



Medicare HMO BlueSM ValueRx (HMO)
Medicare HMO BlueSM PlusRx (HMO)
Medicare HMO BlueSM FlexRx (HMO-POS)

2018 FORMULARY

(List of Covered Drugs)



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

18151, Version 18

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 that 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 ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx.

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, and/or copayments/co-insurance may change on 01/01/2019, and from time to time during the year.

What is the Medicare HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO-POS) Formulary?

A formulary is a list of covered drugs selected by Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx 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 ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx 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 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 9. 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 9. 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 103. 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 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: Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

Quantity Limits: For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide 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.

Step Therapy: In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx 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 Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx and Medicare HMO Blue FlexRx does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plans.
- You can ask our plans 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 HMO Blue ValueRx (HMO), Medicare HMO Blue PlusRx (HMO), and Medicare HMO Blue FlexRx (HMO-POS) Formulary?

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

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

Generally, Medicare HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx 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 HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our 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 HMO Blue ValueRx, Medicare HMO Blue PlusRx, and Medicare HMO Blue FlexRx Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by Medicare HMO Blue ValueRx and Medicare HMO Blue PlusRx and Medicare HMO Blue FlexRx. If you have trouble finding your drug in the list, turn to the Index that begins on 103.

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 our plans have 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 Member Services at **1-800-200-4255**, 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. TTY users should call **711**. 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.

* 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.

Limited Pharmacy Availability (LA): This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at **1-800-200-4255**, 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. TTY users should call **711**. 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.

How much will I pay for my Medicare Advantage plan's covered drugs?

Your Medicare prescription drug costs:

The amount you pay depends on which drug tier your drug is in under our plan. You can find out which drug tier your drug is in by looking in the formulary included in this booklet. See the next page for the copayment/co-insurance amount for each type of drug.

If you qualify for extra help with your drug costs, your costs for your drugs may be different than those described on the next page. Please refer to the plan Summary of Benefits or your Evidence of Coverage or call Member Service to find out what your costs are.

Your costs for drugs and supplies covered under your plan's medical benefit:

You will find some drugs and supplies listed in the formulary drug list with a "MB" note in the tier column. These drugs and supplies covered under your plan's medical benefit are available through network retail pharmacies or mail-order service. However, they do not qualify for exception requests, extra help on drug costs, transition fills, or accumulate toward your total out-of-pocket costs to bring you through the coverage gap faster like drugs covered under your Medicare prescription drug benefit.

Your costs for drugs and supplies covered under your plan's medical benefit:

You will find some drugs and supplies listed in the formulary drug list with a "MB" note in the tier column. These drugs and supplies covered under your plan's medical benefit are available through network retail pharmacies or mail-order service. However, they do not qualify for exception requests, extra help on drug costs, transition fills, or accumulate toward your total out-of-pocket costs to bring you through the coverage gap faster like drugs covered under your Medicare prescription drug benefit.

Explanation of Tiers and Copayments/Co-insurance: Initial Coverage Stage

Plans	Drug Tier	Annual Deductible	30-day supply at a preferred network retail pharmacy	30-day supply at a standard network retail pharmacy	90-day supply at a network mail-order pharmacy
Medicare HMO Blue ValueRx (HMO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$3	\$8	\$3
	Tier 2: Generic Drugs		\$7	\$12	\$14
	Tier 3: Preferred Brand Drugs	\$320 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		26%	26%	26%
Medicare HMO Blue PlusRx (HMO)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$1	\$6	\$1
	Tier 2: Generic Drugs		\$5	\$10	\$10
	Tier 3: Preferred Brand Drugs	\$200 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		25%	25%	25%
Medicare HMO Blue FlexRx (HMO-POS)	Tier 1: Preferred Generic Drugs	\$0 for Tier 1 and Tier 2	\$1	\$6	\$1
	Tier 2: Generic Drugs		\$5	\$10	\$10
	Tier 3: Preferred Brand Drugs	\$260 for Tiers 3, 4, and 5	\$42	\$47	\$84
	Tier 4: Non-Preferred Brand Drugs		\$95	\$100	\$190
	Tier 5: Specialty Tier Drugs		26%	26%	26%

ANTI - INFECTIVES: ANTIFUNGAL AGENTS

Drug Name	Tier	Requirements/ Limits
AMBISOME	5	B/D PA, MO, HI
<i>amphotericin b</i>	2	B/D PA, MO, HI
CANCIDAS	5	B/D PA, MO, HI
<i>caspofungin</i>	5	B/D PA, HI
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA INTRAVENOUS	5	HI
CRESEMBA ORAL	5	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in dextrose(iso-o)</i>	2	HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO, HI
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	HI
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole</i>	2	MO, QL (120 per 30 days)
<i>ketoconazole oral</i>	2	MO
MYCAMINE	5	MO, HI
NOXAFIL INTRAVENOUS	3	HI
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO

ANTI - INFECTIVES: ANTIFUNGAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>terbinafine hcl oral</i>	2	MO, QL (30 per 30 days)
<i>voriconazole intravenous</i>	2	MO, HI
<i>voriconazole oral</i>	5	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>	2	MO
<i>abacavir-lamivudine</i>	5	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous recon soln 500 mg</i>	2	B/D PA, HI
<i>acyclovir sodium intravenous solution</i>	2	B/D PA, MO, HI
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO
<i>atazanavir oral capsule 300 mg</i>	5	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	3	MO
BIKTARVY	5	MO
<i>cidofovir</i>	5	B/D PA, MO, HI
CIMDUO	5	MO
COMPLERA	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)

Drug Name	Tier	Requirements/ Limits
DAKLINZA ORAL TABLET 30 MG	5	PA, MO, QL (90 per 30 days)
DAKLINZA ORAL TABLET 60 MG, 90 MG	5	PA, MO, QL (30 per 30 days)
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	2	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	5	MO
EPCLUSA	5	PA, MO, QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA, MO, HI
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA, MO, HI
GENVOYA	5	MO
HARVONI	5	PA, MO, QL (28 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.

ANTI - INFECTIVES: ANTIVIRALS
(continued)

Drug Name	Tier	Requirements/ Limits
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
<i>lopinavir-ritonavir</i>	2	MO
MAVYRET	5	PA, MO, QL (90 per 30 days)
<i>moderiba</i>	2	MO

ANTI - INFECTIVES: ANTIVIRALS
(continued)

Drug Name	Tier	Requirements/ Limits
<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)</i>	2	MO
<i>moderiba dose pack oral tablets,dose pack 400 mg (7)- 400 mg (7)</i>	2	
<i>moderiba dose pack oral tablets,dose pack 600 mg (7)- 600 mg (7)</i>	5	
<i>moderiba dose pack oral tablets,dose pack 600-600 mg (28)-mg (28)</i>	5	MO
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL CAPSULE	3	
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO
<i>oseltamivir oral capsule 30 mg</i>	2	MO, QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	MO, QL (42 per 180 days)

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>oseltamivir oral suspension for reconstitution</i>	2	MO, QL (600 per 180 days)
PREVYMIS INTRAVENOUS	5	HI
PREVYMIS ORAL	5	MO
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	3	MO, QL (60 per 180 days)
RESCRIPTOR	3	MO
RETROVIR INTRAVENOUS	3	MO, HI
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribasphere oral capsule</i>	2	MO
<i>ribasphere oral tablet 200 mg, 400 mg</i>	2	MO
<i>ribasphere oral tablet 600 mg</i>	5	MO
<i>ribasphere ribapak oral tablets, dose pack 200 mg (28)-400 mg (28)</i>	2	MO
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)- 400 mg (7)</i>	2	

ANTI - INFECTIVES: ANTIVIRALS
(continued)

Drug Name	Tier	Requirements/ Limits
<i>ribasphere ribapak oral tablets, dose pack 400 mg (7)- 400 mg (7), 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)</i>	5	
<i>ribasphere ribapak oral tablets, dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
SELZENTRY	3	MO
SOVALDI	5	PA, MO, QL (30 per 30 days)
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO, LA
TECHNIVIE	5	PA, MO, QL (60 per 30 days)
<i>tenofovir disoproxil fumarate</i>	5	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ	5	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
TROGARZO	5	MO
TRUVADA	5	MO
TYBOST	3	MO
<i>valacyclovir</i>	2	MO
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	5	MO
VEMLIDY	5	MO
VIDEX 2 GRAM PEDIATRIC	3	MO
VIDEX 4 GRAM PEDIATRIC	3	MO
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	3	MO
VIEKIRA PAK	5	PA, MO, QL (112 per 28 days)
VIEKIRA XR	5	PA, MO, QL (84 per 28 days)
VIRACEPT ORAL TABLET	5	MO
VIRAMUNE ORAL SUSPENSION	3	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
VOSEVI	5	PA, MO, QL (30 per 30 days)
ZEPATIER	5	PA, MO, QL (30 per 30 days)
ZERIT ORAL RECON SOLN	3	MO

ANTI - INFECTIVES: ANTIVIRALS (continued)		
Drug Name	Tier	Requirements/ Limits
<i>zidovudine</i>	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: CEPHALOSPORINS

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

ANTI - INFECTIVES: CEPHALOSPORINS (continued)

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

Drug Name	Tier	Requirements/ Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO, HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO, HI
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	HI
<i>cephalexin</i>	2	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL TABLET,CHEWABLE	3	MO
TEFLARO	5	MO, HI
ZERBAXA	5	HI

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

Drug Name	Tier	Requirements/ Limits
<i>azithromycin intravenous</i>	2	MO, HI
<i>azithromycin oral</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	2	MO
DIFICID	5	MO
<i>e.e.s. 400 oral tablet</i>	2	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO, HI
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	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:
ERYTHROMYCINS / OTHER
MACROLIDES (continued)**

Drug Name	Tier	Requirements/ Limits
<i>erythromycin oral tablet</i>	2	MO

**ANTI - INFECTIVES:
MISCELLANEOUS ANTIINFECTIVES**

Drug Name	Tier	Requirements/ Limits
ALBENZA	3	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml</i>	2	MO, HI
<i>amikacin injection solution 500 mg/2 ml</i>	2	MO, HI
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
AZACTAM	3	MO, HI
AZACTAM IN DEXTROSE (ISO- OSM)	3	HI
<i>aztreonam injection recon soln 1 gram</i>	2	MO, HI
<i>aztreonam injection recon soln 2 gram</i>	2	MO, HI
<i>baciiim</i>	2	
<i>bacitracin intramuscular</i>	2	MO
BENZNIDAZOLE	3	
BETHKIS	5	B/D PA, MO
CAPASTAT	3	HI
CAYSTON	5	MO, LA
<i>chloramphenicol sod succinate</i>	2	HI
<i>chloroquine phosphate</i>	2	MO
<i>cleocin intravenous solution 300 mg/2 ml</i>	2	
<i>clindamycin hcl</i>	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:
MISCELLANEOUS ANTIINFECTIVES
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>clindamycin in 5 % dextrose</i>	2	MO, HI
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO, HI
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml</i>	2	HI
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	HI
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO, HI
CYCLOSERINE	3	MO
DALVANCE	3	MO, HI
<i>dapsone oral</i>	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO, HI
DARAPRIM	5	MO
DORIPENEM INTRAVENOUS RECON SOLN 250 MG	3	HI

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

Drug Name	Tier	Requirements/ Limits
DORIPENEM INTRAVENOUS RECON SOLN 500 MG	3	HI
EMVERM	5	MO
<i>ertapenem</i>	2	
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO, HI
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 90 mg/100 ml</i>	2	HI
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	HI
<i>gentamicin injection solution 20 mg/2 ml</i>	2	MO, HI
<i>gentamicin injection solution 40 mg/ml</i>	2	MO, HI
<i>gentamicin sulfate (ped) (pf)</i>	2	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	2	MO, HI
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO, HI
IMPAVIDO	3	MO
INVANZ INJECTION	3	MO, HI
INVANZ INTRAVENOUS	3	HI
<i>isoniazid injection</i>	2	

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>isoniazid oral</i>	2	MO
<i>ivermectin</i>	2	MO
<i>lincomycin</i>	2	HI
<i>linezolid</i>	5	MO
<i>linezolid in dextrose 5%</i>	5	HI
<i>linezolid-0.9% sodium chloride</i>	5	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	2	MO, HI
<i>metro i.v.</i>	2	MO, HI
<i>metronidazole in nacl (iso-os)</i>	2	MO, HI
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA, MO
<i>neomycin</i>	2	MO
ORBACTIV	5	MO, HI
<i>paromomycin</i>	2	MO
PASER	3	MO
PENTAM	4	MO, HI
<i>polymyxin b sulfate</i>	2	MO, HI
<i>praziquantel</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>pyrazinamide</i>	2	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
<i>rifampin intravenous</i>	2	MO, HI
<i>rifampin oral</i>	2	MO
RIFATER	4	MO
SIRTURO	5	MO, LA

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

Drug Name	Tier	Requirements/ Limits
SIVEXTRO INTRAVENOUS	5	HI
SIVEXTRO ORAL	5	MO
STREPTOMYCIN	3	MO
SYNERCID	5	HI
<i>tigecycline</i>	5	HI
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE	5	
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	5	MO
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA, MO
<i>tobramycin sulfate injection recon soln</i>	2	HI
<i>tobramycin sulfate injection solution</i>	2	MO, HI
TRECTOR	3	MO
TYGACIL	5	MO, HI
XIFAXAN ORAL TABLET 550 MG	5	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>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	MO, HI
<i>ampicillin sodium injection recon soln 2 gram, 250 mg, 500 mg</i>	2	MO, HI
<i>ampicillin sodium intravenous</i>	2	HI
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO, HI

ANTI - INFECTIVES: PENICILLINS (continued)

Drug Name	Tier	Requirements/ Limits
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	HI
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	2	HI
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	2	MO, HI
BICILLIN L-A	4	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	2	HI
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	MO, HI
<i>nafcillin injection recon soln 1 gram</i>	2	MO, HI
<i>nafcillin injection recon soln 10 gram</i>	5	MO, HI
<i>nafcillin injection recon soln 2 gram</i>	2	MO, HI
<i>nafcillin intravenous recon soln 1 gram</i>	2	MO, HI
<i>nafcillin intravenous recon soln 2 gram</i>	2	HI
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	HI
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	5	MO, 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 1 gram</i>	2	HI
<i>oxacillin injection recon soln 10 gram</i>	5	HI
<i>oxacillin injection recon soln 2 gram</i>	2	MO, HI
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	MO, HI
<i>penicillin g potassium injection recon soln 5 million unit</i>	2	MO, HI
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	2	
<i>penicillin g sodium</i>	2	MO, HI
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	HI
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	MO, HI

ANTI - INFECTIVES: QUINOLONES

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

Drug Name	Tier	Requirements/ Limits
<i>sulfadiazine</i>	2	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	2	MO, HI
<i>sulfamethoxazole-trimethoprim oral</i>	2	MO
<i>sulfatrim</i>	2	MO

ANTI - INFECTIVES: TETRACYCLINES

Drug Name	Tier	Requirements/ Limits
<i>coremino oral tablet extended release 24 hr</i>	2	
<i>demeclocycline</i>	2	MO
<i>doxy-100</i>	2	MO, HI
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>minocycline oral tablet extended release 24 hr 115 mg, 65 mg</i>	5	MO
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	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:
TETRACYCLINES (continued)**

Drug Name	Tier	Requirements/ Limits
<i>mondoxyne nl</i>	2	MO
<i>morgidox</i>	2	MO
<i>okebo oral capsule 75 mg</i>	2	MO
<i>soloxide</i>	2	
<i>tetracycline</i>	2	MO

**ANTI - INFECTIVES: URINARY
TRACT AGENTS**

Drug Name	Tier	Requirements/ Limits
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO

ANTI - INFECTIVES: VANCOMYCIN

Drug Name	Tier	Requirements/ Limits
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/200 ML (BRAND)	3	MO
VANCOMYCIN IN D5W INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML (BRAND)	3	
VANCOMYCIN IN DEXTROSE ISO-OSM (BRAND)	3	
VANCOMYCIN INJECTION (BRAND)	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	2	MO, HI
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG (BRAND)	3	
<i>vancomycin intravenous recon soln 5 gram, 750 mg</i>	2	MO, HI
<i>vancomycin oral capsule</i>	5	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	

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>	5	MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	HI
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	MO, HI
ELITEK	5	MO, HI
KEPIVANCE	5	MO, HI
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	2	MO, HI
<i>leucovorin calcium injection recon soln 200 mg, 50 mg</i>	2	MO, HI
<i>leucovorin calcium injection recon soln 500 mg</i>	2	HI
<i>leucovorin calcium oral</i>	2	MO
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG (BRAND)	5	HI
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	HI
<i>levoleucovorin intravenous solution</i>	5	HI
<i>mesna</i>	2	MO, HI
MESNEX ORAL	5	MO
VISTOGARD	5	MO
XGEVA	5	PA, MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Tier	Requirements/ Limits
ABRAXANE	5	MO, HI
<i>adriamycin intravenous recon soln 10 mg</i>	2	HI
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 50 mg/25 ml</i>	2	HI
<i>adriamycin intravenous solution 20 mg/10 ml</i>	2	HI
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA, HI
<i>adrucil intravenous solution 5 gram/100 ml</i>	2	B/D PA, MO, HI
<i>adrucil intravenous solution 500 mg/10 ml</i>	2	B/D PA, MO, HI
AFINITOR	5	MO
AFINITOR DISPERZ	5	MO
ALECENSA	5	MO
ALIMTA INTRAVENOUS RECON SOLN 100 MG	3	MO
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	MO, HI
ALIQOPA	5	MO, HI, LA
ALUNBRIG	5	MO
<i>anastrozole</i>	2	MO
ARRANON	5	HI
ARZERRA	5	B/D PA, MO, HI
ASTAGRAF XL	4	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	5	MO, HI
<i>azacitidine</i>	5	MO, HI
<i>azathioprine</i>	2	B/D PA, MO
<i>azathioprine sodium</i>	2	B/D PA, HI
BAVENCIO	5	MO, HI, LA
BELEODAQ	5	MO, HI
BENDEKA	5	MO
BESPONSA	5	MO, HI
<i>bexarotene</i>	5	MO
<i>bicalutamide</i>	2	MO
BICNU	5	MO, HI
<i>bleomycin injection recon soln 15 unit</i>	2	B/D PA, MO, HI
<i>bleomycin injection recon soln 30 unit</i>	2	B/D PA, MO, HI
BLINCYTO INTRAVENOUS KIT	3	B/D PA, MO
BORTEZOMIB	5	MO, HI
BOSULIF	5	MO
BRAFTOVI	5	MO
<i>busulfan</i>	5	HI
CABOMETYX	5	MO, LA
CALQUENCE	5	MO, LA
<i>capecitabine</i>	MB	MO
CAPRELSA	5	MO, LA
<i>carboplatin intravenous solution</i>	2	MO, HI
CELLCEPT INTRAVENOUS	3	B/D PA, MO, HI
<i>cisplatin</i>	2	MO, HI
<i>cladribine</i>	5	B/D PA, MO, HI
<i>clofarabine</i>	5	HI

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
COMETRIQ	5	MO
COTELLIC	5	MO, LA
<i>cyclophosphamide intravenous</i>	2	MO
<i>cyclophosphamide oral capsule</i>	2	B/D PA, MO
<i>cyclosporine intravenous</i>	2	B/D PA, HI
<i>cyclosporine modified</i>	2	B/D PA, MO
<i>cyclosporine oral capsule</i>	2	B/D PA, MO
CYRAMZA	5	B/D PA, MO, HI
<i>cytarabine</i>	2	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)</i>	2	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA, MO, HI
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA, HI
<i>dacarbazine intravenous recon soln 100 mg</i>	2	MO, HI
<i>dacarbazine intravenous recon soln 200 mg</i>	2	MO, HI
<i>dactinomycin</i>	5	HI
DARZALEX	5	MO, HI, LA
<i>daunorubicin intravenous solution</i>	2	HI
<i>decitabine</i>	5	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>	5	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>	5	MO, HI
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml)</i>	5	HI
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML (BRAND)	5	HI
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i>	5	MO, HI
<i>doxorubicin intravenous recon soln 10 mg</i>	2	HI
<i>doxorubicin intravenous recon soln 50 mg</i>	2	MO, HI
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml</i>	2	MO, HI
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	2	MO, HI
<i>doxorubicin, peg-liposomal</i>	5	MO, HI
ELIGARD	3	MO
ELIGARD (3 MONTH)	3	MO
ELIGARD (4 MONTH)	3	MO
ELIGARD (6 MONTH)	3	MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
EMCYT	3	MO
EMPLICITI	5	B/D PA, MO, HI
ENVARSUS XR	4	B/D PA, MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	MO, HI
<i>epirubicin intravenous solution 50 mg/25 ml</i>	2	MO, HI
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	5	MO, HI
ERBITUX INTRAVENOUS SOLUTION 200 MG/100 ML	5	MO, HI
ERIVEDGE	5	MO
ERLEADA	5	MO
ERWINAZE	5	MO, HI
ETOPOPHOS	3	MO, HI
<i>etoposide intravenous</i>	2	MO, HI
<i>etoposide oral</i>	MB	MO
<i>exemestane</i>	2	MO
FARESTON	5	MO
FARYDAK	5	MO
FASLODEX	5	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	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
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	MO, HI
<i>fludarabine intravenous solution</i>	2	HI
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml</i>	2	B/D PA, MO, HI
<i>fluorouracil intravenous solution 5 gram/100 ml</i>	2	B/D PA, MO, HI
<i>flutamide</i>	2	MO
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ ML (1 ML)	3	MO, HI
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	MO, HI
GAZYVA	3	MO
<i>gemcitabine intravenous recon soln 1 gram</i>	2	MO, HI
<i>gemcitabine intravenous recon soln 2 gram</i>	2	HI
<i>gemcitabine intravenous recon soln 200 mg</i>	2	MO, HI

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	MO, HI
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	HI
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA, MO
<i>gengraf oral solution</i>	2	B/D PA, MO
GILOTRIF	5	MO
GLEOSTINE	3	MO
HALAVEN	5	MO, HI
HERCEPTIN	5	MO, HI
HEXALEN	5	MO
HYCAMTIN ORAL	MB	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA, MO
ICLUSIG	5	MO
<i>idarubicin</i>	2	HI
IDHIFA	5	MO, LA
<i>ifosfamide intravenous recon soln 1 gram</i>	2	MO, HI
<i>ifosfamide intravenous recon soln 3 gram</i>	2	MO, HI
<i>ifosfamide intravenous solution</i>	2	HI
<i>imatinib</i>	5	MO
IMBRUVICA	5	PA, MO
IMFINZI	5	MO, HI, LA
INLYTA	5	MO
IRESSA	5	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
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	MO, HI
<i>irinotecan intravenous solution 40 mg/2 ml</i>	2	MO, HI
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	HI
ISTODAX	5	MO, HI
IXEMPRA	5	MO, HI
JAKAFI	5	PA, MO
JEVTANA	5	MO, HI
KADCYLA	5	MO, HI
KEYTRUDA INTRAVENOUS SOLUTION	5	MO, HI
KISQALI	5	PA, MO
KISQALI FEMARA CO-PACK	5	PA, MO
KYPROLIS INTRAVENOUS RECON SOLN 10 MG	5	MO, HI
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	5	MO, HI
LARTRUVO	5	MO, HI, LA
LENVIMA	5	MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	2	MO
LONSURF	5	MO
LUPRON DEPOT	5	MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
LUPRON DEPOT (3 MONTH)	5	MO
LUPRON DEPOT (4 MONTH)	5	MO
LUPRON DEPOT (6 MONTH)	5	MO
LUPRON DEPOT- PED	5	MO
LUPRON DEPOT- PED (3 MONTH)	5	MO
LYNPARZA	5	MO
LYSODREN	3	MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	PA, MO
<i>megestrol oral tablet</i>	2	PA, MO
MEKINIST	5	MO
MEKTOVI	5	MO
<i>melphalan</i>	2	B/D PA, MO
<i>melphalan hcl</i>	5	HI
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA, HI
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	B/D PA, MO
<i>methotrexate sodium (pf) injection solution 25 mg/ml (10 ml)</i>	2	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>methotrexate sodium injection</i>	2	B/D PA, MO, HI
<i>methotrexate sodium oral</i>	2	B/D PA, MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	MO, HI
<i>mitomycin intravenous recon soln 40 mg</i>	5	MO, HI
<i>mitoxantrone</i>	2	MO, HI
MUSTARGEN	3	MO, HI
<i>mycophenolate mofetil hcl</i>	2	B/D PA, HI
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA, MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA, MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA, MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	B/D PA, MO
MYLERAN	MB	MO
MYLOTARG	5	MO, HI, LA
NERLYNX	5	PA, MO, LA
NEXAVAR	5	MO, LA
<i>nilutamide</i>	5	MO
NINLARO	5	MO
NULOJIX	5	B/D PA, MO, HI
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
ODOMZO	5	MO, LA
ONCASPAR	5	MO
ONIVYDE	5	MO
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	5	MO, HI
OPDIVO INTRAVENOUS SOLUTION 240 MG/24 ML	5	MO, HI
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	MO, HI
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	HI
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	2	MO, HI
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	MO, HI
<i>paclitaxel</i>	2	MO, HI
PERJETA	5	MO, HI
POMALYST	5	PA, MO, LA
PORTRAZZA	5	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
PROGRAF INTRAVENOUS	3	B/D PA, MO, HI
PURIXAN	5	MO
RAPAMUNE ORAL SOLUTION	5	B/D PA, MO
REVLIMID	5	PA, MO, LA
RITUXAN	5	PA, MO, HI
RITUXAN HYCELA	5	MO
ROMIDEPSIN	5	
RUBRACA	5	MO, LA
RYDAPT	5	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO
SIGNIFOR	5	MO
SIGNIFOR LAR	5	MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA, HI
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA, MO, HI
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA, MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA, MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	MO
SPRYCEL	5	MO

