



Anthem Medicare Preferred Standard (PPO)

2014 Formulary (List of Covered Drugs)

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

Customer Service

This formulary was updated on August 1, 2013. For more recent information or other questions, please contact Anthem Medicare Preferred Standard (PPO) Customer Service at 1-800-467-1199 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30, or visit www.anthem.com/medicare.

Note to existing members:

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Anthem Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Anthem Medicare Preferred Standard (PPO).

This document includes a list of the drugs (formulary) for our plan which is current as of August 1, 2013. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

What is the Anthem Medicare Preferred Standard (PPO) formulary?

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

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2014. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (nonmaintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Medications." If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 45. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 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, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the formulary?

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

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

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

You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Anthem Medicare Preferred Standard (PPO)'s formulary?

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

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

You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

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

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

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

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

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

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

If you are a resident of a long-term-care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the 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.

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

For more information

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

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

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

Our plan's formulary

The formulary on page 7 provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 45.

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

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

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

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

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

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

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-800-467-1199, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

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

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

Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1 Preferred Generic	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$4.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$9.00
Cost-Sharing Tier 2 Non-Preferred Generic	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$16.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$21.00
Cost-Sharing Tier 3 Preferred Brand	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$40.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$45.00
Cost-Sharing Tier 4 Non-Preferred Brand	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$90.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$95.00
Cost-Sharing Tier 5 Injectable Drugs	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	\$95.00
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$95.00
Cost-Sharing Tier 6 Specialty Tier	
Preferred Network Pharmacy* (30-day supply) or Mail-Order Pharmacy** (30-day supply)	33%
Network Pharmacy (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	33%

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

* Preferred Network Pharmacy – A network pharmacy that offers covered drugs to members of our plan that may have lower cost-sharing levels than other network pharmacies.

** Mail-Order Pharmacy – Mail-order service allows you to order a 30–90-day supply of drugs. The drugs available through our plan’s mail-order service are marked as “mail-order” drugs in our drug list.

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 those drugs will treat your medical condition before your plan will cover another drug for that condition.

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

Drug Name	Drug Tier	Requirements/ Limits
Adjunctive Agents		
<i>amifostine</i>	6	PAR MO
<i>calcium folinate</i>	5	
<i>dexrazoxane inj 250mg</i>	6	B/D PAR
<i>dexrazoxane inj 500mg</i>	6	B/D PAR MO
ELITEK	6	
FUSILEV	5	B/D PAR MO
<i>leucovorin calcium inj 100mg, 50mg</i>	5	MO
<i>leucovorin calcium inj 500mg</i>	5	
<i>leucovorin calcium tabs</i>	2	MO
<i>mesna</i>	5	MO
MESNEX INJ	5	
MESNEX TABS	4	MO
XGEVA	6	PAR QLL(1.7 per 28 days) MO

Adrenal Hormones

<i>a-hydrocort</i>	5	MO
<i>a-methapred</i>	5	MO
ACTHAR HP	6	PAR MO
<i>cortisone acetate</i>	2	MO
<i>dexamethasone</i>	1	MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone sodium phosphate inj</i>	5	MO
<i>fludrocortisone acetate</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone tabs</i>	2	MO
<i>methylprednisolone</i>	2	MO
<i>methylprednisolone acetate</i>	5	MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone</i>	5	MO
<i>sodiumsuccinate inj 1000mg, 125mg, 40mg</i>		
<i>prednisolone</i>	2	MO
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/5ml</i>	2	MO
<i>prednisone</i>	1	MO
<i>prednisone intensol</i>	2	MO
<i>veripred 20</i>	1	MO

Antiarrhythmic Agents

<i>amiodarone hcl inj</i>	5	B/D PAR MO
<i>amiodarone hcl tabs</i>	2	MO
<i>disopyramide phosphate</i>	3	MO
<i>flecainide acetate</i>	2	MO
<i>lidocaine hcl inj 20mg/ml</i>	5	MO
<i>mexiletine hcl</i>	2	MO
<i>pacerone</i>	2	MO
<i>procainamide hcl inj 100mg/ml</i>	5	MO
<i>procainamide hcl inj 500mg/ml</i>	5	
<i>propafenone hcl</i>	2	MO
<i>quinidine gluconate cr</i>	2	MO
<i>quinidine gluconate er</i>	2	MO
<i>quinidine sulfate</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>quinidine sulfate er</i>	1	MO
<i>sorine</i>	2	MO
<i>sotalol hcl</i>	2	MO
<i>sotalol hcl (af)</i>	2	MO
TIKOSYN	4	MO
Antibiotics		
<i>ak-poly-bac</i>	1	MO
<i>bacitracin ophthalmic oint</i>	2	MO
<i>bacitracin/polymyxin b</i>	1	MO
CILOXAN OPHTHALMIC SOLN	4	MO
<i>ciprofloxacin hcl</i>	2	MO
<i>erythromycin</i>	2	MO
<i>gentak oint</i>	1	MO
<i>gentak ophthalmic soln</i>	2	MO
<i>gentamicin sulfate oint 0.3%</i>	2	MO
<i>gentamicin sulfate ophthalmic soln</i>	1	MO
<i>levofloxacin ophthalmic soln</i>	2	MO
MOXEZA	3	MO
NATACYN	3	MO
<i>neo-polycin</i>	2	MO
<i>neomycin/bacitracin/polymyxin2 zinc</i>	2	MO
<i>neomycin/polymyxin/bacitracin2 zinc</i>	2	MO
<i>neomycin/polymyxin/gramicidin1</i>	1	MO
<i>ofloxacin</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>tobramycin sulfate ophthalmic soln</i>	1	MO
<i>trimethoprim sulfate/polymyxin1 b sulfate</i>	1	MO
VIGAMOX	3	MO
Anticholinergics & Antispasmodics		
<i>flavoxate hcl</i>	2	MO
GELNIQUE GEL 10%	4	QLL(30 per 30 days) ST MO
GELNIQUE GEL 3%	4	QLL(100 per 30 days) ST MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QLL(60 per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	2	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride syrpf</i>	2	QLL(600 per 30 days) MO
<i>oxybutynin chloride tabs</i>	1	QLL(120 per 30 days) MO
<i>tolterodine tartrate tabs 1mg</i>	3	QLL(30 per 30 days) MO
<i>tolterodine tartrate tabs 2mg</i>	3	QLL(60 per 30 days) MO
TOVIAZ	3	QLL(30 per 30 days) MO
<i>trospium chloride</i>	2	QLL(60 per 30 days) MO
Anticonvulsants		
BANZEL SUSP	4	QLL(2400 per 30 days) MO
BANZEL TABS 200MG	4	QLL(480 per 30 days) MO
BANZEL TABS 400MG	4	QLL(240 per 30 days) MO
<i>carbamazepine</i>	2	MO
<i>carbamazepine er</i>	2	MO
CELONTIN	4	MO
<i>clonazepam odt tbdp 0.125mg</i>	3	QLL(4800 per 30 days) MO
<i>clonazepam odt tbdp 0.25mg</i>	3	QLL(2400 per 30 days) MO
<i>clonazepam odt tbdp 0.5mg</i>	3	QLL(1200 per 30 days) MO
<i>clonazepam odt tbdp 1mg</i>	3	QLL(600 per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	3	QLL(300 per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	3	QLL(1200 per 30 days) MO
<i>clonazepam tabs 1mg</i>	3	QLL(600 per 30 days) MO
<i>clonazepam tabs 2mg</i>	3	QLL(300 per 30 days) MO
DEPACON	5	MO
<i>diazepam gel</i>	3	QLL(2 per 1 days) MO
DILANTIN CAPS 30MG	3	MO
DILANTIN INFATABS	3	MO
<i>divalproex sodium</i>	2	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	2	MO
<i>epitol</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
EQUETRO CP12 100MG	4	QLL(480 per 30 days) MO
EQUETRO CP12 200MG	4	QLL(240 per 30 days) MO
EQUETRO CP12 300MG	4	QLL(180 per 30 days) MO
<i>ethosuximide</i>	2	MO
<i>felbamate susp</i>	6	MO
<i>felbamate tabs</i>	3	MO
<i>fosphenytoin sodium</i>	5	MO
<i>gabapentin caps 100mg</i>	2	QLL(1080 per 30 days) MO
<i>gabapentin caps 300mg</i>	2	QLL(360 per 30 days) MO
<i>gabapentin caps 400mg</i>	2	QLL(270 per 30 days) MO
<i>gabapentin oral soln</i>	2	QLL(2160 per 30 days) MO
<i>gabapentin tabs 600mg</i>	2	QLL(180 per 30 days) MO
<i>gabapentin tabs 800mg</i>	2	QLL(135 per 30 days) MO
GABITRIL	4	MO
<i>lamotrigine</i>	2	MO
<i>levetiracetam er tb24 500mg</i>	2	QLL(180 per 30 days) MO
<i>levetiracetam er tb24 750mg</i>	2	QLL(120 per 30 days) MO
<i>levetiracetam inj 500mg/5ml</i>	5	MO
<i>levetiracetam oral soln</i>	2	MO
<i>levetiracetam tabs</i>	2	MO
LYRICA CAPS 100MG	4	PAR QLL(180 per 30 days) MO
LYRICA CAPS 150MG	4	PAR QLL(120 per 30 days) MO
LYRICA CAPS 200MG	4	PAR QLL(90 per 30 days) MO
LYRICA CAPS 225MG, 300MG	4	PAR QLL(60 per 30 days) MO
LYRICA CAPS 25MG	4	PAR QLL(720 per 30 days) MO
LYRICA CAPS 50MG	4	PAR QLL(360 per 30 days) MO
LYRICA CAPS 75MG	4	PAR QLL(240 per 30 days) MO
LYRICA ORAL SOLN	4	PAR QLL(900 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ONFI TABS 10MG	4	QLL(120 per 30 days) MO
ONFI TABS 20MG	4	QLL(60 per 30 days) MO
ONFI TABS 5MG	4	QLL(240 per 30 days) MO
<i>oxcarbazepine</i>	2	MO
OXTELLAR XR TB24 150MG	4	QLL(480 per 30 days) MO
OXTELLAR XR TB24 300MG	4	QLL(240 per 30 days) MO
OXTELLAR XR TB24 600MG	4	QLL(120 per 30 days) MO
PEGANONE	4	MO
<i>phenobarbital elix</i>	3	QLL(3000 per 30 days) MO
<i>phenobarbital tabs 100mg</i>	3	QLL(120 per 30 days) MO
<i>phenobarbital tabs 15mg</i>	3	QLL(800 per 30 days) MO
<i>phenobarbital tabs 16.2mg</i>	3	QLL(741 per 30 days) MO
<i>phenobarbital tabs 30mg</i>	3	QLL(400 per 30 days) MO
<i>phenobarbital tabs 32.4mg</i>	3	QLL(370 per 30 days) MO
<i>phenobarbital tabs 60mg</i>	3	QLL(200 per 30 days) MO
<i>phenobarbital tabs 64.8mg</i>	3	QLL(185 per 30 days) MO
<i>phenobarbital tabs 97.2mg</i>	3	QLL(123 per 30 days) MO
<i>phenytoin chew</i>	3	MO
<i>phenytoin infatabs</i>	3	MO
<i>phenytoin sodium</i>	5	
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin susp</i>	2	MO
POTIGA TABS 200MG, 300MG, 400MG	4	QLL(90 per 30 days) MO
POTIGA TABS 50MG	4	QLL(270 per 30 days) MO
<i>primidone</i>	2	MO
SABRIL PACK	4	LA QLL(180 per 30 days) MO
SABRIL TABS	6	LA QLL(180 per 30 days) MO
<i>tiagabine hydrochloride</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate csp</i>	2	PAR MO
<i>topiramate tabs 100mg</i>	2	PAR QLL(480 per 30 days) MO
<i>topiramate tabs 200mg</i>	2	PAR QLL(240 per 30 days) MO
<i>topiramate tabs 25mg</i>	2	PAR QLL(1920 per 30 days) MO
<i>topiramate tabs 50mg</i>	2	PAR QLL(960 per 30 days) MO
<i>valproate sodium</i>	5	MO
<i>valproic acid</i>	2	MO
VIMPAT INJ	5	QLL(1200 per 30 days)
VIMPAT ORAL SOLN	4	QLL(1200 per 30 days) MO
VIMPAT TABS 100MG	4	QLL(120 per 30 days) MO
VIMPAT TABS 150MG	4	QLL(80 per 30 days) MO
VIMPAT TABS 200MG	4	QLL(60 per 30 days) MO
VIMPAT TABS 50MG	4	QLL(240 per 30 days) MO
<i>zonisamide</i>	2	MO
Antidiarrheals & Antispasmodics		
<i>atropine sulfate inj 0.05mg/ml, 0.1mg/ml, 0.8mg/ml</i>		
<i>atropine sulfate inj 0.4mg/ml, 1mg/ml</i>	5	MO
<i>dicyclomine hcl</i>	3	MO
<i>glycopyrrolate inj</i>	5	MO
<i>glycopyrrolate tabs</i>	2	MO
<i>loperamide hcl caps</i>	2	MO
<i>methscopolamine bromide</i>	2	MO
MOTOFEN	4	MO
<i>opium</i>	3	MO
<i>opium tincture</i>	3	MO
<i>paregoric</i>	2	MO
<i>propantheline bromide</i>	2	MO
Antidotes		
<i>acetylcysteine inj</i>	2	
Antifungal Agents		
ABELCET	6	B/D PAR MO
AMBISOME	6	B/D PAR MO
<i>amphotericin b</i>	5	B/D PAR MO
CANCIDAS	6	B/D PAR MO

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole troc</i>	2	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in dextrose</i>	5	
<i>fluconazole in nacl</i>	5	
<i>flucytosine</i>	6	MO
<i>griseofulvin microsize susp</i>	2	MO
<i>griseofulvin ultramicrosize</i>	3	MO
<i>itraconazole</i>	3	PAR MO
<i>ketoconazole tabs</i>	2	MO
MYCAMINE	6	MO
NOXAFIL	6	MO
<i>nystatin</i>	2	MO
<i>terbinafine hcl tabs</i>	3	MO
VFEND SUSR	6	PAR MO
<i>voriconazole inj</i>	5	MO
<i>voriconazole tabs</i>	6	PAR MO
Antihistamine & Antiallergenic Agents		
ADRENACLICK	5	QLL(2 per 1 days) MO
<i>cetirizine hcl syrp</i>	2	QLL(300 per 30 days) MO
<i>cypheptadine hcl tabs</i>	4	MO
<i>diphenhydramine hcl inj</i>	5	MO
<i>epinephrine</i>	5	QLL(2 per 1 days) MO
<i>epinephrine hcl</i>	5	MO
EPIPEN 2-PAK	5	QLL(2 per 1 days) MO
EPIPEN-JR 2-PAK	5	QLL(2 per 1 days) MO
<i>levocetirizine dihydrochloride tabs</i>	2	QLL(30 per 30 days) MO
Antihypertensive Therapy		
<i>acebutolol hcl</i>	1	MO
<i>afeditab cr</i>	2	MO
<i>amiloride hcl</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>amlodipine besylate tabs 10mg, 2.5mg</i>	1	QLL(30 per 30 days) MO
<i>amlodipine besylate tabs 5mg</i>	1	QLL(45 per 30 days) MO
<i>amlodipine besylate/benazepril hcl</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	MO
<i>atenolol</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>atenolol/chlorthalidone</i>	1	MO
<i>benazepril hcl</i>	1	MO
<i>benazepril hcl/ hydrochlorothiazide</i>	1	MO
<i>betaxolol hcl tabs</i>	1	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	1	MO
<i>bumetanide inj</i>	5	MO
<i>bumetanide tabs</i>	1	MO
BYSTOLIC	3	MO
<i>captopril</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	5	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>clonidine hcl ptwk</i>	2	QLL(4 per 28 days) MO
<i>clonidine hcl tabs</i>	1	MO
<i>dilt-cd</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>diltiazem cd</i>	2	MO
<i>diltiazem hcl cd</i>	2	MO
<i>diltiazem hcl cp24</i>	2	MO
<i>diltiazem hcl er</i>	2	MO
<i>diltiazem hcl inj</i>	5	
<i>diltiazem hcl tabs</i>	2	MO
<i>diltzac</i>	2	MO
DIOVAN TABS 160MG	3	QLL(60 per 30 days) MO
DIOVAN TABS 320MG	3	QLL(30 per 30 days) MO
DIOVAN TABS 40MG, 80MG	3	QLL(90 per 30 days) MO
<i>doxazosin mesylate</i>	2	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril maleate/ hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO
<i>eprosartan mesylate</i>	4	QLL(30 per 30 days) MO
EXFORGE	4	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT	4	QLL(30 per 30 days) MO
<i>felodipine er</i>	2	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/ hydrochlorothiazide</i>	1	MO
<i>furosemide inj</i>	5	MO
<i>furosemide oral soln</i>	1	MO
<i>furosemide tabs</i>	1	MO
<i>hydralazine hcl inj</i>	5	MO
<i>hydralazine hcl tabs</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	QLL(30 per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	1	QLL(30 per 30 days) MO
<i>isradipine</i>	2	MO
<i>labetalol hcl inj</i>	5	MO
<i>labetalol hcl tabs</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
LOPRESSOR INJ	5	MO
<i>losartan potassium tabs 100mg</i>	1	QLL(30 per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QLL(60 per 30 days) MO
<i>losartan potassium/ hydrochlorothiazide</i>	1	QLL(30 per 30 days) MO
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate inj</i>	5	
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO
MICARDIS HCT TABS 12.5MG; 40MG, 25MG; 80MG	3	QLL(30 per 30 days) MO
MICARDIS HCT TABS 12.5MG; 80MG	3	QLL(60 per 30 days) MO
MICARDIS TABS 20MG, 40MG	3	QLL(30 per 30 days) MO
MICARDIS TABS 80MG	3	QLL(60 per 30 days) MO
<i>minoxidil tabs</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
moexipril hcl	1	MO
moexipril/hydrochlorothiazide	1	MO
nadolol	1	MO
nadolol/bendroflumethiazide	2	MO
nicardipine hcl caps	2	MO
nicardipine hcl inj	5	
nifediac cc	2	MO
nifedical xl	2	MO
nifedipine er	2	MO
nimodipine	3	MO
perindopril erbumine	1	MO
pindolol	1	MO
prazosin hcl	2	MO
propranolol hcl er	2	MO
propranolol hcl inj	5	
propranolol hcl oral soln	2	MO
propranolol hcl tabs	2	MO
propranolol/hydrochlorothiazide	1	MO
quinapril hcl	1	MO
quinapril/hydrochlorothiazide	1	MO
ramipril	1	MO
REMODULIN	6	LA PAR MO
reserpine tabs 0.1mg	1	MO
spironolactone	1	MO
spironolactone/ hydrochlorothiazide	1	MO
taztia xt	2	MO
TEKTURNA	4	QLL(30 per 30 days) MO
TEKTURNA HCT	4	QLL(30 per 30 days) MO
terazosin hcl	2	MO
timolol maleate	1	MO
torsemide inj 20mg/2ml	5	
TORSEMIDE INJ 50MG/ 5ML	5	
torsemide tabs	1	MO
trandolapril	1	MO
triamterene/hydrochlorothiazide	1	MO
TWYNSTA	3	QLL(30 per 30 days) MO
valsartan/hydrochlorothiazide	3	QLL(30 per 30 days) MO
verapamil hcl er	2	MO
verapamil hcl inj	5	
verapamil hcl sr	2	MO

Drug Name	Drug Tier	Requirements/ Limits
verapamil hcl tabs	2	MO
Antineoplastic & Immunosuppressant Drugs		
ABRAXANE	6	B/D PAR MO
ADCETRIS	6	PAR MO
adriamycin	5	B/D PAR MO
adrucil	5	B/D PAR MO
AFINITOR	6	PAR MO
AFINITOR DISPERZ	6	PAR MO
ALIMTA	6	PAR MO
ALKERAN INJ	5	B/D PAR
ALKERAN TABS	4	B/D PAR MO
anastrozole	3	MO
ARRANON	5	B/D PAR
ARZERRA	6	B/D PAR MO
AVASTIN	6	PAR MO
azathioprine	2	B/D PAR MO
azathioprine sodium	5	B/D PAR MO
bicalutamide	3	MO
BICNU	5	B/D PAR MO
bleomycin sulfate	5	B/D PAR MO
BOSULIF	6	PAR MO
BUSULFEX	5	B/D PAR
CAPRELSA	6	LA PAR MO
carboplatin	5	B/D PAR MO
CEENU	4	MO
CELLCEPT INTRAVENOUS	5	B/D PAR
CELLCEPT SUSR	6	B/D PAR MO
CELLCEPT TABS	6	B/D PAR MO
cerubidine	5	B/D PAR MO
cisplatin	5	B/D PAR MO
cladribine	6	B/D PAR MO
CLOLAR	6	B/D PAR MO
COMETRIQ	6	PAR MO
COSMEGEN	6	B/D PAR MO
cyclophosphamide tabs	2	B/D PAR MO
cyclosporine caps	3	B/D PAR MO
cyclosporine inj	5	B/D PAR
cyclosporine modified caps 100mg, 50mg	3	B/D PAR MO
cyclosporine modified caps 25mg	2	MO
cyclosporine modified oral soln	3	B/D PAR MO
cytarabine	5	B/D PAR MO
cytarabine aqueous	5	B/D PAR MO
dacarbazine inj 100mg	5	B/D PAR
dacarbazine inj 200mg	5	B/D PAR MO

Drug Name	Drug Tier	Requirements/ Limits
DACOGEN	6	B/D PAR MO
<i>daunorubicin hcl inj 20mg</i>	5	B/D PAR MO
<i>daunorubicin hcl inj 5mg/ml</i>	5	B/D PAR
DOCEFREZ	6	B/D PAR
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/0.5ml, 20mg/2ml, 80mg/2ml, 80mg/8ml</i>	6	B/D PAR
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	6	B/D PAR MO
DOXIL	5	B/D PAR MO
<i>doxorubicin hcl</i>	5	B/D PAR MO
ELLEENCE	5	B/D PAR MO
ELOXATIN INJ 100MG/20ML, 50MG/10ML	6	B/D PAR MO
ELOXATIN INJ 200MG/40ML	6	B/D PAR
ELSPAR	5	B/D PAR MO
EMCYT	6	MO
<i>epirubicin hcl</i>	5	B/D PAR
ERBITUX INJ 100MG/50ML	6	PAR MO
ERBITUX INJ 200MG/100ML	6	PAR
ERIVEDGE	6	PAR MO
ETOPOPHOS	5	B/D PAR MO
<i>etoposide inj</i>	5	B/D PAR MO
<i>exemestane</i>	3	MO
FARESTON	4	MO
FASLODEX	6	PAR MO
FIRMAGON INJ 120MG	6	B/D PAR MO
FIRMAGON INJ 80MG	5	B/D PAR MO
<i>fludarabine phosphate inj 50mg</i>	5	B/D PAR MO
<i>fludarabine phosphate inj 50mg/2ml</i>	5	B/D PAR
<i>fluorouracil inj</i>	5	B/D PAR MO
<i>flutamide</i>	3	MO
FOLOTYN	6	B/D PAR MO
<i>gemcitabine</i>	6	B/D PAR
<i>gemcitabine hcl inj 1gm, 200mg</i>	6	B/D PAR MO
<i>gemcitabine hcl inj 2gm</i>	6	B/D PAR
<i>gengraf</i>	2	B/D PAR MO
GLEEVEC	6	PAR MO
HALAVEN	6	PAR MO
<i>hecoria caps 0.5mg, 1mg</i>	2	B/D PAR MO
<i>hecoria caps 5mg</i>	6	B/D PAR MO

Drug Name	Drug Tier	Requirements/ Limits
HERCEPTIN	6	PAR MO
HEXALEN	6	MO
<i>hydroxyurea</i>	2	MO
ICLUSIG	6	PAR MO
IDAMYCIN PFS	6	B/D PAR
<i>idarubicin hcl</i>	6	B/D PAR
IFEX	5	B/D PAR MO
<i>ifosfamide inj 1gm</i>	5	B/D PAR MO
<i>ifosfamide inj 1gm/20ml, 3gm, 3gm/60ml</i>	5	B/D PAR
INLYTA	6	PAR MO
<i>irinotecan inj 100mg/5ml, 40mg/2ml</i>	5	B/D PAR MO
<i>irinotecan inj 500mg/25ml</i>	5	B/D PAR
ISTODAX	6	PAR MO
IXEMPRA KIT	6	B/D PAR MO
JAKAFI	6	PAR MO
JEVTANA	6	B/D PAR MO
KADCYLA	6	PAR MO
KYPROLIS	6	PAR MO
<i>letrozole</i>	3	MO
LEUKERAN	3	MO
<i>leuprolide acetate</i>	5	PAR MO
LUPRON DEPOT INJ 3.75MG, 7.5MG	6	PAR MO
LUPRON DEPOT-PED INJ 7.5MG	6	PAR MO
LYSODREN	3	MO
MATULANE	6	MO
<i>megestrol acetate</i>	3	PAR MO
MEKINIST	6	PAR MO
<i>melphalan hydrochloride</i>	5	B/D PAR
<i>mercaptopurine</i>	2	MO
<i>methotrexate</i>	1	MO
<i>methotrexate sodium inj 1gm</i>	5	
<i>methotrexate sodium inj 25mg/5ml</i>	5	MO
<i>mitomycin</i>	5	B/D PAR MO
<i>mitoxantrone hcl</i>	5	MO
MUSTARGEN	5	B/D PAR MO
<i>mycophenolate mofetil</i>	3	B/D PAR MO
NEXAVAR	6	LA PAR MO
NILANDRON	4	MO
NIPENT	6	B/D PAR MO
NULOJIX	6	B/D PAR MO

Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate inj 1000mcg/6 ml		PAR MO
octreotide acetate inj 100mcg/ 5 ml, 200mcg/ml, 500mcg/ml, 50mcg/ml		PAR MO
ONTAK	6	B/D PAR
oxaliplatin inj 100mg, 50mg	6	B/D PAR
oxaliplatin inj 100mg/20ml, 50mg/10ml	6	B/D PAR MO
paclitaxel	5	B/D PAR MO
pentostatin	6	B/D PAR MO
PERJETA	6	PAR MO
POMALYST	6	PAR MO
PROGRAF INJ	5	B/D PAR MO
RAPAMUNE ORAL SOLN 3		B/D PAR MO
RAPAMUNE TABS 0.5MG,3 1MG		B/D PAR MO
RAPAMUNE TABS 2MG	6	B/D PAR MO
REVLIMID CAPS 10MG	6	LA PAR QLL(60 per 30 days) MO
REVLIMID CAPS 15MG, 25MG	6	LA PAR QLL(30 per 30 days) MO
REVLIMID CAPS 2.5MG	6	PAR MO
REVLIMID CAPS 20MG	6	PAR QLL(30 per 30 days) MO
REVLIMID CAPS 5MG	6	LA PAR QLL(150 per 30 days) MO
RITUXAN	6	PAR MO
SANDOSTATIN LAR DEPOT	6	PAR MO
SIMULECT INJ 10MG	6	B/D PAR
SIMULECT INJ 20MG	6	B/D PAR MO
SOLTAMOX	4	
SPRYCEL	6	PAR MO
STIVARGA	6	PAR MO
SUTENT	6	PAR MO
SYNRIBO	6	MO
TABLOID	4	MO
tacrolimus caps 0.5mg, 1mg	3	B/D PAR MO
tacrolimus caps 5mg	6	B/D PAR MO
TAFINLAR	6	PAR MO
tamoxifen citrate	2	MO
TARCEVA	6	PAR MO
TARGRETIN CAPS	6	PAR MO
TARGRETIN GEL	6	MO
TASIGNA	6	PAR MO

