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Aetna Medicare

2017 Comprehensive Formulary

(List of covered drugs) B2

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

This formulary was updated on 10/01/2016.

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

Formulary ID Number: 17025 Version 6

Y0001_1085_7777_Final_4 Accepted 7/2016

17025AETGC12

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

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

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

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

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through our preferred mail-order pharmacy, which is called Aetna Rx Home Delivery. Typically, mail-order drugs arrive within 7 to 14 days. You can call

1-800-282-5366 (TTY: 711) 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this timeframe.

Members may have the option to sign up for automated mail-order delivery.

This information is available for free in other languages. Please call our customer service number at **1-800-282-5366 (TTY: 711)**, 24 hours a day, 7 days a week.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al **1-800-282-5366 (TTY: 711)**. Horario de atención: las 24 horas del día, 7 días de la semana.

本資訊也有其他語言的免費版本可供選擇。請致電**1-800-282-5366 (聽障專線: 711)**於會員服務部聯絡，辦公時間為每週7天、每天24小時。

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Aetna Medicare. When it refers to “plan” or “our plan,” it means Aetna.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Aetna Medicare Comprehensive Formulary?

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

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/01/2016. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 81. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Aetna Medicare Formulary?

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

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

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with at least 91 and up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

For more information

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

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

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

Aetna Medicare Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

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

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

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

QL: Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*.

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

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

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

MO: Mail Order. For certain kinds of drugs, you can use Aetna Rx Home Delivery services.

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

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

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

Drug tier copay levels

This 2017 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2017 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

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

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

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

Key*

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

Drug name	Drug tier	Requirements/Limits
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Analgesics

<i>acetaminophen/codeine 300mg; 30mg</i>	2	QL (180 EA per 30 days) MO GC
<i>acetaminophen/codeine soln</i>	2	QL (4500 ML per 30 days) MO GC
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg</i>	2	QL (180 EA per 30 days) MO GC
<i>ascomp/codeine</i>	2	QL (180 EA per 30 days) PA MO GC
<i>butalbital compound/codeine</i>	2	QL (180 EA per 30 days) PA GC
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	3	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	2	QL (180 EA per 30 days) PA MO GC
<i>capacet</i>	3	QL (180 EA per 30 days) PA
CELEBREX CAPS 400MG	4	QL (30 EA per 30 days) ST MO
CELEBREX CAPS 100MG, 200MG, 50MG	4	QL (60 EA per 30 days) ST MO
<i>celecoxib caps 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>codeine sulfate tabs</i>	4	QL (180 EA per 30 days) MO
<i>diclofenac potassium</i>	3	MO
<i>diclofenac sodium dr</i>	2	MO GC
<i>diclofenac sodium er</i>	2	MO GC
<i>diflunisal tabs</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>duramorph</i>	2	B/D GC
<i>endocet</i>	3	QL (180 EA per 30 days)
<i>endodan</i>	3	QL (180 EA per 30 days)
<i>esgic caps</i>	3	QL (180 EA per 30 days) PA
<i>etodolac</i>	3	MO
<i>etodolac er</i>	4	MO
<i>fenoprofen calcium caps 400mg</i>	3	MO
<i>fenoprofen calcium tabs</i>	3	MO
<i>fentanyl transdermal patch</i>	4	QL (15 EA per 30 days) MO
<i>fentanyl citrate oral transmucosal</i>	5	QL (120 EA per 30 days) PA MO
<i>flurbiprofen tabs</i>	2	MO GC
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL (5550 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl immediate release tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	3	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 50mg/5ml</i>	4	B/D
<i>hydromorphone hcl inj 10mg/ml</i>	4	B/D MO
<i>ibudone tabs 5mg; 200mg</i>	3	QL (150 EA per 30 days)
<i>ibuprofen susp</i>	2	MO GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO GC
<i>ketoprofen er</i>	3	MO
<i>ketoprofen caps</i>	3	MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO GC
<i>lorcet</i>	3	QL (180 EA per 30 days)
<i>lorcet hd</i>	3	QL (180 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>margesic</i>	3	QL (180 EA per 30 days) PA MO
<i>meclofenamate sodium caps</i>	3	MO
<i>meloxicam susp, tabs</i>	1	MO GC
<i>methadone hcl inj</i>	2	GC
<i>methadone hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>methadone hcl oral soln</i>	3	QL (3000 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>methadone hcl conc</i>	3	QL (360 ML per 30 days) MO
<i>methadone hcl tbso</i>	3	QL (90 EA per 30 days)
<i>methadose tbso</i>	3	QL (90 EA per 30 days)
<i>morphine sulfate er cp24 30mg, 60mg</i>	4	MO
<i>morphine sulfate er cp24 120mg, 45mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) MO
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 50mg, 80mg</i>	4	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	4	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbcr 15mg</i>	4	QL (90 EA per 30 days) MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate i.v. inj 10mg/ml, 15mg/ml, 1mg/ml</i>	4	B/D MO
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (1020 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (1800 ML per 30 days) MO
<i>morphine sulfate tabs 30mg</i>	2	QL (180 EA per 30 days) MO GC
<i>morphine sulfate tabs 15mg</i>	2	QL (60 EA per 30 days) MO GC
<i>nabumetone</i>	2	MO GC
<i>nalbuphine hcl inj</i>	3	MO
<i>naproxen dr</i>	2	MO GC
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO GC
<i>naproxen tabs</i>	1	MO GC
<i>naproxen susp</i>	2	MO GC
<i>oxaprozin</i>	4	MO
<i>oxycodone hcl caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl soln</i>	3	QL (5400 ML per 30 days) MO
<i>oxycodone hcl conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl immediate release tabs 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hcl immediate release tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	3	QL (120 EA per 30 days) MO
<i>piroxicam caps</i>	3	MO
<i>reprexain tabs 10mg; 200mg</i>	3	QL (150 EA per 30 days) MO
ROXICET SOLN	3	QL (1800 ML per 30 days) MO
<i>roxicet tabs</i>	3	QL (180 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
<i>sulindac tabs</i>	2	MO GC
<i>tolmetin sodium tabs</i>	2	MO GC
<i>tolmetin sodium caps</i>	4	MO
<i>tramadol immediate release tabs</i>	2	QL (240 EA per 30 days) MO GC
<i>tramadol hydrochloride/acetaminophen</i>	3	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	3	QL (180 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	3	QL (180 EA per 30 days)
VOLTAREN GEL	3	QL (1000 GM per 30 days) MO
<i>xylon</i>	4	QL (150 EA per 30 days)
<i>zamicet</i>	4	QL (5550 ML per 30 days) MO
<i>zebutal caps 325mg; 50mg; 40mg</i>	3	QL (180 EA per 30 days) PA MO
Anesthetics		
<i>glydo</i>	3	MO
<i>lidocaine hcl jelly</i>	3	MO
<i>lidocaine hcl gel 2%</i>	3	MO
<i>lidocaine hcl inj 0.5%, 1.5%</i>	3	
<i>lidocaine hcl inj 1%, 2%, 4%</i>	3	MO
<i>lidocaine hcl external soln 4%</i>	3	MO
<i>lidocaine hcl mouth/throat soln 4%</i>	3	
<i>lidocaine viscous</i>	3	MO
<i>lidocaine/prilocaine crea</i>	4	MO
<i>lidocaine oint</i>	3	MO
<i>lidocaine ptch</i>	3	QL (90 EA per 30 days) PA MO
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl/naloxone hcl</i>	4	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl subl</i>	2	QL (90 EA per 30 days) PA MO GC
<i>buproban</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	3	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	4	QL (336 EA per 365 days) MO
CHANTIX STARTING MONTH PAK	4	QL (106 EA per 365 days) MO
CHANTIX TABS 0.5MG, 1MG	4	QL (336 EA per 365 days) MO
<i>disulfiram tabs</i>	4	MO
<i>naloxone hcl inj</i>	2	MO GC
<i>naltrexone hcl tabs</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
NARCAN	4	MO
NICOTROL NS	4	QL (40 ML per 30 days) MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) PA MO
Antibacterials		
<i>amikacin sulfate inj</i>	4	MO
<i>amoxicillin</i>	1	MO GC
<i>amoxicillin/clavulanate potassium</i>	2	MO GC
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>ampicillin sodium inj 10gm i.v., 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	2	GC
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	2	MO GC
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin caps</i>	1	MO GC
<i>ampicillin susr 125mg/5ml</i>	2	GC
<i>ampicillin susr 250mg/5ml</i>	2	MO GC
<i>azithromycin pack, susr, tabs</i>	2	MO GC
<i>azithromycin inj</i>	4	MO
<i>aztreonam inj 1gm</i>	4	MO
<i>aztreonam inj 2gm</i>	5	MO
<i>baciim</i>	4	
<i>bacitracin inj 50000unit</i>	4	MO
BACTOCILL IN DEXTROSE	4	
BICILLIN L-A	4	MO
<i>cefaclor</i>	3	MO
<i>cefaclor er</i>	3	MO
<i>cefadroxil caps, susr</i>	1	MO GC
<i>cefadroxil tabs</i>	2	MO GC
<i>cefazolin 2gm/100ml; 4%</i>	4	
<i>cefazolin sodium/dextrose</i>	4	
<i>cefazolin sodium inj 100gm, 1gm i.v., 1gm; 5%, 20gm, 300gm</i>	2	GC
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	MO GC
<i>cefdinir caps</i>	2	MO GC
<i>cefdinir susr</i>	3	MO
<i>cefepime inj 1gm/50ml, 1gm/50ml; 5%, 2gm/100ml, 2gm/50ml; 5%</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefixime</i>	2	MO GC
<i>cefotaxime sodium inj 10gm, 2gm, 500mg</i>	4	
<i>cefotaxime sodium inj 1gm</i>	4	MO
<i>cefotetan</i>	4	
<i>cefotetan/dextrose</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%</i>	4	
<i>cefoxitin sodium inj 1gm</i>	4	MO
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
<i>ceftazidime/dextrose</i>	2	GC
<i>ceftazidime inj 6gm</i>	2	GC
<i>ceftazidime inj 1gm, 2gm</i>	2	MO GC
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium inj 100gm, 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>ceftriaxone/dextrose</i>	4	
<i>cefuroxime axetil</i>	3	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 75gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cefuroxime/dextrose inj 750mg; 4.1%</i>	4	
<i>cephalexin</i>	2	MO GC
<i>chloramphenicol sodium succinate</i>	4	
<i>ciprofloxacin er</i>	1	MO GC
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	1	MO GC
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	4	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	4	MO
<i>ciprofloxacin inj</i>	2	MO GC
<i>ciprofloxacin otic soln, susr</i>	3	MO
<i>clarithromycin er</i>	2	MO GC
<i>clarithromycin susr, immediate release tabs</i>	3	MO
<i>clindamycin hcl caps</i>	2	MO GC
<i>clindamycin palmitate hcl</i>	3	MO
<i>clindamycin phosphate add-vantage inj 900mg/6ml</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate crea 2%</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 9000mg/60ml</i>	4	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	4	MO
<i>colistimethate sodium</i>	4	PA MO
CUBICIN	5	
DALVANCE	5	
<i>dicloxacillin sodium</i>	2	MO GC
DIFICID	5	MO
<i>doxy 100</i>	4	MO
<i>doxycycline hyclate dr</i>	4	MO
<i>doxycycline hyclate caps, tabs</i>	3	MO
<i>doxycycline hyclate inj</i>	4	MO
<i>doxycycline monohydrate caps, tabs</i>	2	MO GC
<i>doxycycline caps 150mg, 75mg</i>	4	MO
<i>doxycycline susr</i>	3	MO
E.E.S. GRANULES	4	MO
ERY-TAB	3	MO
ERYPED 200	4	MO
ERYPED 400	4	MO
ERYTHROCIN LACTOBIONATE	4	
ERYTHROCIN STEARATE	4	MO
<i>erythromycin base</i>	2	MO GC
<i>erythromycin ethylsuccinate tabs</i>	2	MO GC
<i>erythromycin stearate tabs</i>	2	MO GC
<i>erythromycin cpep 250mg</i>	2	MO GC
<i>gentamicin sulfate pediatric</i>	2	MO GC
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	GC
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%</i>	2	MO GC
<i>gentamicin sulfate inj 10mg/ml</i>	2	GC
<i>gentamicin sulfate inj 40mg/ml</i>	2	MO GC
<i>imipenem/cilastatin</i>	3	MO
INVANZ IV 1GM	4	
INVANZ INJ 1GM	4	MO
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	MO GC
KETEK TABS 300MG	4	

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

Drug name	Drug tier	Requirements/Limits
KETEK TABS 400MG	4	MO
<i>levofloxacin in d5w</i>	2	GC
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	3	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	3	MO
<i>linezolid susr</i>	5	QL (1800 ML per 28 days) PA MO
<i>linezolid tabs</i>	5	QL (56 EA per 28 days) PA MO
<i>linezolid inj 600mg/300ml</i>	5	PA
<i>meropenem/sodium chloride 1gm/50ml; 0.9%, 500mg/50ml; 0.9%</i>	4	
<i>meropenem inj 500mg</i>	4	MO
<i>meropenem inj 1gm</i>	5	MO
<i>methenamine hippurate</i>	4	MO
METRO IV	4	
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole vaginal</i>	3	MO
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
<i>minocycline hcl caps</i>	2	MO GC
<i>morgidox 1x100mg caps</i>	3	
<i>morgidox 2x100mg caps</i>	3	
MOXATAG	4	MO
NAFCILLIN 1GM/50ML, 2GM/100ML	4	
<i>nafcillin sodium inj 10gm, 1gm, 2gm i.v.</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	MO
<i>neomycin sulfate tabs</i>	2	MO GC
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate</i>	3	MO
<i>nitrofurantoin susp</i>	4	MO
<i>ofloxacin tabs 400mg</i>	2	MO GC
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
<i>paromomycin sulfate</i>	4	MO
PCE	4	MO
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	4	MO
<i>penicillin g procaine</i>	4	MO
<i>penicillin g sodium</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>penicillin v potassium</i>	1	MO GC
<i>piperacillin sodium/ tazobactam sodium</i>	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin/tazobactam inj 4gm; 0.5gm</i>	4	
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate inj</i>	4	MO
<i>sulfadiazine tabs</i>	2	MO GC
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim inj, tabs</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim susp</i>	3	MO
<i>sulfatrim pediatric</i>	3	
SUPRAX CAPS	4	MO
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
SUPRAX SUSR 500MG/5ML	4	
SYNERCID	5	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	GC
TEFLARO	4	
<i>tetracycline hcl caps</i>	2	MO GC
<i>tinidazole</i>	3	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	2	GC
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>trimethoprim tabs</i>	1	MO GC
TYGACIL	5	
<i>vancomycin hcl in dextrose</i>	4	
<i>vancomycin hcl caps 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hcl caps 250mg</i>	5	MO
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	4	
<i>vancomycin hcl inj 500mg</i>	4	MO
<i>vandazole</i>	3	MO
XIFAXAN TABS 200MG	4	QL (9 EA per 3 days) PA MO
XIFAXAN TABS 550MG	5	QL (90 EA per 30 days) PA MO

Anticonvulsants

APTiom TABS 200MG, 400MG, 800MG	4	QL (30 EA per 30 days) PA MO
APTiom TABS 600MG	4	QL (60 EA per 30 days) PA MO
BANZEL TABS	4	PA MO

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

Drug name	Drug tier	Requirements/Limits
BANZEL SUSP	5	PA MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA
BRIVIACT TABS 10MG, 25MG, 75MG	5	QL (60 EA per 30 days) PA
BRIVIACT TABS 100MG, 50MG	5	QL (60 EA per 30 days) PA MO
<i>carbamazepine er</i>	4	MO
<i>carbamazepine chew, susp, tabs</i>	2	MO GC
CELONTIN	4	MO
<i>clonazepam odt tbdp 1mg</i>	3	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	3	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	1	QL (120 EA per 30 days) MO GC
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days) MO GC
<i>clonazepam tabs 0.5mg</i>	1	QL (90 EA per 30 days) MO GC
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	MO
DILANTIN CAPS 30MG	4	MO
<i>divalproex sodium</i>	3	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
<i>epitol</i>	4	
<i>ethosuximide</i>	4	MO
<i>felbamate</i>	4	MO
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
FYCOMPA SUSP	5	QL (1020 ML per 30 days) PA
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
<i>gabapentin caps, tabs</i>	2	MO GC
<i>gabapentin soln</i>	3	MO
GABITRIL TABS 12MG, 16MG	4	MO
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine titration</i>	4	MO
<i>lamotrigine immediate release tabs, chew</i>	2	MO GC
<i>levetiracetam oral soln, immediate release tabs</i>	2	MO GC
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	4	
<i>levetiracetam inj 500mg/5ml</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
LYRICA SOLN	4	QL (900 ML per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	4	QL (60 EA per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	4	QL (90 EA per 30 days) PA MO
ONFI SUSP	4	MO
ONFI TABS 10MG, 20MG	4	MO
<i>oxcarbazepine tabs</i>	3	MO
<i>oxcarbazepine susp</i>	4	MO
PEGANONE	4	MO
<i>phenobarbital tabs</i>	4	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
<i>phenytoin sodium extended</i>	3	MO
<i>phenytoin sodium inj</i>	4	
<i>phenytoin chew, susp</i>	3	MO
POTIGA TABS 50MG	4	QL (270 EA per 30 days) MO
POTIGA TABS 200MG, 300MG, 400MG	4	QL (90 EA per 30 days) MO
<i>primidone tabs</i>	2	MO GC
<i>roweepra</i>	2	GC
SABRIL	5	PA LA
SPRITAM TB3D 750MG	4	QL (120 EA per 30 days) PA
SPRITAM TB3D 250MG, 500MG	4	QL (60 EA per 30 days) PA
SPRITAM TB3D 1000MG	4	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	4	MO
<i>topiramate i.r. tabs, i.r. capsule sprinkles</i>	2	MO GC
<i>valproate sodium inj</i>	4	
<i>valproic acid caps, syrp</i>	2	MO GC
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	MO
VIMPAT TABS 50MG	4	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	4	QL (60 EA per 30 days) MO
<i>zonisamide</i>	2	MO GC
Antidementia Agents		
<i>donepezil hcl tbdp</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 23mg, 5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO GC
<i>ergoloid mesylates tabs</i>	3	PA MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>galantamine hydrobromide cp24</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
<i>memantine hcl</i>	3	QL (60 EA per 30 days) PA MO
<i>memantine hcl titration pak</i>	3	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride soln</i>	2	QL (360 ML per 30 days) PA MO GC
NAMENDA XR	3	QL (30 EA per 30 days) PA MO
NAMENDA XR TITRATION PACK	3	QL (56 EA per 365 days) PA MO
NAMENDA SOLN	4	QL (360 ML per 30 days) PA MO
<i>rivastigmine tartrate</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
Antidepressants		
<i>amitriptyline hcl tabs</i>	2	PA MO GC
<i>amoxapine</i>	2	MO GC
BRINTELLIX	4	QL (30 EA per 30 days) ST MO
<i>bupropion hcl er</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl xl</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide soln</i>	3	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO GC
<i>clomipramine hcl caps</i>	4	PA MO
<i>desipramine hcl tabs</i>	4	MO
<i>desvenlafaxine er tb24 100mg, 50mg</i>	4	QL (30 EA per 30 days) ST
<i>doxepin hcl caps, conc</i>	3	PA MO
<i>duloxetine hcl cpep 20mg, 40mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>duloxetine hcl cpep 30mg</i>	3	QL (90 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) ST MO
<i>escitalopram oxalate soln</i>	3	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	3	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO
FETZIMA	4	QL (30 EA per 30 days) ST MO
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST MO
<i>fluoxetine dr</i>	3	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps, soln, tabs</i>	2	MO GC
<i>fluvoxamine maleate immediate release tabs</i>	3	MO

