

Asuris Medicare Script™ Enhanced (PDP)
Asuris Medicare Script™ Classic (PDP)

2013 Comprehensive 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, 2014.

A Medicare-approved Part D sponsor.

This document is available electronically and may be available in alternate formats. Please call Customer Service at 1 (800) 541-8981, from 8 a.m. to 8 p.m., Monday through Friday. From October 1 through February 14, our telephone hours are 8 a.m. to 8 p.m., seven days a week. (TTY users should call 711.)

05507rep04523-as / 07-12

© 2012. Asuris Northwest Health, all rights reserved.

**Asuris Medicare Script™ Enhanced (PDP)
Asuris Medicare Script™ Basic (PDP)
2013 Comprehensive 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, 2014.

A Medicare-approved Part D Sponsor.

This document is available electronically and may be available in other formats. Please call 1 (800) 541-8981.

HPMS Approved Formulary File Submission ID: 00013473 Version Number: 25

What is the Asuris Medicare Script Enhanced and Asuris Medicare Script Basic Formulary?

A formulary is a list of covered drugs selected by Asuris Medicare Script Enhanced and Asuris Medicare Script Basic 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. Asuris Medicare Script Enhanced and Asuris Medicare Script Basic will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Asuris Medicare Script Enhanced and Asuris Medicare Script Basic 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 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 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 November 1, 2013. To get updated information about the drugs covered by Asuris Medicare Script Enhanced and Asuris Medicare Script Basic, please visit our Web site at www.asuris.com/medicarescript or call Customer Service at 1 (800) 541-8981 from 8:00 a.m. to 8:00 p.m., Monday through Friday. From October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.)

Periodically our formulary may change including medications changing tiers. When this results in a medication you may have been receiving moving to a higher cost share, we will send you an update outlining this change.

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 Agents”. 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 91. 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?

Asuris Medicare Script Enhanced and Asuris Medicare Script Basic cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Asuris Medicare Script Enhanced and Asuris Medicare Script Basic require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Asuris Medicare Script Enhanced and Asuris Medicare Script Basic before you fill your prescriptions. If you don't get approval, Asuris Medicare Script Enhanced and Asuris Medicare Script Basic may not cover the drug.
- **Quantity Limits:** For certain drugs, Asuris Medicare Script Enhanced and Asuris Medicare Script Basic limit the amount of the drug that Asuris Medicare Script Enhanced and Asuris Medicare Script Basic will cover. For example, Asuris Medicare Script Enhanced and Asuris Medicare Script Basic provide 12 tablets per prescription for *sumatriptan*. This may be in addition to a standard one month or three month supply.

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 Web site at www.asuris.com/medicarescript.

You can ask Asuris Medicare Script Enhanced and Asuris Medicare Script Basic to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Asuris Medicare Script Enhanced and Asuris Medicare Script Basic’s formulary?” on page IV 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 Asuris Medicare Script Enhanced and Asuris Medicare Script Basic do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Asuris Medicare Script Enhanced and Asuris Medicare Script Basic. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Asuris Medicare Script Enhanced and Asuris Medicare Script Basic.
- You can ask Asuris Medicare Script Enhanced and Asuris Medicare Script Basic 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 Asuris Medicare Script Enhanced and Asuris Medicare Script Basic Formulary?

You can ask Asuris Medicare Script Enhanced and Asuris Medicare Script Basic 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, Asuris Medicare Script Enhanced and Asuris Medicare Script Basic limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Tier 4: Non-Preferred Brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Tier 3: Preferred Brand Drugs tier, or if your drug is contained in

our Tier 2: Non-Preferred Generic tier you can ask us to cover it at the lower cost-sharing amount that applies to drugs in the Tier 1: Preferred Generic tier instead. If your drug is contained in our Tier 6: Injectable Drugs tier you can ask us to cover it at the cost-sharing amount that applies to the drug tier that is appropriate for the medication type of the injectable medication, provided it is used to treat the same condition, 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 Tier 5: Specialty tier or the Tier 3: Preferred Brand tier.

Generally, Asuris Medicare Script Enhanced and Asuris Medicare Script Basic 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 93-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our

formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a **current member** and have a change in treatment setting due to a change in the level of care you require, you can ask us to make an exception for these types of unplanned transitions.

Such transitions include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from Hospice Status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens.

For these unplanned transitions, you can ask us to make an exception or appeal for continued coverage of your drug. In addition we will review requests for continuation of therapy on a case by case basis for members that have had a change in the level of care and are stabilized on drug regimens that if altered, are known to have risks.

For more information

For more detailed information about your Asuris Medicare Script Enhanced or Asuris Medicare Script Basic prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Asuris Medicare Script Enhanced and Asuris Medicare Script Basic, please call Customer Service at 1 (800) 541-8981 from 8:00 a.m. to 8:00 p.m., Monday through Friday. From October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week. (TTY/TDD users should call 711.) Or visit www.asuris.com/medicarescript.

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.

Asuris Medicare Script Enhanced and Asuris Medicare Script Basic's Formulary

The formulary that begins on the next pages provides coverage information about some of the drugs covered by Asuris Medicare Script Enhanced and Asuris Medicare Script Basic. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., COUMADIN) and generic drugs are listed in lower-case italics (e.g., *captopril*).

The information in the Requirements/Limits column tells you if Asuris Medicare Script Enhanced and Asuris Medicare Script Basic have any special requirements for coverage of your drug.

Tier Level Definitions and Copays

Asuris Medicare Script Enhanced – Plan Benefits				
\$0 Deductible				
Tier Name	Tier Level	Retail Cost Sharing (1-30 day supply)	Mail Order Cost Sharing	
			(1-30 day Supply)	(1-90 day Supply)
Preferred Generic	1	\$5	\$5	\$10
Non-Preferred Generic	2	\$33	\$33	\$66
Preferred Brand	3	\$40	\$40	\$100
Non-Preferred Brand	4	\$85	\$85	\$212.50
Specialty	5	33%	33%	N/A
Injectable Drugs	6	33%	33%	N/A

Asuris Medicare Script Basic – Plan Benefits				
\$187 Deductible				
Tier Name	Tier Level	Retail Cost Sharing after deductible (1-30 day supply)	Mail Order Cost Sharing after deductible	
			(1-30 day Supply)	(1-90 day Supply)
Preferred Generic	1	\$7.50	\$7.50	\$15
Non-Preferred Generic	2	\$33	\$33	\$66
Preferred Brand	3	\$40	\$40	\$100
Non-Preferred Brand	4	\$85	\$90	\$212.50
Specialty	5	28%	28%	N/A
Injectable Drugs	6	28%	28%	N/A

Note – Tiers 5 and 6 may contain generic products. They are limited to a 30 day supply for retail and mail order (31 day supply for Long-Term care residents).

Requirements and Limits Legend

GC	<p>Gap Coverage Medications</p> <p>For our members on Asuris Medicare Script Enhanced, we provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.</p>
HI	<p>Home Infusion Therapy Medications</p> <p>For members on our plans that cover both medical and Rx, this prescription drug may be covered under your medical benefit. For more information, call Customer Service at 1 (800) 541-8981. (TTY/TDD users should call 711.)</p>
LA	<p>Limited Access Medications</p> <p>This prescription drug may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1 (800)541-8981. (TTY/TDD users should call 711.)</p>
MO	<p>Mail Order Medication</p> <p>This prescription drug is available through our mail order pharmacy services.</p>
PA	<p>Prior Authorization Medications</p> <p>Prior Authorization required for coverage. Refer to the Requirements and Limits section under your prescription drug for additional information.</p>
PA B/D	<p>Prior Authorization Medications – Part B or D</p> <p>This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination</p>
QL	<p>Quantity Level Limit Medications</p> <p>Quantity Level limits apply. Refer to the Requirements/Limits section under your prescription drug for additional information.</p>

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>diclofenac potassium tablet</i>	Tier 1	MO; GC
<i>diclofenac er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>diclofenac sodium tablet,delayed release</i>	Tier 1	MO; GC
<i>diflunisal tablet</i>	Tier 1	MO; GC
<i>etodolac capsule</i>	Tier 1	MO; GC
<i>etodolac er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>etodolac tablet</i>	Tier 1	MO; GC
<i>fenoprofen tablet</i>	Tier 1	MO; GC
FLECTOR TRANSDERMAL 12 HOUR PATCH	Tier 4	MO
<i>flurbiprofen tablet</i>	Tier 1	MO; GC
<i>ibuprofen oral suspension</i>	Tier 1	MO; GC
<i>ibuprofen tablet</i>	Tier 1	MO; GC
INDOCIN ORAL SUSPENSION	Tier 4	MO
<i>indomethacin capsule</i>	Tier 1	MO; GC
<i>indomethacin er capsule,extended release</i>	Tier 1	MO; GC
<i>ketoprofen capsule</i>	Tier 1	MO; GC
<i>ketoprofen er 24 hr capsule,extended release</i>	Tier 1	MO; GC
ketorolac injection solution	Tier 6	MO; HI
ketorolac intramuscular solution	Tier 6	MO; HI
<i>ketorolac tablet</i>	Tier 1	MO; GC
<i>meclofenamate capsule</i>	Tier 1	MO; GC
<i>mefenamic acid capsule</i>	Tier 1	MO; GC
<i>meloxicam oral suspension</i>	Tier 1	MO; GC
<i>meloxicam tablet</i>	Tier 1	MO; GC
<i>nabumetone tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
NALFON CAPSULE	Tier 4	MO
NAPRELAN CR TABLET,EXTENDED RELEASE	Tier 4	MO
<i>naproxen oral suspension</i>	Tier 1	MO; GC
<i>naproxen tablet</i>	Tier 1	MO; GC
<i>naproxen tablet, delayed release</i>	Tier 1	MO; GC
<i>naproxen sodium tablet</i>	Tier 1	MO; GC
<i>oxaprozin tablet</i>	Tier 1	MO; GC
<i>piroxicam capsule</i>	Tier 1	MO; GC
<i>sulindac tablet</i>	Tier 1	MO; GC
<i>tolmetin capsule</i>	Tier 1	MO; GC
<i>tolmetin tablet</i>	Tier 1	MO; GC
ZIPSOR CAPSULE	Tier 4	MO
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 100 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	Tier 2	MO; QL (10 EA per 30 day(s))
<i>fentanyl transdermal patch 12 mcg/hr, 75 mcg/hr</i>	Tier 2	MO
<i>morphine er capsule, extended release pellets</i>	Tier 2	MO; QL (120 EA per 30 day(s))
<i>morphine er tablet, extended release</i>	Tier 1	MO; GC; QL (120 EA per 30 day(s))
<i>tramadol er tablet, extended release 24 hr</i>	Tier 1	MO; GC
<i>tramadol er tablet, extended release 24hr mphase</i>	Tier 1	MO; GC
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution</i>	Tier 1	MO; GC; QL (5000 ML per 30 day(s))
<i>acetaminophen-codeine tablet</i>	Tier 1	MO; GC; QL (390 EA per 30 day(s))
<i>ascomp w/codeine capsule</i>	Tier 1	MO; GC
Astramorph-PF injection solution	Tier 6	MO
<i>butalbital-acetaminophen-caffeine-codeine capsule</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
butorphanol tartrate injection solution	Tier 6	MO; HI
<i>butorphanol tartrate nasal spray</i>	Tier 1	MO; GC; QL (25 ML per 30 day(s))
<i>co-gesic tablet</i>	Tier 1	MO; GC; QL (240 EA per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate tablet</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>dihydrocode-acetaminophen-caffeine tablet</i>	Tier 1	MO; GC; QL (165 EA per 30 day(s))
Duramorph (PF) injection solution	Tier 6	MO
<i>endocet tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 day(s))
<i>endocet tablet 10-650 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>endocet tablet 7.5-500 mg</i>	Tier 1	MO; GC; QL (240 EA per 30 day(s))
<i>endodan tablet</i>	Tier 1	MO; GC
<i>fentanyl lozenge on a handle 1,200 mcg, 1,600 mcg, 800 mcg</i>	Tier 5	PA; MO; QL (120 EA per 30 day(s))
<i>fentanyl lozenge on a handle 200 mcg, 400 mcg, 600 mcg</i>	Tier 2	PA; MO; QL (120 EA per 30 day(s))
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5 ml</i>	Tier 1	MO; GC; QL (5500 ML per 30 day(s))
<i>hydrocodone-acetaminophen oral solution 7.5-500 mg/15 ml</i>	Tier 1	MO; GC; QL (3600 ML per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	MO; GC; QL (390 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-500 mg, 2.5-500 mg, 5-500 mg, 7.5-500 mg</i>	Tier 1	MO; GC; QL (240 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-650 mg, 10-660 mg, 7.5-650 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-750 mg, 7.5-750 mg</i>	Tier 1	MO; GC; QL (160 EA per 30 day(s))
<i>hydrocodone-ibuprofen tablet</i>	Tier 1	MO; GC
<i>hydromorphone tablet</i>	Tier 1	MO; GC
hydromorphone (PF) injection solution	Tier 6	MO
<i>ibuprofen-oxycodone tablet</i>	Tier 1	MO; GC
<i>levorphanol tartrate tablet</i>	Tier 1	MO; GC
methadone injection solution	Tier 6	MO; HI
<i>methadone oral concentrate</i>	Tier 1	MO; GC; QL (360 ML per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	MO; GC; QL (450 ML per 30 day(s))
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	MO; GC; QL (3600 ML per 30 day(s))
<i>methadone tablet 10 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 day(s))
<i>methadone tablet 5 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>methadose tablet</i>	Tier 1	MO; GC; QL (360 EA per 30 day(s))
<i>morphine oral solution 10 mg/5 ml</i>	Tier 1	MO; GC; QL (1800 ML per 30 day(s))
<i>morphine oral solution 20 mg/5 ml</i>	Tier 1	MO; GC; QL (900 ML per 30 day(s))
<i>morphine tablet</i>	Tier 1	MO; GC; QL (240 EA per 30 day(s))
MORPHINE CONCENTRATE ORAL SOLUTION	Tier 3	MO; QL (1260 ML per 30 day(s))
<i>nalbuphine injection solution</i>	Tier 6	MO; HI
<i>oxycodone capsule</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>oxycodone oral concentrate</i>	Tier 1	MO; GC; QL (270 ML per 30 day(s))
<i>oxycodone oral solution</i>	Tier 1	MO; GC; QL (1200 ML per 30 day(s))
<i>oxycodone tablet 10 mg, 15 mg, 20 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>oxycodone tablet 30 mg</i>	Tier 1	MO; GC
<i>oxycodone tablet 5 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen capsule</i>	Tier 1	MO; GC; QL (240 EA per 30 day(s))
<i>oxycodone-acetaminophen tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	MO; GC; QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen tablet 10-650 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>oxycodone-acetaminophen tablet 7.5-500 mg</i>	Tier 1	MO; GC; QL (240 EA per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-aspirin tablet</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>oxymorphone tablet</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>pentazocine-acetaminophen tablet</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>pentazocine-naloxone tablet</i>	Tier 1	MO; GC
<i>roxicet oral solution</i>	Tier 1	MO; GC; QL (1850 ML per 30 day(s))
<i>roxicet tablet</i>	Tier 1	MO; GC; QL (240 EA per 30 day(s))
<i>stagesic capsule</i>	Tier 1	MO; GC; QL (240 EA per 30 day(s))
Talwin injection solution	Tier 6	MO
<i>tramadol tablet</i>	Tier 1	MO; GC
<i>tramadol-acetaminophen tablet</i>	Tier 1	MO; GC; QL (360 EA per 30 day(s))
Anesthetics		
Local Anesthetics		
<i>lidocaine topical ointment</i>	Tier 1	MO; GC
lidocaine (PF) injection solution	Tier 6	PA B/D; MO
<i>lidocaine mucosal gel</i>	Tier 1	MO; GC
<i>lidocaine mucosal solution</i>	Tier 1	MO; GC
<i>lidocaine mucous membrane jelly in applicator</i>	Tier 1	MO; GC
<i>lidocaine-prilocaine topical cream</i>	Tier 1	PA B/D; MO; GC
LIDODERM ADHESIVE PATCH	Tier 4	MO; QL (90 EA per 30 day(s))
SYNERA PATCH	Tier 4	MO
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-Craving		
<i>acamprosate tablet, delayed release</i>	Tier 2	MO
CAMPRAL TABLET, DELAYED RELEASE	Tier 4	MO
<i>disulfiram tablet</i>	Tier 1	MO; GC
<i>naltrexone tablet</i>	Tier 1	MO; GC
Vivitrol intramuscular suspension, extended release	Tier 6	MO

Drug Name	Drug Tier	Requirements/Limits
Opioid Antagonists		
buprenorphine injection syringe	Tier 6	MO; HI
<i>buprenorphine sublingual tablet</i>	Tier 2	MO
naloxone injection syringe	Tier 6	MO; HI
SUBOXONE SUBLINGUAL FILM	Tier 3	MO
Smoking Cessation Agents		
CHANTIX TABLET	Tier 4	MO; QL (56 EA per 28 day(s))
CHANTIX STARTING MONTH BOX TABLETS IN DOSE PACK	Tier 4	MO; QL (53 EA per 28 day(s))
NICOTROL INHALATION CARTRIDGE	Tier 4	MO
NICOTROL NS NASAL SPRAY	Tier 4	MO
Antibacterials		
Aminoglycosides		
amikacin injection solution	Tier 6	MO; HI
<i>gentak eye ointment</i>	Tier 1	MO; GC
<i>gentamicin eye drops</i>	Tier 1	MO; GC
gentamicin injection solution	Tier 6	MO; HI
<i>gentamicin topical cream</i>	Tier 1	MO; GC
<i>gentamicin topical ointment</i>	Tier 1	MO; GC
gentamicin in sodium chloride(iso-osm) intravenous piggyback	Tier 6	MO; HI
gentamicin sulfate (PF) intravenous solution	Tier 6	MO; HI
kanamycin injection solution	Tier 6	MO; HI
<i>neomycin tablet</i>	Tier 1	MO; GC
PAROMOMYCIN CAPSULE	Tier 4	MO
streptomycin intramuscular solution	Tier 6	MO
TOBI SOLUTION FOR NEBULIZATION	Tier 3	PA B/D; MO; QL (280 ML per 28 day(s))
TOBRADEX EYE OINTMENT	Tier 3	MO
<i>tobramycin eye drops</i>	Tier 1	MO; GC
tobramycin in 0.9 % sodium chloride intravenous piggyback	Tier 6	MO; HI
tobramycin injection solution	Tier 6	MO; HI
TOBREX EYE OINTMENT	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
Zanosar intravenous solution	Tier 6	MO; HI
Antibacterials, Other		
<i>acetic acid ear solution</i>	Tier 1	MO; GC
ALCOHOL SWABS	Tier 3	MO
ALTABAX TOPICAL OINTMENT	Tier 4	MO
BACiiM intramuscular solution	Tier 6	MO
<i>bacitracin eye ointment</i>	Tier 1	MO; GC
BACTROBAN NASAL OINTMENT	Tier 3	MO
chloramphenicol sod succinate intravenous solution	Tier 6	MO; HI
CLEOCIN VAGINAL SUPPOSITORY	Tier 4	MO
<i>clindacin etz topical swab</i>	Tier 1	MO; GC
<i>clindacin pac topical kit</i>	Tier 1	MO; GC
CLINDAGEL TOPICAL	Tier 4	MO
<i>clindamycin capsule</i>	Tier 1	MO; GC
clindamycin in dextrose 5% intravenous piggyback	Tier 6	MO; HI
<i>clindamycin oral solution</i>	Tier 1	MO; GC
<i>clindamycin pediatric oral solution</i>	Tier 1	MO; GC
clindamycin intravenous solution	Tier 6	MO; HI
<i>clindamycin lotion</i>	Tier 1	MO; GC
<i>clindamycin phosphate topical swab</i>	Tier 1	MO; GC
<i>clindamycin topical foam</i>	Tier 1	MO; GC
<i>clindamycin topical gel</i>	Tier 1	MO; GC
<i>clindamycin topical solution</i>	Tier 1	MO; GC
<i>clindamycin vaginal cream</i>	Tier 1	MO; GC
colistin (colistimethate sodium) solution for injection	Tier 6	MO; HI
CUBICIN intravenous solution	Tier 6	PA B/D; MO; HI
FLAGYL ER TABLET,EXTENDED RELEASE	Tier 4	MO
Lincocin injection solution	Tier 6	MO; HI
<i>mafenide topical packet</i>	Tier 2	MO
<i>methenamine hippurate tablet</i>	Tier 1	MO; GC
METROGEL TOPICAL	Tier 3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole capsule</i>	Tier 1	MO; GC
<i>metronidazole lotion</i>	Tier 1	MO; GC
<i>metronidazole tablet</i>	Tier 1	MO; GC
<i>metronidazole topical cream</i>	Tier 1	MO; GC
<i>metronidazole topical gel 0.75 %</i>	Tier 1	MO; GC
<i>metronidazole topical gel 1 %</i>	Tier 2	MO
<i>metronidazole vaginal gel</i>	Tier 1	MO; GC
metronidazole in sodium chloride(iso) intravenous piggyback	Tier 6	MO; HI
MONUROL ORAL PACKET	Tier 4	MO
<i>mupirocin topical ointment</i>	Tier 1	MO; GC
<i>mupirocin topical cream</i>	Tier 1	MO; GC
<i>neomycin-polymyxin b gu irrigation solution</i>	Tier 1	MO; GC
<i>nitrofurantoin oral suspension</i>	Tier 1	MO; GC
<i>nitrofurantoin macrocrystal capsule</i>	Tier 1	MO; GC
<i>nitrofurantoin monohydrate/macrocrystals capsule</i>	Tier 1	MO; GC
polymyxin B sulfate solution for injection	Tier 6	MO; HI
PRIMSOL ORAL SOLUTION	Tier 4	MO
SULFAMYLON TOPICAL CREAM	Tier 4	MO
SULFAMYLON TOPICAL PACKET	Tier 4	MO
Synercid intravenous solution	Tier 6	MO; HI
<i>trimethoprim tablet</i>	Tier 1	MO; GC
Tygacil intravenous solution	Tier 6	MO; HI
<i>vancomycin capsule</i>	Tier 1	MO; GC
vancomycin intravenous solution	Tier 6	PA B/D; MO; HI
Vibativ intravenous solution	Tier 6	MO; HI
XIFAXAN TABLET 200 MG	Tier 4	MO
XIFAXAN TABLET 550 MG	Tier 5	MO
Zyvox intravenous solution	Tier 6	MO; HI
ZYVOX ORAL SUSPENSION	Tier 3	MO
ZYVOX TABLET	Tier 3	MO
Beta-Lactam, Cephalosporins		
CEDAX CAPSULE	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor capsule</i>	Tier 1	MO; GC
<i>cefaclor er tablet, extended release, 12 hr</i>	Tier 1	MO; GC
<i>cefadroxil capsule</i>	Tier 1	MO; GC
<i>cefadroxil oral suspension</i>	Tier 1	MO; GC
<i>cefadroxil tablet</i>	Tier 1	MO; GC
cefazolin solution for injection	Tier 6	MO; HI
cefazolin in dextrose (iso-osmotic) intravenous piggyback	Tier 6	MO; HI
<i>cefdinir capsule</i>	Tier 1	MO; GC
<i>cefdinir oral suspension</i>	Tier 1	MO; GC
cefepime solution for injection	Tier 6	MO; HI
cefotaxime solution for injection	Tier 6	MO; HI
cefotetan intravenous solution	Tier 6	MO; HI
cefotetan solution for injection	Tier 6	MO; HI
cefoxitin intravenous solution	Tier 6	MO; HI
cefoxitin in dextrose, iso-osmotic intravenous piggyback	Tier 6	MO; HI
<i>cefpodoxime oral suspension</i>	Tier 1	MO; GC
<i>cefpodoxime tablet</i>	Tier 1	MO; GC
<i>cefprozil oral suspension</i>	Tier 1	MO; GC
<i>cefprozil tablet</i>	Tier 1	MO; GC
ceftazidime solution for injection	Tier 6	MO; HI
ceftazidime in dextrose 5 % intravenous piggyback	Tier 6	MO; HI
CEFTIN ORAL SUSPENSION 125 MG/5 ML	Tier 4	MO
ceftriaxone intravenous solution	Tier 6	MO; HI
ceftriaxone solution for injection	Tier 6	MO; HI
<i>cefuroxime axetil tablet</i>	Tier 1	MO; GC
cefuroxime sodium intravenous solution	Tier 6	MO; HI
cefuroxime sodium solution for injection	Tier 6	MO; HI
<i>cephalexin capsule</i>	Tier 1	MO; GC
<i>cephalexin oral suspension</i>	Tier 1	MO; GC
<i>cephalexin tablet</i>	Tier 1	MO; GC
Claforan intravenous solution	Tier 6	MO; HI

