

Blue Medicare Access Value (Regional PPO)

2012 Formulary (List of Covered Drugs)

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

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.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

A health plan with a Medicare contract.

This plan is an RPPO with a Medicare contract. Anthem Insurance Companies, Inc. (AICI) is the legal entity that has contracted with the Centers for Medicare and Medicaid Services (CMS) to offer the Medicare Advantage Regional PPO plan(s) (MAPD-RPPO) noted above or herein. AICI is the risk-bearing entity licensed under applicable state law to offer the MAPD-RPPO plan(s) noted. AICI has retained the services of its related companies and the authorized agents/brokers/producers to provide administrative services and/or to make the MAPD-RPPO plan(s) available in this region. Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

This information is available for free in other languages. Please contact our Customer Service number at 1-800-467-1199 for additional information.

Call Customer Service at **1-800-467-1199**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-888-853-7754** for an alternate format or language.

What is the Blue Medicare Access Value (Regional PPO) formulary?

A formulary is a list of covered drugs selected by Blue Medicare Access Value (Regional PPO) 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. Blue Medicare Access Value (Regional PPO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Medicare Access Value (Regional PPO) 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 change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 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 January 1, 2012. To get updated information about the drugs covered by Blue Medicare Access Value (Regional PPO), please visit our website at www.anthem.com/medicare or call Customer Service at **1-800-467-1199**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-888-853-7754**.

If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Medications." If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 50. 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?

Blue Medicare Access Value (Regional PPO) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Medicare Access Value (Regional PPO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Medicare Access Value (Regional PPO) before you fill your prescriptions. If you don't get approval, Blue Medicare Access Value (Regional PPO) may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Medicare Access Value (Regional PPO) limits the amount of the drug that Blue Medicare Access Value (Regional PPO) will cover. For example, Blue Medicare Access Value (Regional PPO) provides 30 tablets per prescription for LEXAPRO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Medicare Access Value (Regional PPO) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Medicare Access Value (Regional PPO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Medicare Access Value (Regional PPO) 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.anthem.com/medicare.

You can ask Blue Medicare Access Value (Regional PPO) to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Blue Medicare Access Value (Regional PPO)'s formulary?" on page iii 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, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Blue Medicare Access Value (Regional PPO) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Blue Medicare Access Value (Regional PPO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Blue Medicare Access Value (Regional PPO).
- You can ask Blue Medicare Access Value (Regional PPO) 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 Blue Medicare Access Value (Regional PPO)'s formulary?

You can ask Blue Medicare Access Value (Regional PPO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue Medicare Access Value (Regional PPO) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our injectable or non-preferred brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand tier instead. This would

lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty drug tier.

Generally, Blue Medicare Access Value (Regional PPO) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower tiered 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 are requesting a formulary, tiering or utilization restriction exception, you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician'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 your prescriber's or prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term-care facility, we will allow you to refill your prescription until we have provided you with a 91-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 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

For more information

For more detailed information about your Blue Medicare Access Value (Regional PPO) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue Medicare Access Value (Regional PPO), please call Customer Service at **1-800-467-1199**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-888-853-7754**. Or visit **www.anthem.com/medicare**.

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/TDD users should call **1-877-486-2048**. Or, visit **www.medicare.gov**.

Blue Medicare Access Value (Regional PPO)'s formulary

The formulary on page 1 provides coverage information about some of the drugs covered by Blue Medicare Access Value (Regional PPO). If you have trouble finding your drug in the list, turn to the Index that begins on page 50.

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

The information in the Requirements/Limits column tells you if Blue Medicare Access Value (Regional PPO) has any special requirements for coverage of your drug.

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

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

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

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-800-467-1199**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-888-853-7754**.

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

E – Enhanced: This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.

FF – Free First Fill: This prescription drug will be provided at zero cost sharing the first time you fill it. Starting January 1, 2012, we are offering a Free First Fill program. This program is included to all members as part of your enrollment in our plan. Under this program, when your provider prescribes you any covered osteoporosis drug, you will not pay any cost sharing for your first fill of that drug from any network pharmacy, regardless of which drug payment stage you are in (including if you are still in the deductible stage, if you have one). When you fill your free prescription, the amount of what your cost sharing would have been will apply to your out-of-pocket costs, including the initial coverage limit.

You can only benefit from the Free First Fill program once. For example, the benefit is not provided once per year. Also, if you have already benefitted from the program, you pay your normal cost-sharing amount for the fill of any additional osteoporosis drugs you are prescribed.

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

Cost-sharing amounts during the Initial Coverage Stage

	Network Retail Pharmacy (up to a 30-day supply) Out-of-Network Pharmacy* (up to a 30-day supply) Long-Term-Care Pharmacy (up to a 34-day supply)	Network Retail Pharmacy (up to a 90-day supply) <i>Note: not applicable to Specialty Tier Drugs</i>	Mail-Order Pharmacy (up to a 90-day supply; Specialty Tier Drugs is up to a 30-day supply)**
Tier 1 Generic Drugs	\$7.00	\$21.00	\$10.50
Tier 2 Preferred Brand Drugs	\$43.00	\$129.00	\$107.50
Tier 3 Non-Preferred Brand Drugs	\$85.00	\$255.00	\$212.50
Tier 4 Injectable Drugs	33%	33%	33%
Tier 5 Specialty Tier Drugs	33%	N/A	N/A
Tier 6 Supplemental Drugs	\$7.00	\$21.00	\$10.50

* Generally, we only cover drugs filled at out-of-network pharmacies in limited, nonroutine circumstances, when a network pharmacy is not available. If your cost sharing is a set copayment amount rather than a coinsurance (a percentage of the costs), in addition to your copayment at an out-of-network pharmacy, you pay the difference between the actual charge and what we would have paid at a network pharmacy. So, amounts you pay may vary at out-of-network pharmacies.

** EXCEPTION for Specialty Drugs: Mail-order and retail pharmacies will dispense up to a 30-day supply – or up to a 34-day supply if requested by a long-term-care facility.

Blue Medicare Access Value (Regional PPO) provides generic gap coverage and a discount on brand-name drugs, as mandated by Medicare. Tier 6 copays will remain the same through the coverage gap. Please refer to our *Evidence of Coverage* for more information about gap coverage.

Covered Medications by Therapeutic Category

Legend

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

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

QLL = Drugs with Quantity Limits

PAR = Drugs with Prior Authorization

ST = Drugs requiring Step Therapy

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

LA = This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-800-467-1199**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-888-853-7754**.

INJ = This drug is available in injectable form.

E = This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

FF = This prescription drug will be provided at zero cost-sharing the first time you fill it. Starting January 1, 2012, we are offering a Free First Fill program. This program is included to all members as part of your enrollment in our plan. Under this program, when your provider prescribes you any covered osteoporosis drug, you will not pay any cost-sharing for your first fill of that drug from any network pharmacy, regardless of which drug payment stage you are in (including if you are still in the deductible stage, if you have one). When you fill your free prescription, the amount of what your cost sharing would have been will apply to your out-of-pocket costs, including the initial coverage limit.

You can only benefit from the Free First Fill program once. For example, the benefit is not provided once per year. Also, if you have already benefitted from the program, you pay your normal cost-sharing amount for the fill of any additional osteoporosis drugs you are prescribed.

MO = Prescription drugs available through Mail Order.

Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS		
EMLA	3	MO
<i>lidocaine hcl 0.5% vial, -1% ampul, -1% syringe, -1% vial, -1.5% ampul, -2% abboject, -2% ampul, -2% luer-jet, -2% syringe, -4% ampul, -1% abboject, -2% vial</i> INJ	4	MO
<i>lidocaine hcl jel, -ointment, -solution non-oral</i>	1	MO
<i>lidocaine hcl viscous</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine</i>	1	MO
LIDODERM	2	MO
XYLOCAINE INJECTION INJ	4	MO
XYLOCAINE IV INJ	4	MO
XYLOCAINE JEL, -SOLUTION NON-ORAL	3	MO
XYLOCAINE-MPF INJ	4	MO
ANTIINFECTIVES		
ABELCET INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir capsule, -suspension oral, -tablet</i>	1	MO
<i>acyclovir sodium INJ</i>	4	MO
ADOXA	3	MO
ADOXA PAK	3	MO
ALBENZA	3	MO
ALINIA	3	MO
ALTABAX	3	MO, QLL (30/30)
<i>amantadine</i>	1	MO
AMBISOME INJ	5	MO
<i>amikacin sulfate injection INJ</i>	4	MO
<i>amox tr-potassium clavulanate</i>	1	MO
<i>amoxicillin</i>	1	MO
<i>amoxicillin-clavulanate er</i>	1	MO
AMPHOTEC INJ	4	MO
<i>amphotericin b injection INJ</i>	4	MO
<i>ampicillin sodium INJ</i>	4	MO
<i>ampicillin trihydrate</i>	1	MO
<i>ampicillin-sulbactam INJ</i>	4	MO
ANCOBON	5	MO
APTIVUS	5	MO
ARALEN PHOSPHATE	3	MO
ATRIPLA	5	MO
AVELOX	3	MO, QLL (21/1)
AVELOX ABC PACK	3	MO, QLL (5/1)
AVELOX IV INJ	4	MO
AZACTAM INJ	4	MO
AZACTAM-ISO-OSMOTIC DEXTROSE INJ	4	MO
<i>azithromycin 100 mg/5 ml susp</i>	1	MO, QLL (15 ml/1)
<i>azithromycin 200 mg/5 ml susp</i>	1	MO, QLL (46 ml/1)
<i>azithromycin 250 mg tablet</i>	1	MO, QLL (6/1)
<i>azithromycin 500 mg tablet</i>	1	MO, QLL (3/1)
<i>azithromycin 600 mg tablet</i>	1	MO, QLL (8/1)

Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin injection INJ</i>	4	MO
<i>azithromycin packet</i>	1	MO
<i>aztreonam 1 gm vial INJ</i>	4	
<i>aztreonam 2 gm vial INJ</i>	4	MO
<i>baciim INJ</i>	4	MO
<i>bacitracin injection INJ</i>	4	MO
BACTRIM	3	MO
BACTRIM DS	3	MO
BACTROBAN	3	MO
BACTROBAN NASAL	3	MO
BARACLUDGE SOLUTION	3	MO
BARACLUDGE TABLET	5	MO
BIAXIN 250 MG TABLET	3	MO
BIAXIN 500 MG TABLET	3	MO
BIAXIN SUSPENSION	3	MO
BIAXIN XL	3	MO, QLL (28/1)
BICILLIN C-R INJ	4	MO
BICILLIN L-A INJ	4	MO
BILTRICIDE	3	MO
CANCIDAS INJ	5	MO
CAPASTAT SULFATE INJ	4	MO
CAYSTON	5	LA
CEDAX	3	MO
<i>cefaclor</i>	1	MO
<i>cefaclor er</i>	1	MO
<i>cefadroxil</i>	1	MO
<i>cefazolin 20 gm bulk vial, - 500 mg vial, -1 gm add-van vial, -1 gm vial, -1 gm-d5w bag, -10 gm vial INJ</i>	4	MO
<i>cefdinir</i>	1	MO
<i>cefepime INJ</i>	4	MO
<i>cefepime hcl INJ</i>	4	MO
<i>cefotaxime sodium INJ</i>	4	MO
<i>cefotetan INJ</i>	4	MO
<i>cefoxitin INJ</i>	4	MO
<i>cefoxitin sodium INJ</i>	4	MO
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime INJ</i>	4	MO
CEFTIN	3	MO
<i>ceftriaxone INJ</i>	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>cefuroxime axetil</i>	1	MO
<i>cefuroxime injection</i> INJ	4	MO
<i>cefuroxime sod 750 mg vial, - sod 1.5 gm vial, -sod 7.5 gm vial</i> INJ	4	MO
<i>cefuroxime tablet</i>	1	MO
<i>cephalexin</i>	1	MO
<i>chloramphenicol sod succinate</i> INJ	4	MO
<i>chloroquine phosphate tablet</i>	1	MO
<i>ciclopirox cream, -gel, - shampoo, -suspension topical</i>	1	MO
<i>ciclopirox solution non-oral</i>	1	MO, PAR
CIPRO I.V. INJ	4	MO
CIPRO SUSPENSION	3	MO
CIPRO TABLET	3	MO
<i>ciprofloxacin</i> INJ	4	MO
<i>ciprofloxacin er 1,000 mg tab</i>	1	MO, QLL (14/1)
<i>ciprofloxacin er 500 mg tablet</i>	1	MO, QLL (3/1)
<i>ciprofloxacin hcl 100 mg tab</i>	1	MO
<i>ciprofloxacin hcl 250 mg tab, -500 mg tab, -750 mg tab</i>	1	MO
<i>ciprofloxacin-d5w</i> INJ	4	MO
CLAFORAN INJ	4	MO
<i>clarithromycin 125 mg/5 ml sus</i>	1	MO
<i>clarithromycin 250 mg tablet</i>	1	MO, QLL (42/1)
<i>clarithromycin 250 mg/5 ml sus</i>	1	MO
<i>clarithromycin 500 mg tablet</i>	1	MO, QLL (28/1)
<i>clarithromycin er</i>	1	MO, QLL (28/1)
CLEOCIN HCL	3	MO
CLEOCIN PALMITATE	3	MO
CLEOCIN PHOSPHATE INJ	4	MO
CLEOCIN PHOSPHATE IN D5W INJ	4	MO
<i>clindamycin hcl capsule</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate injection</i> INJ	4	MO
<i>clotrimazole cream, -solution non-oral, -troche</i>	1	MO
<i>clotrimazole-betamethasone</i>	1	MO
COARTEM	3	MO
<i>colistimethate 150 mg vial</i> INJ	4	MO
COLY-MYCIN M PARENTERAL INJ	5	MO
COMBIVIR	5	MO
COPEGUS	5	MO, PAR
CORTISPORIN CREAM, - OINTMENT	3	MO
CRIXIVAN	2	MO
CUBICIN INJ	5	MO, B/D
CYTOVENE INJ	4	
DAPSONE	3	MO
DARAPRIM	2	MO
<i>demeclocycline hcl</i>	1	MO
DENAVIR	2	MO, QLL (2/1)
<i>dicloxacillin sodium</i>	1	MO
<i>didanosine</i>	1	MO
DIFLUCAN	3	MO
DIFLUCAN IN SALINE INJ	4	MO
DORIBAX INJ	5	MO
DORYX	3	MO
<i>doxycycline</i>	1	MO
<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab</i>	1	MO
<i>doxycycline hyclate injection</i> INJ	4	MO
DOXYCYCLINE HYCLATE TABLET ENTERIC COATED	3	
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>	1	MO
DYNACIN	3	MO
E.E.S. 200	3	MO
E.E.S. 400	3	MO
<i>econazole nitrate cream</i>	1	MO
EDURANT	5	MO

Drug Name	Drug Tier	Requirements/ Limits
EMTRIVA	3	MO
EPIVIR	3	MO
EPIVIR HBV	2	MO
EPZICOM	5	MO
ERTACZO	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
ERY-TAB	3	MO
ERYTHROCIN LACTOBIONATE INJ	4	MO
<i>erythrocin stearate</i>	1	MO
<i>erythromycin capsule enteric coated, -tablet</i>	1	MO
<i>erythromycin ethylsuccinate tablet</i>	1	
<i>erythromycin-sulfisoxazole</i>	1	MO
<i>ethambutol hcl</i>	1	MO
EXELDERM	3	MO
FACTIVE	3	MO, QLL (7/1)
<i>famciclovir</i>	1	MO
FAMVIR	3	MO
FLAGYL	3	MO
FLAGYL ER	3	MO
<i>fluconazole in dextrose INJ</i>	4	MO
<i>fluconazole in saline INJ</i>	4	MO
<i>fluconazole suspension, -tablet</i>	1	MO
FORTAZ INJ	4	MO
FORTAZ IN ISO-OSMOTIC DEXTROSE INJ	4	MO
<i>foscarnet sodium INJ</i>	4	MO
FURADANTIN	3	MO
FUZEON INJ	5	MO, QLL (1/1)
<i>ganciclovir</i>	1	MO
<i>ganciclovir sodium INJ</i>	4	
<i>gentamicin sulfate cream, -0.1% ointment</i>	1	MO
<i>gentamicin sulfate in ns INJ</i>	4	MO
GENTAMICIN SULFATE IN NS INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate injection INJ</i>	4	MO
GRIFULVIN V	3	MO
<i>griseofulvin suspension oral</i>	1	MO
GRIS-PEG	2	MO
GYNAZOLE-1	3	MO
HEPSERA	5	MO
HIPREX	3	MO
<i>hydroxychloroquine sulfate tablet</i>	1	MO
INTELENCE 100 MG TABLET	5	MO
INTELENCE 200 MG TABLET	5	
INVANZ INJ	4	MO
INVIRASE CAPSULE	3	MO
INVIRASE TABLET	5	MO
ISENTRESS	5	MO
<i>isonarif</i>	1	MO
<i>isoniazid injection INJ</i>	4	MO
<i>isoniazid syrup, -tablet</i>	1	MO
<i>itraconazole capsule</i>	1	MO, PAR
KALETRA 100-25 MG TABLET	3	MO
KALETRA SOLUTION, -200-50 MG TABLET	5	MO
<i>kanamycin sulfate injection INJ</i>	4	MO
KEFLEX	3	MO
KETEK	2	MO, QLL (20/1)
<i>ketoconazole cream, -shampoo, -tablet</i>	1	MO
LAMISIL	3	MO
LEVAQUIN INJECTION INJ	4	MO
LEVAQUIN SOLUTION	3	MO
LEVAQUIN TABLET	3	MO, QLL (14/1)
<i>levofloxacin tablet</i>	1	MO, QLL (14/1)
LEXIVA SUSPENSION ORAL	3	MO
LEXIVA TABLET	5	MO

Drug Name	Drug Tier	Requirements/ Limits
LINCOCIN INJ	4	MO
LOPROX	3	MO
LOTRISONE	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
MALARONE	3	MO
<i>mebendazole tablet chewable</i>	1	MO
<i>mefloquine hcl</i>	1	MO
MEFOXIN INJ	4	MO
MENTAX	3	MO
MEPRON	5	MO
<i>meropenem iv 1 gm vial</i> INJ	4	MO
<i>meropenem iv 500 mg vial</i> INJ	4	
MERREM INJ	4	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate tablet</i>	1	MO
<i>metro iv</i> INJ	4	MO
<i>metronidazole capsule, -tablet</i>	1	MO
<i>metronidazole injection</i> INJ	4	MO
<i>miconazole 3 suppository vaginal</i>	1	MO, QLL (6/30)
MINOCIN	3	MO
<i>minocycline hcl capsule, -tablet, -tablet sustained release 24hr</i>	1	MO
MONODOX	3	MO, QLL (60/1)
MONUROL	3	MO
<i>mupirocin ointment</i>	1	MO
MYAMBUTOL	3	MO
MYCAMINE INJ	5	MO
MYCOBUTIN	2	MO
<i>nafcillin</i> INJ	4	MO
<i>nafcillin sodium</i> INJ	4	MO
NAFTIN	3	MO
NALLPEN INJ	4	MO
NALLPEN-ISO-OSMOTIC DEXTROSE INJ	4	MO
NEBUPENT	2	MO, B/D
<i>neomycin sulfate tablet</i>	1	MO
NITROFURANTOIN	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin macrocrystal capsule</i>	1	MO
<i>nitrofurantoin mono-macro</i>	1	MO
NIZORAL	3	MO
NOROXIN	3	MO
NORVIR CAPSULE, -TABLET	3	MO
NORVIR SOLUTION	5	MO
<i>nyamyc</i>	1	MO
<i>nystatin cream, -ointment, -50,000,000 units pwd, -150,000,000 units pwd, -500,000,000 units pwd, -100,000 unit/gm powd, -suspension oral, -tablet</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>ofloxacin tablet</i>	1	MO
ORACEA	3	MO
<i>oxacillin</i> INJ	4	MO
<i>oxacillin sodium</i> INJ	4	MO
OXISTAT	3	MO
<i>paromomycin sulfate</i>	1	MO
PASER	3	MO
PCE	3	MO
<i>pedi-dri</i>	1	MO
<i>penicillin g potassium</i> INJ	4	MO
<i>penicillin g procaine</i> INJ	4	MO
<i>penicillin g sodium</i> INJ	4	MO
PENICILLIN GK-ISO-OSM DEXTROSE INJ	4	MO
<i>penicillin v potassium</i>	1	MO
PENLAC	3	MO, PAR
PENTAM 300 INJ	4	MO
<i>pentamidine isethionate</i> INJ	4	MO
PFIZERPEN INJ	4	MO
PHISOHEX	3	MO
<i>piperacillin</i> INJ	4	MO
<i>piperacillin-tazobactam</i> INJ	4	MO
PLAQUENIL	3	MO
<i>polymyxin b sulfate injection</i> INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA 150 MG TABLET	5	
PREZISTA 400 MG TABLET, -600 MG TABLET	5	MO
PREZISTA 75 MG TABLET	3	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN INJ	4	MO
PRIMAXIN I.M. INJ	4	MO
PRIMSOL	3	MO
PROQUIN XR	3	MO, QLL (3/1)
<i>pyrazinamide</i>	1	MO
QUALAQUIN	3	MO, PAR
REBETOL CAPSULE	5	MO, PAR
REBETOL SOLUTION	3	MO, PAR
RELENZA	2	MO, QLL (60 inhalations/180)
RESCRIPTOR	3	MO
RETROVIR CAPSULE, -SYRUP, -TABLET	3	MO
RETROVIR INJECTION INJ	4	MO
REYATAZ	5	MO
<i>ribapak</i>	5	MO, PAR
RIBASPHERE 200 MG TABLET	3	MO, PAR
<i>ribasphere 400 mg tablet, -600 mg tablet</i>	5	MO, PAR
RIBASPHERE CAPSULE	3	MO, PAR
RIBAVIRIN CAPSULE	2	MO, PAR
RIBAVIRIN TABLET	3	MO, PAR
RIFADIN CAPSULE	3	MO
RIFADIN INJECTION INJ	4	MO
RIFAMATE	3	MO
<i>rifampin capsule</i>	1	MO
<i>rifampin injection INJ</i>	4	MO
RIFATER	2	MO
<i>rimantadine hcl</i>	1	MO
ROCEPHIN INJ	4	MO
SELZENTRY	5	MO
SEPTRA	3	MO
SEPTRA DS	3	MO

Drug Name	Drug Tier	Requirements/ Limits
SEROMYCIN	3	MO
SILVADENE	3	MO
<i>silver sulfadiazine cream</i>	1	MO
SOLODYN ER 45 MG TABLET, -ER 65 MG TABLET, -ER 90 MG TABLET, -ER 115 MG TABLET, -ER 135 MG TABLET	3	MO
SOLODYN ER 55 MG TABLET, -ER 80 MG TABLET, -ER 105 MG TABLET	3	
SPECTRACEF	3	MO
SPORANOX CAPSULE	3	MO, PAR
SPORANOX SOLUTION	3	MO
<i>ssd</i>	1	MO
<i>ssd af</i>	1	MO
<i>stavudine</i>	1	MO
STREPTOMYCIN SULFATE INJECTION INJ	4	MO
STROMECTOL	2	MO
<i>sulfadiazine tablet</i>	1	MO
<i>sulfamethoxazole-trimethoprim injection INJ</i>	4	MO
<i>sulfamethoxazole-trimethoprim suspension oral, -tablet</i>	1	MO
SULFAMYLON	3	MO
SUPRAX	3	MO
SUSTIVA	2	MO
TAMIFLU 30 MG GELCAP	2	MO, QLL (84/1)
TAMIFLU 45 MG GELCAP	2	MO, QLL (42/1)
TAMIFLU 75 MG GELCAP	2	MO, QLL (56/365)
TAMIFLU SUSPENSION	2	MO, QLL (175 ml/180)
TAZICEF INJ	4	MO
TERAZOL 3 CREAM WITH APPLICATOR	3	MO, QLL (40 gm/30)

Drug Name	Drug Tier	Requirements/ Limits
TERAZOL 3 SUPPOSITORY VAGINAL	3	MO
TERAZOL 7	3	MO, QLL (90 gm/30)
<i>terbinafine hcl</i>	1	MO
<i>terconazole 0.4% cream</i>	1	MO, QLL (90 gm/30)
<i>terconazole 0.8% cream</i>	1	MO, QLL (40 gm/30)
<i>terconazole suppository vaginal</i>	1	MO
<i>tetracycline hcl capsule</i>	1	MO
<i>thermazene</i>	1	MO
TIMENTIN INJ	4	MO
TOBI	5	MO, B/D
<i>tobramycin sulfate in ns INJ</i>	4	MO
<i>tobramycin sulfate injection INJ</i>	4	MO
TRECATOR	3	MO
<i>trimethoprim tablet</i>	1	MO
TRIZIVIR	5	MO
TRUVADA	5	MO
TYGACIL INJ	5	MO
TYZEKA	5	MO, PAR
UNASYN INJ	4	MO
<i>valacyclovir</i>	1	MO, QLL (30/1)
VALCYTE	5	MO
VALTREX	3	MO, QLL (30/1)
VANCOGIN HCL 125 MG PULVULE	5	MO, PAR, QLL (40/1)
VANCOGIN HCL 250 MG PULVULE	5	MO, PAR, QLL (80/1)
<i>vancomycin hcl injection INJ</i>	4	MO, B/D
<i>vancomycin hcl injection INJ</i>	4	MO, B/D
VANCOMYCIN-D5W INJ	4	MO, B/D
VFEND IV INJ	5	MO
VFEND SUSPENSION	5	MO
VFEND TABLET	5	MO, PAR
VIBATIV INJ	4	MO, PAR
VIBRAMYCIN	3	MO
VIDEX	2	MO

Drug Name	Drug Tier	Requirements/ Limits
VIDEX EC	3	MO
VIRACEPT 625 MG TABLET	5	MO
VIRACEPT POWDER, -250 MG TABLET	3	MO
VIRAMUNE	3	MO
VIRAMUNE XR	3	MO
VIRAZOLE INJ	5	MO, PAR
VIREAD	3	MO
VISTIDE INJ	5	MO
<i>voriconazole</i>	5	PAR
XIFAXAN	3	MO
ZAZOLE 0.8% VAGINAL CREAM	3	MO, QLL (40 gm/30)
ZAZOLE VAGINAL 0.4% CREAM	3	MO, QLL (90 gm/30)
ZERIT	3	MO
ZIAGEN	3	MO
<i>zidovudine</i>	1	MO
ZINACEF 750 MG ADD-VANT VIAL, -750 MG VIAL, -1.5 GM ADD-VANT VIAL, -1.5 GM VIAL, -7.5 GM VIAL INJ	4	MO
ZINACEF IN ISO-OSMOTIC WATER INJ	4	MO
ZINACEF ISO-OSMOTIC DEXTROSE INJ	4	MO
ZITHROMAX 100 MG/5 ML SUSP	3	MO, QLL (15 ml/1)
ZITHROMAX 200 MG/5 ML SUSP	3	MO, QLL (46 ml/1)
ZITHROMAX 250 MG TABLET, -250 MG Z-PAK TABLET	3	MO, QLL (6/1)
ZITHROMAX 500 MG TABLET	3	MO, QLL (3/1)
ZITHROMAX 600 MG TABLET	3	MO, QLL (8/1)
ZITHROMAX INJECTION INJ	4	MO
ZITHROMAX TRI-PAK	3	MO, QLL (3/1)