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
STIVARGA	5	MO
SUTENT	5	MO
SYLVANT	5	MO, HI
SYNRIBO	5	MO
TABLOID	3	MO
<i>tacrolimus oral</i>	2	B/D PA, MO
TAFINLAR	5	MO
TAGRISSE	5	MO, LA
<i>tamoxifen</i>	2	MO
TARCEVA	5	MO
TARGRETIN 1% GEL	5	MO
TASIGNA	5	MO
TECENTRIQ	5	MO, HI, LA
TEMODAR INTRAVENOUS	3	MO
TEMODAR ORAL	MB	MO
<i>temozolomide</i>	MB	MO
<i>temsirolimus</i>	5	
THALOMID	5	MO
<i>thiotepa</i>	5	MO
TIBSOVO	5	MO
<i>toposar</i>	2	MO, HI
<i>topotecan intravenous recon soln</i>	5	HI
<i>topotecan intravenous solution</i>	5	MO, HI
TORISEL	5	MO, HI
TREANDA INTRAVENOUS RECON SOLN	5	MO, HI
TRELSTAR	5	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
<i>tretinoin</i> (chemotherapy)	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	MO, HI
TYKERB	5	MO, LA
UNITUXIN	5	MO
VALSTAR	3	MO
VANTAS	3	MO
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ ML)	5	B/D PA, MO, HI
VECTIBIX INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ ML)	5	B/D PA, MO, HI
VELCADE	5	MO, HI
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	MO, LA
VENCLEXTA ORAL TABLET 100 MG	5	MO, LA
VENCLEXTA STARTING PACK	5	MO, LA
VERZENIO	5	MO, LA
<i>vinblastine</i> intravenous solution	2	B/D PA, MO, HI
<i>vincasar pfs</i> intravenous solution 1 mg/ml	2	B/D PA, HI
<i>vincasar pfs</i> intravenous solution 2 mg/2 ml	2	B/D PA, MO, HI

**ANTINEOPLASTIC /
IMMUNOSUPPRESSANT DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>vincristine intravenous solution 1 mg/ml</i>	2	B/D PA, MO, HI
<i>vincristine intravenous solution 2 mg/2 ml</i>	2	B/D PA, MO, HI
<i>vinorelbine intravenous solution 10 mg/ml</i>	2	MO, HI
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	2	MO, HI
VOTRIENT	5	MO
VYXEOS	5	B/D PA, MO, HI
XALKORI	5	MO
XATMEP	5	B/D PA, MO
XELODA	MB	MO
XERMELO	5	MO, LA
XTANDI	5	PA, MO
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ ML)	5	MO, HI
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ ML)	5	MO, HI
YONDELIS	5	MO, HI
YONSA	5	PA, MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ ML)	5	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
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ ML)	5	MO, HI
ZANOSAR	3	MO, HI
ZEJULA	5	MO, LA
ZELBORAF	5	MO
ZOLADEX	3	MO
ZOLINZA	5	MO
ZORTRESS	5	B/D PA, MO
ZYDELIG	5	MO
ZYKADIA	5	MO
ZYTIGA	5	PA, MO

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

Drug Name	Tier	Requirements/ Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL ORAL SUSPENSION	3	MO
BANZEL ORAL TABLET 200 MG	3	MO
BANZEL ORAL TABLET 400 MG	5	MO
BRIVIACT INTRAVENOUS	3	HI
BRIVIACT ORAL	5	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clonazepam oral tablet</i>	2	PA, MO
<i>clonazepam oral tablet, disintegrating</i>	2	PA, MO
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	2	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
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
<i>epitol</i>	1	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	2	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	2	MO, HI
<i>fosphenytoin injection solution 500 mg pe/10 ml</i>	2	MO, HI
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET	4	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
<i>lamotrigine oral tablet</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	2	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	HI
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO, HI
<i>levetiracetam intravenous</i>	2	MO, HI
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA	4	PA, MO
ONFI ORAL SUSPENSION	4	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 (continued)**

Drug Name	Tier	Requirements/ Limits
ONFI ORAL TABLET 10 MG, 20 MG	4	PA, MO
<i>oxcarbazepine</i>	2	MO
OXTELLAR XR	4	MO
PEGANONE	3	MO
<i>phenobarbital</i>	2	PA, MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO, HI
<i>phenytoin sodium intravenous syringe</i>	2	HI
<i>primidone</i>	2	MO
QUDEXY XR	4	PA, MO
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	MO
SABRIL ORAL TABLET	5	MO, LA
SPRITAM	4	MO
<i>subvenite</i>	2	

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

Drug Name	Tier	Requirements/ Limits
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
<i>tiagabine</i>	2	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA, MO
<i>topiramate oral tablet</i>	1	PA, MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	PA, MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	5	PA, MO
<i>valproate sodium</i>	2	MO, HI
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>vigabatrin</i>	5	MO, LA
<i>vigadrone</i>	5	MO
VIMPAT INTRAVENOUS	3	HI
VIMPAT ORAL SOLUTION	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:
ANTICONVULSANTS (continued)**

Drug Name	Tier	Requirements/ Limits
VIMPAT ORAL TABLET	3	MO
<i>zonisamide</i>	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
APOKYN	5	MO, LA
<i>benztropine injection</i>	2	MO, HI
<i>benztropine oral</i>	1	MO
<i>bromocriptine</i>	2	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	MO
<i>carbidopa-levodopa- entacapone</i>	2	MO
<i>entacapone</i>	2	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>pramipexole oral tablet extended release 24 hr</i>	2	MO
<i>rasagiline</i>	2	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO
<i>trihexyphenidyl oral elixir</i>	2	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
ZELAPAR	4	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>	2	MO, QL (24 per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	2	MO, QL (18 per 30 days)
<i>dihydroergotamine injection</i>	2	MO
<i>dihydroergotamine nasal</i>	2	MO, QL (8 per 30 days)
<i>eletriptan</i>	2	MO, QL (12 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>frovatriptan</i>	2	MO, QL (27 per 30 days)
<i>migergot</i>	2	MO
<i>naratriptan</i>	2	MO, QL (9 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO, QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i>	2	MO, QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO, QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	MO, QL (36 per 30 days)
<i>sumatriptan succinate oral</i>	2	MO, QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO, QL (4 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	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>	2	MO, QL (4 per 30 days)
<i>sumatriptan-naproxen</i>	2	MO
<i>zolmitriptan oral tablet 2.5 mg</i>	2	MO, QL (12 per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	2	MO, QL (9 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg</i>	2	MO, QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 5 mg</i>	2	MO, QL (9 per 30 days)
ZOMIG NASAL	3	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	5	PA, MO, LA, QL (60 per 30 days)
AUBAGIO	5	PA, MO
AUSTEDO	5	MO, LA
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	2	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	2	MO
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA, MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	MO, QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	MO, QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	MO, QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	MO, QL (12 per 28 days)
HORIZANT	4	MO
INGREZZA	5	MO, LA
KEVEYIS	5	MO
LEMTRADA	3	MO

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

Drug Name	Tier	Requirements/ Limits
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	MO
<i>memantine oral solution</i>	2	PA, MO
<i>memantine oral tablet</i>	2	PA, MO
NUDEXTA	3	PA, MO
OCREVUS	5	MO
RADICAVA	5	MO, HI
<i>rivastigmine tartrate</i>	2	MO
<i>rivastigmine transdermal</i>	2	MO
TECFIDERA	5	PA, MO, LA
<i>tetrabenazine</i>	5	MO
TYSABRI	5	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>	2	
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
<i>carisoprodol</i>	2	PA, MO
<i>carisoprodol-asa-codeine</i>	2	PA, MO
<i>carisoprodol-aspirin</i>	2	PA, MO
<i>chlorzoxazone oral tablet 250 mg</i>	2	PA
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA, MO
<i>cyclobenzaprine oral tablet</i>	2	PA, MO
<i>dantrolene</i>	2	MO
<i>meprobamate</i>	2	MO
MESTINON ORAL SYRUP	5	MO
<i>metaxall</i>	2	PA
<i>metaxalone</i>	2	PA, MO
<i>methocarbamol injection</i>	2	PA, HI
<i>methocarbamol oral</i>	2	PA, MO
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml</i>	2	MO
<i>neostigmine methylsulfate intravenous solution 1 mg/ml</i>	2	
<i>orphenadrine citrate injection</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>orphenadrine citrate oral tablet extended release</i>	2	PA, MO
<i>pyridostigmine bromide oral tablet</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>succinylcholine chloride injection</i>	2	
<i>tizanidine</i>	2	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>	2	MO
<i>acetaminophen- codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	2	MO
<i>acetaminophen- codeine oral tablet</i>	2	MO
<i>ascomp with codeine</i>	2	PA, MO
<i>buprenorphine hcl injection solution</i>	2	MO, HI
<i>buprenorphine hcl injection syringe</i>	2	HI
<i>buprenorphine hcl sublingual</i>	2	MO
<i>butalbital compound w/codeine</i>	2	PA, MO
<i>butalbital-acetaminop- caf-cod</i>	2	PA, MO
<i>butalbital- acetaminophen oral capsule</i>	2	PA
<i>butalbital- acetaminophen oral tablet</i>	2	PA, MO
<i>butalbital- acetaminophen-caff oral capsule</i>	2	PA, MO
<i>butalbital- acetaminophen-caff oral tablet 50-325-40 mg</i>	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>butalbital-aspirin- caffeine oral capsule</i>	2	PA, MO
<i>butalbital-aspirin- caffeine oral tablet</i>	2	MO
<i>capacet</i>	2	PA, MO
<i>codeine sulfate oral tablet</i>	2	MO
<i>codeine-butalbital- asa-caff</i>	2	PA
<i>demerol (pf) injection solution 100 mg/ml</i>	2	B/D PA, MO
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO, HI
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	HI
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO
<i>fentanyl citrate (pf) injection</i>	2	MO
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA, MO
<i>fentanyl transdermal patch</i>	2	MO
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	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>	2	MO
<i>hydrocodone- ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	MO
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	
<i>hydromorphone injection solution 1 mg/ml</i>	2	
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	2	MO
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml</i>	2	
<i>hydromorphone injection syringe 4 mg/ml</i>	2	MO
<i>hydromorphone oral liquid</i>	2	MO
<i>hydromorphone oral tablet</i>	2	MO
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	5	MO
<i>ibuprofen-oxycodone</i>	2	MO
<i>levorphanol tartrate</i>	2	MO
<i>lorcet (hydrocodone)</i>	2	MO
<i>lorcet hd</i>	2	MO
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	2	B/D PA, MO
<i>meperidine (pf) injection solution 25 mg/ml</i>	2	B/D PA
<i>meperidine oral</i>	2	MO
<i>methadone injection solution</i>	2	HI
<i>methadone intensol</i>	2	MO
<i>methadone oral concentrate</i>	2	MO
<i>methadone oral solution</i>	2	MO
<i>methadone oral tablet</i>	2	MO
<i>methadose oral concentrate</i>	2	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO
<i>morphine (pf) intravenous patient control analgesia soln 150 mg/30 ml</i>	2	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.

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

Drug Name	Tier	Requirements/ Limits
<i>morphine (pf) intravenous patient control analgesia soln 30 mg/30 ml</i>	2	B/D PA
<i>morphine concentrate oral solution</i>	2	MO
MORPHINE INJECTION SOLUTION 10 MG/ ML, 2 MG/ML, 4 MG/ ML, 5 MG/ML (BRAND)	3	
<i>morphine injection solution 8 mg/ml</i>	2	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	MO
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	2	
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	2	
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ ML (BRAND)	3	
<i>morphine intravenous solution 10 mg/ml</i>	2	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ ML, 8 MG/ML (BRAND)	3	MO
MORPHINE INTRAVENOUS SYRINGE 10 MG/ ML, 8 MG/ML (BRAND)	3	

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

Drug Name	Tier	Requirements/ Limits
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	2	
<i>morphine oral capsule, er multiphase 24 hr</i>	2	MO
<i>morphine oral capsule, extend. release pellets</i>	2	MO
<i>morphine oral solution</i>	2	MO
<i>morphine oral tablet</i>	2	MO
<i>morphine oral tablet extended release</i>	2	MO
<i>oxycodone oral capsule</i>	2	MO
<i>oxycodone oral concentrate</i>	2	MO
<i>oxycodone oral solution</i>	2	MO
<i>oxycodone oral tablet</i>	2	MO
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND)	3	MO
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 15 MG, 30 MG, 60 MG (BRAND)	3	
<i>oxycodone- acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO
<i>oxycodone-aspirin</i>	2	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
OXYCONTIN ORAL TABLET,ORAL ONLY, EXT.REL.12 HR	3	MO
<i>oxymorphone oral tablet</i>	2	MO
<i>oxymorphone oral tablet extended release 12 hr</i>	2	MO
<i>panlor(acetam-caff- dihydrocod)</i>	2	
<i>phrenilin forte(with caffeine)</i>	2	PA
<i>tencon oral tablet 50-325 mg</i>	2	PA, MO
<i>vicodin</i>	2	MO
<i>vicodin es</i>	2	MO
<i>vicodin hp</i>	2	MO
<i>xylon 10</i>	2	
<i>zebutal oral capsule 50-325-40 mg</i>	2	PA, MO

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

Drug Name	Tier	Requirements/ Limits
<i>buprenorphine- naloxone sublingual tablet</i>	2	MO
<i>butorphanol tartrate injection</i>	2	MO, HI
<i>butorphanol tartrate nasal</i>	2	MO
<i>celecoxib</i>	2	PA, MO, QL (60 per 30 days)
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	2	MO
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	2	MO
<i>diflunisal</i>	2	MO
DUROLANE	MB	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	2	MO
EUFLEXXA	MB	MO
<i>fenoprofen oral tablet</i>	2	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>	2	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>	2	
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule</i>	2	MO
<i>indomethacin oral capsule, extended release</i>	2	MO
<i>indomethacin sodium</i>	2	
<i>ketoprofen oral capsule 25 mg</i>	2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>ketorolac injection cartridge 15 mg/ml</i>	2	
<i>ketorolac injection cartridge 30 mg/ml</i>	2	MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>ketorolac injection syringe</i>	2	
<i>ketorolac intramuscular cartridge</i>	2	MO
<i>ketorolac intramuscular solution</i>	2	MO
<i>ketorolac intramuscular syringe</i>	2	
<i>ketorolac oral</i>	2	MO
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet</i>	1	MO, QL (30 per 30 days)
MONOVISC	MB	MO
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	2	MO, HI
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	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>	2	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>	2	MO
<i>piroxicam</i>	2	MO
<i>profeno</i>	2	
<i>salsalate</i>	1	MO
SUBOXONE	3	MO
<i>sulindac</i>	1	MO
SUPARTZ FX	MB	MO
SYNVISC	MB	MO
SYNVISC-ONE	MB	MO
<i>tolmetin</i>	2	MO
<i>tramadol oral tablet</i>	2	MO
<i>tramadol oral tablet extended release 24 hr</i>	2	MO
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	MO
<i>tramadol- acetaminophen</i>	2	MO
VISCO-3	MB	MO

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

Drug Name	Tier	Requirements/ Limits
ABILIFY MAINTENA	5	MO
ADASUVE	4	
<i>alprazolam intensol</i>	2	PA, MO
<i>alprazolam oral tablet</i>	2	PA, MO
<i>alprazolam oral tablet extended release 24 hr</i>	2	PA, MO
<i>alprazolam oral tablet, disintegrating</i>	2	PA, MO
<i>amitriptyline</i>	2	PA, MO
<i>amitriptyline- chlordiazepoxide</i>	2	PA, MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral solution</i>	2	MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	2	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	5	MO
<i>aripiprazole oral tablet, disintegrating</i>	5	MO
ARISTADA	5	MO
ARISTADA INITIO	5	
<i>armodafinil</i>	2	PA, MO
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 80 mg</i>	2	PA, MO, QL (30 per 30 days)
<i>atomoxetine oral capsule 40 mg, 60 mg</i>	2	PA, MO, QL (60 per 30 days)
<i>bupropion hcl 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:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>bupropion hcl oral tablet extended release 24 hr</i>	2	MO
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO
<i>bupropion</i>	2	MO
<i>chlordiazepoxide hcl</i>	2	PA, MO
<i>chlorpromazine injection</i>	2	MO, HI
<i>chlorpromazine oral</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO
<i>clomipramine</i>	2	PA, MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium</i>	2	PA, MO
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG (BRAND)	4	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	MO, QL (60 per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 25 mg, 35 mg</i>	2	MO, QL (30 per 30 days)
<i>dexmethylphenidate oral tablet</i>	2	MO
<i>dextroamphetamine oral capsule, extended release</i>	2	MO
<i>dextroamphetamine oral solution</i>	2	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 25 mg, 5 mg</i>	2	MO, QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 30 mg</i>	2	MO, QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA, MO
<i>diazepam intensol</i>	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:
PSYCHOTHERAPEUTIC DRUGS
(continued)**

Drug Name	Tier	Requirements/ Limits
<i>diazepam oral concentrate</i>	2	PA, MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA, MO
<i>diazepam oral tablet</i>	2	PA, MO
<i>doxepin oral</i>	2	PA, MO
<i>duloxetine oral capsule, delayed release (dr/ec)</i>	2	MO
EMSAM	5	ST, MO
<i>ergoloid</i>	2	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO
<i>estazolam</i>	2	PA, MO
<i>eszopiclone</i>	2	MO, QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO
FANAPT ORAL TABLETS, DOSE PACK	4	MO
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA	4	ST, MO
<i>flumazenil</i>	2	MO
<i>fluoxetine oral capsule</i>	1	MO

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

Drug Name	Tier	Requirements/ Limits
<i>fluoxetine oral capsule, delayed release (dr/ec)</i>	2	MO
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>flurazepam</i>	2	PA, MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	MO
<i>fluvoxamine oral tablet</i>	2	MO
FORFIVO XL	4	MO
GEODON INTRAMUSCULAR	3	MO
<i>guanfacine oral tablet extended release 24 hr</i>	2	MO
<i>guanidine</i>	2	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA, MO, QL (30 per 30 days)
<i>imipramine hcl</i>	2	PA, MO
<i>imipramine pamoate</i>	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:
PSYCHOTHERAPEUTIC DRUGS**
(continued)

Drug Name	Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
KHEDEZLA	4	ST, MO
LATUDA ORAL TABLET 120 MG	5	MO
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 80 MG	4	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>	2	MO
<i>lorazepam injection solution</i>	2	PA, MO
<i>lorazepam injection syringe</i>	2	PA
<i>lorazepam intensol</i>	2	PA, MO
<i>lorazepam oral</i>	2	PA, MO
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO

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

Drug Name	Tier	Requirements/ Limits
<i>metadate er oral tablet extended release</i>	2	MO, QL (90 per 30 days)
<i>methamphetamine</i>	2	PA, MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg, 40 mg, 50 mg, 60 mg</i>	2	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg, 40 mg, 60 mg</i>	2	MO, QL (60 per 30 days)
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	2	MO, QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	MO, QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	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.

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

Drug Name	Tier	Requirements/ Limits
<i>methylphenidate hcl oral tablet, chewable</i>	2	MO
<i>midazolam (pf) injection cartridge</i>	2	
<i>midazolam (pf) injection solution 1 mg/ml</i>	2	
<i>midazolam (pf) injection solution 5 mg/ml</i>	2	MO
<i>midazolam (pf) injection syringe</i>	2	
<i>midazolam injection</i>	2	
<i>midazolam oral syrup 2 mg/ml</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil</i>	2	PA, MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
NUPLAZID	5	MO
<i>olanzapine intramuscular recon soln</i>	2	MO
<i>olanzapine oral tablet</i>	2	MO
<i>olanzapine oral tablet, disintegrating</i>	2	MO
<i>olanzapine-fluoxetine</i>	2	MO
<i>oxazepam</i>	2	PA, MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO
<i>paroxetine hcl oral tablet</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO
<i>paroxetine mesylate (menop.sym)</i>	2	MO
PAXIL ORAL SUSPENSION	4	MO
<i>pentobarbital sodium injection solution</i>	2	
<i>perphenazine</i>	2	MO
<i>perphenazine-amitriptyline</i>	2	PA, MO
PERSERIS	5	
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	MO
<i>quetiapine oral tablet</i>	2	MO
<i>quetiapine oral tablet extended release 24 hr</i>	2	MO
REXULTI	5	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	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>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet</i>	1	MO
<i>risperidone oral tablet, disintegrating</i>	2	MO
SAPHRIS (BLACK CHERRY)	4	MO
SAPHRIS SUBLINGUAL TABLET 2.5 MG	4	MO
<i>seconal sodium</i>	2	PA, MO
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet</i>	1	MO
<i>temazepam</i>	2	PA, MO
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	2	MO
<i>trazodone</i>	1	MO
<i>triazolam</i>	2	PA, MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	2	PA, MO
TRINTELLIX	4	ST, MO
<i>venlafaxine oral capsule, extended release 24hr</i>	2	MO
<i>venlafaxine oral tablet</i>	2	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG (BRAND)	4	MO
VERSACLOZ	5	
VIIBRYD ORAL TABLET	4	ST, MO
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	ST, MO
VRAYLAR ORAL CAPSULE	5	MO
VRAYLAR ORAL CAPSULE, DOSE PACK	4	MO
XYREM	5	PA, MO, LA
<i>zaleplon</i>	2	MO, QL (30 per 30 days)
<i>zenedi oral tablet 10 mg, 5 mg</i>	2	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND)	4	MO
<i>ziprasidone hcl</i>	2	MO
<i>zolpidem oral tablet</i>	2	MO, QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase</i>	2	MO, QL (30 per 30 days)
<i>zolpidem sublingual</i>	2	MO, QL (30 per 30 days)
ZYPREXA RELPREVV	4	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

Drug Name	Tier	Requirements/ Limits
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA, MO, HI
<i>amiodarone intravenous syringe</i>	2	B/D PA, HI
<i>amiodarone oral</i>	2	MO
<i>disopyramide phosphate oral capsule</i>	2	MO
<i>dofetilide</i>	2	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	MO
<i>lidocaine (pf) in d7.5w</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO, HI
<i>lidocaine (pf) intravenous syringe</i>	2	HI
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
<i>mexiletine</i>	2	MO
MULTAQ	4	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO, HI
<i>procainamide injection solution 500 mg/ml</i>	2	HI
<i>propafenone oral capsule, extended release 12 hr</i>	2	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIARRHYTHMIC AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate injection</i>	2	MO, HI
<i>quinidine gluconate oral tablet extended release</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	MO
<i>sotalol oral</i>	2	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**

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- hcthiiazid</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>	2	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

**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>	2	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>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal</i>	2	MO
DEMSEK	5	MO
<i>diltiazem hcl intravenous</i>	2	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

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>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>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>epoprostenol (glycine)</i>	2	B/D PA, MO
<i>eprosartan</i>	1	MO
<i>esmolol in nacl (iso-osm)</i>	2	
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	HI
<i>ethacrynic acid</i>	5	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>	2	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>	2	MO, HI
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO

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>	2	MO, HI
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	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>	2	
<i>mannitol 25 % intravenous solution</i>	2	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>	2	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

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>metoprolol tartrate intravenous solution</i>	2	MO, HI
<i>metoprolol tartrate intravenous syringe</i>	2	
<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>	2	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-hcthiazyd</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA, MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: ANTIHYPERTENSIVE THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA, MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	MO
<i>phentolamine injection recon soln</i>	2	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	2	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	5	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	3	MO
TEKTURNA HCT	3	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>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<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	5	PA, MO, LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA, MO
<i>verapamil intravenous solution</i>	2	MO, HI
<i>verapamil intravenous syringe</i>	2	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

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>	2	MO, HI
<i>digoxin oral solution 50 mcg/ml</i>	2	MO
<i>digoxin 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.

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY

Drug Name	Tier	Requirements/ Limits
<i>aminocaproic acid intravenous</i>	2	MO
ANDEXXA	5	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	MO
BEVYXXA	3	QL (43 per 180 days)
BRILINTA	4	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	2	MO
ELIQUIS	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO, QL (180 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	MO, QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	MO, QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	MO, QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	MO, QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	MO, QL (36 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS: COAGULATION THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO, QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO, QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO, QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	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>	2	HI
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	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>	2	MO, HI
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO, HI
<i>heparin (porcine) injection solution</i>	2	MO, HI
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	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.