Drug Name	Drug Tier	Requirements/Limits
Fortaz solution for injection	Tier 6	MO; HI
Fortaz in dextrose 5 % intravenous piggyback 1 gram/50 mL	Tier 6	MO; HI
Fortaz in dextrose 5 % intravenous piggyback 2 gram/50 mL	Tier 6	MO
SPECTRACEF TABLET	Tier 4	MO
SUPRAX CAPSULE	Tier 4	MO
SUPRAX CHEWABLE TABLET	Tier 4	MO
SUPRAX ORAL SUSPENSION	Tier 4	MO
SUPRAX TABLET	Tier 4	MO
Zinacef intravenous solution	Tier 6	MO; HI
Zinacef solution for injection	Tier 6	MO; HI
Zinacef in dextrose (iso-osmotic) intravenous piggyback	Tier 6	MO; HI
Zinacef in Sterile Water intravenous piggyback	Tier 6	MO; HI
Beta-Lactam, Other		
Azactam solution for injection	Tier 6	MO; HI
Azactam in dextrose (iso-osmotic) intravenous piggyback	Tier 6	MO; HI
aztreonam solution for injection	Tier 6	MO; HI
CAYSTON SOLUTION FOR NEBULIZATION	Tier 3	MO; QL (84 ML per 30 day(s))
Doribax intravenous suspension	Tier 6	MO; HI
imipenem-cilastatin intravenous solution	Tier 6	MO; HI
Invanz solution for injection	Tier 6	MO; HI
meropenem intravenous solution	Tier 6	MO; HI
Beta-Lactam, Penicillins		
<i>amoxicillin capsule</i>	Tier 1	MO; GC
<i>amoxicillin chewable tablet</i>	Tier 1	MO; GC
<i>amoxicillin oral suspension</i>	Tier 1	MO; GC
<i>amoxicillin tablet</i>	Tier 1	MO; GC
<i>amoxicillin-potassium clavulanate chewable tablet</i>	Tier 1	MO; GC
<i>amoxicillin-potassium clavulanate oral suspension</i>	Tier 1	MO; GC
<i>amoxicillin-potassium clavulanate tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-potassium clavulanate tablet ext.release 12 hr</i>	Tier 1	MO; GC
<i>ampicillin capsule</i>	Tier 1	MO; GC
<i>ampicillin oral suspension</i>	Tier 1	MO; GC
ampicillin solution for injection	Tier 6	MO; HI
ampicillin-sulbactam solution for injection	Tier 6	MO; HI
Bicillin C-R intramuscular syringe	Tier 6	MO
Bicillin L-A intramuscular syringe	Tier 6	MO
<i>dicloxacillin capsule</i>	Tier 1	MO; GC
MOXATAG TABLET,EXTENDED RELEASE	Tier 4	MO
nafcillin solution for injection	Tier 6	MO; HI
nafcillin in dextrose (iso-osmotic) intravenous piggyback	Tier 6	MO; HI
oxacillin solution for injection	Tier 6	MO; HI
oxacillin in dextrose (iso-osmotic) intravenous piggyback	Tier 6	MO; HI
penicillin G pot in dextrose intravenous piggyback	Tier 6	MO; HI
penicillin G potassium solution for injection	Tier 6	MO; HI
penicillin G procaine intramuscular syringe	Tier 6	MO
penicillin G sodium solution for injection	Tier 6	MO; HI
<i>penicillin v potassium oral solution</i>	Tier 1	MO; GC
<i>penicillin v potassium tablet</i>	Tier 1	MO; GC
piperacillin-tazobactam intravenous solution	Tier 6	MO; HI
Timentin intravenous solution	Tier 6	MO; HI
Unasyn solution for injection 15 gram	Tier 6	MO; HI
Zosyn intravenous solution	Tier 6	MO; HI
Zosyn in dextrose (iso-osmotic) intravenous piggyback	Tier 6	MO; HI
Macrolides		
AKNE-MYCIN TOPICAL OINTMENT	Tier 4	MO
AZASITE EYE DROPS	Tier 4	MO
azithromycin intravenous solution	Tier 6	MO; HI
<i>azithromycin oral suspension</i>	Tier 1	MO; GC
<i>azithromycin tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>clarithromycin oral suspension</i>	Tier 1	MO; GC
<i>clarithromycin tablet</i>	Tier 1	MO; GC
<i>e.e.s. 400 tablet</i>	Tier 1	MO; GC
<i>ery pads topical swab</i>	Tier 1	MO; GC
<i>ery-tab tablet,delayed release</i>	Tier 1	MO; GC
ERYPED 200 ORAL SUSPENSION	Tier 4	MO
ERYPED 400 ORAL SUSPENSION	Tier 4	MO
Erythrocin intravenous solution	Tier 6	MO; HI
<i>erythrocin stearate tablet</i>	Tier 1	MO; GC
<i>erythromycin capsule,delayed release</i>	Tier 1	MO; GC
<i>erythromycin eye ointment</i>	Tier 1	MO; GC
<i>erythromycin tablet</i>	Tier 1	MO; GC
<i>erythromycin ethylsuccinate tablet</i>	Tier 1	MO; GC
<i>erythromycin with ethanol topical gel</i>	Tier 1	MO; GC
<i>erythromycin with ethanol topical solution</i>	Tier 1	MO; GC
KETEK TABLET	Tier 4	MO
PCE PARTICLES IN TABLET	Tier 4	MO
ZMAX ORAL SUSPENSION,EXTENDED RELEASE	Tier 4	MO
Quinolones		
AVELOX TABLET	Tier 3	MO
AVELOX ABC PACK TABLET	Tier 3	MO
Avelox in sodium chloride (iso-osmotic) IV piggyback	Tier 6	MO; HI
BESIVANCE EYE DROPS,SUSPENSION	Tier 4	MO
CILOXAN EYE OINTMENT	Tier 3	MO
CIPRO ORAL SUSPENSION	Tier 4	MO
<i>ciprofloxacin eye drops</i>	Tier 1	MO; GC
ciprofloxacin intravenous solution	Tier 6	MO; HI
<i>ciprofloxacin tablet</i>	Tier 1	MO; GC
<i>ciprofloxacin er tablet,extended release 24hr mphase</i>	Tier 1	MO; GC
FACTIVE TABLET	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin eye drops</i>	Tier 1	MO; GC
levofloxacin intravenous solution	Tier 6	MO; HI
<i>levofloxacin oral solution</i>	Tier 1	MO; GC
<i>levofloxacin tablet</i>	Tier 1	MO; GC
levofloxacin in 5 % dextrose intravenous piggyback	Tier 6	MO; HI
NOROXIN TABLET	Tier 4	MO
<i>ofloxacin ear drops</i>	Tier 1	MO; GC
<i>ofloxacin eye drops</i>	Tier 1	MO; GC
<i>ofloxacin tablet</i>	Tier 1	MO; GC
VIGAMOX EYE DROPS	Tier 4	MO
Sulfonamides		
<i>bleph-10 eye drops</i>	Tier 1	MO; GC
<i>silver sulfadiazine topical cream</i>	Tier 1	MO; GC
<i>ssd topical cream</i>	Tier 1	MO; GC
<i>sulfacetamide sodium eye drops</i>	Tier 1	MO; GC
<i>sulfacetamide sodium (acne) topical suspension</i>	Tier 1	MO; GC
<i>sulfadiazine tablet</i>	Tier 1	MO; GC
sulfamethoxazole-trimethoprim intravenous solution	Tier 6	MO; HI
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 1	MO; GC
<i>sulfamethoxazole-trimethoprim tablet</i>	Tier 1	MO; GC
Tetracyclines		
<i>demeclocycline tablet</i>	Tier 1	MO; GC
DORYX TABLET,DELAYED RELEASE	Tier 4	MO
<i>doxycycline hyclate capsule</i>	Tier 1	MO; GC
doxycycline hyclate intravenous solution	Tier 6	MO; HI
<i>doxycycline hyclate tablet</i>	Tier 1	MO; GC
<i>doxycycline hyclate tablet, delayed release</i>	Tier 2	MO
<i>doxycycline monohydrate capsule</i>	Tier 1	MO; GC
<i>doxycycline monohydrate oral suspension</i>	Tier 2	MO
<i>doxycycline monohydrate tablet</i>	Tier 1	MO; GC
<i>minocycline capsule</i>	Tier 1	MO; GC
<i>minocycline er tablet, extended release 24 hr</i>	Tier 2	MO; QL (30 EA per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline tablet</i>	Tier 1	MO; GC
ORACEA CAPSULE, EXTENDED RELEASE	Tier 4	MO
<i>tetracycline capsule</i>	Tier 1	MO; GC
VIBRAMYCIN ORAL SUSPENSION	Tier 4	MO
VIBRAMYCIN SYRUP	Tier 4	MO
Anticonvulsants		
Anticonvulsants, Other		
KEPPRA ORAL SOLUTION	Tier 4	MO
KEPPRA TABLET	Tier 4	MO
KEPPRA XR TABLET,EXTENDED RELEASE	Tier 4	MO
<i>levetiracetam er tablet,extended release 24 hr</i>	Tier 2	MO
levetiracetam intravenous solution	Tier 6	MO; HI
<i>levetiracetam oral solution</i>	Tier 1	MO; GC
<i>levetiracetam tablet</i>	Tier 1	MO; GC
ONFI ORAL SUSPENSION	Tier 5	MO
ONFI TABLET 10 MG, 5 MG	Tier 4	MO; QL (30 EA per 30 day(s))
ONFI TABLET 20 MG	Tier 4	MO; QL (60 EA per 30 day(s))
<i>phenobarbital oral elixir</i>	Tier 2	MO
<i>phenobarbital tablet 100 mg, 97.2 mg</i>	Tier 2	MO; QL (120 EA per 30 day(s))
<i>phenobarbital tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg</i>	Tier 2	MO; QL (90 EA per 30 day(s))
POTIGA TABLET	Tier 5	MO; QL (90 EA per 30 day(s))
Calcium Channel Modifying Agents		
CELONTIN CAPSULE	Tier 3	MO
<i>ethosuximide capsule</i>	Tier 1	MO; GC
<i>ethosuximide oral solution</i>	Tier 1	MO; GC
LYRICA CAPSULE	Tier 4	PA; MO
LYRICA ORAL SOLUTION	Tier 4	PA; MO
ZONEGRAN CAPSULE 25 MG	Tier 4	MO
<i>zonisamide capsule</i>	Tier 1	MO; GC
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
Depacon intravenous solution	Tier 6	MO; HI
DEPAKENE CAPSULE	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
DEPAKENE ORAL SOLUTION	Tier 4	MO
DEPAKOTE TABLET,DELAYED RELEASE	Tier 4	MO
DEPAKOTE ER TABLET,EXTENDED RELEASE	Tier 4	MO
DEPAKOTE SPRINKLES CAPSULE	Tier 4	MO
<i>divalproex er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>divalproex sprinkle capsule</i>	Tier 1	MO; GC
<i>divalproex tablet,delayed release</i>	Tier 1	MO; GC
<i>gabapentin capsule 100 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>gabapentin capsule 300 mg, 400 mg</i>	Tier 1	MO; GC; QL (270 EA per 30 day(s))
<i>gabapentin oral solution</i>	Tier 1	MO; GC
<i>gabapentin tablet 600 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>gabapentin tablet 800 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 day(s))
GABITRIL TABLET 12 MG	Tier 3	MO; QL (120 EA per 30 day(s))
GABITRIL TABLET 16 MG	Tier 3	MO; QL (90 EA per 30 day(s))
MYSOLINE TABLET	Tier 4	MO
<i>primidone tablet</i>	Tier 1	MO; GC
SABRIL ORAL POWDER PACKET	Tier 5	LA; QL (180 EA per 30 day(s))
SABRIL TABLET	Tier 5	LA; QL (180 EA per 30 day(s))
STAVZOR CAPSULE,DELAYED RELEASE	Tier 4	MO
<i>tiagabine tablet</i>	Tier 2	MO; QL (90 EA per 30 day(s))
valproate sodium intravenous solution	Tier 6	MO; HI
<i>valproic acid capsule</i>	Tier 1	MO; GC
<i>valproic acid (as sodium salt) oral solution</i>	Tier 1	MO; GC
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	Tier 2	MO
<i>felbamate tablet</i>	Tier 2	MO
FELBATOL ORAL SUSPENSION	Tier 3	MO
LAMICTAL CHEWABLE DISPERSIBLE TABLET	Tier 4	MO
LAMICTAL TABLET	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT DISINTEGRATING TABLET	Tier 4	MO
LAMICTAL STARTER (BLUE) KIT TABLETS IN A DOSE PACK	Tier 4	MO
LAMICTAL STARTER (GREEN) KIT TABLETS, DOSE PACK	Tier 4	MO
LAMICTAL STARTER (ORANGE) KIT TABLETS, DOSE PACK	Tier 4	MO
LAMICTAL XR TABLET,EXTENDED RELEASE	Tier 4	MO
LAMICTAL XR STARTER (BLUE) TABLET,EXTEND RELEASE	Tier 4	MO
LAMICTAL XR STARTER (GREEN) TABLET,EXTENDED RELEASE PACK	Tier 4	MO
LAMICTAL XR STARTER (ORANGE) TABLET,EXTENDED RELEASE PACK	Tier 4	MO
<i>lamotrigine chewable dispersible tablet</i>	Tier 1	MO; GC
<i>lamotrigine er tablet,extended release 24 hr</i>	Tier 2	MO
<i>lamotrigine tablet</i>	Tier 1	MO; GC
TOPAMAX SPRINKLE CAPSULE	Tier 4	MO
TOPAMAX TABLET	Tier 4	MO
<i>topiramate sprinkle capsule</i>	Tier 1	MO; GC
<i>topiramate tablet</i>	Tier 1	MO; GC
Sodium Channel Agents		
BANZEL ORAL SUSPENSION	Tier 4	MO
BANZEL TABLET	Tier 4	MO; QL (240 EA per 30 day(s))
<i>carbamazepine chewable tablet</i>	Tier 1	MO; GC
<i>carbamazepine er tablet,extended release,12 hr</i>	Tier 2	MO
<i>carbamazepine oral suspension</i>	Tier 1	MO; GC
<i>carbamazepine tablet</i>	Tier 1	MO; GC
CARBATROL CAPSULE, EXTENDED RELEASE	Tier 4	MO
DILANTIN CAPSULE	Tier 3	MO
DILANTIN EXTENDED CAPSULE	Tier 3	MO
DILANTIN INFATABS CHEWABLE TABLET	Tier 3	MO
DILANTIN-125 ORAL SUSPENSION	Tier 3	MO
<i>epitol tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
EQUETRO CAPSULE, EXTENDED RELEASE	Tier 4	MO
fosphenytoin injection solution	Tier 6	MO; HI
<i>oxcarbazepine oral suspension</i>	Tier 2	MO
<i>oxcarbazepine tablet</i>	Tier 2	MO
PEGANONE TABLET	Tier 4	MO
PHENYTEK CAPSULE	Tier 3	MO
<i>phenytoin chewable tablet</i>	Tier 1	MO; GC
<i>phenytoin oral suspension</i>	Tier 1	MO; GC
phenytoin sodium intravenous solution	Tier 6	MO; HI
<i>phenytoin sodium extended capsule</i>	Tier 1	MO; GC
TEGRETOL CHEWABLE TABLET	Tier 4	MO
TEGRETOL ORAL SUSPENSION	Tier 4	MO
TEGRETOL TABLET	Tier 4	MO
TEGRETOL XR TABLET,EXTENDED RELEASE	Tier 4	MO
TRILEPTAL ORAL SUSPENSION	Tier 4	MO
TRILEPTAL TABLET 150 MG	Tier 4	MO
Vimpat intravenous solution	Tier 6	MO; HI
VIMPAT ORAL SOLUTION	Tier 4	MO
VIMPAT TABLET	Tier 4	MO
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid tablet</i>	Tier 1	MO; GC
Cholinesterase Inhibitors		
<i>donepezil disintegrating tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
<i>donepezil tablet 10 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 day(s))
<i>donepezil tablet 5 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
EXELON ORAL SOLUTION	Tier 3	MO; QL (240 ML per 30 day(s))
EXELON TRANSDERMAL 24 HOUR PATCH	Tier 3	MO; QL (30 EA per 30 day(s))
<i>galantamine er 24 hr capsule,extended release</i>	Tier 2	MO; QL (30 EA per 30 day(s))
<i>galantamine oral solution</i>	Tier 2	MO; QL (200 ML per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine tablet</i>	Tier 2	MO; QL (60 EA per 30 day(s))
<i>rivastigmine capsule 1.5 mg, 3 mg</i>	Tier 2	MO; QL (90 EA per 30 day(s))
<i>rivastigmine capsule 4.5 mg, 6 mg</i>	Tier 2	MO; QL (60 EA per 30 day(s))
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
NAMENDA ORAL SOLUTION	Tier 4	PA; MO; QL (360 ML per 30 day(s))
NAMENDA TABLET 10 MG	Tier 4	PA; MO; QL (60 EA per 30 day(s))
NAMENDA TABLET 5 MG	Tier 4	PA; MO
NAMENDA TITRATION PAK TABLETS IN A DOSE PACK	Tier 4	PA; MO; QL (98 EA per 30 day(s))
Antidepressants		
Antidepressants, Other		
<i>budeprion sr tablet, extended release</i>	Tier 1	MO; GC; QL (120 EA per 30 day(s))
<i>buproban tablet, extended release</i>	Tier 1	MO; GC
<i>bupropion hcl sr tablet, sustained-release</i>	Tier 1	MO; GC
<i>bupropion hcl tablet</i>	Tier 1	MO; GC
<i>bupropion hcl xl 24 hr tablet, extended release</i>	Tier 1	MO; GC
<i>maprotiline tablet</i>	Tier 1	MO; GC
<i>mirtazapine disintegrating tablet</i>	Tier 1	MO; GC
<i>mirtazapine tablet</i>	Tier 1	MO; GC
<i>nefazodone tablet</i>	Tier 1	MO; GC
<i>olanzapine-fluoxetine capsule</i>	Tier 2	MO
<i>trazodone tablet</i>	Tier 1	MO; GC
VIIBRYD TABLET	Tier 4	PA; MO
VIIBRYD TABLETS IN A DOSE PACK	Tier 4	PA; MO
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL 24 HOUR PATCH	Tier 4	MO; QL (30 EA per 30 day(s))
MARPLAN TABLET	Tier 4	MO
<i>phenelzine tablet</i>	Tier 1	MO; GC
<i>tranylcypromine tablet</i>	Tier 1	MO; GC
Serotonin/ Norepinephrine Reuptake Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram oral solution</i>	Tier 1	MO; GC
<i>citalopram tablet</i>	Tier 1	MO; GC
CYMBALTA CAPSULE,DELAYED RELEASE	Tier 4	PA; MO; QL (60 EA per 30 day(s))
<i>escitalopram oral solution</i>	Tier 2	MO
<i>escitalopram tablet</i>	Tier 2	MO
<i>fluoxetine capsule</i>	Tier 1	MO; GC
<i>fluoxetine capsule,delayed release</i>	Tier 2	MO
<i>fluoxetine oral solution</i>	Tier 1	MO; GC
<i>fluoxetine tablet</i>	Tier 1	MO; GC
<i>fluvoxamine er capsule,extended release 24 hr</i>	Tier 2	MO; QL (60 EA per 30 Day(s))
<i>fluvoxamine tablet</i>	Tier 1	MO; GC
<i>paroxetine er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>paroxetine tablet</i>	Tier 1	MO; GC
PAXIL ORAL SUSPENSION	Tier 4	MO
PEXEVA TABLET	Tier 4	MO
PRISTIQ TABLET,EXTENDED RELEASE	Tier 4	PA; MO
<i>sertraline oral concentrate</i>	Tier 1	MO; GC
<i>sertraline tablet</i>	Tier 1	MO; GC
<i>venlafaxine er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>venlafaxine tablet</i>	Tier 1	MO; GC
Tricyclics		
<i>amitriptyline tablet</i>	Tier 1	MO; GC
<i>amoxapine tablet</i>	Tier 1	MO; GC
<i>clomipramine capsule</i>	Tier 1	MO; GC
<i>desipramine tablet</i>	Tier 1	MO; GC
<i>doxepin capsule</i>	Tier 1	MO; GC
<i>doxepin oral concentrate</i>	Tier 1	MO; GC
<i>imipramine tablet</i>	Tier 1	MO; GC
<i>imipramine pamoate capsule</i>	Tier 1	MO; GC
<i>nortriptyline capsule</i>	Tier 1	MO; GC
<i>nortriptyline oral solution</i>	Tier 1	MO; GC
<i>perphenazine-amitriptyline tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline tablet</i>	Tier 1	MO; GC
<i>trimipramine capsule</i>	Tier 1	MO; GC
Antiemetics		
Antiemetics, Other		
ANTIVERT TABLET 50 MG	Tier 4	MO
chlorpromazine injection solution	Tier 6	MO; HI
<i>chlorpromazine tablet</i>	Tier 1	MO; GC
<i>compro rectal suppository</i>	Tier 1	MO; GC
<i>diphenhydramine capsule</i>	Tier 1	MO; GC
diphenhydramine injection solution	Tier 6	MO; HI
hydroxyzine HCl intramuscular solution	Tier 6	MO
<i>hydroxyzine hcl syrup</i>	Tier 1	MO; GC
<i>hydroxyzine hcl tablet 10 mg, 25 mg</i>	Tier 1	MO; GC
<i>hydroxyzine pamoate capsule 25 mg, 50 mg</i>	Tier 1	MO; GC
<i>meclizine tablet</i>	Tier 1	MO; GC
metoclopramide injection solution	Tier 6	MO; HI
<i>metoclopramide oral solution</i>	Tier 1	MO; GC
<i>metoclopramide tablet</i>	Tier 1	MO; GC
<i>perphenazine tablet</i>	Tier 1	MO; GC
<i>phenadoz rectal suppository</i>	Tier 1	MO; GC
<i>prochlorperazine rectal suppository</i>	Tier 1	MO; GC
prochlorperazine Edisylate injection solution	Tier 6	MO
<i>prochlorperazine maleate tablet</i>	Tier 1	MO; GC
promethazine injection solution	Tier 6	MO
promethazine injection syringe	Tier 6	MO
<i>promethazine rectal suppository</i>	Tier 1	MO; GC
<i>promethazine syrup</i>	Tier 1	MO; GC
<i>promethazine tablet</i>	Tier 1	MO; GC
<i>promethegan rectal suppository</i>	Tier 1	MO; GC
<i>trimethobenzamide capsule</i>	Tier 1	MO; GC
Emetogenic Therapy Adjuncts		
Aloxi intravenous solution	Tier 6	MO; HI
Anzemet intravenous solution	Tier 6	MO; HI

Drug Name	Drug Tier	Requirements/Limits
ANZEMET TABLET	Tier 4	PA B/D; MO
CellCept Intravenous intravenous solution	Tier 6	PA B/D; MO; HI
CESAMET CAPSULE	Tier 4	MO
<i>dronabinol capsule</i>	Tier 2	MO; QL (120 EA per 30 day(s))
EMEND CAPSULE 125 MG, 80 MG	Tier 3	PA B/D; MO
EMEND CAPSULES IN A DOSE PACK	Tier 3	PA B/D; MO
granisetron intravenous solution	Tier 6	MO; HI
<i>granisetron tablet</i>	Tier 1	PA B/D; MO; GC
granisetron (PF) intravenous solution	Tier 6	MO; HI
<i>granisol oral solution</i>	Tier 2	PA B/D; MO
<i>ondansetron disintegrating tablet</i>	Tier 1	PA B/D; MO; GC
<i>ondansetron hcl oral solution</i>	Tier 1	PA B/D; MO; GC
<i>ondansetron hcl tablet</i>	Tier 1	PA B/D; MO; GC
ondansetron HCl (PF) injection solution	Tier 6	MO; HI
Antifungals		
Antifungals		
Abelcet intravenous suspension	Tier 6	MO; HI
AmBisome intravenous suspension	Tier 6	MO; HI
Amphotec intravenous suspension	Tier 6	MO; HI
amphotericin B solution for injection	Tier 6	MO; HI
Candidas intravenous solution	Tier 6	MO; HI
<i>ciclopirox shampoo</i>	Tier 1	MO; GC
<i>ciclopirox topical cream</i>	Tier 1	MO; GC
<i>ciclopirox topical gel</i>	Tier 1	MO; GC
<i>ciclopirox topical solution</i>	Tier 1	MO; GC
<i>ciclopirox topical suspension</i>	Tier 1	MO; GC
<i>clotrimazole topical cream</i>	Tier 1	MO; GC
<i>clotrimazole topical solution</i>	Tier 1	MO; GC
<i>clotrimazole troche</i>	Tier 1	MO; GC
<i>econazole topical cream</i>	Tier 1	MO; GC
Eraxis(Water Diluent) intravenous solution	Tier 6	MO; HI
ERTACZO TOPICAL CREAM	Tier 4	MO
EXELDERM TOPICAL CREAM	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
EXELDERM TOPICAL SOLUTION	Tier 4	MO
<i>fluconazole oral suspension</i>	Tier 1	MO; GC
<i>fluconazole tablet</i>	Tier 1	MO; GC
fluconazole in dextrose (iso-osmotic) intravenous piggyback	Tier 6	MO; HI
<i>flucytosine capsule</i>	Tier 2	MO
<i>grifulvin v tablet</i>	Tier 2	MO
<i>griseofulvin microsize oral suspension</i>	Tier 1	MO; GC
<i>griseofulvin microsize tablet</i>	Tier 2	MO
<i>griseofulvin ultramicrosize tablet</i>	Tier 2	MO
<i>itraconazole capsule</i>	Tier 1	MO; GC
<i>ketoconazole shampoo</i>	Tier 1	MO; GC
<i>ketoconazole tablet</i>	Tier 1	MO; GC
<i>ketoconazole topical cream</i>	Tier 1	MO; GC
<i>ketoconazole topical foam</i>	Tier 2	MO
<i>ketodan kit topical combo pack</i>	Tier 2	MO
LAMISIL ORAL GRANULES IN PACKET	Tier 4	MO
MENTAX TOPICAL CREAM	Tier 4	MO
<i>miconazole-3 vaginal suppository</i>	Tier 1	MO; GC
Mycamine intravenous solution	Tier 6	MO; HI
NAFTIN TOPICAL CREAM	Tier 4	MO
NAFTIN TOPICAL GEL 1 %	Tier 4	MO
NATACYN EYE DROPS,SUSPENSION	Tier 3	MO
NOXAFIL ORAL SUSPENSION	Tier 4	MO; QL (840 ML per 28 day(s))
<i>nyamyc topical powder</i>	Tier 1	MO; GC
<i>nystatin oral suspension</i>	Tier 1	MO; GC
<i>nystatin tablet</i>	Tier 1	MO; GC
<i>nystatin topical cream</i>	Tier 1	MO; GC
<i>nystatin topical ointment</i>	Tier 1	MO; GC
<i>nystatin topical powder</i>	Tier 1	MO; GC
<i>nystop topical powder</i>	Tier 1	MO; GC
OXISTAT LOTION	Tier 4	MO
OXISTAT TOPICAL CREAM	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
PEDI-DRI TOPICAL POWDER	Tier 4	MO
<i>terbinafine tablet</i>	Tier 1	MO; GC
<i>terconazole vaginal cream</i>	Tier 1	MO; GC
<i>terconazole vaginal suppository</i>	Tier 1	MO; GC
VFEND ORAL SUSPENSION	Tier 3	MO; QL (450 ML per 30 day(s))
Vfend IV intravenous solution	Tier 6	MO; HI
voriconazole intravenous solution	Tier 6	MO; HI
<i>voriconazole oral suspension</i>	Tier 2	MO; QL (450 ML per 30 Day(s))
<i>voriconazole tablet 200 mg</i>	Tier 5	MO; QL (120 EA per 30 day(s))
<i>voriconazole tablet 50 mg</i>	Tier 5	MO; QL (90 EA per 30 day(s))
<i>zazole vaginal cream</i>	Tier 1	MO; GC
ZOLINZA CAPSULE	Tier 5	PA; MO; QL (120 EA per 30 day(s))
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet</i>	Tier 1	MO; GC
allopurinol intravenous solution	Tier 6	MO; HI
<i>colchicine-probenecid tablet</i>	Tier 1	MO; GC
COLCRYS TABLET	Tier 3	MO
<i>probenecid tablet</i>	Tier 1	MO; GC
Anti-Inflammatory Agents		
Glucocorticoids		
<i>dexamethasone tablet</i>	Tier 1	MO; GC
DEXPAK 13 DAY TABLETS IN A DOSE PACK	Tier 4	MO
<i>hydrocortisone tablet</i>	Tier 1	MO; GC
<i>methylprednisolone tablet</i>	Tier 1	MO; GC
<i>methylprednisolone tablets in a dose pack</i>	Tier 1	MO; GC
<i>prednisone tablet</i>	Tier 1	MO; GC
Nonsteroidal Anti-Inflammatory Drugs		
CELEBREX CAPSULE 100 MG, 200 MG	Tier 4	PA; MO; QL (60 EA per 30 day(s))
CELEBREX CAPSULE 400 MG, 50 MG	Tier 4	PA; MO
<i>diclofenac sodium tablet, delayed release</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac-misoprostol tablet, immediate & delayed rel</i>	Tier 2	MO
<i>etodolac tablet</i>	Tier 1	MO; GC
<i>flurbiprofen tablet</i>	Tier 1	MO; GC
<i>ibuprofen tablet</i>	Tier 1	MO; GC
<i>indomethacin capsule</i>	Tier 1	MO; GC
<i>ketoprofen capsule</i>	Tier 1	MO; GC
<i>meclofenamate capsule</i>	Tier 1	MO; GC
<i>meloxicam tablet</i>	Tier 1	MO; GC
<i>nabumetone tablet</i>	Tier 1	MO; GC
<i>naproxen tablet</i>	Tier 1	MO; GC
<i>piroxicam capsule</i>	Tier 1	MO; GC
<i>sulindac tablet</i>	Tier 1	MO; GC
<i>tolmetin tablet</i>	Tier 1	MO; GC
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine injection solution	Tier 6	MO
<i>methylergonovine tablet</i>	Tier 1	MO; GC
<i>migergot rectal suppository</i>	Tier 1	MO; GC
MIGRANAL NASAL SPRAY	Tier 3	MO; QL (8 ML per 30 day(s))
Prophylactic		
<i>timolol tablet</i>	Tier 1	MO; GC
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>naratriptan tablet</i>	Tier 1	MO; GC; QL (12 EA per 30 day(s))
RELPAX TABLET	Tier 3	PA; MO; QL (12 EA per 30 day(s))
<i>rizatriptan disintegrating tablet</i>	Tier 2	MO; QL (12 EA per 30 day(s))
<i>rizatriptan tablet</i>	Tier 2	MO; QL (12 EA per 30 day(s))
<i>sumatriptan nasal spray</i>	Tier 1	MO; GC; QL (6 EA per 30 day(s))
<i>sumatriptan subcutaneous pen injector</i>	Tier 1	MO; GC; QL (3 ML per 30 day(s))
<i>sumatriptan subcutaneous solution</i>	Tier 1	MO; GC; QL (3 ML per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan tablet</i>	Tier 1	MO; GC; QL (12 EA per 30 day(s))
<i>zolmitriptan disintegrating tablet</i>	Tier 2	PA; MO; QL (12 EA per 30 Day(s))
<i>zolmitriptan tablet</i>	Tier 2	PA; MO; QL (12 EA per 30 Day(s))
ZOMIG NASAL SPRAY	Tier 4	PA; MO; QL (6 EA per 30 day(s))
ZOMIG TABLET	Tier 4	PA; MO; QL (12 EA per 30 day(s))
ZOMIG ZMT DISINTEGRATING TABLET	Tier 4	PA; MO; QL (12 EA per 30 day(s))
Antimyasthenic Agents		
Parasympathomimetics		
MESTINON SYRUP	Tier 4	MO
MESTINON TIMESPAN TABLET,EXTENDED RELEASE	Tier 4	MO
MYTELASE TABLET	Tier 4	MO
<i>pyridostigmine bromide tablet</i>	Tier 1	MO; GC
Regonol injection solution	Tier 6	MO; HI
Antimycobacterials		
Antimycobacterials, Other		
ACZONE TOPICAL GEL	Tier 4	MO
<i>dapsone tablet</i>	Tier 1	MO; GC
MYCOBUTIN CAPSULE	Tier 3	MO
Antituberculars		
Capastat solution for injection	Tier 6	MO; HI
<i>ethambutol tablet</i>	Tier 1	MO; GC
isoniazid injection solution	Tier 6	MO
<i>isoniazid oral solution</i>	Tier 1	MO; GC
<i>isoniazid tablet</i>	Tier 1	MO; GC
MYAMBUTOL TABLET	Tier 3	MO
PASER ORAL PACKET	Tier 4	MO
PRIFTIN TABLET	Tier 4	MO
<i>pyrazinamide tablet</i>	Tier 2	MO
<i>rifampin capsule</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
rifampin intravenous solution	Tier 6	MO; HI
RIFATER TABLET	Tier 4	MO
TRECTOR TABLET	Tier 4	MO
Antineoplastics		
Alkylating Agents		
BiCNU intravenous solution	Tier 6	MO; HI
Busulfex intravenous solution	Tier 6	PA B/D; MO; HI
carboplatin intravenous solution	Tier 6	MO; HI
CEENU CAPSULE	Tier 3	MO
cisplatin intravenous solution	Tier 6	MO; HI
<i>cyclophosphamide tablet</i>	Tier 1	PA B/D; MO; GC
dacarbazine intravenous solution	Tier 6	MO; HI
HEXALEN CAPSULE	Tier 3	MO
Ifex intravenous solution	Tier 6	MO; HI
ifosfamide intravenous powder for solution	Tier 6	MO; HI
LEUKERAN TABLET	Tier 3	MO
MATULANE CAPSULE	Tier 3	MO
<i>melphalan intravenous solution</i>	Tier 5	MO; HI
Mustargen solution for injection	Tier 6	MO; HI
<i>oxaliplatin intravenous solution</i>	Tier 5	MO; HI
thiotepa solution for injection	Tier 6	MO; HI
TREANDA INTRAVENOUS SOLUTION	Tier 5	PA B/D; MO; HI; QL (600 EA per 21 day(s))
vinblastine intravenous powder for solution	Tier 6	PA B/D; MO; HI
vincristine intravenous solution	Tier 6	MO; HI
Antiangiogenic Agents		
REVLIMID CAPSULE	Tier 5	PA; LA; QL (30 EA per 30 day(s))
THALOMID CAPSULE	Tier 5	MO; QL (60 EA per 30 day(s))
Antiestrogens/Modifiers		
EMCYT CAPSULE	Tier 3	MO
FARESTON TABLET	Tier 3	MO; QL (30 EA per 30 day(s))
Faslodex intramuscular syringe	Tier 6	MO; QL (30 ML per 30 day(s))
SOLTAMOX ORAL SOLUTION	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen tablet</i>	Tier 1	MO; GC
Antimetabolites		
ALIMTA INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
Arranon intravenous solution	Tier 6	MO; HI
azacitidine solution for injection	Tier 6	MO; HI
cladribine intravenous solution	Tier 6	PA B/D; MO; HI
CLOLAR intravenous solution	Tier 6	MO; HI
cytarabine injection solution	Tier 6	PA B/D; MO; HI
cytarabine (PF) injection solution	Tier 6	PA B/D; MO; HI
cytarabine (PF) solution for injection	Tier 6	PA B/D; MO; HI
DACOGEN INTRAVENOUS SOLUTION	Tier 5	PA B/D; MO; HI
<i>decitabine intravenous solution</i>	Tier 5	PA B/D; MO; HI
DROXIA CAPSULE	Tier 3	MO
FOLOTYN INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
gemcitabine intravenous powder for solution	Tier 6	MO; HI
<i>hydroxyurea capsule</i>	Tier 1	MO; GC
pentostatin intravenous solution	Tier 6	MO; HI
TABLOID TABLET	Tier 3	MO
Vidaza solution for injection	Tier 6	MO; HI
Antineoplastics		
KADCYLA INTRAVENOUS SOLUTION	Tier 5	PA; MO
POMALYST CAPSULE	Tier 5	PA; MO
Antineoplastics, Other		
Abraxane intravenous solution	Tier 6	MO; HI
amifostine crystalline intravenous solution	Tier 6	MO; HI
bleomycin solution for injection	Tier 6	MO; HI
daunorubicin intravenous solution	Tier 6	MO; HI
dexrazoxane intravenous solution	Tier 6	MO; HI
DOCEFREZ INTRAVENOUS SOLUTION	Tier 5	MO; HI
<i>docetaxel intravenous solution</i>	Tier 5	MO; HI
Doxil intravenous solution	Tier 6	PA; MO; HI
doxorubicin intravenous solution	Tier 6	PA B/D; MO; HI