Drug Name	Drug Tier	Requirements/ Limits
TAXOTERE	6	B/D PAR MO
THALOMID	6	PAR MO
thiotepa	5	B/D PAR MO
toposar	5	B/D PAR MO
topotecan hcl inj 4mg	6	B/D PAR MO
topotecan hcl inj 4mg/4ml	6	B/D PAR
TORISEL	6	B/D PAR MO
TREANDA INJ 100MG	6	B/D PAR MO
TREANDA INJ 25MG	6	B/D PAR
tretinoin caps	6	MO
TRISENOX	6	B/D PAR MO
TYKERB	6	LA PAR MO
VECTIBIX	6	PAR MO
VELCADE	6	PAR MO
VIDAZA	6	PAR MO
vinblastine sulfate inj 10mg	5	B/D PAR
vinblastine sulfate inj 1mg/ml	5	B/D PAR MO
vincasar pfs	5	B/D PAR MO
vincristine sulfate	5	B/D PAR MO
vinorelbine tartrate	5	B/D PAR MO
VOTRIENT	6	PAR MO
XALKORI	6	PAR MO
XTANDI	6	PAR MO
YERVOY	6	PAR MO
ZALTRAP	6	PAR MO
ZANOSAR	5	B/D PAR MO
ZELBORAF	6	PAR MO
ZOLINZA	6	PAR MO
ZORTRESS TABS 0.25MG	4	B/D PAR MO
ZORTRESS TABS 0.5MG, 0.75MG	6	B/D PAR MO
ZYTIGA	6	PAR MO
Antiparkinsonism Agents		
APOKYN	6	LA PAR MO
AZILECT	3	MO
benztropine mesylate inj	5	
benztropine mesylate tabs	3	MO
bromocriptine mesylate	2	MO
carbidopa/levodopa	2	MO
carbidopa/levodopa cr	2	MO
carbidopa/levodopa er	2	MO
carbidopa/levodopa odt	2	MO
carbidopa/levodopa sr	2	MO
carbidopa/levodopa/entacapone	3	MO
COGENTIN	5	MO
entacapone	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole dihydrochloride</i>	2	MO
<i>ropinirole er</i>	2	MO
<i>ropinirole hcl</i>	2	MO
<i>selegiline hcl</i>	2	MO
TASMAR	6	MO
Antipsoriatic / Antiseborrheic		
<i>calcipotriene crea</i>	3	QLL(120 per 30 days) MO
<i>calcipotriene external soln</i>	3	QLL(60 per 30 days) MO
<i>calcipotriene oint</i>	3	QLL(120 per 30 days) MO
<i>selenium sulfide</i>	1	MO
SORIATANE	6	MO
Antithyroid Agents		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	2	MO
Antivirals		
<i>abacavir</i>	3	MO
<i>acyclovir caps</i>	2	MO
<i>acyclovir sodium inj 1000mg, 50mg/ml</i>	5	B/D PAR
<i>acyclovir sodium inj 500mg</i>	5	B/D PAR MO
<i>acyclovir susp</i>	2	MO
<i>acyclovir tabs</i>	2	MO
<i>amantadine hcl caps</i>	2	MO
<i>amantadine hcl tabs</i>	2	MO
APTIVUS CAPS	6	MO
APTIVUS ORAL SOLN	6	
ATRIPLA	6	MO
BARACLUDE	6	PAR MO
<i>cidofovir</i>	6	B/D PAR
COMPLERA	6	MO
CRIXIVAN	3	MO
<i>didanosine</i>	2	MO
EDURANT	6	MO
EMTRIVA	4	MO
EPIVIR HBV	3	MO
EPIVIR ORAL SOLN	4	MO
EPZICOM	6	MO
<i>famciclovir tabs 125mg, 250mg</i>	3	QLL(60 per 30 days) MO
<i>famciclovir tabs 500mg</i>	3	QLL(21 per 7 days) MO
<i>foscarnet sodium</i>	5	B/D PAR MO

Drug Name	Drug Tier	Requirements/ Limits
FUZEON	6	QLL(1 per 1 days) MO
<i>ganciclovir</i>	5	MO
HEPSERA	6	MO
INCIVEK	6	PAR MO
INTELENCE TABS 100MG, 200MG	6	MO
INTELENCE TABS 25MG	6	
INVIRASE	6	MO
ISENTRESS CHEW 100MG	6	MO
ISENTRESS CHEW 25MG	6	
ISENTRESS TABS	6	MO
KALETRA ORAL SOLN	4	MO
KALETRA TABS	6	MO
<i>lamivudine</i>	3	MO
<i>lamivudine/zidovudine</i>	6	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	6	MO
<i>nevirapine susp</i>	4	MO
<i>nevirapine tabs</i>	3	MO
NORVIR	4	MO
PREZISTA SUSP	6	MO
PREZISTA TABS 150MG, 75MG	4	MO
PREZISTA TABS 400MG, 600MG, 800MG	6	MO
REBETOL	6	MO
RELENZA DISKHALER	3	QLL(60 per 180 days) MO
RESCRIPTOR	4	MO
RETROVIR IV INFUSION	5	MO
REYATAZ CAPS 100MG	4	MO
REYATAZ CAPS 150MG, 200MG, 300MG	6	MO
<i>ribapak</i>	6	MO
<i>ribasphere caps</i>	3	MO
<i>ribasphere tabs 200mg</i>	3	MO
<i>ribasphere tabs 400mg</i>	6	
<i>ribasphere tabs 600mg</i>	6	MO
RIBATAB	6	
<i>ribavirin</i>	3	MO
<i>rimantadine hcl</i>	2	MO
SELZENTRY	6	MO
<i>stavudine caps</i>	3	MO
<i>stavudine oral soln</i>	2	MO
STRIBILD	6	MO

Drug Name	Drug Tier	Requirements/ Limits
SUSTIVA	3	MO
TAMIFLU CAPS 30MG	3	QLL(84 per 1 days) MO
TAMIFLU CAPS 45MG	3	QLL(42 per 1 days) MO
TAMIFLU CAPS 75MG	3	QLL(56 per 365 days) MO
TAMIFLU SUSR	3	QLL(360 per 180 days) MO
<i>trifluridine</i>	3	MO
TRIZIVIR	6	MO
TRUVADA	6	MO
TYZEKA	6	PAR MO
<i>valacyclovir hcl</i>	3	QLL(30 per 1 days) MO
VALCYTE	6	MO
VICTRELIS	6	PAR MO
VIDEX PEDIATRIC	3	MO
VIRACEPT	6	MO
VIRAMUNE SUSP	4	MO
VIRAMUNE XR TB24 100MG	4	
VIRAMUNE XR TB24 400MG	4	MO
VIRAZOLE	6	PAR MO
VIREAD POWD	6	MO
VIREAD TABS 150MG, 200MG, 250MG	4	MO
VIREAD TABS 300MG	6	MO
VISTIDE	6	B/D PAR MO
ZIAGEN ORAL SOLN	4	MO
<i>zidovudine</i>	3	MO
ZIRGAN	3	MO
Benign Prostatic Hyperplasia (Bph) Therapy		
<i>alfuzosin hcl er</i>	2	MO
AVODART	3	MO
<i>finasteride tabs 5mg</i>	2	MO
JALYN	3	MO
<i>tamsulosin hcl</i>	2	MO
Beta-Blockers		
BETAGAN	4	MO
<i>betaxolol hcl ophthalmic soln</i>	2	MO
<i>carteolol hcl</i>	1	MO
<i>levobunolol hcl</i>	1	MO
<i>metipranolol</i>	2	MO
<i>timolol maleate</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate ophthalmic gel 1 forming</i>		MO
TIMOPTIC	4	MO
TIMOPTIC OCUDOSE	4	MO
TIMOPTIC-XE	4	MO
Biotechnology Drugs		
ACTIMMUNE	6	PAR MO
ARANESP ALBUMIN FREE6 INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 150MCG/0.75ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML		PAR MO
ARANESP ALBUMIN FREE5 INJ 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML		PAR MO
ARCALYST	6	PAR MO
AVONEX	6	PAR MO
AVONEX PEN	6	PAR MO
BETASERON	6	PAR MO
EPOGEN	5	PAR MO
EXTAVIA	6	PAR MO
GENOTROPIN	6	PAR MO
GENOTROPIN	5	PAR MO
MINIQUICK INJ 0.2MG		
GENOTROPIN	6	PAR MO
MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG		
ILARIS	6	LA PAR MO
INFERGEN	6	MO
INTRON-A INJ 10MU/ML5		PAR MO
INTRON-A INJ 6000000UNIT/ML	6	PAR MO
INTRON-A W/DILUENT INJ 10MU	5	PAR MO
INTRON-A W/DILUENT INJ 18MU, 50MU	6	PAR MO
LEUKINE	6	PAR MO
NEULASTA	6	PAR QLL(2 per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
NEUMEGA	6	PAR QLL(21 per 21 days) MO
NEUPOGEN	6	PAR MO
PEGASYS	6	PAR MO
PEGASYS PROCLICK	6	PAR MO
PROCRT INJ 10000UNIT/5 ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML		PAR MO
PROCRT INJ 20000UNIT/6 ML, 40000UNIT/ML		PAR MO
PROLEUKIN	6	MO
REBIF	6	PAR MO
REBIF REBIDOSE	6	PAR MO
REBIF REBIDOSE TITRATION PACK	6	PAR MO
REBIF TITRATION PACK	6	PAR MO
SYLATRON	6	PAR MO
TEV-TROPIN	5	PAR MO
Burn Therapy		
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
Cardiac Glycosides		
<i>digoxin oral soln</i>	2	MO
<i>digoxin tabs 0.125mg</i>	2	QLL(30 per 30 days) MO
<i>digoxin tabs 0.25mg</i>	2	MO
LANOXIN TABS 0.125MG	3	QLL(30 per 30 days) MO
LANOXIN TABS 0.25MG	3	MO
Cephalosporins		
<i>cefaclor</i>	2	MO
<i>cefaclor er</i>	2	MO
<i>cefadroxil</i>	2	MO
<i>cefazolin sodium inj 100gm, 10gm, 1gm; 5%, 20gm, 300gm, 500mg</i>	5	
<i>cefazolin sodium inj 1gm</i>	5	MO
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	5	MO
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	5	
<i>cefdinir</i>	3	MO
<i>cefepime inj 1gm</i>	5	MO
<i>cefepime inj 1gm/50ml, 2gm, 2gm/100ml</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium inj 10gm, 2gm</i>	5	MO
<i>cefotaxime sodium inj 1gm, 500mg</i>	5	
<i>cefotetan</i>	5	
<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%</i>	5	
<i>cefoxitin sodium inj 1gm</i>	5	MO
<i>cefpodoxime proxetil</i>	3	MO
<i>cefprozil</i>	3	MO
<i>ceftazidime inj 1gm, 6gm</i>	5	
<i>ceftazidime inj 2gm</i>	5	MO
CEFTAZIDIME/DEXTROSE	5	
<i>ceftriaxone in iso-osmotic dextrose</i>	5	MO
<i>ceftriaxone sodium</i>	5	MO
<i>ceftriaxone/dextrose</i>	5	
<i>cefuroxime axetil tabs</i>	2	MO
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	5	MO
<i>cefuroxime sodium inj 7.5gm</i>	5	
<i>cephalexin caps 250mg, 500mg</i>	2	MO
<i>cephalexin susr</i>	2	MO
<i>cephalexin tabs</i>	2	MO
CLAFORAN INJ 10GM, 2GM	5	MO
CLAFORAN INJ 1GM, 500MG	5	
Cholinergic Stimulants		
<i>bethanechol chloride</i>	3	MO
Coagulation Therapy		
AGGRENOX	3	QLL(60 per 30 days) MO
<i>aminocaproic acid syrp</i>	2	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel tabs 300mg</i>	2	MO
<i>clopidogrel tabs 75mg</i>	2	QLL(30 per 30 days) MO
COUMADIN INJ	5	MO
COUMADIN TABS	4	MO
EFFIENT	4	QLL(30 per 30 days) MO
<i>enoxaparin sodium inj 100mg/5 ml, 300mg/3ml, 30mg/0.3ml, 2gm/100ml</i>	5	MO

Drug Name	Drug Tier	Requirements/ Limits
40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml		
enoxaparin sodium inj 120mg/6 0.8ml, 150mg/ml		MO
fondaparinux sodium inj 10mg/6 0.8ml, 5mg/0.4ml, 7.5mg/ 0.6ml		MO
fondaparinux sodium inj 2.5mg/0.5ml	5	MO
FRAGMIN INJ 10000UNIT/6 ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 25000UNIT/ML, 7500UNIT/0.3ML		ST MO
FRAGMIN INJ 2500UNIT/5 0.2ML, 5000UNIT/0.2ML		ST MO
heparin lock flush inj 100unit/5 ml		B/D PAR MO
heparin lock inj 100unit/ml	5	B/D PAR MO
heparin sodium dcu	5	B/D PAR MO
heparin sodium inj 10000unit/5 ml, 1000unit/ml, 20000unit/ ml, 2000unit/ml, 5000unit/ 0.5ml, 5000unit/ml		B/D PAR MO
heparin sodium inj 2500unit/ ml	5	B/D PAR
heparin sodium lock flush inj 100unit/ml	5	B/D PAR MO
heparin sodium/d5w	5	B/D PAR
heparin sodium/nacl 0.45%	5	B/D PAR
heparin sodium/nacl 0.9%	5	B/D PAR
heparin sodium/sodium chloride 0.9%	5	B/D PAR
heparin sodium/sodium chloride 0.9% premix	5	B/D PAR
jantoven	1	MO
pentoxifylline er	2	MO
PRADAXA	4	PAR QLL(60 per 30 days) MO
PROMACTA	6	LA PAR MO
tranexamic acid inj	5	
warfarin sodium	1	MO
XARELTO TABS 10MG, 20MG	4	PAR QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
XARELTO TABS 15MG	4	PAR QLL(42 per 30 days) MO
Cycloplegic Mydriatics		
atropine sulfate oint	2	MO
atropine sulfate ophthalmic soln	2	MO
atropine-care	2	MO
homatropaire	2	MO
homatropine hbr	2	MO
tropicamide	2	MO
Diabetes Therapy		
acarbose tabs 100mg	2	QLL(90 per 30 days) MO
acarbose tabs 25mg	2	QLL(360 per 30 days) MO
acarbose tabs 50mg	2	QLL(180 per 30 days) MO
ACTOPLUS MET XR TB243 1000MG; 15MG		QLL(60 per 30 days) MO
ACTOPLUS MET XR TB243 1000MG; 30MG		QLL(45 per 30 days) MO
alcohol preps pads	1	MO
BYDUREON	3	PAR QLL(4 per 28 days) MO
BYETTA INJ 10MCG/ 0.04ML	3	PAR QLL(2.4 per 30 days) MO
BYETTA INJ 5MCG/ 0.02ML	3	PAR QLL(1.2 per 30 days) MO
CYCLOSET	4	QLL(180 per 30 days) MO
gauze pads 2"x2"	1	QLL(200 per 30 days) MO
glimepiride tabs 1mg	2	QLL(240 per 30 days) MO
glimepiride tabs 2mg	2	QLL(120 per 30 days) MO
glimepiride tabs 4mg	2	QLL(60 per 30 days) MO
glipizide er tb24 10mg	1	QLL(60 per 30 days) MO
glipizide er tb24 2.5mg	1	QLL(240 per 30 days) MO
glipizide er tb24 5mg	1	QLL(120 per 30 days) MO
glipizide tabs 10mg	1	QLL(120 per 30 days) MO
glipizide tabs 5mg	1	QLL(240 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide xl tb24 10mg</i>	1	QLL(60 per 30 days) MO
<i>glipizide xl tb24 2.5mg</i>	1	QLL(240 per 30 days) MO
<i>glipizide xl tb24 5mg</i>	1	QLL(120 per 30 days) MO
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QLL(240 per 30 days) MO
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QLL(120 per 30 days) MO
GLUCAGEN	5	MO
GLUCAGEN HYPOKIT	5	MO
GLUCAGON	5	MO
EMERGENCY KIT		
GLUMETZA TB24 1000MG4		QLL(60 per 30 days) MO
GLUMETZA TB24 500MG4		QLL(120 per 30 days) MO
HUMALOG	3	MO
HUMALOG KWIKPEN	3	MO
HUMALOG MIX 50/50	3	MO
HUMALOG MIX 50/50 KWIKPEN	3	MO
HUMALOG MIX 75/25	3	MO
HUMALOG MIX 75/25 KWIKPEN	3	MO
HUMAPEN LUXURA HD	3	MO
HUMAPEN MEMOIR	3	MO
HUMULIN 70/30	3	MO
HUMULIN 70/30 PEN	3	MO
HUMULIN N	3	MO
HUMULIN N U-100 PEN	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 (CONCENTRATED)	3	MO
INSULIN PEN NEEDLE	3	QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP)3 U-100 0.3 ML		QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP)3 U-100 1 ML		QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP)3 U-100 1/2 ML		QLL(200 per 30 days) MO
JANUMET	3	QLL(60 per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QLL(60 per 30 days) MO
JANUVIA TABS 100MG	3	QLL(30 per 30 days) MO
JANUVIA TABS 25MG	3	QLL(120 per 30 days) MO
JANUVIA TABS 50MG	3	QLL(60 per 30 days) MO
JUVISYNC	3	QLL(30 per 30 days) MO
KAZANO	3	QLL(60 per 30 days) MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QLL(60 per 30 days) MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QLL(30 per 30 days) MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXPEN	3	MO
<i>metformin hcl er tb24 1000mg</i> 1		QLL(75 per 30 days) MO
<i>metformin hcl er tb24 500mg</i> 1		QLL(120 per 30 days) MO
<i>metformin hcl er tb24 500mg</i> 1		QLL(150 per 30 days) MO
<i>metformin hcl er tb24 750mg</i> 1		QLL(80 per 30 days) MO
<i>metformin hcl tabs 1000mg</i> 1		QLL(76 per 30 days) MO
<i>metformin hcl tabs 500mg</i> 1		QLL(153 per 30 days) MO
<i>metformin hcl tabs 850mg</i> 1		QLL(90 per 30 days) MO
<i>nateglinide tabs 120mg</i> 2		QLL(90 per 30 days) MO
<i>nateglinide tabs 60mg</i> 2		QLL(180 per 30 days) MO
NEEDLES, INSULIN DISP.,3 SAFETY		QLL(200 per 30 days) MO
NESINA TABS 12.5MG	3	QLL(60 per 30 days) MO
NESINA TABS 25MG	3	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
NESINA TABS 6.25MG	3	QLL(120 per 30 days) MO
ONGLYZA TABS 2.5MG	3	QLL(60 per 30 days) MO
ONGLYZA TABS 5MG	3	QLL(30 per 30 days) MO
OSENI TABS 12.5MG; 15MG	3	QLL(60 per 30 days) MO
OSENI TABS 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	QLL(30 per 30 days) MO
pioglitazone hcl tabs 15mg	2	QLL(90 per 30 days) MO
pioglitazone hcl tabs 30mg	2	QLL(45 per 30 days) MO
pioglitazone hcl tabs 45mg	2	QLL(30 per 30 days) MO
pioglitazone hcl-glimepiride	3	QLL(30 per 30 days) MO
pioglitazone hcl/metformin hcl	2	QLL(90 per 30 days) MO
PRANDIMET	4	QLL(150 per 30 days) MO
PRANDIN TABS 0.5MG	4	QLL(960 per 30 days) MO
PRANDIN TABS 1MG	4	QLL(480 per 30 days) MO
PRANDIN TABS 2MG	4	QLL(240 per 30 days) MO
PROGLYCEM	3	MO
repaglinide tabs 1mg	4	QLL(480 per 30 days)
repaglinide tabs 2mg	4	QLL(240 per 30 days)
SYMLINPEN 120	4	PAR MO
SYMLINPEN 60	4	PAR MO
tolazamide tabs 250mg	2	QLL(120 per 30 days) MO
tolazamide tabs 500mg	2	QLL(60 per 30 days) MO
tolbutamide	2	QLL(180 per 30 days) MO
VICTOZA	3	PAR QLL(9 per 30 days) MO
Direct Acting Miotics		

Drug Name	Drug Tier	Requirements/ Limits
pilocarpine hcl	2	MO
PILOPINE HS	4	MO
Electrolytes		
calcium acetate caps	2	MO
dextrose 5%/potassium chloride5 0.15%		
effervescent pot chloride	2	MO
effervescent potassium	1	MO
effervescent potassium/chloride	2	MO
k-effervescent	1	MO
k-vescent tbef	1	MO
kcl 0.075%/d5w/nacl 0.45%	5	
kcl 0.15%/d5w/ nacl 0.3%	5	
kcl 0.15%/d5w/lr	5	MO
kcl 0.15%/d5w/nacl 0.2%	5	MO
kcl 0.15%/d5w/nacl 0.225%	5	MO
kcl 0.15%/d5w/nacl 0.45%	5	MO
kcl 0.15%/d5w/nacl 0.9%	5	
kcl 0.3%/d5w/lr iv lac ring	5	
kcl 0.3%/d5w/nacl 0.45%	5	
kcl 0.3%/d5w/nacl 0.9%	5	
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	2	MO
klor-con m20	2	MO
klor-con/ef	1	MO
lactated ringers	5	MO
lactated ringers viaflex	5	MO
magnesium sulfate inj 40mg/ml,5 80mg/ml		
magnesium sulfate inj 50%	5	MO
NORMOSOL -R	5	
NORMOSOL-R IN D5W	5	
phospha 250 neutral	2	MO
potassium chloride 0.15% /nacl5 0.45% viaflex		
potassium chloride 0.15% d5w/5 nacl 0.33%		
potassium chloride 0.15% d5w/5 nacl 0.45%		MO
potassium chloride 0.15% d5w/5 nacl 0.45% viaflex		MO
potassium chloride 0.15% nacl5 0.9%		

Drug Name	Drug Tier	Requirements/Limits
potassium chloride 0.15% w/ 5 nacl 0.9% viaflex		
potassium chloride 0.15%/d5w5		
potassium chloride 0.15%/nacl5 0.9%		
potassium chloride 0.22% d5w/5 nacl 0.45%		
potassium chloride 0.224%/ 5 d5w/nacl 0.45%		
potassium chloride 5 0.224%d5w/nacl 0.45% viaflex		
potassium chloride 0.3%/ nacl 5 0.9%		
potassium chloride 0.3%/d5w 5		
potassium chloride 0.3%/nacl 5 0.9%/viaflex		
potassium chloride cr 2	MO	
potassium chloride er 2	MO	
potassium chloride inj 0.4meq/5 ml, 10meq/100ml, 10meq/ 50ml, 20meq/100ml, 20meq/ 50ml, 30meq/100ml, 40meq/ 100ml		
potassium chloride inj 2meq/ml5	MO	
potassium chloride liqd 1	MO	
potassium chloride oral soln 1	MO	
potassium chloride sr 2	MO	
ringers injection 5		
sodium bicarbonate inj 4.2% 5		
sodium bicarbonate inj 7.5%, 5 8.4%	MO	
sodium bicarbonate partial fill5	MO	
sodium chloride 0.45% 5	MO	
sodium chloride 0.45% viaflex5	MO	
sodium chloride inj 2.5meq/ml,5 3%, 4meq/ml	MO	
sodium chloride inj 5% 5		
sodium lactate inj 5		
TPN ELECTROLYTES 5		
Erythromycins & Other Macrolides		
AZITHROMYCIN INJ 5 2.5GM		
azithromycin inj 500mg 5	MO	
azithromycin pack 2	MO	

Drug Name	Drug Tier	Requirements/Limits
azithromycin susr 100mg/5ml 2		QLL(15 per 1 days) MO
azithromycin susr 200mg/5ml 2		QLL(46 per 1 days) MO
azithromycin tabs 250mg 2		QLL(6 per 1 days) MO
azithromycin tabs 500mg 2		QLL(3 per 1 days) MO
azithromycin tabs 600mg 2		QLL(8 per 1 days) MO
clarithromycin 2		MO
clarithromycin er 2		QLL(28 per 1 days) MO
DIFICID 6		PAR MO
e.s.p. 2		MO
ERYTHROCIN 5		
LACTOBIONATE		
erythrocin stearate 2	MO	
erythromycin 2	MO	
erythromycin base 2	MO	
erythromycin ethylsuccinate 2	MO	
erythromycin/sulfisoxazole 2	MO	
ZMAX 3	MO	
Estrogens & Progestins		
camila 3	MO	
errin 3	MO	
estradiol ptwk 3	QLL(4 per 28 days) MO	
estradiol tabs 3	PAR MO	
estradiol valerate 5	MO	
heather 3	MO	
jolivette 3	MO	
medroxyprogesterone acetate inj5	MO	
medroxyprogesterone acetate tabs1	MO	
MENEST 4	PAR MO	
nora-be 3	MO	
norethindrone 3	MO	
norethindrone acetate 2	MO	
PREMARIN CREA 4	MO	
PREMARIN INJ 5	PAR MO	
PREMARIN TABS 4	PAR MO	
progesterone caps 2	ST MO	
VAGIFEM 4	MO	
Gout Therapy		
allopurinol 1	MO	
allopurinol sodium 5		

Drug Name	Drug Tier	Requirements/Limits
<i>aloprim</i>	5	
COLCRYS	4	PAR MO
<i>probenecid</i>	2	MO
<i>probenecid/colchicine</i>	2	MO
ULORIC	3	ST MO
Irrigating Solutions		
<i>lactated ringers irrigation</i>	5	B/D PAR MO
<i>neomycin/polymyxin b sulfates</i>	5	MO
PHYSIOLYTE	5	B/D PAR
PHYSIOSOL IRRIGATION	5	B/D PAR
PHYSIOSOL IRRIGATION PH 7.4	5	B/D PAR MO
<i>ringers irrigation</i>	5	B/D PAR MO
Lipid/Cholesterol Lowering Agents		
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG	4	QLL(60 per 30 days) MO
ADVICOR TB24 20MG; 500MG, 40MG; 1000MG	4	QLL(30 per 30 days) MO
ALTOPREV	4	PAR QLL(30 per 30 days) MO
<i>atorvastatin calcium</i>	1	QLL(30 per 30 days) MO
<i>cholestyramine</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colestipol hcl for oral suspension</i>	3	MO
<i>colestipol hcl gran</i>	3	MO
<i>colestipol hcl tabs</i>	2	MO
CRESTOR	3	QLL(30 per 30 days) ST MO
<i>fenofibrate micronized caps 134mg, 200mg</i>	2	QLL(30 per 30 days) MO
<i>fenofibrate micronized caps 67mg</i>	2	QLL(90 per 30 days) MO
<i>fenofibrate tabs 145mg, 48mg</i>	2	MO
<i>fenofibrate tabs 160mg</i>	2	QLL(30 per 30 days) MO
<i>fenofibrate tabs 54mg</i>	2	QLL(90 per 30 days) MO
<i>fenofibric acid dr cpdr 135mg, 45mg</i>	3	MO
<i>fenofibric acid dr cpdr 135mg, 45mg</i>	3	MO
<i>fluvastatin</i>	2	QLL(60 per 30 days) MO
<i>gemfibrozil</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs 10mg, 20mg</i>	1	QLL(30 per 30 days) MO
<i>lovastatin tabs 40mg</i>	1	QLL(60 per 30 days) MO
LOVAZA	3	MO
<i>micronized colestipol hcl</i>	2	MO
NIACOR	3	MO
<i>pravastatin sodium</i>	1	QLL(30 per 30 days) MO
<i>prevalite</i>	2	MO
SIMCOR TB24 1000MG; 20MG, 500MG; 20MG, 750MG; 20MG	4	QLL(60 per 30 days) MO
SIMCOR TB24 1000MG; 40MG, 500MG; 40MG	4	QLL(30 per 30 days) MO
<i>simvastatin</i>	1	QLL(30 per 30 days) MO
TRILIPIX	3	MO
WELCHOL	3	MO
ZETIA	4	PAR QLL(30 per 30 days) MO
Migraine & Cluster Headache Therapy		
<i>dihydroergotamine mesylate inj</i>	5	MO
ERGOMAR	3	MO
<i>migergot</i>	3	MO
<i>naratriptan hcl</i>	3	QLL(9 per 30 days) MO
<i>sumatriptan nasal soln 20mg/ act</i>	3	QLL(8 per 30 days) MO
<i>sumatriptan nasal soln 5mg/act</i>	3	QLL(16 per 30 days) MO
<i>sumatriptan succinate inj</i>	5	QLL(4 per 30 days) MO
<i>sumatriptan succinate refill</i>	5	QLL(4 per 30 days) MO
<i>sumatriptan succinate tabs</i>	3	QLL(9 per 30 days) MO
Miscellaneous Agents		
<i>acetic acid 0.25%</i>	2	MO
ACTONEL TABS 30MG	4	QLL(30 per 30 days) ST MO
ADAGEN	6	MO
<i>alendronate sodium tabs 40mg</i>	1	QLL(30 per 30 days) MO
<i>anagrelide hydrochloride</i>	3	MO
ARALAST NP INJ 1000MG, 800MG	6	MO

