COLYTE WITH FLAVOR PACKS.....	66
<i>clonazepam oral tablet 1 mg.....</i>	23	COMBIGAN.....	77
<i>clonazepam oral tablet 2 mg.....</i>	23	COMBIPATCH.....	74
<i>clonazepam oral tablet,disintegrating 0.125 mg.....</i>	23	COMBIVENT RESPIMAT.....	79
<i>clonazepam oral tablet,disintegrating 0.25 mg.....</i>	23	COMBIVIR.....	11
<i>clonazepam oral tablet,disintegrating 0.5 mg.....</i>	23	COMETRIQ.....	17
<i>clonazepam oral tablet,disintegrating 1 mg.....</i>	23	COMFORT PAC-TIZANIDINE.....	24
<i>clonazepam oral tablet,disintegrating 2 mg.....</i>	23	COMPAZINE ORAL.....	66
<i>clonidine.....</i>	45	COMPAZINE RECTAL.....	66
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/</i> <i>ml).....</i>	45	COMPLERA.....	11
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml.....</i>	23	<i>complete natal dha.....</i>	83
<i>clonidine hcl oral tablet.....</i>	45	<i>completenate.....</i>	83
<i>clonidine hcl oral tablet extended release 12 hr.....</i>	23	<i>compro.....</i>	66
<i>clopidogrel oral tablet 300 mg.....</i>	45	COMTAN.....	24
<i>clopidogrel oral tablet 75 mg.....</i>	45	COMVAX (PF).....	69
<i>clorazepate dipotassium.....</i>	23	CONCEPT DHA.....	83
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg.....</i>	45	CONCEPT OB.....	83
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<i>clotrimazole mucous membrane.....</i>	11	CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG.....	24
<i>clotrimazole topical.....</i>	53	CONDYLOX.....	53
<i>clotrimazole-betamethasone.....</i>	53		

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COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE KIT.....	24	CYCLOGYL.....	77
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE.....	24	<i>cyclopentolate ophthalmic drops 1 %</i>	77
COPEGUS.....	11	<i>cyclopentolate ophthalmic drops 2 %</i>	77
CORDARONE.....	45	<i>cyclophosphamide intravenous</i>	17
CORDRAN TAPE LARGE ROLL.....	53	<i>cyclophosphamide oral tablet</i>	17
CORDRAN TAPE SMALL ROLL.....	53	CYCLOSERINE.....	11
COREG.....	45	CYCLOSET.....	60
COREG CR.....	45	<i>cyclosporine intravenous</i>	17
CORGARD.....	45	<i>cyclosporine modified</i>	17
CORLOPAM.....	45	<i>cyclosporine oral capsule</i>	17
<i>cormax topical solution</i>	53	CYKLOKAPRON.....	46
CORTEF.....	60	CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG.....	24
CORTENEMA.....	66	CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG.....	24
CORTIFOAM.....	66	CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 MG.....	24
<i>cortisone</i>	60	<i>cyproheptadine</i>	79
CORTISPORIN OTIC SOLUTION.....	59	CYRAMZA.....	17
CORTISPORIN TOPICAL.....	53	CYSTADANE.....	66
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CORVERT.....	45	CYSTARAN.....	77
CORZIDE.....	45	<i>cysteine (l-cysteine) intravenous solution</i>	83
COSMEGEN.....	17	<i>cytarabine</i>	17
COSOPT.....	77	<i>cytarabine (pf) injection recon soln 1 gram</i>	17
COSOPT (PF).....	77	<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	17
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CREON.....	66	CYTOTEC.....	66
CRESTOR.....	46	CYTOVENE.....	11
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<i>cromolyn inhalation</i>	79	<i>d2.5 %-0.45 % sodium chloride</i>	57
<i>cromolyn ophthalmic</i>	77	<i>d5 % and 0.9 % sodium chloride</i>	57
<i>cromolyn oral</i>	66	<i>d5 %-0.45 % sodium chloride</i>	57
<i>crystelle (28)</i>	74	<i>dacarbazine</i>	17
CUBICIN.....	11	DACOGEN.....	17
CUPRIMINE.....	72	DALIRESP.....	79
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CUTIVATE TOPICAL CREAM.....	53	DANTRIUM INTRAVENOUS.....	24
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<i>dasetta 1/35 (28)</i>	74	DERMASORB TA COMPLETE KIT.....	53
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<i>daysee</i>	74	<i>desmopressin injection</i>	60
DAYTRANA.....	24	<i>desmopressin nasal</i>	61
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DDAVP NASAL.....	60	DESOGEN.....	74