Drug Name	Drug Tier	Requirements/Limits
doxorubicin HCl pegylated liposomal intravenous solution	Tier 6	PA; MO; HI
epirubicin intravenous solution 200 mg/100 mL, 50 mg/25 mL	Tier 6	MO; HI
ERIVEDGE CAPSULE	Tier 5	PA; MO; QL (30 EA per 30 day(s))
fludarabine intravenous powder for solution	Tier 6	MO; HI
Fusilev intravenous solution	Tier 6	MO; HI
GILOTRIF TABLET	Tier 5	PA; MO; QL (30 EA per 30 Day(s))
HALAVEN INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI; QL (11.2 ML per 21 day(s))
idarubicin intravenous solution	Tier 6	MO; HI
irinotecan intravenous solution 100 mg/5 mL, 40 mg/2 mL	Tier 6	PA B/D; MO; HI
ISTODAX INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
IXEMPRA INTRAVENOUS SOLUTION	Tier 5	PA B/D; MO; HI
JEVTANA INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI; QL (5 ML per 21 day(s))
leucovorin calcium solution for injection	Tier 6	MO; HI
<i>leucovorin calcium tablet</i>	Tier 1	MO; GC
MEKINIST TABLET	Tier 5	PA; LA; QL (30 EA per 30 Day(s))
mesna intravenous solution	Tier 6	MO; HI
MESNEX TABLET	Tier 3	MO
mitomycin intravenous solution	Tier 6	MO; HI
mitoxantrone concentrate,intravenous	Tier 6	MO; HI
Ontak intravenous solution	Tier 6	MO; HI
paclitaxel concentrate,intravenous	Tier 6	MO; HI
SYLATRON SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (2.8 EA per 30 day(s))
SYNRIBO SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; HI
TAFINLAR CAPSULE	Tier 5	PA; LA; QL (120 EA per 30 Day(s))
Trisenox intravenous solution	Tier 6	MO; HI
Velcade solution for injection	Tier 6	PA; MO; HI

Drug Name	Drug Tier	Requirements/Limits
vinorelbine intravenous solution	Tier 6	MO; HI
YERVOY INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
ZALTRAP INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
ZELBORAF TABLET	Tier 5	PA; MO; QL (240 EA per 30 day(s))
ZYTIGA TABLET	Tier 5	PA; MO; QL (120 EA per 30 day(s))
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole tablet</i>	Tier 1	MO; GC
<i>exemestane tablet</i>	Tier 2	MO
<i>letrozole tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
Enzyme Inhibitors		
Etopophos intravenous solution	Tier 6	PA B/D; MO; HI
etoposide intravenous solution	Tier 6	PA B/D; MO; HI
JAKAFI TABLET	Tier 5	PA; MO; QL (60 EA per 30 day(s))
Toposar intravenous solution	Tier 6	PA B/D; MO; HI
topotecan intravenous powder for solution	Tier 6	PA B/D; MO; HI
Molecular Target Inhibitors		
AFINITOR TABLET	Tier 5	PA; MO; QL (30 EA per 30 day(s))
AFINITOR DISPERZ TABLET FOR ORAL SUSPENSION	Tier 5	PA; MO; QL (30 EA per 30 Day(s))
BOSULIF TABLET 100 MG	Tier 5	PA; MO; QL (180 EA per 30 day(s))
BOSULIF TABLET 500 MG	Tier 5	PA; MO; QL (30 EA per 30 day(s))
Caprelsa tablet 100 mg	Tier 6	PA; MO; QL (90 EA per 30 day(s))
Caprelsa tablet 300 mg	Tier 6	PA; MO; QL (30 EA per 30 day(s))
COMETRIQ CAPSULE 100 MG/DAY(80 MG[1]-20 MG[1])	Tier 5	PA; MO; QL (56 EA per 28 day(s))
COMETRIQ CAPSULE 140 MG/DAY(80 MG[1]-20 MG[3])	Tier 5	PA; MO; QL (112 EA per 28 day(s))

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ CAPSULE 60 MG/DAY (20 MG [3]/DAY)	Tier 5	PA; MO; QL (84 EA per 28 day(s))
GLEEVEC TABLET	Tier 5	PA; MO; QL (60 EA per 30 day(s))
HERCEPTIN INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
ICLUSIG TABLET 15 MG	Tier 5	PA; MO; QL (90 EA per 30 day(s))
ICLUSIG TABLET 45 MG	Tier 5	PA; MO; QL (30 EA per 30 day(s))
INLYTA TABLET	Tier 5	PA; MO; QL (120 EA per 30 day(s))
NEXAVAR TABLET	Tier 5	PA; MO; QL (120 EA per 30 day(s))
SPRYCEL TABLET	Tier 5	PA; MO; QL (60 EA per 30 day(s))
STIVARGA TABLET	Tier 5	PA; MO; QL (84 EA per 28 day(s))
SUTENT CAPSULE 12.5 MG, 25 MG	Tier 5	PA; MO; QL (60 EA per 30 day(s))
SUTENT CAPSULE 50 MG	Tier 5	PA; MO; QL (30 EA per 30 day(s))
TARCEVA TABLET	Tier 5	PA; MO; QL (30 EA per 30 day(s))
TASIGNA CAPSULE	Tier 5	PA; MO; QL (120 EA per 30 day(s))
TYKERB TABLET	Tier 5	PA; MO; QL (180 EA per 30 day(s))
VOTRIENT TABLET	Tier 5	PA; MO; QL (120 EA per 30 day(s))
XALKORI CAPSULE	Tier 5	PA; MO; QL (60 EA per 30 day(s))
Monoclonal Antibodies		
ARZERRA INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
AVASTIN INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
CAMPATH INTRAVENOUS SOLUTION	Tier 5	MO; HI
ERBITUX INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
PERJETA INTRAVENOUS SOLUTION	Tier 5	MO; HI
RITUXAN CONCENTRATE,INTRAVENOUS	Tier 5	PA; MO; HI

Drug Name	Drug Tier	Requirements/Limits
VECTIBIX INTRAVENOUS SOLUTION	Tier 5	MO; HI
Retinoids		
ATRALIN TOPICAL GEL	Tier 4	PA; MO
AVITA TOPICAL GEL	Tier 4	PA; MO
PANRETIN TOPICAL GEL	Tier 4	MO
RETIN-A TOPICAL CREAM 0.05 %	Tier 4	PA; MO
RETIN-A TOPICAL GEL 0.01 %	Tier 4	PA; MO
RETIN-A MICRO TOPICAL GEL	Tier 3	PA; MO
TARGRETIN CAPSULE	Tier 4	MO
TARGRETIN TOPICAL GEL	Tier 4	MO
TRETIN-X TOPICAL COMBO PACK	Tier 4	PA; MO
TRETIN-X TOPICAL CREAM 0.0375 %	Tier 4	PA; MO
TRETIN-X (GEL) TOPICAL COMBO PACK	Tier 4	PA; MO
<i>tretinoin topical cream</i>	Tier 1	PA; MO; GC
<i>tretinoin topical gel</i>	Tier 1	PA; MO; GC
<i>tretinoin (chemotherapy) capsule</i>	Tier 1	MO; GC
<i>tretinoin microsphere topical gel 0.04 %</i>	Tier 2	MO
Antiparasitics		
Anthelmintics		
ALBENZA TABLET	Tier 3	MO
BILTRICIDE TABLET	Tier 3	MO
STROMECTOL TABLET	Tier 3	MO
Antiprotozoals		
ALINIA ORAL SUSPENSION	Tier 3	MO; QL (500 ML per 30 day(s))
ALINIA TABLET	Tier 3	MO; QL (20 EA per 30 day(s))
<i>atovaquone-proguanil tablet</i>	Tier 1	MO; GC
<i>chloroquine tablet</i>	Tier 1	MO; GC
COARTEM TABLET	Tier 3	MO
DARAPRIM TABLET	Tier 3	MO
<i>hydroxychloroquine tablet</i>	Tier 1	MO; GC
<i>mefloquine tablet</i>	Tier 1	MO; GC
MEPRON ORAL SUSPENSION	Tier 3	MO
NEBUPENT SOLUTION FOR INHALATION	Tier 3	PA B/D; MO

Drug Name	Drug Tier	Requirements/Limits
Pentam solution for injection	Tier 6	MO; HI
PRIMAQUINE TABLET	Tier 3	MO
QUALAQUIN CAPSULE	Tier 4	PA; MO; QL (42 EA per 7 day(s))
<i>quinine capsule</i>	Tier 2	PA; MO; QL (42 EA per 7 day(s))
<i>tinidazole tablet</i>	Tier 1	MO; GC
Pediculicides/ Scabicides		
EURAX LOTION	Tier 3	MO
EURAX TOPICAL CREAM	Tier 3	MO
<i>lindane lotion</i>	Tier 1	MO; GC
<i>lindane shampoo</i>	Tier 1	MO; GC
<i>malathion lotion</i>	Tier 1	MO; GC
NATROBA TOPICAL SUSPENSION	Tier 3	MO
<i>permethrin topical cream</i>	Tier 1	MO; GC
ULESFIA LOTION	Tier 3	MO
Antiparkinson Agents		
Anticholinergics		
benztropine injection solution	Tier 6	MO; HI
<i>benztropine tablet</i>	Tier 1	MO; GC
Cogentin injection solution	Tier 6	MO; HI
<i>trihexyphenidyl oral elixir</i>	Tier 1	MO; GC
<i>trihexyphenidyl tablet</i>	Tier 1	MO; GC
Antiparkinson Agents, Other		
<i>amantadine hcl capsule</i>	Tier 1	MO; GC
<i>amantadine hcl syrup</i>	Tier 1	MO; GC
<i>amantadine hcl tablet</i>	Tier 1	MO; GC
<i>entacapone tablet</i>	Tier 2	MO
STALEVO 100 TABLET	Tier 3	MO
STALEVO 125 TABLET	Tier 3	MO
STALEVO 150 TABLET	Tier 3	MO
STALEVO 200 TABLET	Tier 3	MO
STALEVO 50 TABLET	Tier 3	MO
STALEVO 75 TABLET	Tier 3	MO
TASMAR TABLET	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
Dopamine Agonists		
APOKYN SUBCUTANEOUS CARTRIDGE	Tier 5	MO
<i>bromocriptine capsule</i>	Tier 1	MO; GC
<i>bromocriptine tablet</i>	Tier 1	MO; GC
MIRAPEX ER TABLET,EXTENDED RELEASE	Tier 4	MO
<i>pramipexole tablet</i>	Tier 1	MO; GC
<i>ropinirole er tablet,extended release 24 hr 12 mg, 6 mg</i>	Tier 2	MO; QL (90 EA per 30 day(s))
<i>ropinirole er tablet,extended release 24 hr 2 mg, 4 mg, 8 mg</i>	Tier 2	MO; QL (30 EA per 30 day(s))
<i>ropinirole tablet</i>	Tier 1	MO; GC
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa disintegrating tablet</i>	Tier 1	MO; GC
<i>carbidopa-levodopa er tablet,extended release</i>	Tier 1	MO; GC
<i>carbidopa-levodopa tablet</i>	Tier 1	MO; GC
LODOSYN TABLET	Tier 4	MO
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT TABLET	Tier 3	MO; QL (30 EA per 30 day(s))
<i>selegiline capsule</i>	Tier 1	MO; GC
<i>selegiline tablet</i>	Tier 1	MO; GC
ZELAPAR DISINTEGRATING TABLET	Tier 4	MO
Antipsychotics		
1St Generation/ Typical		
fluphenazine decanoate injection solution	Tier 6	MO
fluphenazine injection solution	Tier 6	MO
<i>fluphenazine oral concentrate</i>	Tier 1	MO; GC
<i>fluphenazine oral elixir</i>	Tier 1	MO; GC
<i>fluphenazine tablet</i>	Tier 1	MO; GC
<i>haloperidol tablet</i>	Tier 1	MO; GC
haloperidol decanoate intramuscular solution	Tier 6	MO
haloperidol injection solution	Tier 6	MO
<i>haloperidol oral concentrate</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate capsule</i>	Tier 1	MO; GC
ORAP TABLET	Tier 3	MO
<i>thioridazine tablet</i>	Tier 1	MO; GC
<i>thiothixene capsule</i>	Tier 1	MO; GC
<i>trifluoperazine tablet</i>	Tier 1	MO; GC
2Nd Generation/ Atypical		
Abilify intramuscular solution	Tier 6	MO
ABILIFY ORAL SOLUTION	Tier 4	PA; MO
ABILIFY TABLET	Tier 4	PA; MO; QL (30 EA per 30 day(s))
ABILIFY DISCMELT DISINTEGRATING TABLET	Tier 4	PA; MO; QL (60 EA per 30 day(s))
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	Tier 5	PA; MO; QL (1 EA per 30 Day(s))
FANAPT TABLET 1 MG, 10 MG, 12 MG	Tier 4	PA; MO; QL (60 EA per 30 day(s))
FANAPT TABLET 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	PA; MO
FANAPT TABLETS IN A DOSE PACK	Tier 4	PA; MO; QL (8 EA per 30 day(s))
Geodon intramuscular solution	Tier 6	MO
INVEGA TABLET,EXTENDED RELEASE 1.5 MG, 3 MG, 9 MG	Tier 4	PA; MO; QL (30 EA per 30 day(s))
INVEGA TABLET,EXTENDED RELEASE 6 MG	Tier 4	PA; MO; QL (60 EA per 30 day(s))
Invega Sustenna intramuscular syringe 117 mg/0.75 mL, 156 mg/mL, 39 mg/0.25 mL, 78 mg/0.5 mL	Tier 6	MO; QL (1 ML per 30 day(s))
Invega Sustenna intramuscular syringe 234 mg/1.5 mL	Tier 6	MO; QL (1.5 ML per 30 Day(s))
LATUDA TABLET	Tier 4	PA; MO; QL (30 EA per 30 day(s))
<i>olanzapine disintegrating tablet</i>	Tier 1	MO; GC
olanzapine intramuscular solution	Tier 6	MO
<i>olanzapine tablet</i>	Tier 1	MO; GC
<i>quetiapine tablet</i>	Tier 2	MO; QL (60 EA per 30 day(s))
Risperdal Consta intramuscular syringe	Tier 6	MO
<i>risperidone disintegrating tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral solution</i>	Tier 1	MO; GC
<i>risperidone tablet</i>	Tier 1	MO; GC
<i>ziprasidone capsule</i>	Tier 2	MO; QL (60 EA per 30 day(s))
Treatment-Resistant		
<i>clozapine tablet</i>	Tier 1	MO; GC
FAZACLO DISINTEGRATING TABLET	Tier 4	PA; MO
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet</i>	Tier 1	MO; GC
<i>dantrolene capsule</i>	Tier 1	MO; GC
<i>tizanidine tablet</i>	Tier 1	MO; GC
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
cidofovir intravenous solution	Tier 6	MO; HI
foscarnet intravenous solution	Tier 6	MO; HI
ganciclovir intravenous solution	Tier 6	MO; HI
VALCYTE ORAL SOLUTION	Tier 3	MO; QL (1056 ML per 30 day(s))
VALCYTE TABLET	Tier 3	MO; QL (120 EA per 30 day(s))
Vistide intravenous solution	Tier 6	MO; HI
Antih hepatitis Agents		
<i>adefovir tablet</i>	Tier 2	MO
BARACLUDE ORAL SOLUTION	Tier 3	MO; QL (600 ML per 30 day(s))
BARACLUDE TABLET	Tier 3	MO; QL (30 EA per 30 day(s))
EPIVIR HBV ORAL SOLUTION	Tier 3	MO
EPIVIR HBV TABLET	Tier 3	MO
HEPSERA TABLET	Tier 3	MO
INCIVEK TABLET	Tier 5	PA; MO; QL (180 EA per 30 day(s))
INFERGEN SUBCUTANEOUS SOLUTION	Tier 5	MO
Intron A injection solution	Tier 6	MO
Intron A solution for injection	Tier 6	MO
Intron A subcutaneous pen kit 10 million unit/0.2 mL, 3 million unit /0.2 mL-6 doses	Tier 6	MO

Drug Name	Drug Tier	Requirements/Limits
INTRON A SUBCUTANEOUS PEN KIT 5 MILLION UNIT/0.2 ML	Tier 5	MO
PEGASYS SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (4 ML per 30 day(s))
PEGASYS CONVENIENCE PACK SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (2 EA per 30 day(s))
Pegasys ProClick subcutaneous pen injector	Tier 6	PA; MO; QL (2 ML per 30 day(s))
PEGINTRON SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (2 EA per 30 day(s))
PEGINTRON REDIPEN SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (2 EA per 30 day(s))
REBETOL ORAL SOLUTION	Tier 4	MO; QL (1000 ML per 30 day(s))
<i>ribapak dose pack tablets 400-400 mg (28)-mg (28)</i>	Tier 1	MO; GC; QL (84 EA per 28 day(s))
<i>ribapak dose pack tablets 600-400 mg (28)-mg (28)</i>	Tier 1	MO; GC; QL (112 EA per 28 day(s))
<i>ribapak dose pack tablets 600-600 mg (28)-mg (28)</i>	Tier 1	MO; GC; QL (56 EA per 28 day(s))
<i>ribasphere capsule</i>	Tier 1	MO; GC; QL (168 EA per 28 day(s))
<i>ribasphere tablet 200 mg</i>	Tier 1	MO; GC; QL (168 EA per 28 day(s))
<i>ribasphere tablet 400 mg</i>	Tier 1	MO; GC; QL (112 EA per 28 day(s))
<i>ribasphere tablet 600 mg</i>	Tier 1	MO; GC; QL (56 EA per 28 day(s))
<i>ribavirin capsule</i>	Tier 1	MO; GC; QL (168 EA per 28 day(s))
<i>ribavirin tablet</i>	Tier 1	MO; GC; QL (168 EA per 28 day(s))
TYZEKA TABLET	Tier 5	MO; QL (30 EA per 30 day(s))
VICTRELIS CAPSULE	Tier 5	PA; MO; QL (360 EA per 30 day(s))
VIREAD ORAL POWDER	Tier 3	MO
VIREAD TABLET	Tier 3	MO
Antiherpetic Agents		
<i>acyclovir capsule</i>	Tier 1	MO; GC
<i>acyclovir oral suspension</i>	Tier 1	MO; GC
<i>acyclovir tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical ointment</i>	Tier 2	MO
acyclovir sodium intravenous powder for solution	Tier 6	MO; HI
DENAVIR TOPICAL CREAM	Tier 4	MO
<i>famciclovir tablet</i>	Tier 2	MO; QL (60 EA per 30 day(s))
<i>trifluridine eye drops</i>	Tier 1	MO; GC
<i>valacyclovir tablet 1 g</i>	Tier 2	MO; QL (90 EA per 30 day(s))
<i>valacyclovir tablet 500 mg</i>	Tier 2	MO; QL (60 EA per 30 day(s))
ZOVIRAX TOPICAL CREAM	Tier 4	MO
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors		
ATRIPLA TABLET	Tier 5	MO
EDURANT TABLET	Tier 5	MO
INTELENCE TABLET 100 MG	Tier 5	MO; QL (120 EA per 30 day(s))
INTELENCE TABLET 200 MG	Tier 5	MO; QL (60 EA per 30 day(s))
INTELENCE TABLET 25 MG	Tier 3	MO
<i>nevirapine tablet</i>	Tier 2	MO
RESCRIPTOR DISPERSIBLE TABLET	Tier 3	MO
RESCRIPTOR TABLET	Tier 3	MO
STRIBILD TABLET	Tier 5	MO
SUSTIVA CAPSULE	Tier 3	MO
SUSTIVA TABLET	Tier 3	MO
VIRAMUNE ORAL SUSPENSION	Tier 3	MO
VIRAMUNE XR TABLET,EXTENDED RELEASE 100 MG	Tier 3	MO
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors		
<i>abacavir tablet</i>	Tier 2	MO
COMBIVIR TABLET	Tier 5	MO
COMPLERA TABLET	Tier 5	MO; QL (30 EA per 30 day(s))
<i>didanosine capsule, delayed release</i>	Tier 1	MO; GC
EMTRIVA CAPSULE	Tier 3	MO
EMTRIVA ORAL SOLUTION	Tier 3	MO
EPIVIR ORAL SOLUTION	Tier 3	MO
EPZICOM TABLET	Tier 5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine tablet</i>	Tier 2	MO
<i>lamivudine-zidovudine tablet</i>	Tier 5	MO
Retrovir intravenous solution	Tier 6	MO; HI
<i>stavudine capsule</i>	Tier 1	MO; GC
<i>stavudine oral solution</i>	Tier 1	MO; GC
TRIZIVIR TABLET	Tier 5	MO
TRUVADA TABLET	Tier 5	MO
VIDEX 2 GRAM PEDIATRIC ORAL SOLUTION	Tier 3	MO
VIDEX EC CAPSULE, DELAYED RELEASE	Tier 4	MO
ZERIT CAPSULE	Tier 4	MO
ZERIT ORAL SOLUTION	Tier 4	MO
ZIAGEN ORAL SOLUTION	Tier 3	MO
<i>zidovudine capsule</i>	Tier 1	MO; GC
<i>zidovudine syrup</i>	Tier 1	MO; GC
<i>zidovudine tablet</i>	Tier 1	MO; GC
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS KIT	Tier 5	MO; QL (60 EA per 30 day(s))
ISENTRESS CHEWABLE TABLET	Tier 3	MO
ISENTRESS TABLET	Tier 5	MO; QL (120 EA per 30 day(s))
SELZENTRY TABLET	Tier 5	MO; QL (120 EA per 30 day(s))
TIVICAY TABLET	Tier 5	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS CAPSULE	Tier 5	MO
APTIVUS ORAL SOLUTION	Tier 4	MO
CRIXIVAN CAPSULE	Tier 3	MO
INVIRASE CAPSULE	Tier 3	MO
INVIRASE TABLET	Tier 3	MO
KALETRA ORAL SOLUTION	Tier 3	MO
KALETRA TABLET	Tier 3	MO
LEXIVA ORAL SUSPENSION	Tier 3	MO
LEXIVA TABLET	Tier 5	MO
NORVIR CAPSULE	Tier 3	MO