Drug Name	Drug Tier	Requirements/ Limits
ARALAST NP INJ 400MG, 6 500MG	6	LA MO
ASTEPRO	3	QLL(30 per 25 days) MO
azelastine hcl nasal soln	2	QLL(30 per 25 days) MO
BUPHENYL TABS	6	PAR MO
CARBAGLU	6	LA PAR MO
chlorhexadine gluconate oral rinse	1	MO
chlorhexidine gluconate mouth/1 throat soln	1	MO
chlorhexidine gluconate oral rinse	1	MO
CLINIMIX 4.25%/	5	
DEXTROSE 5%	5	
CLINIMIX E 2.75%/	5	
DEXTROSE 10%	5	
CLINIMIX E 2.75%/	5	
DEXTROSE 5%	5	
denta 5000 plus	2	MO
dentagel	2	MO
dextrose 10%/nacl 0.45%	5	
dextrose 2.5%	5	
dextrose 10% flex container	5	
DEXTROSE 10% INJ 10%	5	
dextrose 10% inj 10%	5	MO
dextrose 10%/nacl 0.2%	5	
dextrose 2.5%/nacl 0.45%	5	
dextrose 2.5%/sodium chloride 5 0.45%	5	
dextrose 25%	5	
dextrose 30%	5	
dextrose 30% partial fill	5	
dextrose 40%	5	
dextrose 5%	5	MO
dextrose 5% viaflex	5	MO
dextrose 5%/lactated ringers	5	MO
dextrose 5%/nacl 0.2%	5	
dextrose 5%/nacl 0.225%	5	
dextrose 5%/nacl 0.3%	5	
dextrose 5%/nacl 0.33%	5	
dextrose 5%/nacl 0.45%	5	MO
dextrose 5%/nacl 0.9%	5	MO
dextrose 5%/sodium chloride 0.2%	5	

Drug Name	Drug Tier	Requirements/ Limits
dextrose 5%/sodium chloride 5 0.33%	5	
dextrose 5%/sodium chloride 5 0.45%	5	MO
dextrose 5%/sodium chloride 5 0.9%	5	MO
dextrose 50%	5	MO
dextrose 70%	5	
dextrose thermoject system	5	
disulfiram	3	MO
etidronate disodium	2	MO
EXJADE	6	LA PAR MO
FERRIPROX	6	PAR MO
GLASSIA	6	LA MO
INCRELEX	6	LA PAR MO
ipratropium bromide nasal soln	2	QLL(30 per 30 days) MO
kalexate	3	MO
lactated ringers dextrose 5%	5	MO
viaflex	5	
levocarnitine inj	5	B/D PAR MO
levocarnitine oral soln	2	B/D PAR MO
levocarnitine tabs	2	B/D PAR MO
midodrine hcl	3	MO
neutral sodium fluoride	2	MO
ORFADIN	6	LA MO
PATANASE	4	QLL(31 per 30 days) MO
periogard	1	MO
pilocarpine hcl	2	MO
pilocarpine hydrochloride	2	MO
POLYETHYLENE GLYCOL 2 3350-GRX	2	MO
PROLASTIN-C	6	LA MO
REVELA PACK	3	QLL(90 per 30 days) MO
REVELA TABS	3	QLL(270 per 30 days) MO
riluzole	6	MO
saline flush	5	MO
saline flush zr/sterile field	5	MO
sf 5000 plus	2	MO
sodium chloride 0.9%	5	MO
sodium chloride 0.9%	5	MO
sodium chloride bacteriostatic	5	MO

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride bacteriostatic/ benzyl alcohol	5	MO
sodium chloride flush	5	MO
sodium chloride inj 0.9%	5	MO
sodium chloride irrigation soln	5	MO
sodium chloride pab	5	MO
sodium chloride thermoject system	5	MO
sodium phenylbutyrate	6	MO
sodium polystyrene sulfonate powd	3	MO
sodium polystyrene sulfonate susp 15gm/60ml	3	MO
sodium polystyrene sulfonate susp 30gm/120ml	3	MO
sps	3	MO
sterile water irrigation	5	MO
sterile water irrigation plastic bottle	5	MO
sterile water irrigation w/hanger	5	MO
SYPRINE	6	MO
triamcinolone acetonide pste	2	MO
triamcinolone in orabase	2	MO
TYZINE	3	MO
TYZINE PEDIATRIC	4	MO
NASAL DROPS		
ZEMAIRA	6	LA MO
Miscellaneous Antiinfectives		
ALBENZA	4	MO
ALINIA	4	MO
amikacin sulfate	5	MO
CAPASTAT SULFATE	5	
chloramphenicol sodium succinate	5	
chloroquine phosphate	2	MO
clindamycin hcl	2	MO
clindamycin phosphate advantage	5	MO
clindamycin phosphate in d5w inj 300mg/50ml; 5%, 600mg/50ml; 5%	5	
clindamycin phosphate in d5w inj 900mg/50ml; 5%	5	MO
clindamycin phosphate inj	5	MO
clindamycin phosphate pharmacy bulk package	5	MO

Drug Name	Drug Tier	Requirements/ Limits
COARTEM	4	MO
colistimethate sodium	5	MO
COLY-MYCIN M	5	MO
CUBICIN	6	B/D PAR MO
DAPSONE	4	MO
DARAPRIM	3	MO
DORIBAX	5	
ethambutol hcl	2	MO
gentamicin sulfate inj	5	MO
gentamicin sulfate/0.9% sodium chloride	5	
gentamicin sulfate/sodium chloride	5	
hydroxychloroquine sulfate	1	MO
imipenem/cilastatin	5	MO
INVANZ	5	MO
isoniazid inj	5	
isoniazid syrp	1	MO
isoniazid tabs	1	MO
isotonic gentamicin inj 0.8mg/5 ml; 0.9%, 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%	5	
ISOTONIC GENTAMICIN INJ 2MG/ML; 0.9%	5	
KETEK	3	QLL(20 per 1 days) MO
LINCOCIN	5	MO
mefloquine hcl	2	MO
MEPRON	6	PAR MO
meropenem	5	MO
metronidazole tabs	2	MO
MYCOBUTIN	3	MO
NEBUPENT	3	B/D PAR MO
neomycin sulfate tabs	2	MO
paromomycin sulfate	3	MO
PASER	4	MO
PENTAM 300	5	MO
polymyxin b sulfate	5	MO
PRIFTIN	3	MO
PRIMAQUINE PHOSPHATE	3	MO
pyrazinamide	2	MO
RIFADIN INJ	5	MO
rifampin caps	2	MO
rifampin inj	5	MO

Drug Name	Drug Tier	Requirements/Limits
RIFATER	3	MO
SEROMYCIN	4	MO
STREPTOMYCIN SULFATE	5	MO
STROMECTOL	3	MO
<i>tinidazole</i>	2	MO
TOBI	6	B/D PAR MO
<i>tobramycin sulfate inj 1.2gm</i>	5	
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	5	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	5	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 1.2mg/ml</i>	5	
TRECTOR	4	MO
TYGACIL	6	MO
ZYVOX INJ	6	MO
ZYVOX SUSR	6	PAR QLL(1800 per 1 days) MO
ZYVOX TABS	6	PAR QLL(28 per 1 days) MO
Miscellaneous Cardiovascular Agents		
RANEXA	3	MO
Miscellaneous Dermatologicals		
<i>ammonium lactate</i>	2	MO
CARAC	4	MO
ELIDEL	4	PAR QLL(60 per 1 days) MO
<i>fluorouracil crea</i>	3	MO
<i>fluorouracil external soln</i>	2	MO
<i>imiquimod</i>	3	MO
PANRETIN	6	MO
<i>podofilox</i>	2	MO
SOLARAZE	3	PAR QLL(100 per 30 days) MO
UVADEX	5	B/D PAR
Miscellaneous Gastrointestinal Agents		
ALOXI	5	MO
ASACOL	3	MO
ASACOL HD	3	MO
<i>balsalazide disodium</i>	3	MO
<i>budesonide cp24</i>	6	MO
CIMZIA	6	PAR QLL(6 per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT	6	PAR QLL(6 per 28 days) MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CREON	3	MO
<i>cromolyn sodium conc</i>	3	MO
CYSTADANE	3	MO
DELZICOL	3	MO
DIPENTUM	6	MO
<i>dronabinol</i>	3	B/D PAR MO
EMEND CAPS	3	B/D PAR QLL(12 per 30 days) MO
EMEND CAPS 125MG	3	B/D PAR QLL(4 per 30 days) MO
EMEND CAPS 40MG	3	B/D PAR QLL(1 per 1 days) MO
EMEND CAPS 80MG	3	B/D PAR QLL(8 per 30 days) MO
<i>enulose</i>	2	MO
GATTEX	6	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	MO
<i>generlac</i>	2	MO
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	MO
<i>hydrocortisone enem</i>	2	MO
<i>lactulose</i>	2	MO
LOTRONEX TABS 0.5MG	3	PAR QLL(60 per 30 days) MO
LOTRONEX TABS 1MG	6	PAR QLL(60 per 30 days) MO
<i>meclizine hcl tabs</i>	1	MO
<i>mesalamine</i>	3	MO
<i>metoclopramide hcl inj</i>	5	MO
<i>metoclopramide hcl oral soln</i>	1	MO
<i>metoclopramide hcl tabs</i>	1	MO
MOVIPREP	4	MO
<i>ondansetron hcl inj</i>	5	MO
<i>ondansetron hcl tabs 4mg, 8mg</i>	3	B/D PAR QLL(90 per 30 days) MO
<i>ondansetron odt</i>	3	B/D PAR QLL(90 per 30 days) MO
OSMOPREP	4	MO
<i>peg 3350/electrolytes</i>	2	MO
<i>peg-3350/electrolytes</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/nacl/na bicarbonate/2 kcl</i>	2	MO
PENTASA	3	MO
<i>polyethylene glycol 3350 pack</i>	2	MO
<i>polyethylene glycol 3350 powd</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate</i>	5	MO
<i>prochlorperazine maleate</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc</i>	2	MO
<i>proctozone-hc</i>	1	MO
RELISTOR	5	PAR MO
REMICADE	6	PAR MO
SUCRAID	6	MO
<i>sulfasalazine</i>	1	MO
<i>sulfazine</i>	1	MO
<i>sulfazine ec</i>	1	MO
SUPREP BOWEL PREP	4	MO
<i>trilyte</i>	1	MO
UCERIS	6	MO
<i>ursodiol</i>	2	MO
ZOFRAN INJ	5	MO
Miscellaneous Hormones		
ALDURAZYME	6	PAR MO
ANDROGEL GEL 20.25MG/1.25GM	3	PAR QLL(30 per 30 days) MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	3	PAR QLL(300 per 30 days) MO
ANDROGEL GEL 40.5MG/2.5GM	3	PAR QLL(60 per 30 days) MO
ANDROGEL PUMP GEL 1%	3	PAR QLL(300 per 30 days) MO
ANDROGEL PUMP GEL 1.62%	3	PAR QLL(150 per 30 days) MO
<i>androxy</i>	4	PAR MO
<i>cabergoline</i>	3	MO
<i>calcitonin salmon</i>	2	QLL(4 per 30 days) MO
<i>calcitonin-salmon</i>	2	QLL(4 per 30 days) MO
<i>calcitriol caps</i>	2	B/D PAR MO
<i>calcitriol inj</i>	5	B/D PAR MO
<i>calcitriol oral soln</i>	2	B/D PAR MO
CEREZYME	6	PAR MO
<i>danazol</i>	3	MO
DDAVP INJ	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate inj</i>	5	MO
<i>desmopressin acetate nasal soln</i>	3	MO
<i>desmopressin acetate tabs</i>	3	MO
ELAPRASE	6	PAR MO
FABRAZYME	6	PAR MO
<i>fortical</i>	2	QLL(4 per 30 days) MO
HECTOROL INJ	5	B/D PAR MO
KUVAN	6	LA PAR MO
NAGLAZYME	6	LA PAR MO
<i>oxandrolone tabs 10mg</i>	6	PAR MO
<i>oxandrolone tabs 2.5mg</i>	3	PAR MO
<i>pamidronate disodium inj 30mg, 30mg/10ml, 90mg, 90mg/10ml</i>	5	B/D PAR MO
<i>pamidronate disodium inj 6mg/5 ml</i>		B/D PAR
SAMSCA TABS 15MG	6	PAR QLL(30 per 30 days) MO
SAMSCA TABS 30MG	6	PAR QLL(60 per 30 days) MO
SENSIPAR TABS 30MG	3	QLL(60 per 30 days) MO
SENSIPAR TABS 60MG	6	QLL(60 per 30 days) MO
SENSIPAR TABS 90MG	6	QLL(120 per 30 days) MO
SOMAVERT	6	LA PAR MO
STIMATE	4	MO
SYNAREL	6	PAR MO
TESTIM	3	PAR QLL(300 per 30 days) MO
<i>testosterone cypionate</i>	5	MO
<i>testosterone enanthate</i>	5	MO
ZAVESCA	6	LA PAR MO
<i>zoledronic acid inj 4mg</i>	6	
<i>zoledronic acid inj 4mg/5ml</i>	6	MO
ZOMETA	6	MO
Miscellaneous Neurological Therapy		
AMPYRA	6	LA PAR QLL(60 per 30 days) MO
COPAXONE	6	PAR MO
<i>donepezil hcl</i>	2	QLL(30 per 30 days) MO
<i>galantamine</i>	2	QLL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide cp24</i>	2	QLL(30 per 30 days) MO
<i>galantamine hydrobromide oral soln</i>	2	QLL(180 per 30 days) MO
<i>galantamine hydrobromide tabs</i>	2	QLL(60 per 30 days) MO
GILENYA	6	PAR QLL(30 per 30 days) MO
HORIZANT	4	PAR QLL(60 per 30 days) MO
NAMENDA ORAL SOLN	3	QLL(300 per 30 days) MO
NAMENDA TABS	3	QLL(60 per 30 days) MO
NAMENDA TITRATION PAK	3	QLL(60 per 30 days) MO
NUEDEXTA	3	PAR MO
<i>rivastigmine tartrate</i>	2	QLL(60 per 30 days) MO
TYSABRI	6	LA PAR MO
XENAZINE	6	LA PAR MO
Miscellaneous Ob/Gyn		
<i>clindamycin phosphate crea</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole 3</i>	2	QLL(6 per 30 days) MO
<i>terconazole crea 0.4%</i>	2	QLL(90 per 30 days) MO
<i>terconazole crea 0.8%</i>	2	QLL(40 per 30 days) MO
<i>terconazole supp</i>	2	QLL(3 per 3 days) MO
<i>vandazole</i>	2	MO
<i>zazole crea</i>	2	
Miscellaneous Ophthalmologics		
<i>azelastine hcl ophthalmic soln</i>	2	MO
<i>cromolyn sodium ophthalmic soln</i>	2	MO
<i>epinastine hcl</i>	2	MO
LACRISERT	3	MO
PATADAY	3	MO
PATANOL	3	MO
RESTASIS	3	MO
Miscellaneous Otic Preparations		
<i>acetazol hc</i>	3	MO
<i>acetic acid otic soln</i>	1	MO
<i>acetic acid/aluminum acetate</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil</i>	3	MO
<i>hydrocortisone/acetic acid</i>	3	MO
<i>ofloxacin</i>	2	MO
Miscellaneous Urologicals		
AMMONIUM CHLORIDE5		
CIALIS TABS 2.5MG, 5MG4		PAR QLL(30 per 30 days) MO
<i>citric acid/sodium citrate</i>	2	MO
CYSTAGON	3	LA MO
<i>cytra k crystals</i>	2	MO
<i>cytra-2</i>	2	MO
<i>cytra-3</i>	2	MO
<i>cytra-k</i>	2	MO
<i>potassium citrate tbc</i>	2	MO
<i>tricitrates</i>	2	MO
Miscellaneous Vitamins, Hematinics, & Electrolytes		
AMINOSYN 8.5%/	5	
ELECTROLYTES		
AMINOSYN II	5	
AMINOSYN II 8.5%/	5	
ELECTROLYTES		
AMINOSYN INJ 148MEQ/5 L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML		
AMINOSYN M	5	
AMINOSYN-HBC	5	
AMINOSYN-PF	5	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN-PF 7%	5		100ml; 10mmole/l; 120mg/		
CLINIMIX 2.75%/	5		100ml; 1120mg/100ml;		
DEXTROSE 5%			590mg/100ml; 10meq/l;		
CLINIMIX 4.25%/	5		400mg/100ml; 150mg/100ml;		
DEXTROSE 10%			660mg/100ml		
CLINIMIX 4.25%/	5		HEPATAMINE	5	
DEXTROSE 20%			HEPATASOL	5	
CLINIMIX 4.25%/	5		INTRALIPID INJ 1.7%;	5	
DEXTROSE 25%			30%		
CLINIMIX 5%/DEXTROSE5			<i>intralipid inj</i> 2.25%; 20%	5	MO
15%			IONOSOL-B/DEXTROSE	5	
CLINIMIX 5%/DEXTROSE5			5%		
20%			IONOSOL-MB/DEXTROSE5		
CLINIMIX 5%/DEXTROSE5			5%		
25%			ISOLYTE-M/DEXTROSE	5	
CLINIMIX E 4.25%/	5		5%		
DEXTROSE 10%			ISOLYTE-P/DEXTROSE 5%	5	
CLINIMIX E 4.25%/	5		ISOLYTE-S	5	
DEXTROSE 25%			ISOLYTE-S PH 7.4	5	
CLINIMIX E 4.25%/	5		<i>liposyn iii inj</i> 1.2%; 2.5%;	5	
DEXTROSE 5%			10%, 1.8%; 2.5%; 30%		
CLINIMIX E 5%/	5		<i>liposyn iii inj</i> 1.2%; 2.5%;	5	MO
DEXTROSE 15%			20%		
CLINIMIX E 5%/	5		NEPHRAMINE	5	
DEXTROSE 20%			NORMOSOL-M IN D5W	5	
CLINIMIX E 5%/	5		NORMOSOL-R	5	
DEXTROSE 25%			PLASMA-LYTE A	5	
CLINISOL SF 15%	5	MO	PLASMA-LYTE-148	5	
FREAMINE III INJ 72MEQ/5		MO	PLASMA-LYTE-56/D5W	5	
L; 600MG/100ML; 810MG/			<i>premasol inj</i> 52meq/l; 1760mg/5		
100ML; 3MEQ/L; 14MG/			100ml; 880mg/100ml; 34meq/		
100ML; 1190MG/100ML;			l; 1760mg/100ml; 372mg/		
240MG/100ML; 590MG/			100ml; 406mg/100ml; 526mg/		
100ML; 770MG/100ML;			100ml; 492mg/100ml; 492mg/		
620MG/100ML; 450MG/			100ml; 526mg/100ml; 356mg/		
100ML; 480MG/100ML;			100ml; 356mg/100ml; 390mg/		
10MMOLE/L; 115MG/			100ml; 34mg/100ml; 152mg/		
100ML; 950MG/100ML;			100ml		
500MG/100ML; 10MEQ/L;			PREMASOL INJ 56MEQ/L;5		
340MG/100ML; 130MG/			320MG/100ML; 730MG/		
100ML; 560MG/100ML			100ML; 190MG/100ML;		
<i>freamine iii inj</i> 89meq/l;	5		3MEQ/L; 20MG/100ML;		
710mg/100ml; 950mg/100ml;			300MG/100ML; 220MG/		
3meq/l; 24mg/100ml; 1400mg/			100ML; 290MG/100ML;		
100ml; 280mg/100ml; 690mg/			490MG/100ML; 840MG/		
100ml; 910mg/100ml; 730mg/			100ML; 490MG/100ML;		
100ml; 530mg/100ml; 560mg/			200MG/100ML; 290MG/		

Drug Name	Drug Tier	Requirements/Limits
100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML		
PROCALAMINE	5	
PROSOL	5	MO
<i>travasol</i>	5	
TROPHAMINE	5	
Muscle Relaxants & Antispasmodic Therapy		
<i>baclofen</i>	2	MO
<i>cyclobenzaprine hcl tabs 10mg, 4 5mg</i>		PAR MO
<i>dantrolene sodium caps</i>	3	MO
<i>ed baclofen</i>	2	MO
MESTINON SYRP	3	MO
MESTINON TIMESPAN	3	MO
<i>pyridostigmine bromide</i>	2	MO
<i>regonol</i>	5	
<i>tizanidine hcl tabs</i>	2	MO
Narcotic Analgesics		
ABSTRAL SUBL 100MCG	4	PAR QLL(120 per 30 days) MO
ABSTRAL SUBL 200MCG, 300MCG, 400MCG, 600MCG, 800MCG	6	PAR QLL(120 per 30 days) MO
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	3	QLL(150 per 30 days) MO
<i>acetaminophen/codeine #2</i>	2	QLL(390 per 30 days) MO
<i>acetaminophen/codeine #3</i>	2	QLL(390 per 30 days) MO
<i>acetaminophen/codeine #4</i>	2	QLL(390 per 30 days) MO
<i>acetaminophen/codeine oral soln</i>	2	QLL(4500 per 30 days)
<i>acetaminophen/codeine phosphate</i>	2	QLL(390 per 30 days) MO
<i>acetaminophen/codeine tabs</i>	2	QLL(390 per 30 days) MO
ACTIQ	6	PAR QLL(120 per 30 days) MO
ASTRAMORPH	5	B/D PAR
BUPRENEX	5	MO
<i>buprenorphine hcl inj</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl subl 2mg</i>	3	PAR QLL(240 per 30 days) MO
<i>buprenorphine hcl subl 8mg</i>	3	PAR QLL(60 per 30 days) MO
<i>co-gesic</i>	2	QLL(240 per 30 days) MO
<i>duramorph</i>	5	B/D PAR MO
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QLL(360 per 30 days) MO
<i>endocet tabs 500mg; 7.5mg</i>	2	QLL(240 per 30 days) MO
<i>endocet tabs 650mg; 10mg</i>	2	QLL(180 per 30 days) MO
<i>endodan</i>	2	QLL(360 per 30 days) MO
<i>fentanyl patches</i>	4	QLL(15 per 30 days) MO
<i>fentanyl citrate oral transmucosal</i>	6	PAR QLL(120 per 30 days) MO
FENTORA	6	PAR QLL(120 per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen oral soln</i>	2	QLL(3600 per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	2	QLL(150 per 30 days) MO
<i>hydrocodone/acetaminophen oral soln</i>	2	QLL(2700 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QLL(360 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg</i>	2	QLL(240 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg</i>	2	QLL(180 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	2	QLL(150 per 30 days) MO
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	QLL(480 per 30 days) MO
<i>hydromorphone hcl dosette</i>	5	MO
<i>hydromorphone hcl inj 1mg/ml, 5 500mg/50ml</i>		

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl inj 2mg/ml, 4mg/ml</i>		MO
<i>hydromorphone hcl supp</i>	3	MO
<i>hydromorphone hcl tabs 2mg</i>	3	QLL(960 per 30 days) MO
<i>hydromorphone hcl tabs 4mg</i>	3	QLL(480 per 30 days) MO
<i>hydromorphone hcl tabs 8mg</i>	3	QLL(240 per 30 days) MO
LAZANDA	6	LA PAR QLL(30 per 30 days) MO
<i>levorphanol tartrate</i>	2	QLL(180 per 30 days) MO
<i>methadone hcl conc</i>	3	QLL(360 per 30 days) MO
<i>methadone hcl intensol</i>	3	QLL(360 per 30 days) MO
<i>methadone hcl oral soln 10mg/3 5ml</i>		QLL(1800 per 30 days) MO
<i>methadone hcl oral soln 5mg/ 5ml</i>	3	QLL(3600 per 30 days) MO
<i>methadone hcl tabs 10mg</i>	3	QLL(360 per 30 days) MO
<i>methadone hcl tabs 5mg</i>	3	QLL(720 per 30 days) MO
<i>methadone hcl tbso</i>	3	MO
<i>methadose conc</i>	3	QLL(360 per 30 days) MO
<i>methadose sugar-free</i>	3	QLL(360 per 30 days) MO
<i>methadose tabs</i>	3	QLL(360 per 30 days) MO
<i>methadose tbso</i>	3	MO
<i>morphine sulfate er tbcr 100mg, 200mg</i>		QLL(180 per 30 days) MO
<i>morphine sulfate er tbcr 15mg, 30mg, 60mg</i>		QLL(120 per 30 days) MO
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>		B/D PAR MO
<i>morphine sulfate inj 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml</i>		MO
<i>morphine sulfate inj 25mg/ml, 5 8mg/ml</i>		
MORPHINE SULFATE INJ 5 8MG/ML		