Drug Name	Drug Tier	Requirements/ Limits
ZMAX ADULT-PEDIATRIC	2	MO
ZOSYN INJ	4	MO
ZOVIRAX CAPSULE, - SUSPENSION ORAL, - TABLET	3	MO
ZOVIRAX CREAM	2	MO, QLL (5/1)
ZOVIRAX OINTMENT	2	MO, QLL (15/1)
ZYVOX INJECTION INJ	5	MO
ZYVOX SUSPENSION RECONSTITUTED ORAL	5	MO, PAR, QLL (1800/1)
ZYVOX TABLET	5	MO, PAR, QLL (28/1)
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS		
ABRAXANE INJ	5	B/D
<i>adriamycin 10 mg vial, -20 mg vial, -50 mg vial</i> INJ	4	MO, B/D
<i>adriamycin 2 mg/ml vial</i> INJ	4	B/D
<i>adrucil</i> INJ	4	MO, B/D
AFINITOR 2.5 MG TABLET	5	PAR
AFINITOR 5 MG TABLET, - 10 MG TABLET	5	MO, PAR
AGRYLIN	3	MO
ALIMTA INJ	5	MO
ALKERAN INJECTION INJ	5	B/D
AMEVIVE INJ	5	LA, PAR
<i>amifostine</i> INJ	5	MO
<i>anagrelide hcl</i>	1	MO
<i>anastrozole tablet</i>	1	
ARAVA	3	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON INJ	4	B/D
ARZERRA 1,000 MG/50 ML VIAL INJ	5	MO, B/D
ARZERRA 100 MG/5 ML VIAL INJ	5	B/D
AVASTIN INJ	5	MO, PAR
AZASAN	3	MO, B/D
<i>azathioprine sodium</i> INJ	4	MO, B/D
<i>azathioprine tablet</i>	1	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>bicalutamide</i>	1	MO
BICNU INJ	4	B/D
<i>bleomycin sulfate 15 unit vial</i> INJ	4	MO, B/D
<i>bleomycin sulfate 30 unit vial</i> INJ	4	MO, B/D
BUSULFEX INJ	4	MO, B/D
CAMPATH INJ	5	MO
CAMPTOSAR 100 MG/5 ML VIAL INJ	4	MO, B/D
CAMPTOSAR 300 MG/15 ML VIAL, -40 MG/2 ML VIAL INJ	4	MO, B/D
<i>carboplatin 150 mg/15 ml vial</i> INJ	4	MO, B/D
<i>carboplatin 450 mg/45 ml vial, -600 mg/60 ml vial, -50 mg vial, -150 mg vial, -450 mg vial</i> INJ	4	MO, B/D
<i>carboplatin 50 mg/5 ml vial</i> INJ	4	B/D
CASODEX	3	MO
CEENU	2	MO
CELLCEPT CAPSULE	3	MO, B/D
CELLCEPT INJECTION INJ	4	MO, B/D
CELLCEPT SUSPENSION RECONSTITUTED ORAL, - TABLET	5	MO, B/D
<i>cerubidine</i> INJ	4	B/D
CIMZIA INJ	5	MO, PAR, QLL (6/28)
<i>cisplatin</i> INJ	4	B/D
<i>cladribine</i> INJ	5	B/D
CLOLAR INJ	5	B/D
COSMEGEN INJ	5	B/D
<i>cyclophosphamide injection</i> INJ	4	MO, B/D
<i>cyclophosphamide tablet</i>	1	MO, B/D
<i>cyclosporine capsule, - solution, -unknown</i>	1	MO, B/D
<i>cyclosporine injection</i> INJ	4	MO, B/D
<i>cyclosporine modified</i>	1	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i> INJ	4	MO, B/D
<i>cytarabine 20 mg/ml vial, -100 mg/ml vial, -500 mg vial</i> INJ	4	MO, B/D
<i>dacarbazine 100 mg vial</i> INJ	4	MO, B/D
<i>dacarbazine 200 mg vial</i> INJ	4	B/D
DACOGEN INJ	5	
<i>daunorubicin 20 mg vial</i> INJ	4	MO, B/D
<i>daunorubicin 50 mg/10 ml vial, -20 mg/4 ml vial</i> INJ	4	MO, B/D
DAUNOXOME INJ	5	B/D
DEPO-PROVERA 400 MG/ML VIAL INJ	4	MO
<i>dexrazoxane 250 mg vial</i> INJ	5	MO, B/D
<i>dexrazoxane 500 mg vial</i> INJ	5	B/D
<i>docetaxel 80 mg/4 ml vial</i> INJ	5	MO, B/D
<i>docetaxel 80 mg/8 ml vial</i> INJ	5	MO, B/D
DOXIL INJ	4	B/D
<i>doxorubicin 10 mg/5 ml vial, -20 mg/10 ml vial, -50 mg/25 ml vial, -10 mg vial, -50 mg vial</i> INJ	4	MO, B/D
<i>doxorubicin 200 mg/100 ml vial</i> INJ	4	B/D
DROXIA	3	MO
DTIC-DOME IV INJ	4	MO, B/D
ELIGARD INJ	4	MO, PAR
ELITEK INJ	5	MO
ELLENCE INJ	4	B/D
ELOXATIN 100 MG/20 ML VIAL INJ	5	B/D
ELOXATIN 50 MG/10 ML VIAL, -200 MG/40 ML VIAL INJ	5	MO, B/D
ELSPAR INJ	4	MO, B/D
EMCYT	3	MO
ENBREL 25 MG KIT, -50 MG/ML SURECLICK SYR, -50 MG/ML SYRINGE INJ	5	MO, PAR, QLL (8/28)
ENBREL 25 MG/0.5 ML SYRINGE INJ	5	MO, PAR, QLL (4/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>epirubicin 200 mg/100 ml vial, -50 mg vial, -150 mg/75 ml vial, -200 mg vial</i> INJ	4	MO, B/D
<i>epirubicin 50 mg/25 ml vial</i> INJ	4	B/D
ERBITUX 100 MG/50 ML VIAL INJ	5	PAR
ERBITUX 200 MG/100 ML VIAL INJ	5	MO, PAR
ETHYOL INJ	5	MO, PAR
ETOPOPHOS INJ	4	B/D
<i>etoposide 1,000 mg/50 ml vial, -100 mg/5 ml vial</i> INJ	4	MO, B/D
<i>etoposide 500 mg/25 ml vial</i> INJ	4	B/D
EXEMESTANE	2	
FARESTON	2	MO
FASLODEX INJ	5	MO
FEMARA	3	MO
FIRMAGON 2 X 120 MG VIALS INJ	5	MO, B/D
FIRMAGON 80 MG VIAL INJ	4	MO, B/D
<i>floxuridine</i> INJ	4	MO
FLUDARA INJ	5	B/D
<i>fludarabine 50 mg vial</i> INJ	5	B/D
<i>fludarabine 50 mg/2 ml vial</i> INJ	5	MO, B/D
<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml</i> INJ	4	MO, B/D
<i>fluorouracil 500 mg/10 ml vial</i> INJ	4	B/D
<i>flutamide</i>	1	MO
<i>fudr</i> INJ	4	MO
FUSILEV INJ	4	MO, B/D
<i>gemcitabine hcl 1 gram vial</i> INJ	5	B/D
<i>gemcitabine hcl 200 mg vial, -2 gram vial</i> INJ	5	MO, B/D
GEMZAR 1 GRAM VIAL INJ	5	B/D
GEMZAR 200 MG VIAL INJ	5	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>gengraf</i>	1	MO, B/D
GLEEVEC	5	MO, PAR
HALAVEN INJ	5	
HERCEPTIN INJ	5	PAR
HEXALEN	5	MO
HUMIRA 20 MG/0.4 ML SYRINGE INJ	5	MO, PAR, QLL (2 syringes/28)
HUMIRA 40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK INJ	5	MO, PAR, QLL (6 syringes/365)
HUMIRA 40 MG/0.8 ML SYRINGE INJ	5	MO, PAR, QLL (6 syringes/28)
HYCANTIN INJECTION INJ	5	B/D
HYDREA	3	MO
<i>hydroxyurea capsule</i>	1	MO
IDAMYCIN PFS INJ	5	B/D
<i>idarubicin hcl 10 mg/10 ml vl INJ</i>	5	B/D
<i>idarubicin hcl 20 mg/20 ml vl, -5 mg/5 ml vial INJ</i>	5	MO, B/D
IFEX 1 GM VIAL INJ	4	MO, B/D
IFEX 3 GM VIAL INJ	4	B/D
<i>ifosfamide 1 gm vial INJ</i>	4	B/D
<i>ifosfamide 1 gm/ 20 ml vial, -3 gm vial, -3 gm/ 60 ml vial INJ</i>	4	MO, B/D
<i>ifosfamide-mesna INJ</i>	5	B/D
IMURAN	3	MO, B/D
IRESSA	5	LA
<i>irinotecan hcl 100 mg/5 ml vl INJ</i>	4	B/D
<i>irinotecan hcl 40 mg/2 ml vial INJ</i>	4	MO, B/D
ISTODAX INJ	5	PAR
IXEMPRA 15 MG KIT INJ	5	MO, B/D
IXEMPRA 45 MG KIT INJ	5	B/D
<i>leflunomide</i>	1	MO
LETROZOLE	2	MO
<i>leucovorin calcium injection INJ</i>	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>leucovorin calcium tablet</i>	1	MO
LEUKERAN	2	MO
LEUSTATIN INJ	5	B/D
LYSODREN	2	MO
MATULANE	5	MO
MEGACE	3	MO
MEGACE ES	3	MO
<i>megestrol acetate suspension oral, -tablet</i>	1	MO
<i>melphalan hcl INJ</i>	4	B/D
<i>mercaptopurine tablet</i>	1	MO
<i>mesna INJ</i>	4	B/D
MESNEX INJECTION INJ	4	B/D
MESNEX TABLET	2	MO
<i>methotrexate injection INJ</i>	4	MO
<i>methotrexate tablet</i>	1	MO
<i>mitomycin 20 mg vial INJ</i>	4	B/D
<i>mitomycin 5 mg vial INJ</i>	4	MO, B/D
<i>mitoxantrone hcl INJ</i>	4	MO, B/D
MUSTARGEN INJ	4	MO, B/D
<i>mycophenolate mofetil</i>	1	MO, B/D
MYFORTIC	3	MO, B/D
NAVELBINE INJ	4	MO, B/D
NEORAL 100 MG GELATN CAPSULE	3	MO, B/D
NEORAL 25 MG GELATIN CAPSULE, -SOLUTION	3	MO, B/D
NEXAVAR	5	LA, PAR
NILANDRON	2	MO
NIPENT INJ	5	B/D
NOVANTRONE INJ	4	MO, B/D
<i>octreotide acet 100 mcg/ml amp, -acet 100 mcg/ml syr, -acet 100 mcg/ml vl, -acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -acet 500 mcg/ml vl, -1,000 mcg/ml vial INJ</i>	5	MO
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml syr, -acet 50 mcg/ml vial INJ</i>	4	MO
ONCASPAR INJ	5	MO, B/D
ONTAK INJ	5	MO, B/D
<i>onxol INJ</i>	4	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
ORENCIA INJ	5	MO, PAR
ORTHOCLONE OKT-3 INJ	5	MO, B/D
oxaliplatin 100 mg/20 ml vial INJ	5	B/D
oxaliplatin 50 mg/10 ml vial, -100 mg vial INJ	5	MO, B/D
paclitaxel 100 mg/16.7 ml vial, -30 mg/5 ml vial INJ	4	MO, B/D
paclitaxel 300 mg/50 ml vial INJ	4	B/D
pentostatin INJ	5	B/D
PHOTOFRIN INJ	5	B/D
PROGRAF CAPSULE	3	MO, B/D
PROGRAF INJECTION INJ	4	MO, B/D
PURINETHOL	3	MO
RAPAMUNE 0.5 MG TABLET	2	B/D
RAPAMUNE SOLUTION, -1 MG TABLET, -2 MG TABLET	2	MO, B/D
REMICADE INJ	5	MO, PAR
REVLIMID	5	LA, PAR, QLL (30/30)
RHEUMATREX	3	MO
RITUXAN INJ	5	MO, PAR
SANDIMMUNE CAPSULE, -SOLUTION	3	MO, B/D
SANDIMMUNE INJECTION INJ	4	MO, B/D
SANDOSTATIN INJ	5	MO, ST
SANDOSTATIN LAR INJ	5	MO
SIMPONI INJ	5	MO, PAR, QLL (1/28)
SIMULECT INJ	5	MO, B/D
SPRYCEL 20 MG TABLET, -50 MG TABLET, -70 MG TABLET, -100 MG TABLET	5	MO, PAR
SPRYCEL 80 MG TABLET, -140 MG TABLET	5	PAR
STELARA INJ	5	MO, PAR, QLL (1/28)
SUTENT	5	MO, PAR
TABLOID	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus capsule</i>	1	MO, B/D
<i>tamoxifen citrate tablet</i>	1	MO
TARCEVA	5	MO, PAR
TARGRETIN CAPSULE	5	MO, PAR
TARGRETIN GEL	5	MO
TASIGNA	5	MO, PAR
TAXOTERE 20 MG/ML VIAL, -20 MG/0.5 ML VIAL INJ	5	MO, B/D
TAXOTERE 80 MG/4 ML VIAL, -80 MG/2 ML VIAL INJ	5	B/D
<i>thiotepa injection INJ</i>	4	MO, B/D
<i>toposar 1,000 mg/50 ml vial INJ</i>	4	B/D
<i>toposar 100 mg/5 ml vial, -500 mg/25 ml vial INJ</i>	4	MO, B/D
<i>topotecan hcl INJ</i>	5	B/D
TORISEL INJ	5	B/D
TOTECT INJ	5	MO, B/D
TREANDA 100 MG VIAL INJ	5	B/D
TREANDA 25 MG VIAL INJ	5	MO, B/D
<i>tretinoin capsule</i>	1	MO
TREXALL	3	MO
TRISENOX INJ	4	MO, B/D
TYKERB	5	MO, PAR
UVADEX INJ	4	MO, B/D
VANDETANIB	5	MO, PAR
VECTIBIX 100 MG/5 ML VIAL INJ	5	PAR
VECTIBIX 400 MG/20 ML VIAL INJ	5	MO, PAR
VELCADE INJ	5	MO
VIDAZA INJ	5	MO
<i>vinblastine 1 mg/ml vial INJ</i>	4	MO, B/D
<i>vinblastine sulf 10 mg vial INJ</i>	4	B/D
<i>vincristine 1 mg/ml vial INJ</i>	4	B/D
<i>vincristine 2 mg/2 ml vial INJ</i>	4	MO, B/D
<i>vinorelbine 10 mg/ml vial INJ</i>	4	MO, B/D
<i>vinorelbine 50 mg/5 ml vial INJ</i>	4	B/D
VOTRIENT	5	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
ZANOSAR INJ	4	B/D
ZINECARD 250 MG VIAL INJ	5	MO, B/D
ZINECARD 500 MG VIAL INJ	5	MO, B/D
ZOLINZA	5	MO, PAR
ZORTRESS 0.25 MG TABLET	3	B/D
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	5	B/D
AUTONOMIC AND CNS MEDICATIONS		
ABILIFY 2 MG TABLET, -5 MG TABLET, -10 MG TABLET, -15 MG TABLET	3	MO, QLL (30/30)
ABILIFY 20 MG TABLET	5	MO, QLL (60/30)
ABILIFY 30 MG TABLET	5	MO, QLL (30/30)
ABILIFY DISCMELT	3	MO, QLL (60/30)
ABILIFY INJECTION INJ	4	MO
ABILIFY SOLUTION	3	MO, QLL (900/30)
ABSTRAL	5	MO, PAR, QLL (120/30)
<i>acetaminoph-caff-dihydrocodein</i>	1	MO, QLL (180/30)
<i>acetaminophen-codeine elixir</i>	1	MO, QLL (4500/30)
<i>acetaminophen-codeine tablet</i>	1	MO, QLL (390/30)
<i>acetaminophen-tramadol</i>	1	MO, QLL (240/30)
ACTIQ	5	MO, PAR, QLL (120/30)
ALOXI INJ	4	MO
<i>alprazolam</i>	6	MO, E
<i>alprazolam er</i>	6	MO, E
<i>alprazolam intensol</i>	6	MO, E
<i>alprazolam xr</i>	6	MO, E
AMBIEN	3	MO, PAR, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
AMBIEN CR	3	MO, PAR, QLL (30/30)
AMERGE	3	MO, QLL (9/30), ST
<i>amitriptyline hcl tablet</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine salts 12.5 mg tb</i>	1	MO, QLL (120/30)
<i>amphetamine salts 20 mg tab</i>	1	MO, QLL (90/30)
<i>amphetamine salts 5 mg tab, -salts 10 mg tab, -salts 15 mg tab</i>	1	MO, QLL (30/30)
<i>amphetamine salts 7.5 mg tab, -salts 30 mg tab</i>	1	MO, QLL (60/30)
ANAFRANIL	3	MO
ANTABUSE	2	MO
ANTIVERT	3	MO
ANZEMET INJECTION INJ	4	MO
ANZEMET TABLET	3	MO, B/D, QLL (5/30)
APOKYN INJ	5	LA
ARICEPT 23 MG TABLET	2	QLL (30/30), ST
ARICEPT 5 MG TABLET, -10 MG TABLET	3	MO, QLL (30/30)
ARICEPT ODT	3	MO, QLL (30/30)
<i>ascomp with codeine</i>	1	MO
ASTRAMORPH-PF INJ	4	MO
<i>atropine sulfate injection</i> INJ	4	MO
AXERT	3	MO, QLL (9/30), ST
AZILECT	3	MO
BANZEL SUSPENSION ORAL	3	
BANZEL TABLET	3	MO
<i>benztropine mesylate injection</i> INJ	4	MO
<i>benztropine mesylate tablet</i>	1	MO
<i>bromocriptine mesylate capsule, -tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>budeprion sr</i>	1	MO, QLL (60/30)
<i>budeprion xl 150 mg tablet</i>	1	MO, QLL (90/30)
<i>budeprion xl 300 mg tablet</i>	1	MO, QLL (30/30)
BUPRENEX INJ	4	MO
<i>buprenorphine 2 mg tablet sl</i>	1	MO, PAR, QLL (240/30)
<i>buprenorphine 8 mg tablet sl</i>	1	MO, PAR, QLL (60/30)
<i>buprenorphine hcl injection INJ</i>	4	MO
<i>buproban</i>	1	MO, QLL (60/30)
<i>bupropion hcl sr</i>	1	MO, QLL (60/30)
<i>bupropion hcl tablet</i>	1	MO, QLL (120/30)
<i>bupropion hcl xl 150 mg tablet</i>	1	MO, QLL (90/30)
<i>bupropion hcl xl 300 mg tablet</i>	1	MO, QLL (30/30)
<i>bupirone hcl tablet</i>	1	MO
<i>butalb-caff-acetaminoph-codein</i>	1	MO, QLL (180/30)
<i>butalbital compound-codeine</i>	1	MO
<i>butorphanol tartrate aerosol spray</i>	1	MO
<i>butorphanol tartrate injection INJ</i>	4	MO
CAFERGOT	3	MO
CAPITAL W-CODEINE	3	MO, QLL (2700/30)
<i>carbamazepine suspension oral, -tablet, -tablet chewable</i>	1	MO
<i>carbamazepine xr</i>	1	MO
CARBATROL ER 100 MG CAPSULE	3	MO, QLL (60/30)
CARBATROL ER 200 MG CAPSULE	3	MO, QLL (240/30)
CARBATROL ER 300 MG CAPSULE	3	MO, QLL (150/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa</i>	1	MO
CELEXA 10 MG TABLET, - 20 MG TABLET	3	MO, QLL (45/30)
CELEXA 40 MG TABLET	3	MO, QLL (30/30)
CELONTIN	2	MO
CESAMET	3	MO, B/D
CHANTIX	3	MO
<i>chlordiazepoxide-amitriptyline</i>	1	MO
<i>chlorpromazine hcl injection INJ</i>	4	MO
<i>chlorpromazine hcl tablet</i>	1	MO
<i>citalopram</i>	1	MO, QLL (600/30)
<i>citalopram hbr 10 mg tablet, - 20 mg tablet</i>	1	MO, QLL (45/30)
<i>citalopram hbr 40 mg tablet</i>	1	MO, QLL (30/30)
<i>clomipramine hcl capsule</i>	1	MO
<i>clonazepam</i>	6	MO, E
<i>clorazepate dipotassium</i>	6	MO, E
<i>clozapine 100 mg tablet</i>	1	MO, QLL (270/30)
<i>clozapine 200 mg tablet</i>	1	MO, QLL (120/30)
<i>clozapine 25 mg tablet, -50 mg tablet</i>	1	MO, QLL (90/30)
<i>codeine phosphate injection INJ</i>	4	MO
<i>codeine sulfate 15 mg tablet</i>	1	
<i>codeine sulfate 30 mg tablet, - 60 mg tablet</i>	1	MO
COGENTIN INJ	4	MO
<i>co-gesic</i>	1	MO, QLL (240/30)
<i>compro</i>	1	MO
COMTAN	3	MO
CYMBALTA	2	MO, QLL (60/30)
D.H.E.45 INJ	4	MO
DEMEROL INJECTION INJ	4	MO
DEMEROL TABLET	3	MO

Drug Name	Drug Tier	Requirements/ Limits
DEPACON INJ	4	MO
<i>depade</i>	1	MO
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLE	3	MO
<i>desipramine hcl tablet</i>	1	MO
DEXEDRINE	3	MO
<i>dexmethylphenidate 10 mg tab</i>	1	MO, QLL (120/30)
<i>dexmethylphenidate 2.5 mg tab, -5 mg tab</i>	1	MO, QLL (60/30)
<i>dextroamphetamine sulfate</i>	1	MO
<i>diazepam</i>	6	MO, E
<i>dihydroergotamine mesylate injection</i> INJ	4	MO
DILANTIN 100 MG CAPSULE	3	MO
DILANTIN 30 MG CAPSULE	2	
DILANTIN 50 MG INFATAB	2	MO
DILANTIN-125	3	MO
DILAUDID INJECTION INJ	4	MO
DILAUDID TABLET	3	MO
DILAUDID-5	3	MO
DILAUDID-HP INJ	4	MO
<i>diskets</i>	1	MO
<i>disulfiram tablet</i>	2	MO
<i>divalproex sodium</i>	1	MO
<i>divalproex sodium er</i>	1	MO
DOLOPHINE HCL	3	MO
<i>donepezil hcl tablet</i>	1	QLL (30/30)
DONEPEZIL HCL TABLET DISPERSIBLE LINGUAL	2	QLL (30/30)
<i>doxepin 10 mg capsule, -25 mg capsule, -50 mg capsule, -75 mg capsule, -100 mg capsule, -solution</i>	1	MO
<i>doxepin 150 mg capsule</i>	1	
<i>dronabinol</i>	1	MO, B/D
DURAGESIC	3	MO, QLL (15/30)