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<i>deferoxamine</i>	57	<i>desonide</i>	53
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<i>dextrose 5 % in water (d5w)</i>	57	<i>digoxin oral tablet 125 mcg</i>	46
<i>dextrose 5 %-lactated ringers</i>	57	<i>digoxin oral tablet 250 mcg</i>	46
<i>dextrose 5%-0.2 % sod chloride</i>	57	<i>dihydrocodeine-aspirin-caff</i>	25
<i>dextrose 5%-0.3 % sod.chloride</i>	57	<i>dihydroergotamine injection</i>	25
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	57	<i>dihydroergotamine nasal</i>	25
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<i>diazepam oral tablet 10 mg</i>	25	<i>dilt-xr</i>	46
<i>diazepam oral tablet 2 mg</i>	25	<i>diltiazem hcl intravenous recon soln</i>	46
<i>diazepam oral tablet 5 mg</i>	25	<i>diltiazem hcl intravenous solution</i>	46
<i>diazepam rectal</i>	25	<i>diltiazem hcl oral capsule, extended release</i>	46
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<i>diclofenac potassium</i>	25	<i>diltiazem hcl oral capsule,extended release 12 hr</i>	46
<i>diclofenac sodium ophthalmic</i>	77	<i>diltiazem hcl oral capsule,extended release 24hr</i>	46
<i>diclofenac sodium oral</i>	25	<i>diltiazem hcl oral tablet</i>	46
<i>diclofenac sodium topical drops</i>	25	<i>diltiazem hcl oral tablet extended release 24 hr</i>	46
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<i>diphenhydramine hcl injection syringe</i>	79	<i>doxepin oral</i>	26
<i>diphenhydramine hcl oral capsule 50 mg</i>	79	<i>doxercalciferol intravenous</i>	61
<i>diphenhydramine hcl oral elixir</i>	79	<i>doxercalciferol oral</i>	61
<i>diphenoxylate-atropine</i>	66	DOXIL.....	18
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<i>dipyridamole intravenous</i>	46	<i>doxorubicin intravenous solution</i>	18
<i>dipyridamole oral</i>	46	<i>doxy-100</i>	11
<i>diskets</i>	25	<i>doxycycline hyclate intravenous</i>	11
<i>disopyramide phosphate oral capsule</i>	46	<i>doxycycline hyclate oral capsule</i>	11
<i>disulfiram</i>	57	<i>doxycycline hyclate oral tablet</i>	11
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<i>divalproex</i>	25	<i>doxycycline monohydrate oral tablet</i>	11
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<i>dobutamine</i>	46	<i>drospirenone-ethinyl estradiol</i>	74
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<i>mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml),</i>		DUAC.....	53
<i>500 mg/250 ml (2,000 mcg/ml)</i>	46	DUAVEE.....	74
DOCEFREZ.....	17	DUETACT.....	61
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<i>160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80</i>		DULERA.....	79
<i>mg/8 ml (10 mg/ml)</i>	17	<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	26
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4</i>		<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	26
<i>ml (20 mg/ml)</i>	18	<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	26
DOLOPHINE ORAL TABLET 10 MG.....	25	DURACLON (PF) EPIDURAL SOLUTION 5,000	
DOLOPHINE ORAL TABLET 5 MG.....	26	MCG/10 ML.....	26
<i>donepezil oral tablet 10 mg, 5 mg</i>	26	DURAGESIC.....	26
<i>donepezil oral tablet 23 mg</i>	26	<i>duramorph (pf) injection solution 0.5 mg/ml</i>	26
<i>donepezil oral tablet, disintegrating</i>	26	<i>duramorph (pf) injection solution 1 mg/ml</i>	26
<i>dopamine in 5 % dextrose</i>	46	DUREZOL.....	77
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<i>e.e.s. 400 oral tablet</i>	11	EMEND INTRAVENOUS RECON SOLN 150	
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EC-NAPROSYN.....	26	EMEND ORAL CAPSULE 125 MG.....	66
<i>econazole topical</i>	53	EMEND ORAL CAPSULE 40 MG.....	66
EDARBI.....	46	EMEND ORAL CAPSULE 80 MG.....	66
EDARBYCLOR.....	46	EMEND ORAL CAPSULE,DOSE PACK.....	67
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EDLUAR.....	26	EMOQUETTE.....	74
EDURANT.....	11	EMSAM.....	26