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>	2	MO
<i>heparin, porcine (pf) injection</i>	2	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
NPLATE	3	MO
<i>pentoxifylline oral tablet extended release</i>	2	MO
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
PRAXBIND	5	
PROMACTA	5	MO, LA
<i>protamine</i>	2	
<i>tranexamic acid intravenous</i>	2	MO, HI
<i>warfarin</i>	1	MO

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>	2	MO
<i>colesevelam oral tablet</i>	2	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)	3	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)

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 (continued)

Drug Name	Tier	Requirements/ Limits
<i>gemfibrozil</i>	1	MO
JUXTAPID	5	PA, MO, LA
KYNAMRO	5	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>	2	MO
<i>omega-3 acid ethyl esters</i>	2	MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA, MO, QL (4 per 30 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA, MO, QL (2 per 30 days)
<i>pravastatin</i>	1	MO, QL (30 per 30 days)
<i>prevalite</i>	1	MO
REPATHA	5	PA, MO, QL (3 per 30 days)
REPATHA PUSHTRONEX	5	PA, MO, QL (3.5 per 30 days)
REPATHA SURECLICK	5	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>	2	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS: MISCELLANEOUS CARDIOVASCULAR AGENTS

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

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

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

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS: NITRATES**

Drug Name	Tier	Requirements/ Limits
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	2	
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid</i>	2	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>	2	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B/D PA, MO
<i>nitroglycerin intravenous</i>	2	B/D PA, HI
<i>nitroglycerin oral capsule, extended release</i>	2	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	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: ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Tier	Requirements/ Limits
<i>acitretin oral capsule 10 mg</i>	2	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO
<i>calcipotriene</i>	2	MO
<i>calcipotriene- betamethasone</i>	2	MO
<i>calcitrene</i>	2	MO
<i>calcitriol topical</i>	2	MO
COSENTYX	5	PA, MO
COSENTYX (2 SYRINGES)	5	PA, MO
COSENTYX PEN	5	PA, MO
COSENTYX PEN (2 PENS)	5	PA, MO
<i>selenium sulfide topical lotion</i>	2	MO
STELARA INTRAVENOUS	5	PA, MO, HI
STELARA SUBCUTANEOUS	5	PA, MO

DERMATOLOGICALS/TOPICAL THERAPY: BURN THERAPY

Drug Name	Tier	Requirements/ Limits
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: MISCELLANEOUS DERMATOLOGICALS

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

Drug Name	Tier	Requirements/ Limits
<i>adapalene topical cream</i>	2	PA, MO
<i>adapalene topical gel</i>	2	PA, MO
<i>adapalene topical gel with pump</i>	2	PA, MO
<i>adapalene-benzoyl peroxide</i>	2	PA, MO
<i>amnesteam</i>	2	MO
<i>avita topical cream</i>	2	PA, MO
<i>claravis</i>	2	MO
<i>clindacin etz topical swab</i>	2	MO
<i>clindacin p</i>	2	MO
<i>clindamycin phosphate topical foam</i>	2	MO
<i>clindamycin phosphate topical gel</i>	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide</i>	2	MO
<i>clindamycin-tretinoin</i>	2	PA, MO
<i>dapsone topical</i>	2	MO
<i>ery pads</i>	2	MO
<i>erygel</i>	2	MO
<i>erythromycin with ethanol</i>	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: THERAPY FOR ACNE (continued)

Drug Name	Tier	Requirements/ Limits
<i>erythromycin-benzoyl peroxide</i>	2	MO
FABIOR	4	MO
<i>isotretinoin</i>	2	
<i>metronidazole topical</i>	2	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	2	MO
<i>myorisan oral capsule 30 mg</i>	2	
<i>neuac</i>	2	MO
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>tazarotene</i>	2	PA, MO
TAZORAC TOPICAL CREAM 0.05 %	4	PA, MO
TAZORAC TOPICAL GEL	4	PA, MO
<i>tretinoin microspheres</i>	2	PA, MO
<i>tretinoin topical</i>	2	PA, MO
<i>zenatane</i>	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 ANESTHETICS

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

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANESTHETICS (continued)

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

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>ropivacaine (pf) injection solution</i>	2	
<i>sensorcaine injection solution 0.5 % (5 mg/ml)</i>	2	MO
<i>sensorcaine/epinephrine</i>	2	
<i>sensorcaine-mpf injection solution 0.5 % (5 mg/ml)</i>	2	
<i>xylocaine dental-epinephrine</i>	2	

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIBACTERIALS

Drug Name	Tier	Requirements/ Limits
<i>gentamicin topical</i>	2	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO
<i>mupirocin calcium</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	3	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIFUNGALS

Drug Name	Tier	Requirements/ Limits
<i>ciclodan</i>	2	MO
<i>ciclopirox</i>	2	MO
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole-betamethasone</i>	2	MO
<i>econazole</i>	2	MO
<i>ketconazole topical</i>	2	MO
LULICONAZOLE	4	
LUZU	4	MO
<i>naftifine</i>	2	MO
<i>nyamyc</i>	2	MO
<i>nystatin topical</i>	2	MO
<i>nystatin-triamcinolone</i>	2	MO
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>acyclovir topical</i>	2	MO
DENAVIR	3	MO
ZOVIRAX TOPICAL CREAM	5	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

Drug Name	Tier	Requirements/ Limits
<i>ala-cort topical cream</i>	2	MO
<i>alclometasone</i>	2	MO
<i>amcinonide topical cream</i>	2	MO
<i>amcinonide topical lotion</i>	2	MO
<i>amcinonide topical ointment</i>	2	
<i>apexicon e</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
<i>clobetasol</i>	2	MO
<i>clobetasol-emollient</i>	2	MO
<i>clodan</i>	2	MO
<i>desonide</i>	2	MO
<i>desoximetasone</i>	2	MO
<i>diflorasone</i>	2	MO
<i>fluocinolone</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide</i>	2	MO
<i>fluocinonide-e</i>	2	MO
<i>fluocinonide-emollient</i>	2	
<i>flurandrenolide</i>	2	MO
<i>fluticasone topical</i>	2	MO
<i>halobetasol propionate</i>	2	MO
<i>hydrocortisone butyrate</i>	2	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL CORTICOSTEROIDS (continued)

Drug Name	Tier	Requirements/ Limits
<i>hydrocortisone butyr-emollient</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	2	MO
<i>hydrocortisone-min oil-wht pet</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>nolix topical cream</i>	2	
<i>nolix topical lotion</i>	2	MO
<i>prednicarbate</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO
<i>triderm topical cream</i>	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 ENZYMES

Drug Name	Tier	Requirements/ Limits
SANTYL	3	MO

DERMATOLOGICALS/TOPICAL THERAPY: TOPICAL SCABICIDES / PEDICULICIDES

Drug Name	Tier	Requirements/ Limits
<i>crotan</i>	2	
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin topical cream</i>	2	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: ANTIDOTES

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine intravenous</i>	2	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: IRRIGATING SOLUTIONS

Drug Name	Tier	Requirements/ Limits
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringer's irrigation</i>	2	MO
SORBITOL IRRIGATION	3	
<i>tis-u-sol pentalyte</i>	2	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/ Limits
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	2	MO
<i>acetic acid irrigation</i>	2	MO
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	1	MO, QL (30 per 30 days)
<i>anagrelide</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA, MO, HI, LA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	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>	2	
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
CARBAGLU	5	MO, LA
<i>cevimeline</i>	2	MO
CHEMET	3	MO
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA, HI
CLINIMIX E 2.75%/D10W SUL FREE	4	B/D PA, HI
CLINIMIX E 2.75%/D5W SULF FREE	4	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.

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
CLINIMIX N9G20E 2.75%-D10W(SF)	4	B/D PA, HI
d10 %-0.45 % sodium chloride	2	HI
d2.5 %-0.45 % sodium chloride	2	HI
d5 % and 0.9 % sodium chloride	2	MO, HI
d5 %-0.45 % sodium chloride	2	MO, HI
deferoxamine	2	MO
dextrose 10 % and 0.2 % nacl	2	HI
dextrose 10 % in water (d10w)	2	MO, HI
dextrose 20 % in water (d20w)	2	
dextrose 25 % in water (d25w)	2	
dextrose 30 % in water (d30w)	2	
dextrose 40 % in water (d40w)	2	
dextrose 5 % in water (d5w) intravenous parenteral solution	2	MO, HI
dextrose 5 % in water (d5w) intravenous piggyback	2	MO
dextrose 5 %-lactated ringers	2	MO, HI
dextrose 5%-0.2 % sod chloride	2	HI
dextrose 5%-0.3 % sod.chloride	2	HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: MISCELLANEOUS AGENTS
(continued)

Drug Name	Tier	Requirements/ Limits
dextrose 50 % in water (d50w) intravenous parenteral solution	2	MO
dextrose 50 % in water (d50w) intravenous syringe	2	
dextrose 70 % in water (d70w)	2	MO
dextrose with sodium chloride	2	HI
disulfiram	2	MO
etidronate disodium	2	MO
EXJADE	5	MO, LA
FERRIPROX ORAL SOLUTION	5	
FERRIPROX ORAL TABLET	5	MO
GLASSIA	5	PA, MO, HI, LA
INCRELEX	5	PA, MO, LA
JADENU	5	MO
JADENU SPRINKLE	5	MO
kionex (with sorbitol)	2	MO
lanthanum oral tablet, chewable	2	MO
levocarnitine (with sugar)	2	MO
levocarnitine oral tablet	2	MO
lmd 10 % in 0.9 % sodium chlor	2	
lmd 10 % in 5 % dextrose	2	
midodrine	2	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>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	5	MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
ORFADIN ORAL CAPSULE 20 MG	5	MO
ORFADIN ORAL SUSPENSION	5	MO, LA
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA, HI, LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA, MO, HI, LA
RAVICTI	5	MO
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO, QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sodium benzoate-sod phenylacet</i>	2	
<i>sodium chlor 0.9% bacteriostat</i>	MB	MO

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>	2	MO, HI
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	MO
<i>sodium polystyrene (sorb free)</i>	2	MO
<i>sodium polystyrene sulfonate oral</i>	2	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	2	
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
<i>syrex sodium chloride 0.9 %</i>	MB	
THIOLA	5	MO
<i>trientine</i>	5	MO
VELTASSA	4	MO
<i>water for inject, bacteriostat</i>	MB	
<i>water for irrigation, sterile</i>	2	MO
XURIDEN	5	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>zoledronic acid-mannitol-water</i>	2	MO, HI

DIAGNOSTICS / MISCELLANEOUS AGENTS: SMOKING DETERRENTS

Drug Name	Tier	Requirements/ Limits
<i>bupropion hcl (smoking deter) oral tablet extended release</i>	2	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	3	MO
NICOTROL NS	3	MO

EAR, NOSE / THROAT MEDICATIONS: MISCELLANEOUS AGENTS

Drug Name	Tier	Requirements/ Limits
<i>azelastine nasal</i>	2	MO, QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>	2	MO, QL (60 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	MO, QL (15 per 30 days)
<i>olopatadine nasal</i>	2	MO, QL (30.5 per 30 days)
<i>oralone</i>	2	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>triamcinolone acetonide dental</i>	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 OTIC PREPARATIONS

Drug Name	Tier	Requirements/ Limits
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
<i>floxin otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO

EAR, NOSE / THROAT MEDICATIONS: OTIC STEROID / ANTIBIOTIC

Drug Name	Tier	Requirements/ Limits
CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO

ENDOCRINE/DIABETES: ADRENAL HORMONES

Drug Name	Tier	Requirements/ Limits
<i>a-hydrocort</i>	2	MO
<i>betamethasone acet, sod phos</i>	2	MO
<i>cortisone</i>	2	MO
<i>decadron</i>	2	
<i>deltasone oral tablet 20 mg</i>	2	B/D PA, MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets, dose pack</i>	2	
<i>dexamethasone sodium phos (pf)</i>	2	MO
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	2	MO, HI
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	1	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.

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>	2	MO, HI
<i>methylprednisolone sodium succ intravenous</i>	2	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>	2	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>	2	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	B/D PA, MO
<i>prednisone intensol</i>	2	B/D PA, MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA, MO
<i>prednisone oral tablets, dose pack</i>	1	MO
RAYOS	5	B/D PA, MO
<i>triamcinolone acetonide injection</i>	2	MO
<i>veripred 20</i>	2	

ENDOCRINE/DIABETES: ANTITHYROID AGENTS

Drug Name	Tier	Requirements/ Limits
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</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

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	3	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	4	MO
BYDUREON	3	MO, QL (4 per 28 days)
BYDUREON BCISE	3	MO, QL (3.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO, QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO, QL (1.2 per 30 days)
<i>chlorpropamide</i>	1	MO
CYCLOSET	4	MO
FARXIGA	3	MO
GAUZE PADS 2 X 2	3	MO

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	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
<i>glyburide</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glyburide-metformin</i>	1	MO
GLYXAMBI	4	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25 (U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	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: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
INPEN (FOR HUMALOG)	3	QL (1 per 365 days)
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	MO
INSULIN SYRINGE (DISP) U-100 1 ML	3	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	MO
INVOKAMET	4	MO
INVOKAMET XR	4	MO
INVOKANA	3	MO
JANUMET	3	MO
JANUMET XR	3	MO
JANUVIA	3	MO
JARDIANCE	3	MO
KOMBIGLYZE XR	3	MO
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	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

ENDOCRINE/DIABETES: DIABETES THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>metformin oral tablet, er gast.retention 24 hr</i>	1	MO
<i>miglitol</i>	1	MO
<i>nateglinide</i>	1	MO
NEEDLES, INSULIN DISP.,SAFETY	3	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	3	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	4	ST, MO, QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/0.75 ML (2 MG/1.5 ML)	4	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	3	MO
<i>repaglinide</i>	1	MO
<i>repaglinide-metformin</i>	1	MO
SYMLINPEN 120	5	MO
SYMLINPEN 60	5	MO
SYNJARDY	4	MO
SYNJARDY XR	4	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>tolazamide</i>	1	MO
<i>tolbutamide</i>	1	MO
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRULICITY	3	MO, QL (2 per 28 days)
VGO	3	
XIGDUO XR	4	MO

ENDOCRINE/DIABETES: MISCELLANEOUS HORMONES

Drug Name	Tier	Requirements/Limits
ALDURAZYME	5	MO, HI
ANADROL-50	5	PA, MO
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO, HI
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	2	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA, MO, HI
CHORIONIC GONADOTROPIN, HUMAN	3	PA, MO
<i>clomiphene citrate</i>	2	MO
<i>danazol</i>	2	MO
<i>desmopressin injection</i>	2	MO, HI
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	2	MO
ELELYSO	5	MO, HI
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	MO, HI
FABRAZYME INTRAVENOUS RECON SOLN 5 MG	3	MO, HI

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
JYNARQUE	5	MO, LA
KANUMA	5	MO, HI
KORLYM	5	PA, MO
KUVAN	5	MO
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	4	MO
<i>miglustat</i>	5	MO, LA
MYALEPT	5	MO, LA
NAGLAZYME	5	MO, HI, LA
NATPARA	5	PA, MO, LA
NOVAREL	3	PA, MO
<i>oxandrolone oral tablet 10 mg</i>	5	PA, MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA, MO
<i>pamidronate intravenous recon soln</i>	2	MO, HI
<i>pamidronate intravenous solution</i>	2	MO, HI
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	
<i>paricalcitol intravenous</i>	2	HI
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ ML (BRAND)	3	HI

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

Drug Name	Tier	Requirements/ Limits
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ ML (BRAND)	3	MO, HI
<i>paricalcitol oral</i>	2	MO
PARSABIV	5	MO
SAMSCA	5	MO
SENSIPAR ORAL TABLET 30 MG	3	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	5	MO, LA
SYNAREL	5	MO
<i>testosterone cypionate</i>	2	MO
<i>testosterone enanthate</i>	2	MO
<i>testosterone transdermal gel (generic)</i>	2	MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Androgel generic)</i>	2	MO
<i>testosterone transdermal gel in packet (Androgel generic)</i>	2	MO
<i>testosterone transdermal solution in metered pump w/ app (Axiron generic)</i>	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:
MISCELLANEOUS HORMONES**
(continued)

Drug Name	Tier	Requirements/ Limits
VIMIZIM	3	MO
ZAVESCA	5	MO, LA
<i>zoledronic acid intravenous solution</i>	2	MO, HI
ZOMETA INTRAVENOUS PIGGYBACK	5	MO, HI

**ENDOCRINE/DIABETES: THYROID
HORMONES**

Drug Name	Tier	Requirements/ Limits
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	2	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>	2	MO, HI
<i>liothyronine oral</i>	2	MO
<i>np thyroid</i>	2	MO
<i>thyroid (pork) oral tablet 30 mg, 60 mg</i>	2	
<i>thyroid (pork) oral tablet 90 mg</i>	2	MO
<i>unithroid</i>	1	MO

**GASTROENTEROLOGY:
ANTIDIARRHEALS /
ANTISPASMODICS**

Drug Name	Tier	Requirements/ Limits
<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>chlordiazepoxide- clidinium</i>	2	MO
CUVPOSA	4	MO
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate- atropine</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	2	MO
<i>methscopolamine</i>	2	MO
MYTESI	3	MO
<i>opium tincture</i>	2	MO
<i>paregoric</i>	2	MO
<i>propantheline</i>	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: MISCELLANEOUS GASTROINTESTINAL AGENTS

Drug Name	Tier	Requirements/ Limits
<i>alose tron</i>	5	MO, QL (60 per 30 days)
AMITIZA	3	MO, QL (60 per 30 days)
<i>ap repitant</i>	2	B/D PA, MO
<i>balsalazide</i>	2	MO
<i>budesonide oral capsule, delayed, extend. release</i>	5	MO
<i>budesonide oral tablet, delayed and ext. release</i>	5	MO
CHOLBAM	5	MO
CIMZIA	5	PA, MO, QL (3 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA, MO, QL (1 per 28 days)
CIMZIA STARTER KIT	5	PA, MO, QL (3 per 28 days)
CINVANTI	3	MO, HI
<i>colocort</i>	2	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO

GASTROENTEROLOGY: MISCELLANEOUS GASTROINTESTINAL AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 36,000-114,000-180,000 UNIT	5	MO
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	MO
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PA, MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	2	B/D PA, MO
<i>droperidol injection solution</i>	2	MO
EMEND (FOSAPREPITANT)	3	MO, HI
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA, MO
ENTYVIO	3	MO
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	PA, MO
GATTEX ONE-VIAL	5	PA, MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	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.

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

Drug Name	Tier	Requirements/ Limits
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	2	MO, HI
<i>granisetron hcl intravenous</i>	2	MO, HI
<i>granisetron hcl oral</i>	2	B/D PA, MO
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>hydrocortisone- pramoxine rectal cream 1-1 %</i>	2	MO
INFLECTRA	5	PA, MO, HI
<i>lactulose</i>	2	MO
LINZESS	3	MO, QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	2	MO
<i>mesalamine rectal</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO, HI
<i>metoclopramide hcl injection syringe</i>	2	HI
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
OICALIVA	5	MO, LA, QL (30 per 30 days)
<i>ondansetron hcl (pf)</i>	2	MO, HI
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA, MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA, MO
<i>ondansetron oral tablet, disintegrating</i>	2	B/D PA, MO
OSMOPREP	4	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>polyethylene glycol 3350</i>	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:
MISCELLANEOUS
GASTROINTESTINAL AGENTS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	4	MO
RELISTOR ORAL	5	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA, MO, HI
RENFLEXIS	5	PA, MO, HI
<i>scopolamine base</i>	2	MO
SUCRAID	5	MO
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	2	MO
SYNDROS	5	B/D PA, MO
<i>trilyte with flavor packets</i>	2	MO
<i>trimethobenzamide oral</i>	2	B/D PA, MO

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

Drug Name	Tier	Requirements/ Limits
UCERIS ORAL	5	MO
UCERIS RECTAL	4	MO
<i>ursodiol</i>	2	MO
VARUBI ORAL	3	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, 3,000-10,000 -14,000-UNIT, 3,000-10,000-16,000 UNIT	3	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 25,000-79,000-105,000 UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	5	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>	2	MO
CARAFATE ORAL SUSPENSION	3	MO
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	2	MO, QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	2	MO, QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	HI
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO, HI
<i>famotidine (pf)</i>	2	MO, HI
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO, HI
<i>famotidine intravenous solution</i>	2	MO, HI
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	MO, QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO, QL (60 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel</i>	2	MO

GASTROENTEROLOGY: ULCER THERAPY (continued)

Drug Name	Tier	Requirements/ Limits
<i>misoprostol</i>	2	MO
<i>nizatidine</i>	2	MO
<i>omeppi oral capsule 20-1.1 mg-gram</i>	2	QL (30 per 30 days)
<i>omeppi oral capsule 40-1.1 mg-gram</i>	2	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>	2	MO, QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	MO, QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	2	MO, QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	2	MO, QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	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>	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.

GASTROENTEROLOGY: ULCER THERAPY (continued)

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

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY: BIOTECHNOLOGY DRUGS

Drug Name	Tier	Requirements/ Limits
ACTIMMUNE	5	PA, MO
ARCALYST	5	MO
AVONEX (WITH ALBUMIN)	5	MO, QL (4 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	MO, QL (4 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	MO, QL (4 per 30 days)
GRANIX	5	MO
HUMATROPE	5	PA, MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA, MO, LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	3	PA, MO
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA, MO
INTRON A INJECTION SOLUTION	3	PA, MO
LEUKINE INJECTION RECON SOLN	5	MO, HI
MOZOBIL	5	MO
NEULASTA	5	MO, QL (1.2 per 30 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	5	MO, QL (30 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 SOLUTION 480 MCG/1.6 ML	5	MO, QL (48 per 30 days)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	5	MO, QL (15 per 30 days)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	5	MO, QL (24 per 30 days)
OMNITROPE	5	PA, MO
PEGASYS PROCLICK	5	MO, QL (2 per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO, QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO, QL (2 per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO, QL (5 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	MO, QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	MO, QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	MO, QL (1 per 28 days)

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

Drug Name	Tier	Requirements/ Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	MO, QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA, MO, QL (16 per 30 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA, MO, QL (16 per 30 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA, MO, QL (12 per 30 days)
PROLEUKIN	5	PA, MO, HI
REBIF (WITH ALBUMIN)	5	MO, QL (7.5 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	MO, QL (7.5 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	MO, QL (5 per 28 days)
REBIF TITRATION PACK	5	MO, QL (12 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA, MO
SYLATRON	5	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:
BIOTECHNOLOGY DRUGS (continued)**

Drug Name	Tier	Requirements/ Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	5	MO, QL (15 per 30 days)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	5	MO, QL (24 per 30 days)
ZORBTIVE	5	PA, MO

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

Drug Name	Tier	Requirements/ Limits
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT) (PF)	3	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)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PA, MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
DYSPORE	4	PA, MO
ENGERIX-B (PF)	3	B/D PA, MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	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	

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
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>	2	HI
GAMASTAN	3	
GAMASTAN S/D	3	MO
GAMMAGARD LIQUID	5	PA, MO, HI
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA, MO, HI
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	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 %)	5	PA, MO, HI

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

Drug Name	Tier	Requirements/ Limits
GARDASIL 9 (PF)	3	MO
GRASTEK	4	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	MO
HYPERRAB (PF)	3	
HYPERRAB S/D (PF)	3	
IMOGAM RABIES-HT (PF)	3	MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
IPOL	3	MO
IXIARO (PF)	3	MO
KEDRAB (PF)	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	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 (continued)**

Drug Name	Tier	Requirements/ Limits
MENVEO A-C-Y- W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF)	3	MO
PNEUMOVAX 23	MB	MO
PREVNAR 13 (PF)	MB	MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RAGWITEK	4	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ ML	3	B/D PA, MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	

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

Drug Name	Tier	Requirements/ Limits
TENIVAC (PF)	3	MO
TETANUS, DIPHTHERIA TOX PED(PF)	3	MO
TETANUS- DIPHTHERIA TOXOIDS-TD	3	MO
TICE BCG	3	MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	5	MO
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PA, MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	5	PA, MO
YF-VAX (PF)	3	MO
ZINPLAVA	5	PA, MO, HI
ZOSTAVAX (PF)	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: GOUT THERAPY

Drug Name	Tier	Requirements/ Limits
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	HI
<i>aloprim</i>	2	HI
COLCHICINE ORAL TABLET	3	MO
COLCRYS	3	MO
KRYSTEXXA	4	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
ULORIC	4	MO
ZURAMPIC	4	MO

MUSCULOSKELETAL / RHEUMATOLOGY: OSTEOPOROSIS THERAPY

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

Drug Name	Tier	Requirements/ Limits
ACTEMRA INTRAVENOUS	5	PA, MO, HI
ACTEMRA SUBCUTANEOUS	5	PA, MO
BENLYSTA INTRAVENOUS	5	MO, HI
BENLYSTA SUBCUTANEOUS	5	MO
CUPRIMINE	5	MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PA, MO, QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA, MO, QL (16 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA, MO, QL (8 per 28 days)
ENBREL SURECLICK	5	PA, MO, QL (8 per 28 days)
HUMIRA	5	PA, MO, QL (6 per 30 days)
HUMIRA PEDIATRIC CROHN'S START	5	PA, MO, QL (6 per 30 days)
HUMIRA PEN	5	PA, MO, QL (6 per 30 days)
HUMIRA PEN CROHN'S-UC-HS START	5	PA, MO, QL (6 per 30 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA, MO, QL (8 per 30 days)

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	5	PA, MO, QL (6 per 30 days)
KEVZARA	5	PA, MO
KINERET	5	PA, MO
<i>leflunomide</i>	2	MO, QL (30 per 30 days)
ORENCIA	5	PA, MO
ORENCIA (WITH MALTOSE)	5	PA, MO, HI
ORENCIA CLICKJECT	5	PA, MO
OTEZLA	5	PA, MO, QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA, MO, QL (55 per 28 days)
RIDAURA	5	MO
SIMPONI ARIA	5	PA, MO, HI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA, MO, QL (4 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA, MO, QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ ML	5	PA, MO, QL (4 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.