Drug Name	Drug Tier	Requirements/ Limits
DURAMORPH INJ	4	MO
EFFEXOR XR 37.5 MG CAPSULE	3	MO, QLL (30/30)
EFFEXOR XR 75 MG CAPSULE, -150 MG CAPSULE	3	MO, QLL (60/30)
ELDEPRYL	3	MO
EMEND 125 MG CAPSULE	2	MO, B/D, QLL (4/30)
EMEND 40 MG CAPSULE	2	MO, B/D, QLL (1/1)
EMEND 80 MG CAPSULE	2	MO, B/D, QLL (8/30)
EMEND TRIFOLD PACK	2	MO, B/D, QLL (12/30)
EMSAM	3	MO, QLL (30/30)
<i>endocet 10-650 mg tablet</i>	1	MO, QLL (180/30)
<i>endocet 5-325 tablet, -7.5-325 mg tablet, -10-325 mg tablet</i>	1	MO, QLL (360/30)
<i>endocet 7.5-500 mg tablet</i>	1	MO, QLL (240/30)
<i>endodan</i>	1	MO
<i>epitol</i>	1	MO
EQUETRO 100 MG CAPSULE, -200 MG CAPSULE	2	MO, QLL (240/30)
EQUETRO 300 MG CAPSULE	2	MO
ERGOMAR	3	MO
<i>ergotamine-caffeine</i>	1	MO
<i>estazolam</i>	6	MO, E
<i>ethosuximide capsule, -syrup</i>	1	MO
EXELON CAPSULE	3	MO, QLL (60/30)
EXELON PATCH TRANSDERMAL 24 HOURS	2	MO, QLL (30/30)
EXELON SOLUTION	2	MO, QLL (180/30)
FANAPT TABLET	3	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
FANAPT TABLET DOSE PACK	3	MO, QLL (8/30)
FAZACLO 100 MG ODT	3	MO, QLL (270/30)
FAZACLO 12.5 MG ODT	3	MO, QLL (60/30)
FAZACLO 150 MG ODT	3	QLL (180/30)
FAZACLO 200 MG ODT	3	QLL (120/30)
FAZACLO 25 MG ODT	3	MO, QLL (90/30)
FELBATOL	2	MO
FENTANYL	2	MO, QLL (15/30)
<i>fentanyl citrate injection</i> INJ	4	MO
<i>fentanyl citrate lozenge</i>	5	MO, PAR, QLL (120/30)
FENTORA	5	MO, PAR, QLL (120/30)
FIORICET WITH CODEINE	3	MO, QLL (180/30)
FIORINAL WITH CODEINE #3	3	MO
FLUOXETINE DR	3	MO, QLL (4/28)
<i>fluoxetine hcl 10 mg capsule</i>	1	MO, QLL (45/30)
<i>fluoxetine hcl 10 mg tablet</i>	1	MO, QLL (240/30)
<i>fluoxetine hcl 20 mg capsule, - 20 mg tablet</i>	1	MO, QLL (120/30)
<i>fluoxetine hcl 40 mg capsule</i>	1	MO, QLL (60/30)
<i>fluoxetine hcl solution</i>	1	MO, QLL (600/30)
<i>fluphenazine decanoate</i> INJ	4	MO
<i>fluphenazine hcl elixir, - solution, -tablet</i>	1	MO
<i>fluphenazine hcl injection</i> INJ	4	MO
<i>flurazepam hcl</i>	6	MO, E
<i>fluvoxamine maleate 100 mg tab</i>	1	MO, QLL (90/30)
<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>	1	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>fosphephenytoin sodium</i> INJ	4	MO
<i>gabapentin 100 mg capsule, - 300 mg capsule, -tablet</i>	1	MO, QLL (180/30)
<i>gabapentin 400 mg capsule</i>	1	MO, QLL (270/30)
GABAPENTIN SOLUTION	2	QLL (2160/30)
GABITRIL	2	MO
<i>galantamine hbr capsule 24hr sustained release pellets</i>	1	MO, QLL (30/30)
<i>galantamine hbr tablet</i>	1	MO, QLL (60/30)
<i>galantamine hydrobromide</i>	1	MO, QLL (180/30)
GEODON 20 MG CAPSULE, -40 MG CAPSULE	3	MO, QLL (60/30)
GEODON 60 MG CAPSULE, -80 MG CAPSULE	3	MO, QLL (90/30)
GEODON INJECTION INJ	4	MO
<i>granisetron hcl injection</i> INJ	4	MO
<i>granisetron hcl tablet</i>	1	MO, B/D, QLL (30/30)
<i>guanidine hcl</i>	1	MO
HALDOL INJ	4	MO
HALDOL DECANOATE 100 INJ	4	MO
HALDOL DECANOATE 50 INJ	4	MO
<i>haloperidol decanoate</i> INJ	4	MO
<i>haloperidol lactate injection</i> INJ	4	MO
<i>haloperidol lactate solution</i>	1	MO
<i>haloperidol tablet</i>	1	MO
HYCET	3	MO, QLL (5540/30)
<i>hydrocodon-acetaminoph 7.5-750, -hydrocodon-acetaminophn 10-750</i>	1	MO, QLL (150/30)
HYDROCODON-ACETAMINOPHEN 5-300, -HYDROCODON-ACETAMINOPH 7.5-300, -HYDROCODON-ACETAMINOPHN 10-300	3	QLL (390/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodon-acetaminophen 5-325, -hydrocodon-acetaminoph 7.5-325, -hydrocodon-acetaminophn 10-325</i>	1	MO, QLL (360/30)
<i>hydrocodon-acetaminophn 10-650, -hydrocodon-acetaminoph 7.5-650, -hydrocodon-acetaminophn 10-660</i>	1	MO, QLL (180/30)
<i>hydrocodone bit-ibuprofen</i>	1	MO, QLL (480/30)
<i>hydrocodone-acetaminophen capsule, -hydrocodon-acetaminoph 2.5-500, -hydrocodon-acetaminoph 7.5-500, -hydrocodon-acetaminophn 10-500</i>	1	MO, QLL (240/30)
<i>hydrocodone-acetaminophen solution</i>	1	MO, QLL (3600/30)
<i>hydrogesic</i>	1	MO, QLL (240/30)
<i>hydromorphone hcl injection INJ</i>	4	MO
<i>hydromorphone hcl suppository rectal, -tablet</i>	1	MO
<i>imipramine hcl tablet</i>	1	MO
<i>imipramine pamoate</i>	1	MO
IMITREX 20 MG NASAL SPRAY	3	MO, QLL (8 nasal sprayers/30)
IMITREX 5 MG NASAL SPRAY	3	MO, QLL (16 nasal sprayers/30)
IMITREX INJECTION INJ	4	MO, QLL (4 vials/30)
IMITREX TABLET	3	MO, QLL (9/30), ST
INFUMORPH INJ	4	MO
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	3	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
INVEGA ER 6 MG TABLET	3	MO, QLL (60/30)
INVEGA SUSTENNA INJ	4	MO, QLL (2/28)
KEPPRA INJECTION INJ	4	MO
KEPPRA SOLUTION, -TABLET	3	MO
LAMICTAL (BLUE)	3	MO
LAMICTAL (GREEN)	3	MO
LAMICTAL (ORANGE)	3	MO
LAMICTAL 150 MG TABLET, -200 MG TABLET	3	MO, QLL (60/30)
LAMICTAL 25 MG TABLET, -100 MG TABLET, -TABLET DISPERSIBLE	3	MO
LAMICTAL ODT 100 MG TABLET	3	MO
LAMICTAL ODT 200 MG TABLET	3	MO, QLL (60/30)
LAMICTAL ODT 25 MG TABLET, -50 MG TABLET	3	MO, QLL (90/30)
LAMICTAL XR (BLUE)	3	MO, PAR, QLL (28/28)
LAMICTAL XR (GREEN)	3	MO, PAR, QLL (35/35)
LAMICTAL XR (ORANGE)	3	MO, PAR, QLL (35/35)
LAMICTAL XR 100 MG TABLET	3	MO, PAR
LAMICTAL XR 200 MG TABLET	3	MO, PAR, QLL (60/30)
LAMICTAL XR 25 MG TABLET, -50 MG TABLET	3	MO, PAR, QLL (90/30)
<i>lamotrigine 150 mg tablet, -200 mg tablet</i>	1	MO, QLL (60/30)
<i>lamotrigine 25 mg tablet, -100 mg tablet, -tablet dispersible</i>	1	MO
LATUDA	3	QLL (30/30)
<i>levetiracetam injection INJ</i>	4	
<i>levetiracetam solution, -tablet</i>	1	MO
<i>levorphanol tartrate tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
LEXAPRO 20 MG TABLET	2	MO, QLL (30/30)
LEXAPRO 5 MG TABLET, - 10 MG TABLET	2	MO, QLL (45/30)
LEXAPRO SOLUTION	2	MO, QLL (600/30)
<i>lithium</i>	1	MO
<i>lithium carbonate capsule, - tablet, -tablet sustained action</i>	1	MO
LITHOBID	3	MO
LODOSYN	3	MO, ST
<i>lorazepam</i>	6	MO, E
<i>lorazepam intensol</i>	6	MO, E
<i>loxapine</i>	1	MO
LOXITANE	3	MO
LUNESTA	3	MO, PAR, QLL (30/30)
LYRICA 225 MG CAPSULE, -300 MG CAPSULE	3	MO, PAR, QLL (60/30)
LYRICA 25 MG CAPSULE, -50 MG CAPSULE, -75 MG CAPSULE, -100 MG CAPSULE, -150 MG CAPSULE, -200 MG CAPSULE	3	MO, PAR, QLL (90/30)
<i>maprotiline 25 mg tablet, -50 mg tablet</i>	1	MO, QLL (90/30)
<i>maprotiline 75 mg tablet</i>	1	MO
<i>margesic h</i>	1	MO, QLL (240/30)
MARPLAN	2	MO
MAXALT	2	MO, QLL (12/30), ST
MAXALT MLT	2	MO, QLL (12/30), ST
<i>meclizine hcl tablet</i>	1	MO
<i>meperidine hcl injection INJ</i>	4	MO
<i>meperidine hcl solution, - tablet</i>	1	MO
<i>meperitab</i>	1	MO
<i>meprobamate 200 mg tablet</i>	1	MO, QLL (120/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>meprobamate 400 mg tablet</i>	1	MO, QLL (180/30)
MESTINON SYRUP, - TABLET SUSTAINED ACTION	2	MO
MESTINON TABLET	3	MO
<i>methadone hcl injection INJ</i>	4	MO
<i>methadone hcl solution, - tablet, -tablet soluble</i>	1	MO
<i>methadone intensol</i>	1	MO
<i>methadose</i>	1	MO
<i>methylin er</i>	1	MO, QLL (90/30)
<i>methylin tablet</i>	1	MO, QLL (90/30)
<i>methylphenidate er</i>	1	MO, QLL (90/30)
<i>methylphenidate hcl tablet</i>	1	MO, QLL (90/30)
<i>methylphenidate sr</i>	1	MO, QLL (90/30)
<i>midazolam hcl</i>	6	MO, E
<i>migergot</i>	1	MO
MIGRANAL	3	MO
MIRAPEX 0.125 MG TABLET, -0.25 MG TABLET, -0.5 MG TABLET, -1 MG TABLET, -1.5 MG TABLET	3	MO, ST
MIRAPEX 0.75 MG TABLET	3	MO, ST
<i>mirtazapine</i>	1	MO, QLL (30/30)
MOBAN 10 MG TABLET, - 25 MG TABLET	2	MO, QLL (120/30)
MOBAN 50 MG TABLET	2	MO
<i>morphine sulf er 100 mg tab, - sulf er 200 mg tab</i>	1	MO, QLL (180/30)
<i>morphine sulf er 15 mg tablet, -sulf er 30 mg tablet, -sulf er 60 mg tablet</i>	1	MO, QLL (120/30)
<i>morphine sulfate in dextrose INJ</i>	4	MO
<i>morphine sulfate injection INJ</i>	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate solution, - suppository rectal, -tablet</i>	1	MO
MS CONTIN 100 MG TABLET, -200 MG TABLET	3	MO, QLL (180/30)
MS CONTIN 15 MG TABLET, -CR 30 MG TABLET, -60 MG TABLET	3	MO, QLL (120/30)
MYSOLINE 250 MG TABLET	3	MO
MYSOLINE 50 MG TABLET	3	
MYTELASE	3	MO
<i>nalbuphine hcl injection</i> INJ	4	MO
<i>naloxone hcl injection</i> INJ	4	MO
<i>naltrexone hcl tablet</i>	1	MO
NAMENDA SOLUTION	2	MO, QLL (300/30)
NAMENDA TABLET, - TABLET DOSE PACK	2	MO, QLL (60/30)
<i>naratriptan hcl</i>	1	QLL (9/30)
NARDIL	3	MO
NAVANE	3	MO
<i>nefazodone hcl</i>	1	MO, QLL (60/30)
NEURONTIN 100 MG CAPSULE, -300 MG CAPSULE, -TABLET	3	MO, QLL (180/30)
NEURONTIN 400 MG CAPSULE	3	MO, QLL (270/30)
NEURONTIN SOLUTION	3	MO, QLL (2160/30)
NICOTROL	3	MO
NICOTROL NS	2	MO
NORPRAMIN	3	MO
<i>nortriptyline hcl capsule, - solution</i>	1	MO
NUVIGIL 150 MG TABLET, -250 MG TABLET	2	MO, PAR, QLL (30/30)
NUVIGIL 50 MG TABLET	2	MO, PAR, QLL (60/30)
<i>ondansetron hcl 24 mg tablet</i>	1	MO, B/D, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl 4 mg tablet, - 8 mg tablet</i>	1	MO, B/D, QLL (90/30)
<i>ondansetron hcl in dextrose</i> INJ	4	MO
<i>ondansetron hcl injection</i> INJ	4	MO
<i>ondansetron hcl solution</i>	1	MO, B/D, QLL (450 ml/30)
<i>ondansetron in sodium chloride</i> INJ	4	MO
<i>ondansetron odt</i>	1	MO, B/D, QLL (90/30)
ONSOLIS	5	LA, PAR, QLL (120/30)
ORAMORPH SR 100 MG TABLET	3	MO, QLL (180/30)
ORAMORPH SR 15 MG TABLET, -30 MG TABLET, -60 MG TABLET	3	MO, QLL (120/30)
ORAP	2	MO
<i>oxazepam</i>	6	MO, E
<i>oxcarbazepine 150 mg tablet, -300 mg tablet</i>	1	MO, QLL (60/30)
<i>oxcarbazepine 600 mg tablet</i>	1	MO
OXCARBAZEPINE SUSPENSION	2	MO
<i>oxycodone-acetaminophen 7.5-500</i>	1	MO, QLL (240/30)
<i>oxycodone concentrate</i>	1	
<i>oxycodone hcl capsule, - solution, -tablet</i>	1	MO
<i>oxycodone hcl-aspirin</i>	1	MO
<i>oxycodone hcl-ibuprofen</i>	1	MO
<i>oxycodone-acetaminophen 10-325</i>	1	MO, QLL (360/30)
<i>oxycodone-acetaminophen 10-650</i>	1	MO, QLL (180/30)
<i>oxycodone-acetaminophen capsule</i>	1	MO, QLL (240/30)
<i>oxycodone-acetaminophen tablet</i>	1	MO, QLL (360/30)
<i>oxycodone-aspirin</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
OXYCONTIN 10 MG TABLET, -15 MG TABLET, -20 MG TABLET, -30 MG TABLET, -40 MG TABLET, -60 MG TABLET	3	MO, QLL (90/30), ST
OXYCONTIN 80 MG TABLET	5	MO, QLL (120/30), ST
PAMELOR	3	MO
PARCOPA	3	MO, ST
PARLODEL	3	MO
PARNATE	3	MO
<i>paroxetine cr 25 mg tablet</i>	1	MO, QLL (90/30)
<i>paroxetine hcl 10 mg tablet</i>	1	MO, QLL (45/30)
<i>paroxetine hcl 20 mg tablet, -cr 12.5 mg tablet</i>	1	MO, QLL (30/30)
<i>paroxetine hcl 30 mg tablet, -40 mg tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>	1	MO, QLL (60/30)
<i>paroxetine hcl suspension oral</i>	1	MO, QLL (1200/30)
PAXIL 10 MG TABLET	3	MO, QLL (45/30)
PAXIL 20 MG TABLET	3	MO, QLL (30/30)
PAXIL 30 MG TABLET, -40 MG TABLET	3	MO, QLL (60/30)
PAXIL CR 12.5 MG TABLET	3	MO, QLL (30/30)
PAXIL CR 25 MG TABLET, -37.5 MG TABLET	3	MO, QLL (60/30)
PAXIL SUSPENSION ORAL	3	MO, QLL (1200/30)
PEGANONE	2	MO
<i>pentazocine-acetaminophen</i>	1	MO, QLL (180/30)
<i>pentazocine-naloxone hcl</i>	1	MO
<i>perphenazine</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	MO
PEXEVA 10 MG TABLET	3	MO, QLL (45/30)
PEXEVA 20 MG TABLET	3	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
PEXEVA 30 MG TABLET, -40 MG TABLET	3	MO, QLL (60/30)
<i>phenadoz</i>	1	MO
PHENELZINE SULFATE TABLET	2	
<i>phenobarbital</i>	6	MO, E
PHENYTEK	3	MO
<i>phenytoin sod ext 100 mg cap</i>	1	MO
PHENYTOIN SOD EXT 200 MG CAP, -SOD EXT 300 MG CAP	2	MO
<i>phenytoin sodium injection INJ</i>	4	MO
<i>phenytoin suspension oral</i>	1	MO
<i>pramipexole 0.125 mg tablet, -0.25 mg tablet, -0.5 mg tablet, -1 mg tablet, -1.5 mg tablet</i>	1	MO
<i>pramipexole 0.75 mg tablet</i>	1	
<i>primidone tablet</i>	1	MO
PRISTIQ	3	MO, PAR, QLL (30/30)
<i>prochlorperazine edisylate INJ</i>	4	MO
<i>prochlorperazine maleate suppository rectal, -tablet</i>	1	MO
<i>promethazine hcl suppository rectal</i>	1	MO
<i>promethegan</i>	1	MO
<i>protriptyline hcl</i>	1	MO
PROVIGIL 100 MG TABLET	2	MO, PAR, QLL (30/30)
PROVIGIL 200 MG TABLET	2	MO, PAR, QLL (60/30)
PROZAC 10 MG PULVULE	3	MO, QLL (45/30)
PROZAC 20 MG PULVULE	3	MO, QLL (120/30)
PROZAC 40 MG PULVULE	3	MO, QLL (60/30)
PROZAC WEEKLY	3	MO, QLL (4/28)
<i>pyridostigmine bromide</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
RAPIFLUX	3	MO, QLL (120/30)
RAZADYNE ER	3	MO, QLL (30/30)
RAZADYNE SOLUTION	3	MO, QLL (180/30)
RAZADYNE TABLET	3	MO, QLL (60/30)
REGONOL INJ	4	MO
RELPAK	3	MO, QLL (9/30), ST
REMERON	3	MO, QLL (30/30)
REQUIP	3	MO, ST
REQUIP XL	3	MO
REVIA	3	MO
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR, -37.5 MG SYR INJ	4	MO, QLL (2/28)
RISPERDAL CONSTA 50 MG SYR INJ	5	MO
RISPERIDONE 0.25 MG ODT, -0.5 MG ODT, -1 MG ODT, -2 MG ODT, -3 MG ODT	2	MO, QLL (60/30)
RISPERIDONE 4 MG ODT	2	MO, QLL (120/30)
<i>risperidone m-tab 0.5 mg odt, -1 mg odt, -2 mg odt, -3 mg odt</i>	2	MO, QLL (60/30)
<i>risperidone m-tab 4 mg odt</i>	2	MO, QLL (120/30)
<i>risperidone solution</i>	1	MO, QLL (480 ml/30)
<i>risperidone tablet</i>	1	MO, QLL (60/30)
<i>rivastigmine</i>	1	QLL (60/30)
<i>ropinirole hcl</i>	1	MO
<i>roxicet 5/500 caplet</i>	1	MO, QLL (240/30)
<i>roxicet 5-325 tablet</i>	1	MO, QLL (360/30)
ROXICET SOLUTION	3	MO, QLL (600/30)

Drug Name	Drug Tier	Requirements/ Limits
ROXICODONE	3	MO
SABRIL	3	LA
SANCUSO	5	MO, PAR, QLL (4/28)
SAPHRIS	3	MO, QLL (60/30)
SARAFEM 10 MG TABLET	3	MO, QLL (30/30)
SARAFEM 20 MG TABLET	3	MO, QLL (120/30)
SAVELLA TABLET	2	MO, QLL (60/30)
SAVELLA TABLET DOSE PACK	2	MO, QLL (1/365)
<i>selegiline hcl capsule, -tablet</i>	1	MO
<i>selfemra 10 mg capsule</i>	1	MO, QLL (30/30)
<i>selfemra 20 mg capsule</i>	1	MO, QLL (120/30)
SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	3	MO, QLL (90/30)
SEROQUEL 300 MG TABLET, -400 MG TABLET	3	MO, QLL (120/30)
SEROQUEL XR 300 MG TABLET	2	MO, QLL (90/30)
SEROQUEL XR 400 MG TABLET	2	MO, QLL (120/30)
SEROQUEL XR 50 MG TABLET, -150 MG TABLET, -200 MG TABLET	2	MO, QLL (30/30)
<i>sertraline hcl 100 mg tablet</i>	1	MO, QLL (90/30)
<i>sertraline hcl 25 mg tablet, -50 mg tablet</i>	1	MO, QLL (60/30)
<i>sertraline hcl solution</i>	1	MO, QLL (300/30)
SINEMET 10-100	3	MO, ST
SINEMET 25-100	3	MO, ST
SINEMET 25-250	3	MO, ST
SINEMET CR	3	MO, ST
SONATA 10 MG CAPSULE	3	MO, PAR, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
SONATA 5 MG CAPSULE	3	MO, PAR, QLL (30/30)
STADOL INJ	4	MO
<i>stagesic</i>	1	MO, QLL (240/30)
STALEVO 100	2	MO
STALEVO 125	2	MO
STALEVO 150	2	MO
STALEVO 200	2	MO
STALEVO 50	2	MO
STALEVO 75	2	MO
STAVZOR DR 125 MG CAPSULE, -DR 250 MG CAPSULE	3	MO, QLL (60/30)
STAVZOR DR 500 MG CAPSULE	3	MO
STRATTERA 10 MG CAPSULE, -18 MG CAPSULE, -25 MG CAPSULE, -40 MG CAPSULE	3	MO, PAR, QLL (60/30)
STRATTERA 60 MG CAPSULE, -80 MG CAPSULE, -100 MG CAPSULE	3	MO, PAR, QLL (30/30)
SUBOXONE 2 MG-0.5 MG SL FILM	2	PAR, QLL (360/30)
SUBOXONE 2 MG-0.5 MG TABLET SL	2	MO, PAR, QLL (360/30)
SUBOXONE 8 MG-2 MG SL FILM	2	PAR, QLL (90/30)
SUBOXONE 8 MG-2 MG TABLET SL	2	MO, PAR, QLL (90/30)
SUBUTEX 2 MG TABLET SL	3	MO, PAR, QLL (240/30)
SUBUTEX 8 MG TABLET SL	3	MO, PAR, QLL (60/30)
SUMATRIPTAN 20 MG NASAL SPRAY	2	MO, QLL (8/30)
<i>sumatriptan 4 mg/0.5 ml kit, -4 mg/0.5 ml refill, -6 mg/0.5 ml kit, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng</i> INJ	4	MO, QLL (4/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial</i> INJ	4	MO, QLL (4 ml/30)
SUMATRIPTAN 5 MG NASAL SPRAY	2	MO, QLL (16/30)
<i>sumatriptan succinate tablet</i>	1	MO, QLL (9/30)
SURMONTIL	3	MO
SYNALGOS-DC	3	MO
TALWIN INJ	4	MO
TASMAR	5	MO
TEGRETOL	3	MO
TEGRETOL XR 100 MG TABLET	3	MO
TEGRETOL XR 200 MG TABLET, -400 MG TABLET	3	MO
<i>temazepam</i>	6	MO, E
<i>thioridazine hcl</i>	1	MO
<i>thiothixene</i>	1	MO
TIGAN CAPSULE	3	MO
TIGAN INJECTION INJ	4	MO
TOFRANIL	3	MO
TOFRANIL-PM	3	MO
TOPAMAX CAPSULE SPRINKLE	3	MO, PAR
TOPAMAX TABLET	3	MO, PAR, QLL (60/30)
<i>topiragen</i>	1	MO, PAR, QLL (60/30)
<i>topiramate capsule sprinkle</i>	1	MO, PAR
<i>topiramate tablet</i>	1	MO, PAR, QLL (60/30)
<i>tramadol hcl tablet</i>	1	MO, QLL (240/30)
<i>tramadol hcl tablet sustained release 24hr</i>	1	MO, QLL (30/30)
<i>tramadol hcl-acetaminophen</i>	1	MO, QLL (240/30)
TRANSDERM-SCOP	3	MO, QLL (4/12)
<i>tranlycypromine sulfate</i>	1	MO
<i>trazodone hcl tablet</i>	1	MO
<i>triazolam</i>	6	MO, E
<i>trifluoperazine hcl</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>trihexyphenidyl hcl</i>	1	MO
TRILEPTAL 150 MG TABLET, -300 MG TABLET	3	MO, QLL (60/30)
TRILEPTAL SUSPENSION, -600 MG TABLET	3	MO
<i>trimethobenzamide hcl capsule</i>	1	MO
<i>trimethobenzamide hcl injection INJ</i>	4	MO
ULTRACET	3	MO, QLL (240/30)
ULTRAM	3	QLL (240/30)
ULTRAM ER	3	MO, QLL (30/30)
<i>valproate sodium injection INJ</i>	4	MO
<i>valproic acid capsule, -syrup</i>	1	MO
<i>venlafaxine hcl 25 mg tablet, -37.5 mg tablet, -75 mg tablet, -100 mg tablet</i>	1	MO, QLL (90/30)
<i>venlafaxine hcl 50 mg tablet</i>	1	MO
VENLAFAXINE HCL ER 37.5 MG CAP	3	QLL (30/30)
VENLAFAXINE HCL ER 75 MG CAP, -150 MG CAP	3	QLL (60/30)
VIMPAT INJECTION INJ	4	MO
VIMPAT SOLUTION, -TABLET	3	MO
VIVACTIL	3	MO
WELLBUTRIN	3	MO, QLL (120/30)
WELLBUTRIN SR	3	MO, QLL (60/30)
WELLBUTRIN XL 150 MG TABLET	3	MO, QLL (90/30)
WELLBUTRIN XL 300 MG TABLET	3	MO, QLL (30/30)
XENAZINE	5	LA, PAR
XYREM	5	LA, PAR, QLL (540/30)
<i>zaleplon 10 mg capsule</i>	1	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>zaleplon 5 mg capsule</i>	1	MO, QLL (30/30)
<i>zamicet</i>	1	QLL (5540/30)
ZARONTIN	3	MO
ZELAPAR	3	MO
ZOFRAN INJECTION INJ	4	MO
ZOFRAN ODT	3	MO, B/D, QLL (90/30)
ZOFRAN SOLUTION	3	MO, B/D, QLL (450 ml/30)
ZOFRAN TABLET	3	MO, B/D, QLL (90/30)
ZOLOFT 100 MG TABLET	3	MO, QLL (90/30)
ZOLOFT 25 MG TABLET, -50 MG TABLET	3	MO, QLL (60/30)
ZOLOFT SOLUTION	3	MO, QLL (300/30)
<i>zolpidem tartrate tablet</i>	1	MO, QLL (30/30)
ZOLPIDEM TARTRATE TABLET MULTIPHASIC RELEASE	3	QLL (30/30)
ZOMIG SPRAY NON-AEROSOL	3	MO, QLL (6 nasal sprayers/30)
ZOMIG TABLET	3	MO, QLL (9/30), ST
ZOMIG ZMT	3	MO, QLL (9/30), ST
ZONEGRAN	3	MO
<i>zonisamide</i>	1	MO
ZYBAN	3	MO, QLL (60/30)
ZYPREXA 10 MG TABLET, -15 MG TABLET	3	MO, QLL (60/30)
ZYPREXA 2.5 MG TABLET, -5 MG TABLET, -7.5 MG TABLET	3	MO, QLL (30/30)
ZYPREXA 20 MG TABLET	3	MO, QLL (90/30)
ZYPREXA INJECTION INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL INJ	5	MO, QLL (2/28)
ZYPREXA RELPREVV 405 MG VIAL INJ	5	MO, QLL (1/28)
ZYPREXA ZYDIS 10 MG TABLET, -15 MG TABLET	3	MO, QLL (60/30)
ZYPREXA ZYDIS 20 MG TABLET	3	MO, QLL (90/30)
ZYPREXA ZYDIS 5 MG TABLET	3	MO, QLL (30/30)
CARDIOVASCULAR MEDICATIONS		
ACCURETIC	3	MO
<i>acebutolol hcl capsule</i>	1	MO
ACEON	3	MO
ADALAT CC	3	MO
ADCIRCA	5	PAR, QLL (60/30)
<i>afeditab cr</i>	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
<i>amiloride hcl tablet</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl injection</i> INJ	4	MO
<i>amiodarone hcl tablet</i>	1	MO
<i>amlodipine besylate 2.5 mg tab, -10 mg tab</i>	1	MO, QLL (30/30)
<i>amlodipine besylate 5 mg tab</i>	1	MO, QLL (45/30)
<i>amlodipine-benazepril 2.5-10, --benazepril 10-20 mg, --benazepril 5-10 mg, --benazepril 5-20 mg</i>	1	MO
<i>amlodipine-benazepril 5-40 mg, --benazepril 10-40 mg</i>	1	
ANTARA	3	MO, ST
ATACAND 32 MG TABLET	3	MO, QLL (30/30)
ATACAND 4 MG TABLET, -8 MG TABLET, -16 MG TABLET	3	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
ATACAND HCT 16-12.5 MG TAB	3	MO, QLL (60/30)
ATACAND HCT 32-12.5 MG TAB, -32-25 MG TABLET	3	MO, QLL (30/30)
<i>atenolol tablet</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AVALIDE	3	MO, QLL (30/30)
AVAPRO	3	MO, QLL (30/30)
AZOR	3	MO, QLL (30/30)
<i>benazepril hcl</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR 20 MG TABLET, -40 MG TABLET	3	MO, QLL (30/30)
BENICAR 5 MG TABLET	3	MO, QLL (60/30)
BENICAR HCT	3	MO, QLL (30/30)
BETAPACE	3	MO
BETAPACE AF	3	MO
<i>betaxolol hcl tablet</i>	1	MO
BIDIL	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i> INJ	4	MO
<i>bumetanide tablet</i>	1	MO
BYSTOLIC	2	MO
CADUET	3	MO, QLL (30/30)
CALAN	3	MO
CALAN SR	3	MO
<i>captopril tablet</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDIZEM	3	MO
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDURA	3	MO
CARDURA XL	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
CATAPRES	3	MO
CATAPRES-TTS 1	3	MO, QLL (4/28)
CATAPRES-TTS 2	3	MO, QLL (4/28)
CATAPRES-TTS 3	3	MO, QLL (4/28)
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i> INJ	4	MO
<i>chlorthalidone</i>	1	MO
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>clonidine</i>	1	MO, QLL (4/28)
<i>clonidine hcl tablet</i>	1	MO
CLORPRES	3	MO
COLESTID	3	MO
<i>colestipol hcl</i>	1	MO
CORDARONE	3	MO
COREG CR	3	MO
CORGARD	3	MO, PAR
CORZIDE	3	MO
COVERA-HS	3	MO
COZAAR 100 MG TABLET	3	MO, QLL (30/30)
COZAAR 25 MG TABLET, - 50 MG TABLET	3	MO, QLL (60/30)
CRESTOR	2	MO, QLL (30/30), ST
DEMADEX	3	MO
DEMSER	3	MO
DIBENZYLINE	3	MO
<i>digoxin injection</i> INJ	4	MO
<i>digoxin solution, -tablet</i>	1	MO
DILACOR XR	3	MO
DILATRATE-SR	3	MO
<i>dilt-cd</i>	1	MO
<i>diltia xt</i>	1	MO
<i>diltiazem 24hr er capsule sustained release 24 hr</i>	1	MO
<i>diltiazem er</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl injection</i> INJ	4	MO
<i>diltiazem hcl tablet</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>diltzac er</i>	1	MO
DIOVAN 160 MG TABLET	2	MO, QLL (60/30)
DIOVAN 320 MG TABLET	2	MO, QLL (30/30)
DIOVAN 40 MG TABLET, - 80 MG TABLET	2	MO, QLL (90/30)
DIOVAN HCT	2	MO, QLL (30/30)
<i>disopyramide phosphate</i>	1	MO
DIURIL	3	MO
DIURIL SODIUM INJ	4	MO
<i>dobutamine 250 mg-d5w 500 ml, -250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml</i> INJ	4	MO
<i>dobutamine hcl</i> INJ	4	MO
<i>dopamine hcl</i> INJ	4	MO
<i>dopamine hcl in 5% dextrose</i> INJ	4	MO
<i>doxazosin mesylate</i>	1	MO
DYAZIDE	3	MO
DYNACIRC CR	3	MO
DYRENIUM	3	MO
EDECIN	3	MO
<i>enalapril maleate tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
EXFORGE	2	MO, QLL (30/30)
EXFORGE HCT	2	MO, QLL (30/30)
<i>felodipine er</i>	1	MO
<i>fenofibrate</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i> INJ	4	MO
<i>furosemide solution, -tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>gemfibrozil tablet</i>	1	MO
<i>guanabenz acetate tablet</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>hydralazine hcl injection</i> INJ	4	MO
<i>hydralazine hcl tablet</i>	1	MO
<i>hydrochlorothiazide capsule, - tablet</i>	1	MO
HYZAAR	3	MO, QLL (30/30)
<i>indapamide</i>	1	MO
INDERAL LA	3	MO, PAR
INNOPRAN XL	3	MO
INSPIRA	3	MO
ISOCHRON	3	MO
ISOPTIN SR	3	MO
ISORDIL	3	MO
ISORDIL TITRADOSE	3	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isradipine</i>	1	MO
KERLONE	3	MO, PAR
<i>labetalol hcl injection</i> INJ	4	MO
<i>labetalol hcl tablet</i>	1	MO
LANOXIN INJECTION INJ	4	MO
LANOXIN PEDIATRIC INJ	4	MO
LANOXIN TABLET	2	MO
LASIX	3	MO
LETAIRIS	5	LA, PAR
LEVATOL	3	MO
LIPOFEN 150 MG CAPSULE	2	
LIPOFEN 50 MG CAPSULE	2	MO
<i>lisinopril tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOFIBRA	3	MO, ST
LOPID	3	MO, ST
LOPRESSOR HCT	3	MO
LOPRESSOR INJECTION INJ	4	MO, PAR
LOPRESSOR TABLET	3	MO, PAR
<i>losartan potassium 100 mg tab</i>	1	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium 25 mg tab, -50 mg tab</i>	1	MO, QLL (60/30)
<i>losartan-hydrochlorothiazide</i>	1	MO, QLL (30/30)
LOTREL 2.5-10 MG CAPSULE, -10-20 MG CAPSULE, -5-10 MG CAPSULE, -5-20 MG CAPSULE	3	MO
LOTREL 5-40 MG CAPSULE, -10-40 MG CAPSULE	3	MO
<i>lovastatin 10 mg tablet, -20 mg tablet</i>	1	MO, QLL (30/30)
<i>lovastatin 40 mg tablet</i>	1	MO, QLL (60/30)
LOVAZA	2	MO
MATZIM LA	3	MO
MAXZIDE	3	MO
MAXZIDE-25 MG	3	MO
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	1	MO
<i>methyldopa-hydrochlorothiazide</i>	1	MO
<i>methyldopate hcl</i> INJ	4	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tartrate injection</i> INJ	4	MO
<i>metoprolol tartrate tablet</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	1	MO
<i>mexiletine hcl capsule</i>	1	MO
MICARDIS 20 MG TABLET, -40 MG TABLET	2	MO, QLL (30/30)
MICARDIS 80 MG TABLET	2	MO, QLL (60/30)
MICARDIS HCT 40-12.5 MG TABLET, -80-25 MG TABLET	2	MO, QLL (30/30)
MICARDIS HCT 80-12.5 MG TABLET	2	MO, QLL (60/30)
MICROZIDE	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>midodrine hcl</i>	1	MO
MINIPRESS	3	MO
MINITRAN	3	MO
<i>minoxidil tablet</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
MONOKET	3	MO
<i>nadolol tablet</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	1	MO
NIACOR	2	MO
NIASPAN	2	MO
<i>nicardipine hcl capsule</i>	1	MO
<i>nicardipine hcl injection</i> INJ	4	MO
<i>nifediac cc</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine capsule</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	1	MO
NIMOTOP	5	MO
<i>nisoldipine er 20 mg tablet, -er 30 mg tablet, -er 40 mg tablet</i>	1	MO
<i>nitro-bid</i>	1	MO
NITRO-DUR	3	MO
<i>nitroglycerin injection</i> INJ	4	MO
<i>nitroglycerin patch</i>	1	MO
NITROLINGUAL	3	MO
NITROSTAT	2	MO
NORPACE	3	MO
NORPACE CR	3	MO
NORVASC 2.5 MG TABLET, -10 MG TABLET	3	MO, QLL (30/30)
NORVASC 5 MG TABLET	3	MO, QLL (45/30)
PACERONE 100 MG TABLET	2	MO
<i>pacerone 200 mg tablet</i>	1	MO
PACERONE 400 MG TABLET	3	MO
<i>pentopak</i>	1	MO
<i>pentoxifylline tablet sustained action</i>	1	MO
<i>perindopril erbumine</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>pindolol</i>	1	MO
<i>pravastatin sodium</i>	1	MO, QLL (30/30)
<i>prazosin hcl</i>	1	MO
<i>prevalite</i>	1	MO
<i>procainamide hcl injection</i> INJ	4	MO
PROCARDIA	3	MO
PROCARDIA XL	3	MO
PROPAFENONE HCL ER 225 MG CAP	3	MO
PROPAFENONE HCL SR 225 MG CAP, -SR 325 MG CAP, -SR 425 MG CAP	3	
<i>propafenone hcl tablet</i>	1	MO
<i>propranolol hcl capsule sustained action, -solution, -tablet</i>	1	MO
<i>propranolol hcl injection</i> INJ	4	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
QUESTRAN	3	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine gluconate injection</i> INJ	4	MO
<i>quinidine gluconate tablet sustained action</i>	1	MO
<i>quinidine sulfate tablet, -tablet sustained action</i>	1	MO
<i>ramipril</i>	1	MO
RANEXA	2	MO
REMODULIN INJ	5	LA, PAR
<i>reserpine tablet</i>	1	MO
REVATIO INJECTION INJ	5	MO, PAR, QLL (1125/30)
REVATIO TABLET	5	MO, PAR, QLL (90/30)
RYTHMOL	3	MO
RYTHMOL SR	3	MO
SECTRAL	3	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
SIMCOR 500-20 MG TABLET, -750-20 MG TABLET, -1,000-20 MG TABLET	2	MO, QLL (60/30)
SIMCOR 500-40 MG TABLET, -1,000-40 MG TABLET	2	QLL (30/30)
<i>simvastatin</i>	1	MO, QLL (30/30)
SODIUM EDECIN INJ	4	MO
<i>sorine</i>	1	MO
<i>sotalol</i>	1	MO
<i>sotalol af</i>	1	MO
SOTALOL HCL INJ	4	MO
<i>spironolactone tablet</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
TAMBOCOR	3	MO
TARKA	3	MO
<i>taztia xt</i>	1	MO
TEKTURNA	2	MO, QLL (30/30)
TEKTURNA HCT	2	MO, QLL (30/30)
TENEX	3	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO, PAR
<i>terazosin hcl</i>	1	MO
TEVETEN 400 MG TABLET	3	MO, QLL (60/30)
TEVETEN 600 MG TABLET	3	MO, QLL (30/30)
TEVETEN HCT	3	MO, QLL (30/30)
THALITONE	2	MO
TIAZAC	3	MO
TIKOSYN	3	MO
<i>timolol maleate tablet</i>	1	MO
TOPROL XL	3	MO, PAR
<i>torse mide injection INJ</i>	4	MO
<i>torse mide tablet</i>	1	MO
TRACLEER	5	LA
TRANDATE	3	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
<i>trandolapril</i>	1	MO
TRENTAL	3	MO
<i>triamterene-hctz</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRICOR	3	MO, ST
TRIGLIDE	3	MO, ST
TRILIPIX	3	MO, ST
VALTURNA	2	QLL (30/30)
VENTAVIS	5	MO, PAR
<i>verapamil er</i>	1	MO
<i>verapamil er pm</i>	1	MO
<i>verapamil hcl capsule 24hr sustained release pellets, - tablet, -tablet sustained action</i>	1	MO
<i>verapamil hcl injection INJ</i>	4	MO
VERELAN	3	MO
VERELAN PM	3	MO
VYTORIN	3	MO, PAR, QLL (30/30)
WELCHOL	3	MO
ZAROXOLYN	3	MO
ZEBETA	3	MO, PAR
ZETIA	2	MO, PAR, QLL (30/30)
ZIAC	3	MO, PAR
DERMATOLOGICAL MEDICATIONS		
8-MOP	3	MO
ACLOVATE	3	MO
<i>acticin</i>	1	MO
ADAPALENE	3	
AKNE-MYCIN	3	MO
ALA-CORT	3	MO
ALA-SCALP HP	3	MO
<i>alclometasone dipropionate</i>	1	MO
ALDARA	3	MO
<i>amcinonide</i>	1	MO
<i>ammonium lactate cream, - lotion</i>	1	MO
<i>amne steem</i>	1	MO
AVITA	3	MO, QLL (90/30)
AZELEX	3	MO