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QLL(3600 per 30 days) MO
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QLL(1800 per 30 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	3	QLL(360 per 30 days) MO
<i>morphine sulfate supp</i>	3	MO
<i>morphine sulfate tabs 15mg</i>	3	QLL(480 per 30 days) MO
<i>morphine sulfate tabs 30mg</i>	3	QLL(240 per 30 days) MO
ONSOLIS	6	LA PAR QLL(120 per 30 days) MO
<i>oxycodone hcl caps</i>	3	QLL(1620 per 30 days) MO
<i>oxycodone hcl conc</i>	3	QLL(405 per 30 days) MO
<i>oxycodone hcl oral soln</i>	3	MO
<i>oxycodone hcl tabs 10mg</i>	3	QLL(810 per 30 days) MO
<i>oxycodone hcl tabs 15mg</i>	3	QLL(540 per 30 days) MO
<i>oxycodone hcl tabs 20mg</i>	3	QLL(390 per 30 days) MO
<i>oxycodone hcl tabs 30mg</i>	3	QLL(270 per 30 days) MO
<i>oxycodone hcl tabs 5mg</i>	3	QLL(1620 per 30 days) MO
<i>oxycodone/acetaminophen caps 2</i>		QLL(240 per 30 days) MO
<i>oxycodone/acetaminophen tabs 2 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>		QLL(360 per 30 days) MO
<i>oxycodone/acetaminophen tabs 2 500mg; 7.5mg</i>		QLL(240 per 30 days) MO
<i>oxycodone/acetaminophen tabs 2 650mg; 10mg</i>		QLL(180 per 30 days) MO
<i>oxycodone/aspirin</i>	2	QLL(360 per 30 days) MO
<i>oxycodone/ibuprofen</i>	2	QLL(120 per 30 days) MO
OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG, 40MG	4	QLL(60 per 30 days) ST MO
OXYCONTIN TB12 60MG	4	QLL(120 per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TB12 80MG6		QLL(120 per 30 days) ST MO
<i>roxicet tabs</i>	2	QLL(360 per 30 days) MO
<i>stagesic</i>	2	QLL(240 per 30 days) MO
<i>zamicet</i>	3	QLL(2700 per 30 days) MO
Nitrates		
<i>isosorbide dinitrate</i>	2	MO
<i>isosorbide dinitrate er</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	2	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin inj</i>	5	B/D PAR
<i>nitroglycerin pt24</i>	2	MO
<i>nitroglycerin transdermal</i>	2	MO
NITROSTAT	3	MO
Non-Narcotic Analgesics		
<i>buprenorphine hcl/naloxone hcl3 sub1 2mg; 0.5mg</i>		PAR QLL(360 per 30 days) MO
<i>buprenorphine hcl/naloxone hcl3 sub1 8mg; 2mg</i>		PAR QLL(90 per 30 days) MO
<i>butorphanol tartrate inj</i>	5	MO
<i>butorphanol tartrate nasal soln</i>	3	QLL(10 per 30 days) MO
<i>childrens ibuprofen susp 100mg/1 5ml</i>		MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium xr</i>	2	MO
<i>diflunisal</i>	2	MO
<i>etodolac</i>	2	MO
<i>etodolac er</i>	2	MO
<i>fenoprofen calcium</i>	2	MO
<i>flurbiprofen</i>	2	MO
<i>ibuprofen susp</i>	1	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
<i>ketoprofen</i>	2	MO
<i>ketoprofen er</i>	2	MO
<i>meclofenamate sodium</i>	3	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam susp</i>	2	QLL(300 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tabs</i>	2	QLL(30 per 30 days) MO
<i>nabumetone</i>	2	MO
<i>nalbuphine hcl</i>	5	MO
<i>naloxone hcl inj 0.4mg/ml</i>	5	
<i>naloxone hcl inj 1mg/ml</i>	5	MO
<i>naltrexone hcl</i>	2	MO
<i>naproxen</i>	2	MO
<i>naproxen dr</i>	2	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>oxaprozin</i>	2	MO
<i>pentazocine/acetaminophen</i>	2	QLL(180 per 30 days) MO
<i>piroxicam</i>	2	MO
<i>sulindac</i>	2	MO
<i>tolmetin sodium</i>	2	MO
<i>tramadol hcl</i>	2	QLL(240 per 30 days) MO
<i>tramadol hcl er tb24 300mg</i>	2	QLL(30 per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	2	QLL(240 per 30 days) MO
VOLTAREN	3	QLL(1000 per 30 days) MO
Non-Steroidal Anti-Inflammatory Agents		
<i>diclofenac sodium</i>	2	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac tromethamine</i>	2	MO
<i>ophthalmic soln</i>		
NEVANAC	3	MO
Oral Contraceptives & Related Agents		
<i>altavera</i>	3	MO
<i>alyacen 1/35</i>	3	MO
<i>alyacen 7/7/7</i>	3	MO
<i>apri</i>	3	MO
<i>aranelle</i>	3	MO
<i>aviane</i>	3	MO
<i>azurette</i>	3	MO
<i>balziva</i>	3	MO
<i>briellyn</i>	3	MO
<i>caziant</i>	3	MO
<i>cryselle-28</i>	3	MO
<i>cyclafem 1/35</i>	3	MO
<i>cyclafem 7/7/7</i>	3	MO
<i>dasetta 1/35</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 7/7/7</i>	3	MO
<i>drospirenone/ethinyl estradiol</i>	3	MO
<i>elinest</i>	3	MO
<i>emoquette</i>	3	MO
<i>enpresse-28</i>	3	MO
<i>estarylla</i>	3	MO
<i>falmina</i>	3	MO
<i>gildagia</i>	3	MO
<i>gildess 1.5/30</i>	3	MO
<i>gildess 1/20</i>	3	MO
<i>gildess fe 1.5/30</i>	3	MO
<i>gildess fe 1/20</i>	3	MO
<i>introvale</i>	3	MO
<i>jolessa</i>	3	MO
<i>junel 1.5/30</i>	3	MO
<i>junel 1/20</i>	3	MO
<i>junel fe 1.5/30</i>	3	MO
<i>junel fe 1/20</i>	3	MO
<i>kariva</i>	3	MO
<i>kelnor 1/35</i>	3	MO
<i>leena</i>	3	MO
<i>lessina</i>	3	MO
<i>levonest</i>	3	MO
<i>levonorgestrel/ethinyl estradiol</i>	3	MO
<i>levora 0.15/30-28</i>	3	MO
<i>low-ogestrel</i>	3	MO
<i>luteru</i>	3	MO
<i>marlissa</i>	3	MO
<i>microgestin 1.5/30</i>	3	MO
<i>microgestin 1/20</i>	3	MO
<i>microgestin fe</i>	3	MO
<i>microgestin fe 1.5/30</i>	3	MO
<i>mono-linyah</i>	3	MO
<i>mononessa</i>	3	MO
<i>myzilra</i>	3	MO
<i>necon 0.5/35-28</i>	3	MO
<i>necon 1/35</i>	3	MO
<i>necon 1/50-28</i>	3	MO
<i>necon 10/11-28</i>	3	MO
<i>necon 7/7/7</i>	3	MO
<i>norgestimate/ethinyl estradiol</i>	3	MO
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35</i>	3	MO
<i>nortrel 7/7/7</i>	3	MO
<i>ocella</i>	3	MO
<i>ogestrel</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>orsythia</i>	3	MO
<i>philith</i>	3	MO
<i>portia-28</i>	3	MO
<i>previfem</i>	3	MO
<i>quasense</i>	3	MO
<i>reclipsen</i>	3	MO
<i>sprintec 28</i>	3	MO
<i>sronyx</i>	3	MO
<i>syeda</i>	3	MO
<i>tilia fe</i>	3	MO
<i>tri-estarylla</i>	3	MO
<i>tri-legest fe</i>	3	MO
<i>tri-linyah</i>	3	MO
<i>tri-previfem</i>	3	MO
<i>tri-sprintec</i>	3	MO
<i>trinessa</i>	3	MO
<i>trivora-28</i>	3	MO
<i>velivet</i>	3	MO
<i>viorele</i>	3	MO
<i>zarah</i>	3	MO
<i>zenchent</i>	3	MO
<i>zovia 1/35e</i>	3	MO
<i>zovia 1/50e</i>	3	MO
Oral Drugs For Glaucoma		
<i>acetazolamide</i>	2	MO
<i>acetazolamide er</i>	2	MO
<i>acetazolamide sodium</i>	5	
<i>methazolamide</i>	2	MO
Osteoporosis Therapy		
ACTONEL TABS 150MG	4	QLL(1 per 30 days) ST MO
ACTONEL TABS 35MG	4	QLL(4 per 28 days) ST MO
ACTONEL TABS 5MG	4	QLL(30 per 30 days) ST MO
<i>alendronate sodium oral soln</i>	4	MO
<i>alendronate sodium tabs 10mg, 15mg</i>	1	QLL(30 per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QLL(4 per 28 days) MO
BONIVA INJ	5	B/D PAR MO
BONIVA TABS	4	QLL(1 per 28 days) ST MO
EVISTA	3	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
FORTEO	5	PAR QLL(3 per 28 days) MO
FOSAMAX	4	QLL(4 per 28 days) ST MO
FOSAMAX PLUS D	4	QLL(4 per 28 days) ST MO
<i>ibandronate sodium</i>	2	QLL(1 per 28 days) MO
PROLIA	5	PAR QLL(2 per 365 days) MO
Other Glaucoma Drugs		
COMBIGAN	3	MO
<i>dorzolamide hcl</i>	2	MO
<i>dorzolamide hcl/timolol maleate</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN	3	MO
RESCULA	4	MO
TRAVATAN Z	3	MO
<i>travoprost</i>	3	MO
Other Rheumatologicals		
ACTEMRA	6	PAR MO
BENLYSTA	6	PAR MO
DEPEN TITRATABS	4	MO
ENBREL INJ 25MG, 50MG/6 ML		PAR QLL(8 per 28 days) MO
ENBREL INJ 25MG/0.5ML6		PAR QLL(4.08 per 28 days) MO
ENBREL SURECLICK	6	PAR QLL(8 per 28 days) MO
HUMIRA INJ 20MG/0.4ML6		PAR QLL(2 per 28 days) MO
HUMIRA INJ 40MG/0.8ML6		PAR QLL(6 per 28 days) MO
HUMIRA PEN	6	PAR QLL(6 per 28 days) MO
HUMIRA PEN-CROHNS DISEASESTARTER	6	PAR QLL(6 per 365 days) MO
HUMIRA PEN-PSORIASIS STARTER	6	PAR QLL(4 per 365 days) MO
KINERET	6	PAR QLL(28 per 28 days) MO
<i>leflunomide</i>	3	MO
ORENCIA INJ 125MG/ML6		PAR QLL(4 per 28 days) MO
ORENCIA INJ 250MG	6	PAR MO
RIDAURA	4	MO

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TABS 100MG	3	QLL(60 per 30 days) MO
SAVELLA TABS 12.5MG	3	QLL(480 per 30 days) MO
SAVELLA TABS 25MG	3	QLL(240 per 30 days) MO
SAVELLA TABS 50MG	3	QLL(120 per 30 days) MO
SAVELLA TITRATION PACK	3	QLL(1 per 365 days) MO
SIMPONI	6	PAR QLL(1 per 28 days) MO
Otic Steroid / Antibiotic		
CIPRODEX	3	MO
<i>neomycin/polymyxin/hc</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone</i>	2	MO
Penicillins		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	3	MO
<i>amoxicillin/clavulanate potassium er</i>	3	MO
<i>amoxicillin/potassium clavulanate</i>	3	MO
<i>ampicillin</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 250mg, 2gm</i>	5	MO
<i>ampicillin sodium inj 1gm, 500mg</i>	5	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>		
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	5	MO
<i>bactocill in dextrose inj 0; 1gm/50ml</i>		
<i>bactocill in dextrose inj 0; 2gm/60ml</i>		
BICILLIN C-R	5	MO
BICILLIN L-A	5	MO
<i>dicloxacillin sodium</i>	2	MO
MOXATAG	5	MO
<i>nafcillin sodium</i>	6	MO
<i>nallpen iso-osmotic in dextrose</i>	6	
<i>nallpen/dextrose</i>	6	

Drug Name	Drug Tier	Requirements/ Limits
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	6	MO
OXACILLIN SODIUM INJ 2GM	6	MO
<i>penicillin g potassium</i>	5	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	5	
<i>penicillin g procaine</i>	5	MO
<i>penicillin g sodium</i>	5	MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	5	MO
<i>piperacillin sodium/ tazobactam sodium</i>	5	MO
<i>piperacillin sodium/tazobactam sodium</i>	5	MO
<i>piperacillin/tazobactam</i>	5	MO
TIMENTIN INJ 0.1GM/ 100ML; 3GM/100ML, 1GM; 30GM	5	
TIMENTIN INJ 0.1GM; 3GM	5	MO
Psychotherapeutic Drugs		
ABILIFY DISCMELT TBDP 10MG	6	QLL(90 per 30 days) MO
ABILIFY DISCMELT TBDP 15MG	6	QLL(60 per 30 days) MO
ABILIFY INJ	5	MO
ABILIFY MAINTENA	6	MO
ABILIFY ORAL SOLN	4	QLL(900 per 30 days) MO
ABILIFY TABS 10MG	4	QLL(90 per 30 days) MO
ABILIFY TABS 15MG	4	QLL(60 per 30 days) MO
ABILIFY TABS 20MG	6	QLL(60 per 30 days) MO
ABILIFY TABS 2MG	4	QLL(450 per 30 days) MO
ABILIFY TABS 30MG	6	QLL(30 per 30 days) MO
ABILIFY TABS 5MG	4	QLL(180 per 30 days) MO
<i>amitriptyline hcl</i>	3	PAR MO
<i>amoxapine</i>	2	MO
<i>amphetamine/ dextroamphetamine tabs</i>	3	QLL(90 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg</i>		
<i>amphetamine/ dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg</i>	3	QLL(60 per 30 days) MO
<i>budeprion sr tb12 100mg</i>	2	QLL(120 per 30 days) MO
<i>budeprion sr tb12 150mg</i>	2	MO
<i>bupropion hcl er tb12 100mg</i>	2	QLL(120 per 30 days) MO
<i>bupropion hcl er tb12 150mg</i>	2	MO
<i>bupropion hcl er tb12 200mg</i>	2	QLL(60 per 30 days) MO
<i>bupropion hcl sr tb12 100mg</i>	2	QLL(120 per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	2	MO
<i>bupropion hcl sr tb12 200mg</i>	2	QLL(60 per 30 days) MO
<i>bupropion hcl tabs 100mg</i>	2	QLL(135 per 30 days) MO
<i>bupropion hcl tabs 75mg</i>	2	QLL(180 per 30 days) MO
<i>bupropion hcl xl tb24 150mg</i>	2	QLL(90 per 30 days) MO
<i>bupropion hcl xl tb24 300mg</i>	2	QLL(45 per 30 days) MO
<i>buspirone hcl</i>	2	MO
<i>chlorpromazine hcl inj</i>	5	MO
<i>chlorpromazine hcl tabs</i>	2	MO
<i>citalopram hydrobromide oral soln</i>	2	QLL(600 per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	2	QLL(120 per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	2	QLL(60 per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	2	QLL(30 per 30 days) MO
<i>clomipramine hcl</i>	4	MO
<i>clorazepate dipotassium</i>	3	QLL(120 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine odt tbdp 100mg</i>	4	QLL(270 per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QLL(2160 per 30 days)
<i>clozapine odt tbdp 25mg</i>	4	QLL(1080 per 30 days)
<i>clozapine tabs 100mg</i>	2	QLL(270 per 30 days)
<i>clozapine tabs 200mg</i>	2	QLL(135 per 30 days)
<i>clozapine tabs 25mg</i>	2	QLL(1080 per 30 days)
<i>clozapine tabs 50mg</i>	2	QLL(540 per 30 days)
CYMBALTA CPEP 20MG	4	QLL(180 per 30 days) MO
CYMBALTA CPEP 30MG	4	QLL(120 per 30 days) MO
CYMBALTA CPEP 60MG	4	QLL(60 per 30 days) MO
<i>desipramine hcl</i>	2	MO
DESVENLAFAXINE ER TB24 100MG	4	QLL(120 per 30 days) MO
DESVENLAFAXINE ER TB24 50MG	4	QLL(240 per 30 days) MO
<i>dextroamphetamine sulfate tabs 10mg</i>	3	PAR QLL(180 per 30 days) MO
<i>dextroamphetamine sulfate tabs 5mg</i>	3	PAR QLL(90 per 30 days) MO
<i>diazepam intensol</i>	3	QLL(240 per 30 days) MO
<i>diazepam oral soln</i>	3	QLL(1200 per 30 days) MO
<i>diazepam tabs 10mg</i>	3	QLL(120 per 30 days) MO
<i>diazepam tabs 2mg</i>	3	QLL(600 per 30 days) MO
<i>diazepam tabs 5mg</i>	3	QLL(240 per 30 days) MO
<i>doxepin hcl</i>	3	PAR MO
EMSAM	4	QLL(30 per 30 days) MO
<i>escitalopram oxalate oral soln</i>	2	QLL(600 per 30 days) MO
<i>escitalopram oxalate tabs 10mg</i>	2	QLL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate tabs 20mg</i>	2	QLL(30 per 30 days) MO
<i>escitalopram oxalate tabs 5mg</i>	2	QLL(120 per 30 days) MO
FANAPT TABS 10MG	4	QLL(72 per 30 days) MO
FANAPT TABS 12MG	4	QLL(60 per 30 days) MO
FANAPT TABS 1MG	4	QLL(720 per 30 days) MO
FANAPT TABS 2MG	4	QLL(360 per 30 days) MO
FANAPT TABS 4MG	4	QLL(180 per 30 days) MO
FANAPT TABS 6MG	4	QLL(120 per 30 days) MO
FANAPT TABS 8MG	4	QLL(90 per 30 days) MO
FANAPT TITRATION PACK	4	QLL(8 per 30 days) MO
FAZACLO TBDP 100MG	4	QLL(270 per 30 days)
FAZACLO TBDP 12.5MG	4	QLL(2160 per 30 days)
FAZACLO TBDP 150MG	4	QLL(180 per 30 days)
FAZACLO TBDP 200MG	4	QLL(135 per 30 days)
FAZACLO TBDP 25MG	4	QLL(1080 per 30 days)
<i>fluoxetine caps 10mg</i>	2	QLL(240 per 30 days) MO
<i>fluoxetine caps 20mg</i>	2	QLL(120 per 30 days) MO
<i>fluoxetine hcl caps 10mg</i>	2	QLL(240 per 30 days) MO
<i>fluoxetine hcl caps 20mg</i>	2	QLL(120 per 30 days) MO
<i>fluoxetine hcl caps 40mg</i>	2	QLL(60 per 30 days) MO
<i>fluoxetine hcl oral soln</i>	2	QLL(600 per 30 days) MO
<i>fluoxetine hcl tabs 10mg</i>	2	QLL(240 per 30 days) MO
<i>fluoxetine hcl tabs 20mg</i>	2	QLL(120 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE HCL TABS 40MG	4	QLL(30 per 30 days) MO
<i>fluphenazine decanoate</i>	5	MO
<i>fluphenazine hcl conc</i>	2	
<i>fluphenazine hcl elix</i>	2	MO
<i>fluphenazine hcl inj</i>	5	MO
<i>fluphenazine hcl tabs</i>	2	MO
<i>fluvoxamine maleate tabs 100mg</i>	2	QLL(90 per 30 days) MO
<i>fluvoxamine maleate tabs 25mg</i>	2	QLL(360 per 30 days) MO
<i>fluvoxamine maleate tabs 50mg</i>	2	QLL(180 per 30 days) MO
GEODON INJ	5	MO
<i>guanidine hcl</i>	2	MO
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate</i>	5	MO
<i>haloperidol lactate</i>	5	MO
<i>imipramine hcl</i>	2	MO
INTUNIV	4	QLL(30 per 30 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	6	QLL(2 per 28 days) MO
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	5	QLL(2 per 28 days) MO
INVEGA TB24 1.5MG	4	QLL(240 per 30 days) MO
INVEGA TB24 3MG	4	QLL(120 per 30 days) MO
INVEGA TB24 6MG	4	QLL(60 per 30 days) MO
INVEGA TB24 9MG	6	QLL(40 per 30 days) MO
LATUDA TABS 120MG	6	QLL(30 per 30 days) MO
LATUDA TABS 20MG	4	QLL(240 per 30 days) MO
LATUDA TABS 40MG	4	QLL(120 per 30 days) MO
LATUDA TABS 80MG	4	QLL(60 per 30 days) MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium citrate</i>	2	MO
<i>loxapine</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>loxapine succinate</i>	2	MO
<i>maprotiline hcl tabs 25mg</i>	2	QLL(270 per 30 days) MO
<i>maprotiline hcl tabs 50mg</i>	2	QLL(135 per 30 days) MO
<i>maprotiline hcl tabs 75mg</i>	2	MO
MARPLAN	3	MO
<i>methylphenidate hcl</i>	3	PAR QLL(90 per 30 days) MO
<i>mirtazapine odt tbdp 15mg</i>	2	QLL(90 per 30 days) MO
<i>mirtazapine odt tbdp 30mg</i>	2	QLL(45 per 30 days) MO
<i>mirtazapine odt tbdp 45mg</i>	2	QLL(30 per 30 days) MO
<i>mirtazapine tabs 15mg</i>	2	QLL(90 per 30 days) MO
<i>mirtazapine tabs 30mg</i>	2	QLL(45 per 30 days) MO
<i>mirtazapine tabs 45mg</i>	2	QLL(30 per 30 days) MO
<i>mirtazapine tabs 7.5mg</i>	2	QLL(180 per 30 days) MO
<i>mirtazapine tbdp</i>	2	QLL(90 per 30 days) MO
<i>modafinil tabs 100mg</i>	3	PAR QLL(30 per 30 days) MO
<i>modafinil tabs 200mg</i>	6	PAR QLL(60 per 30 days) MO
<i>nefazodone hcl tabs 100mg</i>	2	QLL(180 per 30 days) MO
<i>nefazodone hcl tabs 150mg</i>	2	QLL(120 per 30 days) MO
<i>nefazodone hcl tabs 200mg</i>	2	QLL(90 per 30 days) MO
<i>nefazodone hcl tabs 250mg</i>	2	QLL(72 per 30 days) MO
<i>nefazodone hcl tabs 50mg</i>	2	QLL(360 per 30 days) MO
<i>nortriptyline hcl</i>	2	MO
<i>olanzapine odt tbdp 10mg</i>	3	QLL(60 per 30 days) MO
<i>olanzapine odt tbdp 15mg</i>	3	QLL(40 per 30 days) MO
<i>olanzapine odt tbdp 20mg</i>	3	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine odt tbdp 5mg</i>	3	QLL(120 per 30 days) MO
<i>olanzapine tabs 10mg</i>	3	QLL(60 per 30 days) MO
<i>olanzapine tabs 15mg</i>	3	QLL(40 per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	3	QLL(240 per 30 days) MO
<i>olanzapine tabs 20mg</i>	4	QLL(30 per 30 days) MO
<i>olanzapine tabs 5mg</i>	3	QLL(120 per 30 days) MO
<i>olanzapine tabs 7.5mg</i>	3	QLL(80 per 30 days) MO
ORAP	3	MO
<i>oxazepam</i>	2	QLL(120 per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg</i>	2	QLL(180 per 30 days) MO
<i>paroxetine hcl er tb24 25mg</i>	2	QLL(90 per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	2	QLL(60 per 30 days) MO
<i>paroxetine hcl tabs 10mg</i>	2	QLL(180 per 30 days) MO
<i>paroxetine hcl tabs 20mg</i>	2	QLL(90 per 30 days) MO
<i>paroxetine hcl tabs 30mg</i>	2	QLL(60 per 30 days) MO
<i>paroxetine hcl tabs 40mg</i>	2	QLL(45 per 30 days) MO
PAXIL SUSP	4	QLL(1200 per 30 days) MO
<i>perphenazine</i>	2	MO
<i>perphenazine/ amitriptyline</i>	3	PAR MO
<i>phenelzine sulfate</i>	3	MO
PRISTIQ TB24 100MG	4	PAR QLL(120 per 30 days) MO
PRISTIQ TB24 50MG	4	PAR QLL(240 per 30 days) MO
<i>protriptyline hcl</i>	2	MO
<i>quetiapine fumarate tabs 100mg</i>	3	QLL(240 per 30 days) MO
<i>quetiapine fumarate tabs 200mg</i>	3	QLL(120 per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QLL(960 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tabs 300mg</i>	3	QLL(80 per 30 days) MO
<i>quetiapine fumarate tabs 400mg</i>	3	QLL(60 per 30 days) MO
<i>quetiapine fumarate tabs 50mg</i>	3	QLL(480 per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	5	QLL(2 per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG	6	QLL(2 per 28 days) MO
RISPERDAL CONSTA INJ 50MG	6	MO
<i>risperidone m-tab tbdp 0.5mg</i>	3	QLL(960 per 30 days) MO
<i>risperidone m-tab tbdp 1mg</i>	3	QLL(480 per 30 days) MO
<i>risperidone m-tab tbdp 2mg</i>	3	QLL(240 per 30 days) MO
<i>risperidone m-tab tbdp 3mg</i>	3	QLL(160 per 30 days) MO
<i>risperidone m-tab tbdp 4mg</i>	3	QLL(120 per 30 days) MO
<i>risperidone odt tbdp 0.25mg</i>	3	QLL(1920 per 30 days) MO
<i>risperidone odt tbdp 0.5mg</i>	3	QLL(960 per 30 days) MO
<i>risperidone odt tbdp 1mg</i>	3	QLL(480 per 30 days) MO
<i>risperidone odt tbdp 2mg</i>	3	QLL(240 per 30 days) MO
<i>risperidone odt tbdp 3mg</i>	3	QLL(160 per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	3	QLL(120 per 30 days) MO
<i>risperidone oral soln</i>	2	QLL(480 per 30 days) MO
<i>risperidone tabs 0.25mg</i>	2	QLL(1920 per 30 days) MO
<i>risperidone tabs 0.5mg</i>	2	QLL(960 per 30 days) MO
<i>risperidone tabs 1mg</i>	2	QLL(480 per 30 days) MO
<i>risperidone tabs 2mg</i>	2	QLL(240 per 30 days) MO
<i>risperidone tabs 3mg</i>	2	QLL(160 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone tabs 4mg</i>	2	QLL(120 per 30 days) MO	<i>venlafaxine hcl er tb24 75mg</i>	3	QLL(90 per 30 days) MO
ROZEREM	4	QLL(30 per 30 days) MO	<i>venlafaxine hcl tabs 100mg</i>	2	QLL(113 per 30 days) MO
SAPHRIS SUBL 10MG	4	QLL(60 per 30 days) MO	<i>venlafaxine hcl tabs 25mg</i>	2	QLL(450 per 30 days) MO
SAPHRIS SUBL 5MG	4	QLL(120 per 30 days) MO	<i>venlafaxine hcl tabs 37.5mg</i>	2	QLL(300 per 30 days) MO
SEROQUEL XR TB24 150MG	3	QLL(160 per 30 days) MO	<i>venlafaxine hcl tabs 50mg</i>	2	QLL(225 per 30 days) MO
SEROQUEL XR TB24 200MG	3	QLL(120 per 30 days) MO	<i>venlafaxine hcl tabs 75mg</i>	2	QLL(150 per 30 days) MO
SEROQUEL XR TB24 300MG	3	QLL(80 per 30 days) MO	VIIBRYD KIT	4	QLL(30 per 30 days) ST MO
SEROQUEL XR TB24 400MG	3	QLL(60 per 30 days) MO	VIIBRYD TABS 10MG	4	QLL(120 per 30 days) ST MO
SEROQUEL XR TB24 50MG	3	QLL(480 per 30 days) MO	VIIBRYD TABS 20MG	4	QLL(60 per 30 days) ST MO
<i>sertraline hcl conc</i>	2	QLL(300 per 30 days) MO	VIIBRYD TABS 40MG	4	QLL(30 per 30 days) ST MO
<i>sertraline hcl tabs 100mg</i>	2	QLL(60 per 30 days) MO	XYREM	6	LA PAR QLL(540 per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	2	QLL(240 per 30 days) MO	<i>zaleplon caps 10mg</i>	3	QLL(60 per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	2	QLL(120 per 30 days) MO	<i>zaleplon caps 5mg</i>	3	QLL(30 per 30 days) MO
STRATTERA CAPS 100MG, 60MG, 80MG	4	PAR QLL(30 per 30 days) MO	<i>ziprasidone hcl caps 20mg</i>	3	QLL(240 per 30 days) MO
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG	4	PAR QLL(60 per 30 days) MO	<i>ziprasidone hcl caps 40mg</i>	3	QLL(120 per 30 days) MO
SURMONTIL	4	MO	<i>ziprasidone hcl caps 60mg, 80mg</i>	3	QLL(60 per 30 days) MO
<i>thioridazine hcl</i>	3	PAR MO	<i>zolpidem tartrate</i>	3	QLL(30 per 30 days) MO
<i>thiothixene</i>	2	MO	<i>zolpidem tartrate er</i>	3	QLL(30 per 30 days) MO
<i>tranlycypromine sulfate</i>	3	MO	ZYPREXA INJ	5	QLL(60 per 30 days) MO
<i>trazodone hcl</i>	1	MO	Pulmonary Agents		
<i>trifluoperazine hcl</i>	2	MO	<i>acetylcysteine inhalation soln</i>	2	B/D PAR MO
<i>venlafaxine hcl er cp24 150mg</i>	3	QLL(60 per 30 days) MO	ADCIRCA	6	PAR QLL(60 per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	3	QLL(180 per 30 days) MO	ADVAIR DISKUS	3	QLL(60 per 30 days) MO
<i>venlafaxine hcl er cp24 75mg</i>	3	QLL(90 per 30 days) MO	ADVAIR HFA	3	QLL(12 per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	3	QLL(60 per 30 days) MO	<i>albuterol sulfate er</i>	2	MO
<i>venlafaxine hcl er tb24 37.5mg</i>	3	QLL(180 per 30 days) MO			

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D PAR QLL(360 per 30 days) MO
<i>albuterol sulfate nebu 0.5%</i>	2	B/D PAR QLL(60 per 30 days) MO
<i>albuterol sulfate syrp</i>	2	MO
<i>albuterol sulfate tabs</i>	2	MO
<i>aminophylline</i>	5	MO
ATROVENT HFA	4	QLL(26 per 30 days) MO
BECONASE AQ	4	QLL(50 per 30 days) ST MO
CINRYZE	6	PAR MO
COMBIVENT	4	QLL(30 per 30 days) MO
COMBIVENT RESPIMAT	4	QLL(8 per 30 days) MO
<i>cromolyn sodium nebu</i>	2	B/D PAR QLL(240 per 30 days) MO
DALIRESPI	4	QLL(30 per 30 days) MO
DULERA	3	QLL(13 per 30 days) MO
ELIXOPHYLLIN	3	MO
FIRAZYR	6	PAR MO
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QLL(60 per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST, 50MCG/BLIST	3	QLL(240 per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT	3	QLL(12 per 30 days) MO
FLOVENT HFA AERO 220MCG/ACT	3	QLL(24 per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QLL(11 per 30 days) MO
<i>flunisolide</i>	2	QLL(50 per 30 days) MO
<i>fluticasone propionate susp</i>	2	QLL(16 per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	2	B/D PAR MO
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PAR QLL(540 per 30 days) MO
KALYDECO	6	PAR QLL(60 per 30 days) MO
LETAIRIS	6	LA PAR MO

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol</i>	3	B/D PAR QLL(45 per 30 days) MO
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	3	QLL(270 per 30 days) MO
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	3	QLL(540 per 30 days) MO
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	3	B/D PAR QLL(270 per 30 days) MO
MAXAIR AUTOHALER	4	QLL(28 per 30 days) MO
<i>montelukast sodium chew</i>	2	QLL(30 per 30 days) MO
<i>montelukast sodium pack</i>	3	QLL(30 per 30 days) MO
<i>montelukast sodium tabs</i>	2	QLL(30 per 30 days) MO
NASONEX	3	QLL(34 per 30 days) MO
OMNARIS	4	QLL(13 per 30 days) ST MO
PERFOROMIST	4	B/D PAR QLL(120 per 30 days) MO
PROAIR HFA	3	QLL(18 per 30 days) MO
PROVENTIL HFA	3	QLL(14 per 30 days) MO
PULMOZYME	6	B/D PAR MO
QVAR	3	QLL(27 per 30 days) MO
REVATIO INJ	6	PAR QLL(1125 per 30 days) MO
RHINOCORT AQUA	4	QLL(18 per 30 days) ST MO
SEREVENT DISKUS	3	QLL(60 per 30 days) MO
<i>sildenafil citrate</i>	6	PAR QLL(90 per 30 days) MO
<i>sodium chloride nebu 0.9%</i>	2	B/D PAR MO
SPIRIVA HANDIHALER	3	QLL(30 per 30 days) MO
SYMBICORT	3	QLL(11 per 30 days) MO
<i>terbutaline sulfate tabs</i>	2	MO
<i>theophylline</i>	2	
<i>theophylline cr</i>	2	MO
<i>theophylline er</i>	2	MO
TRACLEER	6	LA PAR MO

