

2018 FORMULARY

(List of Covered Drugs)



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

This formulary was updated on 10/01/2018. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from February 15 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through February 14, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit www.bluecrossma.com/medicare.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Blue Cross Blue Shield of Massachusetts. When it refers to “plan” or “our plan,” it means Medicare HMO Blue or Medicare PPO Blue.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance may change on 01/01/2019, and from time to time during the year.

What is Medicare Advantage Group Plan Formulary?

A formulary is a list of covered drugs selected by our Medicare Advantage Group plans 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. Medicare HMO Blue or Medicare PPO Blue plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Advantage - plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/01/2018.

To get updated information about the drugs covered by our Medicare Advantage Group plans, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our website, www.bluecrossma.com/medicare. You may ask for a copy of the most recent formulary by contacting us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

- **Medical Condition.** The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.
- **Alphabetical Listing.** If you are not sure what category to look under, you should look for your drug in the Index that begins on page 99. 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 Medicare Advantage Group plans cover 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:** Your Medicare Advantage Group plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from your Medicare Advantage Group plan before you fill your prescriptions. If you don't get approval, your Medicare Advantage Group plan may not cover the drug.
- **Quantity Limits:** For certain drugs, your Medicare Advantage Group plan limits the amount of the drug that your Medicare Advantage Group plan will cover. For example, your Medicare Advantage Group plan provides up to 30 capsules per 30 days per prescription for Omeprazole 10 mg capsules. This may be in addition to a standard one-month or three-month supply.
- **Morphine Equivalent Dosing:** For certain drugs or combinations of drugs, there may be a safety limit applied to prevent opioid overutilization. The limit on these medications may be cumulative with other similar medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety limit.

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- **Step Therapy:** In some cases, your Medicare Advantage Group 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, your Medicare Advantage Group plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your Medicare Advantage Group plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Medicare HMO Blue or Medicare PPO Blue formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that your Medicare Advantage Group plan does not cover your drug, you have two options:

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

How do I request an exception to the Medicare Advantage Group plans' Formulary?

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

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

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

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

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

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

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

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

If you change your level of care, such as a move from a hospital to a home setting, and 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 up to a temporary 30-day supply (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that might be covered under Medicare Part B.

For more information

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

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

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

Medicare Advantage Group Plans' Formulary

The formulary that begins on Page 8 provides coverage information about the drugs covered by our Medicare Advantage Group plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., AMOXIL[®]) and generic drugs are listed in lower-case italics (e.g., amoxicillin).

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

The abbreviations you may see in the formulary (list of covered drugs) include:

Quantity Limits (QL): To help ensure that the quantity and dosage of your medications remains consistent with manufacturer, clinical, and Food and Drug Administration (FDA) recommendations, we maintain a list of medications subject to QL. When you fill a prescription for a medication subject to QL, your prescription is reviewed for:

- **Dose Consolidation.** Dose consolidation checks to see whether you're taking two or more daily doses of medicine that could be replaced with one daily dose providing the same total amount of medication.
- **Recommended Monthly Dosing Level.** This process checks to see that your monthly dosage of medication is consistent with both the manufacturer's and the FDA's monthly dosing recommendations and clinical information. Your doctor can also apply for an exception to QL guidelines when medically necessary.

Mail Order (MO): These prescription drugs are available through mail-order.

Home Infusion (HI): This prescription drug may be covered under our medical benefit. For more information, call us. Our contact information appears on the front and back cover pages.

Medical Benefit (MB): These drugs and supplies are covered under your plan's medical benefit and are available through network retail pharmacies or mail-order service.*

Prior Authorization (PA): These prescription drugs require prior authorization from the plan.

Step Therapy (ST): These prescription drugs require you to first try another drug to treat your medical condition.

Limited Pharmacy Availability (LA): This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call us. Our contact information appears on the front and back cover pages.

Medicare Part B or D (B/D): This prescription 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.

* Coverage for diabetic test strips and blood glucose monitors at a participating retail or mail order pharmacy is limited to those listed on our formulary and provided at no cost to you. There is no coverage for other brand test strips and blood glucose monitors that are not listed on our formulary when purchased at a retail or mail order pharmacy.

ANTI - INFECTIVES: ANTIFUNGAL AGENTS

Drug Name	Tier	Requirements/ Limits
AMBISOME	2	B/D PA, MO, HI
<i>amphotericin b</i>	1	B/D PA, MO, HI
CANCIDAS	2	B/D PA, MO, HI
<i>caspofungin</i>	1	B/D PA, HI
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA INTRAVENOUS	2	HI
CRESEMBA ORAL	2	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in dextrose(iso-o)</i>	1	HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	MO, HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	HI
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole</i>	1	MO, QL (120 per 30 days)
<i>ketoconazole oral</i>	1	MO
MYCAMINE	2	MO, HI
NOXAFIL INTRAVENOUS	2	HI
NOXAFIL ORAL	2	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>terbinafine hcl oral</i>	1	MO, QL (30 per 30 days)
<i>voriconazole intravenous</i>	1	MO, HI
<i>voriconazole oral</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous recon soln 500 mg</i>	1	B/D PA, HI
<i>acyclovir sodium intravenous solution</i>	1	B/D PA, MO, HI
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS ORAL CAPSULE	2	MO
APTIVUS ORAL SOLUTION	2	
<i>atazanavir</i>	1	MO
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BIKTARVY	2	MO
<i>cidofovir</i>	1	B/D PA, MO, HI
CIMDUO	2	MO
COMPLERA	2	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DAKLINZA ORAL TABLET 30 MG	3	PA, MO, QL (90 per 30 days)
DAKLINZA ORAL TABLET 60 MG, 90 MG	3	PA, MO, QL (30 per 30 days)

ANTI - INFECTIVES: ANTIVIRALS

(continued)

Drug Name	Tier	Requirements/ Limits
DESCOVY	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	1	MO
EDURANT	2	MO
<i>efavirenz</i>	1	MO
EMTRIVA	2	MO
<i>entecavir</i>	1	MO
EPCLUSA	2	PA, MO, QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	2	MO
EVOTAZ	2	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA, MO, HI
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA, MO, HI
GENVOYA	2	MO
HARVONI	2	PA, MO, QL (28 per 28 days)
INTELENCE	2	MO
INVIRASE	2	MO
ISENTRESS	2	MO
ISENTRESS HD	2	MO
JULUCA	2	MO
KALETRA ORAL TABLET	2	MO
<i>lamivudine</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: ANTIVIRALS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA ORAL SUSPENSION	2	MO
<i>lopinavir-ritonavir</i>	1	MO
MAVYRET	3	PA, MO, QL (90 per 30 days)
<i>moderiba</i>	1	MO
<i>moderiba dose pack oral tablets, dose pack 200 mg (28)- 400 mg (28), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	1	MO
<i>moderiba dose pack oral tablets, dose pack 400 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	1	
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL CAPSULE	2	
NORVIR ORAL POWDER IN PACKET	2	MO
NORVIR ORAL SOLUTION	2	MO
ODEFSEY	2	MO
<i>oseltamivir oral capsule 30 mg</i>	1	MO, QL (84 per 180 days)

ANTI - INFECTIVES: ANTIVIRALS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	MO, QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	1	MO, QL (600 per 180 days)
PREVYMIS INTRAVENOUS	2	HI
PREVYMIS ORAL	2	MO
PREZCOBIX	2	MO
PREZISTA ORAL SUSPENSION	2	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
RELENZA DISKHALER	2	MO, QL (60 per 180 days)
RESCRIPTOR	2	MO
RETROVIR INTRAVENOUS	2	MO, HI
REYATAZ ORAL POWDER IN PACKET	2	MO
<i>ribasphere</i>	1	MO
<i>ribasphere ribapak oral tablets, dose pack 200 mg (28)- 400 mg (28), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: ANTIVIRALS (continued)		
Drug Name	Tier	Requirements/ Limits
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)- 400 mg (7), 400 mg (7)- 400 mg (7), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>	1	
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
SELZENTRY	2	MO
SOVALDI	3	PA, MO, QL (30 per 30 days)
<i>stavudine oral capsule</i>	1	MO
STRIBILD	2	MO
SYMFI	2	MO
SYMFI LO	2	MO
SYMTUZA	2	MO
SYNAGIS	3	MO, LA
TECHNIVIE	3	PA, MO, QL (60 per 30 days)
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	2	MO
TRIUMEQ	2	MO
TROGARZO	2	MO
TRUVADA	2	MO
TYBOST	2	MO
<i>valacyclovir</i>	1	MO
<i>valganciclovir oral recon soln</i>	1	MO
<i>valganciclovir oral tablet</i>	1	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)		
Drug Name	Tier	Requirements/ Limits
VEMLIDY	2	MO
VIDEX 2 GRAM PEDIATRIC	2	MO
VIDEX 4 GRAM PEDIATRIC	2	MO
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	2	MO
VIEKIRA PAK	3	PA, MO, QL (112 per 28 days)
VIEKIRA XR	3	PA, MO, QL (84 per 28 days)
VIRACEPT ORAL TABLET	2	MO
VIRAMUNE ORAL SUSPENSION	2	MO
VIREAD ORAL POWDER	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VOSEVI	2	PA, MO, QL (30 per 30 days)
ZEPATIER	2	PA, MO, QL (30 per 30 days)
ZERIT ORAL RECON SOLN	2	MO
<i>zidovudine</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: CEPHALOSPORINS

Drug Name	Tier	Requirements/ Limits
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO, HI
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO, HI
<i>cefazolin injection recon soln 10 gram</i>	1	HI
<i>cefazolin injection recon soln 100 gram, 20 gram, 300 g</i>	1	HI
<i>cefazolin intravenous</i>	1	HI
<i>cefdinir</i>	1	MO
<i>cefepime</i>	1	MO, HI
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	1	

ANTI - INFECTIVES: CEPHALOSPORINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	HI
<i>cefotetan injection</i>	1	HI
<i>cefotetan intravenous</i>	1	HI
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO, HI
<i>cefoxitin intravenous recon soln 10 gram</i>	1	HI
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO, HI
<i>ceftazidime injection recon soln 6 gram</i>	1	HI
<i>ceftriaxone in dextrose, iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO, HI
<i>ceftriaxone injection recon soln 10 gram</i>	1	HI
<i>ceftriaxone intravenous</i>	1	MO, HI
<i>cefuroxime axetil oral tablet</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTI - INFECTIVES:
CEPHALOSPORINS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO, HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO, HI
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	HI
<i>cephalexin</i>	1	MO
SUPRAX ORAL CAPSULE	2	MO
SUPRAX ORAL TABLET,CHEWABLE	2	MO
TEFLARO	3	MO, HI
ZERBAXA	2	HI

**ANTI - INFECTIVES:
ERYTHROMYCINS / OTHER
MACROLIDES**

Drug Name	Tier	Requirements/ Limits
<i>azithromycin intravenous</i>	1	MO, HI
<i>azithromycin oral</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID	3	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO, HI
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTI - INFECTIVES:
ERYTHROMYCINS / OTHER
MACROLIDES (continued)**

Drug Name	Tier	Requirements/ Limits
<i>erythromycin oral tablet</i>	1	MO

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES**

Drug Name	Tier	Requirements/ Limits
ALBENZA	2	MO
ALINIA	2	MO
<i>amikacin injection solution 1,000 mg/4 ml</i>	1	MO, HI
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO, HI
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM	2	MO, HI
AZACTAM IN DEXTROSE (ISO- OSM)	2	HI
<i>aztreonam injection recon soln 1 gram</i>	1	MO, HI
<i>aztreonam injection recon soln 2 gram</i>	1	MO, HI
<i>baciim</i>	1	
<i>bacitracin intramuscular</i>	1	MO
BENZNIDAZOLE	2	
BETHKIS	3	B/D PA, MO
CAPASTAT	2	HI
CAYSTON	2	MO, LA
<i>chloramphenicol sod succinate</i>	1	HI
<i>chloroquine phosphate</i>	1	MO
<i>cleocin intravenous solution 300 mg/2 ml</i>	1	
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	MO, HI
<i>clindamycin palmitate hcl</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	1	MO, HI
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	1	HI
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	HI
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO, HI
CYCLOSERINE	2	MO
DALVANCE	2	MO, HI
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO, HI
DARAPRIM	3	MO
DORIPENEM INTRAVENOUS RECON SOLN 250 MG	2	HI
DORIPENEM INTRAVENOUS RECON SOLN 500 MG	2	HI
EMVERM	3	MO
<i>ertapenem</i>	1	

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO, HI
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 90 mg/100 ml</i>	1	HI
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	HI
<i>gentamicin injection solution 20 mg/2 ml</i>	1	MO, HI
<i>gentamicin injection solution 40 mg/ml</i>	1	MO, HI
<i>gentamicin sulfate (ped) (pf)</i>	1	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	MO, HI
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO, HI
IMPAVIDO	2	MO
INVANZ INJECTION	2	MO, HI
INVANZ INTRAVENOUS	2	HI
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin</i>	1	MO
<i>lincomycin</i>	1	HI
<i>linezolid</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>linezolid in dextrose 5%</i>	1	HI
<i>linezolid-0.9% sodium chloride</i>	1	
<i>mefloquine</i>	1	MO
<i>meropenem</i>	1	MO, HI
<i>metro i.v.</i>	1	MO, HI
<i>metronidazole in nacl (iso-os)</i>	1	MO, HI
<i>metronidazole oral</i>	1	MO
NEBUPENT	2	B/D PA, MO
<i>neomycin</i>	1	MO
ORBACTIV	2	MO, HI
<i>paromomycin</i>	1	MO
PASER	2	MO
PENTAM	3	MO, HI
<i>polymyxin b sulfate</i>	1	MO, HI
<i>praziquantel</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	1	MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin intravenous</i>	1	MO, HI
<i>rifampin oral</i>	1	MO
RIFATER	3	MO
SIRTURO	2	MO, LA
SIVEXTRO INTRAVENOUS	2	HI
SIVEXTRO ORAL	2	MO
STREPTOMYCIN	2	MO
SYNERCID	3	HI

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>tigecycline</i>	1	HI
<i>tinidazole</i>	1	MO
TOBI PODHALER INHALATION CAPSULE	3	
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	3	MO
<i>tobramycin in 0.225 % nacl</i>	1	B/D PA, MO
<i>tobramycin sulfate injection recon soln</i>	1	HI
<i>tobramycin sulfate injection solution</i>	1	MO, HI
TRECTOR	2	MO
TYGACIL	2	MO, HI
XIFAXAN ORAL TABLET 550 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: PENICILLINS

Drug Name	Tier	Requirements/ Limits
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	MO, HI
<i>ampicillin sodium injection recon soln 2 gram, 250 mg, 500 mg</i>	1	MO, HI
<i>ampicillin sodium intravenous</i>	1	HI
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO, HI

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	HI
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	HI
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	1	MO, HI
<i>BICILLIN L-A</i>	3	MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	HI
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	MO, HI
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	1	MO, HI
<i>nafcillin injection recon soln 2 gram</i>	1	MO, HI
<i>nafcillin intravenous recon soln 1 gram</i>	1	MO, HI
<i>nafcillin intravenous recon soln 2 gram</i>	1	HI
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	HI
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO, HI
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>oxacillin injection recon soln 2 gram</i>	1	MO, HI
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	MO, HI
<i>penicillin g potassium injection recon soln 5 million unit</i>	1	MO, HI
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	1	
<i>penicillin g sodium</i>	1	MO, HI
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	HI
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	MO, HI

ANTI - INFECTIVES: QUINOLONES

Drug Name	Tier	Requirements/ Limits
<i>BAXDELA INTRAVENOUS</i>	2	HI
<i>BAXDELA ORAL</i>	2	MO
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr</i>	1	MO
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO, HI
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i>	1	MO, HI
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	HI
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO, HI
<i>levofloxacin intravenous</i>	1	MO, HI
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin in nacl (iso-osm)</i>	1	HI
<i>moxifloxacin oral</i>	1	MO
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTI - INFECTIVES: SULFA'S / RELATED AGENTS

Drug Name	Tier	Requirements/ Limits
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	MO, HI
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO
<i>sulfatrim</i>	1	MO

ANTI - INFECTIVES: TETRACYCLINES

Drug Name	Tier	Requirements/ Limits
<i>coremino oral tablet extended release 24 hr</i>	1	
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	MO, HI
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	MO
<i>doxycycline monohydrate oral capsule</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>minocycline oral tablet extended release 24 hr</i>	1	MO
<i>mondoxylene nl</i>	1	MO
<i>morgidox</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTI - INFECTIVES:
TETRACYCLINES (continued)**

Drug Name	Tier	Requirements/ Limits
<i>okebo oral capsule 75 mg</i>	1	MO
<i>soloxide</i>	1	
<i>tetracycline</i>	1	MO

**ANTI - INFECTIVES: URINARY
TRACT AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO

ANTI - INFECTIVES: VANCOMYCIN

Drug Name	Tier	Requirements/ Limits
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND)	2	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND)	2	
VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND)	2	
VANCOMYCIN INJECTION (BRAND)	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	1	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG (BRAND)	2	
<i>vancomycin intravenous recon soln 5 gram, 750 mg</i>	1	MO, HI
<i>vancomycin oral capsule</i>	1	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS: ADJUNCTIVE AGENTS

Drug Name	Tier	Requirements/ Limits
<i>amifostine crystalline</i>	1	MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	1	HI
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	1	MO, HI
ELITEK	2	MO, HI
KEPIVANCE	2	MO, HI
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	1	MO, HI
<i>leucovorin calcium injection recon soln 200 mg, 50 mg</i>	1	MO, HI
<i>leucovorin calcium injection recon soln 500 mg</i>	1	HI
<i>leucovorin calcium oral</i>	1	MO
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG (BRAND)	2	HI
<i>levoleucovorin intravenous recon soln 50 mg</i>	1	HI
<i>levoleucovorin intravenous solution</i>	1	HI
<i>mesna</i>	1	MO, HI
MESNEX ORAL	2	MO
VISTOGARD	2	MO
XGEVA	3	PA, MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
ABRAXANE	2	MO, HI
<i>adriamycin intravenous recon soln 10 mg</i>	1	HI
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 50 mg/25 ml</i>	1	HI
<i>adriamycin intravenous solution 20 mg/10 ml</i>	1	HI
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	B/D PA, HI
<i>adrucil intravenous solution 5 gram/100 ml</i>	1	B/D PA, MO, HI
<i>adrucil intravenous solution 500 mg/10 ml</i>	1	B/D PA, MO, HI
AFINITOR	2	MO
AFINITOR DISPERZ	2	MO
ALECENSA	2	MO
ALIMTA INTRAVENOUS RECON SOLN 100 MG	2	MO
ALIMTA INTRAVENOUS RECON SOLN 500 MG	2	MO, HI
ALIQOPA	2	MO, HI, LA
ALUNBRIG	2	MO
<i>anastrozole</i>	1	MO
ARRANON	2	HI
ARZERRA	2	B/D PA, MO, HI
ASTAGRAF XL	3	B/D PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
AVASTIN	2	MO, HI
<i>azacitidine</i>	1	MO, HI
<i>azathioprine</i>	1	B/D PA, MO
<i>azathioprine sodium</i>	1	B/D PA, HI
BAVENCIO	2	MO, HI, LA
BELEODAQ	2	MO, HI
BENDEKA	2	MO
BESPONSA	2	MO, HI
<i>bexarotene</i>	1	MO
<i>bicalutamide</i>	1	MO
BICNU	2	MO, HI
<i>bleomycin injection recon soln 15 unit</i>	1	B/D PA, MO, HI
<i>bleomycin injection recon soln 30 unit</i>	1	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	2	B/D PA, MO
BORTEZOMIB	2	MO, HI
BOSULIF	2	MO
BRAFTOVI	2	MO
<i>busulfan</i>	1	HI
CABOMETYX	2	MO, LA
CALQUENCE	2	MO, LA
<i>capecitabine</i>	MB	MO
CAPRELSA	2	MO, LA
<i>carboplatin intravenous solution</i>	1	MO, HI
CELLCEPT INTRAVENOUS	2	B/D PA, MO, HI
<i>cisplatin</i>	1	MO, HI
<i>cladribine</i>	1	B/D PA, MO, HI
<i>clofarabine</i>	1	HI