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EFFEXOR XR ORAL CAPSULE,EXTENDED		<i>enalapril-hydrochlorothiazide</i>	46
RELEASE 24HR 37.5 MG.....	26	<i>enalaprilat intravenous injectable</i>	46
EFFEXOR XR ORAL CAPSULE,EXTENDED		ENBREL SUBCUTANEOUS KIT.....	72
RELEASE 24HR 75 MG.....	26	ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML	
EFFIENT.....	46	(0.51).....	72
EFUDIX TOPICAL CREAM.....	53	ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML	
EGRIFTA SUBCUTANEOUS RECON SOLN 2		(0.98 ML).....	72
MG.....	69	ENBREL SURECLICK.....	73
ELAPRASE.....	61	<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	26
ELDEPRYL.....	26	<i>endodan</i>	26
<i>electrolyte-48 in d5w</i>	83	ENERGIX-B (PF).....	69
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7.5 MG.....	18	<i>enlon</i>	26
ELIGARD SUBCUTANEOUS SYRINGE 30 MG, 45		ENLON-PLUS.....	26
MG.....	18	<i>enoxaparin subcutaneous solution</i>	46
ELIMITE.....	53	<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	46
<i>elinest</i>	74	<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8</i>	
<i>eliphos</i>	83	<i>ml</i>	46
ELIQUIS.....	46	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	46
<i>elite-ob oral tablet</i>	83	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	46
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ELLA.....	74	<i>enskyce</i>	74
ELLENCE.....	18	<i>entacapone</i>	26
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ELOCON.....	53	ENTOCORT EC.....	67
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EMADINE.....	77	EPIDUO.....	54

EPIFOAM.....	54	ERYPED 400.....	11
<i>epinastine</i>	77	<i>erythrocin (as stearate) oral tablet 250 mg.</i>	11
<i>epinephrine (pf)</i>	79	ERYTHROCIN INTRAVENOUS RECON SOLN 500	
<i>epinephrine injection auto-injector</i>	79	MG.....	11
<i>epinephrine injection solution 1 mg/ml (1:1,000)</i>	79	<i>erythromycin ethylsuccinate oral tablet</i>	11
<i>epinephrine injection syringe 0.1 mg/ml (1:10,000)</i>	79	<i>erythromycin ophthalmic</i>	77
EPIPEN 2-PAK.....	79	<i>erythromycin oral capsule, delayed release(dr/ec)</i>	11
EPIPEN JR 2-PAK.....	79	<i>erythromycin oral tablet</i>	12
<i>epirubicin intravenous recon soln 50 mg</i>	18	<i>erythromycin with ethanol</i>	54
<i>epirubicin intravenous solution 200 mg/100 ml</i>	18	<i>erythromycin-benzoyl peroxide</i>	54
<i>epirubicin intravenous solution 50 mg/25 ml</i>	18	<i>erythromycin-sulfisoxazole</i>	12
<i>epitol</i>	26	<i>escitalopram oxalate oral solution</i>	26
EPIVIR HBV ORAL SOLUTION.....	11	<i>escitalopram oxalate oral tablet 10 mg</i>	26
EPIVIR HBV ORAL TABLET.....	11	<i>escitalopram oxalate oral tablet 20 mg</i>	26
EPIVIR ORAL SOLUTION.....	11	<i>escitalopram oxalate oral tablet 5 mg</i>	26
EPIVIR ORAL TABLET.....	11	ESGIC.....	26
<i>eplerenone</i>	47	<i>esmolol intravenous solution</i>	47
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EPOGEN INJECTION SOLUTION 20,000 UNIT/ ML.....	70	ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 49.3	
<i>epoprostenol (glycine)</i>	47	MG.....	67
<i>eprosartan</i>	47	<i>estarylla</i>	74
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EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG.....	26	ESTRACE VAGINAL.....	74
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ERAXIS(WATER DILUENT).....	11	<i>estradiol transdermal</i>	74
ERBITUX.....	18	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	74
<i>ergoloid</i>	26	<i>estradiol-norethindrone acet</i>	74
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ERIVEDGE.....	18	ESTRING.....	74
<i>errin</i>	74	<i>estropipate</i>	74
ERTACZO.....	54	ESTROSTEP FE-28.....	74
ERWINAZE.....	18	<i>eszopiclone</i>	26
<i>ery pads</i>	54	<i>ethambutol</i>	12
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	11	<i>ethosuximide</i>	26
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/ EC) 500 MG.....	11	<i>etidronate disodium</i>	57
<i>erygel</i>	54	<i>etodolac</i>	26