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Drug name	Drug tier	Requirements/Limits
<i>imipramine hcl tabs</i>	2	PA MO GC
KHEDEZLA	4	QL (30 EA per 30 days) ST MO
<i>maprotiline hcl</i>	4	MO
MARPLAN	4	MO
<i>mirtazapine</i>	2	MO GC
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>nefazodone hcl</i>	3	MO
<i>nortriptyline hcl caps, soln</i>	2	MO GC
<i>olanzapine/fluoxetine</i>	4	QL (30 EA per 30 days) MO
OLEPTRO TB24 300MG	4	QL (30 EA per 30 days) ST MO
OLEPTRO TB24 150MG	4	QL (75 EA per 30 days) ST MO
<i>paroxetine hcl immediate release tabs</i>	2	MO GC
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
PAXIL SUSP	4	MO
<i>perphenazine/amitriptyline</i>	4	MO
<i>phenelzine sulfat</i>	3	MO
PRISTIQ TB24 25MG	4	QL (120 EA per 30 days) ST MO
<i>protriptyline hcl</i>	4	MO
<i>sertraline hcl tabs</i>	1	MO GC
<i>sertraline hcl conc</i>	3	MO
<i>tranylcypromine sulfat</i>	4	MO
<i>trazodone hcl tabs</i>	2	MO GC
<i>trimipramine maleate caps</i>	4	PA MO
TRINTELLIX	4	QL (30 EA per 30 days) ST MO
<i>venlafaxine hcl</i>	3	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	3	QL (60 EA per 30 days) MO
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days) MO
VIIBRYD TABS	4	QL (30 EA per 30 days) MO
VIIBRYD KIT	4	QL (60 EA per 365 days) MO
Antiemetics		
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND CAPS 40MG	4	QL (1 EA per 30 days) B/D MO
EMEND PAK 125MG, 80MG	4	QL (6 EA per 30 days) B/D MO
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>meclizine hcl tabs</i>	2	MO GC
<i>ondansetron hcl tabs</i>	2	B/D MO GC
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	2	MO GC
<i>ondansetron odt</i>	2	B/D MO GC
<i>phenadoz supp 25mg</i>	2	PA GC
<i>phenadoz supp 12.5mg</i>	2	PA MO GC
<i>phenergan supp</i>	2	PA GC
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	2	PA MO GC
<i>promethegan supp 12.5mg, 25mg</i>	2	PA GC
<i>promethegan supp 50mg</i>	2	PA MO GC
TRANSDERM-SCOP	4	MO
Antifungals		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i>	2	B/D MO GC
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	MO
<i>ciclodan crea</i>	2	GC
<i>ciclodan soln</i>	3	
<i>ciclopirox</i>	3	MO
<i>ciclopirox nail lacquer</i>	3	MO
<i>ciclopirox olamine crea</i>	2	MO GC
<i>clotrimazole/betamethasone dipropionate crea</i>	3	MO
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	MO
<i>clotrimazole crea, soln, troc</i>	3	MO
<i>econazole nitrate crea</i>	4	MO
ERAXIS	5	PA
EXELDERM	4	MO
<i>fluconazole in dextrose</i>	4	
<i>fluconazole in nacl</i>	4	
<i>fluconazole tabs</i>	2	MO GC
<i>fluconazole susr</i>	3	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO GC
<i>griseofulvin ultramicrosize</i>	2	MO GC
<i>itraconazole caps</i>	2	PA MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>ketoconazole sham, tabs</i>	2	MO GC
<i>ketoconazole crea</i>	3	MO
MENTAX	4	MO
NOXAFIL INJ	5	PA
NOXAFIL SUSP, TBEC	5	PA MO
<i>nyamyc</i>	3	
<i>nystatin/triamcinolone</i>	2	MO GC
<i>nystatin crea</i>	2	MO GC
<i>nystatin oint, powd, susp, tabs</i>	3	MO
<i>nystop</i>	3	MO
<i>oxiconazole nitrate</i>	4	MO
OXISTAT	4	MO
SPORANOX SOLN	5	PA MO
<i>terbinafine hcl tabs</i>	2	MO GC
<i>terconazole crea</i>	3	MO
<i>terconazole supp</i>	4	MO
<i>voriconazole inj</i>	4	
<i>voriconazole susr, tabs</i>	4	MO
<i>zazole crea</i>	3	
<i>zazole supp</i>	4	

Antigout Agents

<i>allopurinol tabs</i>	1	MO GC
<i>colchicine caps, tabs</i>	2	MO GC
<i>probenecid/colchicine</i>	3	MO
<i>probenecid tabs</i>	3	MO
ULORIC	3	ST MO

Antimigraine Agents

CAFERGOT	4	QL (40 EA per 28 days) MO
<i>dihydroergotamine mesylate inj</i>	2	MO GC
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 28 days) MO
ERGOMAR	3	
<i>frovatriptan succinate</i>	4	QL (12 EA per 30 days) MO
MIGERGOT	4	QL (20 EA per 28 days) MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days) MO GC
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO GC
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	QL (4 ML per 30 days)

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

Drug name	Drug tier	Requirements/Limits
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO GC
<i>sumatriptan succinate prefill syringe 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan soln</i>	2	QL (12 EA per 30 days) MO GC
SUMAVEL DOSEPRO	5	QL (4 ML per 30 days) MO
<i>zolmitriptan odt</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	4	QL (6 EA per 30 days) MO

Antimyasthenic Agents

<i>guanidine hcl</i>	4	
MESTINON SYRP	4	MO
<i>pyridostigmine bromide tabs, tbc</i>	3	MO

Antimycobacterials

CAPASTAT SULFATE	4	
<i>cycloserine</i>	4	MO
<i>dapsone tabs</i>	3	MO
<i>ethambutol hcl</i>	3	MO
<i>isoniazid tabs</i>	1	MO GC
<i>isoniazid inj</i>	2	GC
<i>isoniazid syrp</i>	2	MO GC
PASER	4	MO
PRIFTIN	4	MO
<i>pyrazinamide tabs</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin caps</i>	3	MO
<i>rifampin inj</i>	4	MO
RIFATER	4	MO
SIRTURO	5	QL (188 EA per 365 days) PA
TRECTOR	4	MO

Antineoplastics

ABRAXANE	5	
<i>adrucil</i>	3	B/D
AFINITOR	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	5	QL (60 EA per 30 days) PA
ALECENSA	5	QL (240 EA per 30 days) PA
ALIMTA	5	PA
ALKERAN TABS	4	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>amifostine</i>	5	
<i>anastrozole tabs</i>	2	MO GC
ARRANON	5	
ARZERRA	5	PA LA
AVASTIN	5	PA
<i>azacitidine</i>	5	PA
BELEODAQ	5	PA LA
BENDEKA	5	
<i>bexarotene</i>	5	PA
<i>bicalutamide</i>	3	MO
BICNU	4	
<i>bleomycin sulfate</i>	4	B/D
BLINCYTO	5	PA LA
BOSULIF	5	PA
BUSULFEX	5	
<i>cabometyx</i>	5	QL (30 EA per 30 days) PA
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
<i>carboplatin</i>	3	
<i>cisplatin</i>	3	
<i>cladribine</i>	2	B/D GC
CLOLAR	5	
COMETRIQ KIT 0, 20MG	5	PA
COMETRIQ KIT 0	5	PA MO
COSMEGEN	5	
COTELLIC	5	QL (63 EA per 28 days) PA LA
<i>cyclophosphamide caps</i>	3	B/D MO
<i>cyclophosphamide inj</i>	4	
CYRAMZA	5	PA
<i>cytarabine aqueous</i>	3	B/D
<i>dacarbazine</i>	2	GC
DARZALEX	5	PA LA
<i>daunorubicin hcl</i>	2	GC
DAUNOXOME	5	
<i>decitabine</i>	4	
DEPOCYT	4	
<i>dexrazoxane</i>	4	
DOCEFREZ INJ 20MG	5	

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

Drug name	Drug tier	Requirements/Limits
<i>docetaxel inj 20mg/ml, 80mg/4ml, 80mg/8ml</i>	4	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml</i>	5	
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposome</i>	4	
DROXIA	4	MO
ELITEK	5	PA
EMCYT	4	MO
EMPLICITI	5	PA
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	4	
ERBITUX	5	PA
ERIVEDGE	5	QL (30 EA per 30 days) PA LA
ERWINAZE	5	PA
<i>etoposide inj</i>	3	
<i>exemestane</i>	4	MO
FARESTON	5	MO
FARYDAK	5	QL (6 EA per 21 days) PA LA
FASLODEX	5	PA
<i>fludarabine phosphate</i>	4	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 5gm/100ml</i>	3	B/D
<i>flutamide</i>	4	MO
FOLOTYN	5	
FUSILEV	5	
GAZYVA	5	PA LA
<i>gemcitabine hcl inj i.v. soln 200mg/5.26ml, 1g/26.3ml, 2gm/52.6ml</i>	5	
<i>gemcitabine hcl inj 1gm, 200mg</i>	4	
<i>gemcitabine hcl inj 2gm</i>	5	
GILOTRIF	5	QL (30 EA per 30 days) PA
GLEOSTINE CAPS 5MG	4	
HALAVEN	5	PA
HERCEPTIN	5	PA
HEXALEN	5	MO
<i>hydroxyurea caps</i>	2	MO GC
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
<i>idarubicin hcl</i>	2	GC
<i>ifosfamide</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA	5	QL (120 EA per 30 days) PA
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (240 EA per 30 days) PA LA
INTRON A W/DILUENT INJ 10MU	5	PA
INTRON A INJ 10MU/ML, 6000000UNIT/ML	5	PA
INTRON A INJ 18MU, 50MU	5	PA LA
IRESSA	5	QL (30 EA per 30 days) PA
<i>irinotecan</i>	4	
ISTODAX	5	PA
IXEMPRA KIT	5	PA
JAKAFI	5	QL (60 EA per 30 days) PA LA
JEVTANA	5	PA
KADCYLA	5	PA
KEYTRUDA	5	PA LA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
<i>letrozole</i>	1	MO GC
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj</i>	4	
LEUKERAN	4	MO
<i>levoleucovorin calcium</i>	5	
<i>levoleucovorin inj 250mg/25ml</i>	5	
<i>lomustine</i>	3	
LONSURF TABS 6.14MG; 15MG	5	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	5	QL (80 EA per 28 days) PA
LYNPARZA	5	QL (448 EA per 28 days) PA
MARQIBO	5	PA
MATULANE	5	
MEKINIST TABS 0.5MG	5	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
<i>melphalan hydrochloride</i>	5	
<i>mercaptopurine tabs</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>mesna</i>	4	
MESNEX TABS	4	MO
<i>mitomycin inj 20mg, 5mg</i>	4	
<i>mitomycin inj 40mg</i>	5	
<i>mitoxantrone hcl</i>	3	
MUSTARGEN	4	
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NILANDRON	5	MO
NINLARO	5	QL (3 EA per 28 days) PA
NIPENT	5	
ODOMZO	5	QL (30 EA per 30 days) PA LA
ONCASPAR	5	
OPDIVO	5	PA LA
<i>oxaliplatin</i>	4	
<i>paclitaxel</i>	4	
PANRETIN	5	MO
PERJETA	5	PA LA
POMALYST	5	QL (21 EA per 28 days) PA LA
PORTRAZZA	5	PA
PROLEUKIN	5	
PURIXAN	5	PA
REVLIMID	5	QL (30 EA per 30 days) PA LA
RITUXAN	5	PA
SOLTAMOX	4	PA MO
SPRYCEL TABS 100MG, 140MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG	5	QL (60 EA per 30 days) PA
STIVARGA	5	QL (120 EA per 30 days) PA LA
SUTENT CAPS 25MG, 37.5MG, 50MG	5	QL (30 EA per 30 days) PA
SUTENT CAPS 12.5MG	5	QL (90 EA per 30 days) PA
SYLATRON INJ 200MCG, 300MCG, 600MCG	5	PA
SYLATRON 4-PACK INJ 200MCG, 300MCG	5	PA LA
SYNRIBO	5	PA
TABLOID	4	MO
TAFINLAR CAPS 75MG	5	QL (120 EA per 30 days) PA LA
TAFINLAR CAPS 50MG	5	QL (180 EA per 30 days) PA LA
TAGRISSO	5	QL (30 EA per 30 days) PA LA
<i>tamoxifen citrate tabs</i>	2	MO GC
TARCEVA TABS 25MG	5	QL (60 EA per 30 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
TARCEVA TABS 100MG, 150MG	5	QL (90 EA per 30 days) PA LA
TARGRETIN GEL	5	PA
TASIGNA	5	QL (120 EA per 30 days) PA
TECENTRIQ	5	PA
TEMODAR INJ	5	B/D
THALOMID CAPS 100MG, 150MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 200MG	5	QL (56 EA per 28 days) PA
THERACYS	4	
THIOTEPA	5	
TICE BCG	4	
<i>toposar</i>	3	
<i>topotecan hcl</i>	5	
TORISEL	5	
TREANDA	5	
TRETINOIN CAPS 10MG	3	MO
TRISENOX	4	PA
TYKERB	5	QL (180 EA per 30 days) PA LA
UVADEX	4	
VALCHLOR	5	PA
VALSTAR	5	
VECTIBIX	5	PA
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	QL (84 EA per 365 days) PA
VENCLEXTA TABS 10MG, 50MG	4	QL (120 EA per 30 days) PA
VENCLEXTA TABS 100MG	5	QL (120 EA per 30 days) PA
<i>vinblastine sulfate inj 1mg/ml</i>	2	B/D GC
<i>vincasar pfs</i>	3	B/D
<i>vincristine sulfate</i>	3	B/D
<i>vinorelbine tartrate</i>	4	
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (60 EA per 30 days) PA LA
XTANDI	5	QL (120 EA per 30 days) PA LA
YERVOY	5	PA
YONDELIS	5	PA
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA LA
ZANOSAR	4	
ZELBORAF	5	QL (240 EA per 30 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
ZOLINZA	5	QL (120 EA per 30 days) PA
ZYDELIG	5	QL (60 EA per 30 days) PA
ZYKADIA	5	QL (150 EA per 30 days) PA LA
ZYTIGA	5	QL (120 EA per 30 days) PA
Antiparasitics		
ALBENZA	4	MO
ALINIA	4	MO
<i>atovaquone</i>	4	PA MO
<i>atovaquone/proguanil hcl</i>	4	MO
BILTRICIDE	4	MO
<i>chloroquine phosphate tabs</i>	2	MO GC
COARTEM	4	MO
DARAPRIM	4	MO
<i>hydroxychloroquine sulfate tabs</i>	4	MO
<i>ivermectin tabs</i>	3	MO
<i>lindane lotn, sham</i>	2	MO GC
<i>malathion</i>	4	MO
<i>mefloquine hcl</i>	3	MO
NEBUPENT	4	B/D MO
PENTAM 300	4	MO
<i>permethrin crea</i>	4	MO
<i>primaquine phosphate tabs</i>	3	MO
<i>quinine sulfate</i>	4	PA MO
Antiparkinson Agents		
<i>amantadine hcl caps, syrp, tabs</i>	3	MO
APOKYN	5	PA LA
AZILECT	4	QL (30 EA per 30 days) MO
<i>benztropine mesylate inj, tabs</i>	2	PA MO GC
<i>bromocriptine mesylate caps, tabs</i>	4	MO
<i>carbidopa/levodopa</i>	2	MO GC
<i>carbidopa/levodopa er</i>	3	MO
<i>carbidopa/levodopa odt</i>	3	MO
<i>carbidopa/levodopa/entacapone</i>	4	MO
<i>carbidopa tabs</i>	5	MO
<i>entacapone</i>	4	MO
NEUPRO	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride i.r. tabs</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>pramipexole dihydrochloride er tb</i> 24 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3mg, 4.5mg	3	MO
<i>ropinirole hcl immediate release tabs</i>	2	MO GC
RYTARY	4	MO
<i>selegiline hcl caps, tabs</i>	2	MO GC
<i>trihexyphenidyl hcl</i>	2	PA MO GC
Antipsychotics		
ABILIFY MAINTENA	4	MO
ABILIFY INJ	4	MO
<i>aripiprazole odt tbdp 15mg</i>	4	QL (60 EA per 30 days)
<i>aripiprazole odt tbdp 10mg</i>	4	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	4	QL (900 ML per 30 days) MO
ARISTADA	4	
<i>chlorpromazine hcl inj, tabs</i>	4	MO
<i>clozapine</i>	3	
<i>clozapine odt</i>	3	
<i>compazine supp</i>	2	GC
<i>compro</i>	2	MO GC
FANAPT	4	QL (60 EA per 30 days) ST MO
FANAPT TITRATION PACK	4	QL (16 EA per 365 days) ST
<i>fluphenazine decanoate inj</i>	4	MO
<i>fluphenazine hcl conc, elix, inj, tabs</i>	2	MO GC
GEODON INJ	4	MO
<i>haloperidol decanoate</i>	3	MO
<i>haloperidol lactate</i>	3	MO
<i>haloperidol conc, tabs</i>	3	MO
INVEGA SUSTENNA	4	MO
INVEGA TRINZA	4	
LATUDA	4	QL (30 EA per 30 days) MO
<i>loxapine succinate</i>	3	MO
MOLINDONE HYDROCHLORIDE TABS 25MG	3	QL (270 EA per 30 days) MO
MOLINDONE HYDROCHLORIDE TABS 10MG	3	QL (60 EA per 30 days) MO
MOLINDONE HYDROCHLORIDE TABS 5MG	3	QL (90 EA per 30 days) MO
NUPLAZID	5	QL (60 EA per 30 days) PA
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>olanzapine tabs 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	3	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	3	QL (60 EA per 30 days) MO
<i>perphenazine tabs</i>	4	MO
<i>pimozide</i>	4	MO
<i>prochlorperazine supp</i>	2	MO GC
<i>prochlorperazine edisylate inj</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO GC
<i>quetiapine fumarate tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	3	QL (90 EA per 30 days) MO
REXULTI	4	QL (30 EA per 30 days) MO
RISPERDAL CONSTA	4	MO
<i>risperidone odt tbdp 4mg</i>	4	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	MO GC
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO GC
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO GC
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO GC
SAPHRIS	4	QL (60 EA per 30 days) MO
SEROQUEL XR TB24 50MG	3	QL (180 EA per 30 days) MO
SEROQUEL XR TB24 150MG, 200MG	3	QL (30 EA per 30 days) MO
SEROQUEL XR TB24 300MG, 400MG	3	QL (60 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	3	PA MO
<i>thiothixene</i>	4	MO
<i>trifluoperazine hcl tabs</i>	4	MO
VERSACLOZ	5	ST
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST MO
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST MO
<i>ziprasidone hcl</i>	3	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 405MG	4	QL (1 EA per 28 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	4	QL (2 EA per 28 days)