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
COMETRIQ	2	MO
COTELLIC	2	MO, LA
<i>cyclophosphamide intravenous</i>	1	MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA, MO
<i>cyclosporine intravenous</i>	1	B/D PA, HI
<i>cyclosporine modified</i>	1	B/D PA, MO
<i>cyclosporine oral capsule</i>	1	B/D PA, MO
CYRAMZA	2	B/D PA, MO, HI
<i>cytarabine</i>	1	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)</i>	1	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA, HI
<i>dacarbazine intravenous recon soln 100 mg</i>	1	MO, HI
<i>dacarbazine intravenous recon soln 200 mg</i>	1	MO, HI
<i>dactinomycin</i>	1	HI
DARZALEX	2	MO, HI, LA
<i>daunorubicin intravenous solution</i>	1	HI
<i>decitabine</i>	1	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml)</i>	1	HI
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml)</i>	1	MO, HI
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml)</i>	1	HI
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML (BRAND)	2	HI
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i>	1	MO, HI
<i>doxorubicin intravenous recon soln 10 mg</i>	1	HI
<i>doxorubicin intravenous recon soln 50 mg</i>	1	MO, HI
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml</i>	1	MO, HI
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	1	MO, HI
<i>doxorubicin, peg-liposomal</i>	1	MO, HI
ELIGARD	2	MO
ELIGARD (3 MONTH)	2	MO
ELIGARD (4 MONTH)	2	MO
ELIGARD (6 MONTH)	2	MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
EMCYT	2	MO
EMPLICITI	2	B/D PA, MO, HI
ENVARBUS XR	3	B/D PA, MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	MO, HI
<i>epirubicin intravenous solution 50 mg/25 ml</i>	1	MO, HI
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	2	MO, HI
ERBITUX INTRAVENOUS SOLUTION 200 MG/100 ML	2	MO, HI
ERIVEDGE	2	MO
ERLEADA	2	MO
ERWINAZE	2	MO, HI
ETOPOPHOS	2	MO, HI
<i>etoposide intravenous</i>	1	MO, HI
<i>etoposide oral</i>	MB	MO
<i>exemestane</i>	1	MO
FARESTON	2	MO
FARYDAK	2	MO
FASLODEX	2	MO
FIRMAGON KIT W DILUENT SYRINGE	2	MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	MO, HI
<i>fludarabine intravenous solution</i>	1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml</i>	1	B/D PA, MO, HI
<i>fluorouracil intravenous solution 5 gram/100 ml</i>	1	B/D PA, MO, HI
<i>flutamide</i>	1	MO
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	2	MO, HI
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	2	MO, HI
GAZYVA	2	MO
<i>gemcitabine intravenous recon soln 1 gram</i>	1	MO, HI
<i>gemcitabine intravenous recon soln 2 gram</i>	1	HI
<i>gemcitabine intravenous recon soln 200 mg</i>	1	MO, HI
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	MO, HI
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	1	HI
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA, MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>gengraf oral solution</i>	1	B/D PA, MO
GILOTRIF	2	MO
GLEOSTINE	2	MO
HALAVEN	2	MO, HI
HERCEPTIN	2	MO, HI
HEXALEN	2	MO
HYCANTIN ORAL	MB	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA, MO
ICLUSIG	2	MO
<i>idarubicin</i>	1	HI
IDHIFA	2	MO, LA
<i>ifosfamide intravenous recon soln 1 gram</i>	1	MO, HI
<i>ifosfamide intravenous recon soln 3 gram</i>	1	MO, HI
<i>ifosfamide intravenous solution</i>	1	HI
<i>imatinib</i>	1	MO
IMBRUVICA	2	PA, MO
IMFINZI	2	MO, HI, LA
INLYTA	2	MO
IRESSA	2	MO
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	MO, HI
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	MO, HI
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	HI
ISTODAX	2	MO, HI
IXEMPRA	2	MO, HI
JAKAFI	2	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
JEVTANA	2	MO, HI
KADCYLA	2	MO, HI
KEYTRUDA INTRAVENOUS SOLUTION	2	MO, HI
KISQALI	2	PA, MO
KISQALI FEMARA CO-PACK	2	PA, MO
KYPROLIS INTRAVENOUS RECON SOLN 10 MG	2	MO, HI
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	2	MO, HI
LARTRUVO	2	MO, HI, LA
LENVIMA	2	MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	MO
LONSURF	2	MO
LUPRON DEPOT	2	MO
LUPRON DEPOT (3 MONTH)	2	MO
LUPRON DEPOT (4 MONTH)	2	MO
LUPRON DEPOT (6 MONTH)	2	MO
LUPRON DEPOT- PED	2	MO
LUPRON DEPOT- PED (3 MONTH)	2	MO
LYNPARZA	2	MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
LYSODREN	2	MO
MATULANE	2	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA, MO
<i>megestrol oral tablet</i>	1	PA, MO
MEKINIST	2	MO
MEKTOVI	2	MO
<i>melphalan</i>	1	B/D PA, MO
<i>melphalan hcl</i>	1	HI
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA, HI
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D PA, MO
<i>methotrexate sodium (pf) injection solution 25 mg/ml (10 ml)</i>	1	B/D PA, MO, HI
<i>methotrexate sodium injection</i>	1	B/D PA, MO, HI
<i>methotrexate sodium oral</i>	1	B/D PA, MO
<i>mitomycin intravenous</i>	1	MO, HI
<i>mitoxantrone</i>	1	MO, HI
MUSTARGEN	2	MO, HI
<i>mycophenolate mofetil</i>	1	B/D PA, MO
<i>mycophenolate mofetil hcl</i>	1	B/D PA, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	B/D PA, MO
MYLERAN	MB	MO
MYLOTARG	2	MO, HI, LA
NERLYNX	2	PA, MO, LA
NEXAVAR	2	MO, LA
<i>nilutamide</i>	1	MO
NINLARO	2	MO
NULOJIX	3	B/D PA, MO, HI
<i>octreotide acetate</i>	1	MO
ODOMZO	2	MO, LA
ONCASPAR	2	MO
ONIVYDE	2	MO
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	2	MO, HI
OPDIVO INTRAVENOUS SOLUTION 240 MG/24 ML	2	MO, HI
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	MO, HI
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	HI
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	1	MO, HI
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	MO, HI
<i>paclitaxel</i>	1	MO, HI

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
PERJETA	2	MO, HI
POMALYST	2	PA, MO, LA
PORTRAZZA	2	B/D PA, MO
PROGRAF INTRAVENOUS	2	B/D PA, MO, HI
PURIXAN	2	MO
RAPAMUNE ORAL SOLUTION	2	B/D PA, MO
REVLIMID	2	PA, MO, LA
RITUXAN	2	PA, MO, HI
RITUXAN HYCELA	2	MO
ROMIDEPSIN	2	
RUBRACA	2	MO, LA
RYDAPT	2	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	MO
SIGNIFOR	2	MO
SIGNIFOR LAR	2	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	2	B/D PA, HI
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	B/D PA, MO, HI
<i>sirolimus</i>	1	B/D PA, MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	2	MO
SPRYCEL	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
STIVARGA	2	MO
SUTENT	2	MO
SYLVANT	2	MO, HI
SYNRIBO	2	MO
TABLOID	2	MO
<i>tacrolimus oral</i>	1	B/D PA, MO
TAFINLAR	2	MO
TAGRISSE	2	MO, LA
<i>tamoxifen</i>	1	MO
TARCEVA	2	MO
TARGRETIN 1% GEL	2	MO
TASIGNA	2	MO
TECENTRIQ	2	MO, HI, LA
TEMODAR INTRAVENOUS	2	MO
TEMODAR ORAL	MB	MO
<i>temozolomide</i>	MB	MO
<i>temsirolimus</i>	1	
THALOMID	2	MO
<i>thiotepa</i>	1	MO
TIBSOVO	2	MO
<i>toposar</i>	1	MO, HI
<i>topotecan intravenous recon soln</i>	1	HI
<i>topotecan intravenous solution</i>	1	MO, HI
TORISEL	2	MO, HI
TREANDA INTRAVENOUS RECON SOLN	2	MO, HI
TRELSTAR	2	MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>tretinoin (chemotherapy)</i>	1	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	2	MO, HI
TYKERB	2	MO, LA
UNITUXIN	2	MO
VALSTAR	2	MO
VANTAS	2	MO
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ ML)	2	B/D PA, MO, HI
VECTIBIX INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ ML)	2	B/D PA, MO, HI
VELCADE	2	MO, HI
VENCLEXTA	2	MO, LA
VENCLEXTA STARTING PACK	2	MO, LA
VERZENIO	2	MO, LA
<i>vinblastine intravenous solution</i>	1	B/D PA, MO, HI
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	B/D PA, HI
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	1	B/D PA, MO, HI
<i>vincristine intravenous solution 1 mg/ml</i>	1	B/D PA, MO, HI
<i>vincristine intravenous solution 2 mg/2 ml</i>	1	B/D PA, MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>vinorelbine intravenous solution 10 mg/ml</i>	1	MO, HI
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	1	MO, HI
VOTRIENT	2	MO
VYXEOS	2	B/D PA, MO, HI
XALKORI	2	MO
XATMEP	2	B/D PA, MO
XELODA	MB	MO
XERMELO	2	MO, LA
XTANDI	2	PA, MO
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ ML)	2	MO, HI
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ ML)	2	MO, HI
YONDELIS	2	MO, HI
YONSA	2	PA, MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ ML)	2	MO, HI
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ ML)	2	MO, HI
ZANOSAR	2	MO, HI

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
ZEJULA	2	MO, LA
ZELBORAF	2	MO
ZOLADEX	2	MO
ZOLINZA	2	MO
ZORTRESS	2	B/D PA, MO
ZYDELIG	2	MO
ZYKADIA	2	MO
ZYTIGA	2	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS**

Drug Name	Tier	Requirements/ Limits
APTIOM	2	MO
BANZEL	2	MO
BRIVIACT INTRAVENOUS	2	HI
BRIVIACT ORAL	2	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO
<i>clonazepam oral tablet</i>	1	PA, MO
<i>clonazepam oral tablet, disintegrating</i>	1	PA, MO
DIASTAT	3	MO
DIASTAT ACUDIAL	3	MO
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	2	MO
<i>divalproex oral capsule, sprinkle</i>	1	MO
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ ec)</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>epitol</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	1	MO, HI
<i>fosphenytoin injection solution 500 mg pe/10 ml</i>	1	MO, HI
FYCOMPA ORAL SUSPENSION	3	MO
FYCOMPA ORAL TABLET	3	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>lamotrigine oral tablets, dose pack</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	HI
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO, HI
<i>levetiracetam intravenous</i>	1	MO, HI
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LYRICA	3	PA, MO
ONFI ORAL SUSPENSION	3	PA, MO
ONFI ORAL TABLET 10 MG, 20 MG	3	PA, MO
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
<i>phenobarbital</i>	1	PA, MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO, HI
<i>phenytoin sodium intravenous syringe</i>	1	HI
<i>primidone</i>	1	MO
QUDEXY XR	3	PA, MO
<i>roweepra</i>	1	MO
<i>roweepra xr</i>	1	MO
SABRIL ORAL TABLET	3	MO, LA
SPRITAM	3	MO
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA, MO
<i>topiramate oral tablet</i>	1	PA, MO
TROKENDI XR	3	PA, MO
<i>valproate sodium</i>	1	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>vigabatrin</i>	1	MO, LA
<i>vigadrone</i>	1	MO
VIMPAT INTRAVENOUS	2	HI
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
<i>zonisamide</i>	1	PA, MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
ANTIPARKINSONISM AGENTS**

Drug Name	Tier	Requirements/ Limits
APOKYN	2	MO, LA
<i>benztropine injection</i>	1	MO, HI
<i>benztropine oral</i>	1	MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
NEUPRO	3	MO
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	1	MO
<i>trihexyphenidyl</i>	1	MO
ZELAPAR	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: MIGRAINE /
CLUSTER HEADACHE THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>almotriptan malate oral tablet 12.5 mg</i>	1	MO, QL (24 per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	MO, QL (18 per 30 days)
<i>dihydroergotamine injection</i>	1	MO
<i>dihydroergotamine nasal</i>	1	MO, QL (8 per 30 days)
<i>eletriptan</i>	1	MO, QL (12 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>frovatriptan</i>	1	MO, QL (27 per 30 days)
<i>migergot</i>	1	MO
<i>naratriptan</i>	1	MO, QL (9 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO, QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	1	MO, QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO, QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO, QL (36 per 30 days)
<i>sumatriptan succinate oral</i>	1	MO, QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO, QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO, QL (4 per 30 days)

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: MIGRAINE /
CLUSTER HEADACHE THERAPY
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>sumatriptan succinate subcutaneous solution</i>	1	MO, QL (4 per 30 days)
<i>sumatriptan-naproxen</i>	1	MO
<i>zolmitriptan oral tablet 2.5 mg</i>	1	MO, QL (12 per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	1	MO, QL (9 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg</i>	1	MO, QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 5 mg</i>	1	MO, QL (9 per 30 days)
ZOMIG NASAL	2	MO, QL (18 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
MISCELLANEOUS NEUROLOGICAL
THERAPY**

Drug Name	Tier	Requirements/ Limits
AMPYRA	3	PA, MO, LA, QL (60 per 30 days)
AUBAGIO	2	PA, MO
AUSTEDO	2	MO, LA
<i>donepezil oral tablet</i>	1	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA, MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	MO, QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	MO, QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	MO, QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	MO, QL (12 per 28 days)
HORIZANT	3	MO
INGREZZA	2	MO, LA
KEVEYIS	2	MO
LEMTRADA	2	MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
MISCELLANEOUS NEUROLOGICAL
THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>memantine oral solution</i>	1	PA, MO
<i>memantine oral tablet</i>	1	PA, MO
NUDEXTA	2	PA, MO
OCREVUS	2	MO
RADICAVA	2	MO, HI
<i>rivastigmine tartrate</i>	1	MO
<i>rivastigmine transdermal</i>	1	MO
TECFIDERA	2	PA, MO, LA
<i>tetrabenazine</i>	1	MO
TYSABRI	2	PA, MO, HI, LA

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: MUSCLE
RELAXANTS / ANTISPASMODIC
THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>anectine</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	MO
<i>carisoprodol</i>	1	PA, MO
<i>carisoprodol-asa-codeine</i>	1	PA, MO
<i>carisoprodol-aspirin</i>	1	PA, MO
<i>chlorzoxazone oral tablet 250 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA, MO
<i>cyclobenzaprine oral tablet</i>	1	PA, MO
<i>dantrolene</i>	1	MO
<i>meprobamate</i>	1	MO
MESTINON ORAL SYRUP	2	MO
<i>metaxall</i>	1	PA
<i>metaxalone</i>	1	PA, MO
<i>methocarbamol injection</i>	1	PA, HI
<i>methocarbamol oral</i>	1	PA, MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	1	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	1	
<i>orphenadrine citrate injection</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: MUSCLE
RELAXANTS / ANTISPASMODIC
THERAPY (continued)**

Drug Name	Tier	Requirements/ Limits
<i>orphenadrine citrate oral tablet extended release</i>	1	PA, MO
<i>pyridostigmine bromide oral tablet</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>regonol</i>	1	
<i>revonto</i>	1	
<i>succinylcholine chloride injection</i>	1	
<i>tizanidine</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS**

Drug Name	Tier	Requirements/ Limits
<i>acetaminophen-caff- dihydrocod oral capsule</i>	1	MO
<i>acetaminophen- codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	1	MO
<i>acetaminophen- codeine oral tablet</i>	1	MO
<i>ascomp with codeine</i>	1	PA, MO
<i>buprenorphine hcl injection solution</i>	1	MO, HI
<i>buprenorphine hcl injection syringe</i>	1	HI
<i>buprenorphine hcl sublingual</i>	1	MO
<i>butalbital compound w/codeine</i>	1	PA, MO
<i>butalbital-acetaminop- caf-cod</i>	1	PA, MO
<i>butalbital- acetaminophen oral capsule</i>	1	PA
<i>butalbital- acetaminophen oral tablet</i>	1	PA, MO
<i>butalbital- acetaminophen-caff oral capsule</i>	1	PA, MO
<i>butalbital- acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PA, MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>butalbital-aspirin- caffeine oral capsule</i>	1	PA, MO
<i>butalbital-aspirin- caffeine oral tablet</i>	1	MO
<i>capacet</i>	1	PA, MO
<i>codeine sulfate oral tablet</i>	1	MO
<i>codeine-butalbital- asa-caff</i>	1	PA
<i>demerol (pf) injection solution 100 mg/ml</i>	1	B/D PA, MO
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO, HI
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	HI
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO
<i>fentanyl citrate (pf) injection</i>	1	MO
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA, MO
<i>fentanyl transdermal patch</i>	1	MO
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO
<i>hydrocodone- ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	MO
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	
<i>hydromorphone injection solution 1 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO
<i>hydromorphone oral liquid</i>	1	MO
<i>hydromorphone oral tablet</i>	1	MO
<i>hydromorphone oral tablet extended release 24 hr</i>	1	MO
<i>ibuprofen-oxycodone</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>levorphanol tartrate</i>	1	MO
<i>lorcet (hydrocodone)</i>	1	MO
<i>lorcet hd</i>	1	MO
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	1	B/D PA, MO
<i>meperidine (pf) injection solution 25 mg/ml</i>	1	B/D PA
<i>meperidine oral</i>	1	MO
<i>methadone injection solution</i>	1	HI
<i>methadone intensol</i>	1	MO
<i>methadone oral concentrate</i>	1	MO
<i>methadone oral solution</i>	1	MO
<i>methadone oral tablet</i>	1	MO
<i>methadose oral concentrate</i>	1	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	1	B/D PA, MO
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	1	B/D PA
<i>morphine concentrate oral solution</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND)	2	
<i>morphine injection solution 8 mg/ml</i>	1	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	MO
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML (BRAND)	2	
<i>morphine intravenous solution 10 mg/ml</i>	1	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND)	2	MO
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND)	2	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>morphine oral capsule, extend. release pellets</i>	1	MO
<i>morphine oral solution</i>	1	MO
<i>morphine oral tablet</i>	1	MO
<i>morphine oral tablet extended release</i>	1	MO
<i>oxycodone oral capsule</i>	1	MO
<i>oxycodone oral concentrate</i>	1	MO
<i>oxycodone oral solution</i>	1	MO
<i>oxycodone oral tablet</i>	1	MO
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND)	2	MO
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG, 60 MG (BRAND)	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO
<i>oxycodone-aspirin</i>	1	MO
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR	2	MO
<i>oxymorphone oral tablet</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NARCOTIC
ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>oxymorphone oral tablet extended release 12 hr</i>	1	MO
<i>panlor(acetam-caff-dihydrocod)</i>	1	
<i>phrenilin forte(with caffeine)</i>	1	PA
<i>tencon oral tablet 50-325 mg</i>	1	PA, MO
<i>vicodin</i>	1	MO
<i>vicodin es</i>	1	MO
<i>vicodin hp</i>	1	MO
<i>xylon 10</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	PA, MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NON-
NARCOTIC ANALGESICS**

Drug Name	Tier	Requirements/ Limits
<i>buprenorphine-naloxone sublingual tablet</i>	1	MO
<i>butorphanol tartrate injection</i>	1	MO, HI
<i>butorphanol tartrate nasal</i>	1	MO
<i>celecoxib</i>	1	PA, MO, QL (60 per 30 days)
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic</i>	1	MO
<i>diflunisal</i>	1	MO
DUROLANE	MB	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>etodolac oral tablet extended release 24 hr</i>	1	MO
EUFLEXXA	MB	MO
<i>fenoprofen oral tablet</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NON-
NARCOTIC ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>flurbiprofen</i>	1	MO
GEL-ONE	MB	MO
GELSYN-3	MB	MO
GENVISC 850	MB	MO
HYALGAN	MB	MO
HYMOVIS	MB	MO
<i>ibu</i>	1	MO
<i>ibuprofen lysine (pf)</i>	1	
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule</i>	1	MO
<i>indomethacin oral capsule, extended release</i>	1	MO
<i>indomethacin sodium</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>ketorolac injection cartridge 15 mg/ml</i>	1	
<i>ketorolac injection cartridge 30 mg/ml</i>	1	MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NON-
NARCOTIC ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>ketorolac injection syringe</i>	1	
<i>ketorolac intramuscular cartridge</i>	1	MO
<i>ketorolac intramuscular solution</i>	1	MO
<i>ketorolac intramuscular syringe</i>	1	
<i>ketorolac oral</i>	1	MO
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO, QL (30 per 30 days)
MONOVISC	MB	MO
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	MO, HI
<i>naloxone</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
ORTHOVISC	MB	MO
<i>oxaprozin</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH: NON-
NARCOTIC ANALGESICS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>pentazocine-naloxone</i>	1	MO
<i>piroxicam</i>	1	MO
<i>profeno</i>	1	
<i>salsalate</i>	1	MO
SUBOXONE	2	MO
<i>sulindac</i>	1	MO
SUPARTZ FX	MB	MO
SYNVISC	MB	MO
SYNVISC-ONE	MB	MO
<i>tolmetin</i>	1	MO
<i>tramadol oral tablet</i>	1	MO
<i>tramadol oral tablet extended release 24 hr</i>	1	MO
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	MO
<i>tramadol- acetaminophen</i>	1	MO
VISCO-3	MB	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS**

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	2	MO
ADASUVE	3	
<i>alprazolam intensol</i>	1	PA, MO
<i>alprazolam oral tablet</i>	1	PA, MO
<i>alprazolam oral tablet extended release 24 hr</i>	1	PA, MO
<i>alprazolam oral tablet, disintegrating</i>	1	PA, MO
<i>amitriptyline</i>	1	PA, MO
<i>amitriptyline- chlordiazepoxide</i>	1	PA, MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO
<i>aripiprazole oral tablet, disintegrating</i>	1	MO
ARISTADA	2	MO
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA, MO
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 80 mg</i>	1	PA, MO, QL (30 per 30 days)
<i>atomoxetine oral capsule 40 mg, 60 mg</i>	1	PA, MO, QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 12hr</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>bupropion hcl oral tablet extended release 24hr</i>	1	MO
<i>bupirone</i>	1	MO
<i>chlordiazepoxide hcl</i>	1	PA, MO
<i>chlorpromazine injection</i>	1	MO, HI
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO
<i>clomipramine</i>	1	PA, MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium</i>	1	PA, MO
<i>clozapine oral tablet</i>	1	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)	3	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO, QL (60 per 30 days)