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		<i>etoposide intravenous</i>	18
		EURAX.....	54
		EVAMIST.....	74
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EXELON TRANSDERMAL.....	26	FELDENE.....	27
<i>exemestane</i>	18	<i>felodipine</i>	47
EXFORGE.....	47	FEMARA.....	18
EXFORGE HCT.....	47	FEMCON FE.....	74
EXJADE.....	57	FEMHRT LOW DOSE.....	74
EXTAVIA SUBCUTANEOUS KIT.....	70	FEMRING.....	74
EXTAVIA SUBCUTANEOUS RECON SOLN.....	70	<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	47
EXTINA.....	54	<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	47
EYLEA.....	77	<i>fenofibrate nanocrystallized</i>	47
FABIOR.....	54	<i>fenofibrate oral tablet</i>	47
FABRAZYME.....	61	<i>fenofibric acid</i>	47
FACTIVE.....	12	<i>fenofibric acid (choline) dr capsules</i>	47
<i>falmina (28)</i>	74	FENOGLIDE.....	47
<i>famciclovir oral tablet 125 mg, 250 mg</i>	12	<i>fenoprofen oral tablet</i>	27
<i>famciclovir oral tablet 500 mg</i>	12	<i>fentanyl citrate</i>	27
<i>famotidine (pf)</i>	67	<i>fentanyl citrate (pf) injection</i>	27
<i>famotidine (pf)-nacl (iso-os)</i>	67	<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	27
<i>famotidine intravenous</i>	67	<i>fentanyl patches</i>	27
<i>famotidine oral suspension</i>	67	FENTORA.....	27
<i>famotidine oral tablet 20 mg, 40 mg</i>	67	FERRIPROX.....	57
FAMVIR ORAL TABLET 125 MG, 250 MG.....	12	FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK.....	27
FAMVIR ORAL TABLET 500 MG.....	12	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG.....	27
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FANAPT ORAL TABLET 10 MG.....	27	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG.....	27
FANAPT ORAL TABLET 12 MG.....	27	FEXMID.....	27
FANAPT ORAL TABLET 2 MG.....	27	<i>fexofenadine oral tablet 180 mg, 60 mg</i>	80
FANAPT ORAL TABLET 4 MG.....	27	FIBRICOR.....	47
FANAPT ORAL TABLET 6 MG.....	27	FINACEA.....	54
FANAPT ORAL TABLET 8 MG.....	27	<i>finasteride oral tablet 5 mg</i>	82
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FARESTON.....	18	FIORICET WITH CODEINE ORAL CAPSULE 50- 300-40-30 MG.....	27
FARXIGA.....	61	FIORINAL.....	27
FASLODEX.....	18	FIORINAL-CODEINE #3.....	27
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG.....	27		
FAZACLO ORAL TABLET,DISINTEGRATING 12.5 MG.....	27		
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG.....	27		

FIRAZYR.....	80	<i>fluocinonide</i>	54
FIRMAGON KIT W DILUENT SYRINGE		<i>fluocinonide-e</i>	54
SUBCUTANEOUS RECON SOLN 120 MG.....	18	<i>fluocinonide-emollient</i>	54
FIRMAGON KIT W DILUENT SYRINGE		<i>fluorescein-benoxinate</i>	77
SUBCUTANEOUS RECON SOLN 80 MG.....	18	<i>fluorescein-proparacaine</i>	77
FIRMAGON SUBCUTANEOUS RECON SOLN 120		<i>fluoritab oral tablet,chewable</i>	83
MG.....	18	<i>fluorometholone</i>	77
FIRMAGON SUBCUTANEOUS RECON SOLN 80		<i>fluorouracil intravenous</i>	18
MG.....	18	<i>fluorouracil topical</i>	54
FLAGYL.....	12	<i>fluoxetine oral capsule 10 mg</i>	27
FLAGYL ER.....	12	<i>fluoxetine oral capsule 20 mg</i>	27
FLAREX.....	77	<i>fluoxetine oral capsule 40 mg</i>	27
<i>flavoxate</i>	82	<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	27
FLEBOGAMMA DIF.....	70	<i>fluoxetine oral solution</i>	27
<i>flecainide</i>	47	<i>fluoxetine oral tablet 10 mg</i>	27
FLECTOR.....	27	<i>fluoxetine oral tablet 20 mg</i>	27
FLEXBUMIN 25 %.....	83	FLUOXETINE ORAL TABLET 60 MG.....	27
FLO-PRED.....	61	<i>fluphenazine decanoate</i>	27
FLOLAN.....	47	<i>fluphenazine hcl injection</i>	27
FLOMAX.....	82	<i>fluphenazine hcl oral</i>	27
FLONASE.....	80	<i>flurazepam</i>	28
FLOVENT DISKUS INHALATION BLISTER WITH		<i>flurbiprofen</i>	28
DEVICE 100 MCG/ACTUATION.....	80	<i>flurbiprofen sodium</i>	77
FLOVENT DISKUS INHALATION BLISTER WITH		<i>flurox</i>	77
DEVICE 250 MCG/ACTUATION, 50 MCG/		<i>flutamide</i>	18
ACTUATION.....	80	<i>fluticasone nasal</i>	80