Antispasticity Agents

<i>baclofen tabs</i>	2	MO GC
<i>dantrolene sodium caps</i>	4	MO
<i>tizanidine hcl tabs</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
Antivirals		
<i>abacavir</i>	3	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	MO
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir sodium inj 500mg</i>	4	B/D MO
<i>acyclovir caps, tabs</i>	1	MO GC
<i>acyclovir susp</i>	3	MO
<i>acyclovir oint</i>	4	MO
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
ATRIPLA	5	QL (30 EA per 30 days) MO
BARACLUDE SOLN	4	QL (630 ML per 30 days) MO
COMPLERA	5	QL (30 EA per 30 days) MO
CRIXIVAN	3	MO
DENAVIR	4	MO
DESCOVY	5	QL (30 EA per 30 days) MO
<i>didanosine</i>	4	MO
EDURANT	5	QL (30 EA per 30 days) MO
EMTRIVA	4	MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN	4	MO
EPIVIR SOLN	4	MO
EPZICOM	5	MO
EVOTAZ	5	QL (30 EA per 30 days) MO
<i>famciclovir tabs 500mg</i>	3	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	3	QL (60 EA per 30 days) MO
FUZEON	5	QL (60 EA per 30 days)
<i>ganciclovir inj</i>	2	B/D GC
GENVOYA	5	QL (30 EA per 30 days) MO
HARVONI	5	QL (30 EA per 30 days) PA
INTELENCE TABS 25MG	4	QL (180 EA per 30 days)
INTELENCE TABS 100MG, 200MG	5	QL (60 EA per 30 days) MO
INVIRASE CAPS	4	MO
INVIRASE TABS	5	MO
ISENTRESS PACK	3	QL (300 EA per 30 days)
ISENTRESS TABS	5	QL (120 EA per 30 days) MO
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) MO
KALETRA SOLN	4	QL (390 ML per 30 days) MO
KALETRA TABS 200MG; 50MG	4	QL (120 EA per 30 days) MO
KALETRA TABS 100MG; 25MG	4	QL (240 EA per 30 days) MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lamivudine soln</i>	4	MO
<i>lamivudine tabs 100mg</i>	2	MO GC
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	5	MO
<i>moderiba tabs</i>	3	
<i>nevirapine</i>	3	MO
<i>nevirapine er</i>	3	MO
NORVIR	4	MO
ODEFSEY	5	QL (30 EA per 30 days) MO
PEG-INTRON REDIPEN	5	PA
PEGINTRON	5	PA
PREZCOBIX	5	QL (30 EA per 30 days) MO
PREZISTA SUSP	5	MO
PREZISTA TABS 75MG	4	MO
PREZISTA TABS 150MG, 600MG, 800MG	5	MO
RELENZA DISKHALER	4	QL (120 EA per 365 days) MO
RESCRIPTOR	3	MO
RETROVIR IV INFUSION	4	
REYATAZ	5	MO
<i>ribasphere caps</i>	3	
<i>ribasphere tabs 200mg</i>	3	
<i>ribavirin</i>	3	
<i>rimantadine hcl</i>	2	MO GC
SELZENTRY TABS 300MG	5	QL (120 EA per 30 days) MO
SELZENTRY TABS 150MG	5	QL (60 EA per 30 days) MO
SOVALDI	5	QL (28 EA per 28 days) PA
<i>stavudine</i>	3	MO
STRIBILD	5	QL (30 EA per 30 days) MO
SUSTIVA	4	MO
TAMIFLU SUSR	4	QL (1080 ML per 365 days) MO
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	4	QL (84 EA per 365 days) MO
TIVICAY TABS 10MG	4	QL (30 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
TIVICAY TABS 25MG	5	QL (30 EA per 30 days)
TIVICAY TABS 50MG	5	QL (60 EA per 30 days) MO
TRIUMEQ	5	QL (30 EA per 30 days) MO
TRUVADA TABS 100MG; 150MG, 133MG; 200MG	5	QL (30 EA per 30 days)
TRUVADA TABS 167MG; 250MG, 200MG; 300MG	5	QL (30 EA per 30 days) MO
TYBOST	3	QL (30 EA per 30 days) MO
TYZEKA	4	QL (30 EA per 30 days) MO
<i>valacyclovir hcl</i>	2	MO GC
VALCYTE SOLR	5	MO
<i>valganciclovir</i>	5	MO
VIDEX PEDIATRIC	4	MO
VIRACEPT	5	MO
VIRAMUNE XR TB24 100MG	4	MO
VIRAMUNE SUSP	4	MO
VIRAZOLE	5	
VIREAD	4	MO
VITEKTA	5	QL (30 EA per 30 days)
ZEPATIER	5	QL (30 EA per 30 days) PA
ZIAGEN SOLN	4	MO
<i>zidovudine</i>	3	MO

Anxiolytics

<i>alprazolam i.r. tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>alprazolam i.r. tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>bupirone hcl tabs</i>	2	MO GC
<i>clorazepate dipotassium tabs 15mg</i>	3	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL (90 EA per 30 days) MO
<i>diazepam intensol</i>	3	MO
<i>diazepam inj 5mg/ml</i>	4	QL (240 ML per 30 days) MO
<i>diazepam oral soln 1mg/ml</i>	4	QL (1200 ML per 30 days) MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	3	QL (120 EA per 30 days) MO
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO GC
<i>lorazepam inj 4mg/ml</i>	2	QL (120 ML per 30 days) GC
<i>lorazepam inj 2mg/ml</i>	2	QL (120 ML per 30 days) MO GC
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>lorazepam tabs 1mg</i>	2	QL (180 EA per 30 days) MO GC
<i>temazepam caps 15mg, 30mg</i>	2	QL (30 EA per 30 days) MO GC
<i>triazolam</i>	2	QL (60 EA per 30 days) MO GC

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

Drug name	Drug tier	Requirements/Limits
Bipolar Agents		
EQUETRO	4	MO
<i>lithium</i>	2	MO GC
<i>lithium carbonate er</i>	2	MO GC
<i>lithium carbonate caps, tabs</i>	1	MO GC
Blood Glucose Regulators		
<i>acarbose</i>	2	MO GC
AVANDAMET TABS 1000MG; 2MG, 500MG; 4MG	4	QL (60 EA per 30 days) MO
AVANDARYL TABS 4MG; 8MG	4	QL (30 EA per 30 days) MO
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	4	QL (60 EA per 30 days) MO
AVANDIA TABS 8MG	4	QL (30 EA per 30 days) MO
AVANDIA TABS 2MG, 4MG	4	QL (60 EA per 30 days) MO
BYDUREON	4	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
FARXIGA	4	QL (30 EA per 30 days) MO
<i>glimepiride</i>	1	MO GC
<i>glipizide er</i>	1	MO GC
<i>glipizide xl</i>	1	MO GC
<i>glipizide/metformin hcl</i>	2	MO GC
<i>glipizide tabs</i>	1	MO GC
GLUCAGEN DIAGNOSTIC	3	QL (4 EA per 30 days) MO
GLUCAGEN HYPOKIT	3	QL (4 EA per 30 days) MO
GLUCAGON EMERGENCY KIT	3	QL (4 EA per 30 days) MO
<i>glyburide micronized</i>	2	PA MO GC
<i>glyburide/metformin hcl</i>	2	PA MO GC
<i>glyburide tabs</i>	2	PA MO GC
HUMALOG	4	ST MO
HUMALOG KWIKPEN	4	ST MO
HUMALOG MIX 50/50	4	ST MO
HUMALOG MIX 50/50 KWIKPEN	4	ST MO
HUMALOG MIX 75/25	4	ST MO
HUMALOG MIX 75/25 KWIKPEN	4	ST MO
HUMULIN 70/30	4	ST MO
HUMULIN 70/30 KWIKPEN	4	ST MO
HUMULIN N	4	ST MO
HUMULIN N KWIKPEN	4	ST MO

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

Drug name	Drug tier	Requirements/Limits
HUMULIN R	4	ST MO
HUMULIN R U-500 (CONCENTRATED)	4	ST MO
HUMULIN R U-500 KWIKPEN	4	ST MO
INVOKAMET	3	QL (60 EA per 30 days) MO
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) MO
INVOKANA TABS 100MG	3	QL (60 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE	4	QL (30 EA per 30 days) MO
JENTADUETO	3	MO
JENTADUETO XR	3	
KORLYM	5	QL (120 EA per 30 days) PA
LANTUS	4	ST MO
LANTUS SOLOSTAR	4	ST MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
<i>metformin hcl er (generic Fortamet and Glucophage XR)</i>	2	MO GC
<i>metformin hcl tabs</i>	1	MO GC
<i>nateglinide</i>	2	MO GC
NOVOLIN 70/30	3	MO
NOVOLIN 70/30 RELION	3	MO
NOVOLIN N	3	MO
NOVOLIN N RELION	3	MO
NOVOLIN R	3	MO
NOVOLIN R RELION	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
ONGLYZA	4	QL (30 EA per 30 days) ST MO
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 EA per 30 days) MO GC
PROGLYCEM	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>repaglinide/metformin hydrochloride</i>	1	QL (150 EA per 30 days) MO GC
<i>repaglinide tabs 0.5mg, 1mg</i>	2	QL (120 EA per 30 days) MO GC
<i>repaglinide tabs 2mg</i>	2	QL (240 EA per 30 days) MO GC
SYMLINPEN 120	4	QL (10.8 ML per 30 days) MO
SYMLINPEN 60	4	QL (6 ML per 30 days) MO
SYNJARDY	4	QL (60 EA per 30 days) MO
TANZEUM	4	MO
<i>tolazamide</i>	3	MO
<i>tolbutamide</i>	1	MO GC
TRADJENTA	3	MO
TRESIBA FLEXTOUCH	3	MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR	4	QL (30 EA per 30 days) MO

Blood Products/Modifiers/Volume Expanders

AGGRENOX	4	QL (60 EA per 30 days) ST MO
<i>anagrelide hydrochloride</i>	3	MO
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	3	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	3	QL (3.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.75ML	5	QL (3 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/ML, 300MCG/ML	5	QL (4 ML per 28 days) PA
<i>aspirin/dipyridamole</i>	3	QL (60 EA per 30 days) MO
BRILINTA	3	QL (60 EA per 30 days) MO
<i>cilostazol</i>	1	MO GC
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) GC
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO GC
CYKLOKAPRON	3	
EFFIENT	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ELIQUIS TABS 2.5MG	4	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	4	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	MO
<i>heparin sodium/d5w</i>	4	
<i>heparin sodium/nacl 0.45%</i>	4	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	MO GC
<i>jantoven</i>	1	MO GC
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	PA
NEUMEGA	5	PA
NEUPOGEN	5	PA
PRADAXA	3	QL (60 EA per 30 days) MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 ML per 28 days) PA
PROCRIT INJ 40000UNIT/ML	5	QL (8 ML per 28 days) PA
PROMACTA	5	QL (30 EA per 30 days) PA LA
SAVAYSA	4	QL (30 EA per 30 days) MO
<i>ticlopidine hcl</i>	4	PA
<i>tranexamic acid inj</i>	4	
<i>tranexamic acid tabs</i>	4	QL (30 EA per 30 days) MO
<i>warfarin sodium tabs</i>	1	MO GC
XARELTO STARTER PACK	3	QL (102 EA per 365 days) MO
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	3	QL (60 EA per 30 days) MO

Cardiovascular Agents

ACCUPRIL	4	MO
<i>acebutolol hcl caps</i>	2	MO GC
<i>acetazolamide er</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
<i>afeditab cr</i>	2	GC
ALTOPREV	4	QL (30 EA per 30 days) ST MO
<i>amiloride hcl tabs</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>amiloride/hydrochlorothiazide</i>	2	MO GC
<i>amiodarone hcl tabs</i>	2	MO GC
<i>amlodipine besylate/atorvastatin calcium</i>	2	MO GC
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL (30 EA per 30 days) MO GC
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO GC
<i>amlodipine besylate tabs</i>	1	MO GC
<i>amlodipine/valsartan/hctz</i>	1	QL (30 EA per 30 days) MO GC
AMTURNIDE TABS 150MG; 5MG; 12.5MG	3	QL (30 EA per 30 days)
AMTURNIDE TABS 300MG; 10MG; 12.5MG, 300MG; 10MG; 25MG, 300MG; 5MG; 12.5MG, 300MG; 5MG; 25MG	3	QL (30 EA per 30 days) MO
ATACAND	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 16MG; 12.5MG	4	QL (60 EA per 30 days) ST MO
<i>atenolol/chlorthalidone</i>	2	MO GC
<i>atenolol tabs</i>	1	MO GC
<i>atorvastatin calcium</i>	1	MO GC
AZOR	4	QL (30 EA per 30 days) ST MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO GC
<i>benazepril hcl tabs</i>	1	MO GC
BENICAR	4	QL (30 EA per 30 days) MO
BENICAR HCT	4	QL (30 EA per 30 days) MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO GC
<i>bumetanide</i>	3	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO
<i>candesartan cilexetil</i>	2	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	2	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	2	QL (60 EA per 30 days) MO GC
<i>captopril/hydrochlorothiazide</i>	1	MO GC
<i>captopril tabs</i>	2	MO GC
<i>cartia xt</i>	2	GC
<i>carvedilol</i>	1	MO GC
<i>chlorothiazide tabs</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO GC
<i>cholestyramine light</i>	4	MO
<i>cholestyramine pack, powd</i>	4	MO
<i>clonidine hcl tabs</i>	2	MO GC
<i>clonidine hcl ptwk</i>	3	QL (8 EA per 28 days) MO
CLORPRES	4	MO
<i>colestipol hcl</i>	4	MO
COREG CR	4	QL (30 EA per 30 days) MO
CORLANOR	4	PA MO
CRESTOR	4	QL (30 EA per 30 days) ST MO
DIBENZYLINE	3	MO
<i>digitek</i>	3	
<i>digox</i>	3	
<i>digoxin oral soln</i>	2	MO GC
<i>digoxin tabs</i>	3	MO
<i>digoxin inj</i>	4	MO
<i>dilt-xr</i>	2	GC
<i>diltiazem cd cp24 180mg</i>	2	GC
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	MO GC
<i>diltiazem hcl cd</i>	2	MO GC
<i>diltiazem hcl er</i>	2	MO GC
<i>diltiazem hcl tabs</i>	2	MO GC
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	4	
DIOVAN HCT	4	QL (30 EA per 30 days) ST MO
DIOVAN TABS 320MG	4	QL (30 EA per 30 days) ST MO
DIOVAN TABS 160MG, 40MG, 80MG	4	QL (60 EA per 30 days) ST MO
<i>disopyramide phosphate</i>	4	PA MO
<i>dofetilide</i>	4	
<i>doxazosin</i>	2	MO GC
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	2	MO GC
DYRENIUM	4	MO
EDARBI	3	QL (30 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO GC
<i>enalapril maleate tabs</i>	1	MO GC
ENTRESTO	3	QL (60 EA per 30 days) PA MO
<i>eplerenone</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days) MO GC
<i>felodipine er</i>	2	MO GC
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate caps</i>	3	MO
<i>fenofibrate tabs 40mg</i>	3	MO
<i>fenofibrate tabs 120mg, 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibric acid</i>	2	MO GC
<i>fenofibric acid dr</i>	4	MO
FENOGLIDE	4	ST MO
<i>flecainide acetate</i>	3	MO
<i>fluvastatin</i>	2	MO GC
<i>fluvastatin sodium er</i>	2	QL (30 EA per 30 days) MO GC
<i>fosinopril sodium</i>	1	MO GC
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO GC
<i>furosemide oral soln, tabs</i>	1	MO GC
<i>furosemide inj</i>	2	MO GC
<i>gemfibrozil tabs</i>	2	MO GC
<i>hydralazine hcl tabs</i>	2	MO GC
<i>hydralazine hcl inj</i>	4	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO GC
HYZAAR	4	QL (30 EA per 30 days) ST MO
<i>indapamide</i>	2	MO GC
INNOPRAN XL	4	MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO GC
<i>irbesartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
<i>isosorbide dinitrate er</i>	2	MO GC
<i>isosorbide dinitrate tabs</i>	3	MO
<i>isosorbide mononitrate</i>	1	MO GC
<i>isosorbide mononitrate er</i>	2	MO GC
<i>isradipine</i>	2	MO GC
KYNAMRO	5	PA LA
<i>labetalol hcl tabs</i>	3	MO
<i>labetalol hcl inj</i>	4	MO
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	4	MO
LIPITOR	4	QL (30 EA per 30 days) MO
LIPOFEN	3	MO
<i>lisinopril</i>	1	MO GC
<i>lisinopril/hydrochlorothiazide</i>	1	MO GC

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

Drug name	Drug tier	Requirements/Limits
LIVALO	4	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO GC
<i>lovastatin</i>	1	MO GC
<i>matzim la</i>	2	MO GC
<i>methazolamide</i>	4	MO
<i>methyclothiazide tabs</i>	2	MO GC
<i>metolazone</i>	3	MO
<i>metoprolol succinate er</i>	2	MO GC
<i>metoprolol tartrate inj, tabs</i>	1	MO GC
<i>metoprolol/hydrochlorothiazide</i>	2	MO GC
<i>mexiletine hcl</i>	3	MO
<i>midodrine hcl</i>	3	MO
<i>minitran</i>	3	
<i>minoxidil tabs</i>	2	MO GC
<i>moexipril hcl</i>	1	MO GC
<i>moexipril/hydrochlorothiazide</i>	1	MO GC
MULTAQ	3	MO
<i>nadolol/bendroflumethiazide</i>	3	MO
<i>nadolol tabs</i>	4	MO
<i>niacin er</i>	2	MO GC
NIASPAN	4	ST MO
<i>nicardipine hcl caps</i>	4	MO
<i>nifedical xl</i>	2	GC
<i>nifedipine er</i>	2	MO GC
<i>nimodipine caps</i>	4	MO
<i>nisoldipine er 25.5mg</i>	4	MO
<i>nisoldipine tb24 17mg, 34mg, 8.5mg</i>	2	MO GC
<i>nisoldipine tb24 20mg, 30mg, 40mg</i>	4	MO
<i>nitroglycerin lingual spray</i>	4	MO
<i>nitroglycerin transdermal</i>	3	MO
<i>nitroglycerin inj</i>	4	
NITROMIST	4	MO
NITROSTAT	4	MO
NORTHERA	5	PA LA
NYMALIZE	5	PA
<i>omega-3-acid ethyl esters</i>	4	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>pacerone</i>	2	GC
<i>pentoxifylline cr</i>	2	MO GC
<i>pentoxifylline er</i>	2	MO GC
<i>perindopril erbumine</i>	2	MO GC
<i>phenoxybenzamine hydrochloride</i>	3	MO
<i>pindolol</i>	3	MO
PRALUENT	5	QL (2 ML per 28 days) PA MO
<i>pravastatin sodium</i>	1	MO GC
<i>prazosin hcl</i>	3	MO
<i>prevalite</i>	4	MO
<i>propafenone hcl</i>	3	MO
<i>propafenone hcl er</i>	4	MO
<i>propranolol hcl er</i>	4	MO
<i>propranolol hcl inj</i>	2	GC
<i>propranolol hcl oral soln, tabs</i>	2	MO GC
<i>propranolol/hydrochlorothiazide</i>	2	MO GC
<i>quinapril hcl</i>	1	MO GC
<i>quinapril/hydrochlorothiazide</i>	2	MO GC
<i>quinidine gluconate cr</i>	2	MO GC
<i>quinidine gluconate er</i>	2	MO GC
<i>quinidine sulfate</i>	2	MO GC
<i>quinidine sulfate er</i>	2	MO GC
<i>ramipril</i>	1	MO GC
RANEXA	4	QL (60 EA per 30 days) MO
REPATHA	5	QL (3 ML per 28 days) PA
REPATHA SURECLICK	5	QL (3 ML per 28 days) PA MO
<i>rosuvastatin calcium</i>	3	QL (30 EA per 30 days) MO
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	1	MO GC
<i>simvastatin tabs 80mg</i>	1	QL (30 EA per 30 days) MO GC
<i>sorine</i>	1	GC
<i>sotalol hcl</i>	1	MO GC
<i>sotalol hcl (af)</i>	1	MO GC
<i>spironolactone/hydrochlorothiazide</i>	3	MO
<i>spironolactone tabs</i>	1	MO GC
<i>taztia xt</i>	2	GC
TEKAMLO TABS 300MG; 10MG, 300MG; 5MG	3	QL (30 EA per 30 days)
TEKAMLO TABS 150MG; 10MG, 150MG; 5MG	3	QL (30 EA per 30 days) MO
TEKTURNA	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
TEKTURNA HCT	3	QL (30 EA per 30 days) MO
<i>telmisartan</i>	2	QL (30 EA per 30 days) MO GC
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO GC
<i>telmisartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
<i>terazosin hcl</i>	1	MO GC
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO GC
TOPROL XL	4	MO
<i>toremide tabs</i>	2	MO GC
<i>trandolapril</i>	1	MO GC
<i>trandolapril/verapamil hcl</i>	1	MO GC
<i>trandolapril/verapamil hcl er</i>	1	MO GC
<i>triamterene/hydrochlorothiazide</i>	1	MO GC
<i>valsartan</i>	1	MO GC
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
VASCEPA	3	MO
<i>verapamil hcl er</i>	2	MO GC
<i>verapamil hcl sr cp24</i>	2	MO GC
<i>verapamil hcl sr tbc 240mg</i>	2	MO GC
<i>verapamil hcl tabs</i>	1	MO GC
<i>verapamil hcl inj</i>	4	MO
VYTORIN	4	QL (30 EA per 30 days) ST MO
ZETIA	4	QL (30 EA per 30 days) MO