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 25 mg, 35 mg</i>	1	MO, QL (30 per 30 days)
<i>dexmethylphenidate oral tablet</i>	1	MO
<i>dextroamphetamine oral capsule, extended release</i>	1	MO
<i>dextroamphetamine oral solution</i>	1	MO
<i>dextroamphetamine oral tablet</i>	1	MO
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO, QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 30 mg</i>	1	MO, QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
<i>diazepam injection solution</i>	1	PA
<i>diazepam injection syringe</i>	1	PA, MO
<i>diazepam intensol</i>	1	PA, MO
<i>diazepam oral concentrate</i>	1	PA, MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA, MO
<i>diazepam oral tablet</i>	1	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>doxepin oral</i>	1	PA, MO
<i>duloxetine oral capsule, delayed release (dr/ec)</i>	1	MO
EMSAM	3	ST, MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO
<i>estazolam</i>	1	PA, MO
<i>eszopiclone</i>	1	MO, QL (30 per 30 days)
FANAPT	3	MO
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3	
FETZIMA	3	ST, MO
<i>flumazenil</i>	1	MO
<i>fluoxetine</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>flurazepam</i>	1	PA, MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	MO
<i>fluvoxamine oral tablet</i>	1	MO
FORFIVO XL	3	MO
GEODON INTRAMUSCULAR	2	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>guanfacine oral tablet extended release 24 hr</i>	1	MO
<i>guanidine</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	2	PA, MO, QL (30 per 30 days)
<i>imipramine hcl</i>	1	PA, MO
<i>imipramine pamoate</i>	1	PA, MO
INVEGA SUSTENNA	3	MO
INVEGA TRINZA	3	MO
KHEDEZLA	3	ST, MO
LATUDA	3	MO
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
<i>lorazepam injection solution</i>	1	PA, MO
<i>lorazepam injection syringe</i>	1	PA
<i>lorazepam intensol</i>	1	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>lorazepam oral</i>	1	PA, MO
<i>loxapine succinate</i>	1	MO
<i>maprotiline</i>	1	MO
MARPLAN	2	MO
<i>metadate er oral tablet extended release</i>	1	MO, QL (90 per 30 days)
<i>methamphetamine</i>	1	PA, MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg, 40 mg, 50 mg, 60 mg</i>	1	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg, 40 mg, 60 mg</i>	1	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	1	MO, QL (90 per 30 days)

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>midazolam (pf) injection cartridge</i>	1	
<i>midazolam (pf) injection solution 1 mg/ml</i>	1	
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	MO
<i>midazolam (pf) injection syringe</i>	1	
<i>midazolam injection</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	1	MO
<i>modafinil</i>	1	PA, MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
NUPLAZID	2	MO
<i>olanzapine intramuscular recon soln</i>	1	MO
<i>olanzapine oral tablet</i>	1	MO
<i>olanzapine oral tablet, disintegrating</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>olanzapine-fluoxetine</i>	1	MO
<i>oxazepam</i>	1	PA, MO
<i>paliperidone oral tablet extended release 24hr</i>	1	MO
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO
<i>paroxetine mesylate (menop.sym)</i>	1	MO
PAXIL ORAL SUSPENSION	3	MO
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA, MO
PERSERIS	2	
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet</i>	1	MO
<i>quetiapine oral tablet extended release 24 hr</i>	1	MO
REXULTI	3	MO
RISPERDAL CONSTA	2	MO
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet</i>	1	MO

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>risperidone oral tablet, disintegrating</i>	1	MO
SAPHRIS (BLACK CHERRY)	3	MO
SAPHRIS SUBLINGUAL TABLET 2.5 MG	3	MO
<i>seconal sodium</i>	1	PA, MO
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet</i>	1	MO
<i>temazepam</i>	1	PA, MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>triazolam</i>	1	PA, MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	PA, MO
TRINTELLIX	3	ST, MO
<i>venlafaxine oral capsule, extended release 24hr</i>	1	MO
<i>venlafaxine oral tablet</i>	1	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	MO
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG (BRAND)	3	MO
VERSACLOZ	2	

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
VIIBRYD ORAL TABLET	3	ST, MO
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	ST, MO
VRAYLAR	3	MO
XYREM	2	PA, MO, LA
<i>zaleplon</i>	1	MO, QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)	3	MO
<i>ziprasidone hcl</i>	1	MO
<i>zolpidem oral tablet</i>	1	MO, QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase</i>	1	MO, QL (30 per 30 days)
<i>zolpidem sublingual</i>	1	MO, QL (30 per 30 days)
ZYPREXA RELPREVV	3	MO

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS:
ANTIARRHYTHMIC AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA, MO, HI
<i>amiodarone intravenous syringe</i>	1	B/D PA, HI
<i>amiodarone oral</i>	1	MO
<i>disopyramide phosphate oral capsule</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	MO
<i>lidocaine (pf) in d7.5w</i>	1	MO
<i>lidocaine (pf) intravenous solution</i>	1	MO, HI
<i>lidocaine (pf) intravenous syringe</i>	1	HI
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
MULTAQ	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO, HI
<i>procainamide injection solution 500 mg/ml</i>	1	HI
<i>propafenone oral capsule, extended release 12 hr</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**CARDIOVASCULAR, HYPERTENSION
/ LIPIDS: ANTIARRHYTHMIC AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate injection</i>	1	MO, HI
<i>quinidine gluconate oral tablet extended release</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af</i>	1	MO
<i>sotalol oral</i>	1	MO

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS:
ANTIHYPERTENSIVE THERAPY**

Drug Name	Tier	Requirements/ Limits
<i>acebutolol</i>	1	MO
<i>afeditab cr oral tablet extended release</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiamid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	MO, HI
<i>bumetanide oral</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
<i>cartia xt oral capsule, extended release 24hr</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO, HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal</i>	1	MO
DEMSER	2	MO
<i>diltiazem hcl intravenous</i>	1	HI
<i>diltiazem hcl oral capsule, extended release</i>	1	MO
<i>diltiazem hcl oral capsule, ext release degradable</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>dilt-xr oral capsule, ext release degradable</i>	1	MO
<i>doxazosin</i>	1	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>epoprostenol (glycine)</i>	1	B/D PA, MO
<i>eprosartan</i>	1	MO
<i>esmolol in nacl (iso-osm)</i>	1	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	HI
<i>ethacrynic acid</i>	1	MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	MO, HI
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>guanfacine oral tablet</i>	1	MO
<i>hydralazine injection</i>	1	MO, HI
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol intravenous solution</i>	1	MO, HI
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	HI
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la oral tablet extended release 24 hr</i>	1	MO
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	1	MO
<i>methyldopa-hydrochlorothiazide</i>	1	MO
<i>methyldopate</i>	1	HI
<i>metolazone</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>metoprolol tartrate intravenous solution</i>	1	MO, HI
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	1	MO
<i>nicardipine intravenous solution</i>	1	MO, HI
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral capsule</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE	2	PA, MO
<i>osmitrol 15 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	MO
<i>phentolamine injection recon soln</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	HI
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODULIN	2	PA, MO, HI, LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt oral capsule, extended release</i>	1	MO
TEKTURNA	2	MO
TEKTURNA HCT	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>terazosin</i>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>toremide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI	2	PA, MO, LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA, MO
<i>verapamil intravenous solution</i>	1	MO, HI
<i>verapamil intravenous syringe</i>	1	HI
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: CARDIAC GLYCOSIDES

Drug Name	Tier	Requirements/ Limits
<i>digitek</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin injection solution</i>	1	MO, HI
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet</i>	1	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

Drug Name	Tier	Requirements/ Limits
<i>aminocaproic acid intravenous</i>	1	MO
ANDEXXA	2	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	MO
BEVYXXA	2	QL (43 per 180 days)
BRILINTA	3	MO
<i>cilostazol</i>	1	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
ELIQUIS	2	MO
<i>enoxaparin subcutaneous solution</i>	1	MO, QL (180 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO, QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO, QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO, QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO, QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO, QL (36 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**CARDIOVASCULAR, HYPERTENSION
/ LIPIDS: COAGULATION THERAPY
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	MO, QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO, QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	MO, QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	MO, QL (18 per 30 days)
<i>hep flush-10 (pf)</i>	MB	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml</i>	1	HI
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	HI
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO, HI
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO, HI
<i>heparin (porcine) injection solution</i>	1	MO, HI
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO, HI

**CARDIOVASCULAR, HYPERTENSION
/ LIPIDS: COAGULATION THERAPY
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>heparin flush (porcine)-0.9nacl</i>	MB	MO
<i>heparin lock flush</i>	MB	MO
<i>heparin lock flush (porcine) intravenous solution</i>	MB	MO
<i>heparin lockflush (porcine)(pf)</i>	MB	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection</i>	1	MO
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	MB	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	MB	MO
<i>jantoven</i>	1	MO
<i>NPLATE</i>	2	MO
<i>pentoxifylline oral tablet extended release</i>	1	MO
<i>PRADAXA</i>	3	MO
<i>prasugrel</i>	1	MO
<i>PRAXBIND</i>	2	
<i>PROMACTA</i>	2	MO, LA
<i>protamine</i>	1	
<i>tranexamic acid intravenous</i>	1	MO, HI
<i>warfarin</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/ CHOLESTEROL LOWERING AGENTS

Drug Name	Tier	Requirements/ Limits
<i>amlodipine-atorvastatin</i>	1	MO
<i>atorvastatin</i>	1	MO, QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam oral powder in packet</i>	1	MO
<i>colesevelam oral tablet</i>	1	MO
<i>colestipol</i>	1	MO
<i>ezetimibe</i>	1	MO, QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	1	MO, QL (30 per 30 days)
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
FENOFIBRATE ORAL CAPSULE (BRAND)	2	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO, QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO, QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO, QL (30 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS: LIPID/CHOLESTEROL LOWERING AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>gemfibrozil</i>	1	MO
JUXTAPID	3	PA, MO, LA
KYNAMRO	3	PA, MO, LA
<i>lovastatin oral tablet 10 mg</i>	1	MO, QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO, QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>omega-3 acid ethyl esters</i>	1	MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA, MO, QL (4 per 30 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA, MO, QL (2 per 30 days)
<i>pravastatin</i>	1	MO, QL (30 per 30 days)
<i>prevalite</i>	1	MO
REPATHA	2	PA, MO, QL (3 per 30 days)
REPATHA PUSHTRONEX	2	PA, MO, QL (3.5 per 30 days)
REPATHA SURECLICK	2	PA, MO, QL (3 per 30 days)
<i>rosuvastatin</i>	1	MO, QL (30 per 30 days)
<i>simvastatin</i>	1	MO, QL (30 per 30 days)
<i>triklo</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS:
MISCELLANEOUS
CARDIOVASCULAR AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>cardioplegic soln</i>	1	
CORLANOR	2	PA, MO
<i>dobutamine</i>	1	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	1	B/D PA, MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA, MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml)</i>	1	B/D PA, MO

**CARDIOVASCULAR, HYPERTENSION
/ LIPIDS: MISCELLANEOUS
CARDIOVASCULAR AGENTS
(continued)**

Drug Name	Tier	Requirements/ Limits
ENTRESTO	2	PA, MO, QL (60 per 30 days)
<i>isoproterenol hcl</i>	1	
<i>milrinone</i>	1	B/D PA, MO
<i>milrinone in 5 % dextrose</i>	1	B/D PA, MO
<i>norepinephrine bitartrate</i>	1	
RANEXA	2	MO
<i>sodium nitroprusside</i>	1	
VECAMYL	3	

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: NITRATES

Drug Name	Tier	Requirements/ Limits
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide dinitrate oral tablet extended release</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	1	B/D PA, MO
<i>nitroglycerin intravenous</i>	1	B/D PA, HI
<i>nitroglycerin oral capsule, extended release</i>	1	MO
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Tier	Requirements/ Limits
<i>acitretin</i>	1	MO
<i>calcipotriene</i>	1	MO
<i>calcipotriene- betamethasone</i>	1	MO
<i>calcitrene</i>	1	MO
<i>calcitriol topical</i>	1	MO
COSENTYX	3	PA, MO
COSENTYX (2 SYRINGES)	3	PA, MO
COSENTYX PEN	3	PA, MO
COSENTYX PEN (2 PENS)	3	PA, MO
<i>selenium sulfide topical lotion</i>	1	MO
STELARA INTRAVENOUS	3	PA, MO, HI
STELARA SUBCUTANEOUS	3	PA, MO

DERMATOLOGICALS/TOPICAL THERAPY: BURN THERAPY

Drug Name	Tier	Requirements/ Limits
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>ammonium lactate</i>	1	MO
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel 3 %</i>	1	MO
<i>doxepin topical</i>	1	MO
DUPIXENT	2	PA, MO
FLUOROURACIL TOPICAL CREAM 0.5 % (BRAND)	2	MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>imiquimod topical cream in packet</i>	1	MO
<i>methoxsalen</i>	1	MO
PANRETIN	2	MO
<i>podofilox</i>	1	MO
<i>pradoxin</i>	1	MO
REGRANEX	2	MO
<i>tacrolimus topical</i>	1	PA, MO
UVADEX	2	
VALCHLOR	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE

Drug Name	Tier	Requirements/ Limits
<i>adapalene topical cream</i>	1	PA, MO
<i>adapalene topical gel</i>	1	PA, MO
<i>adapalene topical gel with pump</i>	1	PA, MO
<i>adapalene-benzoyl peroxide</i>	1	PA, MO
<i>amnestem</i>	1	MO
<i>avita topical cream</i>	1	PA, MO
<i>claravis</i>	1	MO
<i>clindacin etz topical swab</i>	1	MO
<i>clindacin p</i>	1	MO
<i>clindamycin phosphate topical foam</i>	1	MO
<i>clindamycin phosphate topical gel</i>	1	MO
<i>clindamycin phosphate topical lotion</i>	1	MO
<i>clindamycin phosphate topical solution</i>	1	MO
<i>clindamycin phosphate topical swab</i>	1	MO
<i>clindamycin-benzoyl peroxide</i>	1	MO
<i>clindamycin-tretinoin</i>	1	PA, MO
<i>dapsone topical</i>	1	MO
<i>ery pads</i>	1	MO
<i>erygel</i>	1	MO
<i>erythromycin with ethanol</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE
(continued)

Drug Name	Tier	Requirements/ Limits
<i>erythromycin-benzoyl peroxide</i>	1	MO
FABIOR	3	MO
<i>isotretinoin</i>	1	
<i>metronidazole topical</i>	1	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO
<i>myorisan oral capsule 30 mg</i>	1	
<i>neuac</i>	1	MO
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
<i>tazarotene</i>	1	PA, MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA, MO
TAZORAC TOPICAL GEL	3	PA, MO
<i>tretinoin microspheres</i>	1	PA, MO
<i>tretinoin topical</i>	1	PA, MO
<i>zenatane</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANESTHETICS

Drug Name	Tier	Requirements/ Limits
<i>bupivacaine</i>	1	MO
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i>	1	MO
<i>bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)</i>	1	
<i>bupivacaine-epinephrine (pf)</i>	1	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000</i>	1	
<i>bupivacaine-epinephrine injection solution 0.5 %-1:200,000</i>	1	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>chloroprocaine (pf)</i>	1	
<i>glydo</i>	1	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %)</i>	1	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	HI
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	1	MO, HI
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	1	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**DERMATOLOGICALS/TOPICAL
THERAPY: TOPICAL ANESTHETICS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	1	MO, HI
<i>lidocaine hcl laryngotracheal</i>	1	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch, medicated</i>	1	PA, MO
<i>lidocaine topical ointment</i>	1	MO
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO
<i>marcaine (pf) injection solution 0.75 % (7.5 mg/ml)</i>	1	
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	

**DERMATOLOGICALS/TOPICAL
THERAPY: TOPICAL ANESTHETICS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>ropivacaine (pf) injection solution</i>	1	
<i>sensorcaine injection solution 0.5 % (5 mg/ml)</i>	1	MO
<i>sensorcaine/epinephrine</i>	1	
<i>sensorcaine-mpf injection solution 0.5 % (5 mg/ml)</i>	1	
<i>xylocaine dental-epinephrine</i>	1	

**DERMATOLOGICALS/TOPICAL
THERAPY: TOPICAL
ANTIBACTERIALS**

Drug Name	Tier	Requirements/ Limits
<i>gentamicin topical</i>	1	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIFUNGALS

Drug Name	Tier	Requirements/ Limits
<i>ciclodan</i>	1	MO
<i>ciclopirox</i>	1	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole- betamethasone</i>	1	MO
<i>econazole</i>	1	MO
<i>ketoconazole topical</i>	1	MO
LULICONAZOLE	3	
LUZU	3	MO
<i>naftifine</i>	1	MO
<i>nyamyc</i>	1	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>acyclovir topical</i>	1	MO
DENAVIR	2	MO
ZOVIRAX TOPICAL CREAM	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS

Drug Name	Tier	Requirements/ Limits
<i>ala-cort topical cream</i>	1	MO
<i>alclometasone</i>	1	MO
<i>amcinonide topical cream</i>	1	MO
<i>amcinonide topical lotion</i>	1	MO
<i>amcinonide topical ointment</i>	1	
<i>apexicon e</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
<i>clobetasol</i>	1	MO
<i>clobetasol-emollient</i>	1	MO
<i>clodan</i>	1	MO
<i>desonide</i>	1	MO
<i>desoximetasone</i>	1	MO
<i>diflorasone</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide</i>	1	MO
<i>fluocinonide-e</i>	1	MO
<i>fluocinonide-emollient</i>	1	
<i>flurandrenolide</i>	1	MO
<i>fluticasone topical</i>	1	MO
<i>halobetasol propionate</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

Drug Name	Tier	Requirements/ Limits
<i>hydrocortisone butyr-emollient</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>hydrocortisone-min oil-wht pet</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>nolix topical cream</i>	1	
<i>nolix topical lotion</i>	1	MO
<i>prednicarbate</i>	1	MO
<i>triamcinolone acetonide topical aerosol</i>	1	MO
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>trianex</i>	1	MO
<i>triderm topical cream</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ENZYMES

Drug Name	Tier	Requirements/ Limits
SANTYL	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

Drug Name	Tier	Requirements/ Limits
<i>crotan</i>	1	
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
<i>permethrin topical cream</i>	1	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine intravenous</i>	1	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS

Drug Name	Tier	Requirements/ Limits
<i>lactated ringers irrigation</i>	1	MO
<i>neomycin-polymyxin b gu</i>	1	MO
<i>ringer's irrigation</i>	1	MO
SORBITOL IRRIGATION	2	
<i>tis-u-sol pentalyte</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/ Limits
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
ADAGEN	2	MO
<i>alendronate oral tablet 40 mg</i>	1	MO, QL (30 per 30 days)
<i>anagrelide</i>	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	2	PA, MO, HI, LA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	2	PA, MO, HI, LA
<i>bacteriostatic water (parabens)</i>	MB	MO
<i>bd pre-filled normal saline</i>	MB	MO
<i>bupivacaine-dextrose-water(pf)</i>	1	
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CARBAGLU	3	MO, LA
<i>cevimeline</i>	1	MO
CHEMET	2	MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA, HI
CLINIMIX E 2.75%/D10W SUL FREE	3	B/D PA, HI
CLINIMIX E 2.75%/D5W SULF FREE	3	B/D PA, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
CLINIMIX N9G20E 2.75%-D10W(SF)	3	B/D PA, HI
<i>d10 %-0.45 % sodium chloride</i>	1	HI
<i>d2.5 %-0.45 % sodium chloride</i>	1	HI
<i>d5 % and 0.9 % sodium chloride</i>	1	MO, HI
<i>d5 %-0.45 % sodium chloride</i>	1	MO, HI
<i>deferoxamine</i>	1	MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	HI
<i>dextrose 10 % in water (d10w)</i>	1	MO, HI
<i>dextrose 20 % in water (d20w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 30 % in water (d30w)</i>	1	
<i>dextrose 40 % in water (d40w)</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO, HI
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO, HI
<i>dextrose 5%-0.2 % sod chloride</i>	1	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w)</i>	1	MO
<i>dextrose with sodium chloride</i>	1	HI
<i>disulfiram</i>	1	MO
<i>etidronate disodium</i>	1	MO
EXJADE	2	MO, LA
FERRIPROX ORAL SOLUTION	2	
FERRIPROX ORAL TABLET	2	MO
GLASSIA	3	PA, MO, HI, LA
INCRELEX	2	PA, MO, LA
JADENU	2	MO
JADENU SPRINKLE	2	MO
<i>kionex (with sorbitol)</i>	1	MO
<i>lanthanum oral tablet, chewable</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
<i>lmd 10 % in 0.9 % sodium chlor</i>	1	
<i>lmd 10 % in 5 % dextrose</i>	1	
<i>midodrine</i>	1	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>monoject 0.9% sodium chloride</i>	MB	
<i>monoject prefill advanced ns</i>	MB	MO
<i>monoject prefill saline flush</i>	MB	
<i>normal saline flush</i>	MB	MO
NORTHERA	3	MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2	LA
ORFADIN ORAL CAPSULE 20 MG	2	MO
ORFADIN ORAL SUSPENSION	2	MO, LA
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	2	PA, HI, LA
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA, MO, HI, LA
RAVICTI	3	MO
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO, QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	1	MO
<i>sevelamer carbonate oral tablet</i>	1	MO
<i>sodium benzoate-sod phenylacet</i>	1	
<i>sodium chlor 0.9% bacteriostat</i>	MB	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>sodium chloride 0.9 % injection solution</i>	MB	MO
<i>sodium chloride 0.9 % injection syringe</i>	MB	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO, HI
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	1	MO
<i>sodium polystyrene (sorb free)</i>	1	MO
<i>sodium polystyrene sulfonate oral</i>	1	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
<i>syrex sodium chloride 0.9 %</i>	MB	
THIOLA	2	MO
<i>trientine</i>	1	MO
VELTASSA	3	MO
<i>water for inject, bacteriostat</i>	MB	
<i>water for irrigation, sterile</i>	1	MO
XURIDEN	2	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>zoledronic acid-mannitol-water</i>	1	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENTS

Drug Name	Tier	Requirements/ Limits
<i>bupropion hcl (smoking deter) oral tablet extended release</i>	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	2	MO
NICOTROL NS	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/ Limits
<i>azelastine nasal</i>	1	MO, QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>	1	MO, QL (60 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	1	MO, QL (15 per 30 days)
<i>olopatadine nasal</i>	1	MO, QL (30.5 per 30 days)
<i>oralone</i>	1	MO
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	1	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS OTIC PREPARATIONS