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

Drug Name	Tier	Requirements/ Limits
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA, MO, QL (0.5 per 28 days)

**OBSTETRICS / GYNECOLOGY:
ESTROGENS / PROGESTINS**

Drug Name	Tier	Requirements/ Limits
<i>amabelz</i>	2	MO
<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
<i>errin</i>	2	MO
<i>estradiol</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol- norethindrone acet</i>	2	MO
<i>estropipate oral tablet 0.75 mg</i>	2	MO
<i>fyavolv</i>	2	MO
<i>heather</i>	2	MO
<i>hydroxyprogest(pf) (preg presv)</i>	5	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>incassia</i>	2	
<i>jencycla</i>	2	MO
<i>jevantage lo</i>	2	MO
<i>jinteli</i>	2	MO
<i>jolivette</i>	2	MO
<i>lopreeza</i>	2	MO
<i>lyza</i>	2	MO
MAKENA	5	MO
MAKENA (PF)	5	MO
<i>medroxyprogesterone</i>	2	MO
<i>mimvey</i>	2	MO
<i>mimvey lo</i>	2	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	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:
ESTROGENS / PROGESTINS**
(continued)

Drug Name	Tier	Requirements/ Limits
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	MO
<i>norlyda</i>	2	MO
<i>norlyroc</i>	2	
PREMARIN INJECTION	4	MO, HI
<i>progesterone</i>	2	MO
<i>progesterone in oil</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	
<i>yuvafem</i>	2	MO

**OBSTETRICS / GYNECOLOGY:
MISCELLANEOUS OB/GYN**

Drug Name	Tier	Requirements/ Limits
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
GYNAZOLE-1	4	MO
LUPANETA PACK (1 MONTH)	5	MO
LUPANETA PACK (3 MONTH)	5	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	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

Drug Name	Tier	Requirements/ Limits
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethia</i>	2	MO
<i>amethia lo</i>	2	MO
<i>amethyst</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>ashlyna</i>	2	MO
<i>aubra</i>	2	MO
<i>aubra eq</i>	2	
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>balziva (28)</i>	2	MO
<i>bekyree (28)</i>	2	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>blisovi fe 1/20 (28)</i>	2	MO
<i>briellyn</i>	2	MO
<i>camrese</i>	2	MO
<i>camrese lo</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>chateal</i>	2	MO
<i>chateal eq</i>	2	
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>daysee</i>	2	MO
<i>delyla (28)</i>	2	
<i>desog-e.estradiol/e. estradiol</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-e. estradiol-lm.fa</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>elinest</i>	2	MO
ELLA	3	
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	2	MO
<i>femynor</i>	2	MO
<i>gianvi (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kaitlib fe</i>	2	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>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50</i>	2	MO
<i>kimidess (28)</i>	2	MO
<i>kurvelo</i>	2	MO
<i>l norgest/e.estradiol-e. estrad oral tablets, dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	MO
<i>l norgest/e.estradiol-e. estrad oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>layolis fe</i>	2	MO
<i>leena 28</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>lillow</i>	2	MO
<i>loryna (28)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>low-ogestrel (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa</i>	2	MO
<i>melodetta 24 fe</i>	2	MO
<i>mibelas 24 fe</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	
<i>mono-lynyah</i>	2	MO
<i>mononessa (28)</i>	2	MO
<i>myzilra</i>	2	MO
<i>necon 0.5/35 (28)</i>	2	MO
<i>necon 7/7/7 (28)</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e. estradiol-iron</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ocella</i>	2	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>ogestrel (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella</i>	2	MO
<i>portia</i>	2	MO
<i>previfem</i>	2	MO
<i>quasense</i>	2	MO
<i>rajani</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>rivelsa</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri femynor</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	
<i>trinessa (28)</i>	2	MO
<i>trinessa lo</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
<i>tri-vylibra</i>	2	
<i>tydemy</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>vylibra</i>	2	
<i>wera (28)</i>	2	MO
<i>wymzya fe</i>	2	MO
<i>zarah</i>	2	MO
<i>zenchent (28)</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO

OBSTETRICS / GYNECOLOGY: OXYTOCICS

Drug Name	Tier	Requirements/ Limits
<i>methergine</i>	2	
<i>methylergonovine injection</i>	2	
<i>methylergonovine oral</i>	2	MO
<i>oxytocin injection solution</i>	2	MO

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

OPHTHALMOLOGY: ANTIBIOTICS

Drug Name	Tier	Requirements/ Limits
<i>ak-poly-bac</i>	2	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin</i>	1	MO

OPHTHALMOLOGY: ANTIVIRALS

Drug Name	Tier	Requirements/ Limits
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO

OPHTHALMOLOGY: BETA-BLOCKERS

Drug Name	Tier	Requirements/ Limits
<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>metipranolol</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO

OPHTHALMOLOGY: CHOLINESTERASE INHIBITOR MIOTICS

Drug Name	Tier	Requirements/ Limits
PHOSPHOLINE IODIDE	3	MO

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

OPHTHALMOLOGY: CYCLOPLEGIC MYDRIATICS

Drug Name	Tier	Requirements/ Limits
<i>atropine ophthalmic (eye) drops</i>	2	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>	2	MO
<i>balanced salt</i>	2	
<i>bss</i>	2	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	MO
<i>epinastine</i>	2	MO
LACRISERT	3	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
RESTASIS	3	MO, QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO, QL (5.5 per 30 days)

OPHTHALMOLOGY: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

Drug Name	Tier	Requirements/ Limits
<i>bromfenac</i>	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO

OPHTHALMOLOGY: ORAL DRUGS FOR GLAUCOMA

Drug Name	Tier	Requirements/ Limits
<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium methazolamide</i>	2	MO, HI
	2	MO

OPHTHALMOLOGY: OTHER GLAUCOMA DRUGS

Drug Name	Tier	Requirements/ Limits
<i>bimatoprost ophthalmic (eye)</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
<i>latanoprost</i>	2	MO
<i>miostat</i>	2	
TRAVATAN Z	3	MO

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

OPHTHALMOLOGY: STEROID-ANTIBIOTIC COMBINATIONS

Drug Name	Tier	Requirements/ Limits
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	MO
<i>tobramycin-dexamethasone</i>	2	MO

OPHTHALMOLOGY: STEROIDS

Drug Name	Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	2	MO
FML S.O.P.	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO

OPHTHALMOLOGY: STEROID-SULFONAMIDE COMBINATIONS

Drug Name	Tier	Requirements/ Limits
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>sulfacetamide-prednisolone</i>	2	MO

OPHTHALMOLOGY: SULFONAMIDES

Drug Name	Tier	Requirements/ Limits
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	MO

OPHTHALMOLOGY: SYMPATHOMIMETICS

Drug Name	Tier	Requirements/ Limits
<i>apraclonidine</i>	2	MO
<i>brimonidine</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.

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS

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

RESPIRATORY AND ALLERGY: ANTIHISTAMINE / ANTIALLERGENIC AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
EPIPEN 2-PAK	3	MO
EPIPEN JR	3	MO
EPIPEN JR 2-PAK	3	MO
<i>hydroxyzine hcl intramuscular</i>	2	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	PA, MO
<i>hydroxyzine hcl oral tablet</i>	2	PA, MO
<i>hydroxyzine pamoate</i>	2	PA, MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO
<i>phenadoz</i>	2	MO
<i>phenergan rectal</i>	2	
<i>promethazine injection solution</i>	2	MO
<i>promethazine oral</i>	2	PA, MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	MO
<i>promethazine rectal suppository 50 mg</i>	2	
<i>promethegan</i>	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: PULMONARY AGENTS

Drug Name	Tier	Requirements/ Limits
<i>acetylcysteine</i>	2	B/D PA, MO
ADCIRCA	5	PA, MO
ADEMPAS	5	PA, MO, LA
ADVAIR DISKUS	4	PA, MO, QL (60 per 30 days)
ADVAIR HFA	4	PA, MO, QL (24 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA, MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	2	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	MO
<i>aminophylline intravenous solution 250 mg/10 ml</i>	2	HI
<i>aminophylline intravenous solution 500 mg/20 ml</i>	2	HI
ANORO ELLIPTA	3	MO, QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO, QL (30 per 30 days)
ARNUIITY ELLIPTA	3	MO, QL (30 per 30 days)
ATROVENT HFA	3	MO, QL (38.7 per 30 days)
BEVESPI AEROSPHERE	3	MO, QL (10.7 per 30 days)
BROVANA	3	B/D PA, MO
<i>budesonide inhalation</i>	2	B/D PA, MO
CINRYZE	5	MO, HI

RESPIRATORY AND ALLERGY: PULMONARY AGENTS (continued)

Drug Name	Tier	Requirements/ Limits
COMBIVENT RESPIMAT	3	MO, QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA, MO
DALIRESP	3	MO
DULERA	3	MO, QL (26 per 30 days)
ESBRIET	5	PA, MO
FASENRA	5	PA, MO
FIRAZYR	5	MO
FLOVENT DISKUS	3	MO, QL (120 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO, QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO, QL (36 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO, QL (21.2 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO, QL (50 per 30 days)
<i>fluticasone nasal</i>	2	MO, QL (32 per 30 days)
HYPER-SAL	MB	MO
INCRUSE ELLIPTA	3	MO, QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA, MO
<i>ipratropium-albuterol</i>	2	B/D PA, MO
KALYDECO	5	PA, MO
LETAIRIS	5	PA, MO, LA

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>levalbuterol hcl</i>	2	B/D PA, MO
<i>metaproterenol</i>	2	MO
<i>mometasone nasal</i>	2	MO, QL (34 per 30 days)
<i>montelukast</i>	2	MO
<i>nebusal inhalation solution for nebulization 3 %</i>	MB	MO
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND)	MB	MO
NUCALA	5	PA, MO, LA
OFEV	5	PA, MO
OPSUMIT	5	PA, MO, LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA, MO, QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA, MO, QL (112 per 28 days)
PROAIR HFA	3	MO, QL (25.5 per 30 days)
PROAIR RESPICLICK	3	MO, QL (3 per 30 days)
<i>pulmosal</i>	MB	MO
PULMOZYME	5	B/D PA, MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	5	PA, MO
RUCONEST	5	MO, HI
SEREVENT DISKUS	3	MO, QL (60 per 30 days)

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

Drug Name	Tier	Requirements/ Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA, HI
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA, MO
<i>sodium chloride inhalation</i>	MB	MO
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	MO, QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (28 ACTUAT)	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO, QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	MO, QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (28 ACTUAT)	3	QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO, QL (4 per 30 days)
SYMBICORT	3	MO, QL (20.4 per 30 days)
SYMDEKO	5	PA, MO, QL (56 per 28 days)
<i>tadalafil (antihypertensive)</i>	5	PA, MO
<i>terbutaline</i>	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:
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>	2	
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER	5	PA, MO, LA
TYVASO	5	B/D PA, MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA, MO
TYVASO STARTER KIT	5	B/D PA, MO
VENTAVIS	5	B/D PA, MO
XOLAIR	5	PA, MO, LA
<i>zafirlukast</i>	2	MO
<i>zileuton oral tablet, extended release 12hr mphase</i>	5	MO

**UROLOGICALS:
ANTICHOLINERGICS /
ANTISPASMODICS**

Drug Name	Tier	Requirements/ Limits
<i>darifenacin oral tablet extended release 24 hr</i>	2	MO
<i>flavoxate</i>	2	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO
<i>trospium oral capsule, extended release 24hr</i>	2	MO
<i>trospium oral tablet</i>	2	MO

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

UROLOGICALS: BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

Drug Name	Tier	Requirements/ Limits
<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin oral capsule, extended release 24hr</i>	1	MO

UROLOGICALS: CHOLINERGIC STIMULANTS

Drug Name	Tier	Requirements/ Limits
<i>bethanechol chloride</i>	2	MO

UROLOGICALS: MISCELLANEOUS UROLOGICALS

Drug Name	Tier	Requirements/ Limits
<i>alprostadil</i>	2	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA, MO, QL (30 per 30 days)
CYSTAGON	3	MO, LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
<i>potassium citrate oral tablet extended release</i>	2	MO
PROCYSBI	5	MO

VITAMINS, HEMATINICS / ELECTROLYTES: BLOOD DERIVATIVES

Drug Name	Tier	Requirements/ Limits
<i>albumin, human 25 %</i>	2	
<i>alburx (human) 25 %</i>	2	MO
<i>alburx (human) 5 %</i>	2	
<i>albutein 25 %</i>	2	
<i>albutein 5 %</i>	2	
<i>buminate 5 %</i>	2	
<i>plasbumin 25 %</i>	2	MO
<i>plasbumin 5 %</i>	2	

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**

Drug Name	Tier	Requirements/ Limits
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>eliphos</i>	2	MO
GLYCOPHOS	3	
<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>	2	MO, HI

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

Drug Name	Tier	Requirements/ Limits
<i>magnesium chloride injection</i>	2	MO
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO, HI
<i>magnesium sulfate injection syringe</i>	2	HI
NORMOSOL-R	4	MO
NORMOSOL-R IN 5 % DEXTROSE	4	HI
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<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>	2	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 chlorid- d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO, HI
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l</i>	2	HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO, HI
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	HI
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	2	MO, HI
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml</i>	2	MO, HI
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	2	HI

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>	2	HI
<i>potassium chloride intravenous solution</i>	2	MO, HI
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral packet</i>	2	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>	2	HI
<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO, HI
<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	HI
<i>potassium chloride- d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	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- d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO, HI
<i>potassium chloride- d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	HI
<i>potassium phosphate m-/d-basic</i>	2	
<i>ringer's intravenous</i>	2	HI
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous solution</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO, HI
<i>sodium chloride 0.45 % intravenous piggyback</i>	2	HI
<i>sodium chloride 3 %</i>	2	MO, HI
<i>sodium chloride 5 %</i>	2	HI
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	MO, HI

VITAMINS, HEMATINICS /
ELECTROLYTES: ELECTROLYTES
(continued)

Drug Name	Tier	Requirements/ Limits
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	2	MO, HI
<i>sodium lactate intravenous</i>	2	HI
<i>sodium phosphate</i>	2	MO

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

Drug Name	Tier	Requirements/ Limits
AMINOSYN 10 %	4	B/D PA, HI
AMINOSYN 7 % WITH ELECTROLYTES	4	B/D PA, HI
AMINOSYN 8.5 %	4	B/D PA, HI
AMINOSYN 8.5 %- ELECTROLYTES	4	B/D PA, HI
AMINOSYN II 10 %	4	B/D PA, HI
AMINOSYN II 15 %	4	B/D PA, HI
AMINOSYN II 7 %	4	B/D PA, HI
AMINOSYN II 8.5 %	4	B/D PA, HI
AMINOSYN II 8.5 %- ELECTROLYTES	4	B/D PA, HI
AMINOSYN M 3.5 %	4	B/D PA, HI
AMINOSYN-HBC 7%	4	B/D PA, HI
AMINOSYN-PF 10 %	4	B/D PA, HI
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PA, HI
AMINOSYN-RF 5.2 %	4	B/D PA, HI
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA, HI
CLINIMIX 5%/D25W SULFITE-FREE	4	B/D PA, HI
CLINIMIX 2.75%/D5W SULFIT FREE	4	B/D PA, HI
CLINIMIX 4.25%/ D10W SULF FREE	4	B/D PA, HI
CLINIMIX 4.25%- D20W SULF-FREE	4	B/D PA, HI
CLINIMIX 4.25%- D25W SULF-FREE	4	B/D PA, HI
CLINIMIX 5%-D20W (SULFITE-FREE)	4	B/D PA, HI

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

Drug Name	Tier	Requirements/ Limits
CLINIMIX E 4.25%/ D10W SUL FREE	4	B/D PA, HI
CLINIMIX E 4.25%/ D25W SUL FREE	4	B/D PA, HI
CLINIMIX E 4.25%/ D5W SULF FREE	4	B/D PA, HI
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D PA, HI
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PA, HI
CLINIMIX E 5%/D25W SULFIT FREE	4	B/D PA, HI
CLINIMIX N14G30E 4.25%-D15W SF	4	B/D PA, HI
CLINIMIX N9G15E 2.75%-D7.5W SF	4	B/D PA, HI
<i>cysteine (l-cysteine) intravenous solution</i>	2	B/D PA
<i>electrolyte-48 in d5w</i>	2	
FREAMINE HBC 6.9 %	4	B/D PA, HI
<i>freamine iii 10 %</i>	2	B/D PA
HEPATAMINE 8%	4	B/D PA, HI
<i>hetastarch 6 % in 0.9 % nacl</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA, HI
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA, HI
NEPHRAMINE 5.4 %	4	B/D PA, HI
NORMOSOL-M IN 5 % DEXTROSE	4	HI
NORMOSOL-R PH 7.4	4	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
<i>plasmanate</i>	2	
<i>plenamine</i>	2	B/D PA, HI
<i>premasol 10 %</i>	2	B/D PA, MO, HI
PREMASOL 6 %	4	B/D PA, HI
PROCALAMINE 3%	4	B/D PA, HI
PROSOL 20 %	4	B/D PA, MO, HI
SMOFLIPID	4	B/D PA, HI
<i>travasol 10 %</i>	2	B/D PA, MO, HI
TROPHAMINE 10 %	4	B/D PA, MO, HI
TROPHAMINE 6%	4	B/D PA, HI

**VITAMINS, HEMATINICS /
ELECTROLYTES: VITAMINS /
HEMATINICS**

Drug Name	Tier	Requirements/ Limits
<i>fluoride (sodium) oral drops</i>	2	MO
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO
<i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO
<i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO
<i>multi-vit with fluoride-iron</i>	2	MO
<i>multivitamin with fluoride</i>	2	MO
<i>multi-vitamin with fluoride oral drops</i>	2	MO
<i>multivitamins with fluoride</i>	2	MO
<i>mvc-fluoride</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO
<i>tri-vitamin with fluoride</i>	2	MO
<i>tri-vite with fluoride</i>	2	
<i>vitamins a,c,d and fluoride</i>	2	MO

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

Index of Drugs

A

a-hydrocort.	67	acyclovir sodium intravenous recon soln 500 mg.	10
abacavir.	10	acyclovir sodium intravenous solution.	10
abacavir-lamivudine.	10	acyclovir topical.	61
abacavir-lamivudine-zidovudine.	10	ADACEL(TDAP ADOLESN/ADULT)(PF).	80
ABILIFY MAINTENA.	43	ADAGEN.	63
ABRAXANE.	23	adapalene topical cream.	59
acamprosate oral tablet, delayed release (dr/ec).	63	adapalene topical gel.	59
acarbose.	69	adapalene topical gel with pump.	59
ACCU-CHEK AVIVA PLUS TEST STRIP.	69	adapalene-benzoyl peroxide.	59
ACCU-CHEK BLOOD GLUCOSE METERS.	69	ADASUVE.	43
ACCU-CHEK COMPACT PLUS TEST STRIP.	69	ADCIRCA.	94
ACCU-CHEK GUIDE TEST STRIP.	69	adefovir.	10
ACCU-CHEK SMARTVIEW TEST STRIP.	69	ADEMPAS.	94
ACCU-TREND GLUCOSE TEST STRIP.	69	adenosine.	49
acebutolol.	50	adrenalin injection.	93
acetaminophen-caff-dihydrocod oral capsule	38	adriamycin intravenous recon soln 10 mg.	23
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml.	38	adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 50 mg/25 ml.	23
acetaminophen-codeine oral solution 120-12 mg/5 ml.	38	adriamycin intravenous solution 20 mg/10 ml	23
acetaminophen-codeine oral tablet.	38	adrucil intravenous solution 2.5 gram/50 ml.	23
acetazolamide oral capsule, extended release.	91	adrucil intravenous solution 5 gram/100 ml.	23
acetazolamide oral tablet.	91	adrucil intravenous solution 500 mg/10 ml.	23
acetazolamide sodium.	91	ADVAIR DISKUS.	94
acetic acid irrigation.	63	ADVAIR HFA.	94
acetic acid otic (ear).	67	afeditab cr oral tablet extended release.	50
acetylcysteine.	94	AFINITOR.	23
acetylcysteine intravenous.	63	AFINITOR DISPERZ.	23
acitretin oral capsule 10 mg.	58	AFLURIA 2018-2019.	80
acitretin oral capsule 17.5 mg, 25 mg.	58	AFLURIA 2018-2019 (PF).	80
ACTEMRA INTRAVENOUS.	84	AFLURIA QUAD 2018-2019.	80
ACTEMRA SUBCUTANEOUS.	84	AFLURIA QUAD 2018-2019 (PF).	80
ACTHIB (PF).	80	ak-poly-bac.	90
ACTIMMUNE.	78	ala-cort topical cream.	62
acyclovir oral capsule.	10	ALBENZA.	16
acyclovir oral suspension 200 mg/5 ml.	10	albumin, human 25 %.	97
acyclovir oral tablet.	10	alburx (human) 25 %.	97
		alburx (human) 5 %.	97
		albutein 25 %.	97
		albutein 5 %.	97
		albuterol sulfate inhalation solution for nebulization.	94

albuterol sulfate oral syrup.	94	amethia lo.	87
albuterol sulfate oral tablet.	94	amethyst.	87
albuterol sulfate oral tablet extended release 12 hr.	94	amifostine crystalline.	23
alclometasone.	62	amikacin injection solution 1,000 mg/4 ml. . .	16
ALCOHOL PADS.	69	amikacin injection solution 500 mg/2 ml. . .	16
ALDURAZYME.	71	amiloride.	50
ALECENSA.	23	amiloride-hydrochlorothiazide.	50
alendronate oral solution.	83	aminocaproic acid intravenous.	54
alendronate oral tablet 10 mg, 5 mg.	83	aminophylline intravenous solution 250 mg/10 ml.	94
alendronate oral tablet 35 mg, 70 mg.	83	aminophylline intravenous solution 500 mg/20 ml.	94
alendronate oral tablet 40 mg.	63	AMINOSYN 10 %.	101
alfuzosin oral tablet extended release 24 hr.	97	AMINOSYN 7 % WITH ELECTROLYTES.	101
ALIMTA INTRAVENOUS RECON SOLN 100 MG.	23	AMINOSYN 8.5 %.	101
ALIMTA INTRAVENOUS RECON SOLN 500 MG.	23	AMINOSYN 8.5 %-ELECTROLYTES.	101
ALINIA ORAL SUSPENSION FOR RECONSTITUTION.	16	AMINOSYN II 10 %.	101
ALINIA ORAL TABLET.	16	AMINOSYN II 15 %.	101
ALIQOPA.	23	AMINOSYN II 7 %.	101
allopurinol.	83	AMINOSYN II 8.5 %.	101
allopurinol sodium.	83	AMINOSYN II 8.5 %-ELECTROLYTES.	101
almotriptan malate oral tablet 12.5 mg.	35	AMINOSYN M 3.5 %.	101
almotriptan malate oral tablet 6.25 mg.	35	AMINOSYN-HBC 7%.	101
aloprim.	83	AMINOSYN-PF 10 %.	101
alose tron.	74	AMINOSYN-PF 7 % (SULFITE-FREE).	101
alprazolam intensol.	43	AMINOSYN-RF 5.2 %.	101
alprazolam oral tablet.	43	amiodarone intravenous solution.	49
alprazolam oral tablet extended release 24 hr	43	amiodarone intravenous syringe.	49
alprazolam oral tablet, disintegrating.	43	amiodarone oral.	49
alprostadi l.	97	AMITIZA.	74
altavera (28).	87	amitriptyline.	43
ALUNBRIG.	23	amitriptyline-chlordiazepoxide.	43
alyacen 1/35 (28).	87	amlodipine.	50
alyacen 7/7/7 (28).	87	amlodipine-atorvastatin.	55
amabelz.	85	amlodipine-benazepril.	50
amantadine hcl.	10	amlodipine-olmesartan.	50
AMBISOME.	9	amlodipine-valsartan.	50
amcinonide topical cream.	62	amlodipine-valsartan-hcthi azid.	50
amcinonide topical lotion.	62	ammonium lactate.	58
amcinonide topical ointment.	62	amnest eem.	59
amethia.	87	amoxapine.	43
		amoxicil-clarithromy-lansopraz.	77

amoxicillin oral capsule.	19	ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG.	63
amoxicillin oral suspension for reconstitution	19	ARALAST NP INTRAVENOUS RECON SOLN 500 MG.	63
amoxicillin oral tablet.	19	aranelle (28).	87
amoxicillin oral tablet, chewable 125 mg, 250 mg.	19	ARCALYST.	78
amoxicillin-pot clavulanate oral suspension for reconstitution.	19	ARCAPTA NEOHALER.	94
amoxicillin-pot clavulanate oral tablet.	19	aripiprazole oral solution.	43
amoxicillin-pot clavulanate oral tablet extended release 12 hr.	19	aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg.	43
amoxicillin-pot clavulanate oral tablet, chewable.	19	aripiprazole oral tablet 20 mg, 30 mg.	43
amphotericin b.	9	aripiprazole oral tablet, disintegrating.	43
ampicillin oral capsule 500 mg.	19	ARISTADA.	43
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg.	19	ARISTADA INITIO.	43
ampicillin sodium injection recon soln 2 gram, 250 mg, 500 mg.	19	armodafinil.	43
ampicillin sodium intravenous.	19	ARNUITY ELLIPTA.	94
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram.	19	ARRANON.	23
ampicillin-sulbactam injection recon soln 15 gram.	19	ARZERRA.	23
ampicillin-sulbactam intravenous recon soln 1.5 gram.	19	ascomp with codeine.	38
ampicillin-sulbactam intravenous recon soln 3 gram.	19	ashlyna.	87
AMPYRA.	36	aspirin-dipyridamole oral capsule, er multiphase 12 hr.	54
ANADROL-50.	71	ASTAGRAF XL.	23
anagrelide.	63	atazanavir oral capsule 150 mg, 200 mg.	10
anastrozole.	23	atazanavir oral capsule 300 mg.	10
ANDEXXA.	54	atenolol.	50
anectine.	37	atenolol-chlorthalidone.	50
ANORO ELLIPTA.	94	atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 80 mg.	43
apexicon e.	62	atomoxetine oral capsule 40 mg, 60 mg.	43
APOKYN.	34	atorvastatin.	55
apraclonidine.	92	atovaquone.	16
aprepitant.	74	atovaquone-proguanil.	16
apri.	87	ATRIPLA.	10
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG.	31	atropine injection solution 0.4 mg/ml.	73
APTIOM ORAL TABLET 600 MG.	31	atropine injection syringe 0.05 mg/ml, 0.1 mg/ml.	73
APTIVUS ORAL CAPSULE.	10	atropine ophthalmic (eye) drops.	91
APTIVUS ORAL SOLUTION.	10	ATROVENT HFA.	94
		AUBAGIO.	36
		aubra.	87
		aubra eq.	87
		AUSTEDO.	36