Central Nervous System Agents

<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	3	QL (90 EA per 30 days) PA MO
AMPYRA	5	QL (60 EA per 30 days) PA LA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
<i>dexedrine tabs</i>	4	QL (180 EA per 30 days) PA
<i>dexmethylphenidate hcl immediate release tabs</i>	2	QL (60 EA per 30 days) PA MO GC
<i>dextroamphetamine sulfate tabs</i>	4	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) PA MO
GILENYA	5	QL (30 EA per 30 days) PA
<i>glatopa</i>	5	QL (30 ML per 30 days) PA
<i>guanfacine er</i>	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>metadate er</i>	2	QL (90 EA per 30 days) PA MO GC
<i>methylphenidate hcl er cp24 20mg, 40mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tbc 20mg</i>	2	QL (90 EA per 30 days) PA MO GC
<i>methylphenidate hcl er tbc 10mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl SR 20mg tab</i>	2	QL (90 EA per 30 days) PA MO GC
<i>methylphenidate hcl i.r. tab 5mg, 10mg, 20mg</i>	3	PA MO
NAMZARIC	3	QL (30 EA per 30 days) PA MO
NUEDEXTA	3	QL (60 EA per 30 days) MO
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
<i>riluzole</i>	4	MO
STRATTERA CAPS 100MG, 80MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG	4	QL (60 EA per 30 days) MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA
TYSABRI	5	QL (15 ML per 28 days) PA LA
<i>zenzedi tabs 10mg, 5mg</i>	4	QL (180 EA per 30 days) PA
Dental and Oral Agents		
<i>cevimeline hcl</i>	4	MO
<i>chlorhexidine gluconate oral rinse</i>	2	MO GC
<i>clinpro 5000</i>	1	MO GC
<i>dentagel</i>	1	MO GC
<i>fluoridex daily defense</i>	1	MO GC
<i>oralone</i>	4	
<i>paroex</i>	1	GC
<i>periogard</i>	1	GC
<i>phos-flur</i>	1	GC
<i>pilocarpine hcl tabs 7.5mg</i>	4	MO
<i>pilocarpine hydrochloride</i>	4	MO
<i>sf gel 1.1%</i>	1	MO GC
<i>triamcinolone acetonide pste 0.1%</i>	4	MO
<i>triamcinolone in orabase</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
Dermatological Agents		
8-MOP	4	
<i>acitretin</i>	4	PA MO
ALTABAX	4	MO
<i>ammonium lactate crea</i>	1	MO GC
<i>ammonium lactate lotn</i>	3	MO
<i>amnesteam</i>	4	
<i>avita crea</i>	4	PA
<i>avita gel</i>	4	PA MO
AZELEX	4	MO
BACTROBAN OINTMENT	4	MO
<i>calcipotriene</i>	4	MO
<i>calcipotriene/betamethasone dipropionate</i>	4	QL (400 GM per 28 days) MO
<i>calcitrene</i>	4	MO
<i>claravis</i>	4	
<i>clindacin etz pledgets</i>	2	MO GC
<i>clindacin-p</i>	2	MO GC
<i>clindamax</i>	3	
<i>clindamycin phosphate foam 1%</i>	3	MO
<i>clindamycin phosphate gel 1%</i>	3	MO
<i>clindamycin phosphate lotn 1%</i>	4	MO
<i>clindamycin phosphate external soln 1%</i>	3	MO
<i>clindamycin phosphate swab 1%</i>	2	MO GC
<i>clindamycin/benzoyl peroxide</i>	4	MO
<i>doxepin hydrochloride cream</i>	4	MO
ELIDEL	4	QL (60 GM per 30 days) ST MO
<i>ery acne pads</i>	4	MO
<i>erythromycin/benzoyl peroxide</i>	2	MO GC
<i>erythromycin gel 2%</i>	2	MO GC
<i>erythromycin pads 2%</i>	4	MO
<i>erythromycin soln 2%</i>	2	MO GC
<i>fluocinolone acetone body</i>	4	MO
<i>fluocinolone acetone scalp</i>	4	MO
<i>fluorouracil crea 0.5%, 5%</i>	3	MO
<i>fluorouracil external soln 2%, 5%</i>	3	MO
<i>gentamicin sulfate crea 0.1%</i>	2	MO GC
<i>gentamicin sulfate external oint 0.1%</i>	2	MO GC
<i>imiquimod crea</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>methoxsalen caps</i>	4	MO
<i>metronidazole crea 0.75%</i>	4	MO
<i>metronidazole gel 0.75%</i>	3	MO
<i>metronidazole gel 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
<i>mupirocin</i>	2	MO GC
<i>mupirocin calcium</i>	2	MO GC
<i>myorisan</i>	4	
<i>neuac gel 1.2%; 5%</i>	4	MO
NORITATE	4	MO
OXSORALEN	4	MO
<i>podofilox soln</i>	3	MO
REGRANEX	5	QL (15 GM per 30 days) PA MO
<i>rosadan gel</i>	3	
<i>rosadan crea</i>	4	
SANTYL	3	MO
<i>selenium sulfide lotn</i>	2	MO GC
<i>silver sulfadiazine</i>	2	MO GC
<i>sodium sulfacetamide lotn 10%</i>	2	MO GC
<i>ssd</i>	2	GC
<i>sulfacetamide sodium susp 10%</i>	2	MO GC
SULFAMYLON CREAM	4	MO
TAZORAC	4	MO
<i>tretinoin microsphere</i>	4	PA MO
<i>tretinoin microsphere pump</i>	4	PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA MO
VEREGEN	4	MO
<i>zenatane</i>	4	

Enzyme Replacement/Modifiers

ADAGEN	5	PA
ALDURAZYME	5	PA LA
BUPHENYL TABS	5	PA
CARBAGLU	4	
CEREZYME	5	PA LA
CREON	3	MO
CYSTADANE	5	
CYSTAGON	4	PA LA

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

Drug name	Drug tier	Requirements/Limits
FABRAZYME	5	PA LA
KUVAN TBSO	5	PA LA
KUVAN PACK 500MG	5	PA
KUVAN PACK 100MG	5	PA LA
LUMIZYME	5	LA
NAGLAZYME	5	PA LA
ORFADIN CAPS 10MG, 2MG, 5MG	5	PA
<i>pancrelipase</i>	2	MO GC
RAVICTI	5	PA LA
<i>sodium phenylbutyrate powd</i>	5	PA
VPRIV	5	PA
ZAVESCA	5	PA
ZENPEP	3	MO

Gastrointestinal Agents

ACIPHEX	4	ST MO
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) MO
AMITIZA	3	QL (60 EA per 30 days) MO
CANTIL	4	MO
<i>cimetidine hcl</i>	3	MO
<i>cimetidine tabs</i>	3	MO
<i>constulose</i>	2	GC
<i>cromolyn sodium conc 100mg/5ml</i>	4	MO
<i>dicyclomine hcl caps, tabs</i>	1	PA MO GC
<i>dicyclomine hcl oral soln</i>	3	PA MO
<i>diphenatol</i>	3	
<i>diphenoxylate/atropine liqd</i>	2	MO GC
<i>diphenoxylate/atropine tabs</i>	3	MO
<i>enulose</i>	2	GC
<i>esomeprazole magnesium cpdr</i>	3	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	3	
<i>famotidine premixed</i>	4	
<i>famotidine susr</i>	3	MO
<i>famotidine inj 200mg/20ml</i>	2	GC
<i>famotidine inj 20mg/2ml, 40mg/4ml</i>	2	MO GC
<i>famotidine tabs 20mg, 40mg</i>	1	MO GC
GATTEX	5	PA LA
<i>gavilyte-c</i>	2	MO GC
<i>gavilyte-g</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>gavilyte-h</i>	2	MO GC
<i>gavilyte-n/flower pack</i>	2	MO GC
<i>generlac</i>	2	MO GC
<i>glycopyrrolate tabs</i>	3	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	MO
GOLYTELY	4	ST MO
KRISTALOSE	4	MO
<i>lactulose soln</i>	2	MO GC
<i>lansoprazole cpdr</i>	3	QL (30 EA per 30 days) MO
LINZESS	3	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	3	MO
<i>methscopolamine bromide</i>	4	MO
<i>metoclopramide hcl immediate release tabs</i>	2	MO GC
<i>metoclopramide hcl inj, oral soln</i>	3	MO
<i>misoprostol</i>	3	MO
MOVIPREP	4	MO
NEXIUM CAPSULES, PACKS	4	QL (30 EA per 30 days) ST MO
<i>nizatidine</i>	2	MO GC
<i>omeprazole cpdr 20mg</i>	1	MO GC
<i>omeprazole cpdr 10mg</i>	1	QL (30 EA per 30 days) MO GC
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days) MO GC
OSMOPREP	4	ST MO
<i>pantoprazole sodium inj</i>	1	GC
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO GC
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>peg 3350/electrolytes</i>	2	MO GC
<i>peg-3350/electrolytes</i>	2	MO GC
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO GC
<i>polyethylene glycol 3350 pack, powd</i>	2	MO GC
PREPOPIK	4	MO
PRILOSEC CPDR 10MG, 20MG	4	QL (30 EA per 30 days) ST MO
<i>propantheline bromide</i>	2	MO GC
<i>ranitidine hcl caps, syrp</i>	2	MO GC
<i>ranitidine hcl inj 50mg/2ml</i>	2	MO GC
<i>ranitidine hcl inj 150mg/6ml</i>	4	
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO GC
RELISTOR KIT 12MG/0.6ML	4	PA
RELISTOR INJ 12MG/0.6ML, 8MG/0.4ML	4	PA MO

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

Drug name	Drug tier	Requirements/Limits
SUCLEAR	4	MO
<i>sucralfate susp, tabs</i>	2	MO GC
SUPREP BOWEL PREP	4	MO
<i>trilyte</i>	2	MO GC
<i>ursodiol caps, tabs</i>	4	MO
Genitourinary Agents		
<i>acetic acid 0.25%</i>	3	MO
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO GC
AURYXIA	4	MO
<i>bethanechol chloride tabs</i>	3	MO
<i>calcium acetate caps</i>	4	MO
<i>calcium acetate tabs 667mg</i>	4	MO
DETROL LA	4	QL (30 EA per 30 days) ST MO
<i>dutasteride</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
ENABLEX	4	QL (30 EA per 30 days) ST MO
<i>finasteride tabs 5mg</i>	1	MO GC
<i>flavoxate hcl</i>	2	MO GC
FOSRENOL CHEW	4	MO
FOSRENOL PACK 750MG	4	
FOSRENOL PACK 1000MG	4	MO
<i>methylergonovine maleate tabs</i>	5	MO
MYRBETRIQ	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO GC
<i>oxybutynin chloride syrup</i>	2	QL (600 ML per 30 days) MO GC
RAPAFLO	4	QL (30 EA per 30 days) MO
RENVELA	3	MO
<i>sodium chloride 0.9% GU irrigant</i>	1	MO GC
<i>tamsulosin hcl</i>	2	MO GC
THIOLA	3	
<i>tolterodine tartrate immediate release tabs</i>	4	QL (60 EA per 30 days) MO
<i>tolterodine tartrate er</i>	4	QL (30 EA per 30 days) MO
<i>tropium chloride</i>	2	QL (60 EA per 30 days) MO GC
<i>tropium chloride er</i>	2	QL (30 EA per 30 days) MO GC
VELPHORO	4	MO
VESICARE	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>a-hydrocort</i>	2	MO GC
<i>ala cort</i>	1	GC
<i>alclometasone dipropionate</i>	4	MO
<i>amcinonide</i>	3	MO
APEXICON E	4	MO
<i>augmented betamethasone dipropionate crea</i>	2	MO GC
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	4	MO
<i>baycadron</i>	3	
<i>betamethasone dipropionate lotn</i>	3	MO
<i>betamethasone dipropionate crea, oint</i>	4	MO
<i>betamethasone valerate crea, lotn, oint</i>	3	MO
<i>betamethasone valerate foam</i>	4	MO
<i>budesonide cpep 3mg</i>	4	MO
CAPEX	3	MO
<i>clobetasol propionate e</i>	4	MO
<i>clobetasol propionate emollient foam</i>	4	MO
<i>clobetasol propionate crea</i>	3	MO
<i>clobetasol propionate foam, gel, liqd, lotn, oint, sham, soln</i>	4	MO
<i>clodan shampoo</i>	4	
<i>colocort</i>	2	GC
CORDRAN TAPE	4	MO
<i>cormax scalp application</i>	4	
CORTIFOAM	3	MO
<i>cortisone acetate tabs</i>	2	MO GC
<i>deltasone</i>	1	GC
<i>desonide crea, lotn, oint</i>	4	MO
<i>desoximetasone crea 0.05%</i>	3	MO
<i>desoximetasone crea 0.25%</i>	4	MO
<i>desoximetasone gel</i>	4	MO
<i>desoximetasone oint 0.05%</i>	3	MO
<i>desoximetasone oint 0.25%</i>	4	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml</i>	2	GC
<i>dexamethasone sodium phosphate inj 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>dexamethasone elix, soln, tabs</i>	2	MO GC
<i>diflorasone diacetate</i>	3	MO
<i>fludrocortisone acetate tabs</i>	2	MO GC
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	4	MO
<i>fluocinolone acetonide oint 0.025%</i>	4	MO
<i>fluocinolone acetonide soln 0.01%</i>	4	MO
<i>fluocinonide-e</i>	4	MO
<i>fluocinonide crea, gel, oint, soln</i>	4	MO
<i>fluticasone propionate crea 0.05%</i>	2	MO GC
<i>fluticasone propionate lotn 0.05%</i>	4	MO
<i>fluticasone propionate oint 0.005%</i>	3	MO
<i>halobetasol propionate</i>	4	MO
HALOG	4	MO
<i>hydrocortisone butyrate (lipophilic)</i>	4	MO
<i>hydrocortisone butyrate crea, oint, soln</i>	4	MO
<i>hydrocortisone in absorbbase</i>	1	MO GC
<i>hydrocortisone valerate cream, oint</i>	4	MO
<i>hydrocortisone crea 1%, 2.5%</i>	1	MO GC
<i>hydrocortisone enem</i>	2	MO GC
<i>hydrocortisone tabs</i>	3	MO
<i>hydrocortisone lotn 2.5%</i>	2	MO GC
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO GC
<i>lokara</i>	4	
<i>methylprednisolone acetate inj</i>	2	MO GC
<i>methylprednisolone dose pack</i>	2	MO GC
<i>methylprednisolone sodium succinate inj</i>	3	MO
<i>methylprednisolone tabs</i>	2	MO GC
MILLIPRED	4	MO
MILLIPRED DP	4	MO
<i>mometasone furoate crea, oint</i>	2	MO GC
<i>mometasone furoate soln</i>	3	MO
<i>prednicarbate oint</i>	3	MO
<i>prednicarbate crea</i>	4	MO
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	MO GC
<i>prednisolone soln, syrp</i>	2	MO GC
PREDNISON INTENSOL	4	MO
<i>prednisone soln, tabs, tbpk</i>	1	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>procto-med hc</i>	4	
<i>procto-pak</i>	2	MO GC
<i>proctosol hc</i>	4	MO
<i>proctozone-hc</i>	4	MO
<i>triamcinolone acetonide aers 0.147mg/gm</i>	4	MO
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	MO GC
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO GC
TRIANEX	4	MO
<i>triderm</i>	2	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate inj, nasal soln, tabs</i>	2	MO GC
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA LA
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA LA
INCRELEX	5	PA LA
NORDITROPIN FLEXPRO	5	PA
VASOSTRICT	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>alyacen 1/35</i>	2	GC
<i>alyacen 7/7/7</i>	2	GC
<i>amethia</i>	2	GC
<i>amethia lo</i>	2	GC
<i>amethyst</i>	2	GC
ANADROL-50	5	MO
ANDROGEL PUMP GEL 1.62%	3	PA MO
ANDROGEL PUMP GEL 1%	3	QL (300 GM per 30 days) PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	PA MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	3	QL (300 GM per 30 days) PA MO
<i>apri</i>	2	GC
<i>aranelle</i>	2	GC
<i>ashlyna</i>	2	GC
<i>aubra</i>	2	GC
<i>aviane</i>	2	GC
<i>azurette</i>	2	GC
<i>balziva</i>	2	GC
<i>bekyree</i>	2	GC
<i>blisovi 24 fe</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>blisovi fe 1.5/30</i>	2	GC
<i>blisovi fe 1/20</i>	2	GC
<i>briellyn</i>	2	GC
<i>camila</i>	2	GC
<i>camrese</i>	2	GC
<i>camrese lo</i>	2	GC
<i>caziant</i>	2	GC
<i>chateal</i>	2	GC
<i>cryselle-28</i>	2	MO GC
<i>cyclafem 1/35</i>	2	MO GC
<i>cyclafem 7/7/7</i>	2	MO GC
<i>cyred</i>	2	GC
<i>danazol caps</i>	4	MO
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>daysee</i>	2	MO GC
<i>deblitane</i>	2	GC
<i>delyla</i>	2	GC
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA 400MG/ML	4	MO
DEPO-TESTOSTERONE	4	PA MO
<i>desogestrel/ethinyl estradiol</i>	2	MO GC
DIVIGEL	4	MO
<i>drospirenone/ethinyl estradiol</i>	2	MO GC
ELESTRIN	4	MO
<i>elinest</i>	2	GC
ELLA	3	
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	MO GC
<i>errin</i>	2	GC
<i>estarylla</i>	2	GC
ESTRACE CREA	4	MO
<i>estradiol/norethindrone acetate</i>	2	PA MO GC
<i>estradiol tabs</i>	2	PA MO GC
<i>estradiol ptwk</i>	3	QL (4 EA per 28 days) PA MO
<i>estradiol pttw</i>	3	QL (8 EA per 28 days) PA MO
ESTRING	4	QL (1 EA per 90 days) MO

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

Drug name	Drug tier	Requirements/Limits
EVAMIST	4	QL (16.2 ML per 30 days) MO
EVISTA	4	MO
<i>falmina</i>	2	GC
FEMRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	PA GC
<i>gianvi</i>	2	GC
<i>gildagia</i>	2	GC
<i>gildess 1.5/30</i>	2	MO GC
<i>gildess 1/20</i>	2	MO GC
<i>gildess 24 fe</i>	2	GC
<i>gildess fe 1.5/30</i>	2	GC
<i>gildess fe 1/20</i>	2	GC
<i>heather</i>	2	MO GC
<i>hydroxyprogesterone caproate inj</i>	5	PA
<i>introvale</i>	2	GC
<i>jencycla</i>	2	GC
<i>jevantique lo</i>	4	PA
<i>jinteli</i>	2	PA MO GC
<i>jolessa</i>	2	GC
<i>jolivette</i>	2	GC
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	MO GC
<i>junel fe 1/20</i>	2	MO GC
<i>junel fe 24</i>	2	GC
<i>kaitlib fe</i>	4	
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	MO GC
<i>kimidess</i>	2	GC
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin 24 fe</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>layolis fe</i>	2	GC
<i>leena</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel</i>	2	GC
<i>levonorgestrel/ethinyl estradiol</i>	2	MO GC
<i>levora 0.15/30-28</i>	2	GC
<i>lomedial 24 fe</i>	2	MO GC
<i>lopreeza</i>	2	PA GC
<i>loryna</i>	2	MO GC
<i>low-ogestrel</i>	2	GC
<i>lutera</i>	2	GC
<i>lyza</i>	2	GC
<i>marlissa</i>	2	MO GC
<i>medroxyprogesterone acetate tabs</i>	2	MO GC
<i>medroxyprogesterone acetate inj</i>	4	MO
<i>megestrol acetate tabs</i>	3	PA MO
<i>megestrol acetate susp 40mg/ml</i>	3	PA MO
<i>MENEST</i>	4	PA MO
<i>microgestin 1.5/30</i>	2	GC
<i>microgestin 1/20</i>	2	GC
<i>microgestin 24 fe</i>	2	GC
<i>microgestin fe</i>	2	GC
<i>microgestin fe 1.5/30</i>	2	GC
<i>mimvey</i>	2	PA MO GC
<i>mimvey lo</i>	2	PA MO GC
<i>mono-linyah</i>	2	GC
<i>mononessa</i>	2	GC
<i>myzilra</i>	2	MO GC
<i>necon 0.5/35-28</i>	2	GC
<i>necon 1/35</i>	2	GC
<i>necon 1/50-28</i>	2	MO GC
<i>necon 10/11-28</i>	2	MO GC
<i>necon 7/7/7</i>	2	GC
<i>nikki</i>	2	GC
<i>nora-be</i>	2	GC
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	PA MO GC
<i>norethindrone acetate tabs</i>	2	MO GC
<i>norethindrone tabs</i>	2	MO GC
<i>norgestimate/ethinyl estradiol</i>	2	MO GC
<i>norlyroc</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	2	MO GC
<i>nortrel 1/35</i>	2	GC
<i>nortrel 7/7/7</i>	2	GC
<i>ocella</i>	2	GC
<i>ogestrel</i>	2	MO GC
<i>orsythia</i>	2	GC
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA MO
<i>philith</i>	2	GC
<i>pimtreea</i>	2	GC
<i>pirmella 1/35</i>	2	GC
<i>pirmella 7/7/7</i>	2	GC
<i>portia-28</i>	2	MO GC
PREMARIN CREA	3	MO
<i>previfem</i>	2	MO GC
<i>progesterone caps, inj</i>	4	MO
<i>quasense</i>	2	GC
<i>raloxifene hydrochloride</i>	2	MO GC
<i>reclipsen</i>	2	GC
<i>setlakin</i>	2	GC
<i>sharobel</i>	2	GC
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	MO GC
<i>syeda</i>	2	GC
<i>tarina fe 1/20</i>	2	GC
TESTIM	4	QL (300 GM per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	MO
<i>testosterone enanthate inj</i>	4	MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	QL (300 GM per 30 days) PA MO
<i>tilia fe</i>	2	GC