Drug Name	Drug Tier	Requirements/ Limits
BENZAFLIN	3	MO
BENZAMYCIN	3	MO
<i>betamethasone dipropionate cream, -gel, -lotion, -ointment</i>	1	MO
<i>betamethasone valerate cream, -lotion, -ointment</i>	1	MO
<i>betanate</i>	1	MO
<i>calcipotriene ointment</i>	1	QLL (200/30)
<i>calcipotriene solution</i>	1	MO, QLL (60/30)
CAPEX SHAMPOO	3	MO
CARAC	3	MO
CARMOL HC	3	MO
<i>claravis</i>	1	MO
CLEOCIN T	3	MO
<i>clinda-derm</i>	1	MO
CLINDAGEL	3	MO
CLINDAMYCIN PHOSPHATE FOAM	3	MO
<i>clindamycin phosphate gel, -lotion, -solution non-oral, -swab medicated</i>	1	MO
<i>clindamycin-benzoyl peroxide</i>	1	MO, QLL (60/30)
<i>clobetasol emollient</i>	1	MO
<i>clobetasol propionate cream, -foam, -gel, -ointment, -solution non-oral</i>	1	MO
CLOBEX	3	MO
CLODERM	3	MO
CONDYLOX	3	MO
CORDRAN	3	MO
CORDRAN SP	3	MO
<i>cormax</i>	1	MO
CUTIVATE	3	MO
<i>del-beta</i>	1	MO
DERMA-SMOOTH-FS	3	MO
DERMATOP	3	MO
<i>desonide cream, -lotion, -ointment</i>	1	MO
<i>desoximetasone cream, -gel, -ointment</i>	1	MO
DIFFERIN CREAM, -GEL	3	MO

Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN LOTION	3	
<i>diflorasone diacetate</i>	1	MO
DIPROLENE	3	MO
DIPROLENE AF	3	MO
DOVONEX CREAM	2	MO, QLL (200/30)
DOVONEX SOLUTION	3	MO, QLL (60/30)
EFUDEX	3	MO
ELIDEL	3	MO, PAR
ELOCON	3	MO
<i>ery</i>	1	MO
<i>erythromycin gel, -solution non-oral, -swab medicated</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
EURAX	3	MO
EVOCLIN	3	MO
FINACEA	3	MO
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>	1	MO
<i>fluocinonide cream, -gel, -ointment, -solution non-oral</i>	1	MO
<i>fluocinonide emollient</i>	1	MO
<i>fluocinonide-e</i>	1	MO
FLUOROPLEX	3	MO
<i>fluorouracil cream, -solution non-oral</i>	1	MO
<i>fluticasone propionate cream, -ointment</i>	1	MO
<i>halobetasol propionate</i>	1	MO
HALOG	3	MO
<i>hydrocortisone 1% cream</i>	1	MO
<i>hydrocortisone 1% cream, -plus 1% cream, --aloe 1% cream, -2.5% cream, -lotion, -1% absorbbase, -1% oint, -1% ointment, -2.5% ointment</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>hydroxyzine hcl injection INJ</i>	4	MO
<i>hydroxyzine hcl syrup, -tablet</i>	1	MO
<i>hydroxyzine pamoate capsule</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>imiquimod cream</i>	1	MO
KENALOG	3	MO
KLARON	3	MO
LAC-HYDRIN	3	MO
LACLOTION	3	MO
LEVULAN	2	MO
LINDANE	3	MO
LOCOID	3	MO
LOCOID LIPOCREAM	3	MO
LOKARA	3	MO
LUXIQ	3	MO
<i>malathion</i>	1	MO
METROCREAM	3	MO
METROGEL	3	MO
METROLOTION	3	MO
<i>metronidazole cream, -gel, -lotion</i>	1	MO
<i>mometasone furoate cream, -ointment, -solution non-oral</i>	1	MO
NORITATE	3	MO
OVIDE	3	MO
OXSORALEN-ULTRA	5	MO
PANDEL	3	MO
PANRETIN	5	MO
<i>permethrin cream</i>	1	MO
<i>podofilox</i>	1	MO
<i>prednicarbate</i>	1	MO
PROTOPIC	3	MO, PAR
REGRANEX	5	MO, PAR
RETIN-A	3	MO, QLL (90/30)
RETIN-A MICRO	3	MO, QLL (90/30)
SANTYL	2	MO
<i>selenium sulfide shampoo, -2.5% lotion</i>	1	MO
SOLARAZE	2	MO, PAR, QLL (100/30)
SORIATANE 10 MG CAPSULE	3	
SORIATANE 17.5 MG CAPSULE	5	MO

Drug Name	Drug Tier	Requirements/ Limits
SORIATANE 25 MG CAPSULE	5	
<i>sotret</i>	1	MO
<i>sulfacetamide sodium lotion, -suspension topical</i>	1	MO
TACLONEX	3	MO
TAZORAC	3	MO
TEMOVATE	3	MO
TOPICORT	3	MO
TOPICORT LP	3	MO
<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>	1	MO, QLL (90/30)
<i>triamcinolone acetonide cream, -lotion, -ointment</i>	1	MO
<i>trianex</i>	1	MO
<i>triderm</i>	1	MO
U-CORT	3	MO
ULTRAVATE	3	MO
VANOS	3	MO
VERDESO	3	MO
VISTARIL	3	MO
<i>vitazol</i>	1	MO
VOLTAREN GEL	2	MO, QLL (800/30)
WESTCORT	3	MO
ZIANA	3	
ZONALON	3	MO
DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS		
ADAGEN INJ	5	LA
<i>aminocaproic acid solution oral, -tablet</i>	1	MO
AMPYRA	5	LA, PAR, QLL (60/30)
ANTIZOL INJ	5	MO
BUPHENYL	5	MO, PAR
CHEMET	3	MO
COPAXONE INJ	5	MO, PAR
CYKLOKAPRON INJ	4	MO
<i>ergoloid mesylates tablet</i>	1	MO
EXJADE 125 MG TABLET	3	LA, PAR

Drug Name	Drug Tier	Requirements/Limits
EXJADE 250 MG TABLET, -500 MG TABLET	5	LA, PAR
<i>fomepizole</i> INJ	5	MO
GILENYA	5	MO, PAR
ORFADIN	5	LA
THALOMID	5	MO, PAR
EAR-NOSE-THROAT MEDICATIONS		
<i>acetazol hc</i>	1	MO
<i>acetic acid solution non-oral</i>	1	MO
<i>acetic acid-aluminum</i>	1	MO
<i>acetic acid-hydrocortisone</i>	1	MO
ASTELIN	3	MO, QLL (30 ml/25)
ASTEPRO	2	MO, QLL (30 ml/25)
ATROVENT 0.03% SPRAY	3	MO, QLL (30 ml/30)
ATROVENT 0.06% SPRAY	3	MO, QLL (15 ml/30)
<i>azelastine hcl aerosol spray w/pump</i>	1	MO, QLL (30 ml/25)
BECONASE AQ	3	MO, QLL (50 gm/30), ST
<i>chlorhexidine gluconate mouthwash</i>	1	MO
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	3	MO
CORTISPORIN SOLUTION NON-ORAL	3	MO
CORTISPORIN-TC	3	MO
<i>cortomycin</i>	1	MO
DERMOTIC	2	MO
<i>doxycycline hyclate 20 mg tab</i>	1	MO
EVOXAC	3	MO
FLONASE	3	MO, QLL (16 gm/30), ST
<i>flunisolide 0.025% spray</i>	1	MO, QLL (50 ml/30)
<i>flunisolide 29 mcg-0.025% spr</i>	1	MO, QLL (50/30)
<i>fluticasone propionate nasal inhaled steroids</i>	1	MO, QLL (16 gm/30)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium 0.03% spray</i>	1	MO, QLL (30 ml/30)
<i>ipratropium 0.06% spray</i>	1	MO, QLL (15 ml/30)
NASACORT AQ	3	MO, QLL (34 gm/30), ST
NASONEX	3	MO, QLL (34 gm/30), ST
<i>neomycin-polymyxin-hc ear susp, -ear susp</i>	1	MO
<i>neomycin-polymyxin-hydrocort</i>	1	MO
<i>ofloxacin 0.3% ear drops</i>	1	MO
OMNARIS	3	MO, QLL (13 gm/30), ST
<i>oticin hc</i>	1	MO
<i>otomycet-hc</i>	1	MO
PATANASE	3	MO, QLL (31 gm/30)
<i>periogard</i>	1	MO
PERIOSTAT	3	MO
<i>pilocarpine hcl tablet</i>	1	MO
RHINOCORT AQUA	3	MO, QLL (18 gm/30), ST
SALAGEN	3	
<i>triamcinolone acetonide paste</i>	1	MO
TYZINE AEROSOL SPRAY, -0.1% NOSE DROPS	2	MO
TYZINE PEDIATRIC 0.05% DROP	3	MO
VERAMYST	3	MO, QLL (10 gm/30), ST
ENDOCRINE MEDICATIONS		
<i>acarbose</i>	1	MO
ACTHAR H.P. INJ	5	MO, PAR
ACTONEL 150 MG TABLET	3	MO, QLL (1/30), ST, FF
ACTONEL 35 MG TABLET	3	MO, QLL (4/28), ST, FF
ACTONEL 5 MG TABLET, -30 MG TABLET	3	MO, QLL (30/30), ST, FF

Drug Name	Drug Tier	Requirements/ Limits
ACTOPLUS MET	3	MO, QLL (90/30)
ACTOPLUS MET XR 15-1,000 MG TB	3	MO, QLL (60/30)
ACTOPLUS MET XR 30-1,000 MG TB	3	MO, QLL (30/30)
ACTOS	3	MO, QLL (30/30)
A-HYDROCORT INJ	4	MO
ALDURAZYME INJ	5	LA, PAR
<i>alendronate sodium 35 mg tab, -70 mg tab</i>	1	MO, QLL (4/28), FF
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>	1	MO, QLL (30/30), FF
AMARYL	3	MO
<i>a-methapred</i> INJ	4	MO
APIDRA INJ	3	MO, ST
APIDRA SOLOSTAR INJ	3	MO, ST
ARELIA INJ	4	MO, B/D
ARISTOSPAN INJ	4	MO
ARMOUR THYROID	2	MO
AVANDAMET 2 MG-500 MG TABLET	3	MO, PAR, QLL (120/30)
AVANDAMET 4 MG-1,000 MG TABLET, -4 MG-500 MG TABLET, -2 MG-1,000 MG TAB	3	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-1 MG TABLET, -4 MG-2 MG TABLET	3	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-4 MG TABLET, -8 MG-2 MG TABLET, -8 MG-4 MG TABLET	3	MO, PAR, QLL (30/30)
AVANDIA 2 MG TABLET, -4 MG TABLET	3	MO, PAR, QLL (60/30)
AVANDIA 8 MG TABLET	3	MO, PAR, QLL (30/30)
<i>baycadron</i>	1	MO
BONIVA INJECTION INJ	4	MO, B/D
BONIVA TABLET	3	MO, QLL (1/28), ST, FF

Drug Name	Drug Tier	Requirements/ Limits
BYETTA 10 MCG DOSE PEN INJ INJ	2	MO, QLL (3 ml/30), ST
BYETTA 5 MCG DOSE PEN INJ INJ	2	MO, QLL (2 ml/30), ST
<i>cabergoline</i>	1	MO
<i>calcitonin-salmon</i>	1	MO, QLL (4/30)
CELESTONE	3	MO
CEREDASE INJ	5	LA, PAR
CEREZYME INJ	5	LA, PAR
<i>chlorpropamide</i>	1	MO
CORTEF	3	MO
<i>cortisone acetate tablet</i>	1	MO
CYTOMEL	3	MO
DDAVP AEROSOL SPRAY W/PUMP, -TABLET	3	MO
DDAVP INJECTION INJ	4	MO
DEPO-MEDROL INJ	4	MO
<i>desmopressin acetate aerosol spray w/pump, -solution</i>	1	MO
<i>desmopressin acetate injection</i> INJ	4	MO
<i>desmopressin acetate tablet</i>	1	MO
<i>dexamethasone elixir, -solution oral, -tablet</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone sodium phosphate injection</i> INJ	4	MO
DEXPAK 10 DAY 1.5 MG TABLET, -6 DAY 1.5 MG TABLET	3	MO
DEXPAK 13 DAY 1.5 MG TABLET	3	
DIABETA	3	MO
DIDRONEL	3	MO
DUETACT	3	MO, QLL (30/30)
ELAPRASE INJ	5	LA, PAR
<i>etidronate disodium</i>	1	MO
FABRAZYME INJ	5	LA, PAR
<i>fludrocortisone acetate tablet</i>	1	MO
FORTAMET	3	MO

Drug Name	Drug Tier	Requirements/ Limits
FORTEO INJ	4	MO, PAR, QLL (3 pens/28)
<i>fortical</i>	1	MO, QLL (4/30)
FOSAMAX 35 MG TABLET, -70 MG TABLET	3	MO, QLL (4/28), ST, FF
FOSAMAX 5 MG TABLET, -10 MG TABLET, -40 MG TABLET	3	MO, QLL (30/30), ST, FF
FOSAMAX PLUS D	3	MO, QLL (4/28), ST, FF
FOSAMAX SOLUTION	3	MO, QLL (300 ml/28), ST, FF
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide tablet</i>	1	MO
<i>glipizide xl</i>	1	MO
<i>glipizide-metformin</i>	1	MO
GLUCAGEN INJ	4	MO
GLUCAGON EMERGENCY KIT INJ	4	MO
GLUCOPHAGE	3	MO
GLUCOPHAGE XR	3	MO
GLUCOTROL	3	MO
GLUCOTROL XL	3	MO
GLUCOVANCE	3	MO
GLUMETZA	3	MO
<i>glyburide</i>	1	MO
<i>glyburide micronized</i>	1	MO
<i>glyburide-metformin hcl</i>	1	MO
<i>glycron</i>	1	MO
GLYNASE	3	MO
GLYSET	3	MO
HUMALOG INJ	2	MO
HUMALOG MIX 50-50 INJ	2	MO
HUMALOG MIX 75-25 INJ	2	MO
HUMULIN 70-30 INJ	2	MO
HUMULIN N INJ	2	MO
HUMULIN R INJ	2	MO
<i>hydrocortisone tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
JANUMET	2	MO, QLL (60/30)
JANUVIA	2	MO, QLL (30/30)
KENALOG-10 INJ	4	MO
KENALOG-40 INJ	4	MO
KOMBIGLYZE XR 2.5-1,000 MG TAB	2	QLL (60/30)
KOMBIGLYZE XR 5-1,000 MG TAB, -5-500 MG TABLET	2	QLL (30/30)
KUVAN	5	LA
LANTUS INJ	2	MO
LANTUS SOLOSTAR INJ	2	MO
LEVEMIR INJ	2	MO
<i>levothroid</i>	1	MO
<i>levothyroxine sodium injection INJ</i>	4	MO
<i>levothyroxine sodium tablet</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium injection INJ</i>	5	MO
<i>liothyronine sodium tablet</i>	1	MO
MEDROL	3	MO
METAGLIP	3	MO
<i>metformin hcl</i>	1	MO
<i>metformin hcl er</i>	1	MO
<i>methimazole tablet</i>	1	MO
<i>methylprednisolone acetate injection INJ</i>	4	MO
<i>methylprednisolone sod succ INJ</i>	4	MO
<i>methylprednisolone tablet, - tablet dose pack</i>	1	MO
MIACALCIN AEROSOL SPRAY W/PUMP	3	MO, QLL (4/30)
MIACALCIN INJECTION INJ	4	MO, B/D
MILLIPRED	3	MO
NAGLAZYME INJ	5	LA, PAR
<i>nateglinide</i>	1	MO
NOVOLIN 70-30 INJ	2	MO
NOVOLIN N INJ	2	MO

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN R INJ	2	MO
NOVOLOG INJ	2	MO
NOVOLOG MIX 70-30 INJ	2	MO
ONGLYZA	2	MO, QLL (30/30)
ORAPRED	3	MO
ORAPRED ODT	3	MO
<i>pamidronate disodium</i> INJ	4	MO, B/D
PEDIAPRED	3	MO
PRANDIN	3	MO
PRECOSE	3	MO
<i>prednisolone sodium phosphate solution</i>	1	MO
<i>prednisolone solution oral</i>	1	MO
<i>prednisone intensol</i>	1	MO
<i>prednisone solution, -tablet</i>	1	MO
PROGLYCEM	5	MO
PROLIA INJ	4	PAR, QLL (2/365)
<i>propylthiouracil</i>	1	MO
RIOMET	3	MO
SAMSCA 15 MG TABLET	5	MO, PAR, QLL (30/30)
SAMSCA 30 MG TABLET	5	MO, PAR, QLL (60/30)
SENSIPAR 30 MG TABLET	2	MO
SENSIPAR 60 MG TABLET, -90 MG TABLET	5	MO
SKELID	3	MO
SOLU-CORTEF INJ	4	MO
SOLU-CORTEF (PF) INJ	4	MO
SOLU-MEDROL INJ	4	MO
SOLU-MEDROL (PF) INJ	4	MO
SOMAVERT INJ	5	LA, PAR
STARLIX	3	MO
STIMATE	3	MO
SYMLIN INJ	3	MO, PAR
SYMLINPEN 120 INJ	3	MO, PAR
SYMLINPEN 60 INJ	3	MO, PAR
SYNTHROID	2	MO
TAPAZOLE	3	MO
THYROLAR-1	2	MO
THYROLAR-1/2	2	MO

Drug Name	Drug Tier	Requirements/ Limits
THYROLAR-1/4	2	MO
THYROLAR-2	2	MO
THYROLAR-3	2	MO
<i>tolazamide</i>	1	MO
<i>tolbutamide</i>	1	MO
<i>triamcinolone acetonide injection</i> INJ	4	MO
<i>unithroid</i>	1	MO
<i>veripred 20</i>	1	
VICTOZA 2-PAK INJ	2	MO, QLL (9/30), ST
VICTOZA 3-PAK INJ	2	QLL (9 pens/30), ST
VPRIV INJ	5	MO, PAR
XGEVA INJ	5	PAR, QLL (1.7/28)
ZAVESCA	5	LA, PAR
<i>zema-pak</i>	1	MO
ZOMETA INJ	5	MO
GASTROINTESTINAL MEDICATIONS		
ACTIGALL	3	MO
ANUSOL-HC	3	MO
APRISO	2	MO
ASACOL	2	MO
ASACOL HD	2	MO
AXID	3	MO
AZULFIDINE	3	MO
<i>balsalazide disodium</i>	1	MO
BENTYL CAPSULE, -SYRUP, -TABLET	3	MO
BENTYL INJECTION INJ	4	MO
<i>budesonide ec</i>	2	MO
CANASA	2	MO
CANTIL	3	MO
CARAFATE	3	MO
<i>cimetidine 300 mg tablet, -400 mg tablet, -800 mg tablet</i>	1	
<i>cimetidine injection</i> INJ	4	MO
<i>cimetidine solution, -200 mg tablet</i>	1	MO
COLAZAL	3	MO
COLOCORT	3	MO

Drug Name	Drug Tier	Requirements/ Limits
COLYTE WITH FLAVOR PACKETS	3	MO
CORTENEMA 100 MG ENEMA	3	
CORTENEMA 100 MG/60 ML ENEMA	3	MO
CORTIFOAM	3	
CREON	2	MO
CYTOTEC	3	MO
<i>dicyclomine hcl capsule, -syrup, -tablet</i>	1	MO
<i>dicyclomine hcl injection</i> INJ	4	MO
DIPENTUM	3	MO
<i>diphenoxylate-atropine</i>	1	MO
ENTOCORT EC	5	MO
<i>famotidine 20 mg tablet, -40 mg tablet</i>	1	MO
<i>famotidine injection</i> INJ	4	MO
<i>famotidine suspension oral</i>	1	
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
<i>glycopyrrolate injection</i> INJ	4	MO
<i>glycopyrrolate tablet</i>	1	MO
GOLYTELY	3	MO
HALFLYTELY-BISACODYL	2	MO
HELIDAC	3	MO
<i>hydrocortisone enema</i>	1	MO
<i>lactulose</i>	1	MO
LANSOPRAZOLE CAPSULE ENTERIC COATED	2	MO, QLL (30/30)
LANSOPRAZOLE TABLET	2	QLL (30/30)
LIALDA	2	
LOMOTIL	3	MO
<i>loperamide capsule</i>	1	MO
LOTRONEX	2	MO, PAR, QLL (60/30)
<i>mesalamine enema</i>	1	MO
<i>methscopolamine bromide tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl injection</i> INJ	4	MO
<i>metoclopramide hcl solution oral, -tablet</i>	1	MO
<i>misoprostol</i>	1	MO
MOTOFEN	3	MO
NEXIUM	2	MO, QLL (30/30)
NEXIUM I.V. INJ	4	MO
<i>nizatidine</i>	1	MO
NULYTELY WITH FLAVOR PACKS	3	MO
<i>omeprazole capsule enteric coated</i>	1	MO, QLL (30/30)
OSMOPREP	3	MO
PAMINE	3	MO
PAMINE FORTE	3	MO
<i>pantoprazole sodium</i>	1	MO, QLL (30/30)
<i>paregoric</i>	1	MO
<i>peg 3350-electrolyte</i>	1	MO
<i>peg-3350 and electrolytes</i>	1	MO
<i>peg-3350 with flavor packs</i>	1	MO
PENTASA	2	MO
PEPCID	3	MO
<i>polyethylene glycol 3350</i>	1	MO
PREVACID	3	MO, QLL (30/30)
PROCTOCORT	3	MO
PROCTOCREAM-HC	3	MO
<i>procto-pak</i>	1	MO
<i>proctosol-hc</i>	1	MO
<i>proctozone-hc</i>	1	MO
<i>propantheline bromide tablet</i>	1	MO
PROTONIX IV INJ	4	MO
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>	1	MO
<i>ranitidine hcl injection</i> INJ	4	MO
REGLAN INJECTION INJ	4	MO
REGLAN TABLET	3	MO
RELISTOR INJ	4	MO, PAR
ROBINUL FORTE	3	MO
ROBINUL INJECTION INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
ROBINUL TABLET	3	MO
<i>sucralfate suspension oral, - tablet</i>	1	MO
<i>sulfasalazine dr</i>	1	MO
<i>sulfasalazine tablet</i>	1	MO
<i>sulfazine</i>	1	MO
<i>sulfazine ec</i>	1	MO
<i>trilyte with flavor packets</i>	1	MO
URSO	3	MO
URSO FORTE	3	MO
<i>ursodiol capsule, -tablet</i>	1	MO
VISICOL	3	MO
ZANTAC 25	3	MO
ZANTAC INJECTION INJ	4	MO
ZANTAC SYRUP, -TABLET	3	MO
ZENPEP	3	
IMMUNOLOGICALS AND VACCINES		
ACTEMRA INJ	5	MO, PAR
ACTHIB INJ	2	MO
ACTIMMUNE INJ	5	LA, PAR
ADACEL INJ	2	MO
ARANESP 25 MCG/0.42 ML SYRINGE, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL, -60 MCG/0.3 ML SYRINGE INJ	4	MO, PAR
ARANESP 60 MCG/ML VIAL, -100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL, -200 MCG/0.4 ML SYRINGE, -150 MCG/0.3 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE, -150 MCG/0.75 ML VIAL INJ	5	MO, PAR
ARCALYST INJ	5	LA, PAR
AVONEX INJ	5	MO, PAR
AVONEX ADMINISTRATION PACK INJ	5	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
BETASERON INJ	5	MO, PAR
BOOSTRIX INJ	2	MO
CARIMUNE NF NANOFILTERED INJ	5	MO, PAR
CERVARIX INJ	2	MO
COMVAX INJ	2	MO
DAPTACEL INJ	2	MO
DECAVAC INJ	2	MO
DIPHThERIA-TETANUS TOXOID INJ	2	MO
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE, -20 MCG/ML VIAL INJ	2	MO
ENGERIX-B 10 MCG/0.5 ML PEDI INJ	2	MO
EPOGEN 10,000 UNITS/ML VIAL, -20,000 UNITS/ML VIAL INJ	5	MO, PAR
EPOGEN 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -20,000 UNITS/2 ML VIAL INJ	4	MO, PAR
EXTAVIA INJ	5	MO, PAR
GAMASTAN S-D INJ	4	MO, PAR
GAMMAGARD LIQUID INJ	5	MO, PAR
GAMMAGARD S-D INJ	5	MO, PAR
GAMMAPLEX INJ	5	PAR
GAMUNEX INJ	5	MO, PAR
GAMUNEX-C 1 GRAM/10 ML VIAL, -2.5 GRAM/25 ML VIAL, -5 GRAM/50 ML VIAL INJ	4	MO, PAR
GAMUNEX-C 10 GRAM/100 ML VIAL, -20 GRAM/200 ML VIAL INJ	5	MO, PAR
GARDASIL INJ	2	MO
GENOTROPIN MINIQUICK 0.2 MG INJ	4	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
GENOTROPIN MINIQUICK 0.4 MG, -MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -MINIQUICK 1 MG, -MINIQUICK 1.2 MG, -MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5 MG CARTRIDGE, -12 MG CARTRIDGE INJ	5	MO, PAR
HAVRIX INJ	2	MO
HIBERIX INJ	2	MO
HIZENTRA 1 GRAM/5 ML VIAL INJ	5	PAR
HIZENTRA 2 GRAM/10 ML VIAL, -4 GRAM/20 ML VIAL INJ	5	MO, PAR
HUMATROPE INJ	5	MO, PAR
ILARIS INJ	5	MO, PAR
IMOVAX RABIES VACCINE INJ	2	MO
INCRELEX INJ	5	LA, PAR
INFANRIX INJ	2	MO
INFANRIX PF INJ	2	MO
INFERGEN INJ	5	MO, PAR
INTRON A 3 MILLION UNIT/ML PEN, -10 MILLION UNITS VIAL INJ	4	MO, PAR
INTRON A 5 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL INJ	5	MO, PAR
IPOLE INJ	2	MO
IXIARO INJ	2	MO
JE-VAX INJ	2	MO
KEPIVANCE INJ	5	LA
KINERET INJ	5	MO, PAR, QLL (28/28)
KINRIX INJ	2	MO
LEUKINE INJ	5	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
MENACTRA INJ	2	MO
MENOMUNE-A-C-Y-W-135 INJ	2	MO
MENVEO A-C-Y-W-135-DIP	2	
M-M-R II VACCINE INJ	2	MO
NEULASTA INJ	5	MO, PAR, QLL (2 syringes/28)
NEUMEGA INJ	5	MO, PAR, QLL (21 vials/21)
NEUPOGEN INJ	5	MO, PAR
NORDITROPIN FLEXPRO INJ	5	MO, PAR
NORDITROPIN NORDIFLEX 30 MG/3 INJ	5	PAR
NORDITROPIN NORDIFLEX 5 MG/1.5, -NORDIFLX 10 MG/1.5, -NORDIFLX 15 MG/1.5 INJ	5	MO, PAR
NUTROPIN INJ	5	MO, PAR
NUTROPIN AQ INJ	5	MO, PAR
NUTROPIN AQ NUSPIN 10 PEN CART, -20 PEN CART INJ	5	MO, PAR
NUTROPIN AQ NUSPIN 5 PEN CART INJ	5	PAR
OMNITROPE INJ	5	MO, PAR
PEDIARIX INJ	2	MO
PEDVAXHIB INJ	2	MO
PEGASYS 180 MCG/0.5 ML CONV.PK INJ	5	MO, PAR
PEGASYS 180 MCG/ML VIAL INJ	5	PAR
PEGINTRON INJ	5	MO, PAR
PEGINTRON REDIPEN INJ	5	MO, PAR
PRIVIGEN INJ	5	MO, PAR
PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL INJ	4	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL INJ	5	MO, PAR
PROLEUKIN INJ	5	MO
PROMACTA	5	LA, PAR
PROQUAD INJ	2	MO
RABAVERT INJ	2	MO
REBIF INJ	5	MO, PAR
RECOMBIVAX HB INJ	2	MO
ROTATEQ	2	MO
SAIZEN INJ	5	MO, PAR
SEROSTIM INJ	5	LA, PAR
TETANUS DIPHTHERIA TOXOIDS INJ	2	MO
<i>tetanus toxoid adsorbed</i> INJ	1	MO
TETANUS-DIPHTHERIA-DECAVAC INJ	2	MO
THYMOGLOBULIN INJ	5	MO, B/D
TRIHIBIT INJ	2	MO
TRIPEDIA INJ	2	MO
TWINRIX INJ	2	MO
TYPHIM VI INJ	2	MO
VAQTA INJ	2	MO
VARIVAX VACCINE INJ	2	MO
VIVAGLOBIN INJ	5	MO, PAR
YF-VAX INJ	2	MO
ZORBTIVE INJ	5	LA, PAR
ZOSTAVAX INJ	2	MO
MEDICAL (MISCELLANEOUS) SUPPLIES		
<i>alcohol swabs</i>	1	MO
<i>curad gauze pads</i>	1	MO, QLL (200/30)
INSULIN SYRINGE	2	MO, QLL (200/30)
PEN NEEDLE	2	MO, QLL (200/30)
MUSCULOSKELETAL MEDICATIONS		
<i>allopurinol sodium</i> INJ	4	MO
<i>allopurinol</i> tablet	1	MO
ALOPRIM INJ	4	MO
ANAPROX	3	MO
ANAPROX DS	3	MO