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide inha</i>	4	QLL(34 per 30 days) MO
TYVASO	6	PAR MO
TYVASO REFILL	6	PAR MO
TYVASO STARTER	6	PAR MO
VENTAVIS	6	PAR MO
VENTOLIN HFA	4	QLL(36 per 30 days) ST MO
VERAMYST	4	QLL(10 per 30 days) ST MO
XOLAIR	6	LA PAR QLL(6 per 28 days) MO
XOPENEX HFA	4	QLL(45 per 30 days) ST MO
<i>zafirlukast</i>	3	QLL(60 per 30 days) MO
ZYFLO	6	QLL(120 per 30 days) MO
ZYFLO CR	6	QLL(120 per 30 days) MO
Quinolones		
AVELOX INJ	5	MO
CIPRO I.V.-IN D5W	5	
<i>ciprofloxacin er tb24 1000mg; 20</i>		QLL(14 per 1 days) MO
<i>ciprofloxacin er tb24 500mg; 02</i>		QLL(3 per 1 days) MO
<i>ciprofloxacin hcl</i>	2	MO
<i>ciprofloxacin i.v.-in d5w</i>	5	MO
<i>ciprofloxacin inj 200mg/20ml</i>	5	MO
<i>ciprofloxacin inj 400mg/40ml</i>	5	
<i>levofloxacin in d5w</i>	5	
<i>levofloxacin inj</i>	5	MO
<i>levofloxacin oral soln</i>	4	MO
<i>levofloxacin tabs</i>	2	QLL(14 per 1 days) MO
<i>ofloxacin</i>	2	MO
Smoking Deterrents		
<i>buproban</i>	2	MO
<i>bupropion hcl sr tb12 150mg</i>	2	MO
CHANTIX	4	PAR MO
CHANTIX CONTINUING4 MONTH PAK		PAR MO
CHANTIX STARTING MONTH PAK	4	PAR MO
NICOTROL NS	3	MO
Steroid-Antibiotic Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin hc</i>	2	MO
<i>neomycin/polymyxin/bacitracin/2</i>		MO
<i>hydrocortisone</i>		
<i>neomycin/polymyxin/ dexamethasone</i>	2	MO
<i>neomycin/polymyxin/ hydrocortisone</i>	2	MO
TOBRADEX OINT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin/dexamethasone</i>	2	MO
Steroid-Sulfonamide Combinations		
BLEPHAMIDE S.O.P.	4	MO
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	1	MO
Steroids		
<i>dexamethasone sodium phosphate ophthalmic soln</i>	1	MO
DUREZOL	3	MO
<i>fluorometholone</i>	2	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate 2 ophthalmic soln</i>		MO
Sulfa'S & Related Agents		
<i>sulfadiazine</i>	3	MO
<i>sulfamethoxazole/trimethoprim 1 ds</i>		MO
<i>sulfamethoxazole/trimethoprim 5 inj</i>		MO
<i>sulfamethoxazole/trimethoprim 1 susp</i>		MO
<i>sulfamethoxazole/trimethoprim 1 tabs</i>		MO
Sulfonamides		
<i>sodium sulfacetamide</i>	2	MO
<i>sulfacetamide sodium</i>	2	MO
Sympathomimetics		
ALPHAGAN P	3	MO
OPHTHALMIC SOLN 0.1%		
ALPHAGAN P	4	MO
OPHTHALMIC SOLN 0.15%		
<i>apraclonidine</i>	2	MO
<i>brimonidine tartrate</i>	2	MO
Tetracyclines		
<i>demeclocycline hcl tabs 150mg</i>	3	MO
<i>demeclocycline hcl tabs 300mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>doxy 100</i>	5	MO
<i>doxycycline hyclate caps</i>	2	MO
<i>doxycycline hyclate inj</i>	5	MO
<i>doxycycline hyclate tabs</i>	2	MO
<i>doxycycline monohydrate</i>	2	MO
<i>minocycline hcl</i>	2	MO
<i>tetracycline hcl</i>	2	MO
Therapy For Acne		
<i>adapalene gel</i>	2	MO
<i>amnestem caps 10mg</i>	3	MO
<i>amnestem caps 20mg, 40mg</i>	4	MO
<i>claravis</i>	3	MO
<i>clindamycin phosphate external soln</i>	2	MO
<i>clindamycin phosphate gel</i>	2	MO
<i>clindamycin phosphate lotn</i>	2	MO
<i>clindamycin phosphate swab</i>	2	MO
<i>clindamycin/benzoyl peroxide</i>	2	MO
<i>ery</i>	2	MO
<i>erythromycin</i>	2	MO
<i>erythromycin/benzoyl peroxide</i>	2	MO
<i>metronidazole crea</i>	2	MO
<i>metronidazole gel 0.75%</i>	2	MO
<i>metronidazole lotn</i>	2	MO
<i>myorisan</i>	3	MO
<i>prascion</i>	2	MO
<i>rosadan</i>	2	MO
<i>sodium sulfacetamid/sulfur cleanser</i>	2	MO
<i>sodium sulfacetamid/sulfur cleanser in urea</i>	2	MO
<i>sulfacetamide sodium/sulfur cleanser</i>	2	MO
<i>TAZORAC</i>	4	MO
<i>tretinoin crea</i>	3	QLL(90 per 30 days) MO
<i>tretinoin emollient</i>	3	MO
<i>tretinoin gel</i>	3	QLL(90 per 30 days) MO
<i>zenatane</i>	3	MO
Thyroid Hormones		
<i>levothroid</i>	1	MO
<i>levothyroxine sodium inj 200mcg</i>	5	
<i>levothyroxine sodium tabs</i>	1	MO
<i>levoxyl</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium inj</i>	6	
<i>liothyronine sodium tabs</i>	2	MO
SYNTHROID	3	MO
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>unithroid tabs 137mcg</i>	1	
Topical Anesthetics		
<i>lidocaine hcl external soln</i>	1	MO
<i>lidocaine hcl gel</i>	1	MO
<i>lidocaine hcl inj 2%</i>	5	MO
<i>lidocaine hcl jelly</i>	1	MO
<i>lidocaine hcl mouth/throat soln</i>	1	MO
<i>lidocaine oint</i>	2	MO
<i>lidocaine viscous</i>	1	MO
<i>lidocaine/prilocaine</i>	2	MO
LIDODERM	3	QLL(90 per 30 days) MO
Topical Antibacterials		
<i>bacitracin external oint</i>	2	MO
<i>gentamicin sulfate crea</i>	1	MO
<i>gentamicin sulfate oint 0.1%</i>	1	MO
<i>mupirocin oint</i>	2	MO
<i>sodium sulfacetamide</i>	2	MO
<i>sulfacetamide sodium</i>	2	MO
Topical Antifungals		
<i>ciclodan crea</i>	3	MO
<i>ciclodan external soln</i>	3	PAR MO
<i>ciclopirox</i>	3	MO
<i>ciclopirox nail lacquer</i>	3	PAR MO
<i>ciclopirox olamine</i>	3	MO
<i>ciclopirox topical solution kit</i>	3	PAR MO
<i>ciclopirox treatment</i>	3	MO
<i>clotrimazole external crea</i>	2	MO
<i>clotrimazole external soln</i>	2	MO
<i>clotrimazole/betamethasone dipropionate</i>	2	MO
<i>econazole nitrate</i>	2	MO
<i>ketoconazole crea</i>	2	MO
<i>ketoconazole sham</i>	2	MO
<i>nyamyc</i>	2	MO
<i>nystatin</i>	2	MO
<i>nystatin/triamcinolone</i>	2	MO
<i>nystop</i>	2	MO
<i>pedi-dri</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
Topical Antivirals		
<i>acyclovir oint</i>	3	QLL(30 per 1 days) MO
DENAVIR	3	QLL(5 per 1 days) MO
ZOVIRAX CREA	3	QLL(5 per 1 days) MO
Topical Corticosteroids		
<i>alclometasone dipropionate</i>	2	MO
<i>amcinonide</i>	3	MO
<i>augmented betamethasone dipropionate</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate crea</i>	2	MO
<i>betamethasone valerate lotn</i>	2	MO
<i>betamethasone valerate oint</i>	2	MO
<i>clobetasol propionate</i>	2	MO
<i>clobetasol propionate e</i>	2	MO
<i>clobetasol propionate emollient</i>	2	MO
<i>cormax scalp application</i>	2	MO
<i>desonide</i>	2	MO
<i>desoximetasone crea</i>	3	MO
<i>desoximetasone gel</i>	3	MO
<i>desoximetasone oint 0.25%</i>	3	MO
<i>diflorasone diacetate</i>	3	MO
<i>fluocinolone acetonide crea</i>	2	MO
<i>fluocinolone acetonide external soln</i>	2	MO
<i>fluocinolone acetonide oint</i>	2	MO
<i>fluocinonide</i>	2	MO
<i>fluocinonide-e</i>	2	MO
<i>fluticasone propionate crea</i>	2	MO
<i>fluticasone propionate oint</i>	2	MO
<i>halobetasol propionate</i>	2	MO
<i>hydrocortisone butyrate</i>	2	MO
<i>hydrocortisone crea 1%, 2.5%</i>	2	MO
<i>hydrocortisone in absorbase</i>	2	MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 1%, 2.5%</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
<i>mometasone furoate crea</i>	2	MO
<i>mometasone furoate external soln</i>	2	MO
<i>mometasone furoate oint</i>	2	MO
<i>prednicarbate</i>	2	MO
<i>triamcinolone acetonide crea</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide lotn</i>	2	MO
<i>triamcinolone acetonide oint</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm</i>	2	MO
Topical Enzymes		
SANTYL	4	QLL(30 per 1 days) MO
Topical Scabicides / Pediculicides		
<i>lindane sham</i>	4	MO
<i>malathion</i>	3	MO
<i>permethrin crea</i>	2	MO
Ulcer Therapy		
<i>cimetidine hcl inj</i>	5	MO
DEXILANT	4	QLL(30 per 30 days) ST MO
<i>famotidine inj</i>	5	MO
<i>famotidine premixed</i>	5	
<i>famotidine susr</i>	2	MO
<i>famotidine tabs 20mg, 40mg</i>	2	MO
<i>lansoprazole</i>	3	QLL(30 per 30 days) MO
<i>misoprostol</i>	2	MO
NEXIUM	3	QLL(30 per 30 days) MO
NEXIUM I.V. INJ 20MG	5	
NEXIUM I.V. INJ 40MG	5	MO
<i>nizatidine caps</i>	2	MO
<i>omeprazole cpdr</i>	2	QLL(30 per 30 days) MO
<i>pantoprazole sodium inj</i>	5	
<i>pantoprazole sodium tbec</i>	2	QLL(30 per 30 days) MO
<i>ranitidine hcl inj</i>	5	MO
<i>ranitidine hcl syrp</i>	2	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	2	MO
<i>sucralfate</i>	2	MO
Urinary Tract Agents		
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	4	MO
<i>nitrofurantoin macrocrystal</i>	4	MO
<i>nitrofurantoin macrocrystalline</i>	4	MO
<i>nitrofurantoin macrocrystals</i>	4	MO
<i>nitrofurantoin monohydrate</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydrate/ macrocrystals</i>	4	MO
<i>trimethoprim</i>	1	MO
Vaccines & Miscellaneous Immunologicals		
ACTHIB	3	
ADACEL	3	MO
BIVIGAM	6	PAR MO
BOOSTRIX	3	MO
CARIMUNE NANOFILTERED	6	PAR MO
CERVARIX	3	MO
COMVAX	3	MO
DAPTACEL	3	MO
DYSPORT	5	PAR MO
ENGRIX-B INJ 10MCG/ 0.5ML	3	B/D PAR
ENGRIX-B INJ 20MCG/ ML	3	B/D PAR MO
<i>fomepizole</i>	6	MO
GAMASTAN S/D	5	PAR MO
GAMMAGARD LIQUID	6	PAR MO
GAMMAGARD S/D	6	PAR MO
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	6	PAR MO
GAMMAPLEX	6	PAR MO
GAMUNEX-C	6	PAR MO
GARDASIL	3	MO
HAVRIX INJ 1440ELU/ML	3	MO
HAVRIX INJ 720ELU/ 0.5ML	3	
IMOVAX RABIES (H.D.C.V.)	3	MO
INFANRIX	3	
IPOL INACTIVATED IPV	3	MO
IXIARO	3	MO
M-M-R II W/DILUENT 10 DOSE	3	MO
MENACTRA	3	MO
MENOMUNE-A/C/Y/W-135	3	MO
MENVEO	3	MO
PEDVAX HIB	3	MO
PRIVIGEN	6	PAR MO
PROQUAD	3	
RABAVERT	5	MO
RECOMBIVAX HB	3	B/D PAR MO
ROTATEQ	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tetanus toxoid adsorbed</i>	3	MO
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	MO
THYMOGLOBULIN	6	B/D PAR
TWINRIX	3	MO
TYPHIM VI	3	
VAQTA	3	MO
VARIVAX	3	MO
VARIZIG	3	
YF-VAX	3	MO
ZOSTAVAX	3	MO
Vancomycin		
<i>vancomycin hcl caps 125mg</i>	6	PAR QLL(40 per 1 days) MO
<i>vancomycin hcl caps 250mg</i>	6	PAR QLL(80 per 1 days) MO
VANCOMYCIN HCL IN DEXTROSE INJ 0; 1GM/ 200ML	5	B/D PAR MO
VANCOMYCIN HCL IN DEXTROSE INJ 0; 500MG/ 100ML, 0; 750MG/150ML	5	B/D PAR
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	5	B/D PAR MO
<i>vancomycin hcl inj 500mg</i>	5	B/D PAR
Vasoconstrictor Decongestants		
<i>naphazoline hcl</i>	1	MO
<i>phenylephrine hcl ophthalmic soln</i>	2	MO
Vitamins & Hematinics		
<i>fluoride</i>	2	MO
<i>folbecal</i>	2	MO
<i>folcaps omega 3</i>	2	MO
<i>ludent</i>	2	MO
<i>pr natal 430</i>	2	MO
<i>pr natal 430 ec</i>	2	MO
<i>prenatabs fa</i>	2	MO
<i>prenatabs obn</i>	2	
<i>prenatabs rx</i>	2	MO
<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 12mcg; 25mg; 29mg; 1mg; 6mg; 20mg; 3mg; 3mg; 400unit; 30unit; 20mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>prenatal 19 chew 100mg;</i> <i>1000unit; 200mg; 7mg;</i> <i>400unit; 12mcg; 29mg; 1mg;</i> <i>15mg; 20mg; 3mg; 3mg;</i> <i>30unit; 20mg</i>	2	
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	
<i>prenatal 19 tabs 100mg;</i> <i>200mg; 400unit; 12mcg;</i> <i>25mg; 29mg; 1mg; 15mg; 7mg;</i> <i>20mg; 3mg; 3mg; 1000unit;</i> <i>30unit; 20mg</i>	2	MO
<i>prenatal plus</i>	2	MO
<i>prenatal plus iron</i>	2	MO
<i>prenatal tabs 120mg; 0; 0;</i> <i>200mg; 400unit; 2mg; 12mcg;</i> <i>27mg; 1mg; 20mg; 10mg; 3mg;</i> <i>1.84mg; 22mg; 4000unit;</i> <i>25mg</i>	2	MO
<i>prenatal vitamins plus</i>	2	MO
<i>prenatal-u</i>	2	MO
<i>se-care</i>	2	MO
<i>se-natal 19</i>	2	MO
<i>se-tan dha</i>	2	MO
<i>sodium fluoride chew</i>	2	MO
<i>sodium fluoride tabs</i>	2	
<i>triadvance</i>	2	MO
<i>trinatal gt</i>	2	MO
<i>trinate</i>	2	MO
<i>vinate az</i>	2	MO
<i>vinate care</i>	2	MO
<i>vinate m</i>	2	MO
<i>vitafol-ob</i>	2	MO
<i>vol-nate</i>	2	MO

Index of Drugs:

Legend

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

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

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

Drug Name	Page	Drug Name	Page
<i>a-hydrocort</i>	7	<i>acetylcysteine inhalation soln</i>	38
<i>a-methapred</i>	7	<i>acetylcysteine inj</i>	10
<i>abacavir</i>	15	ACTEMRA	33
ABELCET	10	ACTHAR HP	7
ABILIFY DISCMELT TBDP 10MG.....	34	ACTHIB	43
ABILIFY DISCMELT TBDP 15MG.....	34	ACTIMMUNE	16
ABILIFY INJ	34	ACTIQ	29
ABILIFY MAINTENA	34	ACTONEL TABS 150MG.....	32
ABILIFY ORAL SOLN	34	ACTONEL TABS 30MG.....	22
ABILIFY TABS 10MG.....	34	ACTONEL TABS 35MG.....	32
ABILIFY TABS 15MG.....	34	ACTONEL TABS 5MG.....	32
ABILIFY TABS 20MG.....	34	ACTOPLUS MET XR TB24 1000MG; 15MG.....	18
ABILIFY TABS 2MG.....	34	ACTOPLUS MET XR TB24 1000MG; 30MG.....	18
ABILIFY TABS 30MG.....	34	<i>acyclovir caps</i>	15
ABILIFY TABS 5MG.....	34	<i>acyclovir oint</i>	42
ABRAXANE	12	<i>acyclovir sodium inj 1000mg, 50mg/ml</i>	15
ABSTRAL SUBL 100MCG.....	29	<i>acyclovir sodium inj 500mg</i>	15
ABSTRAL SUBL 200MCG, 300MCG, 400MCG, 600MCG, 800MCG.....	29	<i>acyclovir susp</i>	15
<i>acarbose tabs 100mg</i>	18	<i>acyclovir tabs</i>	15
<i>acarbose tabs 25mg</i>	18	ADACEL	43
<i>acarbose tabs 50mg</i>	18	ADAGEN	22
<i>acebutolol hcl</i>	10	<i>adapalene gel</i>	41
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	29	ADCETRIS	12
<i>acetaminophen/codeine #2</i>	29	ADCIRCA	38
<i>acetaminophen/codeine #3</i>	29	ADRENACLICK	10
<i>acetaminophen/codeine #4</i>	29	<i>adriamycin</i>	12
<i>acetaminophen/codeine oral soln</i>	29	<i>adrucil</i>	12
<i>acetaminophen/codeine phosphate</i>	29	ADVAIR DISKUS	38
<i>acetaminophen/codeine tabs</i>	29	ADVAIR HFA	38
<i>acetasol hc</i>	27	ADVICOR TB24 20MG; 1000MG, 20MG; 750MG.....	22
<i>acetazolamide</i>	32	ADVICOR TB24 20MG; 500MG, 40MG; 1000MG.....	22
<i>acetazolamide er</i>	32	<i>afeditab cr</i>	10
<i>acetazolamide sodium</i>	32	AFINITOR	12
<i>acetic acid 0.25%</i>	22	AFINITOR DISPERZ	12
<i>acetic acid otic soln</i>	27	AGGRENOX	17
<i>acetic acid/aluminum acetate</i>	27		

Drug Name	Page	Drug Name	Page
<i>ak-poly-bac</i>	8	860MG/100ML; 420MG/100ML; 520MG/100ML;	
ALBENZA	24	160MG/100ML; 44MG/100ML; 800MG/100ML,	
<i>albuterol sulfate er</i>	38	90MEQ/L; 1100MG/100ML; 850MG/100ML;	
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/</i>		35MEQ/L; 1100MG/100ML; 260MG/100ML;	
<i>3ml</i>	39	620MG/100ML; 810MG/100ML; 624MG/100ML;	
<i>albuterol sulfate nebu 0.5%</i>	39	340MG/100ML; 380MG/100ML; 5.4MEQ/L;	
<i>albuterol sulfate syrp</i>	39	750MG/100ML; 370MG/100ML; 460MG/100ML;	
<i>albuterol sulfate tabs</i>	39	150MG/100ML; 44MG/100ML; 680MG/100ML.....	27
<i>alclometasone dipropionate</i>	42	AMINOSYN M	27
<i>alcohol preps pads</i>	18	AMINOSYN-HBC	27
ALDURAZYME	26	AMINOSYN-PF	27
<i>alendronate sodium oral soln</i>	32	AMINOSYN-PF 7%	28
<i>alendronate sodium tabs 10mg, 5mg</i>	32	<i>amiodarone hcl inj</i>	7
<i>alendronate sodium tabs 35mg, 70mg</i>	32	<i>amiodarone hcl tabs</i>	7
<i>alendronate sodium tabs 40mg</i>	22	<i>amitriptyline hcl</i>	34
<i>alfuzosin hcl er</i>	16	<i>amlodipine besylate tabs 10mg, 2.5mg</i>	10
ALIMTA	12	<i>amlodipine besylate tabs 5mg</i>	10
ALINIA	24	<i>amlodipine besylate/benazepril hcl</i>	10
ALKERAN INJ	12	<i>amlodipine besylate/benazepril hydrochloride</i>	10
ALKERAN TABS	12	AMMONIUM CHLORIDE	27
<i>allopurinol</i>	21	<i>ammonium lactate</i>	25
<i>allopurinol sodium</i>	21	<i>amnesteem caps 10mg</i>	41
<i>aloprim</i>	22	<i>amnesteem caps 20mg, 40mg</i>	41
ALOXI	25	<i>amoxapine</i>	34
ALPHAGAN P OPHTHALMIC SOLN 0.1%.....	40	<i>amoxicillin</i>	33
ALPHAGAN P OPHTHALMIC SOLN 0.15%.....	40	<i>amoxicillin/clavulanate potassium</i>	33
<i>altavera</i>	31	<i>amoxicillin/clavulanate potassium er</i>	33
ALTOPREV	22	<i>amoxicillin/potassium clavulanate</i>	33
<i>alyacen 1/35</i>	31	<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg;</i>	
<i>alyacen 7/7/7</i>	31	<i>1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg,</i>	
<i>amantadine hcl caps</i>	15	<i>2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg;</i>	
<i>amantadine hcl tabs</i>	15	<i>3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg,</i>	
AMBISOME	10	<i>5mg; 5mg; 5mg; 5mg</i>	34
<i>amcinonide</i>	42	<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg;</i>	
<i>amifostine</i>	7	<i>7.5mg; 7.5mg</i>	34
<i>amikacin sulfate</i>	24	<i>amphotericin b</i>	10
<i>amiloride hcl</i>	10	<i>ampicillin</i>	33
<i>amiloride/hydrochlorothiazide</i>	10	<i>ampicillin sodium inj 10gm, 125mg, 250mg, 2gm</i>	33
<i>aminocaproic acid syrp</i>	17	<i>ampicillin sodium inj 1gm, 500mg</i>	33
<i>aminophylline</i>	39	<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	33
AMINOSYN 8.5%/ELECTROLYTES	27	<i>ampicillin-sulbactam inj 2gm; 1gm</i>	33
AMINOSYN II	27	AMPYRA	26
AMINOSYN II 8.5%/ELECTROLYTES	27	<i>anagrelide hydrochloride</i>	22
AMINOSYN INJ 148MEQ/L; 1280MG/100ML;		<i>anastrozole</i>	12
980MG/100ML; 1280MG/100ML; 300MG/100ML;		ANDROGEL GEL 20.25MG/1.25GM.....	26
720MG/100ML; 940MG/100ML; 720MG/100ML;		ANDROGEL GEL 25MG/2.5GM, 50MG/5GM.....	26
400MG/100ML; 440MG/100ML; 5.4MEQ/L;		ANDROGEL GEL 40.5MG/2.5GM.....	26

Drug Name	Page	Drug Name	Page
ANDROGEL PUMP GEL 1%.....	26	AZITHROMYCIN INJ 2.5GM.....	21
ANDROGEL PUMP GEL 1.62%.....	26	<i>azithromycin inj 500mg</i>	21
<i>androxy</i>	26	<i>azithromycin pack</i>	21
APOKYN	14	<i>azithromycin susr 100mg/5ml</i>	21
<i>apraclonidine</i>	40	<i>azithromycin susr 200mg/5ml</i>	21
<i>apri</i>	31	<i>azithromycin tabs 250mg</i>	21
APTIVUS CAPS	15	<i>azithromycin tabs 500mg</i>	21
APTIVUS ORAL SOLN	15	<i>azithromycin tabs 600mg</i>	21
ARALAST NP INJ 1000MG, 800MG.....	22	<i>azurette</i>	31
ARALAST NP INJ 400MG, 500MG.....	23	<i>bacitracin external oint</i>	41
<i>aranelle</i>	31	<i>bacitracin ophthalmic oint</i>	8
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 150MCG/0.75ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML.....	16	<i>bacitracin/polymyxin b</i>	8
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ 0.3ML, 60MCG/ML.....	16	<i>baclofen</i>	29
ARCALYST	16	<i>bactocill in dextrose inj 0; 1gm/50ml</i>	33
ARRANON	12	<i>bactocill in dextrose inj 0; 2gm/50ml</i>	33
ARZERRA	12	<i>balsalazide disodium</i>	25
ASACOL	25	<i>balziva</i>	31
ASACOL HD	25	BANZEL SUSP	8
ASTEPRO	23	BANZEL TABS 200MG.....	8
ASTRAMORPH	29	BANZEL TABS 400MG.....	8
<i>atenolol</i>	10	BARACLUDE	15
<i>atenolol/chlorthalidone</i>	11	BECONASE AQ	39
<i>atorvastatin calcium</i>	22	<i>benazepril hcl</i>	11
ATRIPLA	15	<i>benazepril hcl/hydrochlorothiazide</i>	11
<i>atropine sulfate inj 0.05mg/ml, 0.1mg/ml, 0.8mg/ml</i>	10	BENLYSTA	33
<i>atropine sulfate inj 0.4mg/ml, 1mg/ml</i>	10	<i>benztropine mesylate inj</i>	14
<i>atropine sulfate oint</i>	18	<i>benztropine mesylate tabs</i>	14
<i>atropine sulfate ophthalmic soln</i>	18	BETAGAN	16
<i>atropine-care</i>	18	<i>betamethasone dipropionate</i>	42
ATROVENT HFA	39	<i>betamethasone valerate crea</i>	42
<i>augmented betamethasone dipropionate</i>	42	<i>betamethasone valerate lotn</i>	42
AVASTIN	12	<i>betamethasone valerate oint</i>	42
AVELOX INJ	40	BETASERON	16
<i>aviane</i>	31	<i>betaxolol hcl ophthalmic soln</i>	16
AVODART	16	<i>betaxolol hcl tabs</i>	11
AVONEX	16	<i>bethanechol chloride</i>	17
AVONEX PEN	16	<i>bicalutamide</i>	12
<i>azathioprine</i>	12	BICILLIN C-R	33
<i>azathioprine sodium</i>	12	BICILLIN L-A	33
<i>azelastine hcl nasal soln</i>	23	BICNU	12
<i>azelastine hcl ophthalmic soln</i>	27	BIDIL	11
AZILECT	14	<i>bisoprolol fumarate</i>	11
		<i>bisoprolol fumarate/hydrochlorothiazide</i>	11
		BIVIGAM	43
		<i>bleomycin sulfate</i>	12
		BLEPHAMIDE S.O.P.	40
		BONIVA INJ	32