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ACTUATION.....	80	<i>fluvastatin</i>	47
FLOVENT HFA INHALATION AEROSOL 220 MCG/		<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	28
ACTUATION.....	80	<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	28
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ACTUATION.....	80	<i>fluvoxamine oral tablet 25 mg</i>	28
<i>floxuridine</i>	18	<i>fluvoxamine oral tablet 50 mg</i>	28
<i>fluconazole</i>	12	FML FORTE.....	77
<i>fluconazole in dextrose(iso-o)</i>	12	FML LIQUIFILM.....	77
<i>fluconazole in nacl (iso-osm)</i>	12	FML S.O.P.....	77
<i>flucytosine</i>	12	FOCALGIN-B.....	84
<i>fludarabine intravenous recon soln</i>	18	FOCALIN.....	28
<i>fludarabine intravenous solution</i>	18	FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	
<i>fludrocortisone</i>	61	10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5	
FLUMADINE ORAL TABLET.....	12	MG.....	28
<i>flumazenil</i>	27	FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	80	20 MG.....	28
<i>fluocinolone</i>	54	<i>folcal dha</i>	84
<i>fluocinolone acetonide oil</i>	59	<i>folcaps omega-3 (asparto-gly)</i>	84
<i>fluocinolone-shower cap</i>	54	<i>folivane-ob</i>	84

<i>folivane-prx dha nf</i>	84	FYCOMPA ORAL TABLET 10 MG, 12 MG.....	28
FOLOTYN.....	18	FYCOMPA ORAL TABLET 2 MG.....	28
<i>fomepizole</i>	70	FYCOMPA ORAL TABLET 4 MG.....	28
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	47	FYCOMPA ORAL TABLET 6 MG.....	28
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	47	FYCOMPA ORAL TABLET 8 MG.....	28
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	47	<i>gabapentin oral capsule 100 mg</i>	28
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	47	<i>gabapentin oral capsule 300 mg</i>	28
FORADIL AEROLIZER.....	80	<i>gabapentin oral capsule 400 mg</i>	28
FORFIVO XL.....	28	<i>gabapentin oral solution 250 mg/5 ml</i>	28
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG.....	61	<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	28
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG.....	61	<i>gabapentin oral tablet 600 mg</i>	28
FORTAZ IN DEXTROSE 5 %.....	12	<i>gabapentin oral tablet 800 mg</i>	28
FORTAZ INJECTION RECON SOLN 1 GRAM, 6 GRAM.....	12	GABITRIL.....	28
FORTAZ INJECTION RECON SOLN 2 GRAM, 500 MG.....	12	GABLOFEN INTRATHECAL SOLUTION.....	28
FORTAZ INTRAVENOUS.....	12	GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/ 20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ ML).....	28
FORTEO.....	73	GABLOFEN INTRATHECAL SYRINGE 50 MCG/ ML (1 ML).....	28
FORTESTA.....	61	<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	28
<i>fortical</i>	61	<i>galantamine oral solution</i>	28
FOSAMAX ORAL TABLET 70 MG.....	73	<i>galantamine oral tablet</i>	28
FOSAMAX PLUS D.....	73	GAMASTAN S/D INTRAMUSCULAR SOLUTION.....	70
<i>foscarnet</i>	12	GAMMAGARD LIQUID.....	70
<i>fosinopril</i>	47	GAMMAGARD S-D (IGA < 1 MCG/ML).....	70
<i>fosinopril-hydrochlorothiazide</i>	47	GAMMAKED.....	70
<i>fosphenytoin</i>	28	GAMMAPLEX.....	70
FOSRENOL.....	57	GAMUNEX-C.....	70
FRAGMIN SUBCUTANEOUS SOLUTION.....	47	<i>ganciclovir sodium</i>	12
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 UNIT/ML, 12,500 UNIT/0.5 ML, 15,000 UNIT/0.6 ML, 18,000 UNIT/0.72 ML, 7,500 UNIT/0.3 ML.....	47	<i>garamycin ophthalmic drops</i>	77
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<i>freamine iii 10 %</i>	84	<i>gatifloxacin</i>	77
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<i>furosemide injection</i>	47	<i>gavilyte-c</i>	67
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	47	<i>gavilyte-g</i>	67
<i>furosemide oral tablet</i>	47	<i>gavilyte-n</i>	67
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<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	18	<i>glimepiride oral tablet 1 mg</i>	61
<i>gemcitabine intravenous recon soln 2 gram</i>	18	<i>glimepiride oral tablet 2 mg</i>	61