Drug Name	Drug Tier	Requirements/ Limits
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
<i>baclofen</i> tablet	1	MO
<i>carisoprodol 350 mg</i> tablet	1	MO
<i>carisoprodol</i> compound	1	MO
<i>carisoprodol</i> compound- <i>codeine</i>	1	MO
<i>carisoprodol-aspirin</i>	1	MO
CATAFLAM	3	MO
CELEBREX	3	MO, PAR, QLL (60/30)
<i>chlorzoxazone</i>	1	MO
CLINORIL	3	MO
COLCRYS	3	MO, PAR
CUPRIMINE	2	MO
<i>cyclobenzaprine hcl</i> tablet	1	MO
DANTRIUM	3	MO
<i>dantrolene sodium</i> capsule	1	MO
DAYPRO	3	MO
DEPEN	2	MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium</i> tablet <i>enteric coated, -tablet</i> <i>sustained release 24hr</i>	1	MO
<i>diflunisal</i>	1	MO
DYSPORT INJ	4	MO, PAR
EC-NAPROSYN	3	MO
<i>etodolac</i>	1	MO
FELDENE	3	MO
<i>fenoprofen calcium</i>	1	MO
FLEXERIL	3	MO
<i>flurbiprofen</i> tablet	1	MO
<i>ibuprofen</i> suspension oral, - <i>400 mg</i> tablet, - <i>600 mg</i> tablet, - <i>800 mg</i> tablet	1	MO
INDOCIN	3	MO
<i>indomethacin</i> capsule, - <i>capsule</i> <i>sustained action</i>	1	MO
<i>ketoprofen</i> capsule, - <i>capsule</i> <i>24hr</i> <i>sustained release</i> <i>pellets</i>	1	MO
<i>ketorolac tromethamine</i> injection INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>ketorolac tromethamine tablet</i>	1	MO, QLL (20/30)
<i>meclofenamate sodium capsule</i>	1	MO
MEFENAMIC ACID	3	
<i>meloxicam 15 mg tablet</i>	1	MO, QLL (30/30)
<i>meloxicam 7.5 mg tablet</i>	1	MO, QLL (60/30)
<i>meloxicam suspension oral</i>	1	MO
<i>metaxalone</i>	1	MO
<i>methocarbamol tablet</i>	1	MO
MOBIC SUSPENSION ORAL	3	MO
MOBIC TABLET	3	MO, QLL (30/30)
<i>nabumetone</i>	1	MO
NALFON 200 MG PULVULE	3	MO
NALFON 400 MG CAPSULE	3	
NAPRELAN	3	MO
NAPROSYN	3	MO
<i>naproxen sodium 275 mg tab, -550 mg tab</i>	1	MO
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>	1	MO
NORFLEX INJ	4	MO
<i>orphenadrine citrate injection INJ</i>	4	MO
<i>orphenadrine citrate tablet sustained action</i>	1	MO
<i>orphenadrine compound</i>	1	MO
<i>orphenadrine compound forte</i>	1	MO
<i>oxaprozin</i>	1	MO
PARAFON FORTE DSC	3	MO
<i>piroxicam capsule</i>	1	MO
PONSTEL	3	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
RIDAURA	3	MO
RILUTEK	5	MO
ROBAXIN INJECTION INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
ROBAXIN TABLET	3	MO
SKELAXIN	3	MO
SOMA	3	MO
<i>sulindac tablet</i>	1	MO
SYPRINE	2	MO
<i>tizanidine hcl tablet</i>	1	MO
<i>tolmetin sodium</i>	1	MO
ULORIC	3	MO, ST
VOLTAREN-XR	3	MO
XEOMIN 100 UNITS VIAL INJ	4	MO, PAR
XEOMIN 50 UNITS VIAL INJ	4	PAR
ZANAFLEX	3	MO
ZYLOPRIM	3	MO
NUTRITION,BLOOD MODIFIERS,ELECTROLYTES		
AGGRENOX	2	MO, QLL (60/30)
<i>alcohol in dextrose INJ</i>	4	MO
AMINOSYN INJ	4	MO
AMINOSYN II INJ	4	MO
AMINOSYN II 3.5% M-DEXTROSE 5% INJ	4	MO
AMINOSYN II 3.5%-DEXTROSE 25% INJ	4	MO
AMINOSYN II 3.5%-DEXTROSE 5% INJ	4	MO
AMINOSYN II 4.25% M-DEXT 10% INJ	4	MO
AMINOSYN II 4.25%-DEXTROSE 25% INJ	4	MO
AMINOSYN II 5% IN 25% DEXTROSE INJ	4	MO
AMINOSYN II IN DEXTROSE INJ	4	MO
AMINOSYN II WITH LYLES-CA-DW INJ	4	MO
AMINOSYN M INJ	4	MO
AMINOSYN WITH ELECTROLYTES INJ	4	MO
AMINOSYN-HBC INJ	4	MO
AMINOSYN-HF INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN-PF INJ	4	MO
AMINOSYN-RF INJ	4	MO
AMMONIUM CHLORIDE INJECTION INJ	4	MO
ARIXTRA 2.5 MG SYRINGE INJ	4	MO, ST
ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE INJ	5	MO, ST
CALCIJEX INJ	4	MO, B/D
<i>calcitriol capsule, -solution</i>	1	MO, B/D
<i>calcitriol injection</i> INJ	4	MO, B/D
<i>calcium acetate</i>	1	MO
CARNITOR INJECTION INJ	4	MO, B/D
CARNITOR SOLUTION, -TABLET	3	MO, B/D
<i>cilostazol</i>	1	MO
CLINIMIX INJ	4	MO
CLINIMIX E INJ	4	MO
CLINISOL INJ	4	MO
<i>constulose</i>	1	MO
COUMADIN INJ	4	MO
CYSTAGON	2	LA
<i>cytra-2</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>dextrose 10%-1/4ns</i> INJ	4	MO
<i>dextrose 10%-1/4ns-kcl</i> INJ	4	MO
<i>dextrose 5%-1/2ns-kcl</i> INJ	4	MO
<i>dextrose 5%-1/3ns-kcl</i> INJ	4	MO
<i>dextrose 5%-1/4ns-kcl</i> INJ	4	MO
<i>dextrose 5%-electrolyte #48</i> INJ	4	MO
<i>dextrose 5%-electrolyte #75</i> INJ	4	MO
<i>dextrose 5%-ns-kcl</i> INJ	4	MO
<i>dextrose 5%-potassium chloride</i> INJ	4	MO
<i>dextrose in lactated ringers</i> INJ	4	MO
<i>dextrose in ringers injection</i> INJ	4	MO
<i>dextrose in water</i> INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose with sodium chloride</i> INJ	4	MO
<i>dipyridamole tablet</i>	1	MO
<i>ed k+10</i>	1	MO
<i>effer-k 25 meq tablet eff</i>	1	MO
EFFIENT	2	MO, QLL (30/30)
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr</i> INJ	5	
<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr, -100 mg/ml syr</i> INJ	4	
<i>enulose</i>	1	MO
<i>epiflur</i>	1	MO
<i>epiklor</i>	1	MO
<i>fluor-a-day tablet chewable</i>	1	MO
<i>fluoritab</i>	1	MO
FOSRENOL	3	MO, ST
FRAGMIN 12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE INJ	5	ST
FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE INJ	4	MO, ST
FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL INJ	5	MO, ST
FREAMINE HBC INJ	4	MO
FREAMINE III INJ	4	MO
FREAMINE III WITH ELECTROLYTES INJ	4	MO
HECTOROL INJ	4	MO, B/D
<i>heparin sodium in 0.45% nacl</i> INJ	4	MO, B/D
<i>heparin sodium in 5% dextrose</i> INJ	4	MO, B/D
<i>heparin sodium injection</i> INJ	4	MO, B/D
<i>heparin sodium-ns</i> INJ	4	MO, B/D
HEPATAMINE INJ	4	MO
HEPATASOL INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
HYPERLYTE CR INJ	4	MO
INNOHEP INJ	4	MO, ST
INTRALIPID INJ	4	MO
IONOSOL B WITH DEXTROSE 5% INJ	4	MO
IONOSOL MB-DEXTROSE 5% INJ	4	MO
IONOSOL T-DEXTROSE 5% INJ	4	MO
ISOLYTE H WITH DEXTROSE INJ	4	MO
ISOLYTE M WITH DEXTROSE INJ	4	MO
ISOLYTE P WITH DEXTROSE INJ	4	MO
ISOLYTE S INJ	4	MO
ISOLYTE S WITH DEXTROSE INJ	4	MO
<i>jantoven</i>	1	MO
<i>k effervescent</i>	1	MO
<i>kalexate</i>	1	MO
KAYEXALATE	3	MO
KIONEX POWDER	3	MO
<i>kionex suspension oral</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 20 meq packet</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con-ef</i>	1	MO
KRISTALOSE	3	MO
K-TAB	3	MO
<i>lactated ringers injection</i> INJ	4	MO
<i>lactated ringers solution</i>	4	B/D
<i>levocarnitine injection</i> INJ	4	MO, B/D
<i>levocarnitine solution, -tablet</i>	1	MO, B/D
LIPOSYN II INJ	4	MO
<i>liposyn iii</i> INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX 30 MG PREFILLED SYRN, -40 MG PREFILLED SYRN, -300 MG VIAL, -300 MG/3 ML VIAL INJ	4	MO, ST
LOVENOX 60 MG PREFILLED SYRN, -80 MG PREFILLED SYRN, -100 MG PREFILLED SYR, -120 MG PREFILLED SYR, -150 MG PREFILLED SYR INJ	5	MO, ST
<i>lozi-flur</i>	1	MO
<i>ludent fluoride</i>	1	MO
<i>magnesium sulfate injection</i> INJ	4	MO
MAGNESIUM SULFATE-D5W INJ	4	MO
NEPHRAMINE INJ	4	MO
NORMOSOL-M AND DEXTROSE INJ	4	MO
NORMOSOL-R INJ	4	MO
NORMOSOL-R AND DEXTROSE INJ	4	MO
NORMOSOL-R PH 7.4 INJ	4	MO
NOVAMINE INJ	4	MO
<i>nutrilyte</i> INJ	4	MO
<i>nutrilyte ii</i> INJ	4	MO
PERSANTINE	3	MO
PHOSLO	3	MO, ST
<i>phospha 250 neutral</i>	1	MO
PHYSIOLYTE	4	B/D
PHYSIOSOL	4	B/D
PLASMA-LYTE 148 INJ	4	MO
PLASMA-LYTE 148 IN DEXTROSE INJ	4	MO
PLASMA-LYTE 56 INJ	4	MO
PLASMA-LYTE 56 IN DEXTROSE INJ	4	MO
PLASMA-LYTE A PH 7.4 INJ	4	MO
PLASMA-LYTE R INJ	4	MO
PLAVIX 300 MG TABLET	2	MO

Drug Name	Drug Tier	Requirements/ Limits
PLAVIX 75 MG TABLET	2	MO, QLL (30/30)
PLETAL	3	MO
potassium bicarbonate tablet effervescent	1	MO
potassium chl-normal saline INJ	4	MO
potassium chloride capsule sustained action, -cl 10% (20 meq/15 ml, -cl 10% (40 meq/30 ml, -cl 20% (40 meq/15 ml, -tablet effervescent, -tablet sust.releaseparticles/crystals, -tablet sustained action	1	MO
potassium chloride in d5lr INJ	4	MO
potassium chloride injection INJ	4	MO
potassium chloride-nacl INJ	4	MO
potassium cl 10 meq/50 ml sol, -cl 20 meq/50 ml sol	4	MO
PREMASOL INJ	4	MO
PROCALAMINE INJ	4	MO
PROSOL INJ	4	MO
RENAGEL	3	MO, ST
RENVELA	2	MO, ST
ringers injection INJ	4	MO
ringers irrigation	4	B/D
saline 0.45% soln-excel con, -0.45% soln, -saline 0.9% soln-excel cont, -0.9% soln, -0.9% soln, -0.9% soln., -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -4 meq/ml vl, -5% iv soln INJ	4	MO
sf	1	MO
sf 5000 plus	1	MO
sodium bicarbonate injection INJ	4	MO
sodium chloride solution	4	MO
sodium citrate & citric acid	1	MO
sodium fluoride drops, -solution non-oral, -tablet, -tablet chewable	1	MO

Drug Name	Drug Tier	Requirements/ Limits
sodium lactate injection INJ	4	MO
sodium polystyrene sulfonate	1	MO
sps	1	MO
sterile water for irrigation	4	B/D
sterile water,irrigation	4	MO, B/D
ticlopidine hcl	1	MO
tis-u-sol	4	B/D
TPN ELECTROLYTES INJ	4	MO
TPN ELECTROLYTES II INJ	4	MO
TRAVASOL 10% SOLN VIAFLEX INJ	4	MO
TRAVASOL WITH ELECTROLYTES INJ	4	MO
TROPHAMINE INJ	4	MO
warfarin sodium tablet	1	MO
ZEMPLAR	2	MO, B/D
OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS		
ACTIVELLA	3	MO
ALORA	2	MO, QLL (8/28), ST
ANADROL-50	5	MO, PAR
ANDRODERM 2.5 MG/24HR PATCH	3	MO, PAR, QLL (60/30)
ANDRODERM 5 MG/24HR PATCH	3	MO, PAR, QLL (30/30)
ANDROGEL 1% GEL PUMP, -GEL IN PACKET	2	MO, PAR, QLL (300/30)
ANDROGEL 1.62% GEL PUMP	2	MO, PAR, QLL (150/30)
ANDROID	3	MO, PAR
ANDROXY	2	MO, PAR
apri	1	MO, QLL (28/28)
aranelle	1	MO, QLL (28/28)
aviane	1	MO, QLL (28/28)
AYGESTIN	3	MO
azurette	1	MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>balziva</i>	1	MO, QLL (28/28)
BREVICON	3	MO, QLL (28/28)
<i>camila</i>	1	MO, QLL (28/28)
<i>caziant</i>	1	MO, QLL (28/28)
CENESTIN	3	MO
<i>cesia</i>	1	MO, QLL (28/28)
CLEOCIN	3	MO
CLIMARA	3	MO, QLL (4/28)
CLIMARA PRO	3	MO, QLL (4/28)
<i>clindamycin phosphate cream with applicator</i>	1	MO
CLINDESSE	3	MO
<i>co-natal fa</i>	1	MO
CRINONE 4% GEL	3	
CRINONE 8% GEL	3	MO
<i>cryselle</i>	1	MO, QLL (28/28)
<i>cyclafem</i>	1	QLL (28/28)
CYCLESSA	3	MO, QLL (28/28)
<i>danazol capsule</i>	1	MO
DELESTROGEN INJ	4	MO
DEPO-ESTRADIOL INJ	4	MO
DEPO-PROVERA 150 MG/ML SYRN, -150 MG/ML VIAL INJ	4	MO
DEPO-SUBQ PROVERA 104 INJ	4	MO
DEPO-TESTOSTERONE INJ	4	MO
DESOGEN	3	MO, QLL (28/28)
<i>docosavit</i>	1	MO
<i>dualvit ob</i>	1	MO
ENJUVIA	3	MO
<i>enpresse</i>	1	MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>errin</i>	1	MO, QLL (28/28)
ESTRACE	3	MO
ESTRADERM	3	MO, QLL (8/28), ST
<i>estradiol patch transdermal weekly</i>	1	MO, QLL (4/28)
<i>estradiol tablet</i>	1	MO
<i>estradiol valerate injection</i>	4	MO
<i>estradiol-noreth 1-0.5 mg tab</i>	1	MO
ESTRING	3	MO, QLL (1/90)
<i>estropipate</i>	1	MO
ESTROSTEP FE	3	MO, QLL (28/28)
EVISTA	2	MO, QLL (30/30)
FEMCON FE	3	QLL (28/28)
FEMHRT	3	MO
FEMRING	3	MO, QLL (1/90)
FEMTRACE	2	MO, ST
<i>folbecal</i>	1	MO
GIANVI	3	QLL (28/28)
<i>gildess fe</i>	1	MO, QLL (28/28)
<i>heather</i>	1	MO, QLL (28/28)
<i>inatal advance</i>	1	MO
<i>inatal gt</i>	1	MO
<i>inatal ultra</i>	1	MO
<i>introvale</i>	1	MO, QLL (91/91)
JINTELI	3	
<i>jolessa</i>	1	MO, QLL (91/91)
<i>jolivette</i>	1	MO, QLL (28/28)
<i>junel</i>	1	MO, QLL (21/21)
<i>junel fe</i>	1	MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>kariva</i>	1	MO, QLL (28/28)
<i>kelnor 1-35</i>	1	MO, QLL (28/28)
<i>leena</i>	1	MO, QLL (28/28)
<i>lessina</i>	1	MO, QLL (28/28)
<i>leuprolide acetate injection</i> INJ	4	MO, PAR
<i>levora-28</i>	1	MO, QLL (28/28)
LOESTRIN	3	MO, QLL (21/21)
LOESTRIN 24 FE	3	MO, QLL (28/28)
LOESTRIN FE	3	MO, QLL (28/28)
LO-OVRAL-28	3	MO, QLL (28/28)
<i>low-ogestrel</i>	1	MO, QLL (28/28)
LUPRON DEPOT 3.75 MG KIT, -7.5 MG KIT, -11.25 MG 3MO KIT, -22.5 MG 3MO KIT INJ	4	MO, PAR
LUPRON DEPOT-4 MONTH KIT INJ	5	MO, PAR
LUPRON DEPOT-PED INJ	5	MO, PAR
<i>lutera</i>	1	MO, QLL (28/28)
<i>maternity</i>	1	MO
<i>medroxyprogesterone acetate</i> <i>injection</i> INJ	4	MO
<i>medroxyprogesterone acetate</i> <i>tablet</i>	1	MO
MENEST	3	MO
MENOSTAR	3	MO, QLL (4/28), ST
METHERGINE	3	MO
METHITEST	3	MO
<i>methylgonovine maleate</i> <i>injection</i> INJ	4	MO
METROGEL-VAGINAL	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole gel with</i> <i>applicator</i>	1	MO
<i>microgestin</i>	1	MO, QLL (21/21)
<i>microgestin fe</i>	1	MO, QLL (28/28)
MICRONOR 0.35 MG TABLET	3	MO
MICRONOR TABLET	3	MO
<i>mimvey</i>	1	MO
MODICON	3	MO, QLL (28/28)
<i>mononessa</i>	1	MO, QLL (28/28)
<i>necon</i>	1	MO, QLL (28/28)
<i>nora-be</i>	1	MO, QLL (28/28)
NORDETTE-28	3	MO, QLL (28/28)
<i>norethindrone</i>	1	MO, QLL (28/28)
<i>norethindrone acetate tablet</i>	1	MO
<i>norgestrel-ethiny estra</i>	1	MO, QLL (28/28)
NORINYL 1+35	3	MO, QLL (28/28)
NOR-Q-D	3	MO
<i>nortrel</i>	1	MO, QLL (28/28)
NUVARING	3	MO, QLL (1/28)
<i>ocella</i>	1	MO, QLL (28/28)
<i>ogestrel</i>	1	MO, QLL (28/28)
ORTHO EVRA	3	MO, QLL (3/28)
ORTHO-CEPT	3	MO, QLL (28/28)
ORTHO-CYCLEN	3	MO, QLL (28/28)
ORTHO-EST	3	MO

Drug Name	Drug Tier	Requirements/ Limits
ORTHO-NOVUM	3	MO, QLL (28/28)
OVCON-35	3	MO
OVCON-50	3	MO
<i>oxandrolone tablet</i>	1	MO
<i>portia</i>	1	MO, QLL (28/28)
PREFEST	3	MO
PREMARIN CREAM WITH APPLICATOR	3	MO
PREMARIN INJECTION INJ	4	MO
PREMARIN TABLET	2	MO, ST
PREMPHASE	2	MO
PREMPRO	2	MO
<i>prenatabs obn</i>	1	MO
<i>previfem</i>	1	MO, QLL (28/28)
PROMETRIUM	3	MO, ST
PROVERA	3	MO
<i>quasense</i>	1	MO, QLL (91/91)
<i>reclipsen</i>	1	MO, QLL (28/28)
<i>re-nata 29 ob</i>	1	MO
SEASONALE	3	MO, QLL (91/91)
<i>solia</i>	1	MO, QLL (28/28)
<i>sprintec</i>	1	MO, QLL (28/28)
<i>sronyx</i>	1	MO, QLL (28/28)
SYNAREL	5	MO, PAR
TESTIM	2	MO, PAR, QLL (300/30)
<i>testosterone cypionate injection INJ</i>	4	MO
<i>testosterone enanthate INJ</i>	4	MO
TESTRED	3	MO
<i>tilia fe</i>	1	MO, QLL (28/28)
<i>tri-legest fe</i>	1	MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>trinessa</i>	1	MO, QLL (28/28)
TRI-NORINYL	3	MO, QLL (28/28)
<i>tri-previfem</i>	1	MO, QLL (28/28)
<i>tri-sprintec</i>	1	MO, QLL (28/28)
<i>trivora-28</i>	1	MO, QLL (28/28)
VAGIFEM	3	MO
<i>vandazole</i>	1	MO
<i>velivet</i>	1	MO, QLL (28/28)
VIVELLE-DOT	2	MO, QLL (8/28), ST
YASMIN 28	3	MO, QLL (28/28)
YAZ	3	MO, QLL (28/28)
<i>zarah</i>	1	MO, QLL (28/28)
<i>zenchent</i>	1	MO, QLL (28/28)
ZEOSA	3	MO, QLL (28/28)
<i>zovia 1-35e</i>	1	MO, QLL (28/28)
<i>zovia 1-50e</i>	1	MO, QLL (28/28)
OPHTHALMIC MEDICATIONS		
<i>acetazolamide capsule sustained action, -tablet</i>	1	MO
<i>acetazolamide sodium INJ</i>	4	MO
ACULAR	3	MO
ACULAR LS	3	MO
<i>ak-con</i>	1	MO
<i>ak-dilate</i>	1	MO
<i>ak-poly-bac</i>	1	MO
<i>aktob</i>	1	MO
ALAMAST	3	MO, QLL (20/30)
ALCAINE	3	MO

Drug Name	Drug Tier	Requirements/ Limits
ALOCRIL	3	MO, QLL (10/30)
ALOMIDE	3	MO
ALPHAGAN P 0.1% DROPS	2	MO
ALPHAGAN P 0.15% EYE DROPS	3	MO
ALREX	3	MO
<i>altafrin</i>	1	MO
<i>apraclonidine hcl</i>	1	MO
<i>atropine care</i>	1	MO
<i>atropine sulfate drops, - ointment</i>	1	MO
<i>azelastine hcl drops</i>	1	MO, QLL (6/30)
AZOPT	3	MO
<i>bacitracin 500 unit/gm ointmnt</i>	1	MO
<i>bacitracin-polymyxin eye oint</i>	1	MO
BESIVANCE	3	MO
BETAGAN	3	MO, QLL (30/30)
<i>betaxolol hcl drops</i>	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO, QLL (30/30)
BLEPH-10	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
BOTOX INJ	4	MO, PAR
<i>brimonidine tartrate</i>	1	MO
<i>carteolol hcl</i>	1	MO
CILOXAN DROPS	3	MO
CILOXAN OINTMENT	3	MO, QLL (8/30)
<i>ciprofloxacin hcl drops</i>	1	MO
COMBIGAN	2	MO
COSOPT	3	MO, QLL (20/30)
<i>cromolyn sodium drops</i>	1	MO
<i>dexamethasone sodium phosphate drops</i>	1	MO
DIAMOX SEQUELS	3	MO
<i>diclofenac sodium drops</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dorzolamide hcl</i>	1	MO, QLL (20/30)
<i>dorzolamide-timolol</i>	1	MO, QLL (20/30)
ELESTAT	3	MO
EMADINE	3	MO
EPINASTINE HCL	3	MO
<i>erythromycin ointment</i>	1	MO
FLAREX	3	MO
<i>fluorometholone suspension drops</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
FML	3	MO
FML FORTE	3	MO
FML S.O.P.	3	MO
<i>garamycin drops</i>	1	MO
<i>gentak</i>	1	MO
<i>gentamicin sulfate drops, -3 mg/gm eye oint</i>	1	MO
<i>gentasol</i>	1	MO
<i>homatropaire</i>	1	MO
IOPIDINE DROPPERETTE SINGLE-USE DROP DISPENSER	3	MO
IOPIDINE DROPS	3	MO, QLL (20/30)
IQUIX	3	MO
ISTALOL	3	MO, QLL (30/30)
<i>ketorolac tromethamine drops</i>	1	MO
LACRISERT	2	MO
LATANOPROST	2	
<i>levobunolol hcl</i>	1	MO, QLL (30/30)
<i>levofloxacin drops</i>	1	
LOTEMAX	3	MO
LUMIGAN 0.01% EYE DROPS	2	
LUMIGAN 0.03% EYE DROPS	2	MO
MAXIDEX	3	MO
MAXITROL	3	MO
<i>methazolamide tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>metipranolol</i>	1	MO
<i>mydral</i>	1	MO
MYDRIACYL	3	MO
NATACYN	2	MO
<i>neofrin</i>	1	MO
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-poly-hc eye drops</i>	1	MO
<i>neomycin-polymyxin-dexameth</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
NEOSPORIN	3	MO
NEVANAC	2	MO
OCUFEN	3	MO
OCUFLOX	3	MO, QLL (30/30)
<i>ofloxacin 0.3% eye drops</i>	1	MO
OMNIPRED	3	MO
OPTIPRANOLOL	3	MO
OPTIVAR	3	MO, QLL (6/30)
<i>parcaine</i>	1	MO
PATADAY	2	MO, QLL (5/30)
PATANOL	2	MO, QLL (5/30)
<i>phenylephrine hcl drops</i>	1	MO
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl drops</i>	1	MO
PILOPINE HS	3	MO
<i>polycin-b</i>	1	MO
<i>poly-dex</i>	1	MO
<i>polymyxin b sul-trimethoprim</i>	1	MO
POLY-PRED	3	MO
POLYTRIM	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
PRED-G	3	MO
<i>prednisol</i>	1	MO
<i>prednisolone acetate suspension drops</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate drops</i>	1	MO
<i>proparacaine hcl drops</i>	1	MO
PROPINE	3	MO
QUIXIN	3	MO
RESTASIS	2	MO, QLL (60 vials/30)
<i>romycin</i>	1	MO
<i>sulfacetamide sodium drops</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
<i>sulfamide</i>	1	MO
<i>timolol 0.25% gel-solution, -0.5% gel-solution</i>	1	MO
<i>timolol 0.25% gfs gel-solution, -0.5% gfs gel-solution</i>	1	MO
<i>timolol maleate drops</i>	1	MO, QLL (30/30)
TIMOPTIC OCUDOSE	3	MO, QLL (120/30)
TIMOPTIC-XE	3	MO
TOBRADEX OINTMENT	2	MO, QLL (8/30)
TOBRADEX SUSPENSION DROPS	3	MO, QLL (20/30)
<i>tobramycin sulfate drops</i>	1	MO
<i>tobramycin-dexamethasone</i>	1	MO
<i>tobrasol</i>	1	MO
TOBREX	3	MO
TRAVATAN Z	2	MO
<i>trifluridine</i>	1	MO
<i>tropicacyl</i>	1	MO
<i>tropicamide drops</i>	1	MO
TRUSOPT	3	MO, QLL (20/30)
VEXOL	3	MO
VIGAMOX	2	MO
VIROPTIC	3	MO
VOLTAREN DROPS	3	MO
ZIRGAN	3	MO
ZYLET	3	MO
ZYMAR	3	MO