Drug Name	Page	Drug Name	Page
BONIVA TABS	32	calcium acetate caps	20
BOOSTRIX	43	calcium folinate	7
BOSULIF	12	camila	21
<i>briellyn</i>	31	CANCIDAS	10
<i>brimonidine tartrate</i>	40	CAPASTAT SULFATE	24
<i>bromocriptine mesylate</i>	14	CAPRELSA	12
<i>budeprion sr tb12 100mg</i>	34	<i>captopril</i>	11
<i>budeprion sr tb12 150mg</i>	34	<i>captopril/hydrochlorothiazide</i>	11
<i>budesonide cp24</i>	25	CARAC	25
<i>bumetanide inj</i>	11	CARBAGLU	23
<i>bumetanide tabs</i>	11	<i>carbamazepine</i>	8
BUPHENYL TABS	23	<i>carbamazepine er</i>	8
BUPRENEX	29	<i>carbidopallevodopa</i>	14
<i>buprenorphine hcl inj</i>	29	<i>carbidopallevodopa cr</i>	14
<i>buprenorphine hcl subl 2mg</i>	29	<i>carbidopallevodopa er</i>	14
<i>buprenorphine hcl subl 8mg</i>	29	<i>carbidopallevodopa odt</i>	14
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	31	<i>carbidopallevodopa sr</i>	14
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	31	<i>carbidopallevodopalentacapone</i>	14
<i>buproban</i>	40	<i>carboplatin</i>	12
<i>bupropion hcl er tb12 100mg</i>	34	CARIMUNE NANOFILTERED	43
<i>bupropion hcl er tb12 150mg</i>	34	<i>carteolol hcl</i>	16
<i>bupropion hcl er tb12 200mg</i>	34	<i>cartia xt</i>	11
<i>bupropion hcl sr tb12 100mg</i>	34	<i>carvedilol</i>	11
<i>bupropion hcl sr tb12 150mg</i>	34	<i>caziant</i>	31
<i>bupropion hcl sr tb12 150mg</i>	40	CEENU	12
<i>bupropion hcl sr tb12 200mg</i>	34	<i>cefaclor</i>	17
<i>bupropion hcl tabs 100mg</i>	34	<i>cefaclor er</i>	17
<i>bupropion hcl tabs 75mg</i>	34	<i>cefadroxil</i>	17
<i>bupropion hcl xl tb24 150mg</i>	34	<i>cefazolin sodium inj 100gm, 10gm, 1gm; 5%, 20gm, 300gm, 500mg</i>	17
<i>bupropion hcl xl tb24 300mg</i>	34	<i>cefazolin sodium inj 1gm</i>	17
<i>buspirone hcl</i>	34	<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	17
BUSULFEX	12	<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	17
<i>butorphanol tartrate inj</i>	31	<i>cefdinir</i>	17
<i>butorphanol tartrate nasal soln</i>	31	<i>cefepime inj 1gm</i>	17
BYDUREON	18	<i>cefepime inj 1gm/50ml, 2gm, 2gm/100ml</i>	17
BYETTA INJ 10MCG/0.04ML.....	18	<i>cefotaxime sodium inj 10gm, 2gm</i>	17
BYETTA INJ 5MCG/0.02ML.....	18	<i>cefotaxime sodium inj 1gm, 500mg</i>	17
BYSTOLIC	11	<i>cefotetan</i>	17
<i>cabergoline</i>	26	<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%</i>	17
<i>calcipotriene crea</i>	15	<i>cefoxitin sodium inj 1gm</i>	17
<i>calcipotriene external soln</i>	15	<i>cefpodoxime proxetil</i>	17
<i>calcipotriene oint</i>	15	<i>cefprozil</i>	17
<i>calcitonin salmon</i>	26	<i>ceftazidime inj 1gm, 6gm</i>	17
<i>calcitonin-salmon</i>	26	<i>ceftazidime inj 2gm</i>	17
<i>calcitriol caps</i>	26	CEFTAZIDIME/DEXTROSE	17
<i>calcitriol inj</i>	26	<i>ceftriaxone in iso-osmotic dextrose</i>	17
<i>calcitriol oral soln</i>	26		

Drug Name	Page	Drug Name	Page
<i>ceftriaxone sodium</i>	17	CIPRO I.V.-IN D5W	40
<i>ceftriaxone/dextrose</i>	17	CIPRODEX	33
<i>cefuroxime axetil tabs</i>	17	<i>ciprofloxacin er tb24 1000mg; 0</i>	40
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	17	<i>ciprofloxacin er tb24 500mg; 0</i>	40
<i>cefuroxime sodium inj 7.5gm</i>	17	<i>ciprofloxacin hcl</i>	8
CELLCEPT INTRAVENOUS	12	<i>ciprofloxacin hcl</i>	40
CELLCEPT SUSR	12	<i>ciprofloxacin i.v.-in d5w</i>	40
CELLCEPT TABS	12	<i>ciprofloxacin inj 200mg/20ml</i>	40
CELONTIN	8	<i>ciprofloxacin inj 400mg/40ml</i>	40
<i>cephalexin caps 250mg, 500mg</i>	17	<i>cisplatin</i>	12
<i>cephalexin susr</i>	17	<i>citalopram hydrobromide oral soln</i>	34
<i>cephalexin tabs</i>	17	<i>citalopram hydrobromide tabs 10mg</i>	34
CEREZYME	26	<i>citalopram hydrobromide tabs 20mg</i>	34
<i>cerubidine</i>	12	<i>citalopram hydrobromide tabs 40mg</i>	34
CERVARIX	43	<i>citric acid/sodium citrate</i>	27
<i>cetirizine hcl syrp</i>	10	<i>cladribine</i>	12
CHANTIX	40	CLAFORAN INJ 10GM, 2GM.....	17
CHANTIX CONTINUING MONTH PAK	40	CLAFORAN INJ 1GM, 500MG.....	17
CHANTIX STARTING MONTH PAK	40	<i>claravis</i>	41
<i>childrens ibuprofen susp 100mg/5ml</i>	31	<i>clarithromycin</i>	21
<i>chloramphenicol sodium succinate</i>	24	<i>clarithromycin er</i>	21
<i>chlorhexadine gluconate oral rinse</i>	23	<i>clindamycin hcl</i>	24
<i>chlorhexidine gluconate mouth/throat soln</i>	23	<i>clindamycin phosphate add-vantage</i>	24
<i>chlorhexidine gluconate oral rinse</i>	23	<i>clindamycin phosphate crea</i>	27
<i>chloroquine phosphate</i>	24	<i>clindamycin phosphate external soln</i>	41
<i>chlorothiazide</i>	11	<i>clindamycin phosphate gel</i>	41
<i>chlorothiazide sodium</i>	11	<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%,</i> <i>600mg/50ml; 5%</i>	24
<i>chlorpromazine hcl inj</i>	34	<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	24
<i>chlorpromazine hcl tabs</i>	34	<i>clindamycin phosphate inj</i>	24
<i>chlorthalidone tabs 25mg, 50mg</i>	11	<i>clindamycin phosphate lotn</i>	41
<i>cholestyramine</i>	22	<i>clindamycin phosphate pharmacy bulk package</i>	24
<i>cholestyramine light</i>	22	<i>clindamycin phosphate swab</i>	41
CIALIS TABS 2.5MG, 5MG.....	27	<i>clindamycin/benzoyl peroxide</i>	41
<i>ciclodan crea</i>	41	CLINIMIX 2.75%/DEXTROSE 5%	28
<i>ciclodan external soln</i>	41	CLINIMIX 4.25%/DEXTROSE 10%	28
<i>ciclopirox</i>	41	CLINIMIX 4.25%/DEXTROSE 20%	28
<i>ciclopirox nail lacquer</i>	41	CLINIMIX 4.25%/DEXTROSE 25%	28
<i>ciclopirox olamine</i>	41	CLINIMIX 4.25%/DEXTROSE 5%	23
<i>ciclopirox topical solution kit</i>	41	CLINIMIX 5%/DEXTROSE 15%	28
<i>ciclopirox treatment</i>	41	CLINIMIX 5%/DEXTROSE 20%	28
<i>cidofovir</i>	15	CLINIMIX 5%/DEXTROSE 25%	28
<i>cilostazol</i>	17	CLINIMIX E 2.75%/DEXTROSE 10%	23
CILOXAN OPHTHALMIC SOLN	8	CLINIMIX E 2.75%/DEXTROSE 5%	23
<i>cimetidine hcl inj</i>	42	CLINIMIX E 4.25%/DEXTROSE 10%	28
CIMZIA	25	CLINIMIX E 4.25%/DEXTROSE 25%	28
CIMZIA STARTER KIT	25	CLINIMIX E 4.25%/DEXTROSE 5%	28
CINRYZE	39		

Drug Name	Page	Drug Name	Page
CLINIMIX E 5%/DEXTROSE 15%	28	<i>compro</i>	25
CLINIMIX E 5%/DEXTROSE 20%	28	COMVAX	43
CLINIMIX E 5%/DEXTROSE 25%	28	<i>constulose</i>	25
CLINISOL SF 15%	28	COPAXONE	26
<i>clobetasol propionate</i>	42	<i>cormax scalp application</i>	42
<i>clobetasol propionate e</i>	42	<i>cortisone acetate</i>	7
<i>clobetasol propionate emollient</i>	42	COSMEGEN	12
CLOLAR	12	COUMADIN INJ	17
<i>clomipramine hcl</i>	34	COUMADIN TABS	17
<i>clonazepam odt tbdp 0.125mg</i>	8	CREON	25
<i>clonazepam odt tbdp 0.25mg</i>	8	CRESTOR	22
<i>clonazepam odt tbdp 0.5mg</i>	8	CRIXIVAN	15
<i>clonazepam odt tbdp 1mg</i>	8	<i>cromolyn sodium conc</i>	25
<i>clonazepam odt tbdp 2mg</i>	8	<i>cromolyn sodium nebu</i>	39
<i>clonazepam tabs 0.5mg</i>	8	<i>cromolyn sodium ophthalmic soln</i>	27
<i>clonazepam tabs 1mg</i>	8	<i>cryselle-28</i>	31
<i>clonazepam tabs 2mg</i>	8	CUBICIN	24
<i>clonidine hcl ptwk</i>	11	<i>cyclafem 1/35</i>	31
<i>clonidine hcl tabs</i>	11	<i>cyclafem 7/7/7</i>	31
<i>clopidogrel tabs 300mg</i>	17	<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	29
<i>clopidogrel tabs 75mg</i>	17	<i>cyclophosphamide tabs</i>	12
<i>clorazepate dipotassium</i>	34	CYCLOSET	18
<i>clotrimazole external crea</i>	41	<i>cyclosporine caps</i>	12
<i>clotrimazole external soln</i>	41	<i>cyclosporine inj</i>	12
<i>clotrimazole troc</i>	10	<i>cyclosporine modified caps 100mg, 50mg</i>	12
<i>clotrimazole/betamethasone dipropionate</i>	41	<i>cyclosporine modified caps 25mg</i>	12
<i>clozapine odt tbdp 100mg</i>	35	<i>cyclosporine modified oral soln</i>	12
<i>clozapine odt tbdp 12.5mg</i>	35	CYMBALTA CPEP 20MG.....	35
<i>clozapine odt tbdp 25mg</i>	35	CYMBALTA CPEP 30MG.....	35
<i>clozapine tabs 100mg</i>	35	CYMBALTA CPEP 60MG.....	35
<i>clozapine tabs 200mg</i>	35	<i>cyproheptadine hcl tabs</i>	10
<i>clozapine tabs 25mg</i>	35	CYSTADANE	25
<i>clozapine tabs 50mg</i>	35	CYSTAGON	27
<i>co-gesic</i>	29	<i>cytarabine</i>	12
COARTEM	24	<i>cytarabine aqueous</i>	12
COGENTIN	14	<i>cytra k crystals</i>	27
COLCRYST	22	<i>cytra-2</i>	27
<i>colestipol hcl for oral suspension</i>	22	<i>cytra-3</i>	27
<i>colestipol hcl gran</i>	22	<i>cytra-k</i>	27
<i>colestipol hcl tabs</i>	22	<i>dacarbazine inj 100mg</i>	12
<i>colistimethate sodium</i>	24	<i>dacarbazine inj 200mg</i>	12
COLY-MYCIN M	24	DACOGEN	13
COMBIGAN	33	DALIRESP	39
COMBIVENT	39	<i>danazol</i>	26
COMBIVENT RESPIMAT	39	<i>dantrolene sodium caps</i>	29
COMETRIQ	12	DAPSONE	24
COMPLERA	15	DAPTACEL	43

Drug Name	Page	Drug Name	Page
DARAPRIM	24	dextrose 5%/lactated ringers	23
dasetta 1/35	31	dextrose 5%/nacl 0.2%	23
dasetta 7/7/7	32	dextrose 5%/nacl 0.225%	23
daunorubicin hcl inj 20mg.....	13	dextrose 5%/nacl 0.3%	23
daunorubicin hcl inj 5mg/ml.....	13	dextrose 5%/nacl 0.33%	23
DDAVP INJ	26	dextrose 5%/nacl 0.45%	23
DELZICOL	25	dextrose 5%/nacl 0.9%	23
demeclocycline hcl tabs 150mg.....	40	dextrose 5%/potassium chloride 0.15%	20
demeclocycline hcl tabs 300mg.....	40	dextrose 5%/sodium chloride 0.2%	23
DENAVIR	42	dextrose 5%/sodium chloride 0.33%	23
denta 5000 plus	23	dextrose 5%/sodium chloride 0.45%	23
dentagel	23	dextrose 5%/sodium chloride 0.9%	23
DEPACON	8	dextrose 50%	23
DEPEN TITRATABS	33	dextrose 70%	23
desipramine hcl	35	dextrose thermoject system	23
desmopressin acetate inj	26	diazepam gel	8
desmopressin acetate nasal soln	26	diazepam intensol	35
desmopressin acetate tabs	26	diazepam oral soln	35
desonide	42	diazepam tabs 10mg.....	35
desoximetasone crea	42	diazepam tabs 2mg.....	35
desoximetasone gel	42	diazepam tabs 5mg.....	35
desoximetasone oint 0.25%.....	42	diclofenac potassium	31
DESVENLAFAXINE ER TB24 100MG.....	35	diclofenac sodium	31
DESVENLAFAXINE ER TB24 50MG.....	35	diclofenac sodium dr	31
dexamethasone	7	diclofenac sodium er	31
dexamethasone intensol	7	diclofenac sodium xr	31
dexamethasone sodium phosphate inj	7	dicloxacillin sodium	33
dexamethasone sodium phosphate ophthalmic soln	40	dicyclomine hcl	10
DEXILANT	42	didanosine	15
dexrazoxane inj 250mg.....	7	DIFICID	21
dexrazoxane inj 500mg.....	7	diflorasone diacetate	42
dextroamphetamine sulfate tabs 10mg.....	35	diflunisal	31
dextroamphetamine sulfate tabs 5mg.....	35	digoxin oral soln	17
dextrose 10%/nacl 0.45%	23	digoxin tabs 0.125mg.....	17
dextrose 2.5%	23	digoxin tabs 0.25mg.....	17
dextrose 10% flex container	23	dihydroergotamine mesylate inj	22
DEXTROSE 10% INJ 10%.....	23	DILANTIN CAPS 30MG.....	8
dextrose 10% inj 10%.....	23	DILANTIN INFATABS	8
dextrose 10%/nacl 0.2%	23	dilt-cd	11
dextrose 2.5%/nacl 0.45%	23	dilt-xr	11
dextrose 2.5%/sodium chloride 0.45%	23	diltiazem cd	11
dextrose 25%	23	diltiazem hcl cd	11
dextrose 30%	23	diltiazem hcl cp24	11
dextrose 30% partial fill	23	diltiazem hcl er	11
dextrose 40%	23	diltiazem hcl inj	11
dextrose 5%	23	diltiazem hcl tabs	11
dextrose 5% viaflex	23	diltzac	11

Drug Name	Page	Drug Name	Page
DIOVAN TABS 160MG.....	11	ELOXATIN INJ 100MG/20ML, 50MG/10ML.....	13
DIOVAN TABS 320MG.....	11	ELOXATIN INJ 200MG/40ML.....	13
DIOVAN TABS 40MG, 80MG.....	11	ELSPAR	13
DIPENTUM	25	EMCYT	13
<i>diphenhydramine hcl inj</i>	10	EMEND CAPS	25
<i>disopyramide phosphate</i>	7	EMEND CAPS 125MG.....	25
<i>disulfiram</i>	23	EMEND CAPS 40MG.....	25
<i>divalproex sodium</i>	8	EMEND CAPS 80MG.....	25
<i>divalproex sodium dr</i>	8	<i>emoquette</i>	32
<i>divalproex sodium er</i>	8	EMSAM	35
DOCEFREZ	13	EMTRIVA	15
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/0.5ml, 20mg/2ml, 80mg/2ml, 80mg/8ml.....</i>	13	<i>enalapril maleate</i>	11
<i>docetaxel inj 20mg/ml, 80mg/4ml.....</i>	13	<i>enalapril maleate/hydrochlorothiazide</i>	11
<i>donepezil hcl</i>	26	ENBREL INJ 25MG, 50MG/ML.....	33
DORIBAX	24	ENBREL INJ 25MG/0.5ML.....	33
<i>dorzolamide hcl</i>	33	ENBREL SURECLICK	33
<i>dorzolamide hcl/timolol maleate</i>	33	<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg.....</i>	29
<i>doxazosin mesylate</i>	11	<i>endocet tabs 500mg; 7.5mg.....</i>	29
<i>doxepin hcl</i>	35	<i>endocet tabs 650mg; 10mg.....</i>	29
DOXIL	13	<i>endodan</i>	29
<i>doxorubicin hcl</i>	13	ENERGIX-B INJ 10MCG/0.5ML.....	43
<i>doxy 100</i>	41	ENERGIX-B INJ 20MCG/ML.....	43
<i>doxycycline hyclate caps</i>	41	<i>enoxaparin sodium inj 100mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml.....</i>	17-18
<i>doxycycline hyclate inj</i>	41	<i>enoxaparin sodium inj 120mg/0.8ml, 150mg/ml.....</i>	18
<i>doxycycline hyclate tabs</i>	41	<i>enpresse-28</i>	32
<i>doxycycline monohydrate</i>	41	<i>entacapone</i>	14
<i>dronabinol</i>	25	<i>enulose</i>	25
<i>drospirenone/ethinyl estradiol</i>	32	<i>epinastine hcl</i>	27
DULERA	39	<i>epinephrine</i>	10
<i>duramorph</i>	29	<i>epinephrine hcl</i>	10
DUREZOL	40	EPIPEN 2-PAK	10
DYSPORT	43	EPIPEN-JR 2-PAK	10
<i>e.s.p.</i>	21	<i>epirubicin hcl</i>	13
<i>econazole nitrate</i>	41	<i>epitol</i>	8
<i>ed baclofen</i>	29	EPIVIR HBV	15
EDURANT	15	EPIVIR ORAL SOLN	15
<i>effervescent pot chloride</i>	20	<i>eplerenone</i>	11
<i>effervescent potassium</i>	20	EPOGEN	16
<i>effervescent potassium/chloride</i>	20	<i>eprosartan mesylate</i>	11
EFFIENT	17	EPZICOM	15
ELAPRASE	26	EQUETRO CP12 100MG.....	9
ELIDEL	25	EQUETRO CP12 200MG.....	9
<i>elinest</i>	32	EQUETRO CP12 300MG.....	9
ELITEK	7	ERBITUX INJ 100MG/50ML.....	13
ELIXOPHYLLIN	39	ERBITUX INJ 200MG/100ML.....	13
ELLECE	13		

Drug Name	Page	Drug Name	Page
ERGOMAR	22	FANAPT TABS 6MG.....	35
ERIVEDGE	13	FANAPT TABS 8MG.....	35
<i>errin</i>	21	FANAPT TITRATION PACK	35
<i>ery</i>	41	FARESTON	13
ERYTHROCIN LACTOBIONATE	21	FASLODEX	13
<i>erythrocin stearate</i>	21	FAZACLO TBDP 100MG.....	35
<i>erythromycin</i>	8	FAZACLO TBDP 12.5MG.....	35
<i>erythromycin</i>	21	FAZACLO TBDP 150MG.....	35
<i>erythromycin</i>	41	FAZACLO TBDP 200MG.....	35
<i>erythromycin base</i>	21	FAZACLO TBDP 25MG.....	35
<i>erythromycin ethylsuccinate</i>	21	<i>felbamate susp</i>	9
<i>erythromycin/benzoyl peroxide</i>	41	<i>felbamate tabs</i>	9
<i>erythromycin/sulfisoxazole</i>	21	<i>felodipine er</i>	11
<i>escitalopram oxalate oral soln</i>	35	<i>fenofibrate micronized caps 134mg, 200mg</i>	22
<i>escitalopram oxalate tabs 10mg</i>	35	<i>fenofibrate micronized caps 67mg</i>	22
<i>escitalopram oxalate tabs 20mg</i>	35	<i>fenofibrate tabs 145mg, 48mg</i>	22
<i>escitalopram oxalate tabs 5mg</i>	35	<i>fenofibrate tabs 160mg</i>	22
<i>estarylla</i>	32	<i>fenofibrate tabs 54mg</i>	22
<i>estradiol ptwk</i>	21	<i>fenofibric acid dr cpdr 135mg, 45mg</i>	22
<i>estradiol tabs</i>	21	<i>fenofibric acid dr cpdr 135mg, 45mg</i>	22
<i>estradiol valerate</i>	21	<i>fenopropfen calcium</i>	31
<i>ethambutol hcl</i>	24	<i>fentanyl patches</i>	29
<i>ethosuximide</i>	9	<i>fentanyl citrate oral transmucosal</i>	29
<i>etidronate disodium</i>	23	FENTORA	29
<i>etodolac</i>	31	FERRIPROX	23
<i>etodolac er</i>	31	<i>finasteride tabs 5mg</i>	16
ETOPOPHOS	13	FIRAZYR	39
<i>etoposide inj</i>	13	FIRMAGON INJ 120MG.....	13
EVISTA	32	FIRMAGON INJ 80MG.....	13
<i>exemestane</i>	13	<i>flavoxate hcl</i>	8
EXFORGE	11	<i>flecainide acetate</i>	7
EXFORGE HCT	11	FLOVENT DISKUS AEPB 100MCG/BLIST.....	39
EXJADE	23	FLOVENT DISKUS AEPB 250MCG/BLIST, 50MCG/ BLIST.....	39
EXTAVIA	16	FLOVENT HFA AERO 110MCG/ACT.....	39
FABRAZYME	26	FLOVENT HFA AERO 220MCG/ACT.....	39
<i>falmina</i>	32	FLOVENT HFA AERO 44MCG/ACT.....	39
<i>famciclovir tabs 125mg, 250mg</i>	15	<i>fluconazole</i>	10
<i>famciclovir tabs 500mg</i>	15	<i>fluconazole in dextrose</i>	10
<i>famotidine inj</i>	42	<i>fluconazole in nacl</i>	10
<i>famotidine premixed</i>	42	<i>flucytosine</i>	10
<i>famotidine susr</i>	42	<i>fludarabine phosphate inj 50mg</i>	13
<i>famotidine tabs 20mg, 40mg</i>	42	<i>fludarabine phosphate inj 50mg/2ml</i>	13
FANAPT TABS 10MG.....	35	<i>fludrocortisone acetate</i>	7
FANAPT TABS 12MG.....	35	<i>flunisolide</i>	39
FANAPT TABS 1MG.....	35	<i>fluocinolone acetonide crea</i>	42
FANAPT TABS 2MG.....	35	<i>fluocinolone acetonide external soln</i>	42
FANAPT TABS 4MG.....	35		

Drug Name	Page	Drug Name	Page
<i>fluocinolone acetonide oil</i>	27	<i>fosphenytoin sodium</i>	9
<i>fluocinolone acetonide oint</i>	42	FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 25000UNIT/ML, 7500UNIT/0.3ML.....	18
<i>fluocinonide</i>	42	FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/ 0.2ML.....	18
<i>fluocinonide-e</i>	42	FREAMINE III INJ 72MEQ/L; 600MG/100ML; 810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/ 100ML; 240MG/100ML; 590MG/100ML; 770MG/ 100ML; 620MG/100ML; 450MG/100ML; 480MG/ 100ML; 10MMOLE/L; 115MG/100ML; 950MG/ 100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML.....	28
<i>fluoride</i>	43	<i>freamine iii inj</i> 89meq/l; 710mg/100ml; 950mg/100ml; 3meq/l; 24mg/100ml; 1400mg/100ml; 280mg/100ml; 690mg/100ml; 910mg/100ml; 730mg/100ml; 530mg/ 100ml; 560mg/100ml; 10mmole/l; 120mg/100ml; 1120mg/100ml; 590mg/100ml; 10meq/l; 400mg/100ml; 150mg/100ml; 660mg/100ml.....	28
<i>fluorometholone</i>	40	<i>furosemide inj</i>	11
<i>fluorouracil crea</i>	25	<i>furosemide oral soln</i>	11
<i>fluorouracil external soln</i>	25	<i>furosemide tabs</i>	11
<i>fluorouracil inj</i>	13	FUSILEV	7
<i>fluoxetine caps 10mg</i>	35	FUZEON	15
<i>fluoxetine caps 20mg</i>	35	<i>gabapentin caps 100mg</i>	9
<i>fluoxetine hcl caps 10mg</i>	35	<i>gabapentin caps 300mg</i>	9
<i>fluoxetine hcl caps 20mg</i>	35	<i>gabapentin caps 400mg</i>	9
<i>fluoxetine hcl caps 40mg</i>	35	<i>gabapentin oral soln</i>	9
<i>fluoxetine hcl oral soln</i>	35	<i>gabapentin tabs 600mg</i>	9
<i>fluoxetine hcl tabs 10mg</i>	35	<i>gabapentin tabs 800mg</i>	9
<i>fluoxetine hcl tabs 20mg</i>	35	GABITRIL	9
FLUOXETINE HCL TABS 60MG.....	36	<i>galantamine</i>	26
<i>fluphenazine decanoate</i>	36	<i>galantamine hydrobromide cp24</i>	27
<i>fluphenazine hcl conc</i>	36	<i>galantamine hydrobromide oral soln</i>	27
<i>fluphenazine hcl elix</i>	36	<i>galantamine hydrobromide tabs</i>	27
<i>fluphenazine hcl inj</i>	36	GAMASTAN S/D	43
<i>fluphenazine hcl tabs</i>	36	GAMMAGARD LIQUID	43
<i>flurbiprofen</i>	31	GAMMAGARD S/D	43
<i>flurbiprofen sodium</i>	31	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	43
<i>flutamide</i>	13	GAMMAPLEX	43
<i>fluticasone propionate crea</i>	42	GAMUNEX-C	43
<i>fluticasone propionate oint</i>	42	<i>ganciclovir</i>	15
<i>fluticasone propionate susp</i>	39	GARDASIL	43
<i>fluvastatin</i>	22	GATTEX	25
<i>fluvoxamine maleate tabs 100mg</i>	36	<i>gauze pads 2"x2"</i>	18
<i>fluvoxamine maleate tabs 25mg</i>	36	<i>gavilyte-c</i>	25
<i>fluvoxamine maleate tabs 50mg</i>	36		
<i>folbecal</i>	43		
<i>folcaps omega 3</i>	43		
FOLOTYN	13		
<i>fomepizole</i>	43		
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/ 0.6ml</i>	18		
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	18		
FORTEO	33		
<i>fortical</i>	26		
FOSAMAX	33		
FOSAMAX PLUS D	33		
<i>foscarnet sodium</i>	15		
<i>fosinopril sodium</i>	11		
<i>fosinopril sodium/hydrochlorothiazide</i>	11		