<i>gemcitabine intravenous solution</i>	18	<i>glimepiride oral tablet 4 mg</i>	61
<i>gemfibrozil oral</i>	47	<i>glipizide oral tablet 10 mg</i>	61
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<i>generlac</i>	67	<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	61
<i>gengraf</i>	18	<i>glipizide oral tablet extended release 24hr 5 mg</i>	61
GENOTROPIN.....	70	<i>glipizide-metformin oral tablet 2.5-250 mg</i>	61
GENOTROPIN MINIQUICK SUBCUTANEOUS		<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	61
SYRINGE 0.2 MG/0.25 ML.....	70	GLUCAGEN.....	61
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MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4		GLUCOPHAGE ORAL TABLET 1,000 MG.....	61
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mg/50 ml, 90 mg/100 ml.....	12	RELEASE 24 HR 750 MG.....	61
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<i>gentamicin ophthalmic drops</i>	77	GLUCOTROL XL ORAL TABLET EXTENDED	
<i>gentamicin ophthalmic ointment</i>	77	RELEASE 24HR 2.5 MG.....	61
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<i>gentamicin sulfate (pf) intravenous solution 60 mg/6 ml</i>	12	GLUMETZA ORAL TABLET,ER GAST.RETENTION	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	12	24 HR 1,000 MG.....	62
<i>gentamicin topical</i>	54	GLUMETZA ORAL TABLET,ER GAST.RETENTION	
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GEODON ORAL CAPSULE 20 MG.....	28	<i>glyburide micronized oral tablet 1.5 mg</i>	62
GEODON ORAL CAPSULE 40 MG.....	28	<i>glyburide micronized oral tablet 3 mg</i>	62
GEODON ORAL CAPSULE 60 MG, 80 MG.....	28	<i>glyburide micronized oral tablet 6 mg</i>	62
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<i>gianvi (28)</i>	74	<i>glyburide oral tablet 2.5 mg</i>	62
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GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG.....	28	<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	47
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	67	<i>heparin (porcine) injection cartridge</i>	47
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<i>granisol</i>	67	<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	47
GRANIX.....	70	<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	47
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<i>haloperidol decanoate</i>	29		
<i>haloperidol lactate injection</i>	29		
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HUMIRA SUBCUTANEOUS KIT 40 MG/0.8 ML.....	73	<i>hydromorphone oral tablet 2 mg, 4 mg</i>	29
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<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml</i>	29	HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION.....	70
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML.....	29	HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG).....	70
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	29	HYPERTET S/D (PF).....	70
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<i>ifosfamide intravenous solution</i>	18	INTEGRILIN INTRAVENOUS SOLUTION 2 MG/	
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PITRESSIN.....	64	<i>potassium chloride oral tablet, er particles/crystals</i>	85
PLAN B ONE-STEP.....	75	<i>potassium chloride-0.45 % nacl</i>	85
PLAQUENIL.....	14	<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	85
<i>plasbumin 25 %</i>	85	<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	85
<i>plasbumin 5 %</i>	85	<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	85
PLASMA-LYTE 148.....	85	<i>potassium chloride-d5-0.9%nacl</i>	85
PLASMA-LYTE A.....	85	<i>potassium citrate oral tablet extended release 10 meq, 5 meq</i>	82
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<i>plasmanate</i>	85	POTIGA ORAL TABLET 200 MG, 400 MG.....	37
PLAVIX ORAL TABLET 300 MG.....	50	POTIGA ORAL TABLET 300 MG.....	37
PLAVIX ORAL TABLET 75 MG.....	50	POTIGA ORAL TABLET 50 MG.....	37