Drug Name	Drug Tier	Requirements/ Limits
RESPIRATORY MEDICATIONS		
ACCOLATE	3	MO, QLL (60/30)
ACCUNEB	3	MO, B/D, QLL (360/30)
<i>acetylcysteine vial</i>	1	MO, B/D
ADRENACLICK INJ	4	MO, QLL (2/1)
ADRENALIN CHLORIDE INJECTION INJ	4	MO
ADVAIR DISKUS	2	MO, QLL (60 doses/30)
ADVAIR HFA	2	MO, QLL (12 gm/30)
<i>albuterol sulfate nebs, - solution non-oral</i>	1	MO, B/D, QLL (60/30)
<i>albuterol sulfate syrup, - tablet, -tablet sustained release 12hr</i>	1	MO
<i>albuterol sulfate vial nebulizer</i>	1	MO, B/D, QLL (360/30)
<i>aminophylline injection</i> INJ	4	MO
<i>aminophylline tablet</i>	1	MO
ARALAST NP 1,000 MG VIAL INJ	4	MO, LA
ARALAST NP 500 MG VIAL INJ	4	LA
ATROVENT HFA	3	MO, QLL (39 gm/30)
BROVANA	3	MO, B/D, QLL (120/30)
BUDESONIDE	3	MO, B/D, QLL (120/30)
<i>carbinoxamine maleate</i>	1	MO
<i>cetirizine hcl solution oral</i>	1	MO, QLL (300/30)
<i>clemastine fumarate syrup, - fum 2.68 mg tab</i>	1	MO
COMBIVENT	3	MO, QLL (45 gm/30)
<i>cromolyn sodium ampul for nebulization</i>	1	MO, B/D, QLL (240/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>ciproheptadine hcl syrup, - tablet</i>	1	MO
<i>dexchlorpheniramine maleate</i>	1	MO
<i>diphenhydramine 50 mg capsule, -elixir</i>	1	MO
<i>diphenhydramine hcl injection</i> INJ	4	MO
DULERA	3	QLL (13 gm/30)
DUONEB	3	MO, B/D, QLL (540/30)
ELIXOPHYLLIN	2	MO
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial</i> INJ	4	MO
EPINEPHRINE 0.15 MG AUTO-INJCT, -0.3 MG AUTO-INJECT INJ	4	MO, QLL (2/1)
EPIPEN INJ	4	MO, QLL (2 pens/1)
EPIPEN JR INJ	4	MO, QLL (2 pens/1)
FLOVENT 100 MCG DISKUS	2	MO, QLL (60 doses/30)
FLOVENT 50 MCG DISKUS, -250 MCG DISKUS	2	MO, QLL (240 doses/30)
FLOVENT HFA 110 MCG INHALER	2	MO, QLL (12 gm/30)
FLOVENT HFA 220 MCG INHALER	2	MO, QLL (24 gm/30)
FLOVENT HFA 44 MCG INHALER	2	MO, QLL (11 gm/30)
FORADIL	2	MO, QLL (60/30)
GASTROCROM	2	MO
GLASSIA INJ	5	LA
<i>ipratropium bromide solution non-oral</i>	1	MO, B/D
<i>ipratropium-albuterol</i>	1	MO, B/D, QLL (540/30)
LEVALBUTEROL CONCENTRATE	2	MO, B/D, QLL (45/30)

Drug Name	Drug Tier	Requirements/ Limits
LEVOCETIRIZINE DIHYDROCHLORIDE	2	MO, QLL (30/30)
LUFYLLIN	3	MO
MAXAIR AUTOHALER	3	MO, QLL (28 gm/30)
<i>metaproterenol sulfate syrup, -tablet</i>	1	MO
<i>palgic</i>	1	MO
PERFOROMIST	3	MO, B/D, QLL (120/30)
PHENERGAN INJ	4	MO
PROAIR HFA	2	MO, QLL (27 gm/30)
PROLASTIN 1,000 MG VIAL INJ	5	MO, LA
PROLASTIN 500 MG VIAL INJ	5	LA
PROLASTIN C INJ	5	LA
<i>promethazine hcl injection</i> INJ	4	MO
<i>promethazine hcl syrup, -tablet</i>	1	MO
PROVENTIL HFA	2	MO, QLL (21 gm/30)
PULMOZYME	5	MO, B/D
QVAR	2	MO, QLL (24 gm/30)
SEREVENT DISKUS	2	MO, QLL (60 doses/30)
SINGULAIR	2	MO, QLL (30/30)
SPIRIVA	2	MO, QLL (30 capsules/30)
SYMBICORT	2	MO, QLL (11 gm/30)
<i>terbutaline sulfate injection</i> INJ	4	MO
<i>terbutaline sulfate tablet</i>	1	MO
THEO-24	3	MO
<i>theochron</i>	1	MO
<i>theophylline</i>	1	MO
<i>theophylline anhydrous tablet sustained release 12hr</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
TWINJECT INJ	4	MO, QLL (2 pens/1)
VENTOLIN HFA	3	MO, QLL (54 gm/30), ST
VOSPIRE ER	3	MO
XOLAIR INJ	5	LA, PAR, QLL (6 vials/28)
XOPENEX	3	MO, B/D, QLL (270/30)
XOPENEX HFA	3	MO, QLL (45 gm/30), ST
ZAFIRLUKAST	3	QLL (60/30)
ZEMAIRA INJ	4	LA
ZYFLO CR	3	MO, QLL (120/30)
UROLOGICAL MEDICATIONS		
AVODART	2	MO
<i>bethanechol chloride tablet</i>	1	MO
CYSTADANE	2	MO
<i>cytra-3</i>	1	MO
<i>cytra-k</i>	1	MO
DETROL 1 MG TABLET	2	MO, QLL (30/30), ST
DETROL 2 MG TABLET	2	MO, QLL (60/30), ST
DETROL LA	2	MO, QLL (30/30), ST
DITROPAN XL 10 MG TABLET, -15 MG TABLET	3	MO, QLL (60/30), ST
DITROPAN XL 5 MG TABLET	3	MO, QLL (30/30), ST
ELMIRON	3	MO
ENABLEX	2	MO, QLL (30/30), ST
<i>finasteride</i>	1	MO
<i>flavoxate hcl</i>	1	MO
FLOMAX	3	MO
GELNIQUE	3	MO, QLL (30/30), ST
JALYN	2	
<i>neomycin-polymyxin b</i> INJ	4	MO

Drug Name	Drug Tier	Requirements/ Limits
NEOSPORIN GU IRR 40 MG/ML AMP	4	MO
NEOSPORIN GU IRR 40 MG/ML AMP, -GU IRR 40 MG/ML VIAL INJ	4	MO
<i>oxybutynin chloride syrup</i>	1	MO
<i>oxybutynin chloride tablet</i>	1	MO, QLL (120/30)
<i>oxybutynin cl er 10 mg tablet, -cl er 15 mg tablet</i>	1	MO, QLL (60/30)
<i>oxybutynin cl er 5 mg tablet</i>	1	MO, QLL (30/30)
OXYTROL	3	MO, QLL (8/30), ST
<i>potassium citrate TABLET SUSTAINED ACTION</i>	1	MO
<i>potassium citrate-citric acid</i>	1	MO
PROSCAR	3	MO, ST
RAPAFLO	3	
SANCTURA	3	QLL (60/30), ST
SANCTURA XR	3	MO, QLL (30/30), ST
<i>tamsulosin hcl</i>	1	MO
TOVIAZ	2	MO, QLL (30/30), ST
<i>tricitrates</i>	1	MO
TROSPIUM CHLORIDE	3	QLL (60/30)
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Legend

Generic drugs are shown in lower-case italics (e.g. *enalapril*)
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<i>clorazepate dipotassium</i>	13	CORTEF	31
CLORPRES	24	CORTENEMA 100 MG ENEMA	34
<i>clotrimazole cream, -solution non-oral, -</i>	3	CORTENEMA 100 MG/60 ML ENEMA	34
<i>troche</i>	3	CORTIFOAM	34
<i>clotrimazole-betamethasone</i>	3	<i>cortisone acetate tablet</i>	31
<i>clozapine 100 mg tablet</i>	13	CORTISPORIN CREAM, -OINTMENT	3
<i>clozapine 200 mg tablet</i>	13	CORTISPORIN SOLUTION NON-ORAL	30
<i>clozapine 25 mg tablet, -50 mg tablet</i>	13	CORTISPORIN-TC	30
COARTEM	3	<i>cortomycin</i>	30
<i>codeine phosphate injection</i>	13	CORZIDE	24
<i>codeine sulfate 15 mg tablet</i>	13	COSMEGEN	8
<i>codeine sulfate 30 mg tablet, -60 mg tablet</i>	13	COSOPT	45
		COUMADIN	39
		COVERA-HS	24

Drug	Page	Drug	Page
COZAAR 100 MG TABLET	24	DANTRIUM	37
COZAAR 25 MG TABLET, -50 MG TABLET	24	<i>dantrolene sodium capsule</i>	37
CREON	34	DAPSONE	3
CRESTOR	24	DAPTACEL	35
CRINONE 4% GEL	42	DARAPRIM	3
CRINONE 8% GEL	42	<i>daunorubicin 20 mg vial</i>	9
CRIXIVAN	3	<i>daunorubicin 50 mg/10 ml vial, -20 mg/4 ml vial</i>	9
<i>cromolyn sodium ampul for nebulization</i>	47	DAUNOXOME	9
<i>cromolyn sodium drops</i>	45	DAYPRO	37
<i>cryselle</i>	42	DDAVP AEROSOL SPRAY W/PUMP, -TABLET	31
CUBICIN	3		31
CUPRIMINE	37	DDAVP INJECTION	31
<i>curad gauze pads</i>	37	DECAVAC	35
CUTIVATE	28	<i>del-beta</i>	28
<i>cyclafem</i>	42	DELESTROGEN	42
CYCLESSA	42	DEMADEX	24
<i>cyclobenzaprine hcl tablet</i>	37	<i>demeclocycline hcl</i>	3
<i>cyclophosphamide injection</i>	8	DEMEROL INJECTION	13
<i>cyclophosphamide tablet</i>	8	DEMEROL TABLET	13
<i>cyclosporine capsule, -solution, -unknown</i>	8	DEM SER	24
<i>cyclosporine injection</i>	8	DENAVIR	3
<i>cyclosporine modified</i>	8	<i>denta 5000 plus</i>	39
CYKLOKAPRON	29	<i>dentagel</i>	39
CYMBALTA	13	DEPACON	14
<i>cyproheptadine hcl syrup, -tablet</i>	47	<i>depade</i>	14
CYSTADANE	48	DEPAKENE	14
CYSTAGON	39	DEPAKOTE	14
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i>	9	DEPAKOTE ER	14
<i>cytarabine 20 mg/ml vial, -100 mg/ml vial, -500 mg vial</i>	9	DEPAKOTE SPRINKLE	14
CYTOMEL	31	DEPEN	37
CYTOTEC	34	DEPO-ESTRADIOL	42
CYTOVENE	3	DEPO-MEDROL	31
<i>cytra-2</i>	39	DEPO-PROVERA 150 MG/ML SYRN, -150 MG/ML VIAL	42
<i>cytra-3</i>	48	DEPO-PROVERA 400 MG/ML VIAL	9
<i>cytra-k</i>	48	DEPO-SUBQ PROVERA 104	42
D.H.E.45	13	DEPO-TESTOSTERONE	42
<i>dacarbazine 100 mg vial</i>	9	DERMA-SMOOTH-FS	28
<i>dacarbazine 200 mg vial</i>	9	DERMATOLOGICAL MEDICATIONS	27
DACOGEN	9	DERMATOP	28
<i>danazol capsule</i>	42	DERMOTIC	30

Drug	Page	Drug	Page
<i>desipramine hcl tablet</i>	14	DIAGNOSTIC AND MISCELLANEOUS	
<i>desmopressin acetate aerosol spray w/pump, -solution</i>	31	MEDICATIONS	29
<i>desmopressin acetate injection</i>	31	DIAMOX SEQUELS	45
<i>desmopressin acetate tablet</i>	31	<i>diazepam</i>	14
DESOGEN	42	DIBENZYLINE	24
<i>desonide cream, -lotion, -ointment</i>	28	<i>diclofenac potassium</i>	37
<i>desoximetasone cream, -gel, -ointment</i>	28	<i>diclofenac sodium drops</i>	45
DETROL 1 MG TABLET	48	<i>diclofenac sodium tablet enteric coated, -tablet sustained release 24hr</i>	37
DETROL 2 MG TABLET	48	<i>dicloxacillin sodium</i>	3
DETROL LA	48	<i>dicyclomine hcl capsule, -syrup, -tablet</i>	34
<i>dexamethasone elixir, -solution oral, -tablet</i>	31	<i>dicyclomine hcl injection</i>	34
<i>dexamethasone intensol</i>	31	<i>didanosine</i>	3
<i>dexamethasone sodium phosphate drops</i>	45	DIDRONEL	31
<i>dexamethasone sodium phosphate injection</i>	31	DIFFERIN CREAM, -GEL	28
<i>dexchlorpheniramine maleate</i>	47	DIFFERIN LOTION	28
DEXEDRINE	14	<i>diflorasone diacetate</i>	28
<i>dexmethylphenidate 10 mg tab</i>	14	DIFLUCAN	3
<i>dexmethylphenidate 2.5 mg tab, -5 mg tab</i>	14	DIFLUCAN IN SALINE	3
DEXPAK 10 DAY 1.5 MG TABLET, -6 DAY 1.5 MG TABLET	31	<i>diflunisal</i>	37
DEXPAK 13 DAY 1.5 MG TABLET	31	<i>digoxin injection</i>	24
<i>dexrazoxane 250 mg vial</i>	9	<i>digoxin solution, -tablet</i>	24
<i>dexrazoxane 500 mg vial</i>	9	<i>dihydroergotamine mesylate injection</i>	14
<i>dextroamphetamine sulfate</i>	14	DILACOR XR	24
<i>dextrose 10%-1/4ns</i>	39	DILANTIN 100 MG CAPSULE	14
<i>dextrose 10%-1/4ns-kcl</i>	39	DILANTIN 30 MG CAPSULE	14
<i>dextrose 5%-1/2ns-kcl</i>	39	DILANTIN 50 MG INFATAB	14
<i>dextrose 5%-1/3ns-kcl</i>	39	DILANTIN-125	14
<i>dextrose 5%-1/4ns-kcl</i>	39	DILATRATE-SR	24
<i>dextrose 5%-electrolyte #48</i>	39	DILAUDID INJECTION	14
<i>dextrose 5%-electrolyte #75</i>	39	DILAUDID TABLET	14
<i>dextrose 5%-ns-kcl</i>	39	DILAUDID-5	14
<i>dextrose 5%-potassium chloride</i>	39	DILAUDID-HP	14
<i>dextrose in lactated ringers</i>	39	<i>dilt-cd</i>	24
<i>dextrose in ringers injection</i>	39	<i>diltia xt</i>	24
<i>dextrose in water</i>	39	<i>diltiazem 24hr er capsule sustained release 24 hr</i>	24
<i>dextrose with sodium chloride</i>	39	<i>diltiazem er</i>	24
DIABETA	31	<i>diltiazem hcl injection</i>	24
		<i>diltiazem hcl tablet</i>	24
		<i>dilt-xr</i>	24
		<i>diltzac er</i>	24

Drug	Page	Drug	Page
DIOVAN 160 MG TABLET	24	<i>doxepin 10 mg capsule, -25 mg capsule, -50 mg capsule, -75 mg capsule, -100 mg capsule, -solution</i>	14
DIOVAN 320 MG TABLET	24	<i>doxepin 150 mg capsule</i>	14
DIOVAN 40 MG TABLET, -80 MG TABLET	24	DOXIL	9
DIOVAN HCT	24	<i>doxorubicin 10 mg/5 ml vial, -20 mg/10 ml vial, -50 mg/25 ml vial, -10 mg vial, -50 mg vial</i>	9
DIPENTUM	34	<i>doxorubicin 200 mg/100 ml vial</i>	9
<i>diphenhydramine 50 mg capsule, -elixir</i>	47	<i>doxycycline</i>	3
<i>diphenhydramine hcl injection</i>	47	<i>doxycycline hyclate 20 mg tab</i>	30
<i>diphenoxylate-atropine</i>	34	<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab</i>	3
DIPHThERIA-TETANUS TOXOID	35	<i>doxycycline hyclate injection</i>	3
DIPROLENE	28	DOXYCYCLINE HYCLATE TABLET ENTERIC COATED	3
DIPROLENE AF	28	<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>	3
<i>dipyridamole tablet</i>	39	<i>dronabinol</i>	14
<i>diskets</i>	14	DROXIA	9
<i>disopyramide phosphate</i>	24	DTIC-DOME IV	9
<i>disulfiram tablet</i>	14	<i>dualvit ob</i>	42
DITROPAN XL 10 MG TABLET, -15 MG TABLET	48	DUETACT	31
DITROPAN XL 5 MG TABLET	48	DULERA	47
DIURIL	24	DUONEB	47
DIURIL SODIUM	24	DURAGESIC	14
<i>divalproex sodium</i>	14	DURAMORPH	14
<i>divalproex sodium er</i>	14	DYAZIDE	24
<i>dobutamine 250 mg-d5w 500 ml, -250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml</i>	24	DYNACIN	3
<i>dobutamine hcl</i>	24	DYNACIRC CR	24
<i>docetaxel 80 mg/4 ml vial</i>	9	DYRENIUM	24
<i>docetaxel 80 mg/8 ml vial</i>	9	DYSPORT	37
<i>docosavit</i>	42	E.E.S. 200	3
DOLOPHINE HCL	14	E.E.S. 400	3
<i>donepezil hcl tablet</i>	14	EAR-NOSE-THROAT MEDICATIONS	30
DONEPEZIL HCL TABLET DISPERSIBLE LINGUAL	14	EC-NAPROSYN	37
<i>dopamine hcl</i>	24	<i>econazole nitrate cream</i>	3
<i>dopamine hcl in 5% dextrose</i>	24	<i>ed k+10</i>	39
DORIBAX	3	EDECIN	24
DORYX	3	EDURANT	3
<i>dorzolamide hcl</i>	45	<i>effe-r-k 25 meq tablet eff</i>	39
<i>dorzolamide-timolol</i>	45	EFFEXOR XR 37.5 MG CAPSULE	14
DOVONEX CREAM	28		
DOVONEX SOLUTION	28		
<i>doxazosin mesylate</i>	24		

Drug	Page	Drug	Page
EFFEXOR XR 75 MG CAPSULE, -150 MG CAPSULE	14	ENGERIX-B 10 MCG/0.5 ML PEDI	35
EFFIENT	39	ENJUVIA	42
EFUDEX	28	<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr</i>	39
ELAPRASE	31	<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr, -100 mg/ml syr</i>	39
ELDEPRYL	14	<i>enpresse</i>	42
ELESTAT	45	ENTOCORT EC	34
ELIDEL	28	<i>enulose</i>	39
ELIGARD	9	<i>epiflur</i>	39
ELITEK	9	<i>epiklor</i>	39
ELIXOPHYLLIN	47	EPINASTINE HCL	45
ELLENC	9	<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial</i>	47
ELMIRON	48	EPINEPHRINE 0.15 MG AUTO-INJECT, -0.3 MG AUTO-INJECT	47
ELOCON	28	EPIPEN	47
ELOXATIN 100 MG/20 ML VIAL	9	EPIPEN JR	47
ELOXATIN 50 MG/10 ML VIAL, -200 MG/40 ML VIAL	9	<i>epirubicin 200 mg/100 ml vial, -50 mg vial, -150 mg/75 ml vial, -200 mg vial</i>	9
ELSPAR	9	<i>epirubicin 50 mg/25 ml vial</i>	9
EMADINE	45	<i>epitol</i>	14
EMCYT	9	EPIVIR	4
EMEND 125 MG CAPSULE	14	EPIVIR HBV	4
EMEND 40 MG CAPSULE	14	<i>eplerenone</i>	24
EMEND 80 MG CAPSULE	14	EPOGEN 10,000 UNITS/ML VIAL, -20,000 UNITS/ML VIAL	35
EMEND TRIFOLD PACK	14	EPOGEN 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -20,000 UNITS/2 ML VIAL	35
EMLA	1	EPZICOM	4
EMSAM	14	EQUETRO 100 MG CAPSULE, -200 MG CAPSULE	14
EMTRIVA	4	EQUETRO 300 MG CAPSULE	14
ENABLEX	48	ERBITUX 100 MG/50 ML VIAL	9
<i>enalapril maleate tablet</i>	24	ERBITUX 200 MG/100 ML VIAL	9
<i>enalapril-hydrochlorothiazide</i>	24	<i>ergoloid mesylates tablet</i>	29
ENBREL 25 MG KIT, -50 MG/ML SURECLICK SYR, -50 MG/ML SYRINGE	9	ERGOMAR	14
ENBREL 25 MG/0.5 ML SYRINGE	9	<i>ergotamine-caffeine</i>	14
<i>endocet 10-650 mg tablet</i>	14	<i>errin</i>	42
<i>endocet 5-325 tablet, -7.5-325 mg tablet, -10-325 mg tablet</i>	14	ERTACZO	4
<i>endocet 7.5-500 mg tablet</i>	14		
ENDOCRINE MEDICATIONS	30		
<i>endodan</i>	14		
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE, -20 MCG/ML VIAL	35		

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<i>ery</i>	28	EXFORGE HCT	24
ERYPED 200	4	EXJADE 125 MG TABLET	29
ERYPED 400	4	EXJADE 250 MG TABLET, -500 MG TABLET	30
ERY-TAB	4	EXTAVIA	35
ERYTHROCIN LACTOBIONATE	4	FABRAZYME	31
<i>erythrocin stearate</i>	4	FACTIVE	4
<i>erythromycin capsule enteric coated, -tablet</i>	4	<i>famciclovir</i>	4
<i>erythromycin ethylsuccinate tablet</i>	4	<i>famotidine 20 mg tablet, -40 mg tablet</i>	34
<i>erythromycin gel, -solution non-oral, -swab medicated</i>	28	<i>famotidine injection</i>	34
<i>erythromycin ointment</i>	45	<i>famotidine suspension oral</i>	34
<i>erythromycin-benzoyl peroxide</i>	28	FAMVIR	4
<i>erythromycin-sulfisoxazole</i>	4	FANAPT TABLET	14
<i>estazolam</i>	14	FANAPT TABLET DOSE PACK	15
ESTRACE	42	FARESTON	9
ESTRADERM	42	FASLODEX	9
<i>estradiol patch transdermal weekly</i>	42	FAZACLO 100 MG ODT	15
<i>estradiol tablet</i>	42	FAZACLO 12.5 MG ODT	15
<i>estradiol valerate injection</i>	42	FAZACLO 150 MG ODT	15
<i>estradiol-noreth 1-0.5 mg tab</i>	42	FAZACLO 200 MG ODT	15
ESTRING	42	FAZACLO 25 MG ODT	15
<i>estropipate</i>	42	FELBATOL	15
ESTROSTEP FE	42	FELDENE	37
<i>ethambutol hcl</i>	4	<i>felodipine er</i>	24
<i>ethosuximide capsule, -syrup</i>	14	FEMARA	9
ETHYOL	9	FEMCON FE	42
<i>etidronate disodium</i>	31	FEMHRT	42
<i>etodolac</i>	37	FEMRING	42
ETOPOPHOS	9	FEMTRACE	42
<i>etoposide 1,000 mg/50 ml vial, -100 mg/5 ml vial</i>	9	<i>fenofibrate</i>	24
<i>etoposide 500 mg/25 ml vial</i>	9	<i>fenopropfen calcium</i>	37
EURAX	28	FENTANYL	15
EVISTA	42	<i>fentanyl citrate injection</i>	15
EVOCLIN	28	<i>fentanyl citrate lozenge</i>	15
EVOXAC	30	FENTORA	15
EXELDERM	4	FINACEA	28
EXELON CAPSULE	14	<i>finasteride</i>	48
EXELON PATCH TRANSDERMAL 24 HOURS	14	FIORICET WITH CODEINE	15
EXELON SOLUTION	14	FIORINAL WITH CODEINE #3	15
EXEMESTANE	9	FIRMAGON 2 X 120 MG VIALS	9
EXFORGE	24	FIRMAGON 80 MG VIAL	9
		FLAGYL	4
		FLAGYL ER	4

Drug	Page	Drug	Page
FLAREX	45	<i>fluoxetine hcl solution</i>	15
<i>flavoxate hcl</i>	48	<i>fluphenazine decanoate</i>	15
<i>flecainide acetate</i>	24	<i>fluphenazine hcl elixir, -solution, -tablet</i>	15
FLEXERIL	37	<i>fluphenazine hcl injection</i>	15
FLOMAX	48	<i>flurazepam hcl</i>	15
FLONASE	30	<i>flurbiprofen sodium</i>	45
FLOVENT 100 MCG DISKUS	47	<i>flurbiprofen tablet</i>	37
FLOVENT 50 MCG DISKUS, -250 MCG DISKUS	47	<i>flutamide</i>	9
FLOVENT HFA 110 MCG INHALER	47	<i>fluticasone propionate cream, -ointment</i>	28
FLOVENT HFA 220 MCG INHALER	47	<i>fluticasone propionate nasal inhaled steroids</i>	30
FLOVENT HFA 44 MCG INHALER	47	<i>fluvoxamine maleate 100 mg tab</i>	15
<i>floxuridine</i>	9	<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>	15
<i>fluconazole in dextrose</i>	4	FML	45
<i>fluconazole in saline</i>	4	FML FORTE	45
<i>fluconazole suspension, -tablet</i>	4	FML S.O.P.	45
FLUDARA	9	<i>folbecal</i>	42
<i>fludarabine 50 mg vial</i>	9	<i>fomepizole</i>	30
<i>fludarabine 50 mg/2 ml vial</i>	9	FORADIL	47
<i>fludrocortisone acetate tablet</i>	31	FORTAMET	31
<i>flunisolide 0.025% spray</i>	30	FORTAZ	4
<i>flunisolide 29 mcg-0.025% spr</i>	30	FORTAZ IN ISO-OSMOTIC DEXTROSE	4
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>	28	FORTEO	32
<i>fluocinonide cream, -gel, -ointment, -solution non-oral</i>	28	<i>fortical</i>	32
<i>fluocinonide emollient</i>	28	FOSAMAX 35 MG TABLET, -70 MG TABLET	32
<i>fluocinonide-e</i>	28	FOSAMAX 5 MG TABLET, -10 MG TABLET, -40 MG TABLET	32
<i>fluor-a-day tablet chewable</i>	39	FOSAMAX PLUS D	32
<i>fluoritab</i>	39	FOSAMAX SOLUTION	32
<i>fluorometholone suspension drops</i>	45	<i>foscarnet sodium</i>	4
FLUOROPLEX	28	<i>fosinopril sodium</i>	24
<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml</i>	9	<i>fosinopril-hydrochlorothiazide</i>	24
<i>fluorouracil 500 mg/10 ml vial</i>	9	<i>fosphenytoin sodium</i>	15
<i>fluorouracil cream, -solution non-oral</i>	28	FOSRENOL	39
FLUOXETINE DR	15	FRAGMIN 12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE	39
<i>fluoxetine hcl 10 mg capsule</i>	15	FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE	39
<i>fluoxetine hcl 10 mg tablet</i>	15		
<i>fluoxetine hcl 20 mg capsule, -20 mg tablet</i>	15		
<i>fluoxetine hcl 40 mg capsule</i>	15		

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FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL	39	<i>gemfibrozil tablet</i>	25
FREAMINE HBC	39	GEMZAR 1 GRAM VIAL	9
FREAMINE III	39	GEMZAR 200 MG VIAL	9
FREAMINE III WITH ELECTROLYTES	39	<i>generlac</i>	34
<i>fudr</i>	9	<i>gengraf</i>	10
FURADANTIN	4	GENOTROPIN MINIQUICK 0.2 MG	35
<i>furosemide injection</i>	24	GENOTROPIN MINIQUICK 0.4 MG, -	
<i>furosemide solution, -tablet</i>	24	MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -	
FUSILEV	9	MINIQUICK 1 MG, -MINIQUICK 1.2 MG, -	
FUZEON	4	MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -	
<i>gabapentin 100 mg capsule, -300 mg capsule, -tablet</i>	15	MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5	
<i>gabapentin 400 mg capsule</i>	15	MG CARTRIDGE, -12 MG CARTRIDGE	36
GABAPENTIN SOLUTION	15	<i>gentak</i>	45
GABITRIL	15	<i>gentamicin sulfate cream, -0.1% ointment</i>	4
<i>galantamine hbr capsule 24hr sustained release pellets</i>	15	<i>gentamicin sulfate drops, -3 mg/gm eye oint</i>	45
<i>galantamine hbr tablet</i>	15	<i>gentamicin sulfate in ns</i>	4
<i>galantamine hydrobromide</i>	15	GENTAMICIN SULFATE IN NS	4
GAMASTAN S-D	35	<i>gentamicin sulfate injection</i>	4
GAMMAGARD LIQUID	35	<i>gentasol</i>	45
GAMMAGARD S-D	35	GEODON 20 MG CAPSULE, -40 MG CAPSULE	15
GAMMAPLEX	35	GEODON 60 MG CAPSULE, -80 MG CAPSULE	15
GAMUNEX	35	GEODON INJECTION	15
GAMUNEX-C 1 GRAM/10 ML VIAL, -2.5 GRAM/25 ML VIAL, -5 GRAM/50 ML VIAL	35	GIANVI	42
GAMUNEX-C 10 GRAM/100 ML VIAL, -20 GRAM/200 ML VIAL	35	<i>gildess fe</i>	42
<i>ganciclovir</i>	4	GILENYA	30
<i>ganciclovir sodium</i>	4	GLASSIA	47
<i>garamycin drops</i>	45	GLEEVEC	10
GARDASIL	35	<i>glimepiride</i>	32
GASTROCROM	47	<i>glipizide er</i>	32
GASTROINTESTINAL MEDICATIONS	33	<i>glipizide tablet</i>	32
<i>gavilyte-c</i>	34	<i>glipizide xl</i>	32
<i>gavilyte-g</i>	34	<i>glipizide-metformin</i>	32
<i>gavilyte-n</i>	34	GLUCAGEN	32
GELNIQUE	48	GLUCAGON EMERGENCY KIT	32
<i>gemcitabine hcl 1 gram vial</i>	9	GLUCOPHAGE	32
<i>gemcitabine hcl 200 mg vial, -2 gram vial</i>	9	GLUCOPHAGE XR	32
		GLUCOTROL	32
		GLUCOTROL XL	32
		GLUCOVANCE	32