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL SOLUTION	Tier 3	MO
NORVIR TABLET	Tier 3	MO
PREZISTA ORAL SUSPENSION	Tier 5	MO
PREZISTA TABLET 150 MG, 400 MG, 600 MG, 800 MG	Tier 5	MO
PREZISTA TABLET 75 MG	Tier 3	MO
REYATAZ CAPSULE 100 MG, 150 MG	Tier 3	MO
REYATAZ CAPSULE 200 MG, 300 MG	Tier 5	MO
VIRACEPT TABLET	Tier 5	MO
Anti-Influenza Agents		
RELENZA DISKHALER POWDER FOR INHALATION	Tier 4	MO; QL (120 EA per 365 day(s))
<i>rimantadine tablet</i>	Tier 1	MO; GC
TAMIFLU CAPSULE 30 MG	Tier 3	MO; QL (168 EA per 365 day(s))
TAMIFLU CAPSULE 45 MG, 75 MG	Tier 3	MO; QL (84 EA per 365 day(s))
TAMIFLU ORAL SUSPENSION	Tier 3	MO; QL (1080 ML per 365 day(s))
Anxiolytics		
Anxiolytics, Other		
<i>alprazolam tablet 0.25 mg, 0.5 mg, 1 mg</i>	Tier 2	MO; QL (90 EA per 30 day(s))
<i>buspirone tablet</i>	Tier 1	MO; GC
<i>clonazepam disintegrating tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	Tier 2	MO; QL (90 EA per 30 day(s))
<i>clonazepam disintegrating tablet 2 mg</i>	Tier 2	MO; QL (300 EA per 30 day(s))
<i>clonazepam tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (90 EA per 30 day(s))
<i>clonazepam tablet 2 mg</i>	Tier 2	MO; QL (300 EA per 30 day(s))
<i>clorazepate dipotassium tablet 15 mg</i>	Tier 2	MO; QL (180 EA per 30 day(s))
<i>clorazepate dipotassium tablet 3.75 mg</i>	Tier 2	MO; QL (90 EA per 90 day(s))
<i>clorazepate dipotassium tablet 7.5 mg</i>	Tier 2	MO; QL (90 EA per 30 day(s))
<i>diazepam oral solution</i>	Tier 2	MO; QL (1200 ML per 30 day(s))
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	Tier 2	MO; QL (10 EA per 30 day(s))
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	Tier 2	MO; QL (10 EA per 10 day(s))
<i>diazepam tablet 10 mg</i>	Tier 2	MO; QL (120 EA per 30 day(s))
<i>diazepam tablet 2 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol oral concentrate</i>	Tier 2	MO; QL (240 ML per 30 day(s))
<i>lorazepam tablet</i>	Tier 2	MO; QL (90 EA per 30 day(s))
<i>meprobamate tablet 200 mg</i>	Tier 1	MO; GC; QL (120 EA per 30 day(s))
<i>meprobamate tablet 400 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
Ssris/ Snris		
<i>sertraline tablet</i>	Tier 1	MO; GC
<i>venlafaxine er capsule,extended release 24 hr</i>	Tier 1	MO; GC
Bipolar Agents		
Bipolar Agents, Other		
SAPHRIS SUBLINGUAL TABLET	Tier 4	PA; MO; QL (60 EA per 30 day(s))
SEROQUEL TABLET	Tier 4	MO
Mood Stabilizers		
<i>carbamazepine er capsule,extended release mphase12hr</i>	Tier 2	MO
<i>lithium carbonate capsule</i>	Tier 1	MO; GC
<i>lithium carbonate er tablet,extended release</i>	Tier 1	MO; GC
<i>lithium carbonate tablet</i>	Tier 1	MO; GC
<i>lithium citrate oral solution</i>	Tier 1	MO; GC
LITHOBID TABLET,EXTENDED RELEASE	Tier 4	MO
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	Tier 1	MO; GC
ACTOPLUS MET TABLET	Tier 3	MO; QL (90 EA per 30 Day(s))
ACTOS TABLET	Tier 3	MO
BYDUREON SUBCUTANEOUS EXTENDED RELEASE SUSPENSION	Tier 3	PA; MO; QL (2.6 EA per 28 day(s))
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/0.04 ML	Tier 3	PA; MO; QL (2.4 ML per 30 day(s))
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/0.02 ML	Tier 3	PA; MO; QL (1.2 ML per 30 day(s))
<i>chlorpropamide tablet</i>	Tier 1	MO; GC
<i>glimepiride tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er tablet, extended release 24 hr</i>	Tier 1	MO; GC
<i>glipizide tablet</i>	Tier 1	MO; GC
<i>glipizide-metformin tablet</i>	Tier 1	MO; GC
<i>glyburide tablet</i>	Tier 1	MO; GC
<i>glyburide micronized tablet</i>	Tier 1	MO; GC
<i>glyburide-metformin tablet</i>	Tier 1	MO; GC
GLYSET TABLET	Tier 4	MO
JANUMET TABLET	Tier 3	PA; MO; QL (60 EA per 30 day(s))
JANUMET XR TABLET,EXTENDED RELEASE	Tier 3	PA; MO; QL (30 EA per 30 day(s))
JANUVIA TABLET	Tier 3	PA; MO; QL (30 EA per 30 day(s))
<i>metformin er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>metformin er tablet,extended release 24hr</i>	Tier 1	MO; GC
<i>metformin tablet</i>	Tier 1	MO; GC
<i>nateglinide tablet</i>	Tier 1	MO; GC
<i>pioglitazone tablet</i>	Tier 2	MO
<i>pioglitazone-glimepiride tablet</i>	Tier 2	MO; QL (30 EA per 30 Day(s))
<i>pioglitazone-metformin tablet</i>	Tier 2	MO; QL (90 EA per 30 Day(s))
PRANDIMET TABLET	Tier 4	MO
PRANDIN TABLET	Tier 3	MO
<i>repaglinide tablet</i>	Tier 2	MO
RIOMET ORAL SOLUTION	Tier 4	MO
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	Tier 4	MO; QL (10.8 ML per 30 day(s))
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	Tier 4	MO; QL (6 ML per 30 day(s))
<i>tolazamide tablet</i>	Tier 1	MO; GC
<i>tolbutamide tablet</i>	Tier 1	MO; GC
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	Tier 4	PA; MO; QL (9 ML per 30 day(s))
WELCHOL ORAL POWDER PACKET	Tier 4	MO
WELCHOL TABLET	Tier 4	MO
Glycemic Agents		

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT INJECTION	Tier 3	MO
GLUCAGON EMERGENCY INJECTION KIT	Tier 3	MO
PROGLYCEM ORAL SUSPENSION	Tier 3	MO
Insulins		
CURITY GAUZE BANDAGE	Tier 3	MO
HUBER SAFETY NEEDLES (DISPOSABLE)	Tier 3	MO
HUMALOG SUBCUTANEOUS SOLUTION	Tier 3	MO
HUMALOG KWIKPEN SUBCUTANEOUS	Tier 3	MO; QL (240 ML per 30 day(s))
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS	Tier 3	MO
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS	Tier 3	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN 70/30 PEN SUBCUTANEOUS	Tier 3	MO
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN N PEN SUBCUTANEOUS	Tier 3	MO
HUMULIN R INJECTION SOLUTION	Tier 3	MO
HUMULIN R U-500 "CONCENTRATED" INSULIN SUBCUTANEOUS SOLUTION	Tier 3	MO
INSULIN PEN NEEDLE	Tier 3	MO
INSULIN SYRINGE-NEEDLE U-100	Tier 3	MO
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	MO
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN	Tier 3	MO
LEVEMIR SUBCUTANEOUS SOLUTION	Tier 3	MO
LEVEMIR FLEXPEN SOLUTION SUBCUTANEOUS INSULIN PEN	Tier 3	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION	Tier 3	MO

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R INJECTION SOLUTION	Tier 3	MO
NOVOLOG SUBCUTANEOUS SOLUTION	Tier 3	MO
NOVOLOG FLEXPEN SUBCUTANEOUS	Tier 3	MO
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION	Tier 3	MO
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS	Tier 3	MO
Blood Products/ Modifiers/ Volume Expanders		
Anticoagulants		
Coumadin intravenous solution	Tier 6	MO; HI
COUMADIN TABLET	Tier 4	MO
ELIQUIS TABLET	Tier 4	PA; MO; QL (60 EA per 30 Day(s))
enoxaparin subcutaneous solution	Tier 6	MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml</i>	Tier 5	MO
enoxaparin subcutaneous syringe 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL	Tier 6	MO
<i>fondaparinux subcutaneous solution syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	Tier 5	MO
fondaparinux subcutaneous solution syringe 2.5 mg/0.5 mL	Tier 6	MO
Fragmin subcutaneous solution	Tier 6	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 UNIT/ML, 12,500 UNIT/0.5 ML, 15,000 UNIT/0.6 ML, 18,000 UNIT/0.72 ML, 7,500 UNIT/0.3 ML	Tier 5	MO
Fragmin subcutaneous syringe 2,500 unit/0.2 mL, 5,000 unit/0.2 mL	Tier 6	MO
heparin (porcine) injection solution 1,000 unit/mL	Tier 6	MO; HI
heparin (porcine) injection solution 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/mL	Tier 6	MO
heparin (porcine) in dextrose 5 % intravenous solution	Tier 6	MO; HI
heparin (porcine) in 0.9 % sodium chloride (PF) IV solution	Tier 6	MO; HI
heparin (porcine) in 0.45 % NaCl intravenous solution	Tier 6	MO; HI

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven tablet</i>	Tier 1	MO; GC
Lovenox subcutaneous solution	Tier 6	MO
PRADAXA CAPSULE	Tier 3	MO
<i>warfarin tablet</i>	Tier 1	MO; GC
XARELTO TABLET	Tier 3	MO
Blood Formation Modifiers		
<i>anagrelide capsule</i>	Tier 1	MO; GC
Aranesp (in polysorbate) injection solution 100 mcg/mL, 25 mcg/mL, 40 mcg/mL, 60 mcg/mL	Tier 6	PA B/D; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 200 MCG/ML, 300 MCG/ML	Tier 5	PA B/D; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 5	PA B/D; MO
Aranesp (in polysorbate) injection syringe 25 mcg/0.42 mL, 40 mcg/0.4 mL	Tier 6	PA B/D; MO
Epogen injection solution	Tier 6	PA B/D; MO
LEUKINE INJECTION SOLUTION	Tier 5	MO; HI
LEUKINE SOLUTION FOR INJECTION	Tier 5	MO; HI
MOZOBIL SUBCUTANEOUS SOLUTION	Tier 5	MO; QL (8 ML per 30 day(s))
NEULASTA SUBCUTANEOUS SYRINGE	Tier 5	MO
NEUMEGA SUBCUTANEOUS SOLUTION	Tier 5	MO
NEUPOGEN INJECTION SOLUTION	Tier 5	MO
NEUPOGEN INJECTION SYRINGE	Tier 5	MO
Procrit injection solution 10,000 unit/mL, 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	Tier 6	PA B/D; MO
PROCRIPT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA B/D; MO
PROMACTA TABLET 12.5 MG	Tier 5	PA; MO; QL (30 EA per 30 day(s))
PROMACTA TABLET 25 MG, 50 MG, 75 MG	Tier 5	PA; LA; QL (30 EA per 30 day(s))
Coagulants		
<i>aminocaproic acid oral solution</i>	Tier 1	MO; GC
<i>aminocaproic acid tablet 500 mg</i>	Tier 1	MO; GC
tranexamic acid intravenous solution	Tier 6	MO; HI

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid tablet</i>	Tier 1	MO; GC
Platelet Modifying Agents		
AGGRENOX CAPSULE, EXTENDED RELEASE	Tier 4	MO
<i>cilostazol tablet</i>	Tier 1	MO; GC
<i>clopidogrel tablet 75 mg</i>	Tier 1	MO; GC
<i>dipyridamole tablet</i>	Tier 1	MO; GC
Elspar solution for injection	Tier 6	MO; HI
<i>ticlopidine tablet</i>	Tier 1	MO; GC
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine tablet</i>	Tier 1	MO; GC
<i>clonidine weekly transdermal patch</i>	Tier 1	MO; GC; QL (4 EA per 28 day(s))
<i>clorpres tablet</i>	Tier 1	MO; GC
<i>guanfacine tablet</i>	Tier 1	MO; GC
<i>methyldopa tablet</i>	Tier 1	MO; GC
<i>methyldopa-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
methyldopate intravenous solution	Tier 6	MO; HI
<i>midodrine tablet</i>	Tier 1	MO; GC
Alpha-Adrenergic Blocking Agents		
DIBENZYLINE CAPSULE	Tier 4	MO
<i>doxazosin tablet</i>	Tier 1	MO; GC
<i>prazosin capsule</i>	Tier 1	MO; GC
<i>terazosin capsule</i>	Tier 1	MO; GC
Angiotensin Ii Receptor Antagonists		
BENICAR TABLET	Tier 3	PA; MO
BENICAR HCT TABLET	Tier 3	PA; MO
<i>candesartan tablet 16 mg</i>	Tier 2	MO; QL (60 EA per 30 Day(s))
<i>candesartan tablet 32 mg, 4 mg, 8 mg</i>	Tier 2	MO; QL (30 EA per 30 Day(s))
<i>candesartan-hydrochlorothiazide tablet 16-12.5 mg</i>	Tier 2	MO; QL (60 EA per 30 day(s))
<i>candesartan-hydrochlorothiazide tablet 32-12.5 mg, 32-25 mg</i>	Tier 2	MO; QL (30 EA per 30 day(s))
<i>eprosartan tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan tablet</i>	Tier 1	MO; GC
<i>irbesartan-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>losartan tablet 100 mg, 25 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
<i>losartan tablet 50 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 day(s))
<i>losartan-hydrochlorothiazide tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
MICARDIS TABLET	Tier 3	PA; MO
MICARDIS HCT TABLET	Tier 3	PA; MO
<i>valsartan-hydrochlorothiazide tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>	Tier 2	MO; QL (60 EA per 30 day(s))
<i>valsartan-hydrochlorothiazide tablet 320-12.5 mg, 320-25 mg</i>	Tier 2	MO; QL (30 EA per 30 day(s))
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril tablet</i>	Tier 1	MO; GC
<i>benazepril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>captopril tablet</i>	Tier 1	MO; GC
<i>captopril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>enalapril maleate tablet</i>	Tier 1	MO; GC
<i>enalapril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>fosinopril tablet</i>	Tier 1	MO; GC
<i>fosinopril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>lisinopril tablet</i>	Tier 1	MO; GC
<i>lisinopril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>moexipril tablet</i>	Tier 1	MO; GC
<i>moexipril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>perindopril erbumine tablet</i>	Tier 1	MO; GC
<i>quinapril tablet</i>	Tier 1	MO; GC
<i>quinapril-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>ramipril capsule</i>	Tier 1	MO; GC
TARKA TABLET,EXTENDED RELEASE	Tier 4	MO
<i>trandolapril tablet</i>	Tier 1	MO; GC
Antiarrhythmics		

Drug Name	Drug Tier	Requirements/Limits
amiodarone intravenous solution	Tier 6	MO; HI
<i>amiodarone tablet</i>	Tier 1	MO; GC
<i>disopyramide capsule</i>	Tier 1	MO; GC
<i>flecainide tablet</i>	Tier 1	MO; GC
<i>mexiletine capsule</i>	Tier 1	MO; GC
MULTAQ TABLET	Tier 4	MO
NORPACE CR CAPSULE,EXTENDED RELEASE	Tier 4	MO
<i>pacerone tablet</i>	Tier 1	MO; GC
procainamide injection solution	Tier 6	MO; HI
<i>propafenone er capsule,extended release 12 hr</i>	Tier 1	MO; GC
<i>propafenone tablet</i>	Tier 1	MO; GC
<i>quinidine er tablet,extended release</i>	Tier 1	MO; GC
quinidine injection solution	Tier 6	MO; HI
<i>quinidine sulfate er tablet,extended release</i>	Tier 1	MO; GC
<i>quinidine tablet</i>	Tier 1	MO; GC
<i>sorine tablet</i>	Tier 1	MO; GC
sotalol intravenous solution	Tier 6	MO; HI
<i>sotalol tablet</i>	Tier 1	MO; GC
<i>sotalol af tablet</i>	Tier 1	MO; GC
TIKOSYN CAPSULE 125 MCG	Tier 4	MO; QL (240 EA per 30 day(s))
TIKOSYN CAPSULE 250 MCG	Tier 4	MO; QL (120 EA per 30 day(s))
TIKOSYN CAPSULE 500 MCG	Tier 4	MO; QL (60 EA per 30 day(s))
Beta-Adrenergic Blocking Agents		
<i>acebutolol capsule</i>	Tier 1	MO; GC
<i>atenolol tablet</i>	Tier 1	MO; GC
<i>atenolol-chlorthalidone tablet</i>	Tier 1	MO; GC
<i>betaxolol tablet</i>	Tier 1	MO; GC
<i>bisoprolol fumarate tablet</i>	Tier 1	MO; GC
<i>bisoprolol-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
BYSTOLIC TABLET 10 MG, 20 MG	Tier 4	MO; QL (60 EA per 30 day(s))
BYSTOLIC TABLET 2.5 MG, 5 MG	Tier 4	MO
<i>carvedilol tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
COREG CR CAPSULE, EXTENDED RELEASE 10 MG, 40 MG	Tier 4	MO
COREG CR CAPSULE, EXTENDED RELEASE 20 MG, 80 MG	Tier 4	MO; QL (30 EA per 30 day(s))
labetalol intravenous solution	Tier 6	MO; HI
<i>labetalol tablet</i>	Tier 1	MO; GC
LEVATOL TABLET	Tier 4	MO
<i>metoprolol succinate er tablet, extended release 24 hr</i>	Tier 1	MO; GC
<i>metoprolol tartrate-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
metoprolol intravenous solution	Tier 6	MO; HI
<i>metoprolol tartrate tablet</i>	Tier 1	MO; GC
<i>nadolol tablet</i>	Tier 1	MO; GC
<i>nadolol-bendroflumethiazide tablet</i>	Tier 1	MO; GC
<i>pindolol tablet</i>	Tier 1	MO; GC
<i>propranolol er capsule, 24 hr, extended release</i>	Tier 1	MO; GC
propranolol intravenous solution	Tier 6	MO; HI
<i>propranolol oral solution</i>	Tier 1	MO; GC
<i>propranolol tablet</i>	Tier 1	MO; GC
<i>propranolol-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
Calcium Channel Blocking Agents		
ADRENACLICK INJECTION, AUTO-INJECTOR	Tier 4	MO; QL (60 EA per 30 Day(s))
<i>afeditab cr tablet, extended release</i>	Tier 1	MO; GC
<i>amlodipine tablet</i>	Tier 1	MO; GC
<i>amlodipine-benazepril capsule</i>	Tier 2	MO
CARDIZEM LA TABLET, EXTENDED RELEASE 120 MG	Tier 4	MO
<i>cartia xt capsule, extended release</i>	Tier 1	MO; GC
COVERA-HS TABLET, EXTENDED RELEASE 180 MG	Tier 4	MO; QL (90 EA per 30 day(s))
COVERA-HS TABLET, EXTENDED RELEASE 240 MG	Tier 4	MO; QL (60 EA per 30 day(s))
<i>dilt-cd capsule, extended release</i>	Tier 1	MO; GC
<i>dilt-xr capsule, extended release</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem cd capsule,extended release 24 hr</i>	Tier 1	MO; GC
<i>diltiazem er capsule,extended release</i>	Tier 1	MO; GC
<i>diltiazem er capsule,extended release 12 hr</i>	Tier 1	MO; GC
diltiazem intravenous powder for solution	Tier 6	MO; HI
diltiazem intravenous solution	Tier 6	MO; HI
<i>diltiazem tablet</i>	Tier 1	MO; GC
DYNACIRC CR TABLET,EXTENDED RELEASE	Tier 4	MO; QL (60 EA per 30 Day(s))
<i>felodipine er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>isradipine capsule</i>	Tier 2	MO
<i>matzim la tablet,extended release</i>	Tier 1	MO; GC
<i>nicardipine capsule</i>	Tier 1	MO; GC
nicardipine intravenous solution	Tier 6	MO; HI
<i>nifediac cc tablet,extended release</i>	Tier 1	MO; GC
<i>nifedical xl tablet,extended release</i>	Tier 1	MO; GC
<i>nifedipine capsule</i>	Tier 1	MO; GC
<i>nifedipine er tablet,extended release 24 hr</i>	Tier 1	MO; GC
<i>nimodipine capsule</i>	Tier 1	MO; GC
<i>nisoldipine er tablet,extended release 24 hr</i>	Tier 2	MO
<i>taztia xt capsule,extended release</i>	Tier 1	MO; GC
<i>verapamil er (pm) capsule 24hr pellet ct,ext.release</i>	Tier 1	MO; GC
<i>verapamil er (sr) tablet,extended release</i>	Tier 1	MO; GC
<i>verapamil er 24 hr capsule,extended release</i>	Tier 1	MO; GC
verapamil intravenous solution	Tier 6	MO; HI
<i>verapamil tablet</i>	Tier 1	MO; GC
Cardiovascular Agents, Other		
DEMSER CAPSULE	Tier 4	MO
digoxin injection solution	Tier 6	MO; HI
<i>digoxin oral solution</i>	Tier 1	MO; GC
<i>digoxin tablet</i>	Tier 1	MO; GC
FIRAZYR SUBCUTANEOUS SYRINGE	Tier 5	PA; MO; QL (9 ML per 30 day(s))
Lanoxin injection solution	Tier 6	MO; HI
LANOXIN TABLET	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
Lanoxin Pediatric injection solution	Tier 6	MO; HI
<i>pentoxifylline er tablet, extended release</i>	Tier 1	MO; GC
RANEXA TABLET, EXTENDED RELEASE	Tier 4	MO
<i>reserpine tablet</i>	Tier 1	MO; GC
TEKTURNA TABLET	Tier 4	PA; MO
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er capsule, extended release</i>	Tier 1	MO; GC
<i>acetazolamide tablet</i>	Tier 1	MO; GC
acetazolamide solution for injection	Tier 6	MO; HI
<i>methazolamide tablet</i>	Tier 1	MO; GC
Diuretics, Loop		
bumetanide injection solution	Tier 6	MO; HI
<i>bumetanide tablet</i>	Tier 1	MO; GC
EDECIN TABLET	Tier 4	MO
furosemide injection solution	Tier 6	MO; HI
<i>furosemide oral solution</i>	Tier 1	MO; GC
<i>furosemide tablet</i>	Tier 1	MO; GC
toremide intravenous solution	Tier 6	MO; HI
<i>toremide tablet</i>	Tier 1	MO; GC
Diuretics, Potassium-Sparing		
ALDACTAZIDE TABLET	Tier 4	MO
<i>amiloride tablet</i>	Tier 1	MO; GC
<i>amiloride-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
DYRENIUM CAPSULE	Tier 4	MO
<i>eplerenone tablet</i>	Tier 1	MO; GC
<i>spironolactone-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>spironolactone tablet</i>	Tier 1	MO; GC
<i>triamterene-hydrochlorothiazide capsule</i>	Tier 1	MO; GC
<i>triamterene-hydrochlorothiazide tablet</i>	Tier 1	MO; GC
Diuretics, Thiazide		
<i>chlorothiazide tablet</i>	Tier 1	MO; GC
<i>chlorthalidone tablet</i>	Tier 1	MO; GC
DIURIL ORAL SUSPENSION	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide capsule</i>	Tier 1	MO; GC
<i>hydrochlorothiazide tablet</i>	Tier 1	MO; GC
<i>indapamide tablet</i>	Tier 1	MO; GC
<i>methyclothiazide tablet</i>	Tier 1	MO; GC
<i>metolazone tablet</i>	Tier 1	MO; GC
THALITONE TABLET	Tier 4	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate tablet</i>	Tier 1	MO; GC
<i>fenofibrate micronized capsule 130 mg, 43 mg</i>	Tier 2	MO; QL (30 EA per 30 Day(s))
<i>fenofibrate micronized capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	MO; GC
<i>fenofibrate nanocrystallized tablet 145 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
<i>fenofibrate nanocrystallized tablet 48 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 day(s))
<i>fenofibric acid (choline) capsule, delayed release</i>	Tier 1	MO; GC; QL (30 EA per 30 Day(s))
FENOGLIDE TABLET	Tier 4	MO
<i>gemfibrozil tablet</i>	Tier 1	MO; GC
LIPOFEN CAPSULE	Tier 4	MO
<i>lofibra capsule</i>	Tier 1	MO; GC
<i>lofibra tablet</i>	Tier 1	MO; GC
NALFON CAPSULE	Tier 4	MO
TRILIPIX CAPSULE, DELAYED RELEASE	Tier 4	MO; QL (30 EA per 30 day(s))
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
<i>fluvastatin capsule</i>	Tier 1	MO; GC
<i>lovastatin tablet</i>	Tier 1	MO; GC; QL (60 EA per 30 day(s))
<i>pravastatin tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
<i>simvastatin tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
Dyslipidemics, Other		
<i>cholestyramine light powder for susp in a packet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol oral granules</i>	Tier 1	MO; GC
<i>colestipol tablet</i>	Tier 1	MO; GC
JUVISYNC TABLET	Tier 3	PA; MO; QL (30 EA per 30 day(s))
LOVAZA CAPSULE	Tier 4	MO; QL (120 EA per 30 day(s))
<i>niacin er tablet, extended release 24 hr</i>	Tier 2	MO
NIASPAN TABLET, EXTENDED RELEASE	Tier 3	MO
<i>prevalite oral powder</i>	Tier 1	MO; GC
ZETIA TABLET	Tier 4	MO; QL (30 EA per 30 day(s))
Vasodilators, Direct-Acting Arterial		
hydralazine injection solution	Tier 6	MO; HI
<i>hydralazine tablet</i>	Tier 1	MO; GC
<i>minoxidil tablet</i>	Tier 1	MO; GC
Vasodilators, Direct-Acting Arterial/ Venous		
DILATRATE-SR CAPSULE, EXTENDED RELEASE	Tier 4	MO
<i>isosorbide dinitrate er tablet, extended release</i>	Tier 1	MO; GC
<i>isosorbide dinitrate sublingual tablet</i>	Tier 1	MO; GC
<i>isosorbide dinitrate tablet</i>	Tier 1	MO; GC
<i>isosorbide mononitrate er tablet, extended release 24 hr</i>	Tier 1	MO; GC
<i>isosorbide mononitrate tablet</i>	Tier 1	MO; GC
<i>minitran transdermal 24 hour patch 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr</i>	Tier 1	MO; GC
<i>minitran transdermal 24 hour patch 0.6 mg/hr</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
NITRO-BID TRANSDERMAL OINTMENT	Tier 4	MO
nitroglycerin intravenous solution	Tier 6	MO; HI
<i>nitroglycerin transdermal 24 hour patch</i>	Tier 1	MO; GC
NITROLINGUAL SPRAY	Tier 4	MO
NITROMIST SPRAY, AEROSOL	Tier 4	MO
NITROSTAT SUBLINGUAL TABLET	Tier 4	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine salt combo tablet</i>	Tier 1	MO; GC; QL (60 EA per 30 day(s))
<i>dextroamphetamine er capsule,extended release 10 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 day(s))
<i>dextroamphetamine er capsule,extended release 15 mg</i>	Tier 1	MO; GC; QL (120 EA per 30 day(s))
<i>dextroamphetamine er capsule,extended release 5 mg</i>	Tier 1	MO; GC
<i>dextroamphetamine tablet 10 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>dextroamphetamine tablet 5 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 day(s))
<i>dextroamphetamine-amphetamine er 24hr capsule,extend release</i>	Tier 2	MO; QL (30 EA per 30 day(s))
<i>methamphetamine tablet</i>	Tier 1	MO; GC; QL (150 EA per 30 day(s))
VYVANSE CAPSULE	Tier 3	MO; QL (30 EA per 30 day(s))
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
CONCERTA TABLET,EXTENDED RELEASE	Tier 4	MO
DAYTRANA DAILY PATCH	Tier 4	MO
<i>dexmethylphenidate tablet 10 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>dexmethylphenidate tablet 2.5 mg, 5 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 day(s))
FOCALIN XR CAPSULE,EXTENDED RELEASE	Tier 4	MO; QL (30 EA per 30 day(s))
INTUNIV ER TABLET,EXTENDED RELEASE 1 MG, 3 MG, 4 MG	Tier 4	MO; QL (30 EA per 30 day(s))
INTUNIV ER TABLET,EXTENDED RELEASE 2 MG	Tier 4	MO
METADATE CD CAPSULE,EXTENDED RELEASE	Tier 3	MO; QL (30 EA per 30 day(s))
METADATE ER TABLET,EXTENDED RELEASE	Tier 4	MO; QL (90 EA per 30 day(s))
<i>methylin chewable tablet 10 mg</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>methylin chewable tablet 2.5 mg, 5 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>methylin oral solution</i>	Tier 1	MO; GC; QL (900 ML per 30 day(s))
<i>methylphenidate er multiphase capsule 30-70,extended release</i>	Tier 2	MO; QL (30 EA per 30 day(s))
<i>methylphenidate er tablet,extended release</i>	Tier 1	MO; GC; QL (90 EA per 30 day(s))
<i>methylphenidate er tablet,extended release 24 hr</i>	Tier 2	MO
<i>methylphenidate la capsule,extended release multiphase 50-50</i>	Tier 2	MO; QL (30 EA per 30 day(s))
<i>methylphenidate oral solution</i>	Tier 1	MO; GC; QL (900 ML per 30 day(s))
<i>methylphenidate tablet 10 mg, 5 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 day(s))
<i>methylphenidate tablet 20 mg</i>	Tier 1	MO; GC; QL (90 EA per 30 day(s))
RITALIN LA CAPSULE,EXTENDED RELEASE 10 MG	Tier 4	MO; QL (180 EA per 30 day(s))
STRATTERA CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	Tier 4	MO; QL (60 EA per 30 day(s))
STRATTERA CAPSULE 100 MG, 60 MG, 80 MG	Tier 4	MO; QL (30 EA per 30 day(s))
Central Nervous System, Other		
RILUTEK TABLET	Tier 3	MO
<i>riluzole tablet</i>	Tier 2	MO
XENAZINE TABLET	Tier 5	PA; LA; QL (60 EA per 30 day(s))
Fibromyalgia Agents		
CYMBALTA CAPSULE,DELAYED RELEASE	Tier 4	PA; MO; QL (60 EA per 30 day(s))
LYRICA CAPSULE	Tier 4	PA; MO
Multiple Sclerosis Agents		
AMPYRA TABLET,EXTENDED RELEASE	Tier 5	PA; MO; QL (60 EA per 30 day(s))
AVONEX INTRAMUSCULAR KIT	Tier 5	MO
AVONEX ADMINISTRATION PACK INTRAMUSCULAR KIT	Tier 5	MO
COPAXONE SUBCUTANEOUS SYRINGE KIT	Tier 5	MO; QL (30 EA per 30 day(s))
EXTAVIA SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (15 EA per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
REBIF SUBCUTANEOUS SYRINGE	Tier 5	MO; QL (12 ML per 30 day(s))
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	Tier 5	MO; QL (8.4 ML per 30 day(s))
TYSABRI INTRAVENOUS SOLUTION	Tier 5	PA; HI; LA
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline capsule</i>	Tier 2	MO
<i>chlorhexidine gluconate mouthwash</i>	Tier 1	MO; GC
Kepivance intravenous solution	Tier 6	MO; HI
<i>periogard mouthwash</i>	Tier 1	MO; GC
<i>pilocarpine tablet</i>	Tier 1	MO; GC
<i>triamcinolone acetonide dental paste</i>	Tier 1	MO; GC
Dermatological Agents		
Dermatological Agents		
8-MOP CAPSULE	Tier 3	MO
ACANYA TOPICAL GEL	Tier 4	MO
<i>acitretin capsule</i>	Tier 5	MO
<i>adapalene topical cream</i>	Tier 1	MO; GC
<i>adapalene topical gel</i>	Tier 1	MO; GC
<i>ammonium lactate lotion</i>	Tier 1	MO; GC
<i>ammonium lactate topical cream</i>	Tier 1	MO; GC
<i>amnesteem capsule</i>	Tier 1	MO; GC
AZELEX TOPICAL CREAM	Tier 3	MO
<i>betamethasone dipropionate lotion</i>	Tier 1	MO; GC
<i>calcipotriene topical cream</i>	Tier 2	MO; QL (120 GM per 30 day(s))
<i>calcipotriene topical ointment</i>	Tier 1	MO; GC; QL (120 GM per 30 day(s))
<i>calcipotriene topical solution</i>	Tier 1	MO; GC; QL (60 ML per 30 day(s))
CALCITRENE TOPICAL OINTMENT	Tier 4	MO; QL (120 GM per 30 day(s))
CARAC TOPICAL CREAM	Tier 3	MO
<i>claravis capsule</i>	Tier 1	MO; GC
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	MO; GC
<i>clotrimazole-betamethasone lotion</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	MO; GC
CONDYLOX TOPICAL GEL	Tier 4	MO
CORTISPORIN TOPICAL OINTMENT	Tier 4	MO
DIFFERIN LOTION	Tier 3	MO
DIFFERIN TOPICAL GEL 0.3 %	Tier 3	MO
ELIDEL TOPICAL CREAM	Tier 4	MO
EPIDUO TOPICAL GEL	Tier 4	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	Tier 1	MO; GC
FINACEA TOPICAL GEL	Tier 4	MO
FLUOROPLEX TOPICAL CREAM	Tier 3	MO
fluorouracil intravenous solution	Tier 6	PA B/D; MO; HI
<i>fluorouracil topical cream</i>	Tier 1	MO; GC
<i>fluorouracil topical solution</i>	Tier 1	MO; GC
<i>imiquimod topical cream packet</i>	Tier 1	MO; GC; QL (12 EA per 30 day(s))
LACLOTION	Tier 4	MO
<i>myorisan capsule</i>	Tier 1	MO; GC
<i>nystatin-triamcinolone topical cream</i>	Tier 1	MO; GC
<i>nystatin-triamcinolone topical ointment</i>	Tier 1	MO; GC
OXSORALEN LOTION	Tier 3	MO
OXSORALEN ULTRA CAPSULE	Tier 3	MO
PHISOHEX TOPICAL LIQUID	Tier 4	MO
<i>podofilox topical solution</i>	Tier 1	MO; GC
PROTOPIC TOPICAL OINTMENT	Tier 3	MO
PRUDOXIN TOPICAL CREAM	Tier 4	MO
SANTYL TOPICAL OINTMENT	Tier 4	MO
<i>selenium sulfide topical suspension</i>	Tier 1	MO; GC
SOLARAZE TOPICAL GEL	Tier 4	MO
SORIATANE CAPSULE	Tier 5	MO
STELARA SUBCUTANEOUS SYRINGE	Tier 5	PA; MO
TACLONEX TOPICAL OINTMENT	Tier 4	MO
TACLONEX TOPICAL SUSPENSION	Tier 4	MO
TAZORAC TOPICAL CREAM	Tier 3	MO