Drug Name	Tier	Requirements/ Limits
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>floxin otic (ear) drops</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO

EAR, NOSE / THROAT MEDICATIONS: OTIC STEROID / ANTIBIOTIC

Drug Name	Tier	Requirements/ Limits
CIPRODEX	2	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ENDOCRINE/DIABETES: ADRENAL HORMONES

Drug Name	Tier	Requirements/ Limits
<i>a-hydrocort</i>	1	MO
<i>betamethasone acet, sod phos</i>	1	MO
<i>cortisone</i>	1	MO
<i>decadron</i>	1	
<i>deltasone oral tablet 20 mg</i>	1	B/D PA, MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets, dose pack</i>	1	
<i>dexamethasone sodium phos (pf)</i>	1	MO
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	1	MO, HI
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA, MO

ENDOCRINE/DIABETES: ADRENAL HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO, HI
<i>methylprednisolone sodium succ intravenous</i>	1	MO, HI
<i>millipred dp</i>	1	MO
<i>millipred oral tablet</i>	1	B/D PA, MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	B/D PA, MO
<i>prednisone intensol</i>	1	B/D PA, MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	B/D PA, MO
<i>prednisone oral tablets, dose pack</i>	1	MO
RAYOS	3	B/D PA, MO
<i>triamcinolone acetonide injection</i>	1	MO
<i>veripred 20</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ENDOCRINE/DIABETES: ANTITHYROID AGENTS

Drug Name	Tier	Requirements/ Limits
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO

ENDOCRINE/DIABETES: DIABETES THERAPY

Drug Name	Tier	Requirements/ Limits
<i>acarbose</i>	1	MO
ACCU-CHEK AVIVA PLUS TEST STRIP	MB	MO, QL (300 per 30 days)
ACCU-CHEK BLOOD GLUCOSE METERS	MB	QL (1 per 365 days)
ACCU-CHEK COMPACT PLUS TEST STRIP	MB	MO, QL (300 per 30 days)
ACCU-CHEK GUIDE TEST STRIP	MB	MO, QL (300 per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	MB	MO, QL (300 per 30 days)
ACCUTREND GLUCOSE TEST STRIP	MB	MO, QL (300 per 30 days)
ALCOHOL PADS	2	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO
BYDUREON	2	MO, QL (4 per 28 days)
BYDUREON BCISE	2	MO, QL (3.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	MO, QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	MO, QL (1.2 per 30 days)
<i>chlorpropamide</i>	1	MO
CYCLOSET	3	MO
FARXIGA	2	MO
GAUZE PADS 2 X 2	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>glimepiride</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide oral tablet extended release 24hr</i>	1	MO
<i>glipizide-metformin</i>	1	MO
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
<i>glyburide</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glyburide-metformin</i>	1	MO
GLYXAMBI	3	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25 (U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
INPEN (FOR HUMALOG)	2	QL (1 per 365 days)
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO
INVOKAMET	3	MO
INVOKAMET XR	3	MO
INVOKANA	2	MO
JANUMET	2	MO
JANUMET XR	2	MO
JANUVIA	2	MO
JARDIANCE	2	MO
KOMBIGLYZE XR	2	MO
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
<i>metformin oral tablet</i>	1	MO
<i>metformin oral tablet extended release (osm) 24hr</i>	1	MO
<i>metformin oral tablet extended release 24 hr</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/Limits
<i>metformin oral tablet, er gast.retention 24 hr</i>	1	MO
<i>migliitol</i>	1	MO
<i>nateglinide</i>	1	MO
NEEDLES, INSULIN DISP.,SAFETY	2	MO
ONETOUCH BLOOD GLUCOSE METERS	MB	QL (1 per 365 days)
ONETOUCH ULTRA BLUE TEST STRIP	MB	MO, QL (300 per 30 days)
ONETOUCH VERIO TEST STRIP	MB	MO, QL (300 per 30 days)
ONGLYZA	2	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	ST, MO, QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/0.75 ML (2 MG/1.5 ML)	3	ST, MO, QL (3 per 28 days)
<i>pioglitazone</i>	1	MO
<i>pioglitazone-glimepiride</i>	1	MO
<i>pioglitazone-metformin</i>	1	MO
PROGLYCEM	2	MO
<i>repaglinide</i>	1	MO
<i>repaglinide-metformin</i>	1	MO
SYMLINPEN 120	2	MO
SYMLINPEN 60	2	MO
SYNJARDY	3	MO
SYNJARDY XR	3	MO

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/Limits
<i>tolazamide</i>	1	MO
<i>tolbutamide</i>	1	MO
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRULICITY	2	MO, QL (2 per 28 days)
VGO	2	
XIGDUO XR	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

Drug Name	Tier	Requirements/ Limits
ALDURAZYME	2	MO, HI
ANADROL-50	3	PA, MO
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO, HI
<i>calcitriol oral</i>	1	MO
CERDELGA	2	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA, MO, HI
CHORIONIC GONADOTROPIN, HUMAN	2	PA, MO
<i>clomiphene citrate</i>	1	MO
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO, HI
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELELYSO	2	MO, HI
FABRAZYME	2	MO, HI
JYNARQUE	2	MO, LA
KANUMA	2	MO, HI
KORLYM	3	PA, MO
KUVAN	2	MO
METHITEST	2	MO

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES (continued)

Drug Name	Tier	Requirements/ Limits
<i>methyltestosterone oral capsule</i>	1	MO
MIACALCIN INJECTION	3	MO
<i>miglustat</i>	1	MO, LA
MYALEPT	2	MO, LA
NAGLAZYME	2	MO, HI, LA
NATPARA	3	PA, MO, LA
NOVAREL	2	PA, MO
<i>oxandrolone</i>	1	PA, MO
<i>pamidronate intravenous recon soln</i>	1	MO, HI
<i>pamidronate intravenous solution</i>	1	MO, HI
PARICALCITOL HEMODIALYSIS PORT INJECTION	2	
<i>paricalcitol intravenous</i>	1	HI
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ ML (BRAND)	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ ML (BRAND)	2	MO, HI
<i>paricalcitol oral</i>	1	MO
PARSABIV	2	MO
SAMSCA	2	MO
SENSIPAR	2	MO
SOMAVERT	2	MO
STIMATE	2	MO
STRENSIQ	2	MO, LA

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**ENDOCRINE/DIABETES:
MISCELLANEOUS HORMONES**
(continued)

Drug Name	Tier	Requirements/ Limits
SYNAREL	2	MO
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	MO
<i>testosterone transdermal gel (generic)</i>	1	MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (AndroGel generic)</i>	1	MO
<i>testosterone transdermal gel in packet (AndroGel generic)</i>	1	MO
<i>testosterone transdermal solution in metered pump w/ app (Axiron generic)</i>	1	MO
VIMIZIM	2	MO
ZAVESCA	2	MO, LA
<i>zoledronic acid intravenous solution</i>	1	MO, HI
ZOMETA INTRAVENOUS PIGGYBACK	2	MO, HI

ENDOCRINE/DIABETES: THYROID HORMONES

Drug Name	Tier	Requirements/ Limits
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	1	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous</i>	1	MO, HI
<i>liothyronine oral</i>	1	MO
<i>np thyroid</i>	1	MO
<i>thyroid (pork) oral tablet 30 mg, 60 mg</i>	1	
<i>thyroid (pork) oral tablet 90 mg</i>	1	MO
<i>unithroid</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

GASTROENTEROLOGY: ANTIDIARRHEALS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	MO
CUVPOSA	3	MO
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
MYTESI	2	MO
<i>opium tincture</i>	1	MO
<i>paregoric</i>	1	MO
<i>propantheline</i>	1	MO

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS

Drug Name	Tier	Requirements/ Limits
<i>alosetron</i>	1	MO, QL (60 per 30 days)
AMITIZA	2	MO, QL (60 per 30 days)
<i>aprepitant</i>	1	B/D PA, MO
<i>balsalazide</i>	1	MO
<i>budesonide oral capsule, delayed, extend.release</i>	1	MO
<i>budesonide oral tablet, delayed and ext.release</i>	1	MO
CHOLBAM	2	MO
CIMZIA	3	PA, MO, QL (3 per 28 days)
CIMZIA POWDER FOR RECONST	3	PA, MO, QL (1 per 28 days)
CIMZIA STARTER KIT	3	PA, MO, QL (3 per 28 days)
CINVANTI	2	MO, HI
<i>colocort</i>	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	2	MO
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM	3	MO
<i>dronabinol</i>	1	B/D PA, MO
<i>droperidol injection solution</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**GASTROENTEROLOGY:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
EMEND (FOSAPREPITANT)	2	MO, HI
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	B/D PA, MO
ENTYVIO	2	MO
<i>enulose</i>	1	MO
GATTEX 30-VIAL	3	PA, MO
GATTEX ONE-VIAL	3	PA, MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO, HI
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	MO, HI
<i>granisetron hcl intravenous</i>	1	MO, HI
<i>granisetron hcl oral</i>	1	B/D PA, MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone- pramoxine rectal cream 1-1 %</i>	1	MO
INFLECTRA	2	PA, MO, HI
<i>lactulose</i>	1	MO
LINZESS	2	MO, QL (30 per 30 days)

**GASTROENTEROLOGY:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO, HI
<i>metoclopramide hcl injection syringe</i>	1	HI
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	1	MO
OCALIVA	3	MO, LA, QL (30 per 30 days)
<i>ondansetron hcl (pf)</i>	1	MO, HI
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA, MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA, MO
<i>ondansetron oral tablet, disintegrating</i>	1	B/D PA, MO
OSMOPREP	3	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**GASTROENTEROLOGY:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>peg 3350-electrolytes oral recon soln</i> 236-22.74-6.74 -5.86 gram	1	MO
<i>peg 3350-electrolytes oral recon soln</i> 240-22.72-6.72 -5.84 gram	1	
<i>peg-electrolyte</i>	1	
PENTASA	2	MO
<i>polyethylene glycol 3350</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	3	MO
RELISTOR ORAL	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO
RELISTOR SUBCUTANEOUS SYRINGE	2	MO
REMICADE	2	PA, MO, HI
RENFLEXIS	2	PA, MO, HI
<i>scopolamine base</i>	1	MO

**GASTROENTEROLOGY:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
SUCRAID	2	MO
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	1	MO
SYNDROS	3	B/D PA, MO
<i>trilyte with flavor packets</i>	1	MO
<i>trimethobenzamide oral</i>	1	B/D PA, MO
UCERIS	3	MO
<i>ursodiol</i>	1	MO
VARUBI ORAL	2	B/D PA, MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 3,000-10,000-16,000 UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

GASTROENTEROLOGY: ULCER THERAPY

Drug Name	Tier	Requirements/ Limits
<i>amoxicil-clarithromy-lansopraz</i>	1	MO
CARAFATE ORAL SUSPENSION	2	MO
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	MO
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO, QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO, QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	HI
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO, HI
<i>famotidine (pf)</i>	1	MO, HI
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO, HI
<i>famotidine intravenous solution</i>	1	MO, HI
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO, QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO, QL (60 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel</i>	1	MO

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>misoprostol</i>	1	MO
<i>nizatidine</i>	1	MO
<i>omeppi oral capsule 20-1.1 mg-gram</i>	1	QL (30 per 30 days)
<i>omeppi oral capsule 40-1.1 mg-gram</i>	1	QL (60 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	MO, QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	MO, QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	MO, QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	MO, QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	MO, QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	MO, QL (60 per 30 days)
<i>pantoprazole intravenous</i>	1	MO, HI
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO, QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO, QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	MO, QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>ranitidine hcl injection solution 25 mg/ml</i>	1	MO, HI
<i>ranitidine hcl injection solution 50 mg/2 ml (25 mg/ml)</i>	1	MO, HI
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: BIOTECHNOLOGY DRUGS

Drug Name	Tier	Requirements/ Limits
ACTIMMUNE	2	PA, MO
ARCALYST	2	MO
AVONEX (WITH ALBUMIN)	2	MO, QL (4 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	MO, QL (4 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	MO, QL (4 per 30 days)
GRANIX	2	MO
HUMATROPE	2	PA, MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	2	PA, MO, LA
INTRON A INJECTION	2	PA, MO
LEUKINE INJECTION RECON SOLN	2	MO, HI
MOZOBIL	2	MO
NEULASTA	2	MO, QL (1.2 per 30 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	2	MO, QL (30 per 30 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	2	MO, QL (48 per 30 days)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	2	MO, QL (15 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY:
BIOTECHNOLOGY DRUGS (continued)**

Drug Name	Tier	Requirements/ Limits
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	2	MO, QL (24 per 30 days)
OMNITROPE	2	PA, MO
PEGASYS PROCLICK	2	MO, QL (2 per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	2	MO, QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO, QL (2 per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	2	MO, QL (5 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	MO, QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	MO, QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	MO, QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	MO, QL (1 per 180 days)

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY:
BIOTECHNOLOGY DRUGS (continued)**

Drug Name	Tier	Requirements/ Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA, MO, QL (16 per 30 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA, MO, QL (12 per 30 days)
PROLEUKIN	2	PA, MO, HI
REBIF (WITH ALBUMIN)	2	MO, QL (7.5 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	MO, QL (7.5 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	MO, QL (5 per 28 days)
REBIF TITRATION PACK	2	MO, QL (12 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA, MO
SYLATRON	2	MO
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	2	MO, QL (15 per 30 days)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	2	MO, QL (24 per 30 days)
ZORBTIVE	2	PA, MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS**

Drug Name	Tier	Requirements/ Limits
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT) (PF)	2	MO
AFLURIA 2018-2019	MB	
AFLURIA 2018-2019 (PF)	MB	
AFLURIA QUAD 2018-2019	MB	
AFLURIA QUAD 2018-2019 (PF)	MB	
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BOOSTRIX TDAP	2	MO
BOTOX	3	PA, MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPOURT	3	PA, MO
ENGERIX-B (PF)	2	B/D PA, MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	B/D PA, MO
FLUAD 2018-2019 (65 YR UP)(PF)	MB	
FLUARIX QUAD 2018-2019 (PF)	MB	
FLUBLOK QUAD 2018-2019 (PF)	MB	MO
FLUCELVAX QUAD 2018-2019	MB	
FLUCELVAX QUAD 2018-2019 (PF)	MB	

**IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
FLULAVAL QUAD 2018-2019	MB	
FLULAVAL QUAD 2018-2019 (PF)	MB	
FLUMIST QUAD 2018-2019	MB	
FLUZONE HIGH- DOSE 2018-19 (PF)	MB	MO
FLUZONE QUAD 2018-2019	MB	
FLUZONE QUAD 2018-2019 (PF)	MB	
FLUZONE QUAD PEDI 2018-19 (PF)	MB	
<i>fomepizole</i>	1	HI
GAMASTAN	2	
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	2	PA, MO, HI
<i>GAMMAGARD S-D (IGA < 1 MCG/ML)</i>	2	PA, MO, HI
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA, MO, HI
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA, MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS (continued)

Drug Name	Tier	Requirements/ Limits
GARDASIL 9 (PF)	2	MO
GRASTEK	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF)	2	MO
HYPERRAB (PF)	2	
HYPERRAB S/D (PF)	2	
IMOGAM RABIES-HT (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF)	2	MO
IPOL	2	MO
IXIARO (PF)	2	MO
KEDRAB (PF)	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO

IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS (continued)

Drug Name	Tier	Requirements/ Limits
MENVEO A-C-Y- W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	2	MO
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PENTACEL (PF)	2	MO
PNEUMOVAX 23	MB	MO
PREVNAR 13 (PF)	MB	MO
PROQUAD (PF)	2	MO
QUADRACEL (PF)	2	MO
RABAVERT (PF)	2	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ ML	2	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	B/D PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SHINGRIX (PF)	2	MO
STAMARIL (PF)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

IMMUNOLOGY, VACCINES /
BIOTECHNOLOGY: VACCINES /
MISCELLANEOUS
IMMUNOLOGICALS (continued)

Drug Name	Tier	Requirements/ Limits
TENIVAC (PF)	2	MO
TETANUS, DIPHTHERIA TOX PED(PF)	2	MO
TETANUS- DIPHTHERIA TOXOIDS-TD	2	MO
TICE BCG	2	MO
TRUMENBA	2	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF)	2	MO
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	MO
XEOMIN	3	PA, MO
YF-VAX (PF)	2	MO
ZINPLAVA	2	PA, MO, HI
ZOSTAVAX (PF)	2	MO

MUSCULOSKELETAL /
RHEUMATOLOGY: GOUT THERAPY

Drug Name	Tier	Requirements/ Limits
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	HI
<i>aloprim</i>	1	HI
COLCHICINE ORAL TABLET	2	MO
COLCRYS	2	MO
KRYSTEXXA	3	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
ULORIC	3	MO
ZURAMPIC	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOPOROSIS THERAPY

Drug Name	Tier	Requirements/ Limits
<i>alendronate oral solution</i>	1	MO, QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO, QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO, QL (4 per 28 days)
FORTEO	2	PA, MO, QL (2.4 per 28 days)
<i>ibandronate intravenous</i>	1	MO
<i>ibandronate oral</i>	1	MO, QL (1 per 30 days)
PROLIA	3	PA, MO
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO, QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO, QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO, QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO, QL (4 per 28 days)
TYMLOS	2	PA, MO, QL (1.56 per 30 days)

MUSCULOSKELETAL / RHEUMATOLOGY: OTHER RHEUMATOLOGICALS

Drug Name	Tier	Requirements/ Limits
ACTEMRA INTRAVENOUS	3	PA, MO, HI
ACTEMRA SUBCUTANEOUS	3	PA, MO
BENLYSTA INTRAVENOUS	2	MO, HI
BENLYSTA SUBCUTANEOUS	2	MO
CUPRIMINE	2	MO
DEPEN TITRATABS	3	MO
ENBREL MINI	2	PA, MO, QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA, MO, QL (16 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA, MO, QL (8 per 28 days)
ENBREL SURECLICK	2	PA, MO, QL (8 per 28 days)
HUMIRA	2	PA, MO, QL (6 per 30 days)
HUMIRA PEDIATRIC CROHN'S START	2	PA, MO, QL (6 per 30 days)
HUMIRA PEN	2	PA, MO, QL (6 per 30 days)
HUMIRA PEN CROHN'S-UC-HS START	2	PA, MO, QL (6 per 30 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA, MO, QL (8 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**MUSCULOSKELETAL /
RHEUMATOLOGY: OTHER
RHEUMATOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA, MO, QL (6 per 30 days)
KEVZARA	3	PA, MO
KINERET	2	PA, MO
<i>leflunomide</i>	1	MO, QL (30 per 30 days)
ORENCIA	2	PA, MO
ORENCIA (WITH MALTOSE)	2	PA, MO, HI
ORENCIA CLICKJECT	2	PA, MO
OTEZLA	3	PA, MO, QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	3	PA, MO, QL (55 per 28 days)
RIDAURA	2	MO
SIMPONI ARIA	3	PA, MO, HI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA, MO, QL (4 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA, MO, QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ ML	3	PA, MO, QL (4 per 28 days)

**MUSCULOSKELETAL /
RHEUMATOLOGY: OTHER
RHEUMATOLOGICALS (continued)**

Drug Name	Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA, MO, QL (0.5 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OBSTETRICS / GYNECOLOGY: ESTROGENS / PROGESTINS

Drug Name	Tier	Requirements/ Limits
<i>amabelz</i>	1	MO
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
<i>errin</i>	1	MO
<i>estradiol</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol- norethindrone acet</i>	1	MO
<i>estropipate oral tablet 0.75 mg</i>	1	MO
<i>fyavolv</i>	1	MO
<i>heather</i>	1	MO
<i>hydroxyprogest(pf) (preg presv)</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	MO
<i>incassia</i>	1	
<i>jencycla</i>	1	MO
<i>jevantage lo</i>	1	MO
<i>jinteli</i>	1	MO
<i>jolivette</i>	1	MO
<i>lopreeza</i>	1	MO
<i>lyza</i>	1	MO
MAKENA	3	MO
MAKENA (PF)	3	MO
<i>medroxyprogesterone</i>	1	MO
<i>mimvey</i>	1	MO
<i>mimvey lo</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO

OBSTETRICS / GYNECOLOGY: ESTROGENS / PROGESTINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
<i>norlyda</i>	1	MO
<i>norlyroc</i>	1	
PREMARIN INJECTION	3	MO, HI
<i>progesterone</i>	1	MO
<i>progesterone in oil</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>tulana</i>	1	
<i>yuvaferm</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OBSTETRICS / GYNECOLOGY: MISCELLANEOUS OB/GYN

Drug Name	Tier	Requirements/ Limits
CLEOCIN VAGINAL SUPPOSITORY	2	MO
<i>clindamycin phosphate vaginal</i>	1	MO
GYNAZOLE-1	3	MO
LUPANETA PACK (1 MONTH)	3	MO
LUPANETA PACK (3 MONTH)	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS

Drug Name	Tier	Requirements/ Limits
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethia</i>	1	MO
<i>amethia lo</i>	1	MO
<i>amethyst</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aubra eq</i>	1	
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>balziva (28)</i>	1	MO
<i>bekyree (28)</i>	1	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30 (28)</i>	1	MO
<i>blisovi fe 1/20 (28)</i>	1	MO
<i>briellyn</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant (28)</i>	1	MO
<i>chateal</i>	1	MO
<i>chateal eq</i>	1	
<i>cryselle (28)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO
<i>cyred</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
daysee	1	MO
delyla (28)	1	
desog-e.estradiol/e.estradiol	1	MO
desogestrel-ethinyl estradiol	1	
drospirenone-e.estradiol-lm.fa	1	MO
drospirenone-ethinyl estradiol	1	MO
elinest	1	MO
ELLA	2	
emoquette	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
fayosim	1	MO
femynor	1	MO
gianvi (28)	1	MO
introvale	1	MO
isibloom	1	MO
jolessa	1	MO
juleber	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kaitlib fe	1	MO