PLEGISOL.....	50	<i>pr natal 400</i>	85
PLETAL.....	50	<i>pr natal 400 ec</i>	85
PLIAGLIS.....	55	<i>pr natal 430</i>	85
PNV FOLIC ACID + IRON.....	85	<i>pr natal 430 ec</i>	85
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	85	PRADAXA.....	50
<i>pnv-dha</i>	85	<i>pramipexole</i>	37
<i>pnv-select</i>	85	PRAMOSONE TOPICAL LOTION 2.5-1 %.....	55
<i>podofilox</i>	55		
<i>polocaine</i>	55		
<i>polocaine-mpf injection solution 10 mg/ml (1 %)</i>	55		
<i>polocaine-mpf injection solution 15 mg/ml (1.5 %)</i>	55		
<i>polocaine-mpf injection solution 20 mg/ml (2 %)</i>	55		
<i>polycin</i>	78		
<i>polyethylene glycol 3350 oral</i>	68		
<i>polymyxin b sulf-trimethoprim</i>	78		
<i>polymyxin b sulfate</i>	14		
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POMALYST.....	19		

PRANDIMET.....	64	PRENATE AM.....	85
PRANDIN ORAL TABLET 0.5 MG.....	64	PRENATE ELITE.....	85
PRANDIN ORAL TABLET 1 MG.....	64	PRENATE ESSENTIAL ORAL CAPSULE 29 MG	
PRANDIN ORAL TABLET 2 MG.....	64	IRON-1 MG -300 MG.....	85
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MG.....	50	PREPIDIL.....	76
<i>pravastatin</i>	50	PREPOPIK.....	68
<i>prazosin</i>	50	PREQUE 10 ORAL TABLET 15 MG IRON -0.5 MG-	
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PRECOSE ORAL TABLET 25 MG.....	64	PREVACID SOLUTAB.....	68
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<i>prednisolone acetate</i>	78	PREVIDENT 5000 SENSITIVE.....	59
<i>prednisolone oral solution 15 mg/5 ml</i>	64	<i>previfem</i>	76
<i>prednisolone sodium phosphate ophthalmic</i>	78	PREVPAC.....	68
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 5</i>		PREZISTA ORAL SUSPENSION.....	14
<i>mg base/5 ml (6.7 mg/5 ml)</i>	64	PREZISTA ORAL TABLET 150 MG, 75 MG.....	14
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5</i>		PREZISTA ORAL TABLET 600 MG, 800 MG.....	14
<i>mg/ml)</i>	64	PRIALT.....	37
<i>prednisone intensol</i>	64	PRIFTIN.....	14
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PREMARIN ORAL.....	76	PRIMLEV.....	37
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<i>premasol 10 %</i>	85	PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG.....	50
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<i>prenaissance</i>	85	PROAIR HFA.....	80
<i>prenaissance plus</i>	85	<i>probenecid</i>	73
PRENATA.....	85	<i>procainamide injection solution 100 mg/ml</i>	50
<i>prenatabs fa</i>	85	<i>procainamide injection solution 500 mg/ml</i>	50
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<i>prenatal vitamins low iron</i>	85	PROCARDIA.....	50

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<i>procentra</i>	37	PROTONIX ORAL.....	68
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<i>progesterone micronized</i>	76	PULMICORT FLEXHALER.....	80
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<i>promethazine oral</i>	80	QUARTETTE.....	76
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	80	<i>quasense</i>	76
<i>promethazine vc</i>	80	QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG.....	37
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<i>propranolol-hydrochlorothiazid</i>	50	<i>quetiapine oral tablet 100 mg</i>	37
<i>propylthiouracil</i>	64	<i>quetiapine oral tablet 200 mg</i>	37
PROQUAD (PF).....	71	<i>quetiapine oral tablet 25 mg</i>	37
PROSCAR.....	82	<i>quetiapine oral tablet 300 mg</i>	37
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<i>quinapril-hydrochlorothiazide</i>	50	RELISTOR SUBCUTANEOUS SOLUTION.....	68
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<i>rabeprazole</i>	68	REMERON ORAL TABLET 30 MG.....	38
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<i>ranitidine hcl injection</i>	68	TABLET,DISINTEGRATING 30 MG.....	38
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RETROVIR ORAL CAPSULE.....	14	RISPERDAL M-TAB ORAL	
RETROVIR ORAL SYRUP.....	14	TABLET,DISINTEGRATING 0.5 MG.....	38