Drug Name	Drug Tier	Requirements/Limits
TAZORAC TOPICAL GEL	Tier 3	MO
Uvadex injection solution	Tier 6	MO
VECTICAL TOPICAL OINTMENT	Tier 4	MO
VEREGEN TOPICAL OINTMENT	Tier 4	MO
VOLTAREN TOPICAL GEL	Tier 4	MO
<i>water for irrigation, sterile solution</i>	Tier 1	MO; GC
<i>zenatane capsule</i>	Tier 1	MO; GC
ZIANA TOPICAL GEL	Tier 4	MO
ZONALON TOPICAL CREAM	Tier 4	MO
Enzyme Replacement/ Modifiers		
Enzyme Replacement/ Modifiers		
Adagen intramuscular solution	Tier 6	LA
ALDURAZYME INTRAVENOUS SOLUTION	Tier 5	HI; LA
BUPHENYL TABLET	Tier 3	MO
CEREZYME INTRAVENOUS SOLUTION	Tier 5	PA; HI; LA
CREON CAPSULE,DELAYED RELEASE	Tier 3	MO
CYSTADANE ORAL POWDER	Tier 3	MO
CYSTAGON CAPSULE	Tier 4	MO
ELAPRASE INTRAVENOUS SOLUTION	Tier 5	HI; LA
Elitek intravenous solution	Tier 6	MO; HI
FABRAZYME INTRAVENOUS SOLUTION	Tier 5	HI; LA
fomepizole intravenous solution	Tier 6	MO; HI
KUVAN SOLUBLE TABLET	Tier 5	MO
MYOZYME INTRAVENOUS SOLUTION	Tier 5	HI; LA
NAGLAZYME INTRAVENOUS SOLUTION	Tier 5	MO; HI
ORFADIN CAPSULE	Tier 5	MO
PANCREAZE CAPSULE,DELAYED RELEASE	Tier 3	MO
<i>sodium phenylbutyrate oral powder</i>	Tier 1	MO; GC
SUCRAID ORAL SOLUTION	Tier 4	MO
VPRIV INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
ZAVESCA CAPSULE	Tier 5	PA; MO; QL (90 EA per 30 day(s))
ZENPEP CAPSULE,DELAYED RELEASE	Tier 3	MO

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
atropine injection syringe 0.05 mg/mL	Tier 6	MO; HI
atropine injection syringe 0.1 mg/mL	Tier 6	PA B/D; MO; HI
CANTIL TABLET	Tier 4	MO
<i>dicyclomine capsule</i>	Tier 1	MO; GC
<i>dicyclomine oral solution</i>	Tier 1	MO; GC
<i>dicyclomine tablet</i>	Tier 1	MO; GC
glycopyrrolate injection solution	Tier 6	MO
<i>glycopyrrolate tablet</i>	Tier 1	MO; GC
<i>methscopolamine tablet</i>	Tier 1	MO; GC
<i>propantheline tablet</i>	Tier 1	MO; GC
Gastrointestinal Agents, Other		
<i>amoxicillin-clarithromycin-lansoprazole oral combo pack</i>	Tier 2	MO
<i>diphenoxylate-atropine oral liquid</i>	Tier 1	MO; GC
<i>diphenoxylate-atropine tablet</i>	Tier 1	MO; GC
<i>generlac oral solution</i>	Tier 1	MO; GC
HELIDAC ORAL PACK	Tier 3	MO
KRISTALOSE ORAL PACKET	Tier 3	MO
<i>loperamide capsule</i>	Tier 1	MO; GC
MOTOFEN TABLET	Tier 4	MO
PREVPAC ORAL PACK	Tier 3	MO
PYLERA CAPSULE	Tier 4	MO
Relistor subcutaneous kit	Tier 6	PA; MO
<i>ursodiol capsule</i>	Tier 1	MO; GC
<i>ursodiol tablet</i>	Tier 1	MO; GC
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral solution</i>	Tier 1	MO; GC
<i>cimetidine tablet</i>	Tier 1	MO; GC
cimetidine injection solution	Tier 6	MO; HI
<i>famotidine oral suspension</i>	Tier 1	MO; GC
<i>famotidine tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
famotidine (PF) intravenous solution	Tier 6	MO; HI
famotidine (PF) in NaCl (iso-osmotic) intravenous piggyback	Tier 6	MO; HI
<i>nizatidine capsule</i>	Tier 1	MO; GC
<i>nizatidine oral solution</i>	Tier 1	MO; GC
<i>ranitidine capsule</i>	Tier 1	MO; GC
ranitidine injection solution	Tier 6	MO; HI
<i>ranitidine syrup</i>	Tier 1	MO; GC
<i>ranitidine tablet</i>	Tier 1	MO; GC
ZANTAC 25 EFFERDOSE EFFERVESCENT TABLET	Tier 4	MO
Zantac in 0.45 % sodium chloride intravenous piggyback	Tier 6	MO; HI
Irritable Bowel Syndrome Agents		
AMITIZA CAPSULE	Tier 4	MO
<i>budesonide dr & er capsule, delayed & extended release</i>	Tier 2	MO
LOTRONEX TABLET	Tier 4	MO; QL (60 EA per 30 day(s))
Laxatives		
<i>enulose oral solution</i>	Tier 1	MO; GC
<i>gavilyte-c oral solution</i>	Tier 1	MO; GC
<i>gavilyte-g oral solution</i>	Tier 1	MO; GC
<i>gavilyte-n oral solution</i>	Tier 1	MO; GC
GOLYTELY ORAL POWDER PACKET	Tier 4	MO
HALFLYTELY-BISACODYL W-FLAVOR PACK ORAL KIT	Tier 4	MO
<i>lactulose oral solution</i>	Tier 1	MO; GC
MOVIPREP ORAL POWDER PACKET	Tier 4	MO
OSMOPREP TABLET	Tier 4	MO
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	MO; GC
SUPREP ORAL SOLUTION	Tier 4	MO
<i>trilyte with flavor packets oral solution</i>	Tier 1	MO; GC
Protectants		
CARAFATE ORAL SUSPENSION	Tier 4	MO
<i>sucralfate tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
Proton Pump Inhibitors		
<i>lansoprazole capsule, delayed release 15 mg</i>	Tier 2	PA; MO; QL (30 EA per 30 day(s))
<i>lansoprazole capsule, delayed release 30 mg</i>	Tier 2	PA; MO; QL (42 EA per 30 day(s))
Nexium IV solution	Tier 6	MO; HI
<i>omeprazole capsule, delayed release</i>	Tier 1	MO; GC
<i>omeprazole-sodium bicarbonate capsule</i>	Tier 2	MO
pantoprazole intravenous solution	Tier 6	MO; HI
<i>pantoprazole tablet, delayed release 20 mg</i>	Tier 1	MO; GC; QL (120 EA per 30 day(s))
<i>pantoprazole tablet, delayed release 40 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 day(s))
Genitourinary Agents		
Antispasmodics, Urinary		
DETROL LA CAPSULE, EXTENDED RELEASE 2 MG	Tier 3	MO
DETROL LA CAPSULE, EXTENDED RELEASE 4 MG	Tier 3	MO; QL (30 EA per 30 day(s))
ENABLEX TABLET, EXTENDED RELEASE	Tier 4	MO; QL (30 EA per 30 day(s))
<i>flavoxate tablet</i>	Tier 1	MO; GC
GELNIQUE TRANSDERMAL GEL PACKET	Tier 4	MO; QL (30 GM per 30 day(s))
GELNIQUE TRANSDERMAL GEL PUMP	Tier 4	MO; QL (92 GM per 30 day(s))
<i>oxybutynin chloride er tablet, extended release 24 hr 10 mg, 5 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
<i>oxybutynin chloride er tablet, extended release 24 hr 15 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 day(s))
<i>oxybutynin chloride syrup</i>	Tier 1	MO; GC
<i>oxybutynin chloride tablet</i>	Tier 1	MO; GC
OXYTROL TRANSDERMAL PATCH	Tier 4	MO; QL (30 EA per 30 day(s))
<i>tolterodine tablet</i>	Tier 2	MO; QL (60 EA per 30 day(s))
TOVIAZ TABLET, EXTENDED RELEASE	Tier 3	MO
<i>trospium er capsule, extended release 24 hr</i>	Tier 2	MO; QL (30 EA per 30 day(s))
<i>trospium tablet</i>	Tier 2	MO
VESICARE TABLET	Tier 4	MO
Benign Prostatic Hypertrophy Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin er tablet, extended release 24 hr</i>	Tier 2	MO
AVODART CAPSULE	Tier 3	MO; QL (30 EA per 30 day(s))
<i>finasteride tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
JALYN CAPSULE, EXTENDED RELEASE	Tier 3	MO; QL (60 EA per 30 day(s))
<i>tamsulosin er capsule, extended release 24 hr</i>	Tier 1	MO; GC; QL (60 EA per 30 day(s))
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	Tier 1	MO; GC
DEPEN TITRATABS TABLET	Tier 3	MO
ELMIRON CAPSULE	Tier 3	MO
Phosphate Binders		
<i>calcium acetate capsule</i>	Tier 1	MO; GC
FOSRENOL CHEWABLE TABLET	Tier 4	MO
RENAGEL TABLET	Tier 4	MO
REVELA ORAL POWDER PACKET 0.8 GRAM	Tier 4	MO; QL (540 EA per 30 day(s))
REVELA ORAL POWDER PACKET 2.4 GRAM	Tier 4	MO; QL (180 EA per 30 day(s))
REVELA TABLET	Tier 4	MO; QL (540 EA per 30 day(s))
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids/ Mineralocorticoids		
A-Hydrocort solution for injection	Tier 6	MO
<i>ala-cort topical cream</i>	Tier 1	MO; GC
ALA-SCALP LOTION	Tier 4	MO
<i>alclometasone topical cream</i>	Tier 1	MO; GC
<i>alclometasone topical ointment</i>	Tier 1	MO; GC
<i>amcinonide lotion</i>	Tier 1	MO; GC
<i>amcinonide topical cream</i>	Tier 1	MO; GC
<i>amcinonide topical ointment</i>	Tier 1	MO; GC
<i>betamethasone dipropionate topical cream</i>	Tier 1	MO; GC
<i>betamethasone dipropionate topical ointment</i>	Tier 1	MO; GC
<i>betamethasone valerate lotion</i>	Tier 1	MO; GC
<i>betamethasone valerate topical cream</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical foam</i>	Tier 2	MO
<i>betamethasone valerate topical ointment</i>	Tier 1	MO; GC
<i>betamethasone, augmented lotion</i>	Tier 1	MO; GC
<i>betamethasone, augmented topical cream</i>	Tier 1	MO; GC
<i>betamethasone, augmented topical gel</i>	Tier 1	MO; GC
<i>betamethasone, augmented topical ointment</i>	Tier 1	MO; GC
CAPEX SHAMPOO	Tier 3	MO
CELESTONE ORAL SOLUTION	Tier 4	MO
<i>clobetasol lotion</i>	Tier 2	MO
<i>clobetasol shampoo</i>	Tier 2	MO
<i>clobetasol topical foam</i>	Tier 2	MO
<i>clobetasol topical gel</i>	Tier 1	MO; GC
<i>clobetasol topical ointment</i>	Tier 1	MO; GC
<i>clobetasol topical solution</i>	Tier 1	MO; GC
<i>clobetasol-emollient topical cream</i>	Tier 1	MO; GC
CLOBEX TOPICAL SPRAY	Tier 4	MO
CLODERM TOPICAL CREAM	Tier 3	MO
CORDRAN LOTION	Tier 3	MO
CORDRAN TAPE	Tier 3	MO
<i>cortisone tablet</i>	Tier 1	MO; GC
CUTIVATE LOTION	Tier 4	MO
Depo-Medrol suspension for injection 20 mg/mL	Tier 6	MO
DESONATE TOPICAL GEL	Tier 4	MO
<i>desonide lotion</i>	Tier 1	MO; GC
<i>desonide topical cream</i>	Tier 1	MO; GC
<i>desonide topical ointment</i>	Tier 1	MO; GC
DESOWEN LOTION	Tier 4	MO
<i>desoximetasone topical cream</i>	Tier 1	MO; GC
<i>desoximetasone topical gel</i>	Tier 1	MO; GC
<i>desoximetasone topical ointment 0.25 %</i>	Tier 1	MO; GC
<i>dexamethasone oral elixir</i>	Tier 1	MO; GC
<i>dexamethasone tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL DROPS (CONCENTRATE)	Tier 3	MO
dexamethasone injection solution	Tier 6	MO
<i>diflorasone topical cream</i>	Tier 1	MO; GC
<i>diflorasone topical ointment</i>	Tier 1	MO; GC
<i>fludrocortisone tablet</i>	Tier 1	MO; GC
<i>fluocinolone topical body oil</i>	Tier 1	MO; GC
<i>fluocinolone topical cream</i>	Tier 1	MO; GC
<i>fluocinolone topical ointment</i>	Tier 1	MO; GC
<i>fluocinolone topical solution</i>	Tier 1	MO; GC
<i>fluocinolone acetamide oil ear drops</i>	Tier 1	MO; GC
<i>fluocinonide topical gel</i>	Tier 1	MO; GC
<i>fluocinonide topical ointment</i>	Tier 1	MO; GC
<i>fluocinonide topical solution</i>	Tier 1	MO; GC
<i>fluocinonide-e topical cream</i>	Tier 1	MO; GC
<i>fluticasone lotion</i>	Tier 1	MO; GC
<i>fluticasone topical cream</i>	Tier 1	MO; GC
<i>fluticasone topical ointment</i>	Tier 1	MO; GC
<i>halobetasol propionate topical cream</i>	Tier 1	MO; GC
<i>halobetasol propionate topical ointment</i>	Tier 1	MO; GC
HALOG TOPICAL CREAM	Tier 4	MO
HALOG TOPICAL OINTMENT	Tier 4	MO
<i>hydrocortisone lotion</i>	Tier 1	MO; GC
<i>hydrocortisone tablet</i>	Tier 1	MO; GC
<i>hydrocortisone topical cream</i>	Tier 1	MO; GC
<i>hydrocortisone topical ointment</i>	Tier 1	MO; GC
<i>hydrocortisone butyrate topical cream</i>	Tier 1	MO; GC
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	MO; GC
<i>hydrocortisone butyrate topical solution</i>	Tier 1	MO; GC
<i>hydrocortisone valerate topical cream</i>	Tier 1	MO; GC
<i>hydrocortisone valerate topical ointment</i>	Tier 1	MO; GC
KENALOG TOPICAL AEROSOL	Tier 4	MO
LOCOID LOTION	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
LOCOID LIPOCREAM TOPICAL	Tier 4	MO
LOKARA LOTION	Tier 4	MO
<i>methylprednisolone tablet</i>	Tier 1	MO; GC
methylprednisolone acetate suspension for injection	Tier 6	MO
methylprednisolone sodium succ intravenous solution	Tier 6	MO; HI
methylprednisolone sodium succ solution for injection	Tier 6	MO; HI
MILLIPRED TABLET	Tier 4	MO
<i>mometasone lotion 0.1 %</i>	Tier 1	MO; GC
<i>mometasone topical cream</i>	Tier 1	MO; GC
<i>mometasone topical ointment</i>	Tier 1	MO; GC
OLUX-E TOPICAL FOAM	Tier 4	MO
ORAPRED ODT DISINTEGRATING TABLET	Tier 4	MO
PANDEL TOPICAL CREAM	Tier 4	MO
<i>prednicarbate topical cream</i>	Tier 1	MO; GC
<i>prednicarbate topical ointment</i>	Tier 1	MO; GC
<i>prednisolone sodium phosphate oral solution</i>	Tier 1	MO; GC
<i>prednisone oral solution</i>	Tier 1	MO; GC
<i>prednisone tablet</i>	Tier 1	MO; GC
PREDNISONO INTENSOL ORAL CONCENTRATE	Tier 3	MO
Solu-Cortef (PF) solution for injection 250 mg/2 mL	Tier 6	MO
Solu-Medrol intravenous solution	Tier 6	MO; HI
Solu-Medrol (PF) intravenous solution	Tier 6	MO; HI
Solu-Medrol (PF) solution for injection	Tier 6	MO; HI
<i>triamcinolone acetonide lotion</i>	Tier 1	MO; GC
<i>triamcinolone acetonide topical cream</i>	Tier 1	MO; GC
<i>triamcinolone acetonide topical ointment</i>	Tier 1	MO; GC
<i>triderm topical cream</i>	Tier 1	MO; GC
U-CORT TOPICAL CREAM	Tier 4	MO
VANOS TOPICAL CREAM	Tier 4	MO
VERDESO TOPICAL FOAM	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
VERIPRED 20 ORAL SOLUTION	Tier 4	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
chorionic gonadotropin, human intramuscular solution	Tier 6	PA; MO
desmopressin injection solution	Tier 6	MO; HI
<i>desmopressin nasal spray</i>	Tier 1	MO; GC
<i>desmopressin tablet</i>	Tier 1	MO; GC
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Tier 5	PA; MO
Genotropin Miniquick subcutaneous syringe 0.2 mg/0.25 mL	Tier 6	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 5	PA; MO
HUMATROPE INJECTION CARTRIDGE	Tier 5	PA; MO
HUMATROPE SOLUTION FOR INJECTION	Tier 5	PA; MO
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; LA
NORDITROPIN FLEXPLO SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; MO
NORDITROPIN NORDIFLEX SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; MO
NUTROPIN SUBCUTANEOUS SOLUTION	Tier 5	PA; MO
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	Tier 5	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE	Tier 5	PA; MO
Omnitrope subcutaneous cartridge	Tier 6	PA; MO
OMNITROPE SUBCUTANEOUS SOLUTION	Tier 5	PA; MO
Pregnyl intramuscular solution	Tier 6	PA; MO
SAIZEN SUBCUTANEOUS SOLUTION	Tier 5	PA; MO
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE	Tier 5	PA; MO
SEROSTIM SUBCUTANEOUS SOLUTION	Tier 5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
STIMATE NASAL SPRAY	Tier 3	MO
Tev-Tropin subcutaneous solution	Tier 6	PA; MO
ZORBTIVE SUBCUTANEOUS SOLUTION	Tier 5	PA; MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol tablet</i>	Tier 1	MO; GC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
<i>oxandrolone tablet 10 mg</i>	Tier 2	MO; QL (60 EA per 30 day(s))
<i>oxandrolone tablet 2.5 mg</i>	Tier 2	MO; QL (120 EA per 30 day(s))
Androgens		
ANDROGEL TRANSDERMAL GEL PACKET	Tier 3	MO; QL (300 GM per 30 day(s))
ANDROGEL TRANSDERMAL GEL PUMP	Tier 3	MO; QL (150 GM per 30 day(s))
ANDROXY TABLET	Tier 4	MO
<i>danazol capsule</i>	Tier 1	MO; GC
Depo-Testosterone intramuscular oil	Tier 6	MO
METHITEST TABLET	Tier 3	MO
STRIANT BUCCAL SYSTEM,SUSTAINED RELEASE	Tier 4	MO
TESTIM TRANSDERMAL GEL	Tier 4	MO
testosterone cypionate intramuscular oil	Tier 6	MO
testosterone enanthate intramuscular oil	Tier 6	MO
TESTRED CAPSULE	Tier 3	MO
Estrogens		
ALORA TRANSDERMAL PATCH	Tier 3	MO; QL (8 EA per 28 day(s))
<i>amethia tablets,3 month dose pack</i>	Tier 1	MO; GC
<i>amethia lo tablets,3 month dose pack</i>	Tier 1	MO; GC
<i>amethyst tablet</i>	Tier 1	MO; GC
ANGELIQ TABLET	Tier 4	MO
<i>apri tablet</i>	Tier 1	MO; GC
<i>briellyn tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH TRANSDERMAL	Tier 4	MO
<i>cryselle (28) tablet</i>	Tier 1	MO; GC
<i>daysee tablets,3 month dose pack</i>	Tier 1	MO; GC
Depo-Estradiol intramuscular oil	Tier 6	MO
DIVIGEL TRANSDERMAL GEL PACKET	Tier 3	MO
<i>drospirenone-ethinyl estradiol tablet</i>	Tier 1	MO; GC
ELESTRIN TRANSDERMAL GEL PUMP	Tier 4	MO
<i>emoquette tablet</i>	Tier 1	MO; GC
ENJUVIA TABLET	Tier 4	MO
<i>enskyce tablet</i>	Tier 1	MO; GC
<i>estarylla tablet</i>	Tier 1	MO; GC
ESTRACE VAGINAL CREAM	Tier 4	MO
<i>estradiol tablet</i>	Tier 1	MO; GC
<i>estradiol weekly transdermal patch</i>	Tier 1	MO; GC; QL (4 EA per 28 day(s))
estradiol valerate intramuscular oil	Tier 6	MO
<i>estradiol-norethindrone acet tablet</i>	Tier 1	MO; GC
ESTRING VAGINAL	Tier 4	MO; QL (1 EA per 30 day(s))
<i>estropipate tablet</i>	Tier 1	MO; GC
EVAMIST TRANSDERMAL SPRAY	Tier 4	MO
FEMHRT LOW DOSE TABLET	Tier 3	MO
FEMRING VAGINAL	Tier 4	MO; QL (1 EA per 90 day(s))
FEMTRACE TABLET	Tier 4	MO
<i>gianvi tablet</i>	Tier 1	MO; GC
<i>introvale tablets,3 month dose pack</i>	Tier 1	MO; GC
<i>jinteli tablet</i>	Tier 1	MO; GC
<i>kariva (28) tablet</i>	Tier 1	MO; GC
<i>kelnor 1/35 (28) tablet</i>	Tier 1	MO; GC
<i>levonest (28) tablet</i>	Tier 1	MO; GC
<i>levonorgestrel-ethinyl estradiol tablets,3 month pack</i>	Tier 1	MO; GC
<i>loryna tablet</i>	Tier 1	MO; GC
<i>marlissa tablet</i>	Tier 1	MO; GC
MENEST TABLET	Tier 3	MO; GC