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50	1	MO
kimidess (28)	1	MO
kurvelo	1	MO
l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	MO
l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.15 mg-20 mcg/0.15 mg-25 mcg	1	
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
larissia	1	MO
layolis fe	1	MO
leena 28	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estradiol	1	MO
levonorg-eth estradiol triphasic	1	MO
levora-28	1	MO
lillow	1	MO
loryna (28)	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>low-ogestrel (28)</i>	1	MO
<i>lutra (28)</i>	1	MO
<i>marlissa</i>	1	MO
<i>melodetta 24 fe</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	
<i>mono-lynyah</i>	1	MO
<i>mononessa (28)</i>	1	MO
<i>myzilra</i>	1	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>necon 7/7/7 (28)</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e. estradiol-iron</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>ocella</i>	1	MO

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>ogestrel (28)</i>	1	MO
<i>orsythia</i>	1	MO
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella</i>	1	MO
<i>portia</i>	1	MO
<i>previfem</i>	1	MO
<i>quasense</i>	1	MO
<i>rajani</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina fe 1/20 (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri femynor</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lynyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	
<i>trinessa (28)</i>	1	MO
<i>trinessa lo</i>	1	MO
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OBSTETRICS / GYNECOLOGY: ORAL CONTRACEPTIVES / RELATED AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>tri-vylibra</i>	1	
<i>tydemy</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>vylibra</i>	1	
<i>wera (28)</i>	1	MO
<i>wymzya fe</i>	1	MO
<i>zarah</i>	1	MO
<i>zenchent (28)</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO

OBSTETRICS / GYNECOLOGY: OXYTOCICS

Drug Name	Tier	Requirements/ Limits
<i>methergine</i>	1	
<i>methylergonovine injection</i>	1	
<i>methylergonovine oral</i>	1	MO
<i>oxytocin injection solution</i>	1	MO

OPHTHALMOLOGY: ANTIBIOTICS

Drug Name	Tier	Requirements/ Limits
<i>ak-poly-bac</i>	1	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	1	MO
<i>moxifloxacin ophthalmic (eye)</i>	1	MO
NATACYN	2	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OPHTHALMOLOGY: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>trifluridine</i>	1	MO
ZIRGAN	3	MO

OPHTHALMOLOGY: BETA-BLOCKERS

Drug Name	Tier	Requirements/ Limits
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>metipranolol</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: CHOLINESTERASE INHIBITOR MIOTICS

Drug Name	Tier	Requirements/ Limits
PHOSPHOLINE IODIDE	2	MO

OPHTHALMOLOGY: CYCLOPLEGIC MYDRIATICS

Drug Name	Tier	Requirements/ Limits
<i>atropine ophthalmic (eye) drops</i>	1	MO

OPHTHALMOLOGY: DIRECT ACTING MIOTICS

Drug Name	Tier	Requirements/ Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO

OPHTHALMOLOGY: MISCELLANEOUS OPHTHALMOLOGICS

Drug Name	Tier	Requirements/ Limits
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
<i>bss</i>	1	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	2	MO
<i>epinastine</i>	1	MO
LACRISERT	2	MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
RESTASIS	2	MO, QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO, QL (5.5 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OPHTHALMOLOGY: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

Drug Name	Tier	Requirements/Limits
<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

Drug Name	Tier	Requirements/Limits
<i>acetazolamide oral capsule, extended release</i>	1	MO
<i>acetazolamide oral tablet</i>	1	MO
<i>acetazolamide sodium</i>	1	MO, HI
<i>methazolamide</i>	1	MO

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

Drug Name	Tier	Requirements/Limits
<i>bimatoprost ophthalmic (eye)</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
<i>latanoprost</i>	1	MO
<i>miostat</i>	1	
TRAVATAN Z	2	MO

OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

Drug Name	Tier	Requirements/Limits
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	MO
<i>tobramycin-dexamethasone</i>	1	MO

OPHTHALMOLOGY: STEROIDS

Drug Name	Tier	Requirements/Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
FML S.O.P.	2	MO
PRED MILD	2	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: STEROID-SULFONAMIDE COMBINATIONS

Drug Name	Tier	Requirements/Limits
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>sulfacetamide-prednisolone</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

OPHTHALMOLOGY: SULFONAMIDES

Drug Name	Tier	Requirements/ Limits
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO

OPHTHALMOLOGY: SYMPATHOMIMETICS

Drug Name	Tier	Requirements/ Limits
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Drug Name	Tier	Requirements/ Limits
<i>adrenalin injection</i>	1	
<i>carbinoxamine maleate oral liquid</i>	1	MO
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	MO
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>clemastine oral tablet 2.68 mg</i>	1	MO
<i>cyproheptadine</i>	1	MO
<i>desloratadine oral tablet</i>	1	MO
<i>desloratadine oral tablet, disintegrating</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO, HI
<i>diphenhydramine hcl injection syringe</i>	1	MO, HI
<i>diphenhydramine hcl oral elixir</i>	1	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (ADRENALCLICK)	3	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (EPIPEN)	2	MO
EPIPEN	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**RESPIRATORY AND ALLERGY:
ANTI-HISTAMINE / ANTI-ALLERGENIC
AGENTS (continued)**

Drug Name	Tier	Requirements/ Limits
EPIPEN 2-PAK	2	MO
EPIPEN JR	2	MO
EPIPEN JR 2-PAK	2	MO
<i>hydroxyzine hcl intramuscular</i>	1	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PA, MO
<i>hydroxyzine hcl oral tablet</i>	1	PA, MO
<i>hydroxyzine pamoate</i>	1	PA, MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO
<i>phenadoz</i>	1	MO
<i>phenergan rectal</i>	1	
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA, MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	MO
<i>promethazine rectal suppository 50 mg</i>	1	
<i>promethegan</i>	1	MO

**RESPIRATORY AND ALLERGY:
PULMONARY AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine</i>	1	B/D PA, MO
ADCIRCA	2	PA, MO
ADEMPAS	2	PA, MO, LA
ADVAIR DISKUS	3	PA, MO, QL (60 per 30 days)
ADVAIR HFA	3	PA, MO, QL (24 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA, MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	MO
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	HI
<i>aminophylline intravenous solution 500 mg/20 ml</i>	1	HI
ANORO ELLIPTA	2	MO, QL (60 per 30 days)
ARCAPTA NEOHALER	2	MO, QL (30 per 30 days)
ARNUITY ELLIPTA	2	MO, QL (30 per 30 days)
ATROVENT HFA	2	MO, QL (38.7 per 30 days)
BEVESPI AEROSPHERE	2	MO, QL (10.7 per 30 days)
BROVANA	2	B/D PA, MO
<i>budesonide inhalation</i>	1	B/D PA, MO
CINRYZE	2	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**RESPIRATORY AND ALLERGY:
PULMONARY AGENTS (continued)**

Drug Name	Tier	Requirements/ Limits
COMBIVENT RESPIMAT	2	MO, QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA, MO
DALIRESP	2	MO
DULERA	2	MO, QL (26 per 30 days)
ESBRIET	2	PA, MO
FASENRA	2	PA, MO
FIRAZYR	2	MO
FLOVENT DISKUS	2	MO, QL (120 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ ACTUATION	2	MO, QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ ACTUATION	2	MO, QL (36 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ ACTUATION	2	MO, QL (21.2 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO, QL (50 per 30 days)
<i>fluticasone nasal</i>	1	MO, QL (32 per 30 days)
HYPER-SAL	MB	MO
INCRUSE ELLIPTA	2	MO, QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA, MO
<i>ipratropium-albuterol</i>	1	B/D PA, MO
KALYDECO	2	PA, MO
LETAIRIS	2	PA, MO, LA

**RESPIRATORY AND ALLERGY:
PULMONARY AGENTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>levalbuterol hcl</i>	1	B/D PA, MO
<i>metaproterenol</i>	1	MO
<i>mometasone nasal</i>	1	MO, QL (34 per 30 days)
<i>montelukast</i>	1	MO
<i>nebusal inhalation solution for nebulization 3 %</i>	MB	MO
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	MB	MO
NUCALA	2	PA, MO, LA
OFEV	2	PA, MO
OPSUMIT	2	PA, MO, LA
ORKAMBI ORAL GRANULES IN PACKET	2	PA, MO, QL (56 per 28 days)
ORKAMBI ORAL TABLET	2	PA, MO, QL (112 per 28 days)
PROAIR HFA	2	MO, QL (25.5 per 30 days)
PROAIR RESPICLICK	2	MO, QL (3 per 30 days)
<i>pulmosal</i>	MB	MO
PULMOZYME	2	B/D PA, MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	2	PA, MO
RUCONEST	2	MO, HI
SEREVENT DISKUS	2	MO, QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**RESPIRATORY AND ALLERGY:
PULMONARY AGENTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA, HI
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA, MO
<i>sodium chloride inhalation</i>	MB	MO
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	MO, QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (28 ACTUAT)	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO, QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	MO, QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (28 ACTUAT)	2	QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO, QL (4 per 30 days)
SYMBICORT	2	MO, QL (20.4 per 30 days)
SYMDEKO	2	PA, MO, QL (56 per 28 days)
<i>tadalafil (antihypertensive)</i>	1	PA, MO
<i>terbutaline</i>	1	MO

**RESPIRATORY AND ALLERGY:
PULMONARY AGENTS (continued)**

Drug Name	Tier	Requirements/ Limits
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i>	1	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRACLEER	2	PA, MO, LA
TYVASO	2	B/D PA, MO
TYVASO INSTITUTIONAL START KIT	2	B/D PA
TYVASO REFILL KIT	2	B/D PA, MO
TYVASO STARTER KIT	2	B/D PA, MO
VENTAVIS	2	B/D PA, MO
XOLAIR	2	PA, MO, LA
<i>zafirlukast</i>	1	MO
<i>zileuton oral tablet, extended release 12hr mphase</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

UROLOGICALS: ANTICHOLINERGICS / ANTISPASMODICS

Drug Name	Tier	Requirements/ Limits
<i>darifenacin oral tablet extended release 24 hr</i>	1	MO
<i>flavoxate</i>	1	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>tolterodine oral capsule, extended release 24hr</i>	1	MO
<i>tolterodine oral tablet</i>	1	MO
<i>trospium oral capsule, extended release 24hr</i>	1	MO
<i>trospium oral tablet</i>	1	MO

UROLOGICALS: BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

Drug Name	Tier	Requirements/ Limits
<i>alfuzosin oral tablet extended release 24 hr</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin oral capsule, extended release 24hr</i>	1	MO

UROLOGICALS: CHOLINERGIC STIMULANTS

Drug Name	Tier	Requirements/ Limits
<i>bethanechol chloride</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

UROLOGICALS: MISCELLANEOUS UROLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>alprostadil</i>	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA, MO, QL (30 per 30 days)
CYSTAGON	2	MO, LA
ELMIRON	2	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	MO
PROCYSBI	2	MO

VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

Drug Name	Tier	Requirements/ Limits
<i>albumin, human 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	MO
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
<i>buminate 5 %</i>	1	
<i>plasbumin 25 %</i>	1	MO
<i>plasbumin 5 %</i>	1	

VITAMINS, HEMATINICS / ELECTROLYTES: ELECTROLYTES

Drug Name	Tier	Requirements/ Limits
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO
<i>calcium chloride</i>	1	
<i>calcium gluconate intravenous</i>	1	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>eliphos</i>	1	MO
GLYCOPHOS	2	
<i>k-effervescent</i>	1	MO
<i>klor-con 10 oral tablet extended release</i>	1	MO
<i>klor-con 20 meq packet</i>	1	MO
<i>klor-con 8 oral tablet extended release</i>	1	MO
<i>klor-con m10 oral tablet,er particles/ crystals</i>	1	MO
<i>klor-con m15 oral tablet,er particles/ crystals</i>	1	MO
<i>klor-con m20 oral tablet,er particles/ crystals</i>	1	MO
<i>klor-con sprinkle oral capsule, extended release</i>	1	MO
<i>klor-con/ef</i>	1	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>magnesium chloride injection</i>	1	MO
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO, HI
<i>magnesium sulfate injection syringe</i>	1	HI
NORMOSOL-R	3	MO
NORMOSOL-R IN 5 % DEXTROSE	3	HI
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium bicarb and chloride</i>	1	MO
<i>potassium bicarb-citric acid</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	HI

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l</i>	1	HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	1	HI
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	1	MO, HI
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml</i>	1	MO, HI
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	1	HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml</i>	1	HI
<i>potassium chloride intravenous solution</i>	1	MO, HI
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet</i>	1	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	1	HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	1	HI
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	HI

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO, HI
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	HI
<i>potassium phosphate m-/d-basic</i>	1	
<i>ringer's intravenous</i>	1	HI
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous solution</i>	1	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	1	MO
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO, HI
<i>sodium chloride 0.45 % intravenous piggyback</i>	1	HI
<i>sodium chloride 3 %</i>	1	MO, HI
<i>sodium chloride 5 %</i>	1	HI
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	MO, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

**VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	1	MO, HI
<i>sodium lactate intravenous</i>	1	HI
<i>sodium phosphate</i>	1	MO

**VITAMINS, HEMATINICS /
ELECTROLYTES: MISCELLANEOUS
NUTRITION PRODUCTS**

Drug Name	Tier	Requirements/ Limits
AMINOSYN 10 %	3	B/D PA, HI
AMINOSYN 7 % WITH ELECTROLYTES	3	B/D PA, HI
AMINOSYN 8.5 %	3	B/D PA, HI
AMINOSYN 8.5 %- ELECTROLYTES	3	B/D PA, HI
AMINOSYN II 10 %	3	B/D PA, HI
AMINOSYN II 15 %	3	B/D PA, HI
AMINOSYN II 7 %	3	B/D PA, HI
AMINOSYN II 8.5 %	3	B/D PA, HI
AMINOSYN II 8.5 %- ELECTROLYTES	3	B/D PA, HI
AMINOSYN M 3.5 %	3	B/D PA, HI
AMINOSYN-HBC 7%	3	B/D PA, HI
AMINOSYN-PF 10 %	3	B/D PA, HI
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA, HI
AMINOSYN-RF 5.2 %	3	B/D PA, HI
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA, HI
CLINIMIX 5%/D25W SULFITE-FREE	3	B/D PA, HI
CLINIMIX 2.75%/D5W SULFIT FREE	3	B/D PA, HI
CLINIMIX 4.25%/ D10W SULF FREE	3	B/D PA, HI
CLINIMIX 4.25%- D20W SULF-FREE	3	B/D PA, HI
CLINIMIX 4.25%- D25W SULF-FREE	3	B/D PA, HI
CLINIMIX 5%-D20W (SULFITE-FREE)	3	B/D PA, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

VITAMINS, HEMATINICS /
ELECTROLYTES: MISCELLANEOUS
NUTRITION PRODUCTS (continued)

Drug Name	Tier	Requirements/ Limits
CLINIMIX E 4.25%/D10W SUL FREE	3	B/D PA, HI
CLINIMIX E 4.25%/D25W SUL FREE	3	B/D PA, HI
CLINIMIX E 4.25%/D5W SULF FREE	3	B/D PA, HI
CLINIMIX E 5%/D15W SULFIT FREE	3	B/D PA, HI
CLINIMIX E 5%/D20W SULFIT FREE	3	B/D PA, HI
CLINIMIX E 5%/D25W SULFIT FREE	3	B/D PA, HI
CLINIMIX N14G30E 4.25%-D15W SF	3	B/D PA, HI
CLINIMIX N9G15E 2.75%-D7.5W SF	3	B/D PA, HI
<i>cysteine (l-cysteine) intravenous solution</i>	1	B/D PA
<i>electrolyte-48 in d5w</i>	1	
FREAMINE HBC 6.9 %	3	B/D PA, HI
<i>freamine iii 10 %</i>	1	B/D PA
HEPATAMINE 8%	3	B/D PA, HI
<i>hetastarch 6 % in 0.9 % nacl</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA, HI
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA, HI
NEPHRAMINE 5.4 %	3	B/D PA, HI
NORMOSOL-M IN 5 % DEXTROSE	3	HI
NORMOSOL-R PH 7.4	3	HI

VITAMINS, HEMATINICS /
ELECTROLYTES: MISCELLANEOUS
NUTRITION PRODUCTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>plasmanate</i>	1	
<i>plenamine</i>	1	B/D PA, HI
<i>premasol 10 %</i>	1	B/D PA, MO, HI
PREMASOL 6 %	3	B/D PA, HI
PROCALAMINE 3%	3	B/D PA, HI
PROSOL 20 %	3	B/D PA, MO, HI
SMOFLIPID	3	B/D PA, HI
<i>travasol 10 %</i>	1	B/D PA, MO, HI
TROPHAMINE 10 %	3	B/D PA, MO, HI
TROPHAMINE 6%	3	B/D PA, HI

You can find information on what the symbols and abbreviations on this table mean by going to page(s) 6 and 7.

VITAMINS, HEMATINICS / ELECTROLYTES: VITAMINS / HEMATINICS

Drug Name	Tier	Requirements/ Limits
<i>fluoride (sodium) oral drops</i>	1	MO
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	1	MO
<i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>	1	MO
<i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	1	MO
<i>multi-vit with fluoride-iron</i>	1	MO
<i>multivitamin with fluoride</i>	1	MO
<i>multi-vitamin with fluoride oral drops</i>	1	MO
<i>multivitamins with fluoride</i>	1	MO
<i>mvc-fluoride</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO
<i>tri-vitamin with fluoride</i>	1	MO
<i>tri-vite with fluoride</i>	1	
<i>vitamins a,c,d and fluoride</i>	1	MO

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AMPYRA.	33	aspirin-dipyridamole oral capsule, er multiphase 12 hr.	50
ANADROL-50.	68	ASTAGRAF XL.	21
anagrelide.	60	atazanavir.	9
anastrozole.	21	atenolol.	46
ANDEXXA.	50	atenolol-chlorthalidone.	46
anectine.	34	atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 80 mg.	40
ANORO ELLIPTA.	89	atomoxetine oral capsule 40 mg, 60 mg.	40
apexicon e.	58	atorvastatin.	52
APOKYN.	31	atovaquone.	14
apraclonidine.	88	atovaquone-proguanil.	14
aprepitant.	70	ATRIPLA.	9
apri.	82	atropine injection solution 0.4 mg/ml.	70
APTIOM.	29	atropine injection syringe 0.05 mg/ml, 0.1 mg/ml.	70
APTIVUS ORAL CAPSULE.	9	atropine ophthalmic (eye) drops.	86
APTIVUS ORAL SOLUTION.	9	ATROVENT HFA.	89
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG.	60	AUBAGIO.	33
		aubra.	82
		aubra eq.	82
		AUSTEDO.	33
		AVANDIA ORAL TABLET 2 MG, 4 MG.	65
		AVASTIN.	22
		aviane.	82
		avita topical cream.	55
		AVONEX (WITH ALBUMIN).	74