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

Drug name	Drug tier	Requirements/Limits
<i>tri-estarylla</i>	2	GC
<i>tri-legest fe</i>	2	MO GC
<i>tri-linyah</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-marzia</i>	2	GC
<i>tri-lo-sprintec</i>	2	MO GC
<i>tri-previfem</i>	2	GC
<i>tri-sprintec</i>	2	MO GC
<i>trinessa</i>	2	GC
<i>trinessa lo</i>	2	GC
<i>trivora-28</i>	2	GC
VAGIFEM	3	MO
<i>velivet</i>	2	MO GC
<i>vestura</i>	2	GC
<i>vienva</i>	4	
<i>viorele</i>	2	MO GC
<i>vyfemla</i>	2	MO GC
<i>wera</i>	2	GC
<i>wymzya fe</i>	2	MO GC
<i>xulane</i>	4	MO
<i>zarah</i>	2	GC
<i>zenchent</i>	2	GC
<i>zenchent fe</i>	2	GC
<i>zovia 1/35e</i>	2	GC
<i>zovia 1/50e</i>	2	MO GC

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

<i>levothyroxine sodium inj, tabs</i>	1	MO GC
<i>levoxyl</i>	2	MO GC
<i>liothyronine sodium tabs</i>	2	MO GC
SYNTHROID	3	MO
THYROLAR-1	4	MO
THYROLAR-1/2	4	MO
THYROLAR-1/4	4	MO
THYROLAR-2	4	MO
THYROLAR-3	4	MO
<i>unithroid</i>	2	GC

Hormonal Agents, Suppressant (Adrenal)

LYSODREN	3	MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABS 30MG	3	QL (60 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	4	MO
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG	5	PA
<i>leuprolide acetate inj</i>	3	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT-PED	5	PA
<i>octreotide acetate</i>	4	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 60MG/0.2ML	5	QL (0.2 ML per 28 days) PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	QL (0.3 ML per 28 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	QL (0.5 ML per 28 days) PA
SOMAVERT	5	PA LA
SYNAREL	5	MO
TRELSTAR MIXJECT	5	PA
VANTAS	4	
ZOLADEX	4	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tabs</i>	2	MO GC
<i>propylthiouracil tabs</i>	2	MO GC
Immunological Agents		
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTHIB	4	
ACTIMMUNE	5	PA LA
ADACEL	4	
ARCALYST	5	PA LA
ATGAM	5	B/D
<i>azathioprine tabs</i>	3	B/D MO
<i>azathioprine inj</i>	4	B/D
<i>bcg vaccine</i>	2	GC
BENLYSTA	5	PA
BEXSERO	4	

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

Drug name	Drug tier	Requirements/Limits
BOOSTRIX	4	
CELLCEPT INTRAVENOUS	4	B/D
CERVARIX	4	
CINRYZE	5	PA LA
COMVAX	4	
<i>cyclosporine modified</i>	4	PA MO
<i>cyclosporine inj</i>	3	PA
<i>cyclosporine caps</i>	4	PA MO
DAPTACEL	4	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	GC
ENBREL SURECLICK	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	5	QL (4.08 ML per 28 days) PA
ENBREL INJ 50MG/ML	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG	5	QL (8 EA per 28 days) PA
ENGERIX-B	3	B/D
ENVARUSUS XR	4	B/D MO
FIRAZYR	5	QL (270 ML per 30 days) PA LA
GAMASTAN S/D	3	PA
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMMAPLEX INJ 2.5GM/50ML, 20GM/400ML, 5GM/100ML	5	PA LA
GAMUNEX-C	5	PA
GARDASIL	4	
GARDASIL 9	4	
<i>gengraf caps 100mg, 25mg</i>	4	PA
<i>gengraf soln</i>	4	PA MO
HAVRIX	4	
<i>hecoria</i>	4	B/D
HIBERIX	4	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	QL (6 EA per 28 days) PA
HUMIRA PEN	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASE STARTER	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PSORIASIS STARTER	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
ILARIS	5	QL (2 EA per 28 days) PA LA
IMOVAX RABIES (H.D.C.V.)	4	B/D

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

Drug name	Drug tier	Requirements/Limits
INFANRIX	4	
IPOL INACTIVATED IPV	3	
IXIARO	4	
KINRIX	4	
<i>leflunomide</i>	2	MO GC
M-M-R II	3	
MENACTRA	4	
MENHIBRIX	4	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	4	
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml</i>	1	GC
<i>methotrexate tabs</i>	1	MO GC
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil susr</i>	5	B/D MO
NULOJIX	5	PA
OTREXUP INJ 10MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML, 7.5MG/0.4ML	4	ST
PEDIARIX	4	
PEDVAX HIB	4	
PENTACEL	4	
PROGRAF INJ	4	B/D
PROQUAD	4	
QUADRACEL	4	
RABAVERT	4	B/D
RAPAMUNE SOLN	4	B/D MO
RASUVO	4	ST
RECOMBIVAX HB	4	B/D
REMICADE	5	PA
RIDAURA	4	MO
ROTARIX	4	
ROTATEQ	3	
SANDIMMUNE SOLN	4	PA MO
SIMULECT	5	B/D
<i>sirolimus tabs</i>	4	B/D MO
SYNAGIS	5	PA
<i>tacrolimus caps</i>	4	B/D MO
TENIVAC	4	

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

Drug name	Drug tier	Requirements/Limits
<i>tetanus/diphtheria toxoids-adsorbed</i>	2	GC
THYMOGLOBULIN	5	B/D
TRUMENBA	4	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	3	
YF-VAX	3	
ZORTRESS TABS 0.25MG	4	PA MO
ZORTRESS TABS 0.5MG, 0.75MG	5	PA MO
ZOSTAVAX	3	QL (1 EA per 365 days)
Inflammatory Bowel Disease Agents		
APRISO	3	MO
ASACOL HD	4	MO
<i>balsalazide disodium</i>	4	MO
DELZICOL	4	MO
DIPENTUM	4	MO
LIALDA	4	MO
<i>mesalamine enem, kit</i>	4	MO
PENTASA	4	MO
<i>sulfasalazine tabs, tbec</i>	3	MO
Metabolic Bone Disease Agents		
<i>alendronate sodium soln</i>	1	MO GC
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO GC
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO GC
<i>calcitonin-salmon</i>	3	MO
<i>calcitriol caps</i>	2	MO GC
<i>calcitriol inj</i>	3	
<i>calcitriol oral soln</i>	3	MO
<i>doxercalciferol caps</i>	4	MO
<i>etidronate disodium</i>	3	MO
FORTEO	5	QL (2.4 ML per 28 days) PA
FORTICAL	4	MO
FOSAMAX PLUS D	4	QL (4 EA per 28 days) ST MO
<i>ibandronate sodium inj</i>	2	QL (3 ML per 90 days) MO GC
<i>ibandronate sodium tabs</i>	3	QL (1 EA per 30 days) MO
MIACALCIN INJ	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	3	
<i>pamidronate disodium inj 30mg, 90mg</i>	4	
<i>paricalcitol caps</i>	4	MO
<i>paricalcitol inj 2mcg/ml</i>	2	GC
<i>paricalcitol inj 5mcg/ml</i>	3	
PROLIA	4	QL (1 ML per 180 days)
<i>risedronate sodium dr</i>	2	QL (4 EA per 28 days) MO GC
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days) MO GC
<i>risedronate sodium tabs 35mg</i>	2	QL (12 EA per 84 days) MO GC
<i>risedronate sodium tabs 30mg, 5mg</i>	2	QL (30 EA per 30 days) MO GC
XGEVA	5	PA
<i>zoledronic acid inj 4mg/5ml, 4mg, 5mg/100ml</i>	4	
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/ 31G X 5/16"	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/ 30G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRAFINE/1ML/ 31G X 5/16"	3	MO
BD PEN NEEDLE/ULTRAFINE/ 29G X 12.7M	3	MO
BOTOX INJ 200UNIT	4	QL (2 EA per 84 days) PA
BOTOX INJ 100UNIT	4	QL (4 EA per 84 days) PA
CURITY GAUZE PADS 2"X2"	3	MO
FERRIPROX SOLN 100MG/ML	5	PA
NATPARA	5	QL (2 EA per 28 days) PA
ORFADIN SUSP 4MG/ML	5	PA
SYLVANT	5	PA
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
Ophthalmic Agents		
ACUVAIL	4	MO
<i>ak-poly-bac</i>	2	GC

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

Drug name	Drug tier	Requirements/Limits
ALPHAGAN P SOLN 0.1%	3	MO
ALREX	3	MO
<i>apraclonidine</i>	3	MO
<i>atropine sulfate soln</i>	3	MO
AZASITE	3	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	3	MO
AZOPT	3	MO
<i>bacitracin/neomycin/polymyxin</i>	3	MO
<i>bacitracin/polymyxin b</i>	2	MO GC
<i>bacitracin oint 500unit/gm</i>	2	MO GC
BESIVANCE	4	MO
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETIMOL	4	MO
BETOPTIC-S	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine tartrate</i>	3	MO
<i>bromfenac</i>	4	MO
<i>carteolol hcl</i>	1	MO GC
CILOXAN OINTMENT	4	MO
<i>ciprofloxacin hcl soln 0.3%</i>	3	MO
COMBIGAN	3	MO
COSOPT	4	MO
<i>cromolyn sodium soln 4%</i>	4	MO
CYSTARAN	5	QL (60 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO GC
<i>diclofenac sodium</i>	2	MO GC
<i>dorzolamide hcl</i>	1	MO GC
<i>dorzolamide hcl/timolol maleate</i>	1	MO GC
DUREZOL	4	MO
<i>epinastine hcl</i>	3	MO
<i>erythromycin oint 5mg/gm</i>	2	MO GC
FLAREX	4	MO
<i>fluorometholone</i>	3	MO
<i>flurbiprofen sodium</i>	2	MO GC
FML OINTMENT	4	MO
FML FORTE	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>gatifloxacin</i>	4	MO
<i>gentak</i>	2	MO GC
<i>gentamicin sulfate ophthalmic oint 0.3%</i>	2	MO GC
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	MO GC
ILEVRO	4	MO
<i>ilotycin</i>	2	GC
ISTALOL	3	MO
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	2	MO GC
LACRISERT	4	MO
<i>latanoprost</i>	2	MO GC
<i>levobunolol hcl</i>	2	MO GC
<i>levofloxacin ophthalmic soln 0.5%</i>	3	MO
LOTEMAX	3	MO
LUMIGAN	3	MO
MAXIDEX	3	MO
<i>metipranolol</i>	1	MO GC
MOXEZA	4	MO
<i>naphazoline hcl</i>	2	MO GC
NATACYN	3	MO
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	4	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO GC
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO GC
NEVANAC	4	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	4	MO
PATADAY	4	MO
PAZEO	4	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	4	MO
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO GC
PRED MILD	4	MO
PRED-G	4	MO
PRED-G S.O.P.	4	MO
<i>prednisolone acetate</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	MO GC
PROLENSA	4	MO
<i>proparacaine hcl</i>	3	MO
RESTASIS	3	MO
SIMBRINZA	4	MO
<i>sodium sulfacetamide soln 10%</i>	3	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	MO GC
<i>sulfacetamide sodium oint 10%</i>	4	MO
<i>sulfacetamide sodium soln 10%</i>	3	MO
<i>timolol maleate ophthalmic gel forming</i>	4	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO GC
TOBRADEX ST	4	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	MO GC
<i>tobramycin/dexamethasone</i>	4	MO
TOBEX OINTMENT	4	MO
TRAVATAN Z	4	MO
<i>travoprost</i>	3	MO
<i>trifluridine</i>	4	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO GC
<i>triple antibiotic</i>	3	
VEXOL	4	MO
VIGAMOX	4	MO
ZIRGAN	4	MO
ZYLET	3	MO

Otic Agents

<i>acetasol hc</i>	4	
<i>acetic acid</i>	3	MO
<i>acetic acid/aluminum acetate</i>	2	MO GC
<i>antibiotic ear</i>	4	
CIPRO HC	4	MO
CIPRODEX	4	MO
COLY-MYCIN S	4	MO
<i>fluocinolone acetonide oil 0.01%</i>	4	MO
<i>hydrocortisone/acetic acid</i>	4	MO
<i>neomycin/polymyxin/hc</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
ACCOLATE	4	QL (60 EA per 30 days) MO
<i>acetylcysteine inhalation soln</i>	2	B/D MO GC
<i>acetylcysteine inj</i>	4	
ADEMPAS	5	QL (90 EA per 30 days) PA LA
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
<i>albuterol sulfate er</i>	4	MO
<i>albuterol sulfate nebu</i>	2	B/D MO GC
<i>albuterol sulfate syrup</i>	2	MO GC
<i>albuterol sulfate tabs</i>	3	MO
<i>aminophylline</i>	2	MO GC
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
ARCAPTA NEOHALER	4	QL (30 EA per 30 days) MO
ARNUITY ELLIPTA	4	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (2 EA per 28 days) MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES	3	QL (4 EA per 28 days) MO
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
<i>azelastine hcl nasal soln 0.15%</i>	3	MO
<i>azelastine hcl nasal soln 0.1%</i>	3	QL (30 ML per 25 days) MO
BECONASE AQ	4	QL (50 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
BROVANA	4	QL (120 ML per 30 days) B/D MO
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
<i>budesonide nasal susp 32mcg/act</i>	4	QL (17.2 GM per 30 days) MO
CAYSTON	5	QL (84 ML per 56 days)
<i>clemastine fumarate syrup</i>	4	PA
<i>clemastine fumarate tabs 2.68mg</i>	3	PA MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D MO
CYPROHEPTADINE HCL TABS	4	PA MO
DALIRESP	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>diphenhydramine hcl inj</i>	4	PA MO
EPIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
<i>epoprostenol sodium</i>	3	PA LA
ESBRIET	5	QL (270 EA per 30 days) PA LA
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
<i>flunisolide</i>	3	MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO GC
<i>hydroxyzine hcl inj</i>	4	PA MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D MO GC
<i>ipratropium bromide inhalation soln</i>	2	B/D MO GC
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 30 days) MO GC
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO GC
KALYDECO PACK	5	QL (56 EA per 28 days) PA
KALYDECO TABS	5	QL (60 EA per 30 days) PA
LETAIRIS	5	QL (30 EA per 30 days) PA LA
<i>levalbuterol hcl nebu</i>	2	B/D MO GC
<i>levalbuterol nebu</i>	2	B/D MO GC
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO GC
<i>levocetirizine dihydrochloride soln</i>	3	QL (300 ML per 30 days) MO
<i>metaproterenol sulfate syrp, tabs</i>	2	MO GC
<i>montelukast sodium chew, tabs</i>	1	QL (30 EA per 30 days) MO GC
<i>montelukast sodium pack</i>	3	QL (30 EA per 30 days) MO
NASONEX	3	QL (34 GM per 30 days) MO
OFEV	5	QL (60 EA per 30 days) PA
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO
OMNARIS	4	QL (12.5 GM per 30 days) MO
OPSUMIT	5	QL (30 EA per 30 days) PA LA
ORKAMBI	5	QL (112 EA per 28 days) PA
PATANASE	4	QL (30.5 GM per 30 days) MO
PERFOROMIST	4	QL (120 ML per 30 days) B/D MO
PROAIR HFA	3	QL (17 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
PROAIR RESPICLICK	3	QL (2 EA per 30 days) MO
PROLASTIN-C	5	PA MO
<i>promethazine hcl syrp 6.25mg/5ml</i>	2	PA MO GC
<i>promethazine hcl tabs 12.5mg, 25mg, 50mg</i>	2	PA MO GC
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
PULMOZYME	5	B/D
QNASL	4	QL (8.7 GM per 30 days) MO
QNASL CHILDRENS	4	QL (4.9 GM per 30 days) MO
QVAR	3	QL (17.4 GM per 30 days) MO
RHINOCORT AQUA	4	QL (17.2 GM per 30 days) MO
SEREVENT DISKUS	4	QL (60 EA per 30 days) MO
<i>sildenafil tabs 20mg</i>	3	QL (90 EA per 30 days) PA
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT	3	QL (4 GM per 30 days) MO
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) MO
SYMBICORT	4	QL (10.2 GM per 30 days) ST MO
<i>terbutaline sulfate tabs</i>	4	MO
THEO-24	4	MO
<i>theophylline cr tb12 100mg, 200mg</i>	3	MO
<i>theophylline er</i>	3	MO
<i>theophylline soln</i>	3	MO
<i>theophylline elix</i>	4	MO
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin nebu</i>	3	QL (280 ML per 56 days) B/D
TRACLEER	5	QL (60 EA per 30 days) PA LA
<i>triamcinolone acetonide aero 55mcg/act</i>	4	MO
TYZINE PEDIATRIC NASAL DROPS	4	
VENTAVIS	5	PA LA
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
XOLAIR	5	QL (6 EA per 28 days) PA LA
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
ZYFLO IMMEDIATE RELEASE TABS	5	QL (120 EA per 30 days) MO

Skeletal Muscle Relaxants

<i>chlorzoxazone</i>	2	QL (180 EA per 30 days) PA MO GC
<i>cyclobenzaprine hcl tabs</i>	2	QL (90 EA per 30 days) PA MO GC

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

Drug name	Drug tier	Requirements/Limits
Sleep Disorder Agents		
<i>armodafinil</i>	3	QL (30 EA per 30 days) PA
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA MO
HETLIOZ	5	QL (30 EA per 30 days) PA
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
ROZEREM	4	QL (30 EA per 30 days) MO
SILENOR	3	QL (30 EA per 30 days) MO
XYREM	5	QL (540 ML per 30 days) PA
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA MO GC
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA MO GC
<i>zolpidem tartrate immediate release tabs</i>	2	QL (30 EA per 30 days) PA MO GC

Therapeutic Nutrients/Minerals/Electrolytes

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolytes</i>	4	B/D
AMINOSYN II	4	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
BAL-CARE DHA	4	MO
CALCIUM PNV	4	MO
CITRANATAL 90 DHA	4	MO
CITRANATAL ASSURE	4	MO
CITRANATAL B-CALM	4	MO
CITRANATAL DHA MISC 625MG; 120MG; 0; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	4	MO
CITRANATAL RX TABS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG	4	MO