Drug Name	Drug Tier	Requirements/Limits
MENOSTAR TRANSDERMAL PATCH	Tier 4	MO; QL (4 EA per 28 day(s))
<i>mononessa (28) tablet</i>	Tier 1	MO; GC
NUVARING VAGINAL	Tier 4	MO; QL (1 EA per 30 day(s))
<i>ocella tablet</i>	Tier 1	MO; GC
<i>ogestrel (28) tablet</i>	Tier 1	MO; GC
<i>orsythia tablet</i>	Tier 1	MO; GC
ORTHO TRI-CYCLEN (28) TABLET	Tier 3	MO
ORTHO TRI-CYCLEN LO (28) TABLET	Tier 3	MO
PREFEST TABLET	Tier 4	MO
Premarin solution for injection	Tier 6	MO; HI
PREMARIN TABLET	Tier 3	MO; QL (30 EA per 30 day(s))
PREMARIN VAGINAL CREAM	Tier 3	MO
PREMPHASE TABLET	Tier 3	MO
PREMPRO TABLET	Tier 3	MO
<i>previfem tablet</i>	Tier 1	MO; GC
<i>reclipsen (28) tablet</i>	Tier 1	MO; GC
<i>sprintec (28) tablet</i>	Tier 1	MO; GC
<i>tri-estarylla tablet</i>	Tier 1	MO; GC
<i>tri-previfem (28) tablet</i>	Tier 1	MO; GC
<i>tri-sprintec (28) tablet</i>	Tier 1	MO; GC
<i>trinessa (28) tablet</i>	Tier 1	MO; GC
VAGIFEM VAGINAL TABLET	Tier 3	MO
<i>velivet triphasic regimen (28) tablet</i>	Tier 1	MO; GC
<i>vestura tablet</i>	Tier 1	MO; GC
VIVELLE-DOT TRANSDERMAL PATCH	Tier 3	MO
<i>zovia 1/35e (28) tablet</i>	Tier 1	MO; GC
<i>zovia 1/50e (28) tablet</i>	Tier 1	MO; GC
Progestins		
<i>aranelle (28) tablet</i>	Tier 1	MO; GC
<i>aviane tablet</i>	Tier 1	MO; GC
BALZIVA (28) TABLET	Tier 4	MO
<i>camila tablet</i>	Tier 1	MO; GC
<i>chateal tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO TRANSDERMAL PATCH	Tier 4	MO
CRINONE VAGINAL GEL	Tier 4	MO
<i>cyclafem 1/35 (28) tablet</i>	Tier 1	MO; GC
<i>cyclafem 7/7/7 (28) tablet</i>	Tier 1	MO; GC
Depo-Provera intramuscular solution	Tier 6	MO; QL (12 ML per 30 day(s))
Depo-SubQ provera 104 subcutaneous syringe	Tier 6	MO
ELLA TABLET	Tier 4	MO
<i>enpresse tablet</i>	Tier 1	MO; GC
<i>errin tablet</i>	Tier 1	MO; GC
<i>falmina (28) tablet</i>	Tier 1	MO; GC
<i>gildagia tablet</i>	Tier 1	MO; GC
<i>gildess tablet</i>	Tier 1	MO; GC
<i>jencycla tablet</i>	Tier 1	MO; GC
<i>jolivette tablet</i>	Tier 1	MO; GC
<i>junel 1.5/30 (21) tablet</i>	Tier 1	MO; GC
<i>junel 1/20 (21) tablet</i>	Tier 1	MO; GC
<i>junel fe 1.5/30 (28) tablet</i>	Tier 1	MO; GC
<i>junel fe 1/20 (28) tablet</i>	Tier 1	MO; GC
<i>kurvelo tablet</i>	Tier 1	MO; GC
<i>leena 28 tablet</i>	Tier 1	MO; GC
<i>lessina tablet</i>	Tier 1	MO; GC
<i>levonorgestrel-ethinyl estradiol tablet 0.1-20 mg-mcg</i>	Tier 1	MO; GC
<i>levora-28 tablet</i>	Tier 1	MO; GC
LOESTRIN 24 FE TABLET	Tier 3	MO
<i>low-ogestrel (28) tablet</i>	Tier 1	MO; GC
<i>lutra (28) tablet</i>	Tier 1	MO; GC
<i>lyza tablet 0.35 mg</i>	Tier 1	MO; GC
medroxyprogesterone intramuscular suspension	Tier 6	MO; QL (1 ML per 90 day(s))
<i>medroxyprogesterone tablet</i>	Tier 1	MO; GC
MEGACE ES ORAL SUSPENSION	Tier 4	MO
<i>megestrol oral suspension</i>	Tier 1	MO; GC
<i>megestrol tablet</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1.5/30 (21) tablet</i>	Tier 1	MO; GC
<i>microgestin 1/20 (21) tablet</i>	Tier 1	MO; GC
<i>microgestin fe 1.5/30 (28) tablet</i>	Tier 1	MO; GC
<i>microgestin fe 1/20 (28) tablet</i>	Tier 1	MO; GC
<i>necon 0.5/35 (28) tablet</i>	Tier 1	MO; GC
<i>necon 1/35 (28) tablet</i>	Tier 1	MO; GC
<i>necon 10/11 (28) tablet</i>	Tier 1	MO; GC
<i>necon 7/7/7 (28) tablet</i>	Tier 1	MO; GC
<i>next choice tablet</i>	Tier 1	MO; GC
<i>nora-be tablet</i>	Tier 1	MO; GC
<i>norethindrone (contraceptive) tablet</i>	Tier 1	MO; GC
<i>norethindrone acetate tablet</i>	Tier 1	MO; GC
<i>nortrel 0.5/35 (28) tablet</i>	Tier 1	MO; GC
<i>nortrel 1/35 (21) tablet</i>	Tier 1	MO; GC
<i>nortrel 1/35 (28) tablet</i>	Tier 1	MO; GC
<i>nortrel 7/7/7 (28) tablet</i>	Tier 1	MO; GC
ORTHO EVRA TRANSDERMAL PATCH	Tier 3	MO
OVCON-50 (28) TABLET	Tier 4	MO
<i>pirmella tablet 1-35 mg-mcg</i>	Tier 1	MO; GC
<i>portia tablet</i>	Tier 1	MO; GC
<i>progesterone micronized capsule</i>	Tier 1	MO; GC
PROMETRIUM CAPSULE	Tier 4	MO
<i>quasense tablets,3 month dose pack</i>	Tier 1	MO; GC
<i>sronyx tablet</i>	Tier 1	MO; GC
<i>tri-legest fe tablet</i>	Tier 1	MO; GC
<i>trivora (28) tablet</i>	Tier 1	MO; GC
Selective Estrogen Receptor Modifying Agents		
EVISTA TABLET	Tier 3	MO; QL (30 EA per 30 day(s))
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL TABLET	Tier 4	MO
LEVOTHROID TABLET	Tier 3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine tablet</i>	Tier 1	MO; GC
LEVOXYL TABLET	Tier 3	MO
liothyronine intravenous solution	Tier 6	MO; HI
<i>liothyronine tablet</i>	Tier 1	MO; GC
SYNTHROID TABLET	Tier 3	MO
<i>unithroid tablet</i>	Tier 1	MO; GC
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN TABLET	Tier 3	MO
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABLET 30 MG, 60 MG	Tier 3	MO; QL (60 EA per 30 day(s))
SENSIPAR TABLET 90 MG	Tier 3	MO; QL (120 EA per 30 day(s))
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline tablet</i>	Tier 1	MO; GC
EGRIFTA SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (66 EA per 30 day(s))
Eligard subcutaneous syringe	Tier 6	MO
Firmagon subcutaneous solution 120 mg	Tier 6	MO; QL (6 EA per 28 day(s))
Firmagon subcutaneous solution 80 mg	Tier 6	MO; QL (4 EA per 28 day(s))
leuprolide subcutaneous kit	Tier 6	MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	Tier 5	MO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 5	MO
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 5	MO
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 5	MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT	Tier 5	MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 5	MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	Tier 5	MO

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate injection solution 100 mcg/mL, 200 mcg/mL, 50 mcg/mL	Tier 6	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	Tier 5	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	Tier 5	MO; QL (0.5 ML per 28 day(s))
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	Tier 5	MO; QL (0.2 ML per 28 day(s))
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	Tier 5	MO; QL (0.3 ML per 28 day(s))
SOMAVERT SUBCUTANEOUS SOLUTION	Tier 5	MO
SYNAREL NASAL SPRAY	Tier 5	MO
TRELSTAR INTRAMUSCULAR SUSPENSION	Tier 5	MO
Trelstar intramuscular syringe	Tier 6	MO
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)		
Antiandrogens		
<i>bicalutamide tablet</i>	Tier 1	MO; GC
<i>flutamide capsule</i>	Tier 1	MO; GC
NILANDRON TABLET	Tier 3	MO; QL (60 EA per 30 day(s))
XTANDI CAPSULE	Tier 5	PA; MO; QL (120 EA per 30 day(s))
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole tablet</i>	Tier 1	MO; GC
<i>propylthiouracil tablet</i>	Tier 1	MO; GC
Immunological Agents		
Immune Suppressants		
AFINITOR TABLET	Tier 5	PA; MO; QL (30 EA per 30 day(s))
Atgam intravenous	Tier 6	PA B/D; MO; HI
AZASAN TABLET	Tier 4	PA B/D; MO
<i>azathioprine tablet</i>	Tier 1	PA B/D; MO; GC
azathioprine solution for injection	Tier 6	PA B/D; MO; HI
CELLCEPT CAPSULE	Tier 4	PA B/D; MO

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT ORAL SUSPENSION	Tier 3	PA B/D; MO
CELLCEPT TABLET	Tier 4	PA B/D; MO
<i>cyclosporine capsule</i>	Tier 1	PA B/D; MO; GC
cyclosporine intravenous solution	Tier 6	PA B/D; MO; HI
<i>cyclosporine modified capsule</i>	Tier 1	PA B/D; MO; GC
<i>cyclosporine modified oral solution</i>	Tier 1	PA B/D; MO; GC
ENBREL SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (8 EA per 30 day(s))
ENBREL SUBCUTANEOUS SYRINGE	Tier 5	PA; MO; QL (4 ML per 30 day(s))
<i>engraf capsule</i>	Tier 1	PA B/D; MO; GC
<i>engraf oral solution</i>	Tier 1	PA B/D; MO; GC
<i>hecoria capsule</i>	Tier 1	PA B/D; MO; GC
HUMIRA SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (1.6 EA per 30 day(s))
HUMIRA CROHN'S DISEASE STARTER PACK SUBCUTANEOUS PEN KIT	Tier 5	PA; MO; QL (4.8 EA per 30 day(s))
KINERET SUBCUTANEOUS SYRINGE	Tier 5	PA; MO; QL (20.1 ML per 30 day(s))
<i>mercaptopurine tablet</i>	Tier 1	MO; GC
<i>methotrexate sodium tablet</i>	Tier 1	MO; GC
methotrexate sodium (PF) injection solution	Tier 6	MO
methotrexate sodium (PF) solution for injection	Tier 6	MO; HI
<i>mycophenolate mofetil capsule</i>	Tier 1	PA B/D; MO; GC
<i>mycophenolate mofetil tablet</i>	Tier 1	PA B/D; MO; GC
MYFORTIC TABLET, DELAYED RELEASE	Tier 3	PA B/D; MO
NEORAL CAPSULE	Tier 4	PA B/D; MO
NEORAL ORAL SOLUTION	Tier 4	PA B/D; MO
NULOJIX INTRAVENOUS SOLUTION	Tier 5	PA B/D; MO; HI
ORENCIA INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
PROGRAF CAPSULE	Tier 4	PA B/D; MO
Prograf intravenous solution	Tier 6	PA B/D; MO; HI
RAPAMUNE ORAL SOLUTION	Tier 3	PA B/D; MO
RAPAMUNE TABLET	Tier 3	PA B/D; MO
REMICADE INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
RHEUMATREX TABLETS IN A DOSE PACK	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPSULE	Tier 4	PA B/D; MO
Sandimmune intravenous solution	Tier 6	PA B/D; MO
SANDIMMUNE ORAL SOLUTION	Tier 4	PA B/D; MO
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA; MO; QL (1 ML per 30 Day(s))
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Tier 5	PA; MO; QL (0.5 ML per 30 day(s))
SIMPONI ARIA INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
SIMULECT INTRAVENOUS SOLUTION	Tier 5	MO; HI
<i>tacrolimus capsule</i>	Tier 1	PA B/D; MO; GC
TORISEL INTRAVENOUS SOLUTION	Tier 5	MO; HI; QL (100 ML per 28 day(s))
TREXALL TABLET	Tier 4	MO
Zortress tablet 0.25 mg	Tier 6	PA B/D; MO
ZORTRESS TABLET 0.5 MG, 0.75 MG	Tier 5	PA B/D; MO
Immunizing Agents, Passive		
BIVIGAM INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
CARIMUNE NF NANOFILTERED INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
GamaSTAN S/D intramuscular solution	Tier 6	MO
GAMMAGARD LIQUID INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
GAMMAPLEX INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
GAMUNEX-C INJECTION SOLUTION	Tier 5	PA; MO; HI
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 5	PA; MO; HI
THYMOGLOBULIN INTRAVENOUS SOLUTION	Tier 5	PA B/D; MO; HI
Immunomodulators		
ACTEMRA INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	MO
ARCALYST SUBCUTANEOUS SOLUTION	Tier 5	PA; MO
<i>leflunomide tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
Proleukin intravenous solution	Tier 6	MO; HI
RIDAURA CAPSULE	Tier 3	MO

Drug Name	Drug Tier	Requirements/Limits
SYNAGIS INTRAMUSCULAR SOLUTION	Tier 5	PA; MO
Vaccines		
ActHIB (PF) intramuscular solution	Tier 6	MO
Adacel (Adolescent & Adult) (PF) intramuscular suspension	Tier 6	MO
Boostrix intramuscular suspension	Tier 6	MO
Boostrix intramuscular syringe	Tier 6	MO
Cervarix Vaccine (PF) intramuscular syringe	Tier 6	MO
Comvax (PF) intramuscular suspension	Tier 6	MO
Daptacel (Pediatric) (PF) intramuscular suspension	Tier 6	MO
DECAVAC (PF) intramuscular syringe	Tier 6	MO
Engerix-B (PF) intramuscular syringe	Tier 6	PA B/D; MO
Engerix-B Pediatric (PF) intramuscular suspension	Tier 6	PA B/D; MO
Engerix-B Pediatric (PF) intramuscular syringe	Tier 6	PA B/D; MO
Gardasil (PF) intramuscular suspension	Tier 6	MO; QL (1.5 ML per 365 day(s))
Havrix (PF) intramuscular suspension	Tier 6	MO
Havrix (PF) intramuscular syringe	Tier 6	MO
Imovax Rabies Vaccine (PF) intramuscular solution	Tier 6	MO
Infanrix (PF) intramuscular suspension	Tier 6	MO
IPOLE suspension for injection	Tier 6	MO
Ixiaro (PF) intramuscular syringe	Tier 6	MO
M-M-R II (PF) subcutaneous solution	Tier 6	MO
Menactra (PF) intramuscular solution	Tier 6	MO
Menomune - A/C/Y/W-135 (PF) subcutaneous solution	Tier 6	MO
Menveo A-C-Y-W-135-Dip (PF) intramuscular kit	Tier 6	MO
Pedvax HIB (PF) intramuscular solution	Tier 6	MO
ProQuad (PF) subcutaneous suspension	Tier 6	MO
RabAvert (PF) intramuscular kit	Tier 6	MO
Recombivax HB (PF) intramuscular suspension	Tier 6	PA B/D; MO
RotaTeq Vaccine oral suspension	Tier 6	MO

Drug Name	Drug Tier	Requirements/Limits
tetanus-diphtheria toxoids-Td intramuscular suspension	Tier 6	MO
Twinrix (PF) intramuscular suspension	Tier 6	MO
Typhim VI intramuscular solution	Tier 6	MO
Vaqta (PF) intramuscular suspension	Tier 6	MO
Varivax (PF) subcutaneous suspension	Tier 6	MO
YF-Vax (PF) subcutaneous suspension	Tier 6	MO
ZOSTAVAX (PF) subcutaneous suspension	Tier 6	MO; QL (1 EA per 365 day(s))
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO CAPSULE,EXTENDED RELEASE	Tier 4	MO; QL (120 EA per 30 day(s))
ASACOL TABLET,DELAYED RELEASE	Tier 3	MO; QL (360 EA per 30 day(s))
ASACOL HD TABLET,DELAYED RELEASE	Tier 3	MO; QL (180 EA per 30 day(s))
<i>balsalazide capsule</i>	Tier 1	MO; GC
CANASA RECTAL SUPPOSITORY	Tier 3	MO; QL (30 EA per 30 day(s))
DIPENTUM CAPSULE	Tier 3	MO
LIALDA TABLET,DELAYED RELEASE	Tier 4	MO
<i>mesalamine with cleansing wipes rectal kit</i>	Tier 1	MO; GC
PENTASA CAPSULE,EXTENDED RELEASE 250 MG	Tier 3	MO; QL (150 EA per 30 day(s))
PENTASA CAPSULE,EXTENDED RELEASE 500 MG	Tier 3	MO; QL (300 EA per 30 day(s))
Glucocorticoids		
<i>colocort enema</i>	Tier 1	MO; GC
CORTIFOAM RECTAL	Tier 4	MO
<i>hydrocortisone enema</i>	Tier 1	MO; GC
<i>procto-pak rectal cream</i>	Tier 1	MO; GC
<i>proctocream-hc rectal</i>	Tier 1	MO; GC
<i>proctozone-hc rectal cream</i>	Tier 1	MO; GC
Sulfonamides		
<i>sulfasalazine tablet</i>	Tier 1	MO; GC
<i>sulfazine ec tablet,delayered release</i>	Tier 1	MO; GC
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		

Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABLET 150 MG	Tier 3	PA; MO; QL (2 EA per 30 day(s))
ACTONEL TABLET 30 MG, 5 MG	Tier 3	PA; MO; QL (30 EA per 30 day(s))
ACTONEL TABLET 35 MG	Tier 3	PA; MO; QL (4 EA per 28 day(s))
<i>alendronate tablet 10 mg, 40 mg, 5 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
<i>alendronate tablet 35 mg, 70 mg</i>	Tier 1	MO; GC; QL (4 EA per 28 day(s))
ATEL VIA TABLET, DELAYED RELEASE	Tier 3	PA; MO; QL (4 EA per 28 day(s))
<i>calcitonin (salmon) nasal spray</i>	Tier 2	MO; QL (4 ML per 28 day(s))
<i>calcitriol capsule</i>	Tier 1	PA B/D; MO; GC
calcitriol intravenous solution	Tier 6	PA B/D; MO; HI
<i>calcitriol oral solution</i>	Tier 1	PA B/D; MO; GC
<i>etidronate disodium tablet</i>	Tier 1	MO; GC
FORTEO SUBCUTANEOUS PEN INJECTOR	Tier 5	PA; MO; QL (2.4 ML per 30 day(s))
FOSAMAX PLUS D TABLET	Tier 4	MO
HECTOROL CAPSULE	Tier 4	PA B/D; MO
Hectorol intravenous solution	Tier 6	PA B/D; MO; HI
<i>ibandronate tablet</i>	Tier 2	MO
Miacalcin injection solution	Tier 6	PA B/D; MO
pamidronate intravenous solution	Tier 6	MO; HI
SKELID TABLET	Tier 4	MO
ZEMPLAR CAPSULE	Tier 4	PA B/D; MO
Zemplar intravenous solution	Tier 6	PA B/D; MO; HI
zoledronic acid intravenous powder for solution	Tier 6	PA; MO; HI
zoledronic acid intravenous solution 4 mg/5 mL	Tier 6	PA; MO; HI
zoledronic acid in mannitol and water intravenous solution	Tier 6	PA; MO; HI
Zometa intravenous solution 4 mg/100 mL	Tier 6	PA; MO; HI
Non-Frf		
Non-Frf		
<i>niacin er tablet, extended release 24 hr</i>	Tier 2	MO
<i>paricalcitol capsule</i>	Tier 2	PA B/D; MO
Ophthalmic Agents		

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents, Other		
<i>bacitracin-polymyxin b eye ointment</i>	Tier 1	MO; GC
BLEPHAMIDE EYE DROPS,SUSPENSION	Tier 4	MO
BLEPHAMIDE S.O.P. EYE OINTMENT	Tier 3	MO
LACRISERT EYE INSERTS	Tier 4	MO
<i>naphazoline eye drops</i>	Tier 1	MO; GC
<i>neomycin-bacitracin-poly-hc eye ointment</i>	Tier 1	MO; GC
<i>neomycin-bacitracin-polymyxin eye ointment</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-dexameth eye drops,suspension</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-dexameth eye ointment</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-gramicidin eye drops</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-hydrocort eye drops,suspension</i>	Tier 1	MO; GC
PRED-G EYE DROPS,SUSPENSION	Tier 4	MO
PRED-G S.O.P. EYE OINTMENT	Tier 4	MO
<i>proparacaine eye drops</i>	Tier 1	MO; GC
RESTASIS EYE DROPS IN A DROPPERETTE	Tier 4	MO
<i>sulfacetamide sodium eye ointment</i>	Tier 1	MO; GC
<i>sulfacetamide-prednisolone eye drops</i>	Tier 1	MO; GC
TOBRADEX ST EYE DROPS,SUSPENSION	Tier 4	MO
<i>tobramycin-dexamethasone eye drops,suspension</i>	Tier 1	MO; GC
<i>trimethoprim-polymyxin b eye drops</i>	Tier 1	MO; GC
ZYLET EYE DROPS,SUSPENSION	Tier 4	MO
Ophthalmic Anti-Allergy Agents		
ALOCRIE EYE DROPS	Tier 3	MO
ALOMIDE EYE DROPS	Tier 4	MO
<i>azelastine eye drops</i>	Tier 1	MO; GC
<i>cromolyn eye drops</i>	Tier 1	MO; GC
EMADINE EYE DROPS	Tier 4	MO
<i>epinastine eye drops</i>	Tier 2	MO
PATADAY EYE DROPS	Tier 3	MO
PATANOL EYE DROPS	Tier 3	MO
Ophthalmic Antiglaucoma Agents		

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P EYE DROPS	Tier 3	MO
<i>apraclonidine eye drops</i>	Tier 1	MO; GC
AZOPT EYE DROPS,SUSPENSION	Tier 3	MO
<i>betaxolol eye drops</i>	Tier 1	MO; GC
BETIMOL EYE DROPS	Tier 3	MO
BETOPTIC S EYE DROPS,SUSPENSION	Tier 3	MO
<i>brimonidine eye drops 0.2 %</i>	Tier 1	MO; GC
<i>carteolol eye drops</i>	Tier 1	MO; GC
COMBIGAN EYE DROPS	Tier 4	MO
<i>dorzolamide eye drops</i>	Tier 1	MO; GC
<i>dorzolamide-timolol eye drops</i>	Tier 1	MO; GC; QL (10 ML per 30 day(s))
IOPIDINE EYE DROPS IN A DROPPERETTE	Tier 4	MO
ISOPTO CARPINE EYE DROPS	Tier 3	MO
ISTALOL EYE DROPS	Tier 4	MO
<i>levobunolol eye drops</i>	Tier 1	MO; GC
<i>metipranolol eye drops</i>	Tier 1	MO; GC
PHOSPHOLINE IODIDE EYE DROPS	Tier 4	MO
PILOPINE HS EYE GEL	Tier 3	MO
<i>timolol eye gel forming solution</i>	Tier 1	MO; GC
<i>timolol maleate eye drops</i>	Tier 1	MO; GC
TIMOPTIC OCUDOSE (PF) EYE DROPS IN A DROPPERETTE	Tier 4	MO
Ophthalmic Anti-Inflammatories		
ALREX EYE DROPS,SUSPENSION	Tier 3	MO
<i>bromfenac eye drops</i>	Tier 2	MO
<i>dexamethasone eye drops</i>	Tier 1	MO; GC
<i>diclofenac eye drops</i>	Tier 1	MO; GC
DUREZOL EYE DROPS	Tier 4	MO
FLAREX EYE DROPS,SUSPENSION	Tier 4	MO
<i>flurbiprofen eye drops</i>	Tier 1	MO; GC
FML FORTE EYE DROPS,SUSPENSION	Tier 4	MO
FML S.O.P. EYE OINTMENT	Tier 3	MO
<i>ketorolac eye drops</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX EYE DROPS,SUSPENSION	Tier 3	MO
LOTEMAX EYE OINTMENT	Tier 3	MO
MAXIDEX EYE DROPS,SUSPENSION	Tier 4	MO
MILLIPRED ORAL SOLUTION	Tier 4	MO
NEVANAC EYE DROPS,SUSPENSION	Tier 3	MO
ORAPRED ODT DISINTEGRATING TABLET	Tier 4	MO
PRED MILD EYE DROPS,SUSPENSION	Tier 3	MO
<i>prednisolone acetate eye drops,suspension</i>	Tier 1	MO; GC
<i>prednisolone sodium phosphate eye drops</i>	Tier 1	MO; GC
VEXOL EYE DROPS,SUSPENSION	Tier 4	MO
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>latanoprost eye drops</i>	Tier 1	MO; GC; QL (2.5 ML per 25 day(s))
TRAVATAN Z EYE DROPS	Tier 3	MO; QL (5 ML per 30 day(s))
<i>travoprost (benzalkonium) eye drops</i>	Tier 2	MO; QL (5 ML per 30 Day(s))
Otic Agents		
Otic Agents		
<i>acetazol hc ear drops</i>	Tier 1	MO; GC
CIPRO HC EAR DROPS,SUSPENSION	Tier 3	MO
CIPRODEX EAR DROPS,SUSPENSION	Tier 3	MO
COLY-MYCIN S EAR DROPS,SUSPENSION	Tier 4	MO
CORTISPORIN-TC EAR DROPS,SUSPENSION	Tier 4	MO
<i>hydrocortisone-acetic acid ear drops</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-hydrocort ear drops,suspension</i>	Tier 1	MO; GC
<i>neomycin-polymyxin-hydrocort ear solution</i>	Tier 1	MO; GC
Respiratory Tract Agents		
Antihistamines		
<i>azelastine nasal spray aerosol</i>	Tier 1	MO; GC
<i>carbinoxamine oral liquid</i>	Tier 1	MO; GC
<i>carbinoxamine tablet</i>	Tier 1	MO; GC
<i>cetirizine oral solution</i>	Tier 1	MO; GC
CLARINEX SYRUP	Tier 4	MO

Drug Name	Drug Tier	Requirements/Limits
CLARINEX-D 12 HOUR TABLET,EXTENDED RELEASE	Tier 4	MO
CLARINEX-D 24 HOUR TABLET,EXTENDED RELEASE	Tier 4	MO
<i>clemastine syrup</i>	Tier 1	MO; GC
<i>clemastine tablet</i>	Tier 1	MO; GC
<i>cyproheptadine syrup</i>	Tier 1	MO; GC
<i>cyproheptadine tablet</i>	Tier 1	MO; GC
<i>desloratadine disintegrating tablet</i>	Tier 2	MO
<i>desloratadine tablet</i>	Tier 2	MO
<i>levocetirizine oral solution</i>	Tier 1	MO; GC
<i>levocetirizine tablet</i>	Tier 1	MO; GC
PATANASE NASAL SPRAY	Tier 4	MO; QL (31.5 GM per 30 day(s))
PROMETHAZINE VC SYRUP	Tier 4	MO
SEMPREX-D CAPSULE	Tier 4	MO
Anti-Inflammatories, Inhaled Corticosteroids		
ALVESCO AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	MO; QL (18.3 GM per 30 day(s))
ALVESCO AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	MO; QL (6.1 GM per 30 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	Tier 3	MO; QL (0.135 EA per 30 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 MCG (120 DOSES), 220 MCG (60 DOSES)	Tier 3	MO; QL (0.24 EA per 30 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 MCG (14 DOSES)	Tier 3	MO; QL (0.27 EA per 28 day(s))
BECONASE AQ NASAL SPRAY	Tier 4	PA; MO
<i>budesonide suspension for nebulization</i>	Tier 1	PA B/D; MO; GC
FLOVENT DISKUS POWDER FOR INHALATION 100 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	MO; QL (60 EA per 30 day(s))
FLOVENT DISKUS POWDER FOR INHALATION 250 MCG/ACTUATION	Tier 3	MO; QL (120 EA per 30 day(s))
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	Tier 3	MO; QL (24 GM per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 3	MO; QL (10.6 GM per 30 day(s))
<i>flunisolide nasal spray</i>	Tier 1	MO; GC; QL (50 ML per 30 day(s))
<i>fluticasone nasal spray,suspension</i>	Tier 1	MO; GC
NASONEX SPRAY	Tier 4	PA; MO; QL (34 GM per 30 day(s))
OMNARIS NASAL SPRAY	Tier 4	PA; MO; QL (12.5 GM per 30 day(s))
PULMICORT SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier 3	PA B/D; MO
PULMICORT FLEXHALER BREATH ACTIVATED	Tier 3	MO
QVAR METERED AEROSOL ORAL INHALER 40 MCG/ACTUATION	Tier 3	MO; QL (34.8 GM per 30 day(s))
QVAR METERED AEROSOL ORAL INHALER 80 MCG/ACTUATION	Tier 3	MO; QL (26.1 GM per 30 day(s))
RHINOCORT AQUA NASAL SPRAY	Tier 4	PA; MO
<i>triamcinolone acetonide nasal spray aerosol</i>	Tier 2	MO
VERAMYST NASAL SPRAY,SUSPENSION	Tier 4	PA; MO; QL (10 GM per 30 day(s))
Antileukotrienes		
<i>montelukast chewable tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
<i>montelukast oral granules in packet</i>	Tier 1	MO; GC; QL (30 EA per 30 Day(s))
<i>montelukast tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
SINGULAIR ORAL GRANULES IN PACKET	Tier 3	MO; QL (30 EA per 30 day(s))
<i>zafirlukast tablet</i>	Tier 2	MO; QL (60 EA per 30 day(s))
ZYFLO CR TABLET,EXTENDED RELEASE	Tier 4	MO; QL (120 EA per 30 day(s))
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL INHALER	Tier 3	MO; QL (25.8 GM per 30 day(s))
COMBIVENT AEROSOL INHALER	Tier 3	MO; QL (30 GM per 28 day(s))
COMBIVENT RESPIMAT AEROSOL INHALER	Tier 3	MO; QL (8 GM per 30 day(s))
<i>ipratropium bromide nasal spray 0.03 %</i>	Tier 1	MO; GC; QL (30 ML per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal spray 0.06 %</i>	Tier 1	MO; GC; QL (45 ML per 30 day(s))
<i>ipratropium bromide solution for inhalation</i>	Tier 1	PA B/D; MO; GC
<i>ipratropium-albuterol solution for nebulization</i>	Tier 1	PA B/D; MO; GC
SPIRIVA WITH HANDIHALER & INHALATION CAPSULES	Tier 3	MO; QL (30 EA per 30 day(s))
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
aminophylline intravenous solution	Tier 6	MO; HI
<i>elixophyllin oral elixir</i>	Tier 1	MO; GC
LUFYLLIN TABLET	Tier 4	MO
<i>theophylline er tablet,extended release</i>	Tier 1	MO; GC
<i>theophylline er tablet,extended release,12 hr</i>	Tier 1	MO; GC
Bronchodilators, Sympathomimetic		
ADRENACLICK INJECTION,AUTO-INJECTOR	Tier 3	MO
ADVAIR DISKUS POWDER FOR INHALATION	Tier 3	MO; QL (60 EA per 30 day(s))
ADVAIR HFA AEROSOL INHALER	Tier 3	MO; QL (12 GM per 30 day(s))
<i>albuterol sulfate er tablet,extended release,12 hr</i>	Tier 1	MO; GC
<i>albuterol sulfate solution for nebulization</i>	Tier 1	PA B/D; MO; GC
<i>albuterol sulfate syrup</i>	Tier 1	MO; GC
<i>albuterol sulfate tablet</i>	Tier 1	MO; GC
AUVI-Q INJECTION,AUTO-INJECTOR	Tier 3	MO
BROVANA SOLUTION FOR NEBULIZATION	Tier 4	PA B/D; MO; QL (120 ML per 30 day(s))
DULERA HFA AEROSOL INHALER	Tier 3	MO
epinephrine injection syringe	Tier 6	MO
EPIPEN 2-PAK INJECTION,AUTO-INJECTOR	Tier 3	MO
EPIPEN JR 2-PAK INJECTION,AUTO-INJECTOR	Tier 3	MO
FORADIL AEROLIZER CAPSULE WITH INHALATION DEVICE	Tier 3	MO; QL (60 EA per 30 day(s))
<i>levalbuterol solution for nebulization</i>	Tier 1	PA B/D; MO; GC
MAXAIR AUTOHALER BREATH ACTIVATED	Tier 4	MO; QL (14 GM per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
<i>metaproterenol syrup</i>	Tier 1	MO; GC
<i>metaproterenol tablet</i>	Tier 1	MO; GC
PERFOROMIST SOLUTION FOR NEBULIZATION	Tier 4	PA B/D; MO
PROAIR HFA AEROSOL INHALER	Tier 3	MO; QL (34 GM per 30 day(s))
PROVENTIL HFA AEROSOL INHALER	Tier 4	MO; QL (26.8 GM per 30 day(s))
SEREVENT DISKUS POWDER FOR INHALATION	Tier 3	MO; QL (60 EA per 30 day(s))
terbutaline subcutaneous solution	Tier 6	MO
<i>terbutaline tablet</i>	Tier 1	MO; GC
Twinject Autoinjector intramuscular pen	Tier 6	MO
VENTOLIN HFA AEROSOL INHALER	Tier 3	MO; QL (36 GM per 30 day(s))
XOPENEX SOLUTION FOR NEBULIZATION	Tier 4	PA B/D; MO
XOPENEX HFA AEROSOL INHALER	Tier 4	MO
Mast Cell Stabilizers		
<i>cromolyn oral solution</i>	Tier 2	MO
<i>cromolyn solution for nebulization</i>	Tier 1	PA B/D; MO; GC
Pulmonary Antihypertensives		
LETAIRIS TABLET	Tier 5	PA; LA; QL (30 EA per 30 day(s))
REMODULIN INJECTION SOLUTION	Tier 5	PA; MO; HI
REVATIO INTRAVENOUS SOLUTION	Tier 5	PA; MO; HI
<i>sildenafil tablet</i>	Tier 5	PA; MO; QL (90 EA per 30 day(s))
TRACLEER TABLET	Tier 5	PA; LA; QL (60 EA per 30 day(s))
VENTAVIS SOLUTION FOR NEBULIZATION 10 MCG/ML	Tier 5	PA; LA; QL (540 ML per 30 day(s))
VENTAVIS SOLUTION FOR NEBULIZATION 20 MCG/ML	Tier 5	PA; MO; LA; QL (540 ML per 30 Day(s))
Respiratory Tract Agents, Other		
<i>acetylcysteine solution</i>	Tier 1	PA B/D; MO; GC
ARALAST NP INTRAVENOUS SOLUTION	Tier 5	HI; LA
GLASSIA INTRAVENOUS SOLUTION	Tier 5	MO; HI
KALYDECO TABLET	Tier 5	PA; MO; QL (60 EA per 30 day(s))
PROLASTIN C INTRAVENOUS SOLUTION	Tier 5	HI; LA