AVANDIA ORAL TABLET 2 MG, 4 MG.	69	benazepril.	50
AVASTIN.	24	benazepril-hydrochlorothiazide.	50
aviane.	87	BENDEKA.	24
avita topical cream.	59	BENLYSTA INTRAVENOUS.	84
AVONEX (WITH ALBUMIN).	78	BENLYSTA SUBCUTANEOUS.	84
AVONEX INTRAMUSCULAR PEN INJECTOR KIT.	78	BENZNIDAZOLE.	16
AVONEX INTRAMUSCULAR SYRINGE KIT.	78	benztropine injection.	34
azacitidine.	24	benztropine oral.	34
AZACTAM.	16	BESPONSA.	24
AZACTAM IN DEXTROSE (ISO-OSM).	16	betamethasone acet,sod phos.	67
azathioprine.	24	betamethasone dipropionate.	62
azathioprine sodium.	24	betamethasone valerate.	62
azelastine nasal.	66	betamethasone, augmented.	62
azelastine ophthalmic (eye).	91	betaxolol ophthalmic (eye).	90
azithromycin intravenous.	15	betaxolol oral.	50
azithromycin oral.	15	bethanechol chloride.	97
aztreonam injection recon soln 1 gram.	16	BETHKIS.	16
aztreonam injection recon soln 2 gram.	16	BEVESPI AEROSPHERE.	94
azurette (28).	87	BEVYXXA.	54
B		bexarotene.	24
baciim.	16	BEXSERO.	80
bacitracin intramuscular.	16	bicalutamide.	24
bacitracin ophthalmic (eye).	90	BICILLIN L-A.	19
bacitracin-polymyxin b ophthalmic (eye).	90	BICNU.	24
baclofen oral tablet 10 mg, 20 mg.	37	BIKTARVY.	10
bacteriostatic water(parabens).	63	bimatoprost ophthalmic (eye).	91
balanced salt.	91	bisoprolol fumarate.	50
balsalazide.	74	bisoprolol-hydrochlorothiazide.	50
balziva (28).	87	bleomycin injection recon soln 15 unit.	24
BANZEL ORAL SUSPENSION.	31	bleomycin injection recon soln 30 unit.	24
BANZEL ORAL TABLET 200 MG.	31	BLEPHAMIDE.	92
BANZEL ORAL TABLET 400 MG.	31	BLEPHAMIDE S.O.P..	92
BARACLUDGE ORAL SOLUTION.	10	BLINCYTO INTRAVENOUS KIT.	24
BAVENCIO.	24	blisovi 24 fe.	87
BAXDELA INTRAVENOUS.	20	blisovi fe 1.5/30 (28).	87
BAXDELA ORAL.	20	blisovi fe 1/20 (28).	87
BCG VACCINE, LIVE (PF).	80	BOOSTRIX TDAP.	80
bd pre-filled normal saline.	63	BORTEZOMIB.	24
bekyree (28).	87	BOSULIF.	24
BELEODAQ.	24	BOTOX.	80
		BRAFTOVI.	24
		briellyn.	87

BRILINTA.	54
brimonidine.	92
BRIVIACT INTRAVENOUS.	31
BRIVIACT ORAL.	31
bromfenac.	91
bromocriptine.	34
BROVANA.	94
bss.	91
budesonide inhalation.	94
budesonide oral capsule, delayed, extend. release.	74
budesonide oral tablet, delayed and ext. release.	74
bumetanide injection.	50
bumetanide oral.	50
buminate 5 %.	97
bupivacaine.	60
bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml).	60
bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml).	60
bupivacaine-dextrose-water(pf).	63
bupivacaine-epinephrine (pf).	60
bupivacaine-epinephrine injection solution 0.25 %-1:200,000.	60
bupivacaine-epinephrine injection solution 0.5 %-1:200,000.	60
buprenorphine hcl injection solution.	38
buprenorphine hcl injection syringe.	38
buprenorphine hcl sublingual.	38
buprenorphine-naloxone sublingual tablet.	41
bupropion hcl (smoking deter) oral tablet extended release.	66
bupropion hcl oral tablet.	43
bupropion hcl oral tablet extended release 24 hr.	44
bupropion hcl oral tablet sustained-release 12 hr.	44
bupirone.	44
busulfan.	24
butalbital compound w/codeine.	38
butalbital-acetaminop-caf-cod.	38
butalbital-acetaminophen oral capsule.	38
butalbital-acetaminophen oral tablet.	38

butalbital-acetaminophen-caff oral capsule.	38
butalbital-acetaminophen-caff oral tablet 50-325-40 mg.	38
butalbital-aspirin-caffeine oral capsule.	38
butalbital-aspirin-caffeine oral tablet.	38
butorphanol tartrate injection.	41
butorphanol tartrate nasal.	41
BYDUREON.	69
BYDUREON BCISE.	69
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML.	69
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML.	69

C

cabergoline.	71
CABOMETYX.	24
caffeine citrate intravenous.	63
caffeine citrate oral.	63
calcipotriene.	58
calcipotriene-betamethasone.	58
calcitonin (salmon).	71
calcitrene.	58
calcitriol intravenous solution 1 mcg/ml.	71
calcitriol oral capsule.	71
calcitriol oral solution.	71
calcitriol topical.	58
calcium acetate oral capsule.	98
calcium acetate oral tablet 667 mg.	98
calcium chloride.	98
calcium gluconate intravenous.	98
CALQUENCE.	24
camila.	85
camrese.	87
camrese lo.	87
CANCIDAS.	9
candesartan.	50
candesartan-hydrochlorothiazid.	50
capacet.	38
CAPASTAT.	16
capecitabine.	24
CAPRELSA.	24

captopril.	50	cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml.	14
captopril-hydrochlorothiazide.	50	cefadroxil oral tablet.	14
CARAFATE ORAL SUSPENSION.	77	cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml.	14
CARBAGLU.	63	cefazolin injection recon soln 1 gram, 500 mg	14
carbamazepine oral capsule, er multiphase 12 hr.	31	cefazolin injection recon soln 10 gram.	14
carbamazepine oral suspension 100 mg/5 ml	31	cefazolin injection recon soln 100 gram, 20 gram, 300 g.	14
carbamazepine oral tablet.	31	cefazolin intravenous.	14
carbamazepine oral tablet extended release 12 hr.	31	cefdinir.	14
carbamazepine oral tablet, chewable.	31	cefepime.	14
carbidopa.	34	cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml.	14
carbidopa-levodopa oral tablet.	34	cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml.	14
carbidopa-levodopa oral tablet extended release.	34	cefixime.	14
carbidopa-levodopa oral tablet, disintegrating	34	cefotaxime injection recon soln 1 gram, 2 gram, 500 mg.	14
carbidopa-levodopa-entacapone.	34	cefotetan injection.	14
carbinoxamine maleate oral liquid.	93	cefotetan intravenous.	14
carbinoxamine maleate oral tablet 4 mg.	93	cefoxitin in dextrose, iso-osm.	14
carbinoxamine maleate oral tablet 6 mg.	93	cefoxitin intravenous recon soln 1 gram, 2 gram.	14
carbocaine (pf) injection solution 15 mg/ml (1.5 %).	60	cefoxitin intravenous recon soln 10 gram.	14
carboplatin intravenous solution.	24	cefpodoxime.	14
cardioplegic soln.	56	cefprozil.	14
carisoprodol.	37	ceftazidime injection recon soln 1 gram, 2 gram.	14
carisoprodol-asa-codeine.	37	ceftazidime injection recon soln 6 gram.	14
carisoprodol-aspirin.	37	ceftriaxone in dextrose, iso-os.	14
carteolol.	90	ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg.	14
cartia xt oral capsule, extended release 24hr.	50	ceftriaxone injection recon soln 10 gram.	14
carvedilol.	50	ceftriaxone intravenous.	14
carvedilol phosphate oral capsule, er multiphase 24 hr.	50	cefuroxime axetil oral tablet.	14
casprofungin.	9	cefuroxime sodium injection recon soln 750 mg.	15
CAYSTON.	16	cefuroxime sodium intravenous recon soln 1.5 gram.	15
caziant (28).	87	cefuroxime sodium intravenous recon soln 7.5 gram.	15
cefaclor oral capsule.	14	celecoxib.	41
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml.	14	CELLCEPT INTRAVENOUS.	24
cefaclor oral suspension for reconstitution 375 mg/5 ml.	14		
cefaclor oral tablet extended release 12 hr.	14		
cefadroxil oral capsule.	14		

CELONTIN ORAL CAPSULE 300 MG.	31	CINRYZE.	94
cephalexin.	15	CINVANTI.	74
CERDELGA.	71	CIPRODEX.	67
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.	71	ciprofloxacin.	20
cetirizine oral solution 1 mg/ml.	93	ciprofloxacin (mixture) oral tablet, er multiphase 24 hr.	20
cevimeline.	63	ciprofloxacin hcl ophthalmic (eye).	90
CHANTIX.	66	ciprofloxacin hcl oral.	20
CHANTIX CONTINUING MONTH BOX.	66	ciprofloxacin hcl otic (ear).	67
CHANTIX STARTING MONTH BOX.	66	ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml.	20
chateal.	87	ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml.	20
chateal eq.	87	cisplatin.	24
CHEMET.	63	citalopram oral solution.	44
chloramphenicol sod succinate.	16	citalopram oral tablet.	44
chlordiazepoxide hcl.	44	cladribine.	24
chlordiazepoxide-clidinium.	73	claravis.	59
chlorhexidine gluconate mucous membrane.	66	clarithromycin oral suspension for reconstitution.	15
chloroprocaine (pf).	60	clarithromycin oral tablet.	15
chloroquine phosphate.	16	clarithromycin oral tablet extended release 24 hr.	15
chlorothiazide.	50	clemastine oral tablet 2.68 mg.	93
chlorothiazide sodium.	50	cleocin intravenous solution 300 mg/2 ml. . .	16
chlorpromazine injection.	44	CLEOCIN VAGINAL SUPPOSITORY.	86
chlorpromazine oral.	44	clindacin etz topical swab.	59
chlorpropamide.	69	clindacin p.	59
chlorthalidone oral tablet 25 mg, 50 mg.	50	clindamycin hcl.	16
chlorzoxazone oral tablet 250 mg.	37	clindamycin in 5 % dextrose.	17
chlorzoxazone oral tablet 500 mg.	37	clindamycin palmitate hcl.	17
CHOLBAM.	74	clindamycin pediatric.	17
cholestyramine (with sugar).	55	clindamycin phosphate injection.	17
cholestyramine light.	55	clindamycin phosphate intravenous solution 300 mg/2 ml, 900 mg/6 ml.	17
CHORIONIC GONADOTROPIN, HUMAN. .	71	clindamycin phosphate intravenous solution 600 mg/4 ml.	17
CIALIS ORAL TABLET 2.5 MG, 5 MG.	97	clindamycin phosphate topical foam.	59
ciclodan.	61	clindamycin phosphate topical gel.	59
ciclopirox.	61	clindamycin phosphate topical lotion.	59
cidofovir.	10	clindamycin phosphate topical solution.	59
cilostazol.	54	clindamycin phosphate topical swab.	59
CIMDUO.	10	clindamycin phosphate vaginal.	86
cimetidine.	77		
cimetidine hcl oral.	77		
CIMZIA.	74		
CIMZIA POWDER FOR RECONST.	74		
CIMZIA STARTER KIT.	74		

clindamycin-benzoyl peroxide.	59	clozapine oral tablet.	44
clindamycin-tretinoin.	59	clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg.	44
CLINIMIX 5%/D15W SULFITE FREE.	101	CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG (BRAND).	44
CLINIMIX 5%/D25W SULFITE-FREE.	101	COARTEM.	17
CLINIMIX 2.75%/D5W SULFIT FREE.	101	codeine sulfate oral tablet.	38
CLINIMIX 4.25%-D20W SULF-FREE.	101	codeine-butalbital-asa-caff.	38
CLINIMIX 4.25%-D25W SULF-FREE.	101	COLCHICINE ORAL TABLET.	83
CLINIMIX 4.25%/D10W SULF FREE.	101	COLCRYS.	83
CLINIMIX 4.25%/D5W SULFIT FREE.	63	colesevelam oral powder in packet.	55
CLINIMIX 5%-D20W(SULFITE-FREE).	101	colesevelam oral tablet.	55
CLINIMIX E 2.75%/D10W SUL FREE.	63	colestipol.	55
CLINIMIX E 2.75%/D5W SULF FREE.	63	colistin (colistimethate na).	17
CLINIMIX E 4.25%/D10W SUL FREE.	101	colocort.	74
CLINIMIX E 4.25%/D25W SUL FREE.	101	COMBIVENT RESPIMAT.	94
CLINIMIX E 4.25%/D5W SULF FREE.	101	COMETRIQ.	24
CLINIMIX E 5%/D15W SULFIT FREE.	101	COMPLERA.	10
CLINIMIX E 5%/D20W SULFIT FREE.	101	compro.	74
CLINIMIX E 5%/D25W SULFIT FREE.	101	CONDYLOX TOPICAL GEL.	58
CLINIMIX N14G30E 4.25%-D15W SF.	101	constulose.	74
CLINIMIX N9G15E 2.75%-D7.5W SF.	101	coremino oral tablet extended release 24 hr.	21
CLINIMIX N9G20E 2.75%-D10W(SF).	64	CORLANOR.	56
clobetasol.	62	cortisone.	67
clobetasol-emollient.	62	COSENTYX.	58
clodan.	62	COSENTYX (2 SYRINGES).	58
clofarabine.	24	COSENTYX PEN.	58
clomiphene citrate.	71	COSENTYX PEN (2 PENS).	58
clomipramine.	44	COTELLIC.	24
clonazepam oral tablet.	31	CREON ORAL CAPSULE,DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 6,000-19,000 -30,000 UNIT.	74
clonazepam oral tablet,disintegrating.	31	CREON ORAL CAPSULE,DELAYED RELEASE (DR/EC) 36,000-114,000- 180,000 UNIT.	74
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml).	50	CRESEMBA INTRAVENOUS.	9
clonidine (pf) epidural solution 5,000 mcg/10 ml.	41	CRESEMBA ORAL.	9
clonidine hcl oral tablet.	50	CRIVIVAN ORAL CAPSULE 200 MG, 400 MG.	10
clonidine hcl oral tablet extended release 12 hr.	44	cromolyn inhalation.	94
clonidine transdermal.	50	cromolyn ophthalmic (eye).	91
clopidogrel.	54	cromolyn oral.	74
clorazepate dipotassium.	44	crotan.	63
clotrimazole mucous membrane.	9		
clotrimazole topical.	61		
clotrimazole-betamethasone.	61		

cryselle (28).	87	dapsone topical.	59
CUPRIMINE.	84	DAPTACEL (DTAP PEDIATRIC) (PF).	80
CUVPOSA.	73	DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG.	17
cyclafem 1/35 (28).	87	daptomycin intravenous recon soln 500 mg.	17
cyclafem 7/7/7 (28).	87	DARAPRIM.	17
cyclobenzaprine oral tablet.	37	darifenacin oral tablet extended release 24 hr	96
cyclophosphamide intravenous.	24	DARZALEX.	24
cyclophosphamide oral capsule.	24	dasetta 1/35 (28).	87
CYCLOSERINE.	17	dasetta 7/7/7 (28).	87
CYCLOSET.	69	daunorubicin intravenous solution.	24
cyclosporine intravenous.	24	daysee.	87
cyclosporine modified.	24	deblitane.	85
cyclosporine oral capsule.	24	decadron.	67
cyproheptadine.	93	decitabine.	24
CYRAMZA.	24	deferoxamine.	64
cyred.	87	deltasone oral tablet 20 mg.	67
CYSTADANE.	74	delyla (28).	87
CYSTAGON.	97	demeclocycline.	21
CYSTARAN.	91	demerol (pf) injection solution 100 mg/ml.	38
cysteine (l-cysteine) intravenous solution.	101	DEMSEER.	50
cytarabine.	24	DENAVIR.	61
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml).	24	denta 5000 plus.	66
cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml).	24	dentagel.	66
cytarabine (pf) injection solution 20 mg/ml.	24	DEPEN TITRATABS.	84
D		DESCOVY.	10
d10 %-0.45 % sodium chloride.	64	desipramine.	44
d2.5 %-0.45 % sodium chloride.	64	desloratadine oral tablet.	93
d5 % and 0.9 % sodium chloride.	64	desloratadine oral tablet, disintegrating.	93
d5 %-0.45 % sodium chloride.	64	desmopressin injection.	71
dacarbazine intravenous recon soln 100 mg.	24	desmopressin nasal spray with pump.	71
dacarbazine intravenous recon soln 200 mg.	24	desmopressin nasal spray, non-aerosol.	71
dactinomycin.	24	desmopressin oral.	71
DAKLINZA ORAL TABLET 30 MG.	10	desog-e. estradiol/e. estradiol.	87
DAKLINZA ORAL TABLET 60 MG, 90 MG.	10	desogestrel-ethinyl estradiol.	87
DALIRESP.	94	desonide.	62
DALVANCE.	17	desoximetasone.	62
danazol.	71	desvenlafaxine succinate oral tablet extended release 24 hr.	44
dantrolene.	37	dexamethasone intensol.	67
dapsone oral.	17	dexamethasone oral elixir.	67
		dexamethasone oral solution.	67

dexamethasone oral tablet.	67	dextrose 50 % in water (d50w) intravenous syringe.	64
dexamethasone oral tablets,dose pack.	67	dextrose 70 % in water (d70w).	64
dexamethasone sodium phos (pf).	67	dextrose with sodium chloride.	64
dexamethasone sodium phosphate injection solution 10 mg/ml.	67	DIASTAT.	31
dexamethasone sodium phosphate injection solution 4 mg/ml.	67	DIASTAT ACUDIAL.	31
dexamethasone sodium phosphate injection syringe.	67	diazepam injection solution.	44
dexamethasone sodium phosphate ophthalmic (eye).	92	diazepam injection syringe.	44
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 5 mg.	44	diazepam intensol.	44
dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 25 mg, 35 mg.	44	diazepam oral concentrate.	45
dexmethylphenidate oral tablet.	44	diazepam oral solution 5 mg/5 ml (1 mg/ml).	45
dexrazoxane hcl intravenous recon soln 250 mg.	23	diazepam oral tablet.	45
dexrazoxane hcl intravenous recon soln 500 mg.	23	diazepam rectal.	31
dextroamphetamine oral capsule, extended release.	44	diclofenac potassium.	41
dextroamphetamine oral solution.	44	diclofenac sodium ophthalmic (eye).	91
dextroamphetamine oral tablet.	44	diclofenac sodium oral tablet extended release 24 hr.	41
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 25 mg, 5 mg.	44	diclofenac sodium oral tablet,delayed release (dr/ec).	41
dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 30 mg.	44	diclofenac sodium topical drops.	41
dextroamphetamine-amphetamine oral tablet	44	diclofenac sodium topical gel 1 %.	41
dextrose 10 % and 0.2 % nacl.	64	diclofenac sodium topical gel 3 %.	58
dextrose 10 % in water (d10w).	64	diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic.	41
dextrose 20 % in water (d20w).	64	dicloxacinil.	19
dextrose 25 % in water (d25w).	64	dicyclomine intramuscular.	73
dextrose 30 % in water (d30w).	64	dicyclomine oral capsule.	73
dextrose 40 % in water (d40w).	64	dicyclomine oral solution.	73
dextrose 5 % in water (d5w) intravenous parenteral solution.	64	dicyclomine oral tablet.	73
dextrose 5 % in water (d5w) intravenous piggyback.	64	didanosine oral capsule,delayed release(dr/ec) 200 mg, 250 mg, 400 mg.	10
dextrose 5 %-lactated ringers.	64	DIFICID.	15
dextrose 5%-0.2 % sod chloride.	64	diflorasone.	62
dextrose 5%-0.3 % sod.chloride.	64	diflunisal.	41
dextrose 50 % in water (d50w) intravenous parenteral solution.	64	digitek.	53
		digox.	53
		digoxin injection solution.	53
		digoxin oral solution 50 mcg/ml.	53
		digoxin oral tablet.	53
		dihydroergotamine injection.	35
		dihydroergotamine nasal.	35
		DILANTIN 30 MG.	32
		dilt-xr oral capsule,ext release degradable.	51

diltiazem hcl intravenous.	50	donepezil oral tablet,disintegrating.	36
diltiazem hcl oral capsule, extended release.	50	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).	56
diltiazem hcl oral capsule,ext release degradable.	50	dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml).	56
diltiazem hcl oral capsule,extended release 12 hr.	50	dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml).	56
diltiazem hcl oral capsule,extended release 24hr.	50	dopamine intravenous solution 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml).	56
diltiazem hcl oral tablet.	50	DORIPENEM INTRAVENOUS RECON SOLN 250 MG.	17
diltiazem hcl oral tablet extended release 24 hr.	50	DORIPENEM INTRAVENOUS RECON SOLN 500 MG.	17
dimenhydrinate injection solution.	74	doxolamide.	91
DIPENTUM.	74	doxolamide-timolol.	91
diphenhydramine hcl injection solution 50 mg/ml.	93	doxolamide-timolol (pf) ophthalmic (eye) dropperette.	91
diphenhydramine hcl injection syringe.	93	doxazosin.	51
diphenhydramine hcl oral elixir.	93	doxepin oral.	45
diphenoxylate-atropine.	73	doxepin topical.	58
dipyridamole intravenous.	54	doxercalciferol intravenous.	71
dipyridamole oral.	54	doxercalciferol oral.	71
disopyramide phosphate oral capsule.	49	doxorubicin intravenous recon soln 10 mg.	25
disulfiram.	64	doxorubicin intravenous recon soln 50 mg.	25
divalproex oral capsule, delayed rel sprinkle.	32	doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml.	25
divalproex oral tablet extended release 24 hr	32	doxorubicin intravenous solution 50 mg/25 ml	25
divalproex oral tablet,delayed release (dr/ec)	32	doxorubicin, peg-liposomal.	25
dobutamine.	56	doxy-100.	21
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml).	56	doxycycline hyclate intravenous.	21
dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml).	56	doxycycline hyclate oral capsule.	21
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml).	25	doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg.	21
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml).	25	doxycycline hyclate oral tablet 50 mg.	21
docetaxel intravenous solution 20 mg/2 ml (10 mg/ml).	25	doxycycline hyclate oral tablet,delayed release (dr/ec).	21
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML (BRAND).	25	doxycycline monohydrate oral capsule.	21
docetaxel intravenous solution 80 mg/4 ml (20 mg/ml).	25	doxycycline monohydrate oral suspension for reconstitution.	21
dofetilide.	49	doxycycline monohydrate oral tablet.	21
donepezil oral tablet 10 mg, 5 mg.	36	dronabinol oral capsule 10 mg.	74
donepezil oral tablet 23 mg.	36	dronabinol oral capsule 2.5 mg, 5 mg.	74

droperidol injection solution.	74	EMSAM.	45
drospirenone-e.estradiol-lm.fa.	87	EMTRIVA.	10
drospirenone-ethinyl estradiol.	87	EMVERM.	17
DULERA.	94	enalapril maleate.	51
duloxetine oral capsule, delayed release (dr/ec).	45	enalapril-hydrochlorothiazide.	51
DUPIXENT.	58	enalaprilat intravenous solution.	51
duramorph (pf) injection solution 0.5 mg/ml.	38	ENBREL MINI.	84
duramorph (pf) injection solution 1 mg/ml.	38	ENBREL SUBCUTANEOUS RECON SOLN.	84
DUROLANE.	41	ENBREL SUBCUTANEOUS SYRINGE.	84
dutasteride.	97	ENBREL SURECLICK.	84
dutasteride-tamsulosin oral capsule, er multiphase 24 hr.	97	endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.	38
DYSPORT.	80	ENGERIX-B (PF).	80
E		ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE.	80
e.e.s. 400 oral tablet.	15	enoxaparin subcutaneous solution.	54
econazole.	61	enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml.	54
EDURANT.	10	enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml.	54
efavirenz oral capsule 200 mg.	10	enoxaparin subcutaneous syringe 30 mg/0.3 ml.	54
efavirenz oral capsule 50 mg.	10	enoxaparin subcutaneous syringe 40 mg/0.4 ml.	54
efavirenz oral tablet.	10	enoxaparin subcutaneous syringe 60 mg/0.6 ml.	54
effer-k oral tablet, effervescent 25 meq.	98	enpresse.	87
electrolyte-48 in d5w.	101	enskyce.	87
ELELYSO.	71	entacapone.	34
eletriptan.	35	entecavir.	10
ELIGARD.	25	ENTRESTO.	57
ELIGARD (3 MONTH).	25	ENTYVIO.	74
ELIGARD (4 MONTH).	25	enulose.	74
ELIGARD (6 MONTH).	25	ENVARBUS XR.	25
elinest.	87	EPCLUSA.	10
eliphos.	98	epinastine.	91
ELIQUIS.	54	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (ADRENACLICK).	93
ELITEK.	23	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (EPIPEN).	93
ELLA.	87	EPIPEN.	93
ELMIRON.	97	EPIPEN 2-PAK.	93
EMCYT.	25	EPIPEN JR.	93
EMEND (FOSAPREPITANT).	74		
EMEND ORAL SUSPENSION FOR RECONSTITUTION.	74		
emoquette.	87		
EMPLICITI.	25		