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

Drug name	Drug tier	Requirements/Limits
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>clinisol sf 15%</i>	2	B/D GC
COMPLETENATE	4	MO
CONCEPT DHA	4	MO
CONCEPT OB	4	MO
CUPRIMINE	5	MO
DEPEN TITRATABS	4	MO
<i>dextrose 10%/nacl 0.45%</i>	4	
<i>dextrose 5% /electrolyte #48 viaflex</i>	4	
<i>dextrose 10%</i>	2	B/D GC
<i>dextrose 10% flex container</i>	2	B/D GC
<i>dextrose 10%/nacl 0.2%</i>	4	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	4	
<i>dextrose 20%</i>	2	B/D GC
<i>dextrose 25%</i>	2	B/D GC
<i>dextrose 30%</i>	2	B/D GC
<i>dextrose 40%</i>	2	B/D GC
<i>dextrose 5%</i>	2	B/D MO GC
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>dextrose 5%/nacl 0.9%</i>	4	MO
<i>dextrose 5%/potassium chloride 0.15%</i>	4	
<i>dextrose 50%</i>	2	B/D GC
<i>dextrose 70%</i>	2	B/D GC
ESCAVITE D	4	
ESCAVITE LQ	4	
EXJADE	5	PA LA
EXTRA-VIRT PLUS DHA	4	MO
FERRIPROX TABS 500MG	5	PA
FLORIVA LIQD	4	MO
<i>floriva chew</i>	4	
<i>fluor-a-day soln</i>	4	
<i>fluoride chew 1.1mg, 2.2mg</i>	1	MO GC
<i>fluoritab chew 0.5mg, 1mg, 2.2mg</i>	1	GC
<i>fluoritab soln</i>	4	
FLURA-DROPS SOLN 0.25MG/DROP	4	MO
FOCALGIN 90 DHA	4	MO
FOCALGIN CA	4	MO
FOCALGIN-B	4	
FOLCAL DHA	4	MO
FOLCAPS OMEGA 3	4	MO
FOLET ONE	4	MO
FOLIVANE-OB	4	MO
FOLIVANE-PRX DHA NF	4	MO
<i>fomepizole</i>	5	
HEMENATAL OB	4	MO
HEMENATAL OB + DHA	4	MO
<i>hepatamine</i>	4	B/D
INATAL ADVANCE	4	
INATAL ULTRA	4	
INTRALIPID INJ 30GM/100ML	4	B/D
<i>intralipid inj 20gm/100ml</i>	4	B/D
<i>k-sol</i>	4	MO
KABIVEN	4	B/D
<i>kcl 0.075%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/lr</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	4	

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Drug name	Drug tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.9%</i>	4	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	4	
<i>kionex powd</i>	3	
<i>kionex susp</i>	3	MO
<i>klor-con</i>	2	MO GC
<i>klor-con 10</i>	2	MO GC
<i>KLOR-CON 25</i>	4	MO
<i>klor-con 8</i>	2	MO GC
<i>klor-con m10</i>	2	GC
<i>KLOR-CON M15</i>	4	MO
<i>klor-con m20</i>	2	MO GC
<i>klor-con sprinkle cpcr 10meq</i>	2	GC
<i>klor-con sprinkle cpcr 8meq</i>	2	MO GC
<i>klor-con/ef</i>	3	MO
<i>lactated ringers dextrose 5% viaflex</i>	4	
<i>lactated ringers viaflex</i>	2	GC
<i>levocarnitine soln, tabs</i>	4	MO
<i>LIPOSYN III</i>	4	B/D
<i>ludent chew 0.5mg, 1mg</i>	1	MO GC
<i>magnesium sulfate inj 50%</i>	4	MO
<i>mult-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit</i>	4	MO
<i>multi vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	2	MO GC
<i>multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	2	MO GC
<i>multi-vit/iron/fluoride soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	2	MO GC
<i>multi-vitamin/fluoride/iron soln 35mg/ml; 400unit/ ml; 5unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml</i>	2	MO GC
<i>multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml; 5unit/ml</i>	4	MO

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Drug name	Drug tier	Requirements/Limits
<i>multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	2	MO GC
<i>mvc-fluoride</i>	2	MO GC
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	4	
NATALVIRT 90 DHA	4	MO
NATALVIRT CA	4	MO
NATELLE ONE	4	MO
NEPHRAMINE	4	B/D
NESTABS	4	MO
NESTABS DHA	4	MO
NEXA PLUS	4	MO
NIVA-PLUS	4	MO
O-CAL PRENATAL	4	MO
OB COMPLETE GOLD	4	MO
OB COMPLETE ONE	4	MO
OB COMPLETE PETITE	4	MO
OB COMPLETE PREMIER	4	MO
OB COMPLETE/DHA	4	MO
PAIRE OB	4	MO
PERIKABIVEN	4	B/D
<i>physiolyte</i>	2	GC
<i>physiosol irrigation</i>	2	GC
<i>plenamine</i>	2	B/D GC
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	4	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	4	MO
PNV OB+DHA	4	
PNV PRENATAL PLUS MULTIVITAMIN	4	MO
PNV TABS 29-1	4	MO
PNV-DHA	4	MO
PNV-SELECT	4	MO
PNV-VP-U	4	MO
<i>poly-vitamin/fluoride chew</i>	4	
<i>poly-vitamin/fluoride soln 35mg/ml; 50mcg/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 3mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml; 5unit/ml</i>	2	GC

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Drug name	Drug tier	Requirements/Limits
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	2	GC
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	4	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	4	
<i>potassium chloride 0.15%/nacl 0.9%</i>	4	MO
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	4	
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	4	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	4	
<i>potassium chloride 0.3%/d5w</i>	4	
<i>potassium chloride cr tbcr 10meq, 20meq</i>	2	MO GC
<i>potassium chloride er</i>	2	MO GC
<i>potassium chloride sr</i>	2	MO GC
<i>potassium chloride oral soln</i>	4	MO
<i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	4	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml</i>	4	MO
<i>potassium citrate er</i>	4	MO
PREFERA OB + DHA MISC 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	4	MO
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	4	
PREFERAOB ONE	4	MO
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	4	B/D
<i>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</i>	4	B/D
PRENAISSANCE	4	MO
PRENAISSANCE PLUS	4	MO
PRENATA	4	MO

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

Drug name	Drug tier	Requirements/Limits
PRENATABS FA	4	MO
PRENATAL 19 CHEW 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	4	MO
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	4	MO
PRENATAL PLUS	4	MO
PRENATAL PLUS IRON TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	4	MO
PRENATE AM	4	MO
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	4	
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	4	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	4	
PRENATE MINI CAPS 60MG; 280MCG; 100MG; 220UNIT; 13MCG; 350MG; 400MCG; 29MG; 600MCG; 25MG; 150MCG; 26MG; 10UNIT; 25MG	4	
PRENATE PIXIE	4	MO
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	4	MO
PREQUE 10	4	MO
PRETAB	4	
PUREFE OB PLUS	4	
QUFLORA PEDIATRIC SOLN 0.5MG/ML	4	
QUFLORA PEDIATRIC SOLN 0.25MG/ML	4	MO
RELNATE DHA	4	MO
<i>ringers injection</i>	2	GC
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA
SE-NATAL 19	4	MO

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

Drug name	Drug tier	Requirements/Limits
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	4	MO
<i>sodium bicarbonate inj 4.2%</i>	4	MO
<i>sodium bicarbonate inj 8.4%</i>	4	MO
<i>sodium chloride 0.45% viaflex</i>	2	GC
<i>sodium chloride inj 0.9%</i>	2	MO GC
<i>sodium chloride inj 2.5meq/ml, 3%, 5%</i>	4	MO
<i>sodium fluoride chew 0.5mg, 1.1mg</i>	1	MO GC
<i>sodium polystyrene sulfonate powd, oral susp</i>	3	MO
<i>sodium polystyrene sulfonate rectal susp</i>	4	
<i>sps</i>	3	
<i>sterile water irrigation</i>	2	MO GC
SYPRINE	5	MO
TARON-PREX	4	MO
<i>thrivite rx</i>	4	MO
TL FOLATE	4	
TL-CARE DHA	4	MO
TL-SELECT	4	MO
<i>tpn electrolytes</i>	4	
<i>tri-vit/fluoride</i>	4	MO
TRI-VIT/FLUORIDE/IRON	4	MO
<i>tri-vitamin/fluoride</i>	4	MO
TRIADVANCE	4	
TRICARE	4	MO
TRICARE PRENATAL COMPLEAT	4	MO
TRICARE PRENATAL DHA ONE	4	MO
TRINATAL GT	4	MO
TRINATAL RX 1	4	MO
<i>triple-vitamin/fluoride</i>	4	MO
TRISTART DHA	4	MO
TRIVEEN-PRX RNF	4	MO
ULTIMATECARE ONE NF	4	MO
VEMAVITE-PRX 2	4	MO
VENA-BAL DHA	4	MO
VIRT-ADVANCE	4	MO
VIRT-C DHA	4	MO
VIRT-CARE ONE	4	MO

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

Drug name	Drug tier	Requirements/Limits
VIRT-PN	4	MO
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	4	MO
VIRT-PN PLUS	4	MO
VIRT-SELECT	4	MO
VITAFOL FE+	4	MO
VITAFOL-ONE	4	MO
VITAMEDMD ONE RX/QUATREFOLIC	4	MO
VITAMEDMD PLUS RX/QUATRE FOLIC <i>vitamins a/d/c/fluoride</i>	4	MO
VOL-NATE	4	MO
VOL-PLUS	4	MO
VP CH ULTRA	4	MO
VP-CH-PNV	4	MO
VP-HEME OB	4	MO
VP-HEME ONE	4	MO
VP-PNV-DHA	4	MO
ZATEAN-CH	4	MO
ZATEAN-PN	4	MO
ZATEAN-PN DHA	4	MO
ZATEAN-PN PLUS	4	MO
Unclassified		
ENBRACE HR	4	MO
PREFERAOB +DHA	4	MO
PROVIDA DHA	4	

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

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8-MOP	48	ADVAIR DISKUS	69	<i>amethyst</i>	55
<i>abacavir</i>	34	ADVAIR HFA	69	<i>amifostine</i>	26
<i>abacavir sulfate/</i>	34	<i>afeditab cr</i>	40	<i>amikacin sulfate</i>	14
<i>lamivudine/zidovudine</i>		AFINITOR	25	<i>amiloride hcl</i>	40
ABELCET	23	AFINITOR DISPERZ	25	<i>amiloride/</i>	41
ABILIFY	32	AGGRENOX	39	<i>hydrochlorothiazide</i>	
ABILIFY MAINTENA	32	<i>a-hydrocort</i>	53	<i>aminophylline</i>	69
ABRAXANE	25	<i>ak-poly-bac</i>	65	AMINOSYN	72
<i>acamprosate calcium dr</i>	13	<i>ala cort</i>	53	AMINOSYN 7%/	72
<i>acarbose</i>	37	ALBENZA	31	ELECTROLYTES	
ACCOLATE	69	<i>albuterol sulfate</i>	69	<i>aminosyn 8.5%/</i>	72
ACCUPRIL	40	<i>albuterol sulfate er</i>	69	<i>electrolytes</i>	
<i>acebutolol hcl</i>	40	<i>alclometasone</i>	53	AMINOSYN II	72
<i>acetaminophen/codeine</i>	10	<i>dipropionate</i>		<i>aminosyn ii 8.5%/</i>	72
<i>acetaminophen/codeine</i>	10	ALCOHOL PREP PADS	65	<i>electrolytes</i>	
<i>#3</i>		ALDURAZYME	49	AMINOSYN M	72
<i>acetazol hc</i>	68	ALECENSA	25	AMINOSYN-HBC	72
<i>acetazolamide</i>	40	<i>alendronate sodium</i>	64	AMINOSYN-PF	72
<i>acetazolamide er</i>	40	<i>alfuzosin hcl er</i>	52	AMINOSYN-PF 7%	72
<i>acetic acid</i>	68	ALIMTA	25	AMINOSYN-RF	72
<i>acetic acid 0.25%</i>	52	ALINIA	31	<i>amiodarone hcl</i>	41
<i>acetic acid/aluminum</i>	68	ALKERAN	25	AMITIZA	50
<i>acetate</i>		<i>allopurinol</i>	24	<i>amitriptyline hcl</i>	21
<i>acetylcysteine</i>	69	<i>alose tron hydrochloride</i>	50	<i>amlodipine besylate</i>	41
ACIPHEX	50	ALPHAGAN P	66	<i>amlodipine besylate/</i>	41
<i>acitretin</i>	48	<i>alprazolam</i>	36	<i>atorvastatin calcium</i>	
ACTEMRA	61	ALREX	66	<i>amlodipine besylate/</i>	41
ACTHIB	61	ALTABAX	48	<i>benazepril hydrochloride</i>	
ACTIMMUNE	61	ALTOPREV	40	<i>amlodipine besylate/</i>	41
ACUVAIL	65	<i>alyacen 1/35</i>	55	<i>valsartan</i>	
<i>acyclovir</i>	34	<i>alyacen 7/7/7</i>	55	<i>amlodipine/valsartan/</i>	41
<i>acyclovir sodium</i>	34	<i>amantadine hcl</i>	31	<i>hctz</i>	
ADACEL	61	AMBISOME	23	<i>ammonium lactate</i>	48
ADAGEN	49	<i>amcinonide</i>	53	<i>amnesteem</i>	48
<i>adefovir dipivoxil</i>	34	<i>amethia</i>	55	<i>amoxapine</i>	21
ADEMPAS	69	<i>amethia lo</i>	55	<i>amoxicillin</i>	14
<i>adrucil</i>	25			<i>amoxicillin/clavulanate</i>	14
				<i>potassium</i>	

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<i>amphetamine/dextroamphetamine</i>	46	TWISTHALER 120 METERED DOSES		AZELEX	48
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<i>ampicillin sodium</i>	14	ASMANEX 69		AZOPT	66
<i>ampicillin-sulbactam</i>	14	TWISTHALER 30 METERED DOSES		AZOR	41
AMPYRA	46	ASMANEX 69		<i>aztreonam</i>	14
AMTURNIDE	41	TWISTHALER 60 METERED DOSES		<i>azurette</i>	55
ANADROL-50	55	ASMANEX 69		<i>baciim</i>	14
<i>anagrelide hydrochloride</i>	39	TWISTHALER 7 METERED DOSES		<i>bacitracin</i>	14
<i>anastrozole</i>	26	ASMANEX 69		<i>bacitracin</i>	66
ANDROGEL	55	<i>aspirin/dipyridamole</i>	39	<i>bacitracin/neomycin/polymyxin</i>	66
ANDROGEL PUMP	55	ATACAND	41	<i>bacitracin/polymyxin b</i>	66
ANORO ELLIPTA	69	ATACAND HCT	41	<i>baclofen</i>	33
<i>antibiotic ear</i>	68	<i>atenolol</i>	41	BACTOCILL IN	14
APEXICON E	53	<i>atenolol/chlorthalidone</i>	41	DEXTROSE	
APOKYN	31	ATGAM	61	BACTROBAN	48
<i>apraclonidine</i>	66	<i>atorvastatin calcium</i>	41	BAL-CARE DHA	72
<i>apri</i>	55	<i>atovaquone</i>	31	<i>balsalazide disodium</i>	64
APRISO	64	<i>atovaquone/proguanil hcl</i>	31	<i>balziva</i>	55
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APTIVUS	34	<i>atropine sulfate</i>	66	BARACLUDE	34
<i>aranelle</i>	55	ATROVENT HFA	69	<i>baycadron</i>	53
ARANESP ALBUMIN FREE	39	<i>aubra</i>	55	<i>bcg vaccine</i>	61
ARCALYST	61	<i>augmented</i>	53	BD INSULIN SYRINGE	65
ARCAPTA NEOHALER	69	<i>betamethasone dipropionate</i>		SAFETYGLIDE/1ML/ 29G X 1/2"	
<i>aripiprazole</i>	32	AURYXIA	52	BD INSULIN SYRINGE	65
<i>aripiprazole odt</i>	32	AVANDAMET	37	ULTRAFINE/0.3ML/ 31G X 5/16"	
ARISTADA	32	AVANDARYL	37	BD INSULIN SYRINGE	65
<i>armodafinil</i>	72	AVANDIA	37	ULTRAFINE/0.5ML/ 30G X 1/2"	
ARNUITY ELLIPTA	69	AVASTIN	26	BD INSULIN SYRINGE	65
ARRANON	26	<i>aviane</i>	55	ULTRAFINE/1ML/ 31G X 5/16"	
ARZERRA	26	<i>avita</i>	48	BD PEN NEEDLE/ ULTRAFINE/ 29G X 12.7M	
ASACOL HD	64	<i>azacitidine</i>	26	BECONASE AQ	69
<i>ascomp/codeine</i>	10	AZASITE	66	<i>bekyree</i>	55
<i>ashlyna</i>	55	<i>azathioprine</i>	61		
ASMANEX HFA	69	<i>azelastine hcl</i>	66		

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<i>benazepril hcl</i>	41	BRINTELLIX	21	<i>calcitrene</i>	48
<i>benazepril hcl/ hydrochlorothiazide</i>	41	BRIVIACT	19	<i>calcitriol</i>	64
BENDEKA	26	<i>bromfenac</i>	66	<i>calcium acetate</i>	52
BENICAR	41	<i>bromocriptine mesylate</i>	31	CALCIUM PNV	72
BENICAR HCT	41	BROVANA	69	<i>camila</i>	56
BENLYSTA	61	<i>budesonide</i>	53	<i>camrese</i>	56
<i>benztropine mesylate</i>	31	<i>budesonide</i>	69	<i>camrese lo</i>	56
BESIVANCE	66	<i>bumetanide</i>	41	CANCIDAS	23
<i>betamethasone dipropionate</i>	53	BUPHENYL	49	<i>candesartan cilexetil</i>	41
<i>betamethasone valerate</i>	53	<i>buprenorphine hcl</i>	13	<i>candesartan cilexetil/ hydrochlorothiazide</i>	41
<i>betaxolol hcl</i>	41	<i>buprenorphine hcl/ naloxone hcl</i>	13	CANTIL	50
<i>betaxolol hcl</i>	66	<i>buproban</i>	13	<i>capacet</i>	10
<i>bethanechol chloride</i>	52	<i>bupropion hcl</i>	21	CAPASTAT SULFATE	25
BETIMOL	66	<i>bupropion hcl er</i>	21	CAPEX	53
BETOPTIC-S	66	<i>bupropion hcl sr</i>	13	CAPRELSA	26
<i>bexarotene</i>	26	<i>bupropion hcl sr</i>	21	<i>captopril</i>	41
BEXSERO	61	<i>bupropion hcl xl</i>	21	<i>captopril/ hydrochlorothiazide</i>	41
<i>bicalutamide</i>	26	<i>buspironone hcl</i>	36	CARBAGLU	49
BICILLIN L-A	14	BUSULFEX	26	<i>carbamazepine</i>	19
BICNU	26	<i>butalbital compound/ codeine</i>	10	<i>carbamazepine er</i>	19
BILTRICIDE	31	<i>butalbital/ acetaminophen/caffeine</i>	10	<i>carbidopa</i>	31
<i>bisoprolol fumarate</i>	41	<i>butalbital/ acetaminophen/caffeine/ codeine</i>	10	<i>carbidopa/levodopa</i>	31
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	41	<i>butalbital/aspirin/caffeine</i>	10	<i>carbidopa/levodopa er</i>	31
<i>bleomycin sulfate</i>	26	<i>butalbital/aspirin/ caffeine/codeine</i>	10	<i>carbidopa/levodopa odt</i>	31
BLEPHAMIDE	66	BYDUREON	37	<i>carbidopa/levodopa/ entacapone</i>	31
BLEPHAMIDE S.O.P.	66	BYETTA	37	<i>carboplatin</i>	26
BLINCYTO	26	BYSTOLIC	41	<i>carteolol hcl</i>	66
<i>blisovi 24 fe</i>	55	<i>cabergoline</i>	61	<i>cartia xt</i>	41
<i>blisovi fe 1.5/30</i>	56	<i>cabometyx</i>	26	<i>carvedilol</i>	41
<i>blisovi fe 1/20</i>	56	CAFERGOT	24	CAYSTON	69
BOOSTRIX	62	<i>calcipotriene</i>	48	<i>caziant</i>	56
BOSULIF	26	<i>calcipotriene/ betamethasone dipropionate</i>	48	<i>cefaclor</i>	14
BOTOX	65			<i>cefaclor er</i>	14
BREO ELLIPTA	69			<i>cefadroxil</i>	14
<i>briellyn</i>	56			<i>cefazolin</i>	14
BRILINTA	39			<i>cefazolin sodium</i>	14