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GLUMETZA	32	HEXALEN	10
<i>glyburide</i>	32	HIBERIX	36
<i>glyburide micronized</i>	32	HIPREX	4
<i>glyburide-metformin hcl</i>	32	HIZENTRA 1 GRAM/5 ML VIAL	36
<i>glycopyrrolate injection</i>	34	HIZENTRA 2 GRAM/10 ML VIAL, -4 GRAM/20	
<i>glycopyrrolate tablet</i>	34	ML VIAL	36
<i>glycron</i>	32	<i>homatropaire</i>	45
GLYNASE	32	HUMALOG	32
GLYSET	32	HUMALOG MIX 50-50	32
GOLYTELY	34	HUMALOG MIX 75-25	32
<i>granisetron hcl injection</i>	15	HUMATROPE	36
<i>granisetron hcl tablet</i>	15	HUMIRA 20 MG/0.4 ML SYRINGE	10
GRIFULVIN V	4	HUMIRA 40 MG/0.8 ML PEN, -CROHN'S	
<i>griseofulvin suspension oral</i>	4	STARTER PACK, -PSORIASIS STARTER	
GRIS-PEG	4	PACK	10
<i>guanabenz acetate tablet</i>	25	HUMIRA 40 MG/0.8 ML SYRINGE	10
<i>guanfacine hcl</i>	25	HUMULIN 70-30	32
<i>guanidine hcl</i>	15	HUMULIN N	32
GYNAZOLE-1	4	HUMULIN R	32
HALAVEN	10	HYCAMTIN INJECTION	10
HALDOL	15	HYCET	15
HALDOL DECANOATE 100	15	<i>hydralazine hcl injection</i>	25
HALDOL DECANOATE 50	15	<i>hydralazine hcl tablet</i>	25
HALFLYTELY-BISACODYL	34	HYDREA	10
<i>halobetasol propionate</i>	28	<i>hydrochlorothiazide capsule, -tablet</i>	25
HALOG	28	<i>hydrocodon-acetaminoph 7.5-750, -</i>	
<i>haloperidol decanoate</i>	15	<i>hydrocodon-acetaminophn 10-750</i>	15
<i>haloperidol lactate injection</i>	15	HYDROCODON-ACETAMINOPHEN 5-300, -	
<i>haloperidol lactate solution</i>	15	HYDROCODON-ACETAMINOPH 7.5-300, -	
<i>haloperidol tablet</i>	15	HYDROCODON-ACETAMINOPHN 10-300	15
HAVRIX	36	<i>hydrocodon-acetaminophen 5-325, -</i>	
<i>heather</i>	42	<i>hydrocodon-acetaminoph 7.5-325, -</i>	
HECTOROL	39	<i>hydrocodon-acetaminophn 10-325</i>	16
HELIDAC	34	<i>hydrocodon-acetaminophn 10-650, -</i>	
<i>heparin sodium in 0.45% nacl</i>	39	<i>hydrocodon-acetaminoph 7.5-650, -</i>	
<i>heparin sodium in 5% dextrose</i>	39	<i>hydrocodon-acetaminophn 10-660</i>	16
<i>heparin sodium injection</i>	39	<i>hydrocodone bit-ibuprofen</i>	16
<i>heparin sodium-ns</i>	39	<i>hydrocodone-acetaminophen capsule, -</i>	
HEPATAMINE	39	<i>hydrocodon-acetaminoph 2.5-500, -</i>	
HEPATASOL	39	<i>hydrocodon-acetaminoph 7.5-500, -</i>	
HEPSERA	4	<i>hydrocodon-acetaminophn 10-500</i>	16
HERCEPTIN	10	<i>hydrocodone-acetaminophen solution</i>	16

Drug	Page	Drug	Page
<i>hydrocortisone 1% cream</i>	28	IMURAN	10
<i>hydrocortisone 1% cream, -plus 1% cream, - -aloe 1% cream, -2.5% cream, -lotion, - 1% absorbase, -1% oint, -1% ointment, - 2.5% ointment</i>	28	<i>inatal advance</i>	42
<i>hydrocortisone butyrate</i>	28	<i>inatal gt</i>	42
<i>hydrocortisone enema</i>	34	<i>inatal ultra</i>	42
<i>hydrocortisone tablet</i>	32	INCRELEX	36
<i>hydrocortisone valerate</i>	28	<i>indapamide</i>	25
<i>hydrogesic</i>	16	INDERAL LA	25
<i>hydromorphone hcl injection</i>	16	INDOCIN	37
<i>hydromorphone hcl suppository rectal, -tablet</i>	16	<i>indomethacin capsule, -capsule sustained action</i>	37
<i>hydroxychloroquine sulfate tablet</i>	4	INFANRIX	36
<i>hydroxyurea capsule</i>	10	INFANRIX PF	36
<i>hydroxyzine hcl injection</i>	28	INFERGEN	36
<i>hydroxyzine hcl syrup, -tablet</i>	28	INFUMORPH	16
<i>hydroxyzine pamoate capsule</i>	28	INNOHEP	40
HYPERLYTE CR	40	INNOPRAN XL	25
HYZAAR	25	INSPRA	25
<i>ibuprofen suspension oral, -400 mg tablet, - 600 mg tablet, -800 mg tablet</i>	37	INSULIN SYRINGE	37
IDAMYCIN PFS	10	INTELENCE 100 MG TABLET	4
<i>idarubicin hcl 10 mg/10 ml vl</i>	10	INTELENCE 200 MG TABLET	4
<i>idarubicin hcl 20 mg/20 ml vl, -5 mg/5 ml vial</i>	10	INTRALIPID	40
IFEX 1 GM VIAL	10	INTRON A 3 MILLION UNIT/ML PEN, -10 MILLION UNITS VIAL	36
IFEX 3 GM VIAL	10	INTRON A 5 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL	36
<i>ifosfamide 1 gm vial</i>	10	<i>introvale</i>	42
<i>ifosfamide 1 gm/ 20 ml vial, -3 gm vial, -3 gm/ 60 ml vial</i>	10	INVANZ	4
<i>ifosfamide-mesna</i>	10	INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	16
ILARIS	36	INVEGA ER 6 MG TABLET	16
<i>imipramine hcl tablet</i>	16	INVEGA SUSTENNA	16
<i>imipramine pamoate</i>	16	INVIRASE CAPSULE	4
<i>imiquimod cream</i>	29	INVIRASE TABLET	4
IMITREX 20 MG NASAL SPRAY	16	IONOSOL B WITH DEXTROSE 5%	40
IMITREX 5 MG NASAL SPRAY	16	IONOSOL MB-DEXTROSE 5%	40
IMITREX INJECTION	16	IONOSOL T-DEXTROSE 5%	40
IMITREX TABLET	16	IOPIDINE DROPPERETTE SINGLE-USE DROP DISPENSER	45
IMMUNOLOGICALS AND VACCINES	35	IOPIDINE DROPS	45
IMOVAX RABIES VACCINE	36	IPOL	36

Drug	Page	Drug	Page
<i>ipratropium 0.03% spray</i>	30	KALETRA SOLUTION, -200-50 MG TABLET	4
<i>ipratropium 0.06% spray</i>	30	<i>kalexate</i>	40
<i>ipratropium bromide solution non-oral</i>	47	<i>kanamycin sulfate injection</i>	4
<i>ipratropium-albuterol</i>	47	<i>kariva</i>	43
IQUIX	45	KAYEXALATE	40
IRESSA	10	KEFLEX	4
<i>irinotecan hcl 100 mg/5 ml vl</i>	10	<i>kelnor 1-35</i>	43
<i>irinotecan hcl 40 mg/2 ml vial</i>	10	KENALOG	29
ISENTRESS	4	KENALOG-10	32
ISOCHRON	25	KENALOG-40	32
ISOLYTE H WITH DEXTROSE	40	KEPIVANCE	36
ISOLYTE M WITH DEXTROSE	40	KEPPRA INJECTION	16
ISOLYTE P WITH DEXTROSE	40	KEPPRA SOLUTION, -TABLET	16
ISOLYTE S	40	KERLONE	25
ISOLYTE S WITH DEXTROSE	40	KETEK	4
<i>isonarif</i>	4	<i>ketoconazole cream, -shampoo, -tablet</i>	4
<i>isoniazid injection</i>	4	<i>ketoprofen capsule, -capsule 24hr sustained release pellets</i>	37
<i>isoniazid syrup, -tablet</i>	4	<i>ketorolac tromethamine drops</i>	45
ISOPTIN SR	25	<i>ketorolac tromethamine injection</i>	37
ISORDIL	25	<i>ketorolac tromethamine tablet</i>	38
ISORDIL TITRADOSE	25	KINERET	36
<i>isosorbide dinitrate</i>	25	KINRIX	36
<i>isosorbide mononitrate</i>	25	KIONEX POWDER	40
<i>isradipine</i>	25	<i>kionex suspension oral</i>	40
ISTALOL	45	KLARON	29
ISTODAX	10	<i>klor-con 10</i>	40
<i>itraconazole capsule</i>	4	<i>klor-con 20 meq packet</i>	40
IXEMPRA 15 MG KIT	10	<i>klor-con 8</i>	40
IXEMPRA 45 MG KIT	10	<i>klor-con m10</i>	40
IXIARO	36	<i>klor-con m15</i>	40
JALYN	48	<i>klor-con m20</i>	40
<i>jantoven</i>	40	<i>klor-con-ef</i>	40
JANUMET	32	KOMBIGLYZE XR 2.5-1,000 MG TAB	32
JANUVIA	32	KOMBIGLYZE XR 5-1,000 MG TAB, -5-500 MG TABLET	32
JE-VAX	36	KRISTALOSE	40
JINTELI	42	K-TAB	40
<i>jolessa</i>	42	KUVAN	32
<i>jolivette</i>	42	<i>labetalol hcl injection</i>	25
<i>junel</i>	42	<i>labetalol hcl tablet</i>	25
<i>junel fe</i>	42	LAC-HYDRIN	29
<i>k effervescent</i>	40		
KALETRA 100-25 MG TABLET	4		

Drug	Page	Drug	Page
LACLOTION	29	LETROZOLE	10
LACRISERT	45	<i>leucovorin calcium injection</i>	10
<i>lactated ringers injection</i>	40	<i>leucovorin calcium tablet</i>	10
<i>lactated ringers solution</i>	40	LEUKERAN	10
<i>lactulose</i>	34	LEUKINE	36
LAMICTAL (BLUE)	16	<i>leuprolide acetate injection</i>	43
LAMICTAL (GREEN)	16	LEUSTATIN	10
LAMICTAL (ORANGE)	16	LEVALBUTEROL CONCENTRATE	47
LAMICTAL 150 MG TABLET, -200 MG TABLET	16	LEVAQUIN INJECTION	4
LAMICTAL 25 MG TABLET, -100 MG TABLET, -TABLET DISPERSIBLE	16	LEVAQUIN SOLUTION	4
LAMICTAL ODT 100 MG TABLET	16	LEVAQUIN TABLET	4
LAMICTAL ODT 200 MG TABLET	16	LEVATOL	25
LAMICTAL ODT 25 MG TABLET, -50 MG TABLET	16	LEVEMIR	32
LAMICTAL XR (BLUE)	16	<i>levetiracetam injection</i>	16
LAMICTAL XR (GREEN)	16	<i>levetiracetam solution, -tablet</i>	16
LAMICTAL XR (ORANGE)	16	<i>levobunolol hcl</i>	45
LAMICTAL XR 100 MG TABLET	16	<i>levocarnitine injection</i>	40
LAMICTAL XR 200 MG TABLET	16	<i>levocarnitine solution, -tablet</i>	40
LAMICTAL XR 25 MG TABLET, -50 MG TABLET	16	LEVOCETIRIZINE DIHYDROCHLORIDE	48
LAMISIL	4	<i>levofloxacin drops</i>	45
<i>lamotrigine 150 mg tablet, -200 mg tablet</i>	16	<i>levofloxacin tablet</i>	4
<i>lamotrigine 25 mg tablet, -100 mg tablet, -tablet dispersible</i>	16	<i>levora-28</i>	43
LANOXIN INJECTION	25	<i>levorphanol tartrate tablet</i>	16
LANOXIN PEDIATRIC	25	<i>levothroid</i>	32
LANOXIN TABLET	25	<i>levothyroxine sodium injection</i>	32
LANSOPRAZOLE CAPSULE ENTERIC COATED	34	<i>levothyroxine sodium tablet</i>	32
LANSOPRAZOLE TABLET	34	<i>levoxyI</i>	32
LANTUS	32	LEVULAN	29
LANTUS SOLOSTAR	32	LEXAPRO 20 MG TABLET	17
LASIX	25	LEXAPRO 5 MG TABLET, -10 MG TABLET	17
LATANOPROST	45	LEXAPRO SOLUTION	17
LATUDA	16	LEXIVA SUSPENSION ORAL	4
<i>leena</i>	43	LEXIVA TABLET	4
<i>leflunomide</i>	10	LIALDA	34
<i>lessina</i>	43	<i>lidocaine hcl 0.5% vial, -1% ampul, -1% syringe, -1% vial, -1.5% ampul, -2% abboject, -2% ampul, -2% luer-jet, -2% syringe, -4% ampul, -1% abboject, -2% vial</i>	1
LETAIRIS	25	<i>lidocaine hcl jel, -ointment, -solution non-oral</i>	1
		<i>lidocaine hcl viscous</i>	1

Drug	Page	Drug	Page
<i>lidocaine-prilocaine</i>	1	LOTREL 5-40 MG CAPSULE, -10-40 MG	
LIDODERM	1	CAPSULE	25
LINCOCIN	5	LOTRISONE	5
LINDANE	29	LOTRONEX	34
<i>liothyronine sodium injection</i>	32	<i>lovastatin 10 mg tablet, -20 mg tablet</i>	25
<i>liothyronine sodium tablet</i>	32	<i>lovastatin 40 mg tablet</i>	25
LIPOFEN 150 MG CAPSULE	25	LOVAZA	25
LIPOFEN 50 MG CAPSULE	25	LOVENOX 30 MG PREFILLED SYRN, -40 MG	
LIPOSYN II	40	PREFILLED SYRN, -300 MG VIAL, -300	
<i>liposyn iii</i>	40	MG/3 ML VIAL	40
<i>lisinopril tablet</i>	25	LOVENOX 60 MG PREFILLED SYRN, -80 MG	
<i>lisinopril-hydrochlorothiazide</i>	25	PREFILLED SYRN, -100 MG PREFILLED	
<i>lithium</i>	17	SYR, -120 MG PREFILLED SYR, -150 MG	
<i>lithium carbonate capsule, -tablet, -tablet</i>		PREFILLED SYR	40
<i>sustained action</i>	17	<i>low-ogestrel</i>	43
LITHOBID	17	<i>loxapine</i>	17
LOCOID	29	LOXITANE	17
LOCOID LIPOCREAM	29	<i>lozi-flur</i>	40
LODOSYN	17	<i>ludent fluoride</i>	40
LOESTRIN	43	LUFYLLIN	48
LOESTRIN 24 FE	43	LUMIGAN 0.01% EYE DROPS	45
LOESTRIN FE	43	LUMIGAN 0.03% EYE DROPS	45
LOFIBRA	25	LUNESTA	17
LOKARA	29	LUPRON DEPOT 3.75 MG KIT, -7.5 MG KIT, -	
LOMOTIL	34	11.25 MG 3MO KIT, -22.5 MG 3MO KIT	43
LO-OVRAL-28	43	LUPRON DEPOT-4 MONTH KIT	43
<i>loperamide capsule</i>	34	LUPRON DEPOT-PED	43
LOPID	25	<i>lutera</i>	43
LOPRESSOR HCT	25	LUXIQ	29
LOPRESSOR INJECTION	25	LYRICA 225 MG CAPSULE, -300 MG CAPSULE	
LOPRESSOR TABLET	25		17
LOPROX	5	LYRICA 25 MG CAPSULE, -50 MG CAPSULE, -	
<i>lorazepam</i>	17	75 MG CAPSULE, -100 MG CAPSULE, -150	
<i>lorazepam intensol</i>	17	MG CAPSULE, -200 MG CAPSULE	17
<i>losartan potassium 100 mg tab</i>	25	LYSODREN	10
<i>losartan potassium 25 mg tab, -50 mg tab</i>	25	MACROBID	5
<i>losartan-hydrochlorothiazide</i>	25	MACRODANTIN	5
LOTEMAX	45	<i>magnesium sulfate injection</i>	40
LOTREL 2.5-10 MG CAPSULE, -10-20 MG		MAGNESIUM SULFATE-D5W	40
CAPSULE, -5-10 MG CAPSULE, -5-20 MG		MALARONE	5
CAPSULE	25	<i>malathion</i>	29
		<i>maprotiline 25 mg tablet, -50 mg tablet</i>	17

Drug	Page	Drug	Page
<i>maprotiline 75 mg tablet</i>	17	<i>mercaptapurine tablet</i>	10
<i>margesic h</i>	17	<i>meropenem iv 1 gm vial</i>	5
MARPLAN	17	<i>meropenem iv 500 mg vial</i>	5
<i>maternity</i>	43	MERREM	5
MATULANE	10	<i>mesalamine enema</i>	34
MATZIM LA	25	<i>mesna</i>	10
MAXAIR AUTOHALER	48	MESNEX INJECTION	10
MAXALT	17	MESNEX TABLET	10
MAXALT MLT	17	MESTINON SYRUP, -TABLET SUSTAINED	
MAXIDEX	45	ACTION	17
MAXITROL	45	MESTINON TABLET	17
MAXZIDE	25	METAGLIP	32
MAXZIDE-25 MG	25	<i>metaproterenol sulfate syrup, -tablet</i>	48
<i>mebendazole tablet chewable</i>	5	<i>metaxalone</i>	38
<i>meclizine hcl tablet</i>	17	<i>metformin hcl</i>	32
<i>meclofenamate sodium capsule</i>	38	<i>metformin hcl er</i>	32
MEDICAL (MISCELLANEOUS) SUPPLIES	37	<i>methadone hcl injection</i>	17
MEDROL	32	<i>methadone hcl solution, -tablet, -tablet</i>	
<i>medroxyprogesterone acetate injection</i>	43	<i>soluble</i>	17
<i>medroxyprogesterone acetate tablet</i>	43	<i>methadone intensol</i>	17
MEFENAMIC ACID	38	<i>methadose</i>	17
<i>mefloquine hcl</i>	5	<i>methazolamide tablet</i>	45
MEFOXIN	5	<i>methenamine hippurate</i>	5
MEGACE	10	<i>methenamine mandelate tablet</i>	5
MEGACE ES	10	METHERGINE	43
<i>megestrol acetate suspension oral, -tablet</i>	10	<i>methimazole tablet</i>	32
<i>meloxicam 15 mg tablet</i>	38	METHITEST	43
<i>meloxicam 7.5 mg tablet</i>	38	<i>methocarbamol tablet</i>	38
<i>meloxicam suspension oral</i>	38	<i>methotrexate injection</i>	10
<i>melphalan hcl</i>	10	<i>methotrexate tablet</i>	10
MENACTRA	36	<i>methscopolamine bromide tablet</i>	34
MENEST	43	<i>methyclothiazide</i>	25
MENOMUNE-A-C-Y-W-135	36	<i>methyldopa</i>	25
MENOSTAR	43	<i>methyldopa-hydrochlorothiazide</i>	25
MENTAX	5	<i>methyldopate hcl</i>	25
MENVEO A-C-Y-W-135-DIP	36	<i>methylergonovine maleate injection</i>	43
<i>meperidine hcl injection</i>	17	<i>methylin er</i>	17
<i>meperidine hcl solution, -tablet</i>	17	<i>methylin tablet</i>	17
<i>meperitab</i>	17	<i>methylphenidate er</i>	17
<i>meprobamate 200 mg tablet</i>	17	<i>methylphenidate hcl tablet</i>	17
<i>meprobamate 400 mg tablet</i>	17	<i>methylphenidate sr</i>	17
MEPRON	5	<i>methylprednisolone acetate injection</i>	32

Drug	Page	Drug	Page
<i>methylprednisolone sod succ</i>	32	MINOCIN	5
<i>methylprednisolone tablet, -tablet dose pack</i>	32	<i>minocycline hcl capsule, -tablet, -tablet sustained release 24hr</i>	5
<i>metipranolol</i>	46	<i>minoxidil tablet</i>	26
<i>metoclopramide hcl injection</i>	34	MIRAPEX 0.125 MG TABLET, -0.25 MG TABLET, -0.5 MG TABLET, -1 MG TABLET, -1.5 MG TABLET	17
<i>metoclopramide hcl solution oral, -tablet</i>	34	MIRAPEX 0.75 MG TABLET	17
<i>metolazone</i>	25	<i>mirtazapine</i>	17
<i>metoprolol succinate</i>	25	<i>misoprostol</i>	34
<i>metoprolol tartrate injection</i>	25	<i>mitomycin 20 mg vial</i>	10
<i>metoprolol tartrate tablet</i>	25	<i>mitomycin 5 mg vial</i>	10
<i>metoprolol-hydrochlorothiazide</i>	25	<i>mitoxantrone hcl</i>	10
<i>metro iv</i>	5	M-M-R II VACCINE	36
METROCREAM	29	MOBAN 10 MG TABLET, -25 MG TABLET	17
METROGEL	29	MOBAN 50 MG TABLET	17
METROGEL-VAGINAL	43	MOBIC SUSPENSION ORAL	38
METROLOTION	29	MOBIC TABLET	38
<i>metronidazole capsule, -tablet</i>	5	MODICON	43
<i>metronidazole cream, -gel, -lotion</i>	29	<i>moexipril hcl</i>	26
<i>metronidazole gel with applicator</i>	43	<i>moexipril-hydrochlorothiazide</i>	26
<i>metronidazole injection</i>	5	<i>mometasone furoate cream, -ointment, -solution non-oral</i>	29
<i>mexiletine hcl capsule</i>	25	MONODOX	5
MIACALCIN AEROSOL SPRAY W/PUMP	32	MONOKET	26
MIACALCIN INJECTION	32	<i>mononessa</i>	43
MICARDIS 20 MG TABLET, -40 MG TABLET	25	MONUROL	5
MICARDIS 80 MG TABLET	25	<i>morphine sulf er 100 mg tab, -sulf er 200 mg tab</i>	17
MICARDIS HCT 40-12.5 MG TABLET, -80-25 MG TABLET	25	<i>morphine sulf er 15 mg tablet, -sulf er 30 mg tablet, -sulf er 60 mg tablet</i>	17
MICARDIS HCT 80-12.5 MG TABLET	25	<i>morphine sulfate in dextrose</i>	17
<i>miconazole 3 suppository vaginal</i>	5	<i>morphine sulfate injection</i>	17
<i>microgestin</i>	43	<i>morphine sulfate solution, -suppository rectal, -tablet</i>	18
<i>microgestin fe</i>	43	MOTOFEN	34
MICRONOR 0.35 MG TABLET	43	MS CONTIN 100 MG TABLET, -200 MG TABLET	18
MICRONOR TABLET	43	MS CONTIN 15 MG TABLET, -CR 30 MG TABLET, -60 MG TABLET	18
MICROZIDE	25	<i>mupirocin ointment</i>	5
<i>midazolam hcl</i>	17	MUSCULOSKELETAL MEDICATIONS	37
<i>midodrine hcl</i>	26		
<i>migergot</i>	17		
MIGRANAL	17		
MILLIPRED	32		
<i>mimvey</i>	43		
MINIPRESS	26		
MINITRAN	26		

Drug	Page	Drug	Page
MUSTARGEN	10	<i>nefazodone hcl</i>	18
MYAMBUTOL	5	<i>neofrin</i>	46
MYCAMINE	5	<i>neomycin sulfate tablet</i>	5
MYCOBUTIN	5	<i>neomycin-bacitracin-poly-hc</i>	46
<i>mycophenolate mofetil</i>	10	<i>neomycin-bacitracin-polymyxin</i>	46
<i>mydral</i>	46	<i>neomycin-poly-hc eye drops</i>	46
MYDRIACYL	46	<i>neomycin-polymixin-hc ear susp, -ear susp</i>	30
MYFORTIC	10	<i>neomycin-polymyxin b</i>	48
MYSOLINE 250 MG TABLET	18	<i>neomycin-polymyxin-dexameth</i>	46
MYSOLINE 50 MG TABLET	18	<i>neomycin-polymyxin-gramicidin</i>	46
MYTELASE	18	<i>neomycin-polymyxin-hydrocort</i>	30
<i>nabumetone</i>	38	NEORAL 100 MG GELATN CAPSULE	10
<i>nadolol tablet</i>	26	NEORAL 25 MG GELATIN CAPSULE, -	
<i>nadolol-bendroflumethiazide</i>	26	SOLUTION	10
<i>nafcillin</i>	5	NEOSPORIN	46
<i>nafcillin sodium</i>	5	NEOSPORIN GU IRR 40 MG/ML AMP	49
NAFTIN	5	NEOSPORIN GU IRR 40 MG/ML AMP, -GU	
NAGLAZYME	32	IRR 40 MG/ML VIAL	49
<i>nalbuphine hcl injection</i>	18	NEPHRAMINE	40
NALFON 200 MG PULVULE	38	NEULASTA	36
NALFON 400 MG CAPSULE	38	NEUMEGA	36
NALLPEN	5	NEUPOGEN	36
NALLPEN-ISO-OSMOTIC DEXTROSE	5	NEURONTIN 100 MG CAPSULE, -300 MG	
<i>naloxone hcl injection</i>	18	CAPSULE, -TABLET	18
<i>naltrexone hcl tablet</i>	18	NEURONTIN 400 MG CAPSULE	18
NAMENDA SOLUTION	18	NEURONTIN SOLUTION	18
NAMENDA TABLET, -TABLET DOSE PACK	18	NEVANAC	46
NAPRELAN	38	NEXAVAR	10
NAPROSYN	38	NEXIUM	34
<i>naproxen sodium 275 mg tab, -550 mg tab</i>	38	NEXIUM I.V.	34
<i>naproxen suspension oral, -tablet, -tablet</i>		NIACOR	26
<i>enteric coated</i>	38	NIASPAN	26
<i>naratriptan hcl</i>	18	<i>nicardipine hcl capsule</i>	26
NARDIL	18	<i>nicardipine hcl injection</i>	26
NASACORT AQ	30	NICOTROL	18
NASONEX	30	NICOTROL NS	18
NATACYN	46	<i>nifediac cc</i>	26
<i>nateglinide</i>	32	<i>nifedical xl</i>	26
NAVANE	18	<i>nifedipine capsule</i>	26
NAVELBINE	10	<i>nifedipine er</i>	26
NEBUPENT	5	NILANDRON	10
<i>necon</i>	43	<i>nimodipine</i>	26

Drug	Page	Drug	Page
NIMOTOP	26	NORVIR CAPSULE, -TABLET	5
NIPENT	10	NORVIR SOLUTION	5
<i>nisoldipine er 20 mg tablet, -er 30 mg tablet,</i>		NOVAMINE	40
<i>-er 40 mg tablet</i>	26	NOVANTRONE	10
<i>nitro-bid</i>	26	NOVOLIN 70-30	32
NITRO-DUR	26	NOVOLIN N	32
NITROFURANTOIN	5	NOVOLIN R	33
<i>nitrofurantoin macrocrystal capsule</i>	5	NOVOLOG	33
<i>nitrofurantoin mono-macro</i>	5	NOVOLOG MIX 70-30	33
<i>nitroglycerin injection</i>	26	NULYTELY WITH FLAVOR PACKS	34
<i>nitroglycerin patch</i>	26	<i>nutrilyte</i>	40
NITROLINGUAL	26	<i>nutrilyte ii</i>	40
NITROSTAT	26	NUTRITION,BLOOD	
<i>nizatidine</i>	34	MODIFIERS,ELECTROLYTES	38
NIZORAL	5	NUTROPIN	36
<i>nora-be</i>	43	NUTROPIN AQ	36
NORDETTE-28	43	NUTROPIN AQ NUSPIN 10 PEN CART, -20	
NORDITROPIN FLEXPRO	36	PEN CART	36
NORDITROPIN NORDIFLEX 30 MG/3	36	NUTROPIN AQ NUSPIN 5 PEN CART	36
NORDITROPIN NORDIFLEX 5 MG/1.5, -		NUVARING	43
NORDIFLX 10 MG/1.5, -NORDIFLX 15		NUVIGIL 150 MG TABLET, -250 MG TABLET	
MG/1.5	36		18
<i>norethindrone</i>	43	NUVIGIL 50 MG TABLET	18
<i>norethindrone acetate tablet</i>	43	<i>nyamyc</i>	5
NORFLEX	38	<i>nystatin cream, -ointment, -50,000,000 units</i>	
<i>norgestrel-ethiny estra</i>	43	<i>pwd, -150,000,000 units pwd, -</i>	
NORINYL 1+35	43	<i>500,000,000 units pwd, -100,000 unit/gm</i>	
NORITATE	29	<i>powd, -suspension oral, -tablet</i>	5
NORMOSOL-M AND DEXTROSE	40	<i>nystatin-triamcinolone</i>	5
NORMOSOL-R	40	<i>nystop</i>	5
NORMOSOL-R AND DEXTROSE	40	OBSTETRICAL AND GYNECOLOGICAL	
NORMOSOL-R PH 7.4	40	MEDICATIONS	41
NOROXIN	5	<i>ocella</i>	43
NORPACE	26	<i>octreotide acet 100 mcg/ml amp, -acet 100</i>	
NORPACE CR	26	<i>mcg/ml syr, -acet 100 mcg/ml vl, -acet 200</i>	
NORPRAMIN	18	<i>mcg/ml vl, -acet 500 mcg/ml amp, -acet</i>	
NOR-Q-D	43	<i>500 mcg/ml vl, -1,000 mcg/ml vial</i>	10
<i>nortrel</i>	43	<i>octreotide acet 50 mcg/ml amp, -acet 50</i>	
<i>nortriptyline hcl capsule, -solution</i>	18	<i>mcg/ml syr, -acet 50 mcg/ml vial</i>	10
NORVASC 2.5 MG TABLET, -10 MG TABLET		OCUFEN	46
	26	OCUFLOX	46
NORVASC 5 MG TABLET	26	<i>ofloxacin 0.3% ear drops</i>	30