EPIPEN JR 2-PAK.	93	esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg.	77
epirubicin intravenous solution 200 mg/100 ml.	25	esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg.	77
epirubicin intravenous solution 50 mg/25 ml.	25	esomeprazole sodium intravenous recon soln 20 mg.	77
epitol.	32	esomeprazole sodium intravenous recon soln 40 mg.	77
EPIVIR HBV ORAL SOLUTION.	10	estarylla.	87
eplerenone.	51	estazolam.	45
epoprostenol (glycine).	51	estradiol.	85
eprosartan.	51	estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml.	40 85
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML.	25	estradiol-norethindrone acet.	85
ERBITUX INTRAVENOUS SOLUTION 200 MG/100 ML.	25	estropipate oral tablet 0.75 mg.	85
ergoloid.	45	eszopiclone.	45
ergotamine-caffeine.	35	ethacrynate sodium.	51
ERIVEDGE.	25	ethacrynic acid.	51
ERLEADA.	25	ethambutol.	17
errin.	85	ethosuximide.	32
ertapenem.	17	ethynodiol diac-eth estradiol.	87
ERWINAZE.	25	etidronate disodium.	64
ery pads.	59	etodolac oral capsule.	41
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg.	15	etodolac oral tablet.	41
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG.	15	etodolac oral tablet extended release 24 hr.	41
erygel.	59	ETOPOPHOS.	25
erythrocin (as stearate) oral tablet 250 mg.	15	etoposide intravenous.	25
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG.	15	etoposide oral.	25
erythromycin ethylsuccinate oral suspension for reconstitution.	15	EUFLEXXA.	41
erythromycin ethylsuccinate oral tablet.	15	EVOTAZ.	10
erythromycin ophthalmic (eye).	90	exemestane.	25
erythromycin oral capsule,delayed release(dr/ec).	15	EXJADE.	64
erythromycin oral tablet.	16	ezetimibe.	55
erythromycin with ethanol.	59	ezetimibe-simvastatin.	55
erythromycin-benzoyl peroxide.	59		
ESBRIET.	94	F	
escitalopram oxalate oral solution.	45	FABIOR.	59
escitalopram oxalate oral tablet.	45	FABRAZYME INTRAVENOUS RECON SOLN 35 MG.	71
esmolol in nacl (iso-osm).	51	FABRAZYME INTRAVENOUS RECON SOLN 5 MG.	71
esmolol intravenous solution.	51	falmina (28).	87
		famciclovir.	10

famotidine (pf)	77	flavoxate	96
famotidine (pf)-nacl (iso-os)	77	flecainide	49
famotidine intravenous solution	77	FLOVENT DISKUS	94
famotidine oral suspension	77	FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	94
famotidine oral tablet 20 mg, 40 mg	77	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	94
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG.	45	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	94
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	45	floxin otic (ear) drops	67
FANAPT ORAL TABLETS,DOSE PACK.	45	floxuridine	26
FARESTON	25	FLUAD 2018-2019 (65 YR UP)(PF)	80
FARXIGA	69	FLUARIX QUAD 2018-2019 (PF)	80
FARYDAK	25	FLUBLOK QUAD 2018-2019 (PF)	80
FASENRA	94	FLUCELVAX QUAD 2018-2019	80
FASLODEX	25	FLUCELVAX QUAD 2018-2019 (PF)	80
fayosim	87	fluconazole	9
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	45	fluconazole in dextrose(iso-o)	9
felbamate oral suspension	32	fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	9
felbamate oral tablet	32	fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	9
felodipine oral tablet extended release 24 hr.	51	flucytosine	9
femynor	87	fludarabine intravenous recon soln	26
fenofibrate micronized	55	fludarabine intravenous solution	26
fenofibrate nanocrystallized	55	fludrocortisone	67
FENOFIBRATE ORAL CAPSULE (BRAND)	55	FLULAVAL QUAD 2018-2019	81
fenofibrate oral tablet	55	FLULAVAL QUAD 2018-2019 (PF)	81
fenofibric acid	55	flumazenil	45
fenofibric acid (choline) oral capsule,delayed release(dr/ec)	55	FLUMIST QUAD 2018-2019	81
fenopropfen oral tablet	41	flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	94
fentanyl citrate (pf) injection	38	fluocinolone	62
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	38	fluocinolone acetonide oil	67
fentanyl citrate buccal lozenge on a handle	38	fluocinolone and shower cap	62
fentanyl transdermal patch	38	fluocinonide	62
FERRIPROX ORAL SOLUTION	64	fluocinonide-e	62
FERRIPROX ORAL TABLET	64	fluocinonide-emollient	62
FETZIMA	45	fluoride (sodium) oral drops	102
finasteride oral tablet 5 mg	97	fluoride (sodium) oral tablet	102
FIRAZYR	94	fluoride (sodium) oral tablet,chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)	102
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.	25		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG.	26		

fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)	102	fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	54
fluorometholone	92	fondaparinux subcutaneous syringe 5 mg/0.4 ml	54
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml	26	fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	54
fluorouracil intravenous solution 5 gram/100 ml	26	FORFIVO XL	45
FLUOROURACIL TOPICAL CREAM 0.5 % (BRAND)	58	FORTEO	83
fluorouracil topical cream 5 %	58	fosamprenavir	10
fluorouracil topical solution	58	fosinopril	51
fluoxetine oral capsule	45	fosinopril-hydrochlorothiazide	51
fluoxetine oral capsule, delayed release(dr/ec)	45	fosphenytoin injection solution 100 mg pe/2 ml	32
fluoxetine oral solution	45	fosphenytoin injection solution 500 mg pe/10 ml	32
fluoxetine oral tablet	45	FREAMINE HBC 6.9 %	101
fluphenazine decanoate	45	freamine iii 10 %	101
fluphenazine hcl	45	frovatriptan	35
flurandrenolide	62	furosemide injection	51
flurazepam	45	furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	51
flurbiprofen	42	furosemide oral tablet	51
flurbiprofen sodium	91	FUZEON SUBCUTANEOUS RECON SOLN	10
flutamide	26	fyavolv	85
fluticasone nasal	94	FYCOMPA ORAL SUSPENSION	32
fluticasone topical	62	FYCOMPA ORAL TABLET	32
fluvastatin oral capsule 20 mg	55		
fluvastatin oral capsule 40 mg	55	G	
fluvastatin oral tablet extended release 24 hr	55	gabapentin oral capsule	32
fluvoxamine oral capsule, extended release 24hr	45	gabapentin oral solution 250 mg/5 ml	32
fluvoxamine oral tablet	45	gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	32
FLUZONE HIGH-DOSE 2018-19 (PF)	81	gabapentin oral tablet 600 mg, 800 mg	32
FLUZONE QUAD 2018-2019	81	galantamine oral capsule, ext rel. pellets 24 hr	36
FLUZONE QUAD 2018-2019 (PF)	81	galantamine oral solution	36
FLUZONE QUAD PEDI 2018-19 (PF)	81	galantamine oral tablet	36
FML S.O.P.	92	GAMASTAN	81
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	26	GAMASTAN S/D	81
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	26	GAMMAGARD LIQUID	81
fomepizole	81	GAMMAGARD S-D (IGA < 1 MCG/ML)	81
fondaparinux subcutaneous syringe 10 mg/0.8 ml	54	GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	81

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 %).	81	GENVISC 850.	42
ganciclovir sodium intravenous recon soln.	10	GENVOYA.	10
ganciclovir sodium intravenous solution.	10	GEODON INTRAMUSCULAR.	45
GARDASIL 9 (PF).	81	gianvi (28).	87
gatifloxacin.	90	GILENYA ORAL CAPSULE 0.5 MG.	36
GATTEX 30-VIAL.	74	GILOTRIF.	26
GATTEX ONE-VIAL.	74	GLASSIA.	64
GAUZE PADS 2 X 2.	69	glatiramer subcutaneous syringe 20 mg/ml.	36
gavilyte-c.	74	glatiramer subcutaneous syringe 40 mg/ml.	36
gavilyte-g.	74	glatopa subcutaneous syringe 20 mg/ml.	36
gavilyte-n.	74	glatopa subcutaneous syringe 40 mg/ml.	36
GAZYVA.	26	GLEOSTINE.	26
GEL-ONE.	42	glimepiride.	69
GELSYN-3.	42	glipizide oral tablet.	69
gemcitabine intravenous recon soln 1 gram.	26	glipizide oral tablet extended release 24hr.	69
gemcitabine intravenous recon soln 2 gram.	26	glipizide-metformin.	69
gemcitabine intravenous recon soln 200 mg.	26	GLUCAGEN HYPOKIT.	69
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml).	26	GLUCAGON EMERGENCY KIT (HUMAN).	69
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml).	26	glyburide.	69
gemfibrozil.	56	glyburide micronized.	69
generlac.	74	glyburide-metformin.	69
gengraf oral capsule 100 mg, 25 mg.	26	glycine urologic.	97
gengraf oral solution.	26	glycine urologic solution.	97
gentak ophthalmic (eye) ointment.	90	GLYCOPHOS.	98
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml.	17	glycopyrrolate injection.	73
gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 90 mg/100 ml.	17	glycopyrrolate oral tablet 1 mg, 2 mg.	73
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml.	17	glydo.	60
gentamicin injection solution 20 mg/2 ml.	17	GLYXAMBI.	69
gentamicin injection solution 40 mg/ml.	17	granisetron (pf) intravenous solution 1 mg/ml (1 ml).	74
gentamicin ophthalmic (eye) drops.	90	granisetron (pf) intravenous solution 100 mcg/ml.	75
gentamicin sulfate (ped) (pf).	17	granisetron hcl intravenous.	75
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml.	17	granisetron hcl oral.	75
gentamicin topical.	61	GRANIX.	78
		GRASTEK.	81
		griseofulvin microsize.	9
		griseofulvin ultramicrosize.	9
		guanfacine oral tablet.	51
		guanfacine oral tablet extended release 24 hr	45
		guanidine.	45
		GYNAZOLE-1.	86

H	
HALAVEN.	26
halobetasol propionate.	62
haloperidol.	45
haloperidol decanoate.	45
haloperidol lactate injection.	45
haloperidol lactate intramuscular.	45
haloperidol lactate oral.	45
HARVONI.	10
HAVRIX (PF) INTRAMUSCULAR SUSPENSION.	81
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML.	81
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML.	81
heather.	85
hep flush-10 (pf).	54
heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml.	54
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml).	54
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ ml), 25,000 unit/500 ml (50 unit/ml).	54
heparin (porcine) in nacl (pf).	54
heparin (porcine) injection cartridge.	54
heparin (porcine) injection solution.	54
heparin (porcine) injection syringe 5,000 unit/ml.	54
heparin flush(porcine)-0.9nacl.	55
heparin lock flush.	55
heparin lock flush (porcine) intravenous solution.	55
heparin lockflush(porcine)(pf).	55
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml.	55
heparin, porcine (pf) injection.	55
heparin, porcine (pf) intravenous syringe 1 unit/ml.	55
heparin, porcine (pf) intravenous syringe 10 unit/ ml, 100 unit/ml.	55
HEPATAMINE 8%.	101
HERCEPTIN.	26
hetastarch 6 % in 0.9 % nacl.	101
HETLIOZ.	45
HEXALEN.	26
HIBERIX (PF).	81
HORIZANT.	36
HUMALOG JUNIOR KWIKPEN U-100.	69
HUMALOG KWIKPEN INSULIN.	69
HUMALOG MIX 50-50 INSULN U-100.	69
HUMALOG MIX 50-50 KWIKPEN.	69
HUMALOG MIX 75-25 KWIKPEN.	69
HUMALOG MIX 75-25(U-100)INSULN.	69
HUMALOG U-100 INSULIN.	69
HUMATROPE.	78
HUMIRA.	84
HUMIRA PEDIATRIC CROHN'S START.	84
HUMIRA PEN.	84
HUMIRA PEN CROHN'S-UC-HS START.	84
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML.	84
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML.	84
HUMULIN 70/30 U-100 INSULIN.	69
HUMULIN 70/30 U-100 KWIKPEN.	69
HUMULIN N NPH INSULIN KWIKPEN.	69
HUMULIN N NPH U-100 INSULIN.	70
HUMULIN R REGULAR U-100 INSULN.	70
HUMULIN R U-500 (CONC) INSULIN.	70
HYALGAN.	42
HYCANTIN ORAL.	26
hydralazine injection.	51
hydralazine oral.	51
hydrochlorothiazide.	51
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml.	38
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.	39
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg.	39
hydrocortisone butyr-emollient.	62

hydrocortisone butyrate.	62	ibandronate oral.	83
hydrocortisone oral.	67	IBRANCE.	26
hydrocortisone rectal.	75	ibu.	42
hydrocortisone topical cream 1 %, 2.5 %.	62	ibuprofen lysine (pf).	42
hydrocortisone topical cream with perineal applicator.	75	ibuprofen oral suspension.	42
hydrocortisone topical lotion 2.5 %.	62	ibuprofen oral tablet 400 mg, 600 mg, 800 mg.	42
hydrocortisone topical ointment 1 %, 2.5 %.	62	ibuprofen-oxycodone.	39
hydrocortisone valerate.	62	ibutilide fumarate.	49
hydrocortisone-acetic acid.	67	ICLUSIG.	26
hydrocortisone-min oil-wht pet.	62	idarubicin.	26
hydrocortisone-pramoxine rectal cream 1-1 %	75	IDHIFA.	26
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml.	39	ifosfamide intravenous recon soln 1 gram.	26
hydromorphone (pf) injection solution 2 mg/ml.	39	ifosfamide intravenous recon soln 3 gram.	26
hydromorphone injection solution 1 mg/ml.	39	ifosfamide intravenous solution.	26
hydromorphone injection solution 2 mg/ml, 4 mg/ml.	39	ILARIS (PF) SUBCUTANEOUS SOLUTION.	78
hydromorphone injection syringe 1 mg/ml, 2 mg/ml.	39	imatinib.	26
hydromorphone injection syringe 4 mg/ml.	39	IMBRUVICA.	26
hydromorphone oral liquid.	39	IMFINZI.	26
hydromorphone oral tablet.	39	imipenem-cilastatin.	17
hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg.	39	imipramine hcl.	45
hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg.	39	imipramine pamoate.	45
hydroxychloroquine.	17	imiquimod topical cream in packet.	58
hydroxyprogesterone (pf)(preg presv).	85	IMOGAM RABIES-HT (PF).	81
hydroxyprogesterone caproate.	85	IMOVAX RABIES VACCINE (PF).	81
hydroxyurea.	26	IMPAVIDO.	17
hydroxyzine hcl intramuscular.	93	incassia.	85
hydroxyzine hcl oral solution 10 mg/5 ml.	93	INCRELEX.	64
hydroxyzine hcl oral tablet.	93	INCRUSE ELLIPTA.	94
hydroxyzine pamoate.	93	indapamide.	51
HYMOVIS.	42	indomethacin oral capsule.	42
HYPER-SAL.	94	indomethacin oral capsule, extended release	42
HYPERRAB (PF).	81	indomethacin sodium.	42
HYPERRAB S/D (PF).	81	INFANRIX (DTAP) (PF).	81
		INFLECTRA.	75
		INGREZZA.	36
		INLYTA.	26
		INPEN (FOR HUMALOG).	70
		INSULIN PEN NEEDLE.	70
		INSULIN SYRINGE (DISP) U-100 0.3 ML.	70
		INSULIN SYRINGE (DISP) U-100 1 ML.	70
		INSULIN SYRINGE (DISP) U-100 1/2 ML.	70
ibandronate intravenous.	83		

INTELENCE ORAL TABLET 100 MG, 200 MG.	11
INTELENCE ORAL TABLET 25 MG.	11
intralipid intravenous emulsion 20 %.	101
INTRALIPID INTRAVENOUS EMULSION 30 %.	101
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML).	78
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML).	78
INTRON A INJECTION SOLUTION.	78
introvale.	87
INVANZ INJECTION.	17
INVANZ INTRAVENOUS.	17
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML.	46
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML.	46
INVEGA TRINZA.	46
INVIRASE.	11
INVOKAMET.	70
INVOKAMET XR.	70
INVOKANA.	70
IPOL.	81
ipratropium bromide inhalation.	94
ipratropium bromide nasal spray,non-aerosol 0.03 %.	66
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %).	66
ipratropium-albuterol.	94
irbesartan.	51
irbesartan-hydrochlorothiazide.	51
IRESSA.	26
irinotecan intravenous solution 100 mg/5 ml.	27
irinotecan intravenous solution 40 mg/2 ml.	27
irinotecan intravenous solution 500 mg/25 ml	27
ISENTRESS HD.	11
ISENTRESS ORAL POWDER IN PACKET.	11
ISENTRESS ORAL TABLET.	11
ISENTRESS ORAL TABLET,CHEWABLE 100 MG.	11

ISENTRESS ORAL TABLET,CHEWABLE 25 MG.	11
isibloom.	87
isoniazid injection.	17
isoniazid oral.	18
isoproterenol hcl.	57
isosorbide dinitrate oral tablet.	57
isosorbide dinitrate oral tablet extended release.	57
isosorbide mononitrate oral tablet.	57
isosorbide mononitrate oral tablet extended release 24 hr.	57
isotretinoin.	59
isradipine.	51
ISTODAX.	27
itraconazole.	9
ivermectin.	18
IXEMPRA.	27
IXIARO (PF).	81

J

JADENU.	64
JADENU SPRINKLE.	64
JAKAFI.	27
jantoven.	55
JANUMET.	70
JANUMET XR.	70
JANUVIA.	70
JARDIANCE.	70
jencycla.	85
jevantique lo.	85
JEVTANA.	27
jinteli.	85
jolessa.	87
jolivette.	85
juleber.	87
JULUCA.	11
junel 1.5/30 (21).	87
junel 1/20 (21).	87
junel fe 1.5/30 (28).	87
junel fe 1/20 (28).	87
junel fe 24.	87

JUXTAPID.	56
JYNARQUE.	72
K	
k-effervescent.	98
k-tab oral tablet extended release 8 meq.	98
KADCYLA.	27
kaitlib fe.	87
KALETRA ORAL TABLET 100-25 MG.	11
KALETRA ORAL TABLET 200-50 MG.	11
KALYDECO.	94
KANUMA.	72
kariva (28).	88
KEDRAB (PF).	81
kelnor 1-50.	88
kelnor 1/35 (28).	88
KEPIVANCE.	23
ketoconazole oral.	9
ketoconazole topical.	61
ketoprofen oral capsule 25 mg.	42
ketoprofen oral capsule 50 mg, 75 mg.	42
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg.	42
ketorolac injection cartridge 15 mg/ml.	42
ketorolac injection cartridge 30 mg/ml.	42
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml).	42
ketorolac injection syringe.	42
ketorolac intramuscular cartridge.	42
ketorolac intramuscular solution.	42
ketorolac intramuscular syringe.	42
ketorolac ophthalmic (eye).	91
ketorolac oral.	42
KEVEYIS.	36
KEVZARA.	84
KEYTRUDA INTRAVENOUS SOLUTION.	27
KHEDEZLA.	46
kimidess (28).	88
KINERET.	84
KINRIX (PF) INTRAMUSCULAR SUSPENSION.	81
KINRIX (PF) INTRAMUSCULAR SYRINGE.	81

kionex (with sorbitol).	64
KISQALI.	27
KISQALI FEMARA CO-PACK.	27
klor-con 10 oral tablet extended release.	98
klor-con 20 meq packet.	98
klor-con 8 oral tablet extended release.	98
klor-con m10 oral tablet,er particles/crystals.	98
klor-con m15 oral tablet,er particles/crystals.	98
klor-con m20 oral tablet,er particles/crystals.	98
klor-con sprinkle oral capsule, extended release.	98
klor-con/ef.	98
KOMBIGLYZE XR.	70
KORLYM.	72
KRYSTEXXA.	83
kurvelo.	88
KUVAN.	72
KYNAMRO.	56
KYPROLIS INTRAVENOUS RECON SOLN 10 MG.	27
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG.	27