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME SOLUTION FOR INHALATION	Tier 3	PA B/D; MO; QL (150 ML per 30 day(s))
TYZINE NASAL DROPS	Tier 4	MO
XOLAIR SUBCUTANEOUS SOLUTION	Tier 5	PA; LA; QL (6 EA per 30 day(s))
ZEMAIRA INTRAVENOUS SOLUTION	Tier 5	MO; HI
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol tablet</i>	Tier 1	MO; GC
<i>carisoprodol-aspirin tablet</i>	Tier 1	MO; GC
<i>chlorzoxazone tablet</i>	Tier 1	MO; GC; QL (180 EA per 30 day(s))
<i>cyclobenzaprine er capsule,extended release 24 hr</i>	Tier 2	MO
<i>cyclobenzaprine tablet</i>	Tier 1	MO; GC
<i>methocarbamol tablet</i>	Tier 1	MO; GC
<i>orphenadrine citrate er tablet,extended release</i>	Tier 1	MO; GC
orphenadrine citrate injection solution	Tier 6	MO
<i>orphenadrine compound tablet</i>	Tier 1	MO; GC; QL (120 EA per 30 day(s))
<i>orphenadrine compound-ds tablet</i>	Tier 1	MO; GC; QL (120 EA per 30 day(s))
<i>tizanidine capsule</i>	Tier 2	MO
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>zaleplon capsule 10 mg</i>	Tier 1	MO; GC; QL (60 EA per 30 day(s))
<i>zaleplon capsule 5 mg</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
<i>zolpidem er tablet,extended release,multiphase</i>	Tier 2	MO; QL (30 EA per 30 day(s))
<i>zolpidem tablet</i>	Tier 1	MO; GC; QL (30 EA per 30 day(s))
Sleep Disorders, Other		
<i>modafinil tablet 100 mg</i>	Tier 2	PA; MO; QL (60 EA per 30 day(s))
<i>modafinil tablet 200 mg</i>	Tier 2	PA; MO; QL (30 EA per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
PROVIGIL TABLET 100 MG	Tier 4	PA; MO; QL (60 EA per 30 day(s))
PROVIGIL TABLET 200 MG	Tier 4	PA; MO; QL (30 EA per 30 day(s))
XYREM ORAL SOLUTION	Tier 4	PA; LA; QL (540 ML per 30 day(s))
Therapeutic Nutrients/ Minerals/ Electrolytes		
Electrolyte/ Mineral Modifiers		
CHEMET CAPSULE	Tier 3	MO
EXJADE DISPERSIBLE TABLET	Tier 5	MO
<i>kionex oral powder</i>	Tier 1	MO; GC
SAMSCA TABLET	Tier 5	MO; QL (60 EA per 30 day(s))
<i>sodium polystyrene sulfonate (sorbitol free) oral suspension</i>	Tier 1	MO; GC
SYPRINE CAPSULE	Tier 3	MO
Electrolyte/ Mineral Replacement		
Aminosyn 8.5 % with Electrolytes intravenous solution	Tier 6	PA B/D; MO; HI
Aminosyn II 10 % intravenous solution	Tier 6	PA B/D; MO; HI
Aminosyn II 15% intravenous solution	Tier 6	PA B/D; MO; HI
Aminosyn II 7 % intravenous solution	Tier 6	PA B/D; MO; HI
Aminosyn II 8.5 % intravenous solution	Tier 6	PA B/D; MO; HI
Aminosyn II 8.5 % with Electrolytes intravenous solution	Tier 6	PA B/D; MO; HI
Aminosyn M 3.5 % intravenous solution	Tier 6	PA B/D; MO; HI
Aminosyn-HBC 7% intravenous solution	Tier 6	PA B/D; MO; HI
Aminosyn-PF 10 % intravenous solution	Tier 6	PA B/D; MO; HI
Aminosyn-PF 7 % (Sulfite-Free) intravenous inject solution	Tier 6	PA B/D; MO; HI
ammonium chloride intravenous solution	Tier 6	MO; HI
Clinimix 5 % in 15 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix 5 % in 25 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix 2.75 % in 5 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI

Drug Name	Drug Tier	Requirements/Limits
Clinimix 4.25 % in 10 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix 4.25 % in 20 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix 4.25 % in 25 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix 4.25 % in 5 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix 5 % in 20 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix E 2.75 % in 10 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix E 2.75 % in 5 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix E 4.25 % in 25 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix E 4.25 % in 5 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix E 5 % in 15 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix E 5 % in 20 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinimix E 5 % in 25 % dextrose Sulfite Free IV solution	Tier 6	PA B/D; MO; HI
Clinisol SF 15 % intravenous solution	Tier 6	PA B/D; MO; HI
dextrose 10 % and 0.45 % sodium chloride intravenous soln	Tier 6	MO; HI
dextrose 2.5 % and 0.45 % sodium chloride intravenous soln	Tier 6	MO; HI
dextrose 5 % and 0.9 % sodium chloride intravenous solution	Tier 6	MO; HI
dextrose 5 % and 0.45 % sodium chloride intravenous solution	Tier 6	MO; HI
dextrose 10 % and 0.2 % sodium chloride intravenous solution	Tier 6	MO; HI
dextrose 10 % in water (D10W) intravenous solution	Tier 6	MO; HI
dextrose 5 % in water (D5W) intravenous solution	Tier 6	MO; HI

Drug Name	Drug Tier	Requirements/Limits
dextrose 5 % and 0.2 % sodium chloride intravenous solution	Tier 6	MO; HI
dextrose 5% and 0.3 % sodium chloride intravenous solution	Tier 6	MO; HI
dextrose 5% and lactated ringers intravenous solution	Tier 6	MO; HI
Freamine III 3 % with Electrolytes intravenous solution	Tier 6	PA B/D; MO; HI
Freamine III 8.5 % intravenous solution	Tier 6	PA B/D; MO; HI
Hepamine 8% intravenous solution	Tier 6	PA B/D; MO; HI
Hepatasol 8 % intravenous solution	Tier 6	PA B/D; MO; HI
Intralipid intravenous emulsion	Tier 6	PA B/D; MO; HI
Ionosol-B in D5W intravenous solution	Tier 6	MO; HI
Ionosol-MB in D5W intravenous solution	Tier 6	MO; HI
Isolyte-H in D5W intravenous solution	Tier 6	MO; HI
Isolyte-M in D5W intravenous solution	Tier 6	MO; HI
Isolyte-P in D5W intravenous solution	Tier 6	MO; HI
Isolyte-S intravenous solution	Tier 6	MO; HI
Isolyte-S in D5W intravenous solution	Tier 6	MO; HI
K-TAB TABLET,EXTENDED RELEASE	Tier 4	MO
<i>klor-con tablet,extended release</i>	Tier 1	MO; GC
<i>klor-con 10 tablet,extended release</i>	Tier 1	MO; GC
<i>klor-con m15 tablet,extended release</i>	Tier 1	MO; GC
<i>klor-con m20 tablet,extended release</i>	Tier 1	MO; GC
lactated ringers intravenous solution	Tier 6	MO; HI
<i>lactated ringers irrigation solution</i>	Tier 1	MO; GC
levocarnitine intravenous solution	Tier 6	PA B/D; MO; HI
<i>levocarnitine tablet</i>	Tier 1	PA B/D; MO; GC
<i>levocarnitine (with sugar) oral solution</i>	Tier 1	PA B/D; MO; GC
Liposyn III intravenous emulsion	Tier 6	PA B/D; MO; HI
magnesium sulfate injection syringe	Tier 6	MO; HI
Nephramine 5.4 % intravenous solution	Tier 6	PA B/D; MO; HI
Normosol-M in D5W intravenous solution	Tier 6	MO; HI
Normosol-R in D5W intravenous solution	Tier 6	MO; HI

Drug Name	Drug Tier	Requirements/Limits
Normosol-R pH 7.4 intravenous solution	Tier 6	MO; HI
<i>physiolyte irrigation solution</i>	Tier 1	MO; GC
PHYSIOSOL IRRIGATION SOLUTION	Tier 4	MO
Plasma-Lyte 148 intravenous solution	Tier 6	MO; HI
Plasma-Lyte A intravenous solution	Tier 6	MO; HI
Plasma-Lyte-56 in D5W intravenous solution	Tier 6	MO; HI
potassium chloride in D5-0.45 % sodium chloride IV solution	Tier 6	MO; HI
<i>potassium chloride er capsule,extended release</i>	Tier 1	MO; GC
<i>potassium chloride er tablet,extended release(part/cryst)</i>	Tier 1	MO; GC
potassium chloride intravenous injection solution	Tier 6	MO; HI
potassium chloride intravenous piggyback	Tier 6	MO; HI
potassium chloride in 0.9 % sodium chloride intravenous soln	Tier 6	MO; HI
potassium chloride in 5 % dextrose intravenous solution	Tier 6	MO; HI
potassium chloride in lactated ringers and D5 IV solution	Tier 6	MO; HI
potassium chloride in 0.45 % sodium chloride IV solution	Tier 6	MO; HI
potassium chloride in D5-0.2 % sodium chloride IV solution	Tier 6	MO; HI
potassium chloride in D5-0.3 % sodium chloride IV solution	Tier 6	MO; HI
potassium chloride in D5 & 0.9 % sodium chloride IV solution	Tier 6	MO; HI
<i>potassium citrate er tablet,extended release</i>	Tier 1	MO; GC
Premasol 10 % intravenous solution	Tier 6	PA B/D; MO; HI
Premasol 6 % intravenous solution	Tier 6	PA B/D; MO; HI
Procalamine 3% intravenous solution	Tier 6	PA B/D; MO; HI
Prosol 20% intravenous solution	Tier 6	PA B/D; MO; HI
ringers intravenous solution	Tier 6	MO; HI
<i>ringers irrigation solution</i>	Tier 1	MO; GC
sodium chloride intravenous solution	Tier 6	MO; HI
<i>sodium chloride irrigation solution</i>	Tier 1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
sodium chloride 0.45 % intravenous solution	Tier 6	MO; HI
sodium chloride 0.9 % intravenous solution	Tier 6	MO; HI
sodium chloride 3 % intravenous injection solution	Tier 6	MO; HI
sodium chloride 5 % intravenous solution	Tier 6	MO; HI
<i>sodium fluoride tablet</i>	Tier 1	MO; GC
sodium lactate intravenous injection solution	Tier 6	MO; HI
sodium lactate intravenous solution	Tier 6	MO; HI
TPN Electrolytes intravenous solution	Tier 6	PA B/D; MO; HI
Travasol 10 % intravenous solution	Tier 6	PA B/D; MO; HI
TrophAmine 10 % intravenous solution	Tier 6	PA B/D; MO; HI
Trophamine 6% intravenous solution	Tier 6	PA B/D; MO; HI
UROCIT-K 10 TABLET,EXTENDED RELEASE	Tier 3	MO
UROCIT-K 5 TABLET,EXTENDED RELEASE	Tier 3	MO
Vitamins		
PRENATAL PLUS WITH IRON (CALCIUM CARBONATE) TABLET	Tier 4	MO

Index

8-MOP	55	ALCOHOL SWABS	7	amiodarone	46
<i>abacavir</i>	37	ALDACTAZIDE	50	<i>amiodarone</i>	47
Abelcet	21	ALDURAZYME	57	AMITIZA	59
Abilify	34	<i>alendronate 10 mg, 40 mg, 5</i>		<i>amitriptyline</i>	19
ABILIFY DISCMELT	34	<i>mg</i>	77	<i>amlodipine</i>	48
ABILIFY MAINTENA	34	<i>alendronate 35 mg, 70 mg</i>	77	<i>amlodipine-benazepril</i>	48
Abraxane	27	<i>alfuzosin</i>	60	ammonium chloride	86
<i>acamprosate</i>	5	ALIMTA	27	<i>ammonium lactate</i>	55
ACANYA	55	ALINIA	31	<i>amnesteem</i>	55
<i>acarbose</i>	40	<i>allopurinol</i>	23	<i>amoxapine</i>	19
<i>acebutolol</i>	47	allopurinol sodium	23	<i>amoxicil-clarithromy-lansopraz</i>	
<i>acetaminophen-codeine</i>	2	ALOCRIIL	78	.....	58
<i>acetazol hc</i>	80	ALOMIDE	78	<i>amoxicillin</i>	10
<i>acetazolamide</i>	50	ALORA	66	<i>amoxicillin-pot clavulanate</i>	10
acetazolamide sodium	50	Aloxi	20	<i>amoxicillin-pot clavulanate</i>	11
<i>acetic acid</i>	7	ALPHAGAN P	78	<i>amphetamine salt combo</i>	52
<i>acetylcysteine</i>	84	<i>alprazolam 0.25 mg, 0.5 mg, 1</i>		Amphotec	21
<i>acitretin</i>	55	<i>mg</i>	39	amphotericin B	21
ACTEMRA	74	ALREX	79	<i>ampicillin</i>	11
ActHIB (PF)	75	ALTABAX	7	ampicillin sodium	11
ACTIMMUNE	74	ALVESCO 160		ampicillin-sulbactam	11
ACTONEL 150 MG	76	MCG/ACTUATION	81	AMPYRA	54
ACTONEL 30 MG, 5 MG	77	ALVESCO 80		<i>anagrelide</i>	44
ACTONEL 35 MG	77	MCG/ACTUATION	81	<i>anastrozole</i>	29
ACTOPLUS MET	40	<i>amantadine hcl</i>	32	ANDROGEL	66
ACTOS	40	AmBisome	21	ANDROXY	66
<i>acyclovir</i>	36	<i>amcinonide</i>	61	ANGELIQ	66
<i>acyclovir</i>	37	<i>amethia</i>	66	ANTIVERT 50 MG	20
acyclovir sodium	37	<i>amethia lo</i>	66	Anzemet	20
ACZONE	25	<i>amethyst</i>	66	ANZEMET	21
Adacel (Adolescent &Adult)(PF)		amifostine crystalline	27	APOKYN	33
.....	75	amikacin	6	<i>apraclonidine</i>	79
Adagen	57	<i>amiloride</i>	50	<i>apri</i>	66
<i>adapalene</i>	55	<i>amiloride-hydrochlorothiazide</i>		APRISO	76
<i>adefovir</i>	35	.....	50	APTIVUS	38
ADRENACLICK	48	<i>aminocaproic acid</i>	44	ARALAST NP	84
ADRENACLICK	83	<i>aminocaproic acid 500 mg</i>	44	<i>aranelle (28)</i>	68
ADVAIR DISKUS	83	aminophylline	83	ARANESP (IN	
ADVAIR HFA	83	Aminosyn 8.5 %-Electrolytes		POLYSORBATE) 100 MCG/0.5	
<i>afeditab cr</i>	48	.....	86	ML, 150 MCG/0.3 ML, 200	
AFINITOR	29	Aminosyn II 10 %	86	MCG/0.4 ML, 300 MCG/0.6	
AFINITOR	72	Aminosyn II 15%	86	ML, 500 MCG/ML, 60	
AFINITOR DISPERZ	29	Aminosyn II 7 %	86	MCG/0.3 ML	44
AGGRENOX	45	Aminosyn II 8.5 %	86	Aranesp (in polysorbate) 100	
A-Hydrocort	61	Aminosyn II 8.5 %-Electrolytes		mcg/mL, 25 mcg/mL, 40	
AKNE-MYCIN	11	.....	86	mcg/mL, 60 mcg/mL	44
<i>ala-cort</i>	61	Aminosyn M 3.5 %	86	ARANESP (IN	
ALA-SCALP	61	Aminosyn-HBC 7%	86	POLYSORBATE) 200	
ALBENZA	31	Aminosyn-PF 10 %	86	MCG/ML, 300 MCG/ML	44
<i>albuterol sulfate</i>	83	Aminosyn-PF 7 % (Sulfite-Free)			
<i>alclometasone</i>	61	.....	86		

Aranesp (in polysorbate) 25 mcg/0.42 mL, 40 mcg/0.4 mL.....	44	azithromycin	11	<i>budesonide</i>	81
ARCALYST	74	AZOPT	79	bumetanide	50
Arranon	27	aztreonam	10	BUPHENYL	57
ARZERRA	30	BACiiM	7	buprenorphine	6
ASACOL	76	<i>bacitracin</i>	7	<i>buproban</i>	18
ASACOL HD	76	<i>bacitracin-polymyxin b</i>	77	<i>bupropion hcl</i>	18
<i>ascomp w/codeine</i>	2	<i>baclofen</i>	35	<i>buspirone</i>	39
ASMANEX TWISTHALER 110 MCG (30 DOSES), 220 MCG (30 DOSES).....	81	BACTROBAN NASAL	7	Busulfex	26
ASMANEX TWISTHALER 220 MCG (120 DOSES), 220 MCG (60 DOSES).....	81	<i>balsalazide</i>	76	<i>butalbital-acetaminop-caf-cod</i>	2
ASMANEX TWISTHALER 220 MCG (14 DOSES).....	81	BALZIVA (28)	68	butorphanol tartrate	2
Astramorph-PF	2	BANZEL	16	BYDUREON	40
ATELVIA	77	BARACLUDE	35	BYETTA 10 MCG/0.04 ML	40
<i>atenolol</i>	47	BECONASE AQ	81	BYETTA 5 MCG/0.02 ML	40
<i>atenolol-chlorthalidone</i>	47	<i>benazepril</i>	46	BYSTOLIC 10 MG, 20 MG	47
Atgam	72	<i>benazepril-hydrochlorothiazide</i>	46	BYSTOLIC 2.5 MG, 5 MG	47
<i>atorvastatin</i>	51	BENICAR	45	<i>cabergoline</i>	71
<i>atovaquone-proguanil</i>	31	BENICAR HCT	45	<i>calcipotriene</i>	55
ATRALIN	31	benztropine	32	<i>calcitonin (salmon)</i>	77
ATRIPLA	37	BESIVANCE	12	CALCITRENE	55
atropine 0.05 mg/mL	58	<i>betamethasone dipropionate</i>	55	<i>calcitriol</i>	77
atropine 0.1 mg/mL	58	<i>betamethasone dipropionate</i>	61	<i>calcium acetate</i>	61
ATROVENT HFA	82	<i>betamethasone valerate</i>	61	<i>camila</i>	68
AUVI-Q	83	<i>betamethasone valerate</i>	62	CAMPATH	30
AVASTIN	30	<i>betamethasone, augmented</i>	62	CAMPRAL	5
AVELOX	12	<i>betaxolol</i>	47	CANASA	76
AVELOX ABC PACK	12	<i>betaxolol</i>	79	Cancidas	21
Avelox in NaCl (iso-osmotic)	12	<i>bethanechol chloride</i>	61	<i>candesartan 16 mg</i>	45
<i>aviane</i>	68	BETIMOL	79	<i>candesartan 32 mg, 4 mg, 8</i> <i>mg</i>	45
AVITA	31	BETOPTIC S	79	<i>candesartan-hydrochlorothiazid</i> <i>16-12.5 mg</i>	45
AVODART	61	<i>bicalutamide</i>	72	<i>candesartan-hydrochlorothiazid</i> <i>32-12.5 mg, 32-25 mg</i>	45
AVONEX	54	Bicillin C-R	11	CANTIL	58
AVONEX ADMINISTRATION PACK	54	Bicillin L-A	11	Capastat	25
azacitidine	27	BiCNU	26	CAPEX	62
Azactam	10	BILTRICIDE	31	Caprelsa 100 mg	29
Azactam in dextrose (iso-osm)	10	<i>bisoprolol fumarate</i>	47	Caprelsa 300 mg	29
AZASAN	72	<i>bisoprolol-hydrochlorothiazide</i>	47	<i>captopril</i>	46
AZASITE	11	BIVIGAM	74	<i>captopril-hydrochlorothiazide</i>	46
<i>azathioprine</i>	72	bleomycin	27	CARAC	55
azathioprine sodium	72	<i>bleph-10</i>	13	CARAFATE	59
<i>azelastine</i>	78	BLEPHAMIDE	78	<i>carbamazepine</i>	16
<i>azelastine</i>	80	BLEPHAMIDE S.O.P.	78	<i>carbamazepine</i>	40
AZELEX	55	Boostrix	75	CARBATROL	16
AZILECT	33	BOSULIF 100 MG	29	<i>carbidopa-levodopa</i>	33
		BOSULIF 500 MG	29	<i>carbinoxamine maleate</i>	80
		<i>brillyn</i>	66	carboplatin	26
		<i>brimonidine 0.2 %</i>	79	CARDIZEM LA 120 MG	48
		<i>bromfenac</i>	79	CARIMUNE NF NANOFILTERED	74
		<i>bromocriptine</i>	33		
		BROVANA	83		
		<i>budeprion sr</i>	18		
		<i>budesonide</i>	59		

<i>carisoprodol</i>	85	<i>chlorthalidone</i>	50	Clinimix 5%/D20W Sulfite Free	87	
<i>carisoprodol-aspirin</i>	85	<i>chlorzoxazone</i>	85	Clinimix E 2.75%/D10W Sul	Free	87
<i>carteolol</i>	79	<i>cholestyramine light</i>	51	Clinimix E 2.75%/D5W Sulf	Free	87
<i>cartia xt</i>	48	chorionic gonadotropin, human	65	Clinimix E 4.25%/D25W Sul	Free	87
<i>carvedilol</i>	47	<i>ciclopirox</i>	21	Clinimix E 4.25%/D5W Sulf	Free	87
CAYSTON	10	cidofovir	35	Clinimix E 5%/D15W Sulfit	Free	87
CEDAX	8	<i>cilostazol</i>	45	Clinimix E 5%/D20W Sulfit	Free	87
CEENU	26	CILOXAN	12	Clinimix E 5%/D25W Sulfit	Free	87
<i>cefaclor</i>	9	<i>cimetidine</i>	58	Clinisol SF 15 %	87	
<i>cefadroxil</i>	9	cimetidine HCl	58	<i>clobetasol</i>	62	
cefazolin	9	CIPRO	12	<i>clobetasol-emollient</i>	62	
cefazolin in dextrose (iso-os)	9	CIPRO HC	80	CLOBEX	62	
<i>cefdinir</i>	9	CIPRODEX	80	CLODERM	62	
cefepime	9	<i>ciprofloxacin</i>	12	CLOLAR	27	
cefotaxime	9	<i>ciprofloxacin (mixture)</i>	12	<i>clomipramine</i>	19	
cefotetan	9	cisplatin	26	<i>clonazepam 0.125 mg, 0.25 mg,</i>	<i>0.5 mg, 1 mg</i>	39
cefoxitin	9	<i>cialopram</i>	18	<i>clonazepam 0.5 mg, 1 mg</i>	39	
cefoxitin in dextrose, iso-osm	9	<i>cialopram</i>	19	<i>clonazepam 2 mg</i>	39	
<i>cefpodoxime</i>	9	cladribine	27	<i>clonidine</i>	45	
<i>cefprozil</i>	9	Claforan	9	<i>clopidogrel 75 mg</i>	45	
ceftazidime	9	<i>claravis</i>	55	<i>clorazepate dipotassium 15</i>	<i>mg</i>	39
ceftazidime in D5W	9	CLARINEX	80	<i>clorazepate dipotassium 3.75</i>	<i>mg</i>	39
CEFTIN 125 MG/5 ML	9	CLARINEX-D 12 HOUR	81	<i>clorazepate dipotassium 7.5</i>	<i>mg</i>	39
ceftriaxone	9	CLARINEX-D 24 HOUR	81	<i>clorpres</i>	45	
<i>cefuroxime axetil</i>	9	<i>clarithromycin</i>	12	<i>clotrimazole</i>	21	
cefuroxime sodium	9	<i>clemastine</i>	81	<i>clotrimazole-betamethasone</i>	55	
CELEBREX 100 MG, 200	MG	CLEOCIN	7	<i>clotrimazole-betamethasone</i>	56	
MG	23	CLIMARA PRO	69	<i>clozapine</i>	35	
CELEBREX 400 MG, 50	MG	<i>clindacin etz</i>	7	COARTEM	31	
MG	23	<i>clindacin pac</i>	7	<i>codeine sulfate</i>	3	
CELESTONE	62	CLINDAGEL	7	Cogentin	32	
CELLCEPT	72	<i>clindamycin hcl</i>	7	<i>co-gesic</i>	2	
CELLCEPT	73	clindamycin in dextrose 5%	7	<i>colchicine-probenecid</i>	23	
CellCept Intravenous	21	<i>clindamycin palmitate hcl</i>	7	COLCRYST	23	
CELONTIN	14	<i>clindamycin pediatric</i>	7	<i>colestipol</i>	52	
<i>cephalexin</i>	9	clindamycin phosphate	7	colistin (colistimethate Na)	7	
CEREZYME	57	<i>clindamycin-benzoyl peroxide</i>	.....	<i>colocort</i>	76
Cervarix Vaccine (PF)	75	.....	55	COLY-MYCIN S	80
CESAMET	21	Clinimix 5%/D15W Sulfite Free	.....	COMBIGAN	79
<i>cetirizine</i>	80	.....	86	COMBIPATCH	67
<i>cevimeline</i>	55	Clinimix 5%/D25W Sulfite Free	.....	COMBIVENT	82
CHANTIX	6	.....	86		
CHANTIX STARTING		Clinimix 2.75%/D5W Sulfit Free	.....		
MONTH BOX	6	.....	86		
<i>chateal</i>	68	Clinimix 4.25%/D10W Sulf Free	.....		
CHEMET	86	.....	87		
chloramphenicol sod succinate		Clinimix 4.25%/D20W Sulf Free	.....		
.....	7	.....	87		
<i>chlorhexidine gluconate</i>	55	Clinimix 4.25%/D25W Sulf Free	.....		
<i>chloroquine phosphate</i>	31	.....	87		
<i>chlorothiazide</i>	50	Clinimix 4.25%/D5W Sulfit Free	.....		
chlorpromazine	20	.....	87		
<i>chlorpropamide</i>	40					