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<i>cefdinir</i>	14	<i>chlorzoxazone</i>	71	<i>add-vantage</i>	
<i>cefepime</i>	14	<i>cholestyramine</i>	42	<i>clindamycin phosphate in</i>	15
<i>cefixime</i>	15	<i>cholestyramine light</i>	42	<i>d5w</i>	
<i>cefotaxime sodium</i>	15	<i>ciclodan</i>	23	<i>clindamycin/benzoyl</i>	48
<i>cefotetan</i>	15	<i>ciclopirox</i>	23	<i>peroxide</i>	
<i>cefotetan/dextrose</i>	15	<i>ciclopirox nail lacquer</i>	23	CLINIMIX 2.75%/	73
<i>cefoxitin sodium</i>	15	<i>ciclopirox olamine</i>	23	DEXTROSE 5%	
<i>cefpodoxime proxetil</i>	15	<i>cilostazol</i>	39	CLINIMIX 4.25%/	73
<i>cefprozil</i>	15	CILOXAN	66	DEXTROSE 10%	
<i>ceftazidime</i>	15	<i>cimetidine</i>	50	CLINIMIX 4.25%/	73
<i>ceftazidime/dextrose</i>	15	<i>cimetidine hcl</i>	50	DEXTROSE 20%	
<i>ceftriaxone in iso-osmotic</i>	15	CINRYZE	62	CLINIMIX 4.25%/	73
<i>dextrose</i>		CIPRO HC	68	DEXTROSE 5%	
<i>ceftriaxone sodium</i>	15	CIPRODEX	68	CLINIMIX 5%/	73
<i>ceftriaxone/dextrose</i>	15	<i>ciprofloxacin</i>	15	DEXTROSE 15%	
<i>cefuroxime axetil</i>	15	<i>ciprofloxacin er</i>	15	CLINIMIX 5%/	73
<i>cefuroxime sodium</i>	15	<i>ciprofloxacin hcl</i>	15	DEXTROSE 20%	
<i>cefuroxime/dextrose</i>	15	<i>ciprofloxacin hcl</i>	66	CLINIMIX 5%/	73
CELEBREX	10	<i>ciprofloxacin i.v.-in d5w</i>	15	DEXTROSE 25%	
<i>celecoxib</i>	10	<i>cisplatin</i>	26	CLINIMIX E 2.75%/	73
CELLCEPT	62	<i>citalopram hydrobromide</i>	21	DEXTROSE 10%	
INTRAVENOUS		CITRANATAL 90 DHA	72	CLINIMIX E 2.75%/	73
CELONTIN	19	CITRANATAL ASSURE	72	DEXTROSE 5%	
<i>cephalexin</i>	15	CITRANATAL B-CALM	72	CLINIMIX E 4.25%/	73
CEREZYME	49	CITRANATAL DHA	72	DEXTROSE 10%	
CERVARIX	62	CITRANATAL RX	72	CLINIMIX E 4.25%/	73
<i>cevimeline hcl</i>	47	<i>cladribine</i>	26	DEXTROSE 25%	
CHANTIX	13	<i>claravis</i>	48	CLINIMIX E 4.25%/	73
CHANTIX CONTINUING	13	<i>clarithromycin</i>	15	DEXTROSE 5%	
MONTH PAK		<i>clarithromycin er</i>	15	CLINIMIX E 5%/	73
CHANTIX STARTING	13	<i>clemastine fumarate</i>	69	DEXTROSE 15%	
MONTH PAK		<i>clindacin etz pledgets</i>	48	CLINIMIX E 5%/	73
<i>chateal</i>	56	<i>clindacin-p</i>	48	DEXTROSE 25%	
<i>chloramphenicol sodium</i>	15	<i>clindamax</i>	48	<i>clinisol sf 15%</i>	73
<i>succinate</i>		<i>clindamycin hcl</i>	15	<i>clinpro 5000</i>	47
<i>chlorhexidine gluconate</i>	47	<i>clindamycin palmitate hcl</i>	15	<i>clobetasol propionate</i>	53
<i>oral rinse</i>		<i>clindamycin phosphate</i>	15	<i>clobetasol propionate e</i>	53
<i>chloroquine phosphate</i>	31	<i>clindamycin phosphate</i>	48	<i>clobetasol propionate</i>	53
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<i>clomipramine hcl</i>	21	COTELLIC	26	<i>daysee</i>	56
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<i>clonazepam odt</i>	19	CRESTOR	42	<i>decitabine</i>	26
<i>clonidine hcl</i>	42	CRIXIVAN	34	<i>deltasone</i>	53
<i>clopidogrel</i>	39	<i>cromolyn sodium</i>	50	<i>delyla</i>	56
<i>clorazepate dipotassium</i>	36	<i>cromolyn sodium</i>	66	DELZICOL	64
CLORPRES	42	<i>cromolyn sodium</i>	69	DENAVIR	34
<i>clotrimazole</i>	23	<i>cryselle-28</i>	56	<i>dentagel</i>	47
<i>clotrimazole/ betamethasone dipropionate</i>	23	CUBICIN	16	DEPEN TITRATABS	73
<i>clozapine</i>	32	CUPRIMINE	73	DEPOCYT	26
<i>clozapine odt</i>	32	CURITY GAUZE PADS 2"X2"	65	DEPO-ESTRADIOL	56
COARTEM	31	<i>cyclafem 1/35</i>	56	DEPO-PROVERA	56
<i>codeine sulfate</i>	10	<i>cyclafem 7/7/7</i>	56	DEPO-TESTOSTERONE	56
<i>colchicine</i>	24	<i>cyclobenzaprine hcl</i>	71	DESCOVY	34
<i>colestipol hcl</i>	42	<i>cyclophosphamide</i>	26	<i>desipramine hcl</i>	21
<i>colistimethate sodium</i>	16	<i>cycloserine</i>	25	<i>desmopressin acetate</i>	55
<i>colocort</i>	53	<i>cyclosporine</i>	62	<i>desogestrel/ethinyl estradiol</i>	56
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CORDRAN TAPE	53	<i>dantrolene sodium</i>	33	<i>sulfate</i>	
COREG CR	42	<i>dapsone</i>	25	<i>dextrose 10%/nacl 0.45%</i>	73
CORLANOR	42	DAPTACEL	62	<i>dextrose 5% /electrolyte #48 viaflex</i>	73
<i>cormax scalp application</i>	53	DARAPRIM	31	<i>dextrose 10%</i>	73
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<i>dextrose 2.5%/sodium chloride 0.45%</i>	73	<i>diltiazem hcl cd</i>	42	<i>duloxetine hcl</i>	21
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<i>dextrose 25%</i>	73	<i>dilt-xr</i>	42	DUREZOL	66
<i>dextrose 30%</i>	73	DIOVAN	42	<i>dutasteride</i>	52
<i>dextrose 40%</i>	73	DIOVAN HCT	42	<i>dutasteride/tamsulosin hydrochloride</i>	52
<i>dextrose 5%</i>	73	DIPENTUM	64	DYRENIUM	42
<i>dextrose 5%/nacl 0.2%</i>	73	<i>diphenatol</i>	50	E.E.S. GRANULES	16
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<i>dextrose 5%/nacl 0.33%</i>	73	<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	62	EDARBYCLOR	42
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DIBENZYLIN	42	<i>dofetilide</i>	42	ELLA	56
<i>diclofenac potassium</i>	10	<i>donepezil hcl</i>	20	EMCYT	27
<i>diclofenac sodium</i>	66	<i>dorzolamide hcl</i>	66	EMEND	22
<i>diclofenac sodium dr</i>	10	<i>dorzolamide hcl/timolol maleate</i>	66	<i>emoquette</i>	56
<i>diclofenac sodium er</i>	10	<i>doxazosin</i>	42	EMPLICITI	27
<i>dicloxacillin sodium</i>	16	<i>doxazosin mesylate</i>	42	EMSAM	21
<i>dicyclomine hcl</i>	50	<i>doxepin hcl</i>	21	EMTRIVA	34
<i>didanosine</i>	34	<i>doxepin hydrochloride</i>	48	ENABLEX	52
DIFICID	16	<i>doxercalciferol</i>	64	<i>enalapril maleate</i>	42
<i>diflorasone diacetate</i>	54	<i>doxorubicin hcl</i>	27	<i>enalapril maleate/hydrochlorothiazide</i>	42
<i>diflunisal</i>	10	<i>doxorubicin hcl liposome</i>	27	ENBRACE HR	80
<i>digitek</i>	42	<i>doxy 100</i>	16	ENBREL	62
<i>digox</i>	42	<i>doxycycline</i>	16	ENBREL SURECLICK	62
<i>digoxin</i>	42	<i>doxycycline hyclate</i>	16	<i>endocet</i>	11
<i>dihydroergotamine mesylate</i>	24	<i>doxycycline hyclate dr</i>	16	<i>endodan</i>	11
DILANTIN	19	<i>doxycycline monohydrate</i>	16	ENGERIX-B	62
		<i>dronabinol</i>	22	<i>enoxaparin sodium</i>	40

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<i>enskyce</i>	56	<i>erythromycin/benzoyl peroxide</i>	48	FASLODEX	27
<i>entacapone</i>	31	ESBRIET	70	<i>felbamate</i>	19
<i>entecavir</i>	34	ESCAVITE D	74	<i>felodipine er</i>	43
ENTRESTO	42	ESCAVITE LQ	74	FEMRING	57
<i>enulose</i>	50	<i>escitalopram oxalate</i>	21	<i>fenofibrate</i>	43
ENVARUSUS XR	62	<i>esgic</i>	11	<i>fenofibrate micronized</i>	43
<i>epinastine hcl</i>	66	<i>esomeprazole magnesium</i>	50	<i>fenofibric acid</i>	43
EPIPEN 2-PAK	70	<i>esomeprazole sodium</i>	50	<i>fenofibric acid dr</i>	43
EPIPEN-JR 2-PAK	70	<i>estarylla</i>	56	FENOGLIDE	43
<i>epirubicin hcl</i>	27	ESTRACE	56	<i>fenoprofen calcium</i>	11
<i>epitol</i>	19	<i>estradiol</i>	56	<i>fentanyl</i>	11
EPIVIR	34	<i>estradiol/norethindrone acetate</i>	56	<i>fentanyl citrate oral transmucosal</i>	11
EPIVIR HBV	34	ESTRING	56	FERRIPROX	65
<i>eplerenone</i>	42	<i>eszopiclone</i>	72	FERRIPROX	74
<i>epoprostenol sodium</i>	70	<i>ethambutol hcl</i>	25	FETZIMA	21
<i>eprosartan mesylate</i>	43	<i>ethosuximide</i>	19	FETZIMA TITRATION PACK	21
EPZICOM	34	<i>etidronate disodium</i>	64	<i>fnasteride</i>	52
EQUETRO	37	<i>etodolac</i>	11	FIRAZYR	62
ERAXIS	23	<i>etodolac er</i>	11	FIRMAGON	61
ERBITUX	27	<i>etoposide</i>	27	FLAREX	66
<i>ergoloid mesylates</i>	20	EVAMIST	57	<i>flavoxate hcl</i>	52
ERGOMAR	24	EVISTA	57	<i>flecainide acetate</i>	43
ERIVEDGE	27	EVOTAZ	34	FLORIVA	74
<i>errin</i>	56	EXELDERM	23	FLOVENT DISKUS	70
ERWINAZE	27	<i>exemestane</i>	27	FLOVENT HFA	70
<i>ery</i>	48	EXJADE	74	<i>fluconazole</i>	23
ERYPED 200	16	EXTRA-VIRT PLUS DHA	74	<i>fluconazole in dextrose</i>	23
ERYPED 400	16	FABRAZYME	50	<i>fluconazole in nacl</i>	23
ERY-TAB	16	<i>falmina</i>	57	<i>flucytosine</i>	23
ERYTHROCIN	16	<i>famciclovir</i>	34	<i>fludarabine phosphate</i>	27
LACTOBIONATE		<i>famotidine</i>	50	<i>fludrocortisone acetate</i>	54
ERYTHROCIN	16	<i>famotidine premixed</i>	50	<i>flunisolide</i>	70
STEARATE		FANAPT	32	<i>fluocinolone acetonide</i>	54
<i>erythromycin</i>	16	FANAPT TITRATION PACK	32	<i>fluocinolone acetonide</i>	68
<i>erythromycin</i>	48	FARESTON	27	<i>fluocinolone acetonide body</i>	48
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<i>erythromycin base</i>	16				
<i>erythromycin</i>	16				
<i>ethylsuccinate</i>					

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<i>fluocinonide</i>	54	<i>fosinopril sodium/hydrochlorothiazide</i>	43	GENVOYA	34
<i>fluocinonide-e</i>	54	<i>fosphenytoin sodium</i>	19	GEODON	32
<i>fluor-a-day</i>	74	FOSRENOL	52	<i>gianvi</i>	57
<i>fluoride</i>	74	FRAGMIN	40	<i>gildagia</i>	57
<i>fluoridex daily defense</i>	47	<i>frovatriptan succinate</i>	24	<i>gildess 1.5/30</i>	57
<i>fluoritab</i>	74	<i>furosemide</i>	43	<i>gildess 1/20</i>	57
<i>fluorometholone</i>	66	FUSILEV	27	<i>gildess 24 fe</i>	57
<i>fluorouracil</i>	27	FUZEON	34	<i>gildess fe 1.5/30</i>	57
<i>fluorouracil</i>	48	<i>fyavolv</i>	57	<i>gildess fe 1/20</i>	57
<i>fluoxetine dr</i>	21	FYCOMPA	19	GILENYA	46
<i>fluoxetine hcl</i>	21	<i>gabapentin</i>	19	GILOTRIF	27
<i>fluphenazine decanoate</i>	32	GABITRIL	19	<i>glatopa</i>	46
<i>fluphenazine hcl</i>	32	<i>galantamine hydrobromide</i>	20	GLEOSTINE	27
FLURA-DROPS	74	GAMASTAN S/D	62	<i>glimepiride</i>	37
<i>flurbiprofen</i>	11	GAMMAPLEX	62	<i>glipizide</i>	37
<i>flurbiprofen sodium</i>	66	GAMUNEX-C	62	<i>glipizide er</i>	37
<i>flutamide</i>	27	<i>ganciclovir</i>	34	<i>glipizide xl</i>	37
<i>fluticasone propionate</i>	54	GARDASIL	62	<i>glipizide/metformin hcl</i>	37
<i>fluticasone propionate</i>	70	GARDASIL 9	62	GLUCAGEN	37
<i>fluvastatin</i>	43	<i>gatifloxacin</i>	67	DIAGNOSTIC	
<i>fluvastatin sodium er</i>	43	GATTEX	50	GLUCAGEN HYPOKIT	37
<i>fluvoxamine maleate</i>	21	<i>gavilyte-c</i>	50	GLUCAGON	37
FML	66	<i>gavilyte-g</i>	50	EMERGENCY KIT	
FML FORTE	66	<i>gavilyte-h</i>	51	<i>glyburide</i>	37
FOCALGIN 90 DHA	74	<i>gavilyte-n/ flavor pack</i>	51	<i>glyburide micronized</i>	37
FOCALGIN CA	74	GAZYVA	27	<i>glyburide/metformin hcl</i>	37
FOCALGIN-B	74	<i>gemcitabine</i>	27	<i>glycopyrrolate</i>	51
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FOLCAPS OMEGA 3	74	<i>gemfibrozil</i>	43	GOLYTELY	51
FOLET ONE	74	<i>generlac</i>	51	<i>granisetron hcl</i>	22
FOLIVANE-OB	74	<i>engraf</i>	62	<i>griseofulvin microsize</i>	23
FOLIVANE-PRX DHA NF	74	<i>gentak</i>	67	<i>griseofulvin ultramicrosize</i>	23
FOLOTYN	27	<i>gentamicin sulfate</i>	16	<i>guanfacine er</i>	46
<i>fomepizole</i>	74	<i>gentamicin sulfate</i>	48	<i>guanidine hcl</i>	25
<i>fondaparinux sodium</i>	40	<i>gentamicin sulfate</i>	67	HALAVEN	27
FORTEO	64	<i>gentamicin sulfate</i>	67	<i>halobetasol propionate</i>	54
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<i>haloperidol lactate</i>	32	HUMULIN R U-500 KWIKPEN	38	<i>imiquimod</i>	48
HARVONI	34	<i>hydralazine hcl</i>	43	IMOVAX RABIES (H.D.C.V.)	62
HAVRIX	62	<i>hydrochlorothiazide</i>	43	INATAL ADVANCE	74
<i>heather</i>	57	<i>hydrocodone bitartrate/acetaminophen</i>	11	INATAL ULTRA	74
<i>hecoria</i>	62	<i>hydrocodone/acetaminophen</i>	11	INCRELEX	55
HEMENATAL OB	74	<i>hydrocodone/ibuprofen</i>	11	INCRUSE ELLIPTA	70
HEMENATAL OB + DHA	74	<i>hydrocortisone</i>	54	<i>indapamide</i>	43
<i>heparin sodium</i>	40	<i>hydrocortisone butyrate</i>	54	INFANRIX	63
<i>heparin sodium/d5w</i>	40	<i>hydrocortisone butyrate (lipophilic)</i>	54	INLYTA	28
<i>heparin sodium/nacl 0.45%</i>	40	<i>hydrocortisone in absorbase</i>	54	INNOPRAN XL	43
<i>hepatamine</i>	74	<i>hydrocortisone valerate</i>	54	INTELENCE	34
HERCEPTIN	27	<i>hydrocortisone/acetic acid</i>	68	INTRALIPID	74
HETLIOZ	72	<i>hydromorphone hcl</i>	11	INTRON A	28
HEXALEN	27	<i>hydroxychloroquine sulfate</i>	31	INTRON A W/DILUENT	28
HIBERIX	62	<i>hydroxyprogesterone caproate</i>	57	<i>introvale</i>	57
HUMALOG	37	<i>hydroxyurea</i>	27	INVANZ	16
HUMALOG KWIKPEN	37	<i>hydroxyzine hcl</i>	70	INVEGA SUSTENNA	32
HUMALOG MIX 50/50	37	HYZAAR	43	INVEGA TRINZA	32
HUMALOG MIX 50/50 KWIKPEN	37	<i>ibandronate sodium</i>	64	INVIRASE	34
HUMALOG MIX 75/25	37	IBRANCE	27	INVOKAMET	38
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HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	62	ICLUSIG	27	<i>ipratropium bromide</i>	70
HUMIRA PEN	62	<i>idarubicin hcl</i>	27	<i>ipratropium bromide/albuterol sulfate</i>	70
HUMIRA PEN-CROHNS DISEASESTARTER	62	<i>ifosfamide</i>	27	<i>irbesartan</i>	43
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HUMULIN 70/30 KWIKPEN	37	<i>ilotycin</i>	67	<i>irinotecan</i>	28
HUMULIN N	37	<i>imatinib mesylate</i>	28	ISENTRESS	34
HUMULIN N KWIKPEN	37	IMBRUVICA	28	<i>isoniazid</i>	25
HUMULIN R	38	<i>imipenem/cilastatin</i>	16	<i>isosorbide dinitrate</i>	43
				<i>isosorbide dinitrate er</i>	43
				<i>isosorbide mononitrate</i>	43
				<i>isosorbide mononitrate er</i>	43
				<i>isotonic gentamicin</i>	16
				<i>isradipine</i>	43