Drug Name	Page	Drug Name	Page
<i>gavilyte-g</i>	25	GLUCAGEN	19
<i>gavilyte-n/flavor pack</i>	25	GLUCAGEN HYPOKIT	19
GELNIQUE GEL 10%.....	8	GLUCAGON EMERGENCY KIT	19
GELNIQUE GEL 3%.....	8	GLUMETZA TB24 1000MG.....	19
<i>gemcitabine</i>	13	GLUMETZA TB24 500MG.....	19
<i>gemcitabine hcl inj 1gm, 200mg</i>	13	<i>glycopyrrolate inj</i>	10
<i>gemcitabine hcl inj 2gm</i>	13	<i>glycopyrrolate tabs</i>	10
<i>gemfibrozil</i>	22	<i>griseofulvin microsize susp</i>	10
<i>generlac</i>	25	<i>griseofulvin ultramicrosize</i>	10
<i>gengraf</i>	13	<i>guanidine hcl</i>	36
GENOTROPIN	16	HALAVEN	13
GENOTROPIN MINISQUICK INJ 0.2MG.....	16	HALFLYTELY BOWEL PREP/FLAVOR PACKS	25
GENOTROPIN MINISQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG.....	16	<i>halobetasol propionate</i>	42
<i>gentak oint</i>	8	<i>haloperidol</i>	36
<i>gentak ophthalmic soln</i>	8	<i>haloperidol decanoate</i>	36
<i>gentamicin sulfate crea</i>	41	<i>haloperidol lactate</i>	36
<i>gentamicin sulfate inj</i>	24	HAVRIX INJ 1440ELU/ML.....	43
<i>gentamicin sulfate oint 0.1%</i>	41	HAVRIX INJ 720ELU/0.5ML.....	43
<i>gentamicin sulfate oint 0.3%</i>	8	<i>heather</i>	21
<i>gentamicin sulfate ophthalmic soln</i>	8	<i>hecoria caps 0.5mg, 1mg</i>	13
<i>gentamicin sulfate/0.9% sodium chloride</i>	24	<i>hecoria caps 5mg</i>	13
<i>gentamicin sulfate/sodium chloride</i>	24	HECTOROL INJ	26
GEODON INJ	36	<i>heparin lock flush inj 100unit/ml</i>	18
<i>gildagia</i>	32	<i>heparin lock inj 100unit/ml</i>	18
<i>gildess 1.5/30</i>	32	<i>heparin sodium dcu</i>	18
<i>gildess 1/20</i>	32	<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ ml, 2000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	18
<i>gildess fe 1.5/30</i>	32	<i>heparin sodium inj 2500unit/ml</i>	18
<i>gildess fe 1/20</i>	32	<i>heparin sodium lock flush inj 100unit/ml</i>	18
GILENYA	27	<i>heparin sodium/d5w</i>	18
GLASSIA	23	<i>heparin sodium/nacl 0.45%</i>	18
GLEEVEC	13	<i>heparin sodium/nacl 0.9%</i>	18
<i>glimepiride tabs 1mg</i>	18	<i>heparin sodium/sodium chloride 0.9%</i>	18
<i>glimepiride tabs 2mg</i>	18	<i>heparin sodium/sodium chloride 0.9% premix</i>	18
<i>glimepiride tabs 4mg</i>	18	HEPATAMINE	28
<i>glipizide er tb24 10mg</i>	18	HEPATASOL	28
<i>glipizide er tb24 2.5mg</i>	18	HEPSERA	15
<i>glipizide er tb24 5mg</i>	18	HERCEPTIN	13
<i>glipizide tabs 10mg</i>	18	HEXALEN	13
<i>glipizide tabs 5mg</i>	18	<i>homatropaire</i>	18
<i>glipizide xl tb24 10mg</i>	19	<i>homatropine hbr</i>	18
<i>glipizide xl tb24 2.5mg</i>	19	HORIZANT	27
<i>glipizide xl tb24 5mg</i>	19	HUMALOG	19
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	19	HUMALOG KWIKPEN	19
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	19	HUMALOG MIX 50/50	19
		HUMALOG MIX 50/50 KWIKPEN	19
		HUMALOG MIX 75/25	19

Drug Name	Page	Drug Name	Page
HUMALOG MIX 75/25 KWIKPEN	19	<i>ibandronate sodium</i>	33
HUMAPEN LUXURA HD	19	<i>ibuprofen susp</i>	31
HUMAPEN MEMOIR	19	<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	31
HUMIRA INJ 20MG/0.4ML.....	33	ICLUSIG	13
HUMIRA INJ 40MG/0.8ML.....	33	IDAMYCIN PFS	13
HUMIRA PEN	33	<i>idarubicin hcl</i>	13
HUMIRA PEN-CROHNS DISEASESTARTER	33	IFEX	13
HUMIRA PEN-PSORIASIS STARTER	33	<i>ifosfamide inj 1gm</i>	13
HUMULIN 70/30	19	<i>ifosfamide inj 1gm/20ml, 3gm, 3gm/60ml</i>	13
HUMULIN 70/30 PEN	19	ILARIS	16
HUMULIN N	19	<i>imipenem/cilastatin</i>	24
HUMULIN N U-100 PEN	19	<i>imipramine hcl</i>	36
HUMULIN R	19	<i>imiquimod</i>	25
HUMULIN R U-500 (CONCENTRATED)	19	IMOVAX RABIES (H.D.C.V.)	43
<i>hydralazine hcl inj</i>	11	INCIVEK	15
<i>hydralazine hcl tabs</i>	11	INCRELEX	23
<i>hydrochlorothiazide</i>	11	<i>indapamide</i>	11
<i>hydrocodone bitartrate/acetaminophen oral soln</i>	29	INFANRIX	43
<i>hydrocodone bitartrate/acetaminophen tabs 750mg;</i> <i>10mg</i>	29	INFERGEN	16
<i>hydrocodone/acetaminophen oral soln</i>	29	INLYTA	13
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg;</i> <i>5mg, 325mg; 7.5mg</i>	29	INSULIN PEN NEEDLE	19
<i>hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg;</i> <i>2.5mg, 500mg; 5mg, 500mg; 7.5mg</i>	29	INSULIN SYRINGE (DISP) U-100 0.3 ML	19
<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg;</i> <i>7.5mg, 660mg; 10mg</i>	29	INSULIN SYRINGE (DISP) U-100 1 ML	19
<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	29	INSULIN SYRINGE (DISP) U-100 1/2 ML	19
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	29	INTELENCE TABS 100MG, 200MG.....	15
<i>hydrocortisone butyrate</i>	42	INTELENCE TABS 25MG.....	15
<i>hydrocortisone crea 1%, 2.5%</i>	42	INTRALIPID INJ 1.7%; 30%.....	28
<i>hydrocortisone enem</i>	25	<i>intralipid inj 2.25%; 20%</i>	28
<i>hydrocortisone in absorbase</i>	42	INTRON-A INJ 10MU/ML.....	16
<i>hydrocortisone lotn 2.5%</i>	42	INTRON-A INJ 6000000UNIT/ML.....	16
<i>hydrocortisone oint 1%, 2.5%</i>	42	INTRON-A W/DILUENT INJ 10MU.....	16
<i>hydrocortisone tabs</i>	7	INTRON-A W/DILUENT INJ 18MU, 50MU.....	16
<i>hydrocortisone valerate</i>	42	<i>introvale</i>	32
<i>hydrocortisone/acetic acid</i>	27	INTUNIV	36
<i>hydromorphone hcl dosette</i>	29	INVANZ	24
<i>hydromorphone hcl inj 1mg/ml, 500mg/50ml</i>	29	INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ ML, 234MG/1.5ML.....	36
<i>hydromorphone hcl inj 2mg/ml, 4mg/ml</i>	30	INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/ 0.5ML.....	36
<i>hydromorphone hcl supp</i>	30	INVEGA TB24 1.5MG.....	36
<i>hydromorphone hcl tabs 2mg</i>	30	INVEGA TB24 3MG.....	36
<i>hydromorphone hcl tabs 4mg</i>	30	INVEGA TB24 6MG.....	36
<i>hydromorphone hcl tabs 8mg</i>	30	INVEGA TB24 9MG.....	36
<i>hydroxychloroquine sulfate</i>	24	INVIRASE	15
<i>hydroxyurea</i>	13	IONOSOL-B/DEXTROSE 5%	28
		IONOSOL-MB/DEXTROSE 5%	28
		IPOL INACTIVATED IPV	43

Drug Name	Page	Drug Name	Page
<i>ipratropium bromide inhalation soln</i>	39	<i>k-effervescent</i>	20
<i>ipratropium bromide nasal soln</i>	23	<i>k-vescent tbef</i>	20
<i>ipratropium bromide/albuterol sulfate</i>	39	KADCYLA	13
<i>irbesartan</i>	11	KALETRA ORAL SOLN	15
<i>irbesartan/hydrochlorothiazide</i>	11	KALETRA TABS	15
<i>irinotecan inj 100mg/5ml, 40mg/2ml</i>	13	<i>kalexate</i>	23
<i>irinotecan inj 500mg/25ml</i>	13	KALYDECO	39
ISENTRESS CHEW 100MG.....	15	<i>kariva</i>	32
ISENTRESS CHEW 25MG.....	15	KAZANO	19
ISENTRESS TABS	15	<i>kcl 0.075%/d5w/nacl 0.45%</i>	20
ISOLYTE-M/DEXTROSE 5%	28	<i>kcl 0.15%/d5w/ nacl 0.3%</i>	20
ISOLYTE-P/DEXTROSE 5%	28	<i>kcl 0.15%/d5w/lr</i>	20
ISOLYTE-S	28	<i>kcl 0.15%/d5w/nacl 0.2%</i>	20
ISOLYTE-S PH 7.4	28	<i>kcl 0.15%/d5w/nacl 0.225%</i>	20
<i>isoniazid inj</i>	24	<i>kcl 0.15%/d5w/nacl 0.45%</i>	20
<i>isoniazid syrp</i>	24	<i>kcl 0.15%/d5w/nacl 0.9%</i>	20
<i>isoniazid tabs</i>	24	<i>kcl 0.3%/d5w/lr iv lac ring</i>	20
<i>isosorbide dinitrate</i>	31	<i>kcl 0.3%/d5w/nacl 0.45%</i>	20
<i>isosorbide dinitrate er</i>	31	<i>kcl 0.3%/d5w/nacl 0.9%</i>	20
<i>isosorbide mononitrate</i>	31	<i>kelnor 1/35</i>	32
<i>isosorbide mononitrate er</i>	31	KETEK	24
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%, 1.2mg/ml; 0.9%,</i> <i>1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	24	<i>ketoconazole crea</i>	41
ISOTONIC GENTAMICIN INJ 2MG/ML; 0.9%.....	24	<i>ketoconazole sham</i>	41
<i>isradipine</i>	11	<i>ketoconazole tabs</i>	10
ISTODAX	13	<i>ketoprofen</i>	31
<i>itraconazole</i>	10	<i>ketoprofen er</i>	31
IXEMPRA KIT	13	<i>ketorolac tromethamine ophthalmic soln</i>	31
IXIARO	43	KINERET	33
JAKAFI	13	<i>klor-con 10</i>	20
JALYN	16	<i>klor-con 8</i>	20
<i>jantoven</i>	18	<i>klor-con m10</i>	20
JANUMET	19	<i>klor-con m15</i>	20
JANUMET XR TB24 1000MG; 100MG.....	19	<i>klor-con m20</i>	20
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG.....	19	<i>klor-con/ef</i>	20
JANUVIA TABS 100MG.....	19	KOMBIGLYZE XR TB24 1000MG; 2.5MG.....	19
JANUVIA TABS 25MG.....	19	KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG.....	19
JANUVIA TABS 50MG.....	19	KUVAN	26
JEVTANA	13	KYPROLIS	13
<i>jolessa</i>	32	<i>labetalol hcl inj</i>	11
<i>jolivette</i>	21	<i>labetalol hcl tabs</i>	11
<i>junel 1.5/30</i>	32	LACRISERT	27
<i>junel 1/20</i>	32	<i>lactated ringers</i>	20
<i>junel fe 1.5/30</i>	32	<i>lactated ringers dextrose 5% viaflex</i>	23
<i>junel fe 1/20</i>	32	<i>lactated ringers irrigation</i>	22
JUVISYNC	19	<i>lactated ringers viaflex</i>	20
		<i>lactulose</i>	25

Drug Name	Page	Drug Name	Page
<i>lamivudine</i>	15	<i>levonest</i>	32
<i>lamivudine/zidovudine</i>	15	<i>levonorgestrel/ethinyl estradiol</i>	32
<i>lamotrigine</i>	9	<i>levora 0.15/30-28</i>	32
LANOXIN TABS 0.125MG.....	17	<i>levorphanol tartrate</i>	30
LANOXIN TABS 0.25MG.....	17	<i>levothroid</i>	41
<i>lansoprazole</i>	42	<i>levothyroxine sodium inj 200mcg</i>	41
LANTUS	19	<i>levothyroxine sodium tabs</i>	41
LANTUS SOLOSTAR	19	<i>levoxyl</i>	41
<i>latanoprost</i>	33	LEXIVA SUSP	15
LATUDA TABS 120MG.....	36	LEXIVA TABS	15
LATUDA TABS 20MG.....	36	<i>lidocaine hcl external soln</i>	41
LATUDA TABS 40MG.....	36	<i>lidocaine hcl gel</i>	41
LATUDA TABS 80MG.....	36	<i>lidocaine hcl inj 2%</i>	41
LAZANDA	30	<i>lidocaine hcl inj 20mg/ml</i>	7
<i>leena</i>	32	<i>lidocaine hcl jelly</i>	41
<i>leflunomide</i>	33	<i>lidocaine hcl mouth/throat soln</i>	41
<i>lessina</i>	32	<i>lidocaine oint</i>	41
LETAIRIS	39	<i>lidocaine viscous</i>	41
<i>letrozole</i>	13	<i>lidocaine/prilocaine</i>	41
<i>leucovorin calcium inj 100mg, 10mg/ml, 200mg, 350mg,</i> <i>50mg</i>	7	LIDODERM	41
<i>leucovorin calcium inj 500mg</i>	7	LINCOCIN	24
<i>leucovorin calcium tabs</i>	7	<i>lindane sham</i>	42
LEUKERAN	13	<i>liothyronine sodium inj</i>	41
LEUKINE	16	<i>liothyronine sodium tabs</i>	41
<i>leuprolide acetate</i>	13	<i>liposyn iii inj 1.2%; 2.5%; 10%, 1.8%; 2.5%; 30%</i>	28
<i>levalbuterol</i>	39	<i>liposyn iii inj 1.2%; 2.5%; 20%</i>	28
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	39	<i>lisinopril</i>	11
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	39	<i>lisinopril/hydrochlorothiazide</i>	11
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	39	<i>lithium carbonate</i>	36
LEVEMIR	19	<i>lithium carbonate er</i>	36
LEVEMIR FLEXPEN	19	<i>lithium citrate</i>	36
<i>levetiracetam er tb24 500mg</i>	9	<i>loperamide hcl caps</i>	10
<i>levetiracetam er tb24 750mg</i>	9	LOPRESSOR INJ	11
<i>levetiracetam inj 500mg/5ml</i>	9	<i>losartan potassium tabs 100mg</i>	11
<i>levetiracetam oral soln</i>	9	<i>losartan potassium tabs 25mg, 50mg</i>	11
<i>levetiracetam tabs</i>	9	<i>losartan potassium/hydrochlorothiazide</i>	11
<i>levobunolol hcl</i>	16	LOTRONEX TABS 0.5MG.....	25
<i>levocarnitine inj</i>	23	LOTRONEX TABS 1MG.....	25
<i>levocarnitine oral soln</i>	23	<i>lovastatin tabs 10mg, 20mg</i>	22
<i>levocarnitine tabs</i>	23	<i>lovastatin tabs 40mg</i>	22
<i>levocetirizine dihydrochloride tabs</i>	10	LOVAZA	22
<i>levofloxacin in d5w</i>	40	<i>low-ogestrel</i>	32
<i>levofloxacin inj</i>	40	<i>loxapine</i>	36
<i>levofloxacin ophthalmic soln</i>	8	<i>loxapine succinate</i>	36
<i>levofloxacin oral soln</i>	40	<i>ludent</i>	43
<i>levofloxacin tabs</i>	40	LUMIGAN	33
		LUPRON DEPOT INJ 3.75MG, 7.5MG.....	13

Drug Name	Page	Drug Name	Page
LUPRON DEPOT-PED INJ 7.5MG.....	13	metformin hcl er tb24 500mg.....	19
lutera	32	metformin hcl er tb24 500mg.....	19
LYRICA CAPS 100MG.....	9	metformin hcl er tb24 750mg.....	19
LYRICA CAPS 150MG.....	9	metformin hcl tabs 1000mg.....	19
LYRICA CAPS 200MG.....	9	metformin hcl tabs 500mg.....	19
LYRICA CAPS 225MG, 300MG.....	9	metformin hcl tabs 850mg.....	19
LYRICA CAPS 25MG.....	9	methadone hcl conc	30
LYRICA CAPS 50MG.....	9	methadone hcl intensol	30
LYRICA CAPS 75MG.....	9	methadone hcl oral soln 10mg/5ml.....	30
LYRICA ORAL SOLN	9	methadone hcl oral soln 5mg/5ml.....	30
LYSODREN	13	methadone hcl tabs 10mg.....	30
M-M-R II W/DILUENT 10 DOSE	43	methadone hcl tabs 5mg.....	30
magnesium sulfate inj 40mg/ml, 80mg/ml.....	20	methadone hcl tbso	30
magnesium sulfate inj 50%.....	20	methadose conc	30
malathion	42	methadose sugar-free	30
maprotiline hcl tabs 25mg.....	36	methadose tabs	30
maprotiline hcl tabs 50mg.....	36	methadose tbso	30
maprotiline hcl tabs 75mg.....	36	methazolamide	32
marlissa	32	methenamine hippurate	42
MARPLAN	36	methenamine mandelate	42
MATULANE	13	methimazole	15
MAXAIR AUTOHALER	39	methotrexate	13
meclizine hcl tabs	25	methotrexate sodium inj 1gm.....	13
meclofenamate sodium	31	methotrexate sodium inj 25mg/ml.....	13
medroxyprogesterone acetate inj	21	methscopolamine bromide	10
medroxyprogesterone acetate tabs	21	methyclothiazide	11
mefenamic acid	31	methyl dopa	11
mefloquine hcl	24	methylphenidate hcl	36
megestrol acetate	13	methylprednisolone	7
MEKINIST	13	methylprednisolone acetate	7
meloxicam susp	31	methylprednisolone dose pack	7
meloxicam tabs	31	methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg.....	7
melfalan hydrochloride	13	metipranolol	16
MENACTRA	43	metoclopramide hcl inj	25
MENEST	21	metoclopramide hcl oral soln	25
MENOMUNE-A/C/Y/W-135	43	metoclopramide hcl tabs	25
MENVEO	43	metolazone	11
MEPRON	24	metoprolol succinate er	11
mercaptopurine	13	metoprolol tartrate inj	11
meropenem	24	metoprolol tartrate tabs	11
mesalamine	25	metoprolol/hydrochlorothiazide	11
mesna	7	metronidazole crea	41
MESNEX INJ	7	metronidazole gel 0.75%.....	41
MESNEX TABS	7	metronidazole lotn	41
MESTINON SYRP	29	metronidazole tabs	24
MESTINON TIMESPAN	29	metronidazole vaginal	27
metformin hcl er tb24 1000mg.....	19		

Drug Name	Page	Drug Name	Page
<i>mexiletine hcl</i>	7	<i>morphine sulfate oral soln 20mg/5ml</i>	30
MICARDIS HCT TABS 12.5MG; 40MG, 25MG; 80MG.....	11	<i>morphine sulfate oral soln 20mg/ml</i>	30
MICARDIS HCT TABS 12.5MG; 80MG.....	11	<i>morphine sulfate supp</i>	30
MICARDIS TABS 20MG, 40MG.....	11	<i>morphine sulfate tabs 15mg</i>	30
MICARDIS TABS 80MG.....	11	<i>morphine sulfate tabs 30mg</i>	30
<i>miconazole 3</i>	27	MOTOFEN	10
<i>microgestin 1.5/30</i>	32	MOVIPREP	25
<i>microgestin 1/20</i>	32	MOXATAG	33
<i>microgestin fe</i>	32	MOXEZA	8
<i>microgestin fe 1.5/30</i>	32	<i>mupirocin oint</i>	41
<i>miconized colestipol hcl</i>	22	MUSTARGEN	13
<i>midodrine hcl</i>	23	MYCAMINE	10
<i>migergot</i>	22	MYCOBUTIN	24
<i>minocycline hcl</i>	41	<i>mycophenolate mofetil</i>	13
<i>minoxidil tabs</i>	11	<i>myorisan</i>	41
<i>mirtazapine odt tbdp 15mg</i>	36	<i>myzilra</i>	32
<i>mirtazapine odt tbdp 30mg</i>	36	<i>nabumetone</i>	31
<i>mirtazapine odt tbdp 45mg</i>	36	<i>nadolol</i>	12
<i>mirtazapine tabs 15mg</i>	36	<i>nadolol/bendroflumethiazide</i>	12
<i>mirtazapine tabs 30mg</i>	36	<i>nafcillin sodium</i>	33
<i>mirtazapine tabs 45mg</i>	36	NAGLAZYME	26
<i>mirtazapine tabs 7.5mg</i>	36	<i>nalbuphine hcl</i>	31
<i>mirtazapine tbdp</i>	36	<i>nallpen iso-osmotic in dextrose</i>	33
<i>misoprostol</i>	42	<i>nallpen/dextrose</i>	33
<i>mitomycin</i>	13	<i>naloxone hcl inj 0.4mg/ml</i>	31
<i>mitoxantrone hcl</i>	13	<i>naloxone hcl inj 1mg/ml</i>	31
<i>modafinil tabs 100mg</i>	36	<i>naltrexone hcl</i>	31
<i>modafinil tabs 200mg</i>	36	NAMENDA ORAL SOLN	27
<i>moexipril hcl</i>	12	NAMENDA TABS	27
<i>moexipril/hydrochlorothiazide</i>	12	NAMENDA TITRATION PAK	27
<i>mometasone furoate crea</i>	42	<i>naphazoline hcl</i>	43
<i>mometasone furoate external soln</i>	42	<i>naproxen</i>	31
<i>mometasone furoate oint</i>	42	<i>naproxen dr</i>	31
<i>mono-lynyah</i>	32	<i>naproxen sodium tabs 275mg, 550mg</i>	31
<i>mononessa</i>	32	<i>naratriptan hcl</i>	22
<i>montelukast sodium chew</i>	39	NASONEX	39
<i>montelukast sodium pack</i>	39	NATACYN	8
<i>montelukast sodium tabs</i>	39	<i>nateglinide tabs 120mg</i>	19
<i>morphine sulfate er tbc 100mg, 200mg</i>	30	<i>nateglinide tabs 60mg</i>	19
<i>morphine sulfate er tbc 15mg, 30mg, 60mg</i>	30	NEBUPENT	24
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	30	<i>necon 0.5/35-28</i>	32
<i>morphine sulfate inj 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml</i>	30	<i>necon 1/35</i>	32
<i>morphine sulfate inj 25mg/ml, 8mg/ml</i>	30	<i>necon 1/50-28</i>	32
MORPHINE SULFATE INJ 8MG/ML.....	30	<i>necon 10/11-28</i>	32
<i>morphine sulfate oral soln 10mg/5ml</i>	30	<i>necon 7/7/7</i>	32
		NEEDLES, INSULIN DISP., SAFETY	19
		<i>nefazodone hcl tabs 100mg</i>	36

Drug Name	Page	Drug Name	Page
nefazodone hcl tabs 150mg.....	36	nitrofurantoin monohydrate/macrocystals	43
nefazodone hcl tabs 200mg.....	36	nitroglycerin inj	31
nefazodone hcl tabs 250mg.....	36	nitroglycerin pt24	31
nefazodone hcl tabs 50mg.....	36	nitroglycerin transdermal	31
neo-polycin	8	NITROSTAT	31
neo-polycin hc	40	nizatidine caps	42
neomycin sulfate tabs	24	nora-be	21
neomycin/bacitracin/polymyxin	8	norethindrone	21
neomycin/polymyxin b sulfates	22	norethindrone acetate	21
neomycin/polymyxin/bacitracin zinc	8	norgestimate/ethinyl estradiol	32
neomycin/polymyxin/bacitracin/hydrocortisone	40	NORMOSOL -R	20
neomycin/polymyxin/dexamethasone	40	NORMOSOL-M IN D5W	28
neomycin/polymyxin/gramicidin	8	NORMOSOL-R	28
neomycin/polymyxin/hc	33	NORMOSOL-R IN D5W	20
neomycin/polymyxin/hydrocortisone	33	nortrel 0.5/35 (28)	32
neomycin/polymyxin/hydrocortisone	40	nortrel 1/35	32
NEPHRAMINE	28	nortrel 7/7/7	32
NESINA TABS 12.5MG.....	19	nortriptyline hcl	36
NESINA TABS 25MG.....	19	NORVIR	15
NESINA TABS 6.25MG.....	20	NOXAFIL	10
NEULASTA	16	NUEDEXTA	27
NEUMEGA	17	NULOJIX	13
NEUPOGEN	17	nyamyc	41
neutral sodium fluoride	23	nystatin	10
NEVANAC	31	nystatin	41
nevirapine susp	15	nystatin/triamcinolone	41
nevirapine tabs	15	nystop	41
NEXAVAR	13	ocella	32
NEXIUM	42	octreotide acetate inj 1000mcg/ml.....	14
NEXIUM I.V. INJ 20MG.....	42	octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml,	
NEXIUM I.V. INJ 40MG.....	42	50mcg/ml.....	14
NIACOR	22	ofloxacin	8
nicardipine hcl caps	12	ofloxacin	27
nicardipine hcl inj	12	ofloxacin	40
NICOTROL NS	40	ogestrel	32
nifediac cc	12	olanzapine odt tbdp 10mg.....	36
nifedical xl	12	olanzapine odt tbdp 15mg.....	36
nifedipine er	12	olanzapine odt tbdp 20mg.....	36
NILANDRON	13	olanzapine odt tbdp 5mg.....	37
nimodipine	12	olanzapine tabs 10mg.....	37
NIPENT	13	olanzapine tabs 15mg.....	37
nitro-bid	31	olanzapine tabs 2.5mg.....	37
nitrofurantoin	42	olanzapine tabs 20mg.....	37
nitrofurantoin macrocrystal	42	olanzapine tabs 5mg.....	37
nitrofurantoin macrocrystalline	42	olanzapine tabs 7.5mg.....	37
nitrofurantoin macrocrystals	42	omeprazole cpdr	42
nitrofurantoin monohydrate	42	OMNARIS	39

Drug Name	Page	Drug Name	Page
<i>ondansetron hcl inj</i>	25	<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg;</i>	
<i>ondansetron hcl tabs 4mg, 8mg</i>	25	2.5mg, 325mg; 5mg, 325mg; 7.5mg.....	30
<i>ondansetron odt</i>	25	<i>oxycodone/acetaminophen tabs 500mg; 7.5mg</i>	30
ONFI TABS 10MG.....	9	<i>oxycodone/acetaminophen tabs 650mg; 10mg</i>	30
ONFI TABS 20MG.....	9	<i>oxycodone/aspirin</i>	30
ONFI TABS 5MG.....	9	<i>oxycodone/ibuprofen</i>	30
ONGLYZA TABS 2.5MG.....	20	OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG,	
ONGLYZA TABS 5MG.....	20	40MG.....	30
ONSOLIS	30	OXYCONTIN TB12 60MG.....	30
ONTAK	14	OXYCONTIN TB12 80MG.....	31
<i>opium</i>	10	<i>pacerone</i>	7
<i>opium tincture</i>	10	<i>paclitaxel</i>	14
ORAP	37	<i>pamidronate disodium inj 30mg, 30mg/10ml, 90mg, 90mg/</i>	
ORENCIA INJ 125MG/ML.....	33	10ml.....	26
ORENCIA INJ 250MG.....	33	<i>pamidronate disodium inj 6mg/ml</i>	26
ORFADIN	23	PANRETIN	25
<i>orsythia</i>	32	<i>pantoprazole sodium inj</i>	42
OSENI TABS 12.5MG; 15MG.....	20	<i>pantoprazole sodium tbec</i>	42
OSENI TABS 12.5MG; 30MG, 12.5MG; 45MG,		<i>paregoric</i>	10
25MG; 15MG, 25MG; 30MG, 25MG; 45MG.....	20	<i>paromomycin sulfate</i>	24
OSMOPREP	25	<i>paroxetine hcl er tb24 12.5mg</i>	37
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	34	<i>paroxetine hcl er tb24 25mg</i>	37
OXACILLIN SODIUM INJ 2GM.....	34	<i>paroxetine hcl er tb24 37.5mg</i>	37
<i>oxaliplatin inj 100mg, 50mg</i>	14	<i>paroxetine hcl tabs 10mg</i>	37
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	14	<i>paroxetine hcl tabs 20mg</i>	37
<i>oxandrolone tabs 10mg</i>	26	<i>paroxetine hcl tabs 30mg</i>	37
<i>oxandrolone tabs 2.5mg</i>	26	<i>paroxetine hcl tabs 40mg</i>	37
<i>oxaprozin</i>	31	PASER	24
<i>oxazepam</i>	37	PATADAY	27
<i>oxcarbazepine</i>	9	PATANASE	23
OXTELLAR XR TB24 150MG.....	9	PATANOL	27
OXTELLAR XR TB24 300MG.....	9	PAXIL SUSP	37
OXTELLAR XR TB24 600MG.....	9	<i>pedi-dri</i>	41
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	8	PEDVAX HIB	43
<i>oxybutynin chloride er tb24 5mg</i>	8	<i>peg 3350/electrolytes</i>	25
<i>oxybutynin chloride syrup</i>	8	<i>peg-3350/electrolytes</i>	25
<i>oxybutynin chloride tabs</i>	8	<i>peg-3350/nacl/na bicarbonate/kcl</i>	26
<i>oxycodone hcl caps</i>	30	PEGANONE	9
<i>oxycodone hcl conc</i>	30	PEGASYS	17
<i>oxycodone hcl oral soln</i>	30	PEGASYS PROCLICK	17
<i>oxycodone hcl tabs 10mg</i>	30	<i>penicillin g potassium</i>	34
<i>oxycodone hcl tabs 15mg</i>	30	PENICILLIN G POTASSIUM IN ISO-OSMOTIC	
<i>oxycodone hcl tabs 20mg</i>	30	DEXTROSE	34
<i>oxycodone hcl tabs 30mg</i>	30	<i>penicillin g procaine</i>	34
<i>oxycodone hcl tabs 5mg</i>	30	<i>penicillin g sodium</i>	34
<i>oxycodone/acetaminophen caps</i>	30	<i>penicillin v potassium</i>	34
		PENTAM 300	24