COMBIVENT RESPIMAT	82	D5 %-0.45 % sodium chloride	87	<i>dextroamphetamine 15 mg</i>	53
COMBIVIR	37		87	<i>dextroamphetamine 5 mg</i>	53
COMETRIQ 100 MG/DAY(80		dacarbazine	26	<i>dextroamphetamine-amphetamin</i>	
MG[1]-20 MG[1])	29	DACOGEN	27	<i>e</i>	53
COMETRIQ 140 MG/DAY(80		<i>danazol</i>	66	dextrose 10 % & 0.2 % NaCl	
MG[1]-20 MG[3])	29	<i>dantrolene</i>	35		87
COMETRIQ 60 MG/DAY (20		<i>dapsone</i>	25	dextrose 10 % in water (D10W)	
MG [3]/DAY)	30	Daptacel (Pediatric) (PF)	75		87
COMPLERA	37	DARAPRIM	31	dextrose 5 % in water (D5W)	
<i>compro</i>	20	daunorubicin	27		87
Comvax (PF)	75	<i>daysee</i>	67	dextrose 5%-0.2 % sod chloride	
CONCERTA	53	DAYTRANA	53		88
CONDYLOX	56	DECAVAC (PF)	75	dextrose 5%-0.3 % sod.chloride	
COPAXONE	54	<i>decitabine</i>	27		88
CORDRAN	62	<i>demeclocycline</i>	13	dextrose 5%-lactated ringers	88
COREG CR 10 MG, 40 MG	48	DEMSEK	49	<i>diazepam</i>	39
COREG CR 20 MG, 80 MG	48	DENAVIR	37	<i>diazepam 10 mg</i>	39
CORTIFOAM	76	Depacon	14	<i>diazepam 12.5-15-17.5-20</i>	
<i>cortisone</i>	62	DEPAKENE	14	<i>mg</i>	39
CORTISPORIN	56	DEPAKENE	15	<i>diazepam 2 mg, 5 mg</i>	39
CORTISPORIN-TC	80	DEPAKOTE	15	<i>diazepam 2.5 mg, 5-7.5-10</i>	
Coumadin	43	DEPAKOTE ER	15	<i>mg</i>	39
COVERA-HS 180 MG	48	DEPAKOTE SPRINKLES	15	<i>diazepam intensol</i>	40
COVERA-HS 240 MG	48	DEPEN TITRATABS	61	DIBENZYLINE	45
CREON	57	Depo-Estradiol	67	<i>diclofenac potassium</i>	1
CRINONE	69	Depo-Medrol 20 mg/mL	62	<i>diclofenac sodium</i>	1
CRIXIVAN	38	Depo-Provera	69	<i>diclofenac sodium</i>	23
<i>cromolyn</i>	78	Depo-SubQ provera 104	69	<i>diclofenac sodium</i>	79
<i>cromolyn</i>	84	Depo-Testosterone	66	<i>diclofenac-misoprostol</i>	24
<i>cryselle (28)</i>	67	<i>desipramine</i>	19	<i>dicloxacillin</i>	11
CUBICIN	7	<i>desloratadine</i>	81	<i>dicyclomine</i>	58
CURITY GAUZE	42	desmopressin	65	<i>didanosine</i>	37
CUTIVATE	62	DESONATE	62	DIFFERIN	56
<i>cyclafem 1/35 (28)</i>	69	<i>desonide</i>	62	DIFFERIN 0.3 %	56
<i>cyclafem 7/7/7 (28)</i>	69	DESOWEN	62	<i>diflorasone</i>	63
<i>cyclobenzaprine</i>	85	<i>desoximetasone</i>	62	<i>diflunisal</i>	1
<i>cyclophosphamide</i>	26	<i>desoximetasone 0.25 %</i>	62	digoxin	49
<i>cyclosporine</i>	73	DETROL LA 2 MG	60	<i>dihydrocode-acetaminophen-caff</i>	
<i>cyclosporine modified</i>	73	DETROL LA 4 MG	60		3
CYMBALTA	19	<i>dexamethasone</i>	23	<i>dihydroergotamine</i>	24
CYMBALTA	54	<i>dexamethasone</i>	62	DILANTIN	16
<i>cyproheptadine</i>	81	DEXAMETHASONE		DILANTIN EXTENDED	16
CYSTADANE	57	INTENSOL	63	DILANTIN INFATABS	16
CYSTAGON	57	dexamethasone sodium		DILANTIN-125	16
cytarabine	27	phosphate	63	DILATRATE-SR	52
cytarabine (PF)	27	<i>dexamethasone sodium</i>		<i>dilt-cd</i>	48
CYTOMEL	70	<i>phosphate</i>	79	<i>diltiazem hcl</i>	49
D10 % & 0.45 % sodium		<i>dexmethylphenidate 10 mg</i>	53	<i>dilt-xr</i>	48
chloride	87	<i>dexmethylphenidate 2.5 mg, 5</i>	53	DIPENTUM	76
D2.5 %-0.45 % sodium chloride		<i>mg</i>	53	<i>diphenhydramine hcl</i>	20
	87	DEXPAK 13 DAY	23	<i>diphenoxylate-atropine</i>	58
D5 % and 0.9 % sodium chloride		dexrazoxane	27	<i>dipyridamole</i>	45
	87	<i>dextroamphetamine 10 mg</i>	53	<i>disopyramide</i>	47

<i>disulfiram</i>	5	<i>enalapril maleate</i>	46	<i>erythromycin-benzoyl peroxide</i>	
DIURIL	50	<i>enalapril-hydrochlorothiazide</i>		.....	56
<i>divalproex</i>	15	.....	46	<i>escitalopram</i>	19
DIVIGEL	67	ENBREL	73	<i>estarylla</i>	67
DOCEFREZ	27	<i>endocet 10-325 mg, 5-325 mg,</i>		ESTRACE	67
<i>docetaxel</i>	27	<i>7.5-325 mg</i>	3	<i>estradiol</i>	67
<i>donepezil</i>	17	<i>endocet 10-650 mg</i>	3	<i>estradiol valerate</i>	67
<i>donepezil 10 mg</i>	17	<i>endocet 7.5-500 mg</i>	3	<i>estradiol-norethindrone acet</i>	
<i>donepezil 5 mg</i>	17	<i>endodan</i>	3	.....	67
Doribax	10	Engerix-B (PF)	75	ESTRING	67
DORYX	13	Engerix-B Pediatric (PF)	75	<i>estropipate</i>	67
<i>dorzolamide</i>	79	ENJUVIA	67	<i>ethambutol</i>	25
<i>dorzolamide-timolol</i>	79	enoxaparin	43	<i>ethosuximide</i>	14
<i>doxazosin</i>	45	<i>enoxaparin 100 mg/ml, 120</i>		<i>etidronate disodium</i>	77
<i>doxepin</i>	19	<i>mg/0.8 ml, 150 mg/ml</i>	43	<i>etodolac</i>	1
Doxil	27	enoxaparin 30 mg/0.3 mL, 40		<i>etodolac</i>	24
doxorubicin	27	<i>mg/0.4 mL, 60 mg/0.6 mL, 80</i>		Etopophos	29
doxorubicin HCl peg-liposomal		<i>mg/0.8 mL</i>	43	etoposide	29
.....	28	<i>enpresse</i>	69	EURAX	32
<i>doxycycline hyclate</i>	13	<i>enskyce</i>	67	EVAMIST	67
<i>doxycycline monohydrate</i>	13	<i>entacapone</i>	32	EVISTA	70
<i>dronabinol</i>	21	<i>enulose</i>	59	EXELDERM	21
<i>drospirenone-ethinyl estradiol</i>		EPIDUO	56	EXELDERM	22
.....	67	<i>epinastine</i>	78	EXELON	17
DROXIA	27	epinephrine	83	<i>exemestane</i>	29
DULERA	83	EPIPEN 2-PAK	83	EXJADE	86
Duramorph (PF)	3	EPIPEN JR 2-PAK	83	EXTAVIA	54
DUREZOL	79	epirubicin 200 mg/100 mL, 50		FABRAZYME	57
DYNACIRC CR	49	<i>mg/25 mL</i>	28	FACTIVE	12
DYRENIUM	50	<i>epitol</i>	16	<i>falmina (28)</i>	69
<i>e.e.s. 400</i>	12	EPIVIR	37	<i>famciclovir</i>	37
<i>econazole</i>	21	EPIVIR HBV	35	<i>famotidine</i>	58
EDECRIN	50	<i>eplerenone</i>	50	famotidine (PF)	59
EDURANT	37	Epogen	44	famotidine (PF)-NaCl (iso-os)	
EGRIFTA	71	<i>eprosartan</i>	45	.....	59
ELAPRASE	57	EPZICOM	37	FANAPT	34
ELESTRIN	67	EQUETRO	17	FANAPT 1 MG, 10 MG, 12	
ELIDEL	56	Eraxis(Water Diluent)	21	MG.....	34
Eligard	71	ERBITUX	30	FANAPT 2 MG, 4 MG, 6 MG, 8	
ELIQUIS	43	<i>ergoloid</i>	17	MG.....	34
Elitek	57	ERIVEDGE	28	FARESTON	26
<i>elixophyllin</i>	83	<i>errin</i>	69	Faslodex	26
ELLA	69	ERTACZO	21	FAZACLO	35
ELMIRON	61	<i>ery pads</i>	12	<i>felbamate</i>	15
Elspar	45	ERYPED 200	12	FELBATOL	15
EMADINE	78	ERYPED 400	12	<i>felodipine</i>	49
EMCYT	26	<i>ery-tab</i>	12	FEMHRT LOW DOSE	67
EMEND	21	Erythrocin	12	FEMRING	67
EMEND 125 MG, 80 MG	21	<i>erythrocin stearate</i>	12	FEMTRACE	67
<i>emoquette</i>	67	<i>erythromycin</i>	12	<i>fenofibrate</i>	51
EMSAM	18	<i>erythromycin ethylsuccinate</i>	12	<i>fenofibrate micronized 130 mg,</i>	
EMTRIVA	37	<i>erythromycin with ethanol</i>	12	<i>43 mg</i>	51
ENABLEX	60				

<i>fenofibrate micronized 134 mg,</i>		
<i>200 mg, 67 mg</i>	51	
<i>fenofibrate nanocrystallized 145</i>		
<i>mg</i>	51	
<i>fenofibrate nanocrystallized 48</i>		
<i>mg</i>	51	
<i>fenofibric acid (choline)</i>	51	
FENOGLIDE.....	51	
<i>fenopropfen</i>	1	
<i>fentanyl 100 mcg/hr, 25 mcg/hr,</i>		
<i>50 mcg/hr</i>	2	
<i>fentanyl 12 mcg/hr, 75 mcg/hr</i>	2	
<i>fentanyl citrate 1,200 mcg, 1,600</i>		
<i>mcg, 800 mcg</i>	3	
<i>fentanyl citrate 200 mcg, 400</i>		
<i>mcg, 600 mcg</i>	3	
FINACEA.....	56	
<i>finasteride</i>	61	
FIRAZYR.....	49	
Firmagon 120 mg.....	71	
Firmagon 80 mg.....	71	
FLAGYL ER.....	7	
FLAREX.....	79	
<i>flavoxate</i>	60	
<i>flecainide</i>	47	
FLECTOR.....	1	
FLOVENT DISKUS 100		
MCG/ACTUATION, 50		
MCG/ACTUATION.....	81	
FLOVENT DISKUS 250		
MCG/ACTUATION.....	81	
FLOVENT HFA 110		
MCG/ACTUATION, 220		
MCG/ACTUATION.....	81	
FLOVENT HFA 44		
MCG/ACTUATION.....	82	
<i>fluconazole</i>	22	
<i>fluconazole in dextrose(iso-o)</i>		
.....	22	
<i>flucytosine</i>	22	
fludarabine.....	28	
<i>fludrocortisone</i>	63	
<i>flunisolide</i>	82	
<i>fluocinolone</i>	63	
<i>fluocinolone acetonide oil</i>	63	
<i>fluocinonide</i>	63	
<i>fluocinonide-e</i>	63	
FLUOROPLEX.....	56	
fluorouracil.....	56	
<i>fluoxetine</i>	19	
fluphenazine decanoate.....	33	
fluphenazine HCl.....	33	
<i>flurbiprofen</i>	1	
<i>flurbiprofen</i>	24	
<i>flurbiprofen sodium</i>	79	
<i>flutamide</i>	72	
<i>fluticasone</i>	63	
<i>fluticasone</i>	82	
<i>fluvastatin</i>	51	
<i>fluvoxamine</i>	19	
FML FORTE.....	79	
FML S.O.P.....	79	
FOCALIN XR.....	53	
FOLOTYN.....	27	
fomepizole.....	57	
<i>fondaparinux 10 mg/0.8 ml, 5</i>		
<i>mg/0.4 ml, 7.5 mg/0.6 ml</i>	43	
<i>fondaparinux 2.5 mg/0.5 mL</i>	43	
FORADIL AEROLIZER.....	83	
Fortaz.....	10	
Fortaz in dextrose 5 % 1		
gram/50 mL.....	10	
Fortaz in dextrose 5 % 2		
gram/50 mL.....	10	
FORTEO.....	77	
FOSAMAX PLUS D.....	77	
foscarnet.....	35	
<i>fosinopril</i>	46	
<i>fosinopril-hydrochlorothiazide</i>		
.....	46	
fosphenytoin.....	17	
FOSRENOL.....	61	
Fragmin.....	43	
FRAGMIN 10,000 UNIT/ML,		
12,500 UNIT/0.5 ML, 15,000		
UNIT/0.6 ML, 18,000		
UNIT/0.72 ML, 7,500 UNIT/0.3		
ML.....	43	
Fragmin 2,500 unit/0.2 mL,		
5,000 unit/0.2 mL.....	43	
Freamine III 3 %-Electrolytes		
.....	88	
Freamine III 8.5 %.....	88	
furosemide.....	50	
Fusilev.....	28	
FUZEON.....	38	
<i>gabapentin</i>	15	
<i>gabapentin 100 mg</i>	15	
<i>gabapentin 300 mg, 400 mg</i>	15	
<i>gabapentin 600 mg</i>	15	
<i>gabapentin 800 mg</i>	15	
GABITRIL 12 MG.....	15	
GABITRIL 16 MG.....	15	
<i>galantamine</i>	17	
<i>galantamine</i>	18	
GamaSTAN S/D.....	74	
GAMMAGARD LIQUID.....	74	
GAMMAPLEX.....	74	
GAMUNEX-C.....	74	
<i>ganciclovir sodium</i>	35	
Gardasil (PF).....	75	
<i>gavilyte-c</i>	59	
<i>gavilyte-g</i>	59	
<i>gavilyte-n</i>	59	
GELNIQUE.....	60	
<i>gemcitabine</i>	27	
<i>gemfibrozil</i>	51	
<i>generlac</i>	58	
<i>gengraf</i>	73	
GENOTROPIN.....	65	
Genotropin Miniquick 0.2		
mg/0.25 mL.....	65	
GENOTROPIN MINIQUICK		
0.4 MG/0.25 ML, 0.6 MG/0.25		
ML, 0.8 MG/0.25 ML, 1		
MG/0.25 ML, 1.2 MG/0.25 ML,		
1.4 MG/0.25 ML, 1.6 MG/0.25		
ML, 1.8 MG/0.25 ML, 2		
MG/0.25 ML.....	65	
<i>gentak</i>	6	
<i>gentamicin</i>	6	
<i>gentamicin in NaCl (iso-osm)</i>	6	
<i>gentamicin sulfate (PF)</i>	6	
Geodon.....	34	
<i>gianvi</i>	67	
<i>gildagia</i>	69	
<i>gildess</i>	69	
GILOTRIF.....	28	
GLASSIA.....	84	
GLEEVEC.....	30	
<i>glimepiride</i>	40	
<i>glipizide</i>	41	
<i>glipizide-metformin</i>	41	
GLUCAGON HYPOKIT.....	41	
GLUCAGON EMERGENCY		
.....	42	
<i>glyburide</i>	41	
<i>glyburide micronized</i>	41	
<i>glyburide-metformin</i>	41	
<i>glycopyrrolate</i>	58	
GLYSET.....	41	
GOLYTELY.....	59	
granisetron.....	21	
granisetron (PF).....	21	
<i>granisol</i>	21	
<i>grifulvin v</i>	22	
<i>griseofulvin microsize</i>	22	
<i>griseofulvin ultramicrosize</i>	22	
<i>guanfacine</i>	45	

HALAVEN	28	<i>hydrocodone-acetaminophen</i>		INFERGEN	35
HALFLYTELY-BISACODYL		<i>10-325 mg, 5-325 mg, 7.5-325</i>		INLYTA	30
W-FLAV PK	59	<i>mg</i>	3	INSULIN PEN NEEDLE	42
<i>halobetasol propionate</i>	63	<i>hydrocodone-acetaminophen</i>		INSULIN SYRINGE-NEEDLE	
HALOG	63	<i>10-500 mg, 2.5-500 mg, 5-500</i>		U-100	42
<i>haloperidol</i>	33	<i>mg, 7.5-500 mg</i>	3	INTELENCE 100 MG	37
haloperidol decanoate	33	<i>hydrocodone-acetaminophen</i>		INTELENCE 200 MG	37
haloperidol lactate	33	<i>10-650 mg, 10-660 mg, 7.5-650</i>		INTELENCE 25 MG	37
Havrix (PF)	75	<i>mg</i>	3	Intralipid	88
<i>hecoria</i>	73	<i>hydrocodone-acetaminophen</i>		Intron A	35
HECTOROL	77	<i>10-750 mg, 7.5-750 mg</i>	3	Intron A 10 million unit/0.2 mL,	
HELIDAC	58	<i>hydrocodone-acetaminophen</i>		3 million unit /0.2 mL-6	
heparin (porcine) 1,000		<i>2.5-108 mg/5 ml</i>	3	doses	35
unit/mL	43	<i>hydrocodone-acetaminophen</i>		INTRON A 5 MILLION	
heparin (porcine) 10,000		<i>7.5-500 mg/15 ml</i>	3	UNIT/0.2 ML	36
unit/mL, 20,000 unit/mL, 5,000		<i>hydrocodone-ibuprofen</i>	3	<i>introvale</i>	67
unit/mL	43	<i>hydrocortisone</i>	23	INTUNIV ER 1 MG, 3 MG, 4	
heparin (porcine) in D5W	43	<i>hydrocortisone</i>	63	MG	53
heparin (porcine) in NaCl (PF)		<i>hydrocortisone</i>	76	INTUNIV ER 2 MG	53
.....	43	<i>hydrocortisone butyrate</i>	63	Invanz	10
heparin(porcine) in 0.45% NaCl		<i>hydrocortisone valerate</i>	63	INVEGA 1.5 MG, 3 MG, 9	
.....	43	<i>hydrocortisone-acetic acid</i>	80	MG	34
Hepatamine 8%	88	<i>hydromorphone</i>	3	INVEGA 6 MG	34
Hepatasol 8 %	88	<i>hydromorphone (PF)</i>	3	Invega Sustenna 117 mg/0.75	
HEPSERA	35	<i>hydroxychloroquine</i>	31	mL, 156 mg/mL, 39 mg/0.25	
HERCEPTIN	30	<i>hydroxyurea</i>	27	mL, 78 mg/0.5 mL	34
HEXALEN	26	<i>hydroxyzine HCl</i>	20	Invega Sustenna 234 mg/1.5	
HUBER SAFETY NEEDLES		<i>hydroxyzine hcl 10 mg, 25</i>		mL	34
(DISP.)	42	<i>mg</i>	20	INVIRASE	38
HUMALOG	42	<i>hydroxyzine pamoate 25 mg, 50</i>		Ionosol-B in D5W	88
HUMALOG KWIKPEN	42	<i>mg</i>	20	Ionosol-MB in D5W	88
HUMALOG MIX 50-50	42	<i>ibandronate</i>	77	IOPIDINE	79
HUMALOG MIX 50-50		<i>ibuprofen</i>	1	IPOL	75
KWIKPEN	42	<i>ibuprofen</i>	24	<i>ipratropium bromide</i>	83
HUMALOG MIX 75-25	42	<i>ibuprofen-oxycodone</i>	3	<i>ipratropium bromide 0.03 %</i>	82
HUMALOG MIX 75-25		ICLUSIG 15 MG	30	<i>ipratropium bromide 0.06 %</i>	83
KWIKPEN	42	ICLUSIG 45 MG	30	<i>ipratropium-albuterol</i>	83
HUMATROPE	65	idarubicin	28	<i>irbesartan</i>	46
HUMIRA	73	Ifex	26	<i>irbesartan-hydrochlorothiazide</i>	
HUMIRA CROHN'S DIS		ifosfamide	26	.....	46
START PCK	73	imipenem-cilastatin	10	irinotecan 100 mg/5 mL, 40	
HUMULIN 70/30	42	<i>imipramine hcl</i>	19	mg/2 mL	28
HUMULIN 70/30 PEN	42	<i>imipramine pamoate</i>	19	ISENTRESS	38
HUMULIN N	42	<i>imiquimod</i>	56	Isolyte-H in D5W	88
HUMULIN N PEN	42	Imovax Rabies Vaccine (PF)		Isolyte-M in D5W	88
HUMULIN R	42	.....	75	Isolyte-P in D5W	88
HUMULIN R U-500		INCIVEK	35	Isolyte-S	88
"CONCENTRATED"	42	INCRELEX	65	Isolyte-S in D5W	88
hydralazine	52	<i>indapamide</i>	51	isoniazid	25
<i>hydrochlorothiazide</i>	51	INDOCIN	1	ISOPTO CARPINE	79
<i>hydrocodone-acetaminophen</i>		<i>indomethacin</i>	1	<i>isosorbide dinitrate</i>	52
<i>10-300 mg, 5-300 mg, 7.5-300</i>		<i>indomethacin</i>	24	<i>isosorbide mononitrate</i>	52
<i>mg</i>	3	Infanrix (PF)	75	<i>isradipine</i>	49

ISTALOL	79	LAMICTAL ODT	16	LEVOTHROID	70
ISTODAX	28	LAMICTAL STARTER		<i>levothyroxine</i>	71
<i>itraconazole</i>	22	(BLUE) KIT	16	LEVOXYL	71
IXEMPRA	28	LAMICTAL STARTER		LEXIVA	38
Ixiaro (PF)	75	(GREEN) KIT	16	LIALDA	76
JAKAFI	29	LAMICTAL STARTER		<i>lidocaine</i>	5
JALYN	61	(ORANGE) KIT	16	lidocaine (PF)	5
<i>jantoven</i>	44	LAMICTAL XR	16	<i>lidocaine hcl</i>	5
JANUMET	41	LAMICTAL XR STARTER		<i>lidocaine-prilocaine</i>	5
JANUMET XR	41	(BLUE)	16	LIDODERM	5
JANUVIA	41	LAMICTAL XR STARTER		Lincocin	7
<i>jencycla</i>	69	(GREEN)	16	<i>lindane</i>	32
JEVTANA	28	LAMICTAL XR STARTER		liothyronine	71
<i>jinteli</i>	67	(ORANGE)	16	LIPOFEN	51
<i>jolivette</i>	69	LAMISIL	22	Liposyn III	88
<i>junel 1.5/30 (21)</i>	69	<i>lamivudine</i>	38	<i>lisinopril</i>	46
<i>junel 1/20 (21)</i>	69	<i>lamivudine-zidovudine</i>	38	<i>lisinopril-hydrochlorothiazide</i>	
<i>junel fe 1.5/30 (28)</i>	69	<i>lamotrigine</i>	16		46
<i>junel fe 1/20 (28)</i>	69	Lanoxin	49	<i>lithium carbonate</i>	40
JUVISYNC	52	Lanoxin Pediatric	50	<i>lithium citrate</i>	40
KADCYLA	27	<i>lansoprazole 15 mg</i>	60	LITHOBID	40
KALETRA	38	<i>lansoprazole 30 mg</i>	60	LOCOID	63
KALYDECO	84	LANTUS	42	LOCOID LIPOCREAM	64
kanamycin	6	LANTUS SOLOSTAR	42	LODOSYN	33
<i>kariva (28)</i>	67	<i>latanoprost</i>	80	LOESTRIN 24 FE	69
<i>kelnor 1/35 (28)</i>	67	LATUDA	34	<i>lofibra</i>	51
KENALOG	63	<i>leena 28</i>	69	LOKARA	64
Kepivance	55	<i>leflunomide</i>	74	<i>loperamide</i>	58
KEPPRA	14	<i>lessina</i>	69	<i>lorazepam</i>	40
KEPPRA XR	14	LETAIRIS	84	<i>loryna</i>	67
KETEK	12	<i>letrozole</i>	29	<i>losartan 100 mg, 25 mg</i>	46
<i>ketoconazole</i>	22	leucovorin calcium	28	<i>losartan 50 mg</i>	46
<i>ketodan kit</i>	22	LEUKERAN	26	<i>losartan-hydrochlorothiazide</i>	
<i>ketoprofen</i>	1	LEUKINE	44		46
<i>ketoprofen</i>	24	leuprolide	71	LOTEMAX	80
ketorolac	1	<i>levabuterol hcl</i>	83	LOTRONEX	59
<i>ketorolac</i>	79	LEVATOL	48	<i>lovastatin</i>	51
KINERET	73	LEVEMIR	42	LOVAZA	52
<i>kionex</i>	86	LEVEMIR FLEXPEN	42	Lovenox	44
<i>klor-con</i>	88	<i>levetiracetam</i>	14	<i>low-ogestrel (28)</i>	69
<i>klor-con 10</i>	88	<i>levobunolol</i>	79	<i>loxapine succinate</i>	34
<i>klor-con m15</i>	88	levocarnitine	88	LUFYLLIN	83
<i>klor-con m20</i>	88	<i>levocarnitine (with sugar)</i>	88	LUPRON DEPOT	71
KRISTALOSE	58	<i>levocetirizine</i>	81	LUPRON DEPOT (3 MONTH)	
K-TAB	88	<i>levofloxacin</i>	13		71
<i>kurvelo</i>	69	levofloxacin in D5W	13	LUPRON DEPOT (4 MONTH)	
KUVAN	57	<i>levonest (28)</i>	67		71
labetalol	48	<i>levonorgestrel-ethinyl estrad</i>		LUPRON DEPOT (6 MONTH)	
LACLOTION	56		67		71
LACRISERT	78	<i>levonorgestrel-ethinyl estrad</i>		LUPRON DEPOT-PED	71
lactated ringers	88	<i>0.1-20 mg-mcg</i>	69	LUPRON DEPOT-PED (3	
<i>lactulose</i>	59	<i>levora-28</i>	69	MONTH)	71
LAMICTAL	15	<i>levorphanol tartrate</i>	3	<i>lutra (28)</i>	69

LYRICA	14	<i>methadone 5 mg/5 ml</i>	4	MIGRANAL	24
LYRICA	54	<i>methadose</i>	4	MILLIPRED	64
LYSODREN	71	<i>methamphetamine</i>	53	MILLIPRED	80
<i>lyza 0.35 mg</i>	69	<i>methazolamide</i>	50	<i>minitran 0.1 mg/hr, 0.2 mg/hr,</i>	
<i>mafenide acetate</i>	7	<i>methenamine hippurate</i>	7	<i>0.4 mg/hr</i>	52
magnesium sulfate	88	<i>methimazole</i>	72	<i>minitran 0.6 mg/hr</i>	52
<i>malathion</i>	32	METHITEST	66	<i>minocycline</i>	13
<i>maprotiline</i>	18	<i>methocarbamol</i>	85	<i>minocycline</i>	14
<i>marlissa</i>	67	<i>methotrexate sodium</i>	73	<i>minoxidil</i>	52
MARPLAN	18	<i>methotrexate sodium (PF)</i>	73	MIRAPEX ER	33
MATULANE	26	<i>methscopolamine</i>	58	<i>mirtazapine</i>	18
<i>matzim la</i>