L

l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7).	88
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg.	88
labetalol intravenous solution.	51
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml).	51
labetalol oral.	51
LACRISERT.	91
lactated ringers intravenous.	98
lactated ringers irrigation.	63
lactulose.	75
lamivudine.	11
lamivudine-zidovudine.	11
lamotrigine oral tablet.	32
lamotrigine oral tablet disintegrating, dose pk	32
lamotrigine oral tablet extended release 24hr	32

lamotrigine oral tablet, chewable dispersible.	32	levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml.	32
lamotrigine oral tablet, disintegrating.	32	levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml.	32
lamotrigine oral tablets, dose pack.	32	levetiracetam intravenous.	32
lansoprazole oral capsule, delayed release (dr/ec) 15 mg.	77	levetiracetam oral solution 100 mg/ml.	32
lansoprazole oral capsule, delayed release (dr/ec) 30 mg.	77	levetiracetam oral solution 500 mg/5 ml (5 ml).	32
lansoprazole oral tablet, disintegrating, delay rel	77	levetiracetam oral tablet.	32
lanthanum oral tablet, chewable.	64	levetiracetam oral tablet extended release 24 hr.	32
LANTUS SOLOSTAR U-100 INSULIN.	70	levobunolol ophthalmic (eye) drops 0.5 %.	90
LANTUS U-100 INSULIN.	70	levocarnitine (with sugar).	64
larin 1.5/30 (21).	88	levocarnitine oral tablet.	64
larin 1/20 (21).	88	levocetirizine oral solution.	93
larin 24 fe.	88	levocetirizine oral tablet.	93
larin fe 1.5/30 (28).	88	levofloxacin in d5w intravenous piggyback 250 mg/50 ml.	20
larin fe 1/20 (28).	88	levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml.	20
larissia.	88	levofloxacin intravenous.	20
LARTRUVO.	27	levofloxacin ophthalmic (eye).	90
latanoprost.	91	levofloxacin oral.	20
LATUDA ORAL TABLET 120 MG.	46	LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG (BRAND).	23
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 80 MG.	46	levoleucovorin intravenous recon soln 50 mg	23
layolis fe.	88	levoleucovorin intravenous solution.	23
leena 28.	88	levonest (28).	88
leflunomide.	84	levonorg-eth estrad triphasic.	88
LEMTRADA.	36	levonorgestrel-ethinyl estrad.	88
LENVIMA.	27	levora-28.	88
lessina.	88	levorphanol tartrate.	39
LETAIRIS.	94	levothyroxine intravenous recon soln 200 mcg, 500 mcg.	73
letrozole.	27	levothyroxine oral.	73
leucovorin calcium injection recon soln 100 mg, 350 mg.	23	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.	73
leucovorin calcium injection recon soln 200 mg, 50 mg.	23	LEXIVA ORAL SUSPENSION.	11
leucovorin calcium injection recon soln 500 mg.	23	lidocaine (pf) in d7.5w.	49
leucovorin calcium oral.	23	lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %).	60
LEUKERAN.	27		
LEUKINE INJECTION RECON SOLN.	78		
leuprolide subcutaneous kit.	27		
levabuterol hcl.	95		

lidocaine (pf) injection solution 15 mg/ml (1.5 %).	60	lmd 10 % in 0.9 % sodium chlor.	64
lidocaine (pf) injection solution 5 mg/ml (0.5 %).	60	lmd 10 % in 5 % dextrose.	64
lidocaine (pf) intravenous solution.	49	LONSURF.	27
lidocaine (pf) intravenous syringe.	49	loperamide oral capsule.	73
lidocaine hcl injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %).	60	lopinavir-ritonavir.	11
lidocaine hcl injection solution 20 mg/ml (2 %).	60	lopreeza.	85
lidocaine hcl laryngotracheal.	60	lorazepam injection solution.	46
lidocaine hcl mucous membrane jelly.	60	lorazepam injection syringe.	46
lidocaine hcl mucous membrane jelly in applicator.	60	lorazepam intensol.	46
lidocaine hcl mucous membrane solution 4 % (40 mg/ml).	60	lorazepam oral.	46
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %).	49	lorcet (hydrocodone).	39
lidocaine topical adhesive patch, medicated.	60	lorcet hd.	39
lidocaine topical ointment.	60	lorcet plus oral tablet 7.5-325 mg.	39
lidocaine viscous.	60	loryna (28).	88
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000.	60	losartan.	51
lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000.	60	losartan-hydrochlorothiazide.	51
lidocaine-prilocaine topical cream.	60	lovastatin oral tablet 10 mg.	56
lillow.	88	lovastatin oral tablet 20 mg, 40 mg.	56
lincomycin.	18	low-ogestrel (28).	88
lindane topical shampoo.	63	loxapine succinate.	46
linezolid.	18	ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid).	102
linezolid in dextrose 5%.	18	LULICONAZOLE.	61
linezolid-0.9% sodium chloride.	18	LUPANETA PACK (1 MONTH).	86
LINZESS.	75	LUPANETA PACK (3 MONTH).	86
liothyronine intravenous.	73	LUPRON DEPOT.	27
liothyronine oral.	73	LUPRON DEPOT (3 MONTH).	27
lisinopril.	51	LUPRON DEPOT (4 MONTH).	27
lisinopril-hydrochlorothiazide.	51	LUPRON DEPOT (6 MONTH).	27
lithium carbonate oral capsule.	46	LUPRON DEPOT-PED.	27
lithium carbonate oral tablet.	46	LUPRON DEPOT-PED (3 MONTH).	27
lithium carbonate oral tablet extended release.	46	lutera (28).	88
lithium citrate oral solution 8 meq/5 ml.	46	LUZU.	61
		LYNPARZA.	27
		LYRICA.	32
		LYSODREN.	27
		lyza.	85
		M	
		M-M-R II (PF).	82
		mafenide acetate.	61

magnesium chloride injection.	98	MENACTRA (PF) INTRAMUSCULAR SOLUTION.	81
magnesium sulfate in water intravenous parenteral solution.	98	MENVEO A-C-Y-W-135-DIP (PF).	82
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %).	98	meperidine (pf) injection solution 100 mg/ml, 50 mg/ml.	39
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %).	98	meperidine (pf) injection solution 25 mg/ml.	39
magnesium sulfate injection solution.	98	meperidine oral.	39
magnesium sulfate injection syringe.	98	meprobamate.	37
MAKENA.	85	mercaptopurine.	27
MAKENA (PF).	85	meropenem.	18
malathion.	63	mesalamine oral tablet, delayed release (dr/ec).	75
mannitol 20 %.	51	mesalamine rectal.	75
mannitol 25 % intravenous solution.	51	mesna.	23
maprotiline.	46	MESNEX ORAL.	23
marcaine (pf) injection solution 0.75 % (7.5 mg/ml).	60	MESTINON ORAL SYRUP.	37
marlissa.	88	metadate er oral tablet extended release.	46
MARPLAN.	46	metaproterenol.	95
MATULANE.	27	metaxall.	37
matzim la oral tablet extended release 24 hr.	51	metaxalone.	37
MAVYRET.	11	metformin oral tablet.	70
meclizine oral tablet 12.5 mg, 25 mg.	75	metformin oral tablet extended release (osm) 24hr.	70
meclofenamate.	42	metformin oral tablet extended release 24 hr	70
medroxyprogesterone.	85	metformin oral tablet, er gast.retention 24 hr.	70
mefenamic acid.	42	methadone injection solution.	39
mefloquine.	18	methadone intensol.	39
megestrol oral suspension 400 mg/10 ml (10 ml).	27	methadone oral concentrate.	39
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml.	27	methadone oral solution.	39
megestrol oral tablet.	27	methadone oral tablet.	39
MEKINIST.	27	methadose oral concentrate.	39
MEKTOVI.	27	methamphetamine.	46
melodetta 24 fe.	88	methazolamide.	91
meloxicam oral tablet.	42	methenamine hippurate.	22
melphalan.	27	methenamine mandelate.	22
melphalan hcl.	27	methergine.	89
memantine oral capsule, sprinkle, er 24hr.	36	methimazole oral tablet 10 mg, 5 mg.	68
memantine oral solution.	36	METHITEST.	72
memantine oral tablet.	36	methocarbamol injection.	37
		methocarbamol oral.	37
		methotrexate sodium (pf) injection recon soln	27
		methotrexate sodium (pf) injection solution 25 mg/ml.	27

methotrexate sodium (pf) injection solution 25 mg/ml (10 ml)	27	metolazone.	51
methotrexate sodium injection.	28	metoprolol succinate oral tablet extended release 24 hr.	51
methotrexate sodium oral.	28	metoprolol ta-hydrochlorothiaz.	51
methoxsalen.	58	metoprolol tartrate intravenous solution.	52
methscopolamine.	73	metoprolol tartrate intravenous syringe.	52
methyclothiazide.	51	metoprolol tartrate oral tablet.	52
methyl dopa.	51	metro i.v.	18
methyl dopa-hydrochlorothiazide.	51	metronidazole in nacl (iso-os).	18
methyl dopate.	51	metronidazole oral.	18
methylergonovine injection.	89	metronidazole topical.	59
methylergonovine oral.	89	metronidazole vaginal.	86
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg.	46	mexiletine.	49
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg, 40 mg, 50 mg, 60 mg.	46	MIACALCIN INJECTION.	72
methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg.	46	mibelas 24 fe.	88
methylphenidate hcl oral capsule, er biphasic 50-50 30 mg, 40 mg, 60 mg.	46	miconazole-3 vaginal suppository.	86
methylphenidate hcl oral solution.	46	microgestin 1.5/30 (21).	88
methylphenidate hcl oral tablet.	46	microgestin 1/20 (21).	88
methylphenidate hcl oral tablet extended release 10 mg.	46	microgestin fe 1.5/30 (28).	88
methylphenidate hcl oral tablet extended release 20 mg.	46	microgestin fe 1/20 (28).	88
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg.	46	midazolam (pf) injection cartridge.	47
methylphenidate hcl oral tablet extended release 24hr 36 mg.	46	midazolam (pf) injection solution 1 mg/ml.	47
methylphenidate hcl oral tablet, chewable.	47	midazolam (pf) injection solution 5 mg/ml.	47
methylprednisolone acetate.	67	midazolam (pf) injection syringe.	47
methylprednisolone oral tablet.	67	midazolam injection.	47
methylprednisolone oral tablets, dose pack.	68	midazolam oral syrup 2 mg/ml.	47
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg.	68	midodrine.	64
methylprednisolone sodium succ intravenous	68	migergot.	35
methyltestosterone oral capsule.	72	miglitol.	70
metipranolol.	90	miglustat.	72
metoclopramide hcl injection solution.	75	mili.	88
metoclopramide hcl injection syringe.	75	millipred dp.	68
metoclopramide hcl oral solution.	75	millipred oral tablet.	68
metoclopramide hcl oral tablet.	75	milrinone.	57
metoclopramide hcl oral tablet, disintegrating	75	milrinone in 5 % dextrose.	57
		mimvey.	85
		mimvey lo.	85
		minocycline oral capsule.	21
		minocycline oral tablet.	21
		minocycline oral tablet extended release 24 hr 115 mg, 65 mg.	21

minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg.	21	MORPHINE INJECTION SOLUTION 10 MG/ ML, 2 MG/ML, 4 MG/ML, 5 MG/ML (BRAND).	40
minoxidil oral.	52	morphine injection solution 8 mg/ml.	40
miostat.	91	morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml.	40
mirtazapine oral tablet.	47	morphine injection syringe 5 mg/ml, 8 mg/ml	40
mirtazapine oral tablet, disintegrating.	47	morphine intravenous cartridge 10 mg/ml, 2 mg/ ml, 4 mg/ml.	40
misoprostol.	77	MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML (BRAND).	40
mitomycin intravenous recon soln 20 mg, 5 mg.	28	morphine intravenous solution 10 mg/ml.	40
mitomycin intravenous recon soln 40 mg.	28	MORPHINE INTRAVENOUS SOLUTION 4 MG/ ML, 8 MG/ML (BRAND).	40
mitoxantrone.	28	MORPHINE INTRAVENOUS SYRINGE 10 MG/ ML, 8 MG/ML (BRAND).	40
modafinil.	47	morphine intravenous syringe 2 mg/ml, 4 mg/ml.	40
moderiba.	11	morphine oral capsule, er multiphase 24 hr.	40
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).	11	morphine oral capsule, extend. release pellets	40
moderiba dose pack oral tablets, dose pack 400 mg (7)- 400 mg (7).	11	morphine oral solution.	40
moderiba dose pack oral tablets, dose pack 600 mg (7)- 600 mg (7).	11	morphine oral tablet.	40
moderiba dose pack oral tablets, dose pack 600-600 mg (28)-mg (28).	11	morphine oral tablet extended release.	40
moexipril.	52	moxifloxacin in nacl (iso-osm).	20
moexipril-hydrochlorothiazide.	52	moxifloxacin ophthalmic (eye).	90
mometasone nasal.	95	moxifloxacin oral.	20
mometasone topical.	62	MOZOBIL.	78
mondoxylene nl.	22	MULTAQ.	49
mono-lynyah.	88	multi-vit with fluoride-iron.	102
monoject 0.9% sodium chloride.	65	multi-vitamin with fluoride oral drops.	102
monoject prefill advanced ns.	65	multivitamin with fluoride.	102
monoject prefill saline flush.	65	multivitamins with fluoride.	102
mononessa (28).	88	mupirocin.	61
MONOVISC.	42	mupirocin calcium.	61
montelukast.	95	MUSTARGEN.	28
morgidox.	22	mvc-fluoride.	102
morphine (pf) injection solution 0.5 mg/ml.	39	MYALEPT.	72
morphine (pf) injection solution 1 mg/ml.	39	MYCAMINE.	9
morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml.	39	mycophenolate mofetil hcl.	28
morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml.	40	mycophenolate mofetil oral capsule.	28
morphine concentrate oral solution.	40	mycophenolate mofetil oral suspension for reconstitution.	28
		mycophenolate mofetil oral tablet.	28

mycophenolate sodium oral tablet, delayed release (dr/ec).	28
MYLERAN.	28
MYLOTARG.	28
myorisan oral capsule 10 mg, 20 mg, 40 mg.	59
myorisan oral capsule 30 mg.	59
MYTESI.	73
myzilra.	88

N

nabumetone.	42
nadolol.	52
nadolol-bendroflumethiazide.	52
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml.	19
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml.	19
nafcillin injection recon soln 1 gram.	19
nafcillin injection recon soln 10 gram.	19
nafcillin injection recon soln 2 gram.	19
nafcillin intravenous recon soln 1 gram.	19
nafcillin intravenous recon soln 2 gram.	19
naftifine.	61
NAGLAZYME.	72
nalbuphine.	42
naloxone.	42
naltrexone.	42
naproxen oral suspension.	42
naproxen oral tablet.	42
naproxen oral tablet, delayed release (dr/ec).	42
naproxen sodium oral tablet 275 mg, 550 mg	42
naproxen sodium oral tablet, er multiphase 24 hr.	42
naratriptan.	35
NATACYN.	90
nateglinide.	70
NATPARA.	72
NEBUPENT.	18
nebusal inhalation solution for nebulization 3 %.	95
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (BRAND).	95
necon 0.5/35 (28).	88

necon 7/7/7 (28).	88
NEEDLES, INSULIN DISP., SAFETY.	70
nefazodone.	47
neo-polycin.	90
neo-polycin hc.	92
neomycin.	18
neomycin-bacitracin-poly-hc.	92
neomycin-bacitracin-polymyxin.	90
neomycin-polymyxin b gu.	63
neomycin-polymyxin b-dexameth.	92
neomycin-polymyxin-gramicidin.	90
neomycin-polymyxin-hc ophthalmic (eye).	92
neomycin-polymyxin-hc otic (ear).	67
neostigmine methylsulfate intravenous solution 0.5 mg/ml.	37
neostigmine methylsulfate intravenous solution 1 mg/ml.	37
NEPHRAMINE 5.4 %.	101
NERLYNX.	28
neuac.	59
NEULASTA.	78
NEUPOGEN INJECTION SOLUTION 300 MCG/ML.	78
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML.	79
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML.	79
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML.	79
NEUPRO.	34
nevirapine oral suspension.	11
nevirapine oral tablet.	11
nevirapine oral tablet extended release 24 hr	11
NEXAVAR.	28
niacin oral tablet extended release 24 hr.	56
nicardipine intravenous solution.	52
nicardipine oral.	52
NICOTROL.	66
NICOTROL NS.	66
nifedipine oral capsule.	52
nifedipine oral tablet extended release.	52
nifedipine oral tablet extended release 24hr.	52
nikki (28).	88

nilutamide.	28	nortrel 1/35 (28).	88
nimodipine.	52	nortrel 7/7/7 (28).	88
NINLARO.	28	nortriptyline.	47
nisoldipine oral tablet extended release 24 hr	52	NORVIR ORAL CAPSULE.	11
nitro-bid.	57	NORVIR ORAL POWDER IN PACKET.	11
nitrofurantoin.	22	NORVIR ORAL SOLUTION.	11
nitrofurantoin macrocrystal.	22	NOVAREL.	72
nitrofurantoin monohyd/m-cryst.	22	NOXAFIL INTRAVENOUS.	9
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).	57	NOXAFIL ORAL.	9
nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml).	57	np thyroid.	73
nitroglycerin intravenous.	57	NPLATE.	55
nitroglycerin oral capsule, extended release.	57	NUCALA.	95
nitroglycerin sublingual.	57	NUEDEXTA.	36
nitroglycerin transdermal patch 24 hour.	57	NULOJIX.	28
nitroglycerin translingual spray,non-aerosol.	57	NUPLAZID.	47
nizatidine.	77	nyamyc.	61
nolix topical cream.	62	nystatin oral suspension.	9
nolix topical lotion.	62	nystatin oral tablet.	9
nora-be.	85	nystatin topical.	61
norepinephrine bitartrate.	57	nystatin-triamcinolone.	61
noreth-ethinyl estradiol-iron.	88	nystop.	61
norethindrone (contraceptive).	85		
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg.	86	O	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg.	88	OCALIVA.	75
norethindrone acetate.	86	ocella.	88
norethindrone-e.estradiol-iron.	88	OCREVUS.	36
norgestimate-ethinyl estradiol.	88	octreotide acetate injection solution 1,000 mcg/ ml, 500 mcg/ml.	28
norlyda.	86	octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml.	28
norlyroc.	86	octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml).	28
normal saline flush.	65	octreotide acetate injection syringe 500 mcg/ml (1 ml).	28
NORMOSOL-M IN 5 % DEXTROSE.	101	ODEFSEY.	11
NORMOSOL-R.	98	ODOMZO.	28
NORMOSOL-R IN 5 % DEXTROSE.	98	OFEV.	95
NORMOSOL-R PH 7.4.	101	ofloxacin ophthalmic (eye).	90
NORTHERA.	65	ofloxacin oral tablet 300 mg.	20
nortrel 0.5/35 (28).	88	ofloxacin oral tablet 400 mg.	20
nortrel 1/35 (21).	88	ofloxacin otic (ear).	67
		ogestrel (28).	89
		okebo oral capsule 75 mg.	22

olanzapine intramuscular recon soln.	47	opium tincture.	73
olanzapine oral tablet.	47	OPSUMIT.	95
olanzapine oral tablet,disintegrating.	47	ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY.	82
olanzapine-fluoxetine.	47	oralone.	66
olmesartan.	52	ORBACTIV.	18
olmesartan-amlodipin-hcthiazid.	52	ORENCIA.	84
olmesartan-hydrochlorothiazide.	52	ORENCIA (WITH MALTOSE).	84
olopatadine nasal.	66	ORENCIA CLICKJECT.	84
olopatadine ophthalmic (eye).	91	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG.	52
omega-3 acid ethyl esters.	56	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG.	52
omeppi oral capsule 20-1.1 mg-gram.	77	ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG.	65
omeppi oral capsule 40-1.1 mg-gram.	77	ORFADIN ORAL CAPSULE 20 MG.	65
omeprazole oral capsule,delayed release(dr/ec) 10 mg.	77	ORFADIN ORAL SUSPENSION.	65
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg.	77	ORKAMBI ORAL GRANULES IN PACKET.	95
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram.	77	ORKAMBI ORAL TABLET.	95
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram.	77	orphenadrine citrate injection.	37
omeprazole-sodium bicarbonate oral packet 20-1,680 mg.	77	orphenadrine citrate oral tablet extended release.	37
omeprazole-sodium bicarbonate oral packet 40-1,680 mg.	77	orsythia.	89
OMNITROPE.	79	ORTHOVISC.	42
ONCASPAR.	28	oseltamivir oral capsule 30 mg.	11
ondansetron hcl (pf).	75	oseltamivir oral capsule 45 mg, 75 mg.	11
ondansetron hcl intravenous.	75	oseltamivir oral suspension for reconstitution	12
ondansetron hcl oral solution.	75	osmitrol 15 %.	52
ondansetron hcl oral tablet 24 mg.	75	osmitrol 20 %.	52
ondansetron hcl oral tablet 4 mg, 8 mg.	75	OSMOPREP.	75
ondansetron oral tablet,disintegrating.	75	OTEZLA.	84
ONETOUCH BLOOD GLUCOSE METERS.	70	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47).	84
ONETOUCH ULTRA BLUE TEST STRIP.	70	oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml.	19
ONETOUCH VERIO TEST STRIP.	70	oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml.	19
ONFI ORAL SUSPENSION.	32	oxacillin injection recon soln 1 gram.	20
ONFI ORAL TABLET 10 MG, 20 MG.	33	oxacillin injection recon soln 10 gram.	20
ONGLYZA.	70	oxacillin injection recon soln 2 gram.	20
ONIVYDE.	28	oxaliplatin intravenous recon soln 100 mg.	28
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML.	28	oxaliplatin intravenous recon soln 50 mg.	28
OPDIVO INTRAVENOUS SOLUTION 240 MG/24 ML.	28	oxaliplatin intravenous solution 100 mg/20 ml	28

oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)	28
oxandrolone oral tablet 10 mg.	72
oxandrolone oral tablet 2.5 mg.	72
oxaprozin.	42
oxazepam.	47
oxcarbazepine.	33
oxiconazole.	61
OXTELLAR XR.	33
oxybutynin chloride oral syrup.	96
oxybutynin chloride oral tablet.	96
oxybutynin chloride oral tablet extended release 24hr.	96
oxycodone oral capsule.	40
oxycodone oral concentrate.	40
oxycodone oral solution.	40
oxycodone oral tablet.	40
OXYCODONE ORAL TABLET,ORAL ONLY,EXT. REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG (BRAND).	40
OXYCODONE ORAL TABLET,ORAL ONLY,EXT. REL.12 HR 15 MG, 30 MG, 60 MG (BRAND).	40
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.	40
oxycodone-aspirin.	40
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT. REL.12 HR.	41
oxymorphone oral tablet.	41
oxymorphone oral tablet extended release 12 hr.	41
oxytocin injection solution.	89
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML).	70
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/0.75 ML (2 MG/1.5 ML).	70

P

pacerone oral tablet 100 mg, 200 mg, 400 mg.	49
paclitaxel.	28
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg.	47
paliperidone oral tablet extended release 24hr 9 mg.	47

palonosetron intravenous solution 0.25 mg/5 ml.	75
pamidronate intravenous recon soln.	72
pamidronate intravenous solution.	72
panlor(acetam-caff-dihydrocod).	41
PANRETIN.	58
pantoprazole intravenous.	77
pantoprazole oral tablet,delayed release (dr/ec) 20 mg.	77
pantoprazole oral tablet,delayed release (dr/ec) 40 mg.	77
paregoric.	73
PARICALCITOL HEMODIALYSIS PORT INJECTION.	72
paricalcitol intravenous.	72
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML (BRAND).	72
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (BRAND).	72
paricalcitol oral.	72
paroex oral rinse.	66
paromomycin.	18
paroxetine hcl oral tablet.	47
paroxetine hcl oral tablet extended release 24 hr.	47
paroxetine mesylate(menop.sym).	47
PARSABIV.	72
PASER.	18
PAXIL ORAL SUSPENSION.	47
PEDIARIX (PF).	82
PEDVAX HIB (PF).	82
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram.	75
peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram.	75
peg-electrolyte.	75
PEGANONE.	33
PEGASYS PROCLICK.	79
PEGASYS SUBCUTANEOUS SOLUTION.	79
PEGASYS SUBCUTANEOUS SYRINGE.	79
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML.	79
penicillin g potassium injection recon soln 20 million unit.	20

penicillin g potassium injection recon soln 5 million unit.	20	phrenilin forte(with caffeine).	41
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml.	20	pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %.	91
penicillin g procaine intramuscular syringe 600,000 unit/ml.	20	pilocarpine hcl oral.	65
penicillin g sodium.	20	pimozide.	47
penicillin v potassium.	20	pimtreea (28).	89
PENTACEL (PF).	82	pindolol.	52
PENTAM.	18	pioglitazone.	70
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG.	75	pioglitazone-glimepiride.	70
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG.	75	pioglitazone-metformin.	70
pentazocine-naloxone.	43	piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram.	20
pentobarbital sodium injection solution.	47	pirmella.	89
pentoxifylline oral tablet extended release.	55	piroxicam.	43
perindopril erbumine.	52	plasbumin 25 %.	97
periogard.	66	plasbumin 5 %.	97
PERJETA.	28	plasmanate.	102
permethrin topical cream.	63	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML.	79
perphenazine.	47	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML.	79
perphenazine-amitriptyline.	47	PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML.	79
PERSERIS.	47	PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML.	79
pfizerpen-g.	20	plenamine.	102
phenadoz.	93	PNEUMOVAX 23.	82
phenelzine.	47	podofilox.	58
phenergan rectal.	93	polocaine injection solution 1 % (10 mg/ml).	60
phenobarbital.	33	polocaine-mpf.	60
phenobarbital sodium injection solution 130 mg/ml.	33	polycin.	90
phenobarbital sodium injection solution 65 mg/ml.	33	polyethylene glycol 3350.	75
phenoxybenzamine.	52	polymyxin b sulf-trimethoprim.	90
phentolamine injection recon soln.	52	polymyxin b sulfate.	18
phenytoin oral suspension 100 mg/4 ml.	33	POMALYST.	28
phenytoin oral suspension 125 mg/5 ml.	33	portia.	89
phenytoin oral tablet, chewable.	33	PORTRAZZA.	28
phenytoin sodium extended.	33	potassium acetate intravenous solution 2 meq/ml.	98
phenytoin sodium intravenous solution.	33	potassium bicarb and chloride.	98
phenytoin sodium intravenous syringe.	33	potassium bicarb-citric acid.	98
philith.	89		
PHOSPHOLINE IODIDE.	90		

potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l.	98
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l.	99
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l.	99
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l.	99
potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l.	99
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l.	99
potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l.	99
potassium chloride in water intravenous piggyback 10 meq/100 ml.	99
potassium chloride in water intravenous piggyback 10 meq/50 ml.	99
potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml.	99
potassium chloride in water intravenous piggyback 20 meq/50 ml, 30 meq/100 ml.	99
potassium chloride intravenous solution.	99
potassium chloride oral capsule, extended release.	99
potassium chloride oral liquid.	99
potassium chloride oral packet.	99
potassium chloride oral tablet extended release.	99
potassium chloride oral tablet,er particles/crystals.	99
potassium chloride-0.45 % nacl.	99
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l.	99
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l.	99
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l.	99
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l.	100
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l.	100
potassium citrate oral tablet extended release.	97
potassium phosphate m-/d-basic.	100

PRADAXA.	55
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML.	56
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML.	56
pramipexole oral tablet.	34
pramipexole oral tablet extended release 24 hr.	34
prasugrel.	55
pravastatin.	56
PRAXBIND.	55
praziquantel.	18
prazosin.	52
PRED MILD.	92
prednicarbate.	62
prednisolone acetate.	92
prednisolone oral solution 15 mg/5 ml.	68
prednisolone sodium phosphate ophthalmic (eye).	92
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).	68
prednisolone sodium phosphate oral tablet,disintegrating.	68
prednisone intensol.	68
prednisone oral solution.	68
prednisone oral tablet.	68
prednisone oral tablets,dose pack.	68
PREMARIN INJECTION.	86
premasol 10 %.	102
PREMASOL 6 %.	102
prenatal vitamin oral tablet.	102
prevalite.	56
previfem.	89
PREVNAR 13 (PF).	82
PREVYMIS INTRAVENOUS.	12
PREVYMIS ORAL.	12
PREZCOBIX.	12
PREZISTA ORAL SUSPENSION.	12
PREZISTA ORAL TABLET 150 MG, 75 MG.	12
PREZISTA ORAL TABLET 600 MG, 800 MG	12
PRIFTIN.	18