Drug Name	Page	Drug Name	Page
PENTASA	26	PLASMA-LYTE A	28
pentazocine/acetaminophen	31	PLASMA-LYTE-148	28
pentostatin	14	PLASMA-LYTE-56/D5W	28
pentoxifylline er	18	podofilox	25
PERFOROMIST	39	polycin	8
perindopril erbumine	12	polyethylene glycol 3350 pack	26
periogard	23	polyethylene glycol 3350 powd	26
PERJETA	14	POLYETHYLENE GLYCOL 3350-GRX	23
permethrin crea	42	polymyxin b sulfate	24
perphenazine	37	polymyxin b sulfate/trimethoprim sulfate	8
perphenazine/amitriptyline	37	POMALYST	14
pfizerpen-g	34	portia-28	32
phenelzine sulfate	37	potassium chloride 0.15% /nacl 0.45% viaflex	20
phenobarbital elix	9	potassium chloride 0.15% d5w/nacl 0.33%	20
phenobarbital tabs 100mg.....	9	potassium chloride 0.15% d5w/nacl 0.45%	20
phenobarbital tabs 15mg.....	9	potassium chloride 0.15% d5w/nacl 0.45% viaflex	20
phenobarbital tabs 16.2mg.....	9	potassium chloride 0.15% nacl 0.9%	20
phenobarbital tabs 30mg.....	9	potassium chloride 0.15% w/nacl 0.9% viaflex	21
phenobarbital tabs 32.4mg.....	9	potassium chloride 0.15%/d5w	21
phenobarbital tabs 60mg.....	9	potassium chloride 0.15%/nacl 0.9%	21
phenobarbital tabs 64.8mg.....	9	potassium chloride 0.22% d5w/nacl 0.45%	21
phenobarbital tabs 97.2mg.....	9	potassium chloride 0.224%/d5w/nacl 0.45%	21
phenylephrine hcl ophthalmic soln	43	potassium chloride 0.224%d5w/nacl 0.45% viaflex	21
phenytoin chew	9	potassium chloride 0.3%/ nacl 0.9%	21
phenytoin infatabs	9	potassium chloride 0.3%/d5w	21
phenytoin sodium	9	potassium chloride 0.3%/nacl 0.9%/viaflex	21
phenytoin sodium extended	9	potassium chloride cr	21
phenytoin susp	9	potassium chloride er	21
philith	32	potassium chloride inj 0.4meq/ml, 10meq/100ml, 10meq/ 50ml, 20meq/100ml, 20meq/50ml, 30meq/100ml, 40meq/100ml.....	21
phospha 250 neutral	20	potassium chloride inj 2meq/ml.....	21
PHYSIOLYTE	22	potassium chloride liqd	21
PHYSIOSOL IRRIGATION	22	potassium chloride oral soln	21
PHYSIOSOL IRRIGATION PH 7.4	22	potassium chloride sr	21
pilocarpine hcl	20	potassium citrate tbcr	27
pilocarpine hcl	23	POTIGA TABS 200MG, 300MG, 400MG.....	9
pilocarpine hydrochloride	23	POTIGA TABS 50MG.....	9
PILOPINE HS	20	pr natal 430	43
pindolol	12	pr natal 430 ec	43
pioglitazone hcl tabs 15mg.....	20	PRADAXA	18
pioglitazone hcl tabs 30mg.....	20	pramipexole dihydrochloride	15
pioglitazone hcl tabs 45mg.....	20	PRANDIMET	20
pioglitazone hcl-glimepiride	20	PRANDIN TABS 0.5MG.....	20
pioglitazone hcl/metformin hcl	20	PRANDIN TABS 1MG.....	20
piperacillin sodium/ tazobactam sodium	34	PRANDIN TABS 2MG.....	20
piperacillin sodium/tazobactam sodium	34	prascion	41
piperacillin/tazobactam	34		
piroxicam	31		

Drug Name	Page	Drug Name	Page
<i>pravastatin sodium</i>	22	<i>prenatal-u</i>	44
<i>prazosin hcl</i>	12	<i>prevalite</i>	22
<i>prednicarbate</i>	42	<i>previfem</i>	32
<i>prednisolone</i>	7	PREZISTA SUSP	15
<i>prednisolone acetate</i>	40	PREZISTA TABS 150MG, 75MG.....	15
<i>prednisolone sodium phosphate ophthalmic soln</i>	40	PREZISTA TABS 400MG, 600MG, 800MG.....	15
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/5ml</i>	7	PRIFTIN	24
<i>prednisone</i>	7	PRIMAQUINE PHOSPHATE	24
<i>prednisone intensol</i>	7	<i>primidone</i>	9
PREMARIN CREA	21	PRISTIQ TB24 100MG.....	37
PREMARIN INJ	21	PRISTIQ TB24 50MG.....	37
PREMARIN TABS	21	PRIVIGEN	43
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	28	PROAIR HFA	39
PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML.....	28–29	<i>probenecid</i>	22
<i>prenatabs fa</i>	43	<i>probenecid/colchicine</i>	22
<i>prenatabs obn</i>	43	<i>procainamide hcl inj 100mg/ml</i>	7
<i>prenatabs rx</i>	43	<i>procainamide hcl inj 500mg/ml</i>	7
<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 12mcg; 25mg; 29mg; 1mg; 6mg; 20mg; 3mg; 3mg; 400unit; 30unit; 20mg</i>	43	PROCALAMINE	29
<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	44	<i>prochlorperazine</i>	26
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG.....	44	<i>prochlorperazine edisylate</i>	26
<i>prenatal 19 tabs 100mg; 200mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 7mg; 20mg; 3mg; 3mg; 1000unit; 30unit; 20mg</i>	44	<i>prochlorperazine maleate</i>	26
<i>prenatal plus</i>	44	PROCRT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML.....	17
<i>prenatal plus iron</i>	44	PROCRT INJ 20000UNIT/ML, 40000UNIT/ML.....	17
<i>prenatal tabs 120mg; 0; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 3mg; 1.84mg; 22mg; 4000unit; 25mg</i>	44	<i>procto-pak</i>	26
<i>prenatal vitamins plus</i>	44	<i>proctosol hc</i>	26
		<i>proctozone-hc</i>	26
		<i>progesterone caps</i>	21
		PROGLYCEM	20
		PROGRAF INJ	14
		PROLASTIN-C	23
		PROLEUKIN	17
		PROLIA	33
		PROMACTA	18
		<i>propafenone hcl</i>	7
		<i>propantheline bromide</i>	10
		<i>propranolol hcl er</i>	12
		<i>propranolol hcl inj</i>	12
		<i>propranolol hcl oral soln</i>	12
		<i>propranolol hcl tabs</i>	12
		<i>propranolol/hydrochlorothiazide</i>	12
		<i>propylthiouracil</i>	15
		PROQUAD	43
		PROSOL	29
		<i>protriptyline hcl</i>	37
		PROVENTIL HFA	39
		PULMOZYME	39

Drug Name	Page	Drug Name	Page
<i>pyrazinamide</i>	24	REVLIMID CAPS 10MG.....	14
<i>pyridostigmine bromide</i>	29	REVLIMID CAPS 15MG, 25MG.....	14
<i>quasense</i>	32	REVLIMID CAPS 2.5MG.....	14
<i>quetiapine fumarate tabs 100mg</i>	37	REVLIMID CAPS 20MG.....	14
<i>quetiapine fumarate tabs 200mg</i>	37	REVLIMID CAPS 5MG.....	14
<i>quetiapine fumarate tabs 25mg</i>	37	REYATAZ CAPS 100MG.....	15
<i>quetiapine fumarate tabs 300mg</i>	37	REYATAZ CAPS 150MG, 200MG, 300MG.....	15
<i>quetiapine fumarate tabs 400mg</i>	37	RHINOCORT AQUA	39
<i>quetiapine fumarate tabs 50mg</i>	37	<i>ribapak</i>	15
<i>quinapril hcl</i>	12	<i>ribasphere caps</i>	15
<i>quinapril/hydrochlorothiazide</i>	12	<i>ribasphere tabs 200mg</i>	15
<i>quinidine gluconate cr</i>	7	<i>ribasphere tabs 400mg</i>	15
<i>quinidine gluconate er</i>	7	<i>ribasphere tabs 600mg</i>	15
<i>quinidine sulfate</i>	7	RIBATAB	15
<i>quinidine sulfate er</i>	8	<i>ribavirin</i>	15
QVAR	39	RIDAURA	33
RABAVERT	43	RIFADIN INJ	24
<i>ramipril</i>	12	<i>rifampin caps</i>	24
RANEXA	25	<i>rifampin inj</i>	24
<i>ranitidine hcl inj</i>	42	RIFATER	25
<i>ranitidine hcl syrp</i>	42	<i>riluzole</i>	23
<i>ranitidine hcl tabs 150mg, 300mg</i>	42	<i>rimantadine hcl</i>	15
RAPAMUNE ORAL SOLN	14	<i>ringers injection</i>	21
RAPAMUNE TABS 0.5MG, 1MG.....	14	<i>ringers irrigation</i>	22
RAPAMUNE TABS 2MG.....	14	RISPERDAL CONSTA INJ 12.5MG, 25MG.....	37
REBETOL	15	RISPERDAL CONSTA INJ 37.5MG.....	37
REBIF	17	RISPERDAL CONSTA INJ 50MG.....	37
REBIF REBIDOSE	17	<i>risperidone m-tab tbdp 0.5mg</i>	37
REBIF REBIDOSE TITRATION PACK	17	<i>risperidone m-tab tbdp 1mg</i>	37
REBIF TITRATION PACK	17	<i>risperidone m-tab tbdp 2mg</i>	37
<i>reclipsen</i>	32	<i>risperidone m-tab tbdp 3mg</i>	37
RECOMBIVAX HB	43	<i>risperidone m-tab tbdp 4mg</i>	37
<i>regonol</i>	29	<i>risperidone odt tbdp 0.25mg</i>	37
RELENZA DISKHALER	15	<i>risperidone odt tbdp 0.5mg</i>	37
RELISTOR	26	<i>risperidone odt tbdp 1mg</i>	37
REMICADE	26	<i>risperidone odt tbdp 2mg</i>	37
REMODULIN	12	<i>risperidone odt tbdp 3mg</i>	37
REVELA PACK	23	<i>risperidone odt tbdp 4mg</i>	37
REVELA TABS	23	<i>risperidone oral soln</i>	37
<i>repaglinide tabs 1mg</i>	20	<i>risperidone tabs 0.25mg</i>	37
<i>repaglinide tabs 2mg</i>	20	<i>risperidone tabs 0.5mg</i>	37
RESCRIPTOR	15	<i>risperidone tabs 1mg</i>	37
RESCULA	33	<i>risperidone tabs 2mg</i>	37
<i>reserpine tabs 0.1mg</i>	12	<i>risperidone tabs 3mg</i>	37
RESTASIS	27	<i>risperidone tabs 4mg</i>	38
RETROVIR IV INFUSION	15	RITUXAN	14
REVATIO INJ	39	<i>rivastigmine tartrate</i>	27

Drug Name	Page	Drug Name	Page
<i>ropinirole er</i>	15	SIMPONI	33
<i>ropinirole hcl</i>	15	SIMULECT INJ 10MG.....	14
<i>rosadan</i>	41	SIMULECT INJ 20MG.....	14
ROTATEQ	43	<i>simvastatin</i>	22
<i>roxicet tabs</i>	31	<i>sodium bicarbonate inj 4.2%</i>	21
ROZEREM	38	<i>sodium bicarbonate inj 7.5%, 8.4%</i>	21
SABRIL PACK	9	<i>sodium bicarbonate partial fill</i>	21
SABRIL TABS	9	<i>sodium chloride 0.9%</i>	23
<i>saline flush</i>	23	<i>sodium chloride 0.45%</i>	21
<i>saline flush zr/sterile field</i>	23	<i>sodium chloride 0.45% viaflex</i>	21
SAMSCA TABS 15MG.....	26	<i>sodium chloride 0.9%</i>	23
SAMSCA TABS 30MG.....	26	<i>sodium chloride bacteriostatic</i>	23
SANDOSTATIN LAR DEPOT	14	<i>sodium chloride bacteriostatic/benzyl alcohol</i>	24
SANTYL	42	<i>sodium chloride flush</i>	24
SAPHRIS SUBL 10MG.....	38	<i>sodium chloride inj 0.9%</i>	24
SAPHRIS SUBL 5MG.....	38	<i>sodium chloride inj 2.5meq/ml, 3%, 4meq/ml</i>	21
SAVELLA TABS 100MG.....	33	<i>sodium chloride inj 5%</i>	21
SAVELLA TABS 12.5MG.....	33	<i>sodium chloride irrigation soln</i>	24
SAVELLA TABS 25MG.....	33	<i>sodium chloride nebu 0.9%</i>	39
SAVELLA TABS 50MG.....	33	<i>sodium chloride pab</i>	24
SAVELLA TITRATION PACK	33	<i>sodium chloride thermoject system</i>	24
<i>se-care</i>	44	<i>sodium fluoride chew</i>	44
<i>se-natal 19</i>	44	<i>sodium fluoride tabs</i>	44
<i>se-tan dha</i>	44	<i>sodium lactate inj</i>	21
<i>selegiline hcl</i>	15	<i>sodium phenylbutyrate</i>	24
<i>selenium sulfide</i>	15	<i>sodium polystyrene sulfonate powd</i>	24
SELZENTRY	15	<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	24
SENSIPAR TABS 30MG.....	26	<i>sodium polystyrene sulfonate susp 30gm/120ml</i>	24
SENSIPAR TABS 60MG.....	26	<i>sodium sulfacetamide</i>	40
SENSIPAR TABS 90MG.....	26	<i>sodium sulfacetamide</i>	41
SEREVENT DISKUS	39	<i>sodium sulfacetamide/sulfur cleanser</i>	41
SEROMYCIN	25	<i>sodium sulfacetamide/sulfur cleanser in urea</i>	41
SEROQUEL XR TB24 150MG.....	38	SOLARAZE	25
SEROQUEL XR TB24 200MG.....	38	SOLTAMOX	14
SEROQUEL XR TB24 300MG.....	38	SOMAVERT	26
SEROQUEL XR TB24 400MG.....	38	SORIATANE	15
SEROQUEL XR TB24 50MG.....	38	<i>sorine</i>	8
<i>sertraline hcl conc</i>	38	<i>sotalol hcl</i>	8
<i>sertraline hcl tabs 100mg</i>	38	<i>sotalol hcl (af)</i>	8
<i>sertraline hcl tabs 25mg</i>	38	SPIRIVA HANDIHALER	39
<i>sertraline hcl tabs 50mg</i>	38	<i>spironolactone</i>	12
<i>sf 5000 plus</i>	23	<i>spironolactone/hydrochlorothiazide</i>	12
<i>sildenafil citrate</i>	39	<i>sprintec 28</i>	32
<i>silver sulfadiazine</i>	17	SPRYCEL	14
SIMCOR TB24 1000MG; 20MG, 500MG; 20MG, 750MG; 20MG.....	22	<i>sps</i>	24
SIMCOR TB24 1000MG; 40MG, 500MG; 40MG.....	22	<i>sronyx</i>	32
		<i>ssd</i>	17

Drug Name	Page	Drug Name	Page
<i>stagesic</i>	31	<i>tacrolimus caps 0.5mg, 1mg</i>	14
<i>stavudine caps</i>	15	<i>tacrolimus caps 5mg</i>	14
<i>stavudine oral soln</i>	15	TAFINLAR	14
<i>sterile water irrigation</i>	24	TAMIFLU CAPS 30MG.....	16
<i>sterile water irrigation plastic bottle</i>	24	TAMIFLU CAPS 45MG.....	16
<i>sterile water irrigation w/hanger</i>	24	TAMIFLU CAPS 75MG.....	16
STIMATE	26	TAMIFLU SUSR	16
STIVARGA	14	<i>tamoxifen citrate</i>	14
STRATTERA CAPS 100MG, 60MG, 80MG.....	38	<i>tamsulosin hcl</i>	16
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG.....	38	TARCEVA	14
STREPTOMYCIN SULFATE	25	TARGRETIN CAPS	14
STRIBILD	15	TARGRETIN GEL	14
STROMECTOL	25	TASIGNA	14
SUCRAID	26	TASMAR	15
<i>sucralfate</i>	42	TAXOTERE	14
<i>sulfacetamide sodium</i>	40	TAZORAC	41
<i>sulfacetamide sodium</i>	41	<i>taztia xt</i>	12
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	40	TEKTURNA	12
<i>sulfacetamide sodium/sulfur cleanser</i>	41	TEKTURNA HCT	12
<i>sulfadiazine</i>	40	<i>terazosin hcl</i>	12
<i>sulfamethoxazole/trimethoprim ds</i>	40	<i>terbinafine hcl tabs</i>	10
<i>sulfamethoxazole/trimethoprim inj</i>	40	<i>terbutaline sulfate tabs</i>	39
<i>sulfamethoxazole/trimethoprim susp</i>	40	<i>terconazole crea 0.4%</i>	27
<i>sulfamethoxazole/trimethoprim tabs</i>	40	<i>terconazole crea 0.8%</i>	27
<i>sulfasalazine</i>	26	<i>terconazole supp</i>	27
<i>sulfazine</i>	26	TESTIM	26
<i>sulfazine ec</i>	26	<i>testosterone cypionate</i>	26
<i>sulindac</i>	31	<i>testosterone enanthate</i>	26
<i>sumatriptan nasal soln 20mg/act.</i>	22	<i>tetanus toxoid adsorbed</i>	43
<i>sumatriptan nasal soln 5mg/act.</i>	22	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED	
<i>sumatriptan succinate inj</i>	22	ADULT	43
<i>sumatriptan succinate refill</i>	22	<i>tetracycline hcl</i>	41
<i>sumatriptan succinate tabs</i>	22	TEV-TROPIN	17
SUPREP BOWEL PREP	26	THALOMID	14
SURMONTIL	38	<i>theophylline</i>	39
SUSTIVA	16	<i>theophylline cr</i>	39
SUTENT	14	<i>theophylline er</i>	39
<i>syeda</i>	32	<i>thioridazine hcl</i>	38
SYLATRON	17	<i>thiotepa</i>	14
SYMBICORT	39	<i>thiothixene</i>	38
SYMLINPEN 120	20	THYMOGLOBULIN	43
SYMLINPEN 60	20	<i>tiagabine hydrochloride</i>	9
SYNAREL	26	TIKOSYN	8
SYNRIBO	14	<i>tilia fe</i>	32
SYNTHROID	41	TIMENTIN INJ 0.1GM/100ML; 3GM/100ML, 1GM; 30GM.....	34
SYPRINE	24	TIMENTIN INJ 0.1GM; 3GM.....	34
TABLOID	14		

Drug Name	Page	Drug Name	Page
<i>timolol maleate</i>	12	<i>travoprost</i>	33
<i>timolol maleate</i>	16	<i>trazodone hcl</i>	38
<i>timolol maleate ophthalmic gel forming</i>	16	TREANDA INJ 100MG.....	14
TIMOPTIC	16	TREANDA INJ 25MG.....	14
TIMOPTIC OCUDOSE	16	TRECATOR	25
TIMOPTIC-XE	16	<i>tretinoin caps</i>	14
<i>tinidazole</i>	25	<i>tretinoin crea</i>	41
<i>tizanidine hcl tabs</i>	29	<i>tretinoin emollient</i>	41
TOBI	25	<i>tretinoin gel</i>	41
TOBRADEX OINT	40	<i>tri-estarylla</i>	32
TOBRADEX ST	40	<i>tri-legest fe</i>	32
<i>tobramycin sulfate inj 1.2gm</i>	25	<i>tri-linyah</i>	32
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml,</i> <i>80mg/2ml</i>	25	<i>tri-previfem</i>	32
<i>tobramycin sulfate ophthalmic soln</i>	8	<i>tri-sprintec</i>	32
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	25	<i>triadvance</i>	44
<i>tobramycin sulfate/sodium chloride inj 0.9%; 1.2mg/ml</i>	25	<i>triamcinolone acetonide crea</i>	42
<i>tobramycin/dexamethasone</i>	40	<i>triamcinolone acetonide inha</i>	40
<i>tolazamide tabs 250mg</i>	20	<i>triamcinolone acetonide lotn</i>	42
<i>tolazamide tabs 500mg</i>	20	<i>triamcinolone acetonide oint</i>	42
<i>tolbutamide</i>	20	<i>triamcinolone acetonide pste</i>	24
<i>tolmetin sodium</i>	31	<i>triamcinolone in orabase</i>	24
<i>tolterodine tartrate tabs 1mg</i>	8	<i>triamterene/hydrochlorothiazide</i>	12
<i>tolterodine tartrate tabs 2mg</i>	8	<i>trianex</i>	42
<i>topiramate csp</i>	10	<i>tricitrates</i>	27
<i>topiramate tabs 100mg</i>	10	<i>triderm</i>	42
<i>topiramate tabs 200mg</i>	10	<i>trifluoperazine hcl</i>	38
<i>topiramate tabs 25mg</i>	10	<i>trifluridine</i>	16
<i>topiramate tabs 50mg</i>	10	TRILIPIX	22
<i>toposar</i>	14	<i>trilyte</i>	26
<i>topotecan hcl inj 4mg</i>	14	<i>trimethoprim</i>	43
<i>topotecan hcl inj 4mg/4ml</i>	14	<i>trimethoprim sulfate/polymyxin b sulfate</i>	8
TORISEL	14	<i>trinatal gt</i>	44
<i>torseamide inj 20mg/2ml</i>	12	<i>trinate</i>	44
TORSEMIDE INJ 50MG/5ML.....	12	<i>trinessa</i>	32
<i>torseamide tabs</i>	12	TRISENOX	14
TOVIAZ	8	<i>trivora-28</i>	32
TPN ELECTROLYTES	21	TRIZIVIR	16
TRACLEER	39	TROPHAMINE	29
<i>tramadol hcl</i>	31	<i>tropicamide</i>	18
<i>tramadol hcl er tb24 300mg</i>	31	<i>tropium chloride</i>	8
<i>tramadol hydrochloride/acetaminophen</i>	31	TRUVADA	16
<i>trandolapril</i>	12	TWINRIX	43
<i>tranexamic acid inj</i>	18	TWYNSTA	12
<i>tranylcypromine sulfate</i>	38	TYGACIL	25
<i>travasol</i>	29	TYKERB	14
TRAVATAN Z	33	TYPHIM VI	43
		TYSABRI	27

Drug Name	Page	Drug Name	Page
TYVASO	40	VERAMYST	40
TYVASO REFILL	40	<i>verapamil hcl er</i>	12
TYVASO STARTER	40	<i>verapamil hcl inj</i>	12
TYZEKA	16	<i>verapamil hcl sr</i>	12
TYZINE	24	<i>verapamil hcl tabs</i>	12
TYZINE PEDIATRIC NASAL DROPS	24	<i>veripred 20</i>	7
UCERIS	26	VFEND SUSR	10
ULORIC	22	VICTOZA	20
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg,</i>		VICTRELIS	16
<i>200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg.</i>	41	VIDAZA	14
<i>unithroid tabs 137mcg.</i>	41	VIDEX PEDIATRIC	16
<i>ursodiol</i>	26	VIGAMOX	8
UVADEX	25	VIIBRYD KIT	38
VAGIFEM	21	VIIBRYD TABS 10MG.....	38
<i>valacyclovir hcl</i>	16	VIIBRYD TABS 20MG.....	38
VALCYTE	16	VIIBRYD TABS 40MG.....	38
<i>valproate sodium</i>	10	VIMPAT INJ	10
<i>valproic acid</i>	10	VIMPAT ORAL SOLN	10
<i>valsartan/hydrochlorothiazide</i>	12	VIMPAT TABS 100MG.....	10
<i>vancomycin hcl caps 125mg.</i>	43	VIMPAT TABS 150MG.....	10
<i>vancomycin hcl caps 250mg.</i>	43	VIMPAT TABS 200MG.....	10
VANCOMYCIN HCL IN DEXTROSE INJ 0; 1GM/ 200ML.....	43	VIMPAT TABS 50MG.....	10
VANCOMYCIN HCL IN DEXTROSE INJ 0; 500MG/ 100ML, 0; 750MG/150ML.....	43	<i>vinate az</i>	44
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg.</i>	43	<i>vinate care</i>	44
<i>vancomycin hcl inj 500mg.</i>	43	<i>vinate m</i>	44
<i>vandazole</i>	27	<i>vinblastine sulfate inj 10mg.</i>	14
VAQTA	43	<i>vinblastine sulfate inj 1mg/ml.</i>	14
VARIVAX	43	<i>vincasar pfs</i>	14
VARIZIG	43	<i>vincristine sulfate</i>	14
VECTIBIX	14	<i>vinorelbine tartrate</i>	14
VELCADE	14	<i>viorele</i>	32
<i>velivet</i>	32	VIRACEPT	16
<i>venlafaxine hcl er cp24 150mg.</i>	38	VIRAMUNE SUSP	16
<i>venlafaxine hcl er cp24 37.5mg.</i>	38	VIRAMUNE XR TB24 100MG.....	16
<i>venlafaxine hcl er cp24 75mg.</i>	38	VIRAMUNE XR TB24 400MG.....	16
<i>venlafaxine hcl er tb24 150mg.</i>	38	VIRAZOLE	16
<i>venlafaxine hcl er tb24 37.5mg.</i>	38	VIREAD POWD	16
<i>venlafaxine hcl er tb24 75mg.</i>	38	VIREAD TABS 150MG, 200MG, 250MG.....	16
<i>venlafaxine hcl tabs 100mg.</i>	38	VIREAD TABS 300MG.....	16
<i>venlafaxine hcl tabs 25mg.</i>	38	VISTIDE	16
<i>venlafaxine hcl tabs 37.5mg.</i>	38	<i>vitafol-ob</i>	44
<i>venlafaxine hcl tabs 50mg.</i>	38	<i>vol-nate</i>	44
<i>venlafaxine hcl tabs 75mg.</i>	38	VOLTAREN	31
VENTAVIS	40	<i>voriconazole inj</i>	10
VENTOLIN HFA	40	<i>voriconazole tabs</i>	10
		VOTRIENT	14
		<i>warfarin sodium</i>	18

Drug Name	Page	Drug Name	Page
WELCHOL	22	<i>zidovudine</i>	16
XALKORI	14	<i>ziprasidone hcl caps 20mg</i>	38
XARELTO TABS 10MG, 20MG.....	18	<i>ziprasidone hcl caps 40mg</i>	38
XARELTO TABS 15MG.....	18	<i>ziprasidone hcl caps 60mg, 80mg</i>	38
XENAZINE	27	ZIRGAN	16
XGEVA	7	ZMAX	21
XOLAIR	40	ZOFRAN INJ	26
XOPENEX HFA	40	<i>zoledronic acid inj 4mg</i>	26
XTANDI	14	<i>zoledronic acid inj 4mg/5ml</i>	26
XYREM	38	ZOLINZA	14
YERVOY	14	<i>zolpidem tartrate</i>	38
YF-VAX	43	<i>zolpidem tartrate er</i>	38
<i>zafirlukast</i>	40	ZOMETA	26
<i>zaleplon caps 10mg</i>	38	<i>zonisamide</i>	10
<i>zaleplon caps 5mg</i>	38	ZORTRESS TABS 0.25MG.....	14
ZALTRAP	14	ZORTRESS TABS 0.5MG, 0.75MG.....	14
<i>zamicet</i>	31	ZOSTAVAX	43
ZANOSAR	14	<i>zovia 1/35e</i>	32
<i>zarah</i>	32	<i>zovia 1/50e</i>	32
ZAVESCA	26	ZOVIRAX CREA	42
<i>zazole crea</i>	27	ZYFLO	40
ZELBORAF	14	ZYFLO CR	40
ZEMAIRA	24	ZYPREXA INJ	38
<i>zenatane</i>	41	ZYTIGA	14
<i>zenchent</i>	32	ZYVOX INJ	25
ZETIA	22	ZYVOX SUSR	25
ZIAGEN ORAL SOLN	16	ZYVOX TABS	25



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Customer Service

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