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azathioprine.	22
azathioprine sodium.	22
azelastine nasal.	63
azelastine ophthalmic (eye).	86
azithromycin intravenous.	13
azithromycin oral.	13
aztreonam injection recon soln 1 gram.	14
aztreonam injection recon soln 2 gram.	14
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bacitracin intramuscular.	14
bacitracin ophthalmic (eye).	85
bacitracin-polymyxin b ophthalmic (eye).	85
baclofen oral tablet 10 mg, 20 mg.	34
bacteriostatic water(parabens).	60
balanced salt.	86
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balziva (28).	82
BANZEL.	29
BARACLUDGE ORAL SOLUTION.	9
BAVENCIO.	22
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BCG VACCINE, LIVE (PF).	76
bd pre-filled normal saline.	60
bekyree (28).	82
BELEODAQ.	22
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BENDEKA.	22
BENLYSTA INTRAVENOUS.	79
BENLYSTA SUBCUTANEOUS.	79
BENZNIDAZOLE.	14
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benztropine oral.	31
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betamethasone dipropionate.	58
betamethasone valerate.	58
betamethasone, augmented.	58
betaxolol ophthalmic (eye).	86
betaxolol oral.	46
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bicalutamide.	22
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BRIVIACT INTRAVENOUS.	29
BRIVIACT ORAL.	29
bromfenac.	87
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budesonide oral capsule, delayed, extend. release.	70
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bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml).	56
bupivacaine-dextrose-water(pf).	60
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bupropion hcl (smoking deter) oral tablet extended release.	62
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butalbital-acetaminophen-caff oral capsule.	35
butalbital-acetaminophen-caff oral tablet 50-325-40 mg.	35
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calcipotriene.	54
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carbamazepine oral tablet.	29

carbamazepine oral tablet extended release 12 hr.	29	cefdinir.	12
carbamazepine oral tablet, chewable.	29	cefepime.	12
carbidopa.	31	cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml.	12
carbidopa-levodopa oral tablet.	31	cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml.	12
carbidopa-levodopa oral tablet extended release.	31	cefixime.	12
carbidopa-levodopa oral tablet, disintegrating	31	cefotaxime injection recon soln 1 gram, 2 gram, 500 mg.	12
carbidopa-levodopa-entacapone.	31	cefotetan injection.	12
carbinoxamine maleate oral liquid.	88	cefotetan intravenous.	12
carbinoxamine maleate oral tablet 4 mg.	88	cefoxitin in dextrose, iso-osm.	12
carbinoxamine maleate oral tablet 6 mg.	88	cefoxitin intravenous recon soln 1 gram, 2 gram.	12
carbocaine (pf) injection solution 15 mg/ml (1.5 %).	56	cefoxitin intravenous recon soln 10 gram.	12
carboplatin intravenous solution.	22	cefpodoxime.	12
cardioplegic soln.	53	cefprozil.	12
carisoprodol.	34	ceftazidime injection recon soln 1 gram, 2 gram.	12
carisoprodol-asa-codeine.	34	ceftazidime injection recon soln 6 gram.	12
carisoprodol-aspirin.	34	ceftriaxone in dextrose, iso-os.	12
carteolol.	86	ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg.	12
cartia xt oral capsule, extended release 24hr.	46	ceftriaxone injection recon soln 10 gram.	12
carvedilol.	47	ceftriaxone intravenous.	12
carvedilol phosphate oral capsule, er multiphase 24 hr.	47	cefuroxime axetil oral tablet.	12
caspofungin.	8	cefuroxime sodium injection recon soln 750 mg.	13
CAYSTON.	14	cefuroxime sodium intravenous recon soln 1.5 gram.	13
caziant (28).	82	cefuroxime sodium intravenous recon soln 7.5 gram.	13
cefaclor oral capsule.	12	celecoxib.	38
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml.	12	CELLCEPT INTRAVENOUS.	22
cefaclor oral suspension for reconstitution 375 mg/5 ml.	12	CELONTIN ORAL CAPSULE 300 MG.	29
cefaclor oral tablet extended release 12 hr.	12	cephalexin.	13
cefadroxil oral capsule.	12	CERDELGA.	68
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml.	12	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.	68
cefadroxil oral tablet.	12	cetirizine oral solution 1 mg/ml.	88
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml.	12	cevimeline.	60
cefazolin injection recon soln 1 gram, 500 mg	12	CHANTIX.	62
cefazolin injection recon soln 10 gram.	12	CHANTIX CONTINUING MONTH BOX.	62
cefazolin injection recon soln 100 gram, 20 gram, 300 g.	12	CHANTIX STARTING MONTH BOX.	62
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chateal.	82	ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml.	18
chateal eq.	82	ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml.	18
CHEMET.	60	cisplatin.	22
chloramphenicol sod succinate.	14	citalopram oral solution.	41
chlordiazepoxide hcl.	41	citalopram oral tablet.	41
chlordiazepoxide-clidinium.	70	cladribine.	22
chlorhexidine gluconate mucous membrane.	63	claravis.	55
chlorprocaine (pf).	56	clarithromycin oral suspension for reconstitution.	13
chloroquine phosphate.	14	clarithromycin oral tablet.	13
chlorothiazide.	47	clarithromycin oral tablet extended release 24 hr.	13
chlorothiazide sodium.	47	clemastine oral tablet 2.68 mg.	88
chlorpromazine injection.	41	cleocin intravenous solution 300 mg/2 ml.	14
chlorpromazine oral.	41	CLEOCIN VAGINAL SUPPOSITORY.	82
chlorpropamide.	65	clindacin etz topical swab.	55
chlorthalidone oral tablet 25 mg, 50 mg.	47	clindacin p.	55
chlorzoxazone oral tablet 250 mg.	34	clindamycin hcl.	14
chlorzoxazone oral tablet 500 mg.	34	clindamycin in 5 % dextrose.	14
CHOLBAM.	70	clindamycin palmitate hcl.	14
cholestyramine (with sugar).	52	clindamycin pediatric.	15
cholestyramine light.	52	clindamycin phosphate injection.	15
CHORIONIC GONADOTROPIN, HUMAN.	68	clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml.	15
CIALIS ORAL TABLET 2.5 MG, 5 MG.	93	clindamycin phosphate intravenous solution 600 mg/4 ml.	15
ciclodan.	58	clindamycin phosphate topical foam.	55
ciclopirox.	58	clindamycin phosphate topical gel.	55
cidofovir.	9	clindamycin phosphate topical lotion.	55
cilostazol.	50	clindamycin phosphate topical solution.	55
CIMDUO.	9	clindamycin phosphate topical swab.	55
cimetidine.	73	clindamycin phosphate vaginal.	82
cimetidine hcl oral.	73	clindamycin-benzoyl peroxide.	55
CIMZIA.	70	clindamycin-tretinoin.	55
CIMZIA POWDER FOR RECONST.	70	CLINIMIX 5%/D15W SULFITE FREE.	96
CIMZIA STARTER KIT.	70	CLINIMIX 5%/D25W SULFITE-FREE.	96
CINRYZE.	89	CLINIMIX 2.75%/D5W SULFIT FREE.	96
CINVANTI.	70	CLINIMIX 4.25%-D20W SULF-FREE.	96
CIPRODEX.	63	CLINIMIX 4.25%-D25W SULF-FREE.	96
ciprofloxacin.	18	CLINIMIX 4.25%/D10W SULF FREE.	96
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr.	18	CLINIMIX 4.25%/D5W SULFIT FREE.	60
ciprofloxacin hcl ophthalmic (eye).	85		
ciprofloxacin hcl oral.	18		
ciprofloxacin hcl otic (ear).	63		

CLINIMIX 5%-D20W(SULFITE-FREE).	96	colesevelam oral powder in packet.	52
CLINIMIX E 2.75%/D10W SUL FREE.	60	colesevelam oral tablet.	52
CLINIMIX E 2.75%/D5W SULF FREE.	60	colestipol.	52
CLINIMIX E 4.25%/D10W SUL FREE.	97	colistin (colistimethate na).	15
CLINIMIX E 4.25%/D25W SUL FREE.	97	colocort.	70
CLINIMIX E 4.25%/D5W SULF FREE.	97	COMBIVENT RESPIMAT.	90
CLINIMIX E 5%/D15W SULFIT FREE.	97	COMETRIQ.	22
CLINIMIX E 5%/D20W SULFIT FREE.	97	COMPLERA.	9
CLINIMIX E 5%/D25W SULFIT FREE.	97	compro.	70
CLINIMIX N14G30E 4.25%-D15W SF.	97	CONDYLOX TOPICAL GEL.	55
CLINIMIX N9G15E 2.75%-D7.5W SF.	97	constulose.	70
CLINIMIX N9G20E 2.75%-D10W(SF).	60	coremino oral tablet extended release 24 hr.	19
clobetasol.	58	CORLANOR.	53
clobetasol-emollient.	58	cortisone.	64
clodan.	58	COSENTYX.	54
clofarabine.	22	COSENTYX (2 SYRINGES).	54
clomiphene citrate.	68	COSENTYX PEN.	54
clomipramine.	41	COSENTYX PEN (2 PENS).	54
clonazepam oral tablet.	29	COTELLIC.	22
clonazepam oral tablet,disintegrating.	29	CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC).	70
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml).	47	CRESEMBA INTRAVENOUS.	8
clonidine (pf) epidural solution 5,000 mcg/10 ml.	38	CRESEMBA ORAL.	8
clonidine hcl oral tablet.	47	CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	9
clonidine hcl oral tablet extended release 12 hr.	41	cromolyn inhalation.	90
clonidine transdermal.	47	cromolyn ophthalmic (eye).	86
clopidogrel.	50	cromolyn oral.	70
clorazepate dipotassium.	41	crotan.	59
clotrimazole mucous membrane.	8	cryselle (28).	82
clotrimazole topical.	58	CUPRIMINE.	79
clotrimazole-betamethasone.	58	CUVPOSA.	70
clozapine oral tablet.	41	cyclafem 1/35 (28).	82
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg.	41	cyclafem 7/7/7 (28).	82
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG (BRAND).	41	cyclobenzaprine oral tablet.	34
COARTEM.	15	cyclophosphamide intravenous.	22
codeine sulfate oral tablet.	35	cyclophosphamide oral capsule.	22
codeine-butalbital-asa-caff.	35	CYCLOSERINE.	15
COLCHICINE ORAL TABLET.	78	CYCLOSET.	65
COLCRY.	78	cyclosporine intravenous.	22
		cyclosporine modified.	22
		cyclosporine oral capsule.	22
		cyproheptadine.	88

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CYSTADANE.	70
CYSTAGON.	93
CYSTARAN.	86
cysteine (l-cysteine) intravenous solution. . .	97
cytarabine.	22
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml).	22
cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml).	22
cytarabine (pf) injection solution 20 mg/ml. .	22

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d10 %-0.45 % sodium chloride.	60
d2.5 %-0.45 % sodium chloride.	60
d5 % and 0.9 % sodium chloride.	60
d5 %-0.45 % sodium chloride.	60
dacarbazine intravenous recon soln 100 mg. .	22
dacarbazine intravenous recon soln 200 mg. .	22
dactinomycin.	22
DAKLINZA ORAL TABLET 30 MG.	9
DAKLINZA ORAL TABLET 60 MG, 90 MG. . . .	9
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DAPTACEL (DTAP PEDIATRIC) (PF).	76
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daptomycin intravenous recon soln 500 mg. .	15
DARAPRIM.	15
darifenacin oral tablet extended release 24 hr	92
DARZALEX.	22
dasetta 1/35 (28).	82
dasetta 7/7/7 (28).	82
daunorubicin intravenous solution.	22
daysee.	83
deblitane.	81
decadron.	64

decitabine.	22
deferoxamine.	60
deltasone oral tablet 20 mg.	64
delyla (28).	83
demeclocycline.	19
demerol (pf) injection solution 100 mg/ml. . .	35
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DENAVIR.	58
denta 5000 plus.	63
dentagel.	63
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DESCOVY.	9
desipramine.	41
desloratadine oral tablet.	88
desloratadine oral tablet,disintegrating.	88
desmopressin injection.	68
desmopressin nasal spray with pump.	68
desmopressin nasal spray,non-aerosol.	68
desmopressin oral.	68
desog-e.estradiol/e.estradiol.	83
desogestrel-ethinyl estradiol.	83
desonide.	58
desoximetasone.	58
desvenlafaxine succinate oral tablet extended release 24 hr.	41
dexamethasone intensol.	64
dexamethasone oral elixir.	64
dexamethasone oral solution.	64
dexamethasone oral tablet.	64
dexamethasone oral tablets,dose pack.	64
dexamethasone sodium phos (pf).	64
dexamethasone sodium phosphate injection solution 10 mg/ml.	64
dexamethasone sodium phosphate injection solution 4 mg/ml.	64
dexamethasone sodium phosphate injection syringe.	64
dexamethasone sodium phosphate ophthalmic (eye).	87
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 5 mg. .	41
dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 25 mg, 35 mg.	41

dexmethylphenidate oral tablet.	41	diclofenac sodium ophthalmic (eye).	87
dexrazoxane hcl intravenous recon soln 250 mg.	21	diclofenac sodium oral tablet extended release 24 hr.	38
dexrazoxane hcl intravenous recon soln 500 mg.	21	diclofenac sodium oral tablet, delayed release (dr/ec).	38
dextroamphetamine oral capsule, extended release.	41	diclofenac sodium topical drops.	38
dextroamphetamine oral solution.	41	diclofenac sodium topical gel 1 %.	38
dextroamphetamine oral tablet.	41	diclofenac sodium topical gel 3 %.	55
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 25 mg, 5 mg.	41	diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic.	38
dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 30 mg.	41	dicloxacillin.	17
dextroamphetamine-amphetamine oral tablet	41	dicyclomine intramuscular.	70
dextrose 10 % and 0.2 % nacl.	60	dicyclomine oral capsule.	70
dextrose 10 % in water (d10w).	60	dicyclomine oral solution.	70
dextrose 20 % in water (d20w).	60	dicyclomine oral tablet.	70
dextrose 25 % in water (d25w).	60	didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg.	9
dextrose 30 % in water (d30w).	60	DIFICID.	13
dextrose 40 % in water (d40w).	60	diflorasone.	58
dextrose 5 % in water (d5w) intravenous parenteral solution.	60	diflunisal.	38
dextrose 5 % in water (d5w) intravenous piggyback.	60	digitek.	50
dextrose 5 %-lactated ringers.	60	digox.	50
dextrose 5%-0.2 % sod chloride.	60	digoxin injection solution.	50
dextrose 5%-0.3 % sod.chloride.	60	digoxin oral solution 50 mcg/ml.	50
dextrose 50 % in water (d50w) intravenous parenteral solution.	61	digoxin oral tablet.	50
dextrose 50 % in water (d50w) intravenous syringe.	61	dihydroergotamine injection.	32
dextrose 70 % in water (d70w).	61	dihydroergotamine nasal.	32
dextrose with sodium chloride.	61	DILANTIN 30 MG.	29
DIASTAT.	29	dilt-xr oral capsule, ext release degradable.	47
DIASTAT ACUDIAL.	29	diltiazem hcl intravenous.	47
diazepam injection solution.	41	diltiazem hcl oral capsule, extended release.	47
diazepam injection syringe.	41	diltiazem hcl oral capsule, ext release degradable.	47
diazepam intensol.	41	diltiazem hcl oral capsule, extended release 12 hr.	47
diazepam oral concentrate.	41	diltiazem hcl oral capsule, extended release 24hr.	47
diazepam oral solution 5 mg/5 ml (1 mg/ml).	41	diltiazem hcl oral tablet.	47
diazepam oral tablet.	41	diltiazem hcl oral tablet extended release 24 hr.	47
diazepam rectal.	29	dimenhydrinate injection solution.	70
diclofenac potassium.	38	DIPENTUM.	70
		diphenhydramine hcl injection solution 50 mg/ml.	88

diphenhydramine hcl injection syringe.	88	dorzolamide.	87
diphenhydramine hcl oral elixir.	88	dorzolamide-timolol.	87
diphenoxylate-atropine.	70	dorzolamide-timolol (pf) ophthalmic (eye) dropperette.	87
dipyridamole intravenous.	50	doxazosin.	47
dipyridamole oral.	50	doxepin oral.	42
disopyramide phosphate oral capsule.	45	doxepin topical.	55
disulfiram.	61	doxercalciferol intravenous.	68
divalproex oral capsule, sprinkle.	29	doxercalciferol oral.	68
divalproex oral tablet extended release 24 hr	29	doxorubicin intravenous recon soln 10 mg. .	23
divalproex oral tablet, delayed release (dr/ec)	29	doxorubicin intravenous recon soln 50 mg. .	23
dobutamine.	53	doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml.	23
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml).	53	doxorubicin intravenous solution 50 mg/25 ml	23
dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml). . . .	53	doxorubicin, peg-liposomal.	23
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml).	23	doxy-100.	19
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml).	23	doxycycline hyclate intravenous.	19
docetaxel intravenous solution 20 mg/2 ml (10 mg/ml).	23	doxycycline hyclate oral capsule.	19
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML (BRAND).	23	doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg.	19
docetaxel intravenous solution 80 mg/4 ml (20 mg/ml).	23	doxycycline hyclate oral tablet 50 mg.	19
dofetilide.	45	doxycycline hyclate oral tablet, delayed release (dr/ec).	19
donepezil oral tablet.	33	doxycycline monohydrate oral capsule.	19
donepezil oral tablet, disintegrating.	33	doxycycline monohydrate oral suspension for reconstitution.	19
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml).	53	doxycycline monohydrate oral tablet.	19
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml).	53	dronabinol.	70
dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml).	53	droperidol injection solution.	70
dopamine intravenous solution 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml).	53	drospirenone-e.estradiol-lm.fa.	83
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EDURANT.	9	enoxaparin subcutaneous syringe 30 mg/0.3 ml.	50
efavirenz.	9	enoxaparin subcutaneous syringe 40 mg/0.4 ml.	50
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FIRAZYR.	90	fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid).	98
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freamine iii 10 %.	97	GAZYVA.	24
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furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml).	47	gemcitabine intravenous recon soln 1 gram.	24
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gabapentin oral solution 250 mg/5 ml.	29	gengraf oral solution.	24
		gentak ophthalmic (eye) ointment.	85

gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml.	15
gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 90 mg/100 ml.	15
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml.	15
gentamicin injection solution 20 mg/2 ml.	15
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heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml).	51
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heparin flush(porcine)-0.9nacl.	51	HUMULIN R U-500 (CONC) INSULIN.	66
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heparin lock flush (porcine) intravenous solution.	51	HYCAMTIN ORAL.	24
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heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml.	51	hydralazine oral.	47
heparin, porcine (pf) injection.	51	hydrochlorothiazide.	47
heparin, porcine (pf) intravenous syringe 1 unit/ml.	51	hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml.	35
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml.	51	hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg.	36
HEPATAMINE 8%.	97	hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg.	36
HERCEPTIN.	24	hydrocortisone butyr-emollient.	59
hetastarch 6 % in 0.9 % nacl.	97	hydrocortisone butyrate.	58
HETLIOZ.	42	hydrocortisone oral.	64
HEXALEN.	24	hydrocortisone rectal.	71
HIBERIX (PF).	77	hydrocortisone topical cream 1 %, 2.5 %.	59
HORIZANT.	33	hydrocortisone topical cream with perineal applicator.	71
HUMALOG JUNIOR KWIKPEN U-100.	66	hydrocortisone topical lotion 2.5 %.	59
HUMALOG KWIKPEN INSULIN.	66	hydrocortisone topical ointment 1 %, 2.5 %.	59
HUMALOG MIX 50-50 INSULN U-100.	66	hydrocortisone valerate.	59
HUMALOG MIX 50-50 KWIKPEN.	66	hydrocortisone-acetic acid.	63
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HUMALOG U-100 INSULIN.	66	hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml.	36
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HUMIRA PEDIATRIC CROHN'S START.	79	hydromorphone injection solution 2 mg/ml, 4 mg/ml.	36
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HUMIRA PEN CROHN'S-UC-HS START.	79	hydromorphone injection syringe 4 mg/ml.	36
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HUMULIN 70/30 U-100 KWIKPEN.	66	hydroxychloroquine.	15
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hydroxyzine hcl intramuscular.	89	indomethacin oral capsule, extended release	39
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hydroxyzine hcl oral tablet.	89	INFANRIX (DTAP) (PF).	77
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ifosfamide intravenous recon soln 3 gram.	24	ipratropium bromide nasal spray,non-aerosol	
ifosfamide intravenous solution.	24	0.03 %.	63
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KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG.	25

L

l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7).	83
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg.	83
labetalol intravenous solution.	48
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml).	48
labetalol oral.	48
LACRISERT.	86
lactated ringers intravenous.	93
lactated ringers irrigation.	59
lactulose.	71
lamivudine.	9
lamivudine-zidovudine.	10
lamotrigine oral tablet.	29
lamotrigine oral tablet disintegrating, dose pk	29
lamotrigine oral tablet extended release 24hr	29
lamotrigine oral tablet, chewable dispersible.	29
lamotrigine oral tablet,disintegrating.	29
lamotrigine oral tablets,dose pack.	29

lansoprazole oral capsule,delayed release(dr/ ec) 15 mg.	73
lansoprazole oral capsule,delayed release(dr/ ec) 30 mg.	73
lansoprazole oral tablet,disintegrating, delay rel	73
lanthanum oral tablet,chewable.	61
LANTUS SOLOSTAR U-100 INSULIN.	66
LANTUS U-100 INSULIN.	66
larin 1.5/30 (21).	83
larin 1/20 (21).	83
larin 24 fe.	83
larin fe 1.5/30 (28).	83
larin fe 1/20 (28).	83
larissia.	83
LARTRUVO.	25
latanoprost.	87
LATUDA.	42
layolis fe.	83
leena 28.	83
leflunomide.	80
LEMTRADA.	33
LENVIMA.	25
lessina.	83
LETAIRIS.	90
letrozole.	25
leucovorin calcium injection recon soln 100 mg, 350 mg.	21
leucovorin calcium injection recon soln 200 mg, 50 mg.	21
leucovorin calcium injection recon soln 500 mg.	21
leucovorin calcium oral.	21
LEUKERAN.	25
LEUKINE INJECTION RECON SOLN.	74
leuprolide subcutaneous kit.	25
levalbuterol hcl.	90
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml.	30
levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml.	30
levetiracetam intravenous.	30
levetiracetam oral solution 100 mg/ml.	30

levetiracetam oral solution 500 mg/5 ml (5 ml)	30	lidocaine hcl injection solution 20 mg/ml (2 %).	57
levetiracetam oral tablet.	30	lidocaine hcl laryngotracheal.	57
levetiracetam oral tablet extended release 24 hr.	30	lidocaine hcl mucous membrane jelly.	57
levobunolol ophthalmic (eye) drops 0.5 %	86	lidocaine hcl mucous membrane jelly in applicator.	57
levocarnitine (with sugar).	61	lidocaine hcl mucous membrane solution 4 % (40 mg/ml).	57
levocarnitine oral tablet.	61	lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %).	45
levocetirizine oral solution.	89	lidocaine topical adhesive patch, medicated.	57
levocetirizine oral tablet.	89	lidocaine topical ointment.	57
levofloxacin in d5w intravenous piggyback 250 mg/50 ml.	18	lidocaine viscous.	57
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml.	18	lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000.	57
levofloxacin intravenous.	18	lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000.	57
levofloxacin ophthalmic (eye).	85	lidocaine-prilocaine topical cream.	57
levofloxacin oral.	18	lillow.	83
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG (BRAND).	21	lincomycin.	15
levoleucovorin intravenous recon soln 50 mg	21	lindane topical shampoo.	59
levoleucovorin intravenous solution.	21	linezolid.	15
levonest (28).	83	linezolid in dextrose 5%.	16
levonorg-eth estrad triphasic.	83	linezolid-0.9% sodium chloride.	16
levonorgestrel-ethinyl estrad.	83	LINZESS.	71
levora-28.	83	liothyronine intravenous.	69
levorphanol tartrate.	36	liothyronine oral.	69
levothyroxine intravenous recon soln 200 mcg, 500 mcg.	69	lisinopril.	48
levothyroxine oral.	69	lisinopril-hydrochlorothiazide.	48
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg.	69	lithium carbonate oral capsule.	42
LEXIVA ORAL SUSPENSION.	10	lithium carbonate oral tablet.	42
lidocaine (pf) in d7.5w.	45	lithium carbonate oral tablet extended release.	42
lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %).	56	lithium citrate oral solution 8 meq/5 ml.	42
lidocaine (pf) injection solution 15 mg/ml (1.5 %).	56	lmd 10 % in 0.9 % sodium chlor.	61
lidocaine (pf) injection solution 5 mg/ml (0.5 %).	56	lmd 10 % in 5 % dextrose.	61
lidocaine (pf) intravenous solution.	45	LONSURF.	25
lidocaine (pf) intravenous syringe.	45	loperamide oral capsule.	70
lidocaine hcl injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %).	56	lopinavir-ritonavir.	10
		lopreeza.	81
		lorazepam injection solution.	42
		lorazepam injection syringe.	42

lorazepam intensol.	42	magnesium sulfate injection syringe.	94
lorazepam oral.	43	MAKENA.	81
lorcet (hydrocodone).	36	MAKENA (PF).	81
lorcet hd.	36	malathion.	59
lorcet plus oral tablet 7.5-325 mg.	36	mannitol 20 %.	48
loryna (28).	83	mannitol 25 % intravenous solution.	48
losartan.	48	maprotiline.	43
losartan-hydrochlorothiazide.	48	marcaine (pf) injection solution 0.75 % (7.5 mg/ml).	57
lovastatin oral tablet 10 mg.	52	marlissa.	84
lovastatin oral tablet 20 mg, 40 mg.	52	MARPLAN.	43
low-ogestrel (28).	84	MATULANE.	25
loxapine succinate.	43	matzim la oral tablet extended release 24 hr.	48
ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid).	98	MAVYRET.	10
LULICONAZOLE.	58	meclizine oral tablet 12.5 mg, 25 mg.	71
LUPANETA PACK (1 MONTH).	82	meclofenamate.	39
LUPANETA PACK (3 MONTH).	82	medroxyprogesterone.	81
LUPRON DEPOT.	25	mefenamic acid.	39
LUPRON DEPOT (3 MONTH).	25	mefloquine.	16
LUPRON DEPOT (4 MONTH).	25	megestrol oral suspension 400 mg/10 ml (10 ml).	25
LUPRON DEPOT (6 MONTH).	25	megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml.	25
LUPRON DEPOT-PED.	25	megestrol oral tablet.	25
LUPRON DEPOT-PED (3 MONTH).	25	MEKINIST.	25
lutera (28).	84	MEKTOVI.	25
LUZU.	58	melodetta 24 fe.	84
LYNPARZA.	25	meloxicam oral tablet.	39
LYRICA.	30	melphalan.	25
LYSODREN.	25	melphalan hcl.	25
lyza.	81	memantine oral capsule, sprinkle, er 24hr.	33
		memantine oral solution.	33
M		memantine oral tablet.	33
M-M-R II (PF).	77	MENACTRA (PF) INTRAMUSCULAR SOLUTION.	77
mafenide acetate.	57	MENVEO A-C-Y-W-135-DIP (PF).	77
magnesium chloride injection.	94	meperidine (pf) injection solution 100 mg/ml, 50 mg/ml.	50
magnesium sulfate in water intravenous parenteral solution.	94	meperidine (pf) injection solution 25 mg/ml.	36
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %).	94	meperidine oral.	36
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %).	94	meprobamate.	34
magnesium sulfate injection solution.	94	mercaptapurine.	25
		meropenem.	16

mesalamine oral tablet, delayed release (dr/ec)	71	methylergonovine injection.	85
mesalamine rectal.	71	methylergonovine oral.	85
mesna.	21	methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg.	43
MESNEX ORAL.	21	methylphenidate hcl oral capsule, er biphasic 30-70 30 mg, 40 mg, 50 mg, 60 mg.	43
MESTINON ORAL SYRUP.	34	methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg.	43
metadate er oral tablet extended release.	43	methylphenidate hcl oral capsule, er biphasic 50-50 30 mg, 40 mg, 60 mg.	43
metaproterenol.	90	methylphenidate hcl oral solution.	43
metaxall.	34	methylphenidate hcl oral tablet.	43
metaxalone.	34	methylphenidate hcl oral tablet extended release 10 mg.	43
metformin oral tablet.	66	methylphenidate hcl oral tablet extended release 20 mg.	43
metformin oral tablet extended release (osm) 24hr.	66	methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg.	43
metformin oral tablet extended release 24 hr	66	methylphenidate hcl oral tablet extended release 24hr 36 mg.	43
metformin oral tablet, er gast. retention 24 hr.	67	methylphenidate hcl oral tablet, chewable.	43
methadone injection solution.	36	methylprednisolone acetate.	64
methadone intensol.	36	methylprednisolone oral tablet.	64
methadone oral concentrate.	36	methylprednisolone oral tablets, dose pack.	64
methadone oral solution.	36	methylprednisolone sodium succ injection recon soln 125 mg, 40 mg.	64
methadone oral tablet.	36	methylprednisolone sodium succ intravenous	64
methadose oral concentrate.	36	methyltestosterone oral capsule.	68
methamphetamine.	43	metipranolol.	86
methazolamide.	87	metoclopramide hcl injection solution.	71
methenamine hippurate.	20	metoclopramide hcl injection syringe.	71
methenamine mandelate.	20	metoclopramide hcl oral solution.	71
methergine.	85	metoclopramide hcl oral tablet.	71
methimazole oral tablet 10 mg, 5 mg.	65	metoclopramide hcl oral tablet, disintegrating	71
METHITEST.	68	metolazone.	48
methocarbamol injection.	34	metoprolol succinate oral tablet extended release 24 hr.	48
methocarbamol oral.	34	metoprolol ta-hydrochlorothiaz.	48
methotrexate sodium (pf) injection recon soln	25	metoprolol tartrate intravenous solution.	48
methotrexate sodium (pf) injection solution 25 mg/ml.	25	metoprolol tartrate intravenous syringe.	48
methotrexate sodium (pf) injection solution 25 mg/ml (10 ml).	25	metoprolol tartrate oral tablet.	48
methotrexate sodium injection.	25	metro i.v..	16
methotrexate sodium oral.	25	metronidazole in nacl (iso-os).	16
methoxsalen.	55	metronidazole oral.	16
methscopolamine.	70		
methyclothiazide.	48		
methyl dopa.	48		
methyl dopa-hydrochlorothiazide.	48		
methyl dopate.	48		

metronidazole topical.	56	moderiba dose pack oral tablets,dose pack 200 mg (28)- 400 mg (28), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28).	10
metronidazole vaginal.	82	moderiba dose pack oral tablets,dose pack 400 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)	10
mexiletine.	45	moexipril.	48
MIACALCIN INJECTION.	68	moexipril-hydrochlorothiazide.	48
mibelas 24 fe.	84	mometasone nasal.	90
miconazole-3 vaginal suppository.	82	mometasone topical.	59
microgestin 1.5/30 (21).	84	mondoxyne nl.	19
microgestin 1/20 (21).	84	mono-lynyah.	84
microgestin fe 1.5/30 (28).	84	monoject 0.9% sodium chloride.	61
microgestin fe 1/20 (28).	84	monoject prefill advanced ns.	61
midazolam (pf) injection cartridge.	43	monoject prefill saline flush.	61
midazolam (pf) injection solution 1 mg/ml.	43	mononessa (28).	84
midazolam (pf) injection solution 5 mg/ml.	43	MONOVISC.	39
midazolam (pf) injection syringe.	43	montelukast.	90
midazolam injection.	43	morgidox.	19
midazolam oral syrup 2 mg/ml.	43	morphine (pf) injection solution 0.5 mg/ml.	36
midodrine.	61	morphine (pf) injection solution 1 mg/ml.	36
migergot.	32	morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml.	36
miglitol.	67	morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml.	36
miglustat.	68	morphine concentrate oral solution.	36
mili.	84	MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND).	37
millipred dp.	64	morphine injection solution 8 mg/ml.	37
millipred oral tablet.	64	morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml.	37
milrinone.	53	morphine injection syringe 5 mg/ml, 8 mg/ml	37
milrinone in 5 % dextrose.	53	morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml.	37
mimvey.	81	MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML (BRAND).	37
mimvey lo.	81	morphine intravenous solution 10 mg/ml.	37
minocycline oral capsule.	19	MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML (BRAND).	37
minocycline oral tablet.	19	MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML (BRAND).	37
minocycline oral tablet extended release 24 hr.	19	morphine intravenous syringe 2 mg/ml, 4 mg/ml.	37
minoxidil oral.	48	morphine oral capsule, er multiphase 24 hr.	37
miostat.	87		
mirtazapine oral tablet.	43		
mirtazapine oral tablet,disintegrating.	43		
misoprostol.	73		
mitomycin intravenous.	25		
mitoxantrone.	25		
modafinil.	43		
moderiba.	10		

morphine oral capsule,extend.release pellets	37
morphine oral solution.	37
morphine oral tablet.	37
morphine oral tablet extended release.	37
moxifloxacin in nacl (iso-osm).	18
moxifloxacin ophthalmic (eye).	85
moxifloxacin oral.	18
MOZOBIL.	74
MULTAQ.	45
multi-vit with fluoride-iron.	98
multi-vitamin with fluoride oral drops.	98
multivitamin with fluoride.	98
multivitamins with fluoride.	98
mupirocin.	57
mupirocin calcium.	57
MUSTARGEN.	25
Mvc-fluoride.	98
MYALEPT.	68
MYCAMINE.	8
mycophenolate mofetil.	25
mycophenolate mofetil hcl.	25
mycophenolate sodium oral tablet,delayed release (dr/ec).	26
MYLERAN.	26
MYLOTARG.	26
myorisan oral capsule 10 mg, 20 mg, 40 mg.	56
myorisan oral capsule 30 mg.	56
MYTESI.	70
myzilra.	84

N

nabumetone.	39
nadolol.	48
nadolol-bendroflumethiazide.	48
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml.	17
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml.	17
nafcillin injection recon soln 1 gram, 10 gram	17
nafcillin injection recon soln 2 gram.	17
nafcillin intravenous recon soln 1 gram.	17
nafcillin intravenous recon soln 2 gram.	17

naftifine.	58
NAGLAZYME.	68
nalbuphine.	39
naloxone.	39
naltrexone.	39
naproxen oral suspension.	39
naproxen oral tablet.	39
naproxen oral tablet,delayed release (dr/ec).	39
naproxen sodium oral tablet 275 mg, 550 mg	39
naproxen sodium oral tablet, er multiphase 24 hr.	39
naratriptan.	32
NATACYN.	85
nateglinide.	67
NATPARA.	68
NEBUPENT.	16
nebusal inhalation solution for nebulization 3 %.	90
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND).	90
necon 0.5/35 (28).	84
necon 7/7/7 (28).	84
NEEDLES, INSULIN DISP.,SAFETY.	67
nefazodone.	43
neo-polycin.	85
neo-polycin hc.	87
neomycin.	16
neomycin-bacitracin-poly-hc.	87
neomycin-bacitracin-polymyxin.	85
neomycin-polymyxin b gu.	59
neomycin-polymyxin b-dexameth.	87
neomycin-polymyxin-gramicidin.	85
neomycin-polymyxin-hc ophthalmic (eye).	87
neomycin-polymyxin-hc otic (ear).	63
neostigmine methylsulfate intravenous solution 0.5 mg/ml.	34
neostigmine methylsulfate intravenous solution 1 mg/ml.	34
NEPHRAMINE 5.4 %.	97
NERLYNX.	26
neuac.	56
NEULASTA.	74

NEUPOGEN INJECTION SOLUTION 300 MCG/ML.	74	nolix topical lotion.	59
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML.	74	nora-be.	81
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML.	74	norepinephrine bitartrate.	53
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML.	75	noreth-ethinyl estradiol-iron.	84
NEUPRO.	31	norethindrone (contraceptive).	81
nevirapine oral suspension.	10	norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg.	81
nevirapine oral tablet.	10	norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg.	84
nevirapine oral tablet extended release 24 hr	10	norethindrone acetate.	81
NEXAVAR.	26	norethindrone-e.estradiol-iron.	84
niacin oral tablet extended release 24 hr.	52	norgestimate-ethinyl estradiol.	84
nicardipine intravenous solution.	48	norlyda.	81
nicardipine oral.	48	norlyroc.	81
NICOTROL.	62	normal saline flush.	61
NICOTROL NS.	62	NORMOSOL-M IN 5 % DEXTROSE.	97
nifedipine oral capsule.	48	NORMOSOL-R.	94
nifedipine oral tablet extended release.	48	NORMOSOL-R IN 5 % DEXTROSE.	94
nifedipine oral tablet extended release 24hr.	48	NORMOSOL-R PH 7.4.	97
nikki (28).	84	NORTHERA.	61
nilutamide.	26	nortrel 0.5/35 (28).	84
nimodipine.	48	nortrel 1/35 (21).	84
NINLARO.	26	nortrel 1/35 (28).	84
nisoldipine oral tablet extended release 24 hr	48	nortrel 7/7/7 (28).	84
nitro-bid.	54	nortriptyline.	43
nitrofurantoin.	20	NORVIR ORAL CAPSULE.	10
nitrofurantoin macrocrystal.	20	NORVIR ORAL POWDER IN PACKET.	10
nitrofurantoin monohyd/m-cryst.	20	NORVIR ORAL SOLUTION.	10
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml).	54	NOVAREL.	68
nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml).	54	NOXAFIL INTRAVENOUS.	8
nitroglycerin intravenous.	54	NOXAFIL ORAL.	8
nitroglycerin oral capsule, extended release.	54	np thyroid.	69
nitroglycerin sublingual.	54	NPLATE.	51
nitroglycerin transdermal patch 24 hour.	54	NUCALA.	90
nitroglycerin translingual spray,non-aerosol.	54	NUEDEXTA.	33
nizatidine.	73	NULOJIX.	26
nolix topical cream.	59	NUPLAZID.	43
		nyamyc.	58
		nystatin oral suspension.	8
		nystatin oral tablet.	8
		nystatin topical.	58
		nystatin-triamcinolone.	58

nystop.	58	ondansetron hcl intravenous.	71
O		ondansetron hcl oral solution.	71
OCALIVA.	71	ondansetron hcl oral tablet 24 mg.	71
ocella.	84	ondansetron hcl oral tablet 4 mg, 8 mg.	71
OCREVUS.	33	ondansetron oral tablet,disintegrating.	71
octreotide acetate.	26	ONETOUCH BLOOD GLUCOSE METERS.	67
ODEFSEY.	10	ONETOUCH ULTRA BLUE TEST STRIP.	67
ODOMZO.	26	ONETOUCH VERIO TEST STRIP.	67
OFEV.	90	ONFI ORAL SUSPENSION.	30
ofloxacin ophthalmic (eye).	85	ONFI ORAL TABLET 10 MG, 20 MG.	30
ofloxacin oral tablet 300 mg.	18	ONGLYZA.	67
ofloxacin oral tablet 400 mg.	18	ONIVYDE.	26
ofloxacin otic (ear).	63	OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML.	26
ogestrel (28).	84	OPDIVO INTRAVENOUS SOLUTION 240 MG/24 ML.	26
okebo oral capsule 75 mg.	20	opium tincture.	70
olanzapine intramuscular recon soln.	43	OPSUMIT.	90
olanzapine oral tablet.	43	ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY.	77
olanzapine oral tablet,disintegrating.	43	oralone.	63
olanzapine-fluoxetine.	44	ORBACTIV.	16
olmesartan.	48	ORENCIA.	80
olmesartan-amlodipin-hcthiazid.	48	ORENCIA (WITH MALTOSE).	80
olmesartan-hydrochlorothiazide.	48	ORENCIA CLICKJECT.	80
olopatadine nasal.	63	ORENITRAM ORAL TABLET EXTENDED RELEASE.	48
olopatadine ophthalmic (eye).	86	ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG.	61
omega-3 acid ethyl esters.	52	ORFADIN ORAL CAPSULE 20 MG.	61
omeppi oral capsule 20-1.1 mg-gram.	73	ORFADIN ORAL SUSPENSION.	61
omeppi oral capsule 40-1.1 mg-gram.	73	ORKAMBI ORAL GRANULES IN PACKET.	90
omeprazole oral capsule,delayed release(dr/ec) 10 mg.	73	ORKAMBI ORAL TABLET.	90
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg.	73	orphenadrine citrate injection.	34
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram.	73	orphenadrine citrate oral tablet extended release.	34
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram.	73	orsythia.	84
omeprazole-sodium bicarbonate oral packet 20-1,680 mg.	73	ORTHOVISC.	39
omeprazole-sodium bicarbonate oral packet 40-1,680 mg.	73	oseltamivir oral capsule 30 mg.	10
OMNITROPE.	75	oseltamivir oral capsule 45 mg, 75 mg.	10
ONCASPAN.	26	oseltamivir oral suspension for reconstitution	10
ondansetron hcl (pf).	71	osmitrol 15 %.	48
		osmitrol 20 %.	49

OSMOPREP.	71
OTEZLA.	80
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47). . .	80
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml.	17
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml.	17
oxacillin injection recon soln 1 gram, 10 gram	17
oxacillin injection recon soln 2 gram.	18
oxaliplatin intravenous recon soln 100 mg. . .	26
oxaliplatin intravenous recon soln 50 mg. . .	26
oxaliplatin intravenous solution 100 mg/20 ml	26
oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml).	26
oxandrolone.	68
oxaprozin.	39
oxazepam.	44
oxcarbazepine.	30
oxiconazole.	58
OXTELLAR XR.	30
oxybutynin chloride oral syrup.	92
oxybutynin chloride oral tablet.	92
oxybutynin chloride oral tablet extended release 24hr.	92
oxycodone oral capsule.	37
oxycodone oral concentrate.	37
oxycodone oral solution.	37
oxycodone oral tablet.	37
OXYCODONE ORAL TABLET,ORAL ONLY,EXT. REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND).	37
OXYCODONE ORAL TABLET,ORAL ONLY,EXT. REL.12 HR 15 MG, 30 MG, 60 MG (BRAND).	37
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg. . . .	37
oxycodone-aspirin.	37
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT. REL.12 HR.	37
oxymorphone oral tablet.	37
oxymorphone oral tablet extended release 12 hr.	38
oxytocin injection solution.	85

OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML).	67
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/0.75 ML (2 MG/1.5 ML).	67

P

pacerone oral tablet 100 mg, 200 mg, 400 mg.	45
paclitaxel.	26
paliperidone oral tablet extended release 24hr.	44
palonosetron intravenous solution 0.25 mg/5 ml.	71
pamidronate intravenous recon soln.	68
pamidronate intravenous solution.	68
panlor(acetam-caff-dihydrocod).	38
PANRETIN.	55
pantoprazole intravenous.	73
pantoprazole oral tablet,delayed release (dr/ec) 20 mg.	73
pantoprazole oral tablet,delayed release (dr/ec) 40 mg.	73
paregoric.	70
PARICALCITOL HEMODIALYSIS PORT INJECTION.	68
paricalcitol intravenous.	68
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML (BRAND).	68
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (BRAND).	68
paricalcitol oral.	68
paroex oral rinse.	63
paromomycin.	16
paroxetine hcl oral tablet.	44
paroxetine hcl oral tablet extended release 24 hr.	44
paroxetine mesylate(menop.sym).	44
PARSABIV.	68
PASER.	16
PAXIL ORAL SUSPENSION.	44
PEDIARIX (PF).	77
PEDVAX HIB (PF).	77
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram.	72

peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram.	72	phenytoin oral suspension 100 mg/4 ml. . . .	30
peg-electrolyte.	72	phenytoin oral suspension 125 mg/5 ml. . . .	30
PEGANONE.	30	phenytoin oral tablet, chewable.	30
PEGASYS PROCLICK.	75	phenytoin sodium extended.	30
PEGASYS SUBCUTANEOUS SOLUTION.	75	phenytoin sodium intravenous solution.	30
PEGASYS SUBCUTANEOUS SYRINGE.	75	phenytoin sodium intravenous syringe.	30
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML.	75	philith.	84
penicillin g potassium injection recon soln 20 million unit.	18	PHOSPHOLINE IODIDE.	86
penicillin g potassium injection recon soln 5 million unit.	18	phrenilin forte(with caffeine).	38
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml.	18	pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	86
penicillin g procaine intramuscular syringe 600,000 unit/ml.	18	pilocarpine hcl oral.	61
penicillin g sodium.	18	pimozide.	44
penicillin v potassium.	18	pimtree (28).	84
PENTACEL (PF).	77	pindolol.	49
PENTAM.	16	pioglitazone.	67
PENTASA.	72	pioglitazone-glimepiride.	67
pentazocine-naloxone.	40	pioglitazone-metformin.	67
pentobarbital sodium injection solution.	44	piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram.	18
pentoxifylline oral tablet extended release.	51	pirmella.	84
perindopril erbumine.	49	piroxicam.	40
periogard.	63	plasbumin 25 %	93
PERJETA.	26	plasbumin 5 %	93
permethrin topical cream.	59	plasmanate.	97
perphenazine.	44	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML.	75
perphenazine-amitriptyline.	44	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML.	75
PERSERIS.	44	PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML.	75
pfizerpen-g.	18	PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML.	75
phenadoz.	89	plenamine.	97
phenelzine.	44	PNEUMOVAX 23.	77
phenergan rectal.	89	podofilox.	55
phenobarbital.	30	polocaine injection solution 1 % (10 mg/ml).	57
phenobarbital sodium injection solution 130 mg/ml.	30	polocaine-mpf.	57
phenobarbital sodium injection solution 65 mg/ml.	30	polycin.	85
phenoxybenzamine.	49	polyethylene glycol 3350.	72
phentolamine injection recon soln.	49	polymyxin b sulf-trimethoprim.	85
		polymyxin b sulfate.	16

POMALYST.	26	potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l.	95
portia.	84	potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l.	95
PORTRAZZA.	26	potassium citrate oral tablet extended release.	93
potassium acetate intravenous solution 2 meq/ml.	94	potassium phosphate m-/d-basic.	95
potassium bicarb and chloride.	94	PRADAXA.	51
potassium bicarb-citric acid.	94	PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML.	52
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l.	94	PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML.	52
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l.	94	pramipexole oral tablet.	31
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l.	94	pramipexole oral tablet extended release 24 hr.	31
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l.	94	prasugrel.	51
potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l.	94	pravastatin.	52
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l.	94	PRAXBIND.	51
potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l.	94	praziquantel.	16
potassium chloride in water intravenous piggyback 10 meq/100 ml.	94	prazosin.	49
potassium chloride in water intravenous piggyback 10 meq/50 ml.	94	PRED MILD.	87
potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml.	94	prednicarbate.	59
potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml.	95	prednisolone acetate.	87
potassium chloride intravenous solution.	95	prednisolone oral solution 15 mg/5 ml.	64
potassium chloride oral capsule, extended release.	95	prednisolone sodium phosphate ophthalmic (eye).	87
potassium chloride oral liquid.	95	prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml).	64
potassium chloride oral packet.	95	prednisolone sodium phosphate oral tablet,disintegrating.	64
potassium chloride oral tablet extended release.	95	prednisone intensol.	64
potassium chloride oral tablet,er particles/crystals.	95	prednisone oral solution.	64
potassium chloride-0.45 % nacl.	95	prednisone oral tablet.	64
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l.	95	prednisone oral tablets,dose pack.	64
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l.	95	PREMARIN INJECTION.	81
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l.	95	premasol 10 %.	97
		PREMASOL 6 %.	97
		prenatal vitamin oral tablet.	98
		prevalite.	52
		previfem.	84
		PREVNAR 13 (PF).	77
		PREVYMIS INTRAVENOUS.	10

PREVYMIS ORAL.	10	promethazine injection solution.	89
PREZCOBIX.	10	promethazine oral.	89
PREZISTA ORAL SUSPENSION.	10	promethazine rectal suppository 12.5 mg, 25 mg.	89
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG.	10	promethazine rectal suppository 50 mg.	89
PRIFTIN.	16	promethegan.	89
PRIMAQUINE.	16	propafenone oral capsule,extended release 12 hr.	45
primidone.	30	propafenone oral tablet.	46
PROAIR HFA.	90	propantheline.	70
PROAIR RESPICLICK.	90	propranolol intravenous.	49
probenecid.	78	propranolol oral capsule,extended release 24 hr.	49
probenecid-colchicine.	78	propranolol oral solution.	49
procainamide injection solution 100 mg/ml.	45	propranolol oral tablet.	49
procainamide injection solution 500 mg/ml.	45	propranolol-hydrochlorothiazid.	49
PROCALAMINE 3%.	97	propylthiouracil.	65
procentra.	44	PROQUAD (PF).	77
prochlorperazine.	72	PROSOL 20 %.	97
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml).	72	protamine.	51
prochlorperazine maleate oral.	72	protriptyline.	44
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML.	75	prudoxin.	55
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML.	75	pulmosal.	90
procto-med hc.	72	PULMOZYME.	90
procto-pak.	72	PURIXAN.	26
proctosol hc topical.	72	pyrazinamide.	16
proctozone-hc.	72	pyridostigmine bromide oral tablet.	34
PROCYSBI.	93	pyridostigmine bromide oral tablet extended release.	34
profeno.	40	Q	
progesterone.	81	QUADRACEL (PF).	77
progesterone in oil.	81	quasense.	84
progesterone micronized.	81	QUDEXY XR.	30
PROGLYCEM.	67	quetiapine oral tablet.	44
PROGRAF INTRAVENOUS.	26	quetiapine oral tablet extended release 24 hr	44
PROLASTIN-C INTRAVENOUS RECON SOLN.	61	quinapril.	49
PROLASTIN-C INTRAVENOUS SOLUTION	61	quinapril-hydrochlorothiazide.	49
PROLEUKIN.	75	quinidine gluconate injection.	46
PROLIA.	79	quinidine gluconate oral tablet extended release.	46
PROMACTA.	51	quinidine sulfate oral tablet.	46
		quinine sulfate.	16

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RABAVERT (PF).....	77	REMODULIN.....	49
rabeprazole oral tablet,delayed release (dr/ec).....	73	RENFLEXIS.....	72
RADICAVA.....	33	repaglinide.....	67
RAGWITEK.....	77	repaglinide-metformin.....	67
rajani.....	84	REPATHA.....	52
raloxifene.....	79	REPATHA PUSHTRONEX.....	52
ramipril.....	49	REPATHA SURECLICK.....	52
RANEXA.....	53	RESCRIPTOR.....	10
ranitidine hcl injection solution 25 mg/ml.....	74	RESTASIS.....	86
ranitidine hcl injection solution 50 mg/2 ml (25 mg/ml).....	74	RESTASIS MULTIDOSE.....	86
ranitidine hcl oral capsule.....	74	RETROVIR INTRAVENOUS.....	10
ranitidine hcl oral syrup.....	74	REVATIO ORAL SUSPENSION FOR RECONSTITUTION.....	90
ranitidine hcl oral tablet 150 mg, 300 mg.....	74	REVLIMID.....	26
RAPAMUNE ORAL SOLUTION.....	26	revonto.....	34
rasagiline.....	31	REXULTI.....	44
RAVICTI.....	61	REYATAZ ORAL POWDER IN PACKET.....	10
RAYOS.....	64	ribasphere.....	10
REBIF (WITH ALBUMIN).....	75	ribasphere ribapak oral tablets,dose pack 200 mg (28)- 400 mg (28), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28).....	10
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML.....	75	ribasphere ribapak oral tablets,dose pack 200 mg (7)- 400 mg (7), 400 mg (7)- 400 mg (7), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7).....	11
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6).....	75	ribavirin oral capsule.....	11
REBIF TITRATION PACK.....	75	ribavirin oral tablet 200 mg.....	11
reclipsen (28).....	84	RIDAURA.....	80
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION.....	77	rifabutin.....	16
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML.....	77	rifampin intravenous.....	16
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML.....	77	rifampin oral.....	16
RECTIV.....	72	RIFATER.....	16
regonol.....	34	riluzole.....	61
REGRANEX.....	55	rimantadine.....	11
RELENZA DISKHALER.....	10	ringer's intravenous.....	95
RELISTOR ORAL.....	72	ringer's irrigation.....	59
RELISTOR SUBCUTANEOUS SOLUTION.....	72	risedronate oral tablet 150 mg.....	79
RELISTOR SUBCUTANEOUS SYRINGE.....	72	risedronate oral tablet 30 mg.....	61
REMICADE.....	72	risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack).....	79
		risedronate oral tablet 5 mg.....	79
		risedronate oral tablet,delayed release (dr/ec).....	79

RISPERDAL CONSTA.	44	SENSIPAR.	68
risperidone oral solution.	44	sensorcaine injection solution 0.5 % (5 mg/ml).	57
risperidone oral tablet.	44	sensorcaine-mpf injection solution 0.5 % (5 mg/ml).	57
risperidone oral tablet,disintegrating.	44	sensorcaine/epinephrine.	57
ritonavir.	11	SEREVENT DISKUS.	90
RITUXAN.	26	SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG.	75
RITUXAN HYCELA.	26	sertraline oral concentrate.	44
rivastigmine tartrate.	33	sertraline oral tablet.	44
rivastigmine transdermal.	33	setlakin.	84
rivelsa.	84	sevelamer carbonate oral powder in packet.	61
rizatriptan oral tablet.	32	sevelamer carbonate oral tablet.	61
rizatriptan oral tablet,disintegrating.	32	sf.	63
ROMIDEPSIN.	26	sf 5000 plus.	63
ropinirole oral tablet.	31	sharobel.	81
ropinirole oral tablet extended release 24 hr.	31	SHINGRIX (PF).	77
ropivacaine (pf) injection solution.	57	SIGNIFOR.	26
rosadan topical cream.	56	SIGNIFOR LAR.	26
rosadan topical gel.	56	sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml.	91
rosuvastatin.	52	sildenafil (pulmonary arterial hypertension) oral tablet 20 mg.	91
ROTARIX.	77	silver sulfadiazine.	54
ROTATEQ VACCINE.	77	SIMPONI ARIA.	80
roweepra.	30	SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML.	80
roweepra xr.	30	SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML.	80
RUBRACA.	26	SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML.	80
RUCONEST.	90	SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML.	80
RYDAPT.	26	SIMULECT INTRAVENOUS RECON SOLN 10 MG.	26
S		SIMULECT INTRAVENOUS RECON SOLN 20 MG.	26
SABRIL ORAL TABLET.	30	simvastatin.	52
salsalate.	40	sirolimus.	26
SAMSCA.	68	SIRTURO.	16
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON.	26	SIVEXTRO INTRAVENOUS.	16
SANTYL.	59	SIVEXTRO ORAL.	16
SAPHRIS (BLACK CHERRY).	44	SMOFLIPID.	97
SAPHRIS SUBLINGUAL TABLET 2.5 MG.	44		
scopolamine base.	72		
seconal sodium.	44		
selegiline hcl.	31		
selenium sulfide topical lotion.	54		
SELZENTRY.	11		

sodium acetate.	95	SPIRIVA RESPIMAT INHALATION MIST 1.25	
sodium benzoate-sod phenylacet.	61	MCG/ACTUATION, 2.5 MCG/ACTUATION.	91
sodium bicarbonate intravenous solution.	95	SPIRIVA RESPIMAT INHALATION MIST 2.5	
sodium bicarbonate intravenous syringe 10		MCG/ACTUATION (28 ACTUAT).	91
meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml).	95	SPIRIVA WITH HANDIHALER.	91
sodium bicarbonate intravenous syringe 4.2 %		spironolacton-hydrochlorothiaz.	49
(0.5 meq/ml), 8.4 % (1 meq/ml).	95	spironolactone.	49
sodium chlor 0.9% bacteriostat.	61	sprintec (28).	84
sodium chloride 0.45 % intravenous parenteral		SPRITAM.	30
solution.	95	SPRYCEL.	26
sodium chloride 0.45 % intravenous		sps (with sorbitol) oral.	62
piggyback.	95	sps (with sorbitol) rectal.	62
sodium chloride 0.9 % injection solution.	62	sronyx.	84
sodium chloride 0.9 % injection syringe.	62	ssd.	54
sodium chloride 0.9 % intravenous parenteral		STAMARIL (PF).	77
solution.	62	stavudine oral capsule.	11
sodium chloride 0.9 % intravenous piggyback		STELARA INTRAVENOUS.	54
sodium chloride 3 %.	95	STELARA SUBCUTANEOUS.	54
sodium chloride 5 %.	95	STIMATE.	68
sodium chloride inhalation.	91	STIOLTO RESPIMAT INHALATION MIST	
sodium chloride intravenous parenteral solution		2.5-2.5 MCG/ACTUATION.	91
2.5 meq/ml.	95	STIOLTO RESPIMAT INHALATION MIST	
sodium chloride intravenous parenteral solution		2.5-2.5 MCG/ACTUATION (28 ACTUAT).	91
4 meq/ml.	96	STIVARGA.	27
sodium chloride irrigation.	62	STRENSIQ.	68
sodium lactate intravenous.	96	STREPTOMYCIN.	16
sodium nitroprusside.	53	STRIBILD.	11
sodium phenylbutyrate.	62	STRIVERDI RESPIMAT.	91
sodium phosphate.	96	SUBOXONE.	40
sodium polystyrene (sorb free).	62	subvenite.	30
sodium polystyrene sulfonate oral.	62	subvenite starter (blue) kit.	30
sodium polystyrene sulfonate rectal enema 30		subvenite starter (green) kit.	30
gram/120 ml.	62	subvenite starter (orange) kit.	30
soloxide.	20	succinylcholine chloride injection.	34
SOLTAMOX.	26	SUCRAID.	72
SOMATULINE DEPOT.	26	sucralfate oral tablet.	74
SOMAVERT.	68	sulfacetamide sodium (acne).	57
SORBITOL IRRIGATION.	59	sulfacetamide sodium ophthalmic (eye).	88
sorine oral tablet 120 mg, 160 mg, 80 mg.	46	sulfacetamide-prednisolone.	87
sorine oral tablet 240 mg.	46	sulfadiazine.	19
sotalol af.	46	sulfamethoxazole-trimethoprim intravenous.	19
sotalol oral.	46	sulfamethoxazole-trimethoprim oral.	19
SOVALDI.	11	SULFAMYLON TOPICAL CREAM.	57

sulfasalazine oral tablet.	72	tacrolimus oral.	27
sulfasalazine oral tablet,delayed release (dr/ec).	72	tacrolimus topical.	55
sulfatrim.	19	tadalafil (antihypertensive).	91
sulindac.	40	TAFINLAR.	27
sumatriptan nasal spray,non-aerosol 20 mg/actuation.	32	TAGRISSO.	27
sumatriptan nasal spray,non-aerosol 5 mg/actuation.	32	tamoxifen.	27
sumatriptan succinate oral.	32	tamsulosin oral capsule,extended release 24hr.	92
sumatriptan succinate subcutaneous cartridge.	32	TARCEVA.	27
sumatriptan succinate subcutaneous pen injector.	32	TARGRETIN 1% GEL.	27
sumatriptan succinate subcutaneous solution	32	tarina fe 1/20 (28).	84
sumatriptan-naproxen.	32	TASIGNA.	27
SUPARTZ FX.	40	tazarotene.	56
SUPRAX ORAL CAPSULE.	13	TAZORAC TOPICAL CREAM 0.05 %.	56
SUPRAX ORAL TABLET,CHEWABLE.	13	TAZORAC TOPICAL GEL.	56
SUTENT.	27	taztia xt oral capsule, extended release.	49
syeda.	84	TECENTRIQ.	27
SYLATRON.	75	TECFIDERA.	33
SYLVANT.	27	TECHNIVIE.	11
SYMBICORT.	91	TEFLARO.	13
SYMDEKO.	91	TEKTURNA.	49
SYMFI.	11	TEKTURNA HCT.	49
SYMFI LO.	11	telmisartan.	49
SYMLINPEN 120.	67	telmisartan-amlodipine.	49
SYMLINPEN 60.	67	telmisartan-hydrochlorothiazid.	49
SYMTUZA.	11	temazepam.	44
SYNAGIS.	11	TEMODAR INTRAVENOUS.	27
SYNAREL.	69	TEMODAR ORAL.	27
SYNDROS.	72	temozolomide.	27
SYNERCID.	16	temsirolimus.	27
SYNJARDY.	67	tencon oral tablet 50-325 mg.	38
SYNJARDY XR.	67	TENIVAC (PF).	78
SYNRIBO.	27	tenofovir disoproxil fumarate.	11
SYNVISC.	40	terazosin.	49
SYNVISC-ONE.	40	terbinafine hcl oral.	8
syrex sodium chloride 0.9 %.	62	terbutaline.	91
T		terconazole.	82
TABLOID.	27	testosterone cypionate.	69
		testosterone enanthate.	69
		testosterone transdermal gel (generic).	69

testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (AndroGel generic).	69	tobramycin sulfate injection recon soln.	16
testosterone transdermal gel in packet (AndroGel generic).	69	tobramycin sulfate injection solution.	16
testosterone transdermal solution in metered pump w/app (Axiron generic).	69	tobramycin-dexamethasone.	87
TETANUS,DIPHThERIA TOX PED(PF).	78	tolazamide.	67
TETANUS-DIPHThERIA TOXOIDS-TD.	78	tolbutamide.	67
tetrabenazine.	33	tolcapone.	31
tetracycline.	20	tolmetin.	40
THALOMID.	27	tolterodine oral capsule,extended release 24hr.	92
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml.	91	tolterodine oral tablet.	92
theophylline oral elixir.	91	topiramate oral capsule, sprinkle.	30
theophylline oral solution.	91	topiramate oral tablet.	30
theophylline oral tablet extended release 12 hr.	91	toposar.	27
theophylline oral tablet extended release 24 hr.	91	topotecan intravenous recon soln.	27
THIOLA.	62	topotecan intravenous solution.	27
thioridazine.	44	TORISEL.	27
thiotepa.	27	toremide oral.	49
thiothixene.	44	TOUJEO MAX U-300 SOLOSTAR.	67
thyroid (pork) oral tablet 30 mg, 60 mg.	69	TOUJEO SOLOSTAR U-300 INSULIN.	67
thyroid (pork) oral tablet 90 mg.	69	TRACLEER.	91
tiagabine.	30	tramadol oral tablet.	40
TIBSOVO.	27	tramadol oral tablet extended release 24 hr.	40
TICE BCG.	78	tramadol oral tablet, er multiphase 24 hr.	40
tigecycline.	16	tramadol-acetaminophen.	40
tilia fe.	84	trandolapril.	49
timolol maleate ophthalmic (eye).	86	trandolapril-verapamil oral tablet, ir - er, biphasic 24hr.	49
timolol maleate oral.	49	tranexamic acid intravenous.	51
tinidazole.	16	tranexamic acid oral.	82
tis-u-sol pentalyte.	59	tranylcypromine.	44
TIVICAY.	11	travasol 10 %.	97
tizanidine.	34	TRAVATAN Z.	87
TOBI PODHALER INHALATION CAPSULE.	16	trazodone.	44
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE.	16	TREANDA INTRAVENOUS RECON SOLN.	27
tobramycin.	85	TRECTOR.	16
tobramycin in 0.225 % nacl.	16	TRELSTAR.	27
		tretinoin (chemotherapy).	27
		tretinoin microspheres.	56
		tretinoin topical.	56
		tri femynor.	84
		tri-estarylla.	84
		tri-legest fe.	84

tri-linyah.	84	trosipium oral tablet.	92
tri-lo-estarylla.	84	TRULICITY.	67
tri-lo-marzia.	84	TRUMENBA.	78
tri-lo-sprintec.	84	TRUVADA.	11
tri-mili.	84	tulana.	81
tri-previfem (28).	84	TWINRIX (PF) INTRAMUSCULAR SYRINGE.	78
tri-sprintec (28).	84	TYBOST.	11
tri-vitamin with fluoride.	98	tydemy.	85
tri-vite with fluoride.	98	TYGACIL.	16
tri-vylibra.	85	TYKERB.	27
triamcinolone acetonide dental.	63	TYMLOS.	79
triamcinolone acetonide injection.	64	TYPHIM VI INTRAMUSCULAR SOLUTION.	78
triamcinolone acetonide topical aerosol.	59	TYPHIM VI INTRAMUSCULAR SYRINGE.	78
triamcinolone acetonide topical cream.	59	TYSABRI.	33
triamcinolone acetonide topical lotion.	59	TYVASO.	91
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %.	59	TYVASO INSTITUTIONAL START KIT.	91
triamterene-hydrochlorothiazid.	49	TYVASO REFILL KIT.	91
trianex.	59	TYVASO STARTER KIT.	91
triazolam.	44	U	
triderm topical cream.	59	UCERIS.	72
trientine.	62	ULORIC.	78
trifluoperazine.	44	unithroid.	69
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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Laureen Corey, Medicare Advantage Appeals and Grievance Manager.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Laureen Corey, Medicare Advantage Appeals and Grievance Manager by mail at P.O. Box 55007, Boston, MA 02205; phone at **1-800-200-4255** (TTY: **711**) from February 15 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through February 14, 8:00 a.m. to 8:00 p.m., seven days a week; fax at 617-246-8506; or email at **MedicareAdvantageRXAppeals@bcbsma.com**. You can file a grievance in person, by mail, fax, email, or you can call **1-800-200-4255** (TTY: **711**).

If you need help filing a grievance, the Medicare Advantage Appeals and Grievance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at www.hhs.gov.

Translation Resources

Proficiency of Language Assistance Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-200-4255 (TTY: 711).

Spanish/Español: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-200-4255 (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-200-4255 (TTY: 711).

Chinese/繁體中文: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-200-4255 (TTY: 711)。

French Creole/Kreyòl Ayisyen: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-200-4255 (TTY: 711).

Vietnamese/Tiếng Việt: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-200-4255 (TTY: 711).

Russian/Русский: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-200-4255 (телефакс: 711).

Arabic/العربية:

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-200-4255 (هاتف النسم والبيك: 711).

Mon-Khmer, Cambodian/ខ្មែរ: ព្រមទាំង ព័រិវេទនាម្នាក់ៗ ក៏មាន ផងដែរ ចំពោះ អ្នក ដែល ប្រើ ភាសា ខ្មែរ ផង ដែរ ។ ទូរស័ព្ទ 1-800-200-4255 (TTY: 711) ។

French/Français: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-200-4255 (ATS: 711).

Italian/Italiano: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-200-4255 (TTY: 711).

1-800-200-4255 (TTY: 711) 1-800-200-4255 (TTY: 711)

Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διαθέσιμη σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-200-4255 (TTY: 711).

Polish/Polski: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-200-4255 (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-200-4255 (TTY: 711) पर कॉल करें।

Gujarati/ગુજરાતી: સચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-200-4255 (TTY: 711)



MASSACHUSETTS

This formulary was updated on 10/01/2018. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from February 15 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through February 14, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit **www.bluecrossma.com/medicare**.

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