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25 MG.....	20	TABLET,DISINTEGRATING 3 MG.....	38
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<i>revonto</i>	38	TABLET,DISINTEGRATING 4 MG.....	38
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MG.....	14	RISPERDAL ORAL TABLET 0.25 MG.....	38
RHEUMATREX.....	20	RISPERDAL ORAL TABLET 0.5 MG.....	38
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RHOGAM ULTRA-FILTERED PLUS.....	71	RISPERDAL ORAL TABLET 2 MG.....	38
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<i>mg (28), 400-400 mg (28)-mg (28), 600-400 mg (28)-</i>		<i>risperidone oral solution.....</i>	38
<i>mg (28), 600-600 mg (28)-mg (28).....</i>	14	<i>risperidone oral tablet 0.25 mg.....</i>	38
<i>ribapak dose pack oral tablets,dose pack 200 mg (7)- 400</i>		<i>risperidone oral tablet 0.5 mg.....</i>	38
<i>mg (7), 400 mg (7)- 400 mg (7), 600 mg (7)- 400 mg</i>		<i>risperidone oral tablet 1 mg.....</i>	38
<i>(7), 600 mg (7)- 600 mg (7).....</i>	14	<i>risperidone oral tablet 2 mg.....</i>	38
<i>ribasphere oral capsule.....</i>	14	<i>risperidone oral tablet 3 mg.....</i>	38
<i>ribasphere oral tablet 200 mg, 600 mg.....</i>	14	<i>risperidone oral tablet 4 mg.....</i>	39
<i>ribasphere oral tablet 400 mg.....</i>	14	<i>risperidone oral tablet,disintegrating 0.25 mg.....</i>	39
<i>ribavirin oral capsule.....</i>	14	<i>risperidone oral tablet,disintegrating 0.5 mg.....</i>	39
<i>ribavirin oral tablet 200 mg.....</i>	14	<i>risperidone oral tablet,disintegrating 1 mg.....</i>	39
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<i>rifabutin.....</i>	14	<i>risperidone oral tablet,disintegrating 3 mg.....</i>	39
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RIFAMATE.....	14	RITALIN LA.....	39
<i>rifampin intravenous.....</i>	14	RITALIN SR.....	39
<i>rifampin oral.....</i>	14	RITUXAN.....	20
RIFATER.....	14	<i>rivastigmine tartrate.....</i>	39
RILUTEK.....	58	<i>rizatriptan oral tablet.....</i>	39
<i>riluzole.....</i>	58	<i>rizatriptan oral tablet,disintegrating.....</i>	39
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<i>rosadan topical cream</i>	56	SAVELLA ORAL TABLET 50 MG.....	73
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ROTATEQ VACCINE.....	72	SEASONIQUE.....	76
ROWASA.....	68	<i>seconal sodium</i>	39
ROXICET ORAL SOLUTION.....	39	SECTRAL.....	50
<i>roxicet oral tablet 5-325 mg</i>	39	<i>selegiline hcl</i>	39
ROXICODONE ORAL TABLET 15 MG.....	39	<i>selenium sulfide topical suspension 2.5 %</i>	56
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SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG.....	39	<i>sertraline oral tablet 100 mg</i>	40
SAPHRIS SUBLINGUAL TABLET 10 MG.....	39	<i>sertraline oral tablet 25 mg</i>	40
SAPHRIS SUBLINGUAL TABLET 5 MG.....	39	<i>sertraline oral tablet 50 mg</i>	40
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SARAFEM ORAL TABLET 20 MG.....	39	<i>setonet-ec</i>	86
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<i>sf</i>	59	<i>sodium lactate intravenous solution</i>	86
<i>sf 5000 plus</i>	59	<i>sodium phenylbutyrate</i>	58
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SIGNIFOR.....	20	<i>sodium polystyrene (sorb free)</i>	58
<i>sildenafil</i>	81	<i>sodium polystyrene sulfonate oral powder</i>	58
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<i>sodium chloride 0.9 % intravenous</i>	58	<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	51
<i>sodium chloride 3 %</i>	86	<i>sorine oral tablet 240 mg</i>	51
<i>sodium chloride 5 %</i>	86	<i>sotalol af</i>	51
<i>sodium chloride intravenous</i>	86		
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This formulary was updated on August 8, 2014. For more recent information or other questions, please contact us, Empire BlueCross at 1-866-222-0444 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit www.empireblue.com.

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