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ISTALOL	67	<i>kcl 0.15%/d5w/nacl 0.9%</i>	75	<i>lamotrigine odt</i>	19
ISTODAX	28	<i>kcl 0.3%/d5w/lr iv lac ring</i>	75	<i>lamotrigine titration</i>	19
<i>itraconazole</i>	23	<i>kcl 0.3%/d5w/nacl 0.45%</i>	75	<i>lansoprazole</i>	51
<i>ivermectin</i>	31	<i>kcl 0.3%/d5w/nacl 0.9%</i>	75	LANTUS	38
IXEMPRA KIT	28	<i>kelnor 1/35</i>	57	LANTUS SOLOSTAR	38
IXIARO	63	KETEK	16	<i>larin 1.5/30</i>	57
JAKAFI	28	<i>ketoconazole</i>	24	<i>larin 1/20</i>	57
<i>jantoven</i>	40	<i>ketoprofen</i>	11	<i>larin 24 fe</i>	57
JANUMET	38	<i>ketoprofen er</i>	11	<i>larin fe 1.5/30</i>	57
JANUMET XR	38	<i>ketorolac tromethamine</i>	11	<i>larin fe 1/20</i>	57
JANUVIA	38	<i>ketorolac tromethamine</i>	67	<i>latanoprost</i>	67
JARDIANCE	38	KEYTRUDA	28	LATUDA	32
<i>jencycla</i>	57	KHEDEZLA	22	<i>layolis fe</i>	57
JENTADUETO	38	<i>kimidess</i>	57	<i>leena</i>	57
JENTADUETO XR	38	KINRIX	63	<i>leflunomide</i>	63
<i>jevantique lo</i>	57	<i>kionex</i>	75	LENVIMA 10 MG DAILY	28
J EVTANA	28	<i>klor-con</i>	75	DOSE	
<i>jinteli</i>	57	<i>klor-con 10</i>	75	LENVIMA 14 MG DAILY	28
<i>jolessa</i>	57	KLOR-CON 25	75	DOSE	
<i>jolivet</i>	57	<i>klor-con 8</i>	75	LENVIMA 18 MG DAILY	28
<i>juleber</i>	57	<i>klor-con m10</i>	75	DOSE	
<i>junel 1.5/30</i>	57	KLOR-CON M15	75	LENVIMA 20 MG DAILY	28
<i>junel 1/20</i>	57	<i>klor-con m20</i>	75	DOSE	
<i>junel fe 1.5/30</i>	57	<i>klor-con sprinkle</i>	75	LENVIMA 24 MG DAILY	28
<i>junel fe 1/20</i>	57	<i>klor-con/ef</i>	75	DOSE	
<i>junel fe 24</i>	57	KORLYM	38	LENVIMA 8 MG DAILY	28
KABIVEN	74	KRISTALOSE	51	DOSE	
KADCYLA	28	<i>k-sol</i>	74	<i>lessina</i>	58
<i>kaitlib fe</i>	57	<i>kurvelo</i>	57	LETAIRIS	70
KALETRA	35	KUVAN	50	<i>letrozole</i>	28
KALYDECO	70	KYNAMRO	43	<i>leucovorin calcium</i>	28
<i>kariva</i>	57	<i>labetalol hcl</i>	43	LEUKERAN	28
<i>kcl 0.075%/d5w/nacl 0.45%</i>	74	LACRISERT	67	LEUKINE	40
<i>kcl 0.15%/d5w/lr</i>	74	<i>lactated ringers dextrose 5% viaflex</i>	75	<i>leuprolide acetate</i>	61
<i>kcl 0.15%/d5w/nacl 0.2%</i>	74	<i>lactated ringers viaflex</i>	75	<i>levalbuterol</i>	70
<i>kcl 0.15%/d5w/nacl 0.225%</i>	74	<i>lactulose</i>	51	<i>levalbuterol hcl</i>	70
<i>kcl 0.15%/d5w/nacl 0.45%</i>	74	<i>lamivudine</i>	35	LEVEMIR	38
		<i>lamivudine/zidovudine</i>	35	LEVEMIR FLEXTOUCH	38
		<i>lamotrigine</i>	19	<i>levetiracetam</i>	19
				<i>levobunolol hcl</i>	67
				<i>levocarnitine</i>	75

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<i>dihydrochloride</i>		<i>lopreza</i>	58	MEKINIST	28
<i>levofloxacin</i>	17	<i>lorazepam</i>	36	<i>meloxicam</i>	11
<i>levofloxacin</i>	67	<i>lorazepam intensol</i>	36	<i>melphalan hydrochloride</i>	28
<i>levofloxacin in d5w</i>	17	<i>lorcet</i>	11	<i>memantine hcl</i>	21
<i>levoleucovorin</i>	28	<i>lorcet hd</i>	11	<i>memantine hcl titration</i>	21
<i>levoleucovorin calcium</i>	28	<i>lorcet plus</i>	11	<i>pak</i>	
<i>levonest</i>	58	<i>loryna</i>	58	<i>memantine hydrochloride</i>	21
<i>levonorgestrel</i>	58	<i>losartan potassium</i>	44	MENACTRA	63
<i>levonorgestrel/ethinyl</i>	58	<i>losartan potassium/</i>	44	MENEST	58
<i>estradiol</i>		<i>hydrochlorothiazide</i>		MENHIBRIX	63
<i>levora 0.15/30-28</i>	58	LOTEMAX	67	MENOMUNE-A/C/	63
<i>levothyroxine sodium</i>	60	<i>lovastatin</i>	44	<i>Y/W-135</i>	
<i>levoxyl</i>	60	<i>low-ogestrel</i>	58	MENTAX	24
LEXIVA	35	<i>loxapine succinate</i>	32	MENVEO	63
LIALDA	64	<i>ludent</i>	75	<i>mercaptopurine</i>	28
<i>lidocaine</i>	13	LUMIGAN	67	<i>meropenem</i>	17
<i>lidocaine hcl</i>	13	LUMIZYME	50	<i>meropenem/sodium</i>	17
<i>lidocaine hcl</i>	43	LUPRON DEPOT	61	<i>chloride</i>	
<i>lidocaine hcl jelly</i>	13	LUPRON DEPOT-PED	61	<i>mesalamine</i>	64
<i>lidocaine viscous</i>	13	<i>lutura</i>	58	<i>mesna</i>	29
<i>lidocaine/prilocaine</i>	13	LYNPARZA	28	MESNEX	29
<i>lindane</i>	31	LYRICA	20	MESTINON	25
<i>linezolid</i>	17	LYSODREN	60	<i>metadate er</i>	47
LINZESS	51	<i>lyza</i>	58	<i>metaproterenol sulfate</i>	70
<i>liothyronine sodium</i>	60	<i>magnesium sulfate</i>	75	<i>metformin hcl</i>	38
LIPITOR	43	<i>malathion</i>	31	<i>metformin hcl er</i>	38
LIPOFEN	43	<i>maprotiline hcl</i>	22	<i>methadone hcl</i>	11
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<i>hydrochlorothiazide</i>		MARQIBO	28	<i>methimazole</i>	61
<i>lithium</i>	37	MATULANE	28	<i>methotrexate</i>	63
<i>lithium carbonate</i>	37	<i>matzim la</i>	44	<i>methotrexate sodium</i>	63
<i>lithium carbonate er</i>	37	MAXIDEX	67	<i>methoxsalen</i>	49
LIVALO	44	<i>meclizine hcl</i>	23	<i>methscopolamine</i>	51
<i>lokara</i>	54	<i>meclofenamate sodium</i>	11	<i>bromide</i>	
<i>lomedina 24 fe</i>	58	<i>medroxyprogesterone</i>	58	<i>methyclothiazide</i>	44
<i>lomustine</i>	28	<i>acetate</i>		<i>methylergonovine</i>	52
LONSURF	28	<i>mefloquine hcl</i>	31	<i>maleate</i>	
				<i>methyphenidate hcl</i>	47

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<i>methylphenidate hcl sr</i>	47	<i>mitomycin</i>	29	<i>nadolol</i>	44
<i>methylprednisolone</i>	54	<i>mitoxantrone hcl</i>	29	<i>nadolol/</i>	44
<i>methylprednisolone</i>	54	<i>M-M-R II</i>	63	<i>bendroflumethiazide</i>	
<i>acetate</i>		<i>modafinil</i>	72	<i>NAFCILLIN</i>	17
<i>methylprednisolone dose</i>	54	<i>moderiba</i>	35	<i>nafcillin sodium</i>	17
<i>pack</i>		<i>moexipril hcl</i>	44	<i>NAGLAZYME</i>	50
<i>methylprednisolone</i>	54	<i>moexipril/</i>	44	<i>nalbuphine hcl</i>	12
<i>sodiumsuccinate</i>		<i>hydrochlorothiazide</i>		<i>naloxone hcl</i>	13
<i>metipranolol</i>	67	<i>MOLINDONE</i>	32	<i>naltrexone hcl</i>	13
<i>metoclopramide hcl</i>	51	<i>HYDROCHLORIDE</i>		<i>NAMENDA</i>	21
<i>metolazone</i>	44	<i>mometasone furoate</i>	54	<i>NAMENDA XR</i>	21
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<i>METRO IV</i>	17	<i>morgidox 2x100mg</i>	17	<i>naproxen</i>	12
<i>metronidazole</i>	17	<i>morphine sulfate</i>	12	<i>naproxen dr</i>	12
<i>metronidazole</i>	49	<i>morphine sulfate er</i>	12	<i>naproxen sodium</i>	12
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<i>0.79%</i>		<i>MOXATAG</i>	17	<i>NARCAN</i>	14
<i>metronidazole vaginal</i>	17	<i>MOXEZA</i>	67	<i>NASONEX</i>	70
<i>mexiletine hcl</i>	44	<i>MOZOBIL</i>	40	<i>NATACHEW</i>	76
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<i>microgestin 24 fe</i>	58	<i>multi-vit/iron/fluoride</i>	75	<i>nateglinide</i>	38
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<i>mimvey</i>	58	<i>mupirocin calcium</i>	49	<i>necon 10/11-28</i>	58
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<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	77	PREFERAOB +DHA	80	<i>procto-med hc</i>	55
<i>potassium chloride 0.15%/nacl 0.9%</i>	77	PREFERAOB ONE	77	<i>procto-pak</i>	55
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	77	PREMARIN	59	<i>proctosol hc</i>	55
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THYROLAR-1/4	60	TRADJENTA	39	<i>trihexyphenidyl hcl</i>	32
THYROLAR-2	60	<i>tramadol hcl</i>	13	<i>tri-legest fe</i>	60
THYROLAR-3	60	<i>tramadol hydrochloride/</i>	13	<i>tri-linyah</i>	60
<i>tiagabine hydrochloride</i>	20	<i>acetaminophen</i>		<i>tri-lo-estarylla</i>	60
TICE BCG	30	<i>trandolapril</i>	46	<i>tri-lo-marzia</i>	60
<i>ticlopidine hcl</i>	40	<i>trandolapril/verapamil hcl</i>	46	<i>tri-lo-sprintec</i>	60
<i>tilia fe</i>	59	<i>trandolapril/verapamil</i>	46	<i>trilyte</i>	52
<i>timolol maleate</i>	46	<i>hcl er</i>		<i>trimethoprim</i>	18
<i>timolol maleate</i>	68	<i>tranexamic acid</i>	40	<i>trimethoprim sulfate/</i>	68
<i>timolol maleate</i>	68	TRANSDERM-SCOP	23	<i>polymyxin b sulfate</i>	
<i>ophthalmic gel forming</i>		<i>tranylcypromine sulfate</i>	22	<i>trimipramine maleate</i>	22
<i>tinidazole</i>	18	TRAVATAN Z	68	TRINATAL GT	79
TIVICAY	35	<i>travoprost</i>	68	TRINATAL RX 1	79
<i>tizanidine hcl</i>	33	<i>trazodone hcl</i>	22	<i>trinessa</i>	60
TL FOLATE	79	TREANDA	30	<i>trinessa lo</i>	60
TL-CARE DHA	79	TRECATOR	25	TRINTELLIX	22
TL-SELECT	79	TRELSTAR MIXJECT	61	<i>triple antibiotic</i>	68
TOBI PODHALER	71	TRESIBA FLEXTOUCH	39	<i>triple-vitamin/fluoride</i>	79
TOBRADEX ST	68	TRETINOIN	30	<i>tri-previfem</i>	60
<i>tobramycin</i>	71	<i>tretinoin</i>	49	TRISENOX	30
<i>tobramycin sulfate</i>	18	<i>tretinoin microsphere</i>	49	<i>tri-sprintec</i>	60
<i>tobramycin sulfate</i>	68	<i>tretinoin microsphere</i>	49	TRISTART DHA	79
<i>tobramycin sulfate/</i>	18	<i>pump</i>		TRIUMEQ	36
<i>sodium chloride</i>		TRIADVANCE	79	TRIVEEN-PRX RNF	79
<i>tobramycin/</i>	68	<i>triamcinolone acetoneide</i>	47	<i>tri-vit/fluoride</i>	79
<i>dexamethasone</i>		<i>triamcinolone acetoneide</i>	55	TRI-VIT/FLUORIDE/	79
TOBREX	68	<i>triamcinolone acetoneide</i>	71	IRON	
<i>tolazamide</i>	39	<i>triamcinolone in orabase</i>	47	<i>tri-vitamin/fluoride</i>	79
<i>tolbutamide</i>	39	<i>triamterene/</i>	46	<i>trivora-28</i>	60
<i>tolmetin sodium</i>	13	<i>hydrochlorothiazide</i>		<i>trosipium chloride</i>	52
<i>tolterodine tartrate</i>	52	TRIANEX	55	<i>trosipium chloride er</i>	52
<i>tolterodine tartrate er</i>	52	<i>triazolam</i>	36	TRULICITY	39
<i>topiramate</i>	20	TRICARE	79	TRUMENBA	64
<i>toposar</i>	30	TRICARE PRENATAL	79	TRUVADA	36
<i>topotecan hcl</i>	30	COMPLEAT		TWINRIX	64
TOPROL XL	46	TRICARE PRENATAL	79	TYBOST	36
		DHA ONE			

Drug name	Page	Drug name	Page	Drug name	Page
TYGACIL	18	VENCLEXTA STARTING	30	VIRT-PN	80
TYKERB	30	PACK		VIRT-PN DHA	80
TYPHIM VI	64	<i>venlafaxine hcl</i>	22	VIRT-PN PLUS	80
TYSABRI	47	<i>venlafaxine hcl er</i>	22	VIRT-SELECT	80
TYZEKA	36	VENTAVIS	71	VITAFOL FE+	80
TYZINE PEDIATRIC	71	VENTOLIN HFA	71	VITAFOL-ONE	80
NASAL DROPS		<i>verapamil hcl</i>	46	VITAMEDMD ONE RX/	80
ULORIC	24	<i>verapamil hcl er</i>	46	QUATREFOLIC	
ULTIMATECARE ONE	79	<i>verapamil hcl sr</i>	46	VITAMEDMD PLUS RX/	80
NF		VEREGEN	49	QUATRE FOLIC	
<i>unithroid</i>	60	VERSACLOZ	33	<i>vitamins a/d/c/fluoride</i>	80
<i>ursodiol</i>	52	VESICARE	52	VITEKTA	36
UVADEX	30	<i>vestura</i>	60	VOL-NATE	80
VAGIFEM	60	VEXOL	68	VOL-PLUS	80
<i>valacyclovir hcl</i>	36	V-GO 20	65	VOLTAREN	13
VALCHLOR	30	V-GO 30	65	<i>voriconazole</i>	24
VALCYTE	36	V-GO 40	65	VOTRIENT	30
<i>valganciclovir</i>	36	<i>vicodin</i>	13	VP CH ULTRA	80
<i>valproate sodium</i>	20	<i>vicodin es</i>	13	VP-CH-PNV	80
<i>valproic acid</i>	20	<i>vicodin hp</i>	13	VP-HEME OB	80
<i>valsartan</i>	46	VICTOZA	39	VP-HEME ONE	80
<i>valsartan/</i>	46	VIDEX PEDIATRIC	36	VP-PNV-DHA	80
<i>hydrochlorothiazide</i>		<i>vienna</i>	60	VPRIV	50
VALSTAR	30	VIGAMOX	68	VRAYLAR	33
<i>vancomycin hcl</i>	18	VIIBRYD	22	<i>vyfemla</i>	60
<i>vancomycin hcl in</i>	18	VIIBRYD STARTER PACK	22	VYTORIN	46
<i>dextrose</i>		VIMPAT	20	<i>warfarin sodium</i>	40
<i>vandazole</i>	18	<i>vinblastine sulfate</i>	30	<i>wera</i>	60
VANTAS	61	<i>vincasar pfs</i>	30	<i>wymzya fe</i>	60
VAQTA	64	<i>vincristine sulfate</i>	30	XALKORI	30
VARIVAX	64	<i>vinorelbine tartrate</i>	30	XARELTO	40
VASCEPA	46	<i>viorele</i>	60	XARELTO STARTER	40
VASOSTRICT	55	VIRACEPT	36	PACK	
VECTIBIX	30	VIRAMUNE	36	XGEVA	65
VELCADE	30	VIRAMUNE XR	36	XIFAXAN	18
<i>velivet</i>	60	VIRAZOLE	36	XIGDUO XR	39
VELPHORO	52	VIREAD	36	XOLAIR	71
VEMAVITE-PRX 2	79	VIRT-ADVANCE	79	XTANDI	30
VENA-BAL DHA	79	VIRT-C DHA	79	<i>xulane</i>	60
VENCLEXTA	30	VIRT-CARE ONE	79	<i>xylon</i>	13

Drug name	Page	Drug name	Page
XYREM	72	<i>zovia 1/50e</i>	60
YERVOY	30	ZYDELIG	31
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YONDELIS	30	ZYKADIA	31
<i>zafirlukast</i>	71	ZYLET	68
<i>zaleplon</i>	72	ZYPREXA RELPREVV	33
ZALTRAP	30	ZYTIGA	31
<i>zamicet</i>	13		
ZANOSAR	30		
<i>zarah</i>	60		
ZATEAN-CH	80		
ZATEAN-PN	80		
ZATEAN-PN DHA	80		
ZATEAN-PN PLUS	80		
ZAVESCA	50		
<i>zazole</i>	24		
<i>zebutal</i>	13		
ZELBORAF	30		
<i>zenatane</i>	49		
<i>zenchent</i>	60		
<i>zenchent fe</i>	60		
ZENPEP	50		
<i>zenzedi</i>	47		
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ZIAGEN	36		
<i>zidovudine</i>	36		
<i>ziprasidone hcl</i>	33		
ZIRGAN	68		
ZOLADEX	61		
<i>zoledronic acid</i>	65		
ZOLINZA	31		
<i>zolmitriptan</i>	25		
<i>zolmitriptan odt</i>	25		
<i>zolpidem tartrate</i>	72		
<i>zonisamide</i>	20		
ZORTRESS	64		
ZOSTAVAX	64		
<i>zovia 1/35e</i>	60		

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 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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 - Qualified interpreters
 - Information written in other languages

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TTY: 711

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ATENCIÓN: Si usted habla español, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web en www.aetnamedicare.com o llame al número de teléfono que se indica en su tarjeta de identificación de afiliado.

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请注意: 如果您说中文, 您可以获得免费的语言援助服务。访问我们的网站www.aetnamedicare.com 或致电您会员卡上的电话号码。

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請注意: 如果您說中文, 您可以獲得免費的語言協助服務。請造訪我們的網站www.aetnamedicare.com 或致電您的會員卡上的電話號碼。

TAGALOG (TAGALOG - FILIPINO):

PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuhang libreng tulong na serbisyo para sa wika. Puntahan ang aming website sa www.aetnamedicare.com o tawagan ang numero ng telepono sa inyong ID kard ng miyembro.

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ATTENTION : Si vous parlez le français, des services gratuits d'aide linguistique sont disponibles. Visitez notre site Web à l'adresse www.aetnamedicare.com ou appelez le numéro de téléphone figurant sur votre carte d'adhérent.

TIẾNG VIỆT (VIETNAMESE):

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin truy cập trang web của chúng tôi tại www.aetnamedicare.com hoặc gọi số điện thoại ghi trên thẻ chứng minh thành viên của quý vị.

DEUTSCH (GERMAN):

ACHTUNG: Wenn Sie deutsch sprechen, steht ein kostenloser Dolmetscherservice zur Verfügung. Besuchen Sie unsere Website unter www.aetnamedicare.com oder rufen Sie unter der auf Ihrem Mitgliedsausweis aufgeführten Telefonnummer an.

한국어 (KOREAN):

주의: 한국어를 하시는 분들을 위해 무료 통역 서비스가 제공됩니다. www.aetnamedicare.com 에서 웹사이트를 방문하거나 귀하의 회원 ID 카드에 제공된 전화번호로 문의해 주시기 바랍니다.

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POLSKI (POLISH):

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日本語 (JAPANESE):

ご注意: 日本語を話す方を対象に、無料の言語支援サービスを用意しております。当社ウェブサイト www.aetnamedicare.com をご覧いただくか、会員カードに記載の電話番号までお電話ください。

This formulary was updated on 10/01/2016. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-282-5366** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **<https://www.aetnamedicare.com/formulary>**.

Contract/PBP: H1109-005; **H3152**-022, 048, 080, 082; **H3312**-002, 018, 048, 060, 062; **H3597**-001, 005, 007, 009; **H3931**-064, 065, 070, 081, 087, 091, 092, 093, 094, 095, 096, 097, 098, 099, 100, 101, 102, 104, 105, 106, 107, 108, 109, 110, 112, 115, 116; **H4523**-001, 015; **H5521**-012, 013, 015, 016, 020, 022, 027, 037, 040, 055, 057, 058, 059, 060, 076, 077, 081, 082, 083, 084, 085, 086, 087, 088, 089, 090, 091, 098, 099, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 130, 131, 133, 134, 136, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 150, 151, 152, 153, 154; **H5793**-001, 008, 010, 011; **R6694**-003

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58.05.429.1 A (10/16)
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