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<i>ofloxacin 0.3% eye drops</i>	46	OSMOPREP	34
<i>ofloxacin tablet</i>	5	<i>oticin hc</i>	30
<i>ogestrel</i>	43	<i>otomycet-hc</i>	30
<i>omeprazole capsule enteric coated</i>	34	OVCON-35	44
OMNARIS	30	OVCON-50	44
OMNIPRED	46	OVIDE	29
OMNITROPE	36	<i>oxacillin</i>	5
ONCASPAR	10	<i>oxacillin sodium</i>	5
<i>ondansetron hcl 24 mg tablet</i>	18	<i>oxaliplatin 100 mg/20 ml vial</i>	11
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>	18	<i>oxaliplatin 50 mg/10 ml vial, -100 mg vial</i>	11
<i>ondansetron hcl in dextrose</i>	18	<i>oxandrolone tablet</i>	44
<i>ondansetron hcl injection</i>	18	<i>oxaprozin</i>	38
<i>ondansetron hcl solution</i>	18	<i>oxazepam</i>	18
<i>ondansetron in sodium chloride</i>	18	<i>oxcarbazepine 150 mg tablet, -300 mg tablet</i>	18
<i>ondansetron odt</i>	18		18
ONGLYZA	33	<i>oxcarbazepine 600 mg tablet</i>	18
ONSOLIS	18	OXCARBAZEPINE SUSPENSION	18
ONTAK	10	OXISTAT	5
<i>onxol</i>	10	OXSORALEN-ULTRA	29
OPHTHALMIC MEDICATIONS	44	<i>oxybutynin chloride syrup</i>	49
OPTIPRANOLOL	46	<i>oxybutynin chloride tablet</i>	49
OPTIVAR	46	<i>oxybutynin cl er 10 mg tablet, -cl er 15 mg tablet</i>	49
ORACEA	5	<i>oxybutynin cl er 5 mg tablet</i>	49
ORAMORPH SR 100 MG TABLET	18	<i>oxycodon-acetaminophen 7.5-500</i>	18
ORAMORPH SR 15 MG TABLET, -30 MG TABLET, -60 MG TABLET	18	<i>oxycodone concentrate</i>	18
ORAP	18	<i>oxycodone hcl capsule, -solution, -tablet</i>	18
ORAPRED	33	<i>oxycodone hcl-aspirin</i>	18
ORAPRED ODT	33	<i>oxycodone hcl-ibuprofen</i>	18
ORENCIA	11	<i>oxycodone-acetaminophen 10-325</i>	18
ORFADIN	30	<i>oxycodone-acetaminophen 10-650</i>	18
<i>orphenadrine citrate injection</i>	38	<i>oxycodone-acetaminophen capsule</i>	18
<i>orphenadrine citrate tablet sustained action</i>	38	<i>oxycodone-acetaminophen tablet</i>	18
	38	<i>oxycodone-aspirin</i>	18
<i>orphenadrine compound</i>	38	OXYCONTIN 10 MG TABLET, -15 MG TABLET, -20 MG TABLET, -30 MG TABLET, -40 MG TABLET, -60 MG TABLET	19
<i>orphenadrine compound forte</i>	38		19
ORTHO EVRA	43	OXYCONTIN 80 MG TABLET	19
ORTHO-CEPT	43	OXYTROL	49
ORTHOCLONE OKT-3	11	PACERONE 100 MG TABLET	26
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ORTHO-NOVUM	44		

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<i>paclitaxel 100 mg/16.7 ml vial, -30 mg/5 ml vial</i>	11	<i>peg-3350 and electrolytes</i>	34
<i>paclitaxel 300 mg/50 ml vial</i>	11	<i>peg-3350 with flavor packs</i>	34
<i>palgic</i>	48	PEGANONE	19
PAMELOR	19	PEGASYS 180 MCG/0.5 ML CONV.PK	36
<i>pamidronate disodium</i>	33	PEGASYS 180 MCG/ML VIAL	36
PAMINE	34	PEGINTRON	36
PAMINE FORTE	34	PEGINTRON REDIPEN	36
PANDEL	29	PEN NEEDLE	37
PANRETIN	29	<i>penicillin g potassium</i>	5
<i>pantoprazole sodium</i>	34	<i>penicillin g procaine</i>	5
PARAFON FORTE DSC	38	<i>penicillin g sodium</i>	5
<i>parcaine</i>	46	PENICILLIN GK-ISO-OSM DEXTROSE	5
PARCOPA	19	<i>penicillin v potassium</i>	5
<i>paregoric</i>	34	PENLAC	5
PARLODEL	19	PENTAM 300	5
PARNATE	19	<i>pentamidine isethionate</i>	5
<i>paromomycin sulfate</i>	5	PENTASA	34
<i>paroxetine cr 25 mg tablet</i>	19	<i>pentazocine-acetaminophen</i>	19
<i>paroxetine hcl 10 mg tablet</i>	19	<i>pentazocine-naloxone hcl</i>	19
<i>paroxetine hcl 20 mg tablet, -cr 12.5 mg tablet</i>	19	<i>pentopak</i>	26
<i>paroxetine hcl 30 mg tablet, -40 mg tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>	19	<i>pentostatin</i>	11
<i>paroxetine hcl suspension oral</i>	19	<i>pentoxifylline tablet sustained action</i>	26
PASER	5	PEPCID	34
PATADAY	46	PERFOROMIST	48
PATANASE	30	<i>perindopril erbumine</i>	26
PATANOL	46	<i>periogard</i>	30
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PAXIL 20 MG TABLET	19	<i>permethrin cream</i>	29
PAXIL 30 MG TABLET, -40 MG TABLET	19	<i>perphenazine</i>	19
PAXIL CR 12.5 MG TABLET	19	<i>perphenazine-amitriptyline</i>	19
PAXIL CR 25 MG TABLET, -37.5 MG TABLET	19	PERSANTINE	40
PAXIL SUSPENSION ORAL	19	PEXEVA 10 MG TABLET	19
PCE	5	PEXEVA 20 MG TABLET	19
PEDIAPRED	33	PEXEVA 30 MG TABLET, -40 MG TABLET	19
PEDIARIX	36	PFIZERPEN	5
<i>pedi-dri</i>	5	<i>phenadoz</i>	19
PEDVAXHIB	36	PHENELZINE SULFATE TABLET	19
<i>peg 3350-electrolyte</i>	34	PHENERGAN	48
		<i>phenobarbital</i>	19
		<i>phenylephrine hcl drops</i>	46
		PHENYTEK	19
		<i>phenytoin sod ext 100 mg cap</i>	19

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PHENYTOIN SOD EXT 200 MG CAP, -SOD		<i>meq/30 ml, -cl 20% (40 meq/15 ml, -</i>	
EXT 300 MG CAP	19	<i>tablet effervescent, -tablet</i>	
<i>phenytoin sodium injection</i>	19	<i>sust.releaseparticles/crystals, -tablet</i>	
<i>phenytoin suspension oral</i>	19	<i>sustained action</i>	41
PHISOHEX	5	<i>potassium chloride in d5lr</i>	41
PHOSLO	40	<i>potassium chloride injection</i>	41
<i>phospha 250 neutral</i>	40	<i>potassium chloride-nacl</i>	41
PHOSPHOLINE IODIDE	46	<i>potassium citrate TABLET SUSTAINED</i>	
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PHYSIOLYTE	40	<i>potassium citrate-citric acid</i>	49
PHYSIOSOL	40	<i>potassium cl 10 meq/50 ml sol, -cl 20</i>	
<i>pilocarpine hcl drops</i>	46	<i>meq/50 ml sol</i>	41
<i>pilocarpine hcl tablet</i>	30	<i>pramipexole 0.125 mg tablet, -0.25 mg</i>	
PILOPINE HS	46	<i>tablet, -0.5 mg tablet, -1 mg tablet, -1.5</i>	
<i>pindolol</i>	26	<i>mg tablet</i>	19
<i>piperacillin</i>	5	<i>pramipexole 0.75 mg tablet</i>	19
<i>piperacillin-tazobactam</i>	5	PRANDIN	33
<i>piroxicam capsule</i>	38	<i>pravastatin sodium</i>	26
PLAQUENIL	5	<i>prazosin hcl</i>	26
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PLASMA-LYTE 56	40	PRED MILD	46
PLASMA-LYTE 56 IN DEXTROSE	40	PRED-G	46
PLASMA-LYTE A PH 7.4	40	<i>prednicarbate</i>	29
PLASMA-LYTE R	40	<i>prednisol</i>	46
PLAVIX 300 MG TABLET	40	<i>prednisolone acetate suspension drops</i>	46
PLAVIX 75 MG TABLET	41	<i>prednisolone sodium phosphate drops</i>	46
PLETAL	41	<i>prednisolone sodium phosphate solution</i>	33
<i>podofilox</i>	29	<i>prednisolone solution oral</i>	33
<i>polycin-b</i>	46	<i>prednisone intensol</i>	33
<i>poly-dex</i>	46	<i>prednisone solution, -tablet</i>	33
<i>polyethylene glycol 3350</i>	34	PREFEST	44
<i>polymyxin b sulfate injection</i>	5	PREMARIN CREAM WITH APPLICATOR	44
<i>polymyxin b sul-trimethoprim</i>	46	PREMARIN INJECTION	44
POLY-PRED	46	PREMARIN TABLET	44
POLYTRIM	46	PREMASOL	41
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<i>potassium bicarbonate tablet effervescent</i>	41	<i>prenatabs obn</i>	44
<i>potassium chl-normal saline</i>	41	PREVACID	34
<i>potassium chloride capsule sustained action,</i>		<i>prevalite</i>	26
<i>-cl 10% (20 meq/15 ml, -cl 10% (40</i>		<i>previfem</i>	44

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PREZISTA 400 MG TABLET, -600 MG TABLET	6	<i>promethazine hcl syrup, -tablet</i>	48
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PRIMAQUINE	6	PROPAFENONE HCL ER 225 MG CAP	26
PRIMAXIN	6	PROPAFENONE HCL SR 225 MG CAP, -SR	26
PRIMAXIN I.M.	6	325 MG CAP, -SR 425 MG CAP	26
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PRIMSOL	6	<i>propantheline bromide tablet</i>	34
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PROAIR HFA	48	<i>propranolol hcl capsule sustained action, -</i>	26
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<i>probenecid-colchicine</i>	38	<i>propranolol hcl injection</i>	26
<i>procainamide hcl injection</i>	26	<i>propranolol-hydrochlorothiazid</i>	26
PROCALAMINE	41	<i>propylthiouracil</i>	33
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UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -	36	<i>protriptyline hcl</i>	19
10,000 UNITS/ML VIAL	36	PROVENTIL HFA	48
PROCRIT 20,000 UNITS/ML VIAL, -40,000	37	PROVERA	44
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PROCTOCORT	34	PROVIGIL 200 MG TABLET	19
PROCTOCREAM-HC	34	PROZAC 10 MG PULVULE	19
<i>procto-pak</i>	34	PROZAC 20 MG PULVULE	19
<i>proctosol-hc</i>	34	PROZAC 40 MG PULVULE	19
<i>proctozone-hc</i>	34	PROZAC WEEKLY	19
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PROLASTIN 1,000 MG VIAL	48	<i>pyridostigmine bromide</i>	19
PROLASTIN 500 MG VIAL	48	QUALAQUIN	6
PROLASTIN C	48	<i>quasense</i>	44
PROLEUKIN	37	QUESTRAN	26
PROLIA	33	<i>quinapril hcl</i>	26
PROMACTA	37	<i>quinapril-hydrochlorothiazide</i>	26
<i>promethazine hcl injection</i>	48	<i>quinidine gluconate injection</i>	26
		<i>quinidine gluconate tablet sustained action</i>	26

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<i>ramipril</i>	26	REVATIO INJECTION	26
RANEXA	26	REVATIO TABLET	26
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>	34	REVIA	20
<i>ranitidine hcl injection</i>	34	REVLIMID	11
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RAPAMUNE 0.5 MG TABLET	11	RHEUMATREX	11
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RAPIFLUX	20	<i>ribapak</i>	6
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<i>re-nata 29 ob</i>	44	RISPERIDONE 0.25 MG ODT, -0.5 MG ODT, -1 MG ODT, -2 MG ODT, -3 MG ODT	20
REVELA	41	RISPERIDONE 4 MG ODT	20
REQUIP	20	<i>risperidone m-tab 0.5 mg odt, -1 mg odt, -2 mg odt, -3 mg odt</i>	20
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ROBINUL FORTE	34	SELZENTRY	6
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<i>romycin</i>	46	SEPTRA DS	6
<i>ropinirole hcl</i>	20	SEREVENT DISKUS	48
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<i>roxicet 5/500 caplet</i>	20	SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	20
<i>roxicet 5-325 tablet</i>	20	SEROQUEL 300 MG TABLET, -400 MG TABLET	20
ROXICET SOLUTION	20	SEROQUEL XR 300 MG TABLET	20
ROXICODONE	20	SEROQUEL XR 400 MG TABLET	20
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RYTHMOL SR	26	SEROSTIM	37
SABRIL	20	<i>sertraline hcl 100 mg tablet</i>	20
SAIZEN	37	<i>sertraline hcl 25 mg tablet, -50 mg tablet</i>	20
SALAGEN	30	<i>sertraline hcl solution</i>	20
<i>saline 0.45% soln-excel con, -0.45% soln, - saline 0.9% soln-excel cont, -0.9% soln, - 0.9% soln, -0.9% soln., -0.9% solution, -cl 2.5 meq/ml vial, -3% iv soln, -4 meq/ml vl, -5% iv soln</i>	41	<i>sf41</i>	
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SEASONALE	44	<i>sodium bicarbonate injection</i>	41
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<i>sodium polystyrene sulfonate</i>	41	STALEVO 125	21
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<i>solia</i>	44	STALEVO 200	21
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SOLU-MEDROL	33	STAVZOR DR 125 MG CAPSULE, -DR 250 MG CAPSULE	21
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SONATA 10 MG CAPSULE	20	<i>sterile water,irrigation</i>	41
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SORIATANE 17.5 MG CAPSULE	29	STRATTERA 60 MG CAPSULE, -80 MG CAPSULE, -100 MG CAPSULE	21
SORIATANE 25 MG CAPSULE	29	STREPTOMYCIN SULFATE INJECTION	6
<i>sorine</i>	27	STROMECTOL	6
<i>sotalol</i>	27	SUBOXONE 2 MG-0.5 MG SL FILM	21
<i>sotalol af</i>	27	SUBOXONE 2 MG-0.5 MG TABLET SL	21
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<i>sotret</i>	29	SUBOXONE 8 MG-2 MG TABLET SL	21
SPECTRACEF	6	SUBUTEX 2 MG TABLET SL	21
SPIRIVA	48	SUBUTEX 8 MG TABLET SL	21
<i>spironolactone tablet</i>	27	<i>sucralfate suspension oral, -tablet</i>	35
<i>spironolactone-hctz</i>	27	<i>sulfacetamide sodium drops</i>	46
SPORANOX CAPSULE	6	<i>sulfacetamide sodium lotion, -suspension topical</i>	29
SPORANOX SOLUTION	6	<i>sulfacetamide-prednisolone</i>	46
<i>sprintec</i>	44	<i>sulfadiazine tablet</i>	6
SPRYCEL 20 MG TABLET, -50 MG TABLET, - 70 MG TABLET, -100 MG TABLET	11	<i>sulfamethoxazole-trimethoprim injection</i>	6
SPRYCEL 80 MG TABLET, -140 MG TABLET	11	<i>sulfamethoxazole-trimethoprim suspension oral, -tablet</i>	6
<i>sps</i>	41	<i>sulfamide</i>	46
<i>sronyx</i>	44	SULFAMYLON	6
<i>ssd</i>	6	<i>sulfasalazine dr</i>	35
<i>ssd af</i>	6		

Drug	Page	Drug	Page
<i>sulfasalazine tablet</i>	35	TAXOTERE 20 MG/ML VIAL, -20 MG/0.5 ML	
<i>sulfazine</i>	35	VIAL	11
<i>sulfazine ec</i>	35	TAXOTERE 80 MG/4 ML VIAL, -80 MG/2 ML	
<i>sulindac tablet</i>	38	VIAL	11
SUMATRIPTAN 20 MG NASAL SPRAY	21	TAZICEF	6
<i>sumatriptan 4 mg/0.5 ml kit, -4 mg/0.5 ml</i>		TAZORAC	29
<i>refill, -6 mg/0.5 ml kit, -6 mg/0.5 ml refill,</i>		<i>taztia xt</i>	27
<i>-6 mg/0.5 ml syrng</i>	21	TEGRETOL	21
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml</i>		TEGRETOL XR 100 MG TABLET	21
<i>vial</i>	21	TEGRETOL XR 200 MG TABLET, -400 MG	
SUMATRIPTAN 5 MG NASAL SPRAY	21	TABLET	21
<i>sumatriptan succinate tablet</i>	21	TEKTRUNA	27
SUPRAX	6	TEKTRUNA HCT	27
SURMONTIL	21	<i>temazepam</i>	21
SUSTIVA	6	TEMOVATE	29
SUTENT	11	TENEX	27
SYMBICORT	48	TENORETIC 100	27
SYMLIN	33	TENORETIC 50	27
SYMLINPEN 120	33	TENORMIN	27
SYMLINPEN 60	33	TERAZOL 3 CREAM WITH APPLICATOR	6
SYNALGOS-DC	21	TERAZOL 3 SUPPOSITORY VAGINAL	7
SYNAREL	44	TERAZOL 7	7
SYNTHROID	33	<i>terazosin hcl</i>	27
SYPRINE	38	<i>terbinafine hcl</i>	7
TABLOID	11	<i>terbutaline sulfate injection</i>	48
TACLONEX	29	<i>terbutaline sulfate tablet</i>	48
<i>tacrolimus capsule</i>	11	<i>terconazole 0.4% cream</i>	7
TALWIN	21	<i>terconazole 0.8% cream</i>	7
TAMBOCOR	27	<i>terconazole suppository vaginal</i>	7
TAMIFLU 30 MG GELCAP	6	TESTIM	44
TAMIFLU 45 MG GELCAP	6	<i>testosterone cypionate injection</i>	44
TAMIFLU 75 MG GELCAP	6	<i>testosterone enanthate</i>	44
TAMIFLU SUSPENSION	6	TESTRED	44
<i>tamoxifen citrate tablet</i>	11	TETANUS DIPHTHERIA TOXOIDS	37
<i>tamsulosin hcl</i>	49	<i>tetanus toxoid adsorbed</i>	37
TAPAZOLE	33	TETANUS-DIPHTERIA-DECAVAC	37
TARCEVA	11	<i>tetracycline hcl capsule</i>	7
TARGRETIN CAPSULE	11	TEVETEN 400 MG TABLET	27
TARGRETIN GEL	11	TEVETEN 600 MG TABLET	27
TARKA	27	TEVETEN HCT	27
TASIGNA	11	THALITONE	27
TASMAR	21	THALOMID	30

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THEO-24	48	TOFRANIL-PM	21
<i>theochron</i>	48	<i>tolazamide</i>	33
<i>theophylline</i>	48	<i>tolbutamide</i>	33
<i>theophylline anhydrous tablet sustained release 12hr</i>	48	<i>tolmetin sodium</i>	38
<i>thermazene</i>	7	TOPAMAX CAPSULE SPRINKLE	21
<i>thioridazine hcl</i>	21	TOPAMAX TABLET	21
<i>thiotepa injection</i>	11	TOPICORT	29
<i>thiothixene</i>	21	TOPICORT LP	29
THYMOGLOBULIN	37	<i>topiragen</i>	21
THYROLAR-1	33	<i>topiramate capsule sprinkle</i>	21
THYROLAR-1/2	33	<i>topiramate tablet</i>	21
THYROLAR-1/4	33	<i>toposar 1,000 mg/50 ml vial</i>	11
THYROLAR-2	33	<i>toposar 100 mg/5 ml vial, -500 mg/25 ml vial</i>	11
THYROLAR-3	33	<i>topotecan hcl</i>	11
TIAZAC	27	TOPROL XL	27
<i>ticlopidine hcl</i>	41	TORISEL	11
TIGAN CAPSULE	21	<i>torseamide injection</i>	27
TIGAN INJECTION	21	<i>torseamide tablet</i>	27
TIKOSYN	27	TOTECT	11
<i>tilia fe</i>	44	TOVIAZ	49
TIMENTIN	7	TPN ELECTROLYTES	41
<i>timolol 0.25% gel-solution, -0.5% gel-solution</i>	46	TPN ELECTROLYTES II	41
<i>timolol 0.25% gfs gel-solution, -0.5% gfs gel-solution</i>	46	TRACLEER	27
<i>timolol maleate drops</i>	46	<i>tramadol hcl tablet</i>	21
<i>timolol maleate tablet</i>	27	<i>tramadol hcl tablet sustained release 24hr</i>	21
TIMOPTIC OCUDOSE	46	<i>tramadol hcl-acetaminophen</i>	21
TIMOPTIC-XE	46	TRANDATE	27
<i>tis-u-sol</i>	41	<i>trandolapril</i>	27
<i>tizanidine hcl tablet</i>	38	TRANSDERM-SCOP	21
TOBI	7	<i>tranylcypramine sulfate</i>	21
TOBRADEX OINTMENT	46	TRAVASOL 10% SOLN VIAFLEX	41
TOBRADEX SUSPENSION DROPS	46	TRAVASOL WITH ELECTROLYTES	41
<i>tobramycin sulfate drops</i>	46	TRAVATAN Z	46
<i>tobramycin sulfate in ns</i>	7	<i>trazodone hcl tablet</i>	21
<i>tobramycin sulfate injection</i>	7	TREANDA 100 MG VIAL	11
<i>tobramycin-dexamethasone</i>	46	TREANDA 25 MG VIAL	11
<i>tobrasol</i>	46	TRECTOR	7
TOBREX	46	TRENTAL	27
TOFRANIL	21	<i>tretinoin 0.025% cream, -0.05% cream, -0.1% cream, -gel</i>	29
		<i>tretinoin capsule</i>	11

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TREXALL	11	TWINRIX	37
<i>triamcinolone acetonide cream, -lotion, - ointment</i>	29	TYGACIL	7
<i>triamcinolone acetonide injection</i>	33	TYKERB	11
<i>triamcinolone acetonide paste</i>	30	TYPHIM VI	37
<i>triamterene-hctz</i>	27	TYZEKA	7
<i>triamterene-hydrochlorothiazid</i>	27	TYZINE AEROSOL SPRAY, -0.1% NOSE DROPS	30
<i>trianex</i>	29	TYZINE PEDIATRIC 0.05% DROP	30
<i>triazolam</i>	21	U-CORT	29
<i>tricitrates</i>	49	ULORIC	38
TRICOR	27	ULTRACET	22
<i>triderm</i>	29	ULTRAM	22
<i>trifluoperazine hcl</i>	21	ULTRAM ER	22
<i>trifluridine</i>	46	ULTRAVATE	29
TRIGLIDE	27	UNASYN	7
<i>trihexyphenidyl hcl</i>	22	<i>unithroid</i>	33
TRIHIBIT	37	UROLOGICAL MEDICATIONS	48
<i>tri-legest fe</i>	44	UROXATRAL	49
TRILEPTAL 150 MG TABLET, -300 MG TABLET	22	URSO	35
TRILEPTAL SUSPENSION, -600 MG TABLET	22	URSO FORTE	35
TRILIPIX	27	<i>ursodiol capsule, -tablet</i>	35
<i>trilyte with flavor packets</i>	35	UVADEX	11
<i>trimethobenzamide hcl capsule</i>	22	VAGIFEM	44
<i>trimethobenzamide hcl injection</i>	22	<i>valacyclovir</i>	7
<i>trimethoprim tablet</i>	7	VALCYTE	7
<i>trinessa</i>	44	<i>valproate sodium injection</i>	22
TRI-NORINYL	44	<i>valproic acid capsule, -syrup</i>	22
TRIPEDIA	37	VALTRESX	7
<i>tri-previfem</i>	44	VALTURNA	27
TRISENOX	11	VANCOCIN HCL 125 MG PULVULE	7
<i>tri-sprintec</i>	44	VANCOCIN HCL 250 MG PULVULE	7
<i>trivora-28</i>	44	<i>vancomycin hcl injection</i>	7
TRIZIVIR	7	VANCOMYCIN-D5W	7
TROPHAMINE	41	<i>vandazole</i>	44
<i>tropicacyl</i>	46	VANDETANIB	11
<i>tropicamide drops</i>	46	VANOS	29
TROSPIUM CHLORIDE	49	VAQTA	37
TRUSOPT	46	VARIVAX VACCINE	37
TRUVADA	7	VECTIBIX 100 MG/5 ML VIAL	11
TWINJECT	48	VECTIBIX 400 MG/20 ML VIAL	11
		VELCADE	11
		<i>velivet</i>	44

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<i>venlafaxine hcl 25 mg tablet, -37.5 mg tablet, -75 mg tablet, -100 mg tablet</i>	22	VIRAMUNE XR	7
<i>venlafaxine hcl 50 mg tablet</i>	22	VIRAZOLE	7
VENLAFAXINE HCL ER 37.5 MG CAP	22	VIREAD	7
VENLAFAXINE HCL ER 75 MG CAP, -150 MG CAP	22	VIROPTIC	46
VENTAVIS	27	VISICOL	35
VENTOLIN HFA	48	VISTARIL	29
VERAMYST	30	VISTIDE	7
<i>verapamil er</i>	27	<i>vitazol</i>	29
<i>verapamil er pm</i>	27	VIVACTIL	22
<i>verapamil hcl capsule 24hr sustained release pellets, -tablet, -tablet sustained action</i>	27	VIVAGLOBIN	37
<i>verapamil hcl injection</i>	27	VIVELLE-DOT	44
VERDESO	29	VOLTAREN DROPS	46
VERELAN	27	VOLTAREN GEL	29
VERELAN PM	27	VOLTAREN-XR	38
<i>veripred 20</i>	33	<i>voriconazole</i>	7
VESICARE	49	VOSPIRE ER	48
VEXOL	46	VOTRIENT	11
VFEND IV	7	VPRIV	33
VFEND SUSPENSION	7	VYTORIN	27
VFEND TABLET	7	<i>warfarin sodium tablet</i>	41
VIBATIV	7	WELCHOL	27
VIBRAMYCIN	7	WELLBUTRIN	22
VICTOZA 2-PAK	33	WELLBUTRIN SR	22
VICTOZA 3-PAK	33	WELLBUTRIN XL 150 MG TABLET	22
VIDAZA	11	WELLBUTRIN XL 300 MG TABLET	22
VIDEX	7	WESTCORT	29
VIDEX EC	7	XENAZINE	22
VIGAMOX	46	XEOMIN 100 UNITS VIAL	38
VIMPAT INJECTION	22	XEOMIN 50 UNITS VIAL	38
VIMPAT SOLUTION, -TABLET	22	XGEVA	33
<i>vinblastine 1 mg/ml vial</i>	11	XIFAXAN	7
<i>vinblastine sulf 10 mg vial</i>	11	XOLAIR	48
<i>vincristine 1 mg/ml vial</i>	11	XOPENEX	48
<i>vincristine 2 mg/2 ml vial</i>	11	XOPENEX HFA	48
<i>vinorelbine 10 mg/ml vial</i>	11	XYLOCAINE INJECTION	1
<i>vinorelbine 50 mg/5 ml vial</i>	11	XYLOCAINE IV	1
VIRACEPT 625 MG TABLET	7	XYLOCAINE JEL, -SOLUTION NON-ORAL	1
VIRACEPT POWDER, -250 MG TABLET	7	XYLOCAINE-MPF	1
VIRAMUNE	7	XYREM	22
		YASMIN 28	44
		YAZ	44
		YF-VAX	37

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ZAFIRLUKAST	48	ZITHROMAX 600 MG TABLET	7
<i>zaleplon 10 mg capsule</i>	22	ZITHROMAX INJECTION	7
<i>zaleplon 5 mg capsule</i>	22	ZITHROMAX TRI-PAK	7
<i>zamicet</i>	22	ZMAX ADULT-PEDIATRIC	8
ZANAFLEX	38	ZOFRAN INJECTION	22
ZANOSAR	12	ZOFRAN ODT	22
ZANTAC 25	35	ZOFRAN SOLUTION	22
ZANTAC INJECTION	35	ZOFRAN TABLET	22
ZANTAC SYRUP, -TABLET	35	ZOLINZA	12
<i>zarah</i>	44	ZOLOFT 100 MG TABLET	22
ZARONTIN	22	ZOLOFT 25 MG TABLET, -50 MG TABLET	22
ZAROXOLYN	27	ZOLOFT SOLUTION	22
ZAVESCA	33	<i>zolpidem tartrate tablet</i>	22
ZAZOLE 0.8% VAGINAL CREAM	7	ZOLPIDEM TARTRATE TABLET MULTIPHASIC	
ZAZOLE VAGINAL 0.4% CREAM	7	RELEASE	22
ZEBETA	27	ZOMETA	33
ZELAPAR	22	ZOMIG SPRAY NON-AEROSOL	22
ZEMAIRA	48	ZOMIG TABLET	22
<i>zema-pak</i>	33	ZOMIG ZMT	22
ZEMPLAR	41	ZONALON	29
<i>zenchent</i>	44	ZONEGRAN	22
ZENPEP	35	<i>zonisamide</i>	22
ZEOSA	44	ZORBTIVE	37
ZERIT	7	ZORTRESS 0.25 MG TABLET	12
ZETIA	27	ZORTRESS 0.5 MG TABLET, -0.75 MG	
ZIAC	27	TABLET	12
ZIAGEN	7	ZOSTAVAX	37
ZIANA	29	ZOSYN	8
<i>zidovudine</i>	7	<i>zovia 1-35e</i>	44
ZINACEF 750 MG ADD-VANT VIAL, -750 MG		<i>zovia 1-50e</i>	44
VIAL, -1.5 GM ADD-VANT VIAL, -1.5 GM		ZOVIRAX CAPSULE, -SUSPENSION ORAL, -	
VIAL, -7.5 GM VIAL	7	TABLET	8
ZINACEF IN ISO-OSMOTIC WATER	7	ZOVIRAX CREAM	8
ZINACEF ISO-OSMOTIC DEXTROSE	7	ZOVIRAX OINTMENT	8
ZINECARD 250 MG VIAL	12	ZYBAN	22
ZINECARD 500 MG VIAL	12	ZYFLO CR	48
ZIRGAN	46	ZYLET	46
ZITHROMAX 100 MG/5 ML SUSP	7	ZYLOPRIM	38
ZITHROMAX 200 MG/5 ML SUSP	7	ZYMAR	46
ZITHROMAX 250 MG TABLET, -250 MG Z-		ZYPREXA 10 MG TABLET, -15 MG TABLET	22
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ZITHROMAX 500 MG TABLET	7	7.5 MG TABLET	22

Drug	Page	Drug	Page
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ZYPREXA INJECTION	22	ZYPREXA ZYDIS 5 MG TABLET	23
ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL	23	ZYVOX INJECTION	8
ZYPREXA RELPREVV 405 MG VIAL	23	ZYVOX SUSPENSION RECONSTITUTED ORAL	8
ZYPREXA ZYDIS 10 MG TABLET, -15 MG TABLET	23	ZYVOX TABLET	8