PRIMAQUINE.	18	promethegan.	93
primidone.	33	propafenone oral capsule,extended release 12 hr.	49
PROAIR HFA.	95	propafenone oral tablet.	49
PROAIR RESPICLICK.	95	propantheline.	73
probenecid.	83	propranolol intravenous.	52
probenecid-colchicine.	83	propranolol oral capsule,extended release 24 hr.	52
procainamide injection solution 100 mg/ml.	49	propranolol oral solution.	52
procainamide injection solution 500 mg/ml.	49	propranolol oral tablet.	52
PROCALAMINE 3%.	102	propranolol-hydrochlorothiazid.	52
procentra.	47	propylthiouracil.	68
prochlorperazine.	76	PROQUAD (PF).	82
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml).	76	PROSOL 20 %.	102
prochlorperazine maleate oral.	76	protamine.	55
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML.	79	protriptyline.	47
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML.	79	prudoxin.	58
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML.	79	pulmosal.	95
procto-med hc.	76	PULMOZYME.	95
procto-pak.	76	PURIXAN.	29
proctosol hc topical.	76	pyrazinamide.	18
proctozone-hc.	76	pyridostigmine bromide oral tablet.	37
PROCYSBI.	97	pyridostigmine bromide oral tablet extended release.	37
profeno.	43	Q	
progesterone.	86	QUADRACEL (PF).	82
progesterone in oil.	86	quasense.	89
progesterone micronized.	86	QUDEXY XR.	33
PROGLYCEM.	70	quetiapine oral tablet.	47
PROGRAF INTRAVENOUS.	29	quetiapine oral tablet extended release 24 hr	47
PROLASTIN-C INTRAVENOUS RECON SOLN.	65	quinapril.	52
PROLASTIN-C INTRAVENOUS SOLUTION	65	quinapril-hydrochlorothiazide.	52
PROLEUKIN.	79	quinidine gluconate injection.	49
PROLIA.	83	quinidine gluconate oral tablet extended release.	49
PROMACTA.	55	quinidine sulfate oral tablet.	49
promethazine injection solution.	93	quinine sulfate.	18
promethazine oral.	93	R	
promethazine rectal suppository 12.5 mg, 25 mg.	93	RABAVERT (PF).	82
promethazine rectal suppository 50 mg.	93	rabeprazole oral tablet,delayed release (dr/ec).	77

RADICAVA.	36	REPATHA.	56
RAGWITEK.	82	REPATHA PUSHTRONEX.	56
rajani.	89	REPATHA SURECLICK.	56
raloxifene.	83	RESCRIPTOR.	12
ramipril.	52	RESTASIS.	91
RANEXA.	57	RESTASIS MULTIDOSE.	91
ranitidine hcl injection solution 25 mg/ml. ...	78	RETROVIR INTRAVENOUS.	12
ranitidine hcl injection solution 50 mg/2 ml (25 mg/ml).	78	REVATIO ORAL SUSPENSION FOR RECONSTITUTION.	95
ranitidine hcl oral capsule.	78	REVLIMID.	29
ranitidine hcl oral syrup.	78	revonto.	37
ranitidine hcl oral tablet 150 mg, 300 mg. ...	78	REXULTI.	47
RAPAMUNE ORAL SOLUTION.	29	REYATAZ ORAL POWDER IN PACKET. ...	12
rasagiline.	34	ribasphere oral capsule.	12
RAVICTI.	65	ribasphere oral tablet 200 mg, 400 mg.	12
RAYOS.	68	ribasphere oral tablet 600 mg.	12
REBIF (WITH ALBUMIN).	79	ribasphere ribapak oral tablets,dose pack 200 mg (28)- 400 mg (28).	12
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML.	79	ribasphere ribapak oral tablets,dose pack 200 mg (7)- 400 mg (7).	12
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6).	79	ribasphere ribapak oral tablets,dose pack 400 mg (7)- 400 mg (7), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7).	12
REBIF TITRATION PACK.	79	ribasphere ribapak oral tablets,dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28).	12
reclipsen (28).	89	ribavirin oral capsule.	12
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION.	82	ribavirin oral tablet 200 mg.	12
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML.	82	RIDAURA.	84
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML.	82	rifabutin.	18
RECTIV.	76	rifampin intravenous.	18
regonol.	37	rifampin oral.	18
REGRANEX.	58	RIFATER.	18
RELENZA DISKHALER.	12	riluzole.	65
RELISTOR ORAL.	76	rimantadine.	12
RELISTOR SUBCUTANEOUS SOLUTION. ..	76	ringer's intravenous.	100
RELISTOR SUBCUTANEOUS SYRINGE. ...	76	ringer's irrigation.	63
REMICADE.	76	risedronate oral tablet 150 mg.	83
REMODULIN.	52	risedronate oral tablet 30 mg.	65
RENFLEXIS.	76	risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack).	83
repaglinide.	70	risedronate oral tablet 5 mg.	83
repaglinide-metformin.	70	risedronate oral tablet,delayed release (dr/ec).	83

RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML.	47	selenium sulfide topical lotion.	58
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML.	47	SELZENTRY.	12
risperidone oral solution.	48	SENSIPAR ORAL TABLET 30 MG.	72
risperidone oral tablet.	48	SENSIPAR ORAL TABLET 60 MG, 90 MG.	72
risperidone oral tablet,disintegrating.	48	sensorcaine injection solution 0.5 % (5 mg/ml).	61
ritonavir.	12	sensorcaine-mpf injection solution 0.5 % (5 mg/ml).	61
RITUXAN.	29	sensorcaine/epinephrine.	61
RITUXAN HYCELA.	29	SEREVENT DISKUS.	95
rivastigmine tartrate.	36	SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG.	79
rivastigmine transdermal.	36	sertraline oral concentrate.	48
rivelsa.	89	sertraline oral tablet.	48
rizatriptan oral tablet.	35	setlakin.	89
rizatriptan oral tablet,disintegrating.	35	sevelamer carbonate oral powder in packet.	65
ROMIDEPSIN.	29	sevelamer carbonate oral tablet.	65
ropinirole oral tablet.	34	sf.	66
ropinirole oral tablet extended release 24 hr.	34	sf 5000 plus.	66
ropivacaine (pf) injection solution.	61	sharobel.	86
rosadan topical cream.	59	SHINGRIX (PF).	82
rosadan topical gel.	59	SIGNIFOR.	29
rosuvastatin.	56	SIGNIFOR LAR.	29
ROTARIX.	82	sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml.	95
ROTATEQ VACCINE.	82	sildenafil (pulmonary arterial hypertension) oral tablet 20 mg.	95
roweepra.	33	silver sulfadiazine.	58
roweepra xr.	33	SIMPONI ARIA.	84
RUBRACA.	29	SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML.	84
RUCONEST.	95	SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML.	84
RYDAPT.	29	SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML.	84
S		SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML.	85
SABRIL ORAL TABLET.	33	SIMULECT INTRAVENOUS RECON SOLN 10 MG.	29
salsalate.	43	SIMULECT INTRAVENOUS RECON SOLN 20 MG.	29
SAMSCA.	72	simvastatin.	56
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON.	29	sirolimus oral tablet 0.5 mg, 1 mg.	29
SANTYL.	63	sirolimus oral tablet 2 mg.	29
SAPHRIS (BLACK CHERRY).	48		
SAPHRIS SUBLINGUAL TABLET 2.5 MG.	48		
scopolamine base.	76		
seconal sodium.	48		
selegiline hcl.	34		

SIRTURO.	18	sorine oral tablet 240 mg.	49
SIVEXTRO INTRAVENOUS.	18	sotalol af.	49
SIVEXTRO ORAL.	18	sotalol oral.	49
SMOFLIPID.	102	SOVALDI.	12
sodium acetate.	100	SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION.	95
sodium benzoate-sod phenylacet.	65	SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (28 ACTUAT).	95
sodium bicarbonate intravenous solution.	100	SPIRIVA WITH HANDIHALER.	95
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml).	100	spironolacton-hydrochlorothiaz.	52
sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml).	100	spironolactone.	52
sodium chlor 0.9% bacteriostat.	65	sprintec (28).	89
sodium chloride 0.45 % intravenous parenteral solution.	100	SPRITAM.	33
sodium chloride 0.45 % intravenous piggyback.	100	SPRYCEL.	29
sodium chloride 0.9 % injection solution.	65	sps (with sorbitol) oral.	65
sodium chloride 0.9 % injection syringe.	65	sps (with sorbitol) rectal.	65
sodium chloride 0.9 % intravenous parenteral solution.	65	sronyx.	89
sodium chloride 0.9 % intravenous piggyback	65	ssd.	58
sodium chloride 3 %.	100	STAMARIL (PF).	82
sodium chloride 5 %.	100	stavudine oral capsule.	12
sodium chloride inhalation.	95	STELARA INTRAVENOUS.	58
sodium chloride intravenous parenteral solution 2.5 meq/ml.	100	STELARA SUBCUTANEOUS.	58
sodium chloride intravenous parenteral solution 4 meq/ml.	100	STIMATE.	72
sodium chloride irrigation.	65	STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION.	95
sodium lactate intravenous.	100	STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (28 ACTUAT).	95
sodium nitroprusside.	57	STIVARGA.	29
sodium phenylbutyrate.	65	STRENSIQ.	72
sodium phosphate.	100	STREPTOMYCIN.	18
sodium polystyrene (sorb free).	65	STRIBILD.	12
sodium polystyrene sulfonate oral.	65	STRIVERDI RESPIMAT.	95
sodium polystyrene sulfonate rectal enema 30 gram/120 ml.	65	SUBOXONE.	43
soloxide.	22	subvenite.	33
SOLTAMOX.	29	subvenite starter (blue) kit.	33
SOMATULINE DEPOT.	29	subvenite starter (green) kit.	33
SOMAVERT.	72	subvenite starter (orange) kit.	33
SORBITOL IRRIGATION.	63	succinylcholine chloride injection.	37
sorine oral tablet 120 mg, 160 mg, 80 mg.	49	SUCRAID.	76
		sucrafate oral tablet.	78
		sulfacetamide sodium (acne).	61
		sulfacetamide sodium ophthalmic (eye) drops.	92

sulfacetamide sodium ophthalmic (eye) ointment.	92	SYNRIBO.	29
sulfacetamide-prednisolone.	92	SYNVISC.	43
sulfadiazine.	21	SYNVISC-ONE.	43
sulfamethoxazole-trimethoprim intravenous.	21	syrex sodium chloride 0.9 %.	65
sulfamethoxazole-trimethoprim oral.	21	T	
SULFAMYLON TOPICAL CREAM.	61	TABLOID.	29
sulfasalazine oral tablet.	76	tacrolimus oral.	29
sulfasalazine oral tablet, delayed release (dr/ec).	76	tacrolimus topical.	58
sulfatrim.	21	tadalafil (antihypertensive).	95
sulindac.	43	TAFINLAR.	29
sumatriptan nasal spray, non-aerosol 20 mg/actuation.	35	TAGRISSO.	29
sumatriptan nasal spray, non-aerosol 5 mg/actuation.	35	tamoxifen.	29
sumatriptan succinate oral.	35	tamsulosin oral capsule, extended release 24hr.	97
sumatriptan succinate subcutaneous cartridge.	35	TARCEVA.	29
sumatriptan succinate subcutaneous pen injector.	35	TARGRETIN 1% GEL.	29
sumatriptan succinate subcutaneous solution	35	tarina fe 1/20 (28).	89
sumatriptan-naproxen.	35	TASIGNA.	29
SUPARTZ FX.	43	tazarotene.	59
SUPRAX ORAL CAPSULE.	15	TAZORAC TOPICAL CREAM 0.05 %.	59
SUPRAX ORAL TABLET, CHEWABLE.	15	TAZORAC TOPICAL GEL.	59
SUTENT.	29	taztia xt oral capsule, extended release.	52
syeda.	89	TECENTRIQ.	29
SYLATRON.	79	TECFIDERA.	36
SYLVANT.	29	TECHNIVIE.	12
SYMBICORT.	95	TEFLARO.	15
SYMDEKO.	95	TEKTURNA.	52
SYMFI.	12	TEKTURNA HCT.	52
SYMFI LO.	12	telmisartan.	53
SYMLINPEN 120.	70	telmisartan-amlodipine.	53
SYMLINPEN 60.	70	telmisartan-hydrochlorothiazid.	53
SYMTUZA.	12	temazepam.	48
SYNAGIS.	12	TEMODAR INTRAVENOUS.	29
SYNAREL.	72	TEMODAR ORAL.	29
SYNDROS.	76	temozolomide.	29
SYNERCID.	18	temsirolimus.	29
SYNJARDY.	70	tencon oral tablet 50-325 mg.	41
SYNJARDY XR.	70	TENIVAC (PF).	82
		tenofovir disoproxil fumarate.	12
		terazosin.	53
		terbinafine hcl oral.	9

terbutaline.	95	tinidazole.	18
terconazole.	86	tis-u-sol pentalyte.	63
testosterone cypionate.	72	TIVICAY ORAL TABLET 10 MG.	12
testosterone enanthate.	72	TIVICAY ORAL TABLET 25 MG, 50 MG.	12
testosterone transdermal gel (generic).	72	tizanidine.	37
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (AndroGel generic).	72	TOBI PODHALER INHALATION CAPSULE.	18
testosterone transdermal gel in packet (AndroGel generic).	72	TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE.	18
testosterone transdermal solution in metered pump w/app (Axiron generic).	72	tobramycin.	90
TETANUS,DIPHThERIA TOX PED(PF).	82	tobramycin in 0.225 % nacl.	18
TETANUS-DIPHThERIA TOXOIDS-TD.	82	tobramycin sulfate injection recon soln.	18
tetrabenazine.	36	tobramycin sulfate injection solution.	18
tetracycline.	22	tobramycin-dexamethasone.	92
THALOMID.	29	tolazamide.	71
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.	96	tolbutamide.	71
theophylline oral elixir.	96	tolcapone.	34
theophylline oral solution.	96	tolmetin.	43
theophylline oral tablet extended release 12 hr.	96	tolterodine oral capsule,extended release 24hr.	96
theophylline oral tablet extended release 24 hr.	96	tolterodine oral tablet.	96
THIOLA.	65	topiramate oral capsule, sprinkle.	33
thioridazine.	48	topiramate oral tablet.	33
thiotepa.	29	toposar.	29
thiothixene.	48	topotecan intravenous recon soln.	29
thyroid (pork) oral tablet 30 mg, 60 mg.	73	topotecan intravenous solution.	29
thyroid (pork) oral tablet 90 mg.	73	TORISEL.	29
tiagabine.	33	torseamide oral.	53
TIBSOVO.	29	TOUJEO MAX U-300 SOLOSTAR.	71
TICE BCG.	82	TOUJEO SOLOSTAR U-300 INSULIN.	71
tigecycline.	18	TRACLEER.	96
tilia fe.	89	tramadol oral tablet.	43
timolol maleate ophthalmic (eye) drops.	90	tramadol oral tablet extended release 24 hr.	43
timolol maleate ophthalmic (eye) drops, once daily.	90	tramadol oral tablet, er multiphase 24 hr.	43
timolol maleate ophthalmic (eye) gel forming solution.	90	tramadol-acetaminophen.	43
timolol maleate oral.	53	trandolapril.	53
		trandolapril-verapamil oral tablet, ir - er, biphasic 24hr.	53
		tranexamic acid intravenous.	55
		tranexamic acid oral.	86
		tranylcypromine.	48
		travasol 10 %.	102
		TRAVATAN Z.	91

trazodone.	48	trinessa lo.	89
TREANDA INTRAVENOUS RECON SOLN.	29	TRINTELLIX.	48
TRECATOR.	18	TRISENOX INTRAVENOUS SOLUTION 2 MG/ML.	30
TRELSTAR.	29	TRIUMEQ.	12
tretinoin (chemotherapy).	30	trivora (28).	89
tretinoin microspheres.	59	TROGARZO.	13
tretinoin topical.	59	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG.	33
tri femynor.	89	TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG.	33
tri-estarylla.	89	TROPHAMINE 10 %.	102
tri-legest fe.	89	TROPHAMINE 6%.	102
tri-linyah.	89	trospium oral capsule,extended release 24hr	96
tri-lo-estarylla.	89	trospium oral tablet.	96
tri-lo-marzia.	89	TRULICITY.	71
tri-lo-sprintec.	89	TRUMENBA.	82
tri-mili.	89	TRUVADA.	13
tri-previfem (28).	89	tulana.	86
tri-sprintec (28).	89	TWINRIX (PF) INTRAMUSCULAR SYRINGE.	82
tri-vitamin with fluoride.	102	TYBOST.	13
tri-vite with fluoride.	102	tydemy.	89
tri-vylibra.	89	TYGACIL.	18
triamcinolone acetonide dental.	66	TYKERB.	30
triamcinolone acetonide injection.	68	TYMLOS.	83
triamcinolone acetonide topical aerosol.	62	TYPHIM VI INTRAMUSCULAR SOLUTION.	82
triamcinolone acetonide topical cream.	62	TYPHIM VI INTRAMUSCULAR SYRINGE.	82
triamcinolone acetonide topical lotion.	62	TYSABRI.	36
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %.	62	TYVASO.	96
triamterene-hydrochlorothiazid.	53	TYVASO INSTITUTIONAL START KIT.	96
trianex.	62	TYVASO REFILL KIT.	96
triazolam.	48	TYVASO STARTER KIT.	96
triderm topical cream.	62		
trientine.	65	U	
trifluoperazine.	48	UCERIS ORAL.	76
trifluridine.	90	UCERIS RECTAL.	76
trihexyphenidyl oral elixir.	34	ULORIC.	83
trihexyphenidyl oral tablet.	34	unithroid.	73
triklo.	56	UNITUXIN.	30
trilyte with flavor packets.	76	UPTRAVI.	53
trimethobenzamide oral.	76	ursodiol.	76
trimethoprim.	22	UVADEX.	58
trimipramine.	48		
trinessa (28).	89		

V

valacyclovir.	13	VELTASSA.	65
VALCHLOR.	58	VEMLIDY.	13
valganciclovir oral recon soln.	13	VENCLEXTA ORAL TABLET 10 MG, 50 MG	30
valganciclovir oral tablet.	13	VENCLEXTA ORAL TABLET 100 MG.	30
valproate sodium.	33	VENCLEXTA STARTING PACK.	30
valproic acid.	33	venlafaxine oral capsule, extended release	
valproic acid (as sodium salt) oral solution 250		24hr.	48
mg/5 ml.	33	venlafaxine oral tablet.	48
valproic acid (as sodium salt) oral solution 250		venlafaxine oral tablet extended release 24hr	
mg/5 ml (5 ml), 500 mg/10 ml (10 ml).	33	150 mg, 37.5 mg, 75 mg.	48
valsartan.	53	VENLAFAXINE ORAL TABLET EXTENDED	
valsartan-hydrochlorothiazide.	53	RELEASE 24HR 225 MG (BRAND).	48
VALSTAR.	30	VENTAVIS.	96
VANCOMYCIN IN D5W INTRAVENOUS		verapamil intravenous solution.	53
PIGGYBACK 1 GRAM/200 ML (BRAND).	22	verapamil intravenous syringe.	53
VANCOMYCIN IN D5W INTRAVENOUS		verapamil oral capsule, 24 hr er pellet ct.	53
PIGGYBACK 500 MG/100 ML, 750 MG/150		verapamil oral capsule, ext rel. pellets 24 hr.	53
ML (BRAND).	22	verapamil oral tablet.	53
VANCOMYCIN IN DEXTROSE ISO-OSM		verapamil oral tablet extended release.	53
(BRAND).	22	veripred 20.	68
VANCOMYCIN INJECTION (BRAND).	22	VERSACLOZ.	48
vancomycin intravenous recon soln 1,000 mg,		VERZENIO.	30
10 gram, 500 mg.	22	vestura (28).	89
VANCOMYCIN INTRAVENOUS RECON SOLN		VGO.	71
250 MG (BRAND).	22	VIBATIV INTRAVENOUS RECON SOLN 750	
vancomycin intravenous recon soln 5 gram, 750		MG.	22
mg.	22	vicodin.	41
vancomycin oral capsule.	22	vicodin es.	41
vandazole.	86	vicodin hp.	41
VANTAS.	30	VIDEX 2 GRAM PEDIATRIC.	13
VAQTA (PF).	82	VIDEX 4 GRAM PEDIATRIC.	13
VARIVAX (PF).	82	VIDEX EC ORAL CAPSULE, DELAYED	
VARIZIG INTRAMUSCULAR SOLUTION.	82	RELEASE(DR/EC) 125 MG.	13
VARUBI ORAL.	76	VIEKIRA PAK.	13
VECAMYL.	57	VIEKIRA XR.	13
VECTIBIX INTRAVENOUS SOLUTION 100		vienna.	89
MG/5 ML (20 MG/ML).	30	vigabatrin.	33
VECTIBIX INTRAVENOUS SOLUTION 400		vigadrone.	33
MG/20 ML (20 MG/ML).	30	VIIBRYD ORAL TABLET.	48
VELCADE.	30	VIIBRYD ORAL TABLETS, DOSE PACK 10 MG	
veletri.	53	(7)- 20 MG (23).	48
velivet triphasic regimen (28).	89	VIMIZIM.	73
		VIMPAT INTRAVENOUS.	33

VIMPAT ORAL SOLUTION.	33
VIMPAT ORAL TABLET.	34
vinblastine intravenous solution.	30
vincasar pfs intravenous solution 1 mg/ml. . .	30
vincasar pfs intravenous solution 2 mg/2 ml. .	30
vincristine intravenous solution 1 mg/ml. . .	30
vincristine intravenous solution 2 mg/2 ml. . .	30
vinorelbine intravenous solution 10 mg/ml. . .	30
vinorelbine intravenous solution 50 mg/5 ml. .	30
viorele (28).	89
VIRACEPT ORAL TABLET.	13
VIRAMUNE ORAL SUSPENSION.	13
VIREAD ORAL POWDER.	13
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.	13
VISCO-3.	43
VISTOGARD.	23
vitamins a,c,d and fluoride.	102
voriconazole intravenous.	9
voriconazole oral.	9
VOSEVI.	13
VOTRIENT.	30
VRAYLAR ORAL CAPSULE.	48
VRAYLAR ORAL CAPSULE,DOSE PACK.	48
vyfemla (28).	89
vylibra.	89
VYXEOS.	30

W

warfarin.	55
water for inject, bacteriostat.	65
water for irrigation, sterile.	65
wera (28).	89
wymzya fe.	89

X

XALKORI.	30
XATMEP.	30
XELODA.	30
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT.	82
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT.	82

XERMELO.	30
XGEVA.	23
XIFAXAN ORAL TABLET 550 MG.	18
XIGDUO XR.	71
XOLAIR.	96
XTANDI.	30
xulane.	86
XURIDEN.	65
xylocaine dental-epinephrine.	61
xylon 10.	41
XYREM.	48

Y

YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML).	30
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML).	30
YF-VAX (PF).	82
YONDELIS.	30
YONSA.	30
yuvafem.	86

Z

zafirlukast.	96
zaleplon.	48
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML).	30
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ML).	31
ZANOSAR.	31
zarah.	89
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML.	80
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML.	80
ZAVESCA.	73
zebutal oral capsule 50-325-40 mg.	41
ZEJULA.	31
ZELAPAR.	34
ZELBORAF.	31
zenatane.	59
zenchent (28).	89

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, 3,000-10,000 -14,000-UNIT, 3,000-10,000- 16,000 UNIT.	76
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 25,000-79,000- 105,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT.	76
zenzedi oral tablet 10 mg, 5 mg.	48
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (BRAND).	48
ZEPATIER.	13
ZERBAXA.	15
ZERIT ORAL RECON SOLN.	13
zidovudine.	13
zileuton oral tablet,extended release 12hr mphase.	96
ZINPLAVA.	82
ziprasidone hcl.	48
ZIRGAN.	90
ZOLADEX.	31
zoledronic acid intravenous solution.	73
zoledronic acid-mannitol-water.	66
ZOLINZA.	31
zolmitriptan oral tablet 2.5 mg.	35
zolmitriptan oral tablet 5 mg.	35
zolmitriptan oral tablet,disintegrating 2.5 mg.	35
zolmitriptan oral tablet,disintegrating 5 mg.	35
zolpidem oral tablet.	48
zolpidem oral tablet,ext release multiphase.	48
zolpidem sublingual.	48
ZOMETA INTRAVENOUS PIGGYBACK.	73
ZOMIG NASAL.	35
zonisamide.	34
ZORBTIVE.	80
ZORTRESS.	31
ZOSTAVAX (PF).	82
zovia 1/35e (28).	89
ZOVIRAX TOPICAL CREAM.	61
ZURAMPIC.	83
ZYDELIG.	31
ZYKADIA.	31

ZYPREXA RELPREVV.	48
ZYTIGA.	31

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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: ព្រះវិហារ ព័រិនាចារ្យភូមិភាគកណ្តាល, ព្រះវិហារព្រះរាជវាំង ខេត្តសៀមរាប
ព័រិនាចារ្យភូមិភាគកណ្តាល 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).

Korean/한국어: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-200-4255 (TTY: 711) 번으로 전화해 주십시오.

Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή 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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The Formulary may change at any time. You will receive notice when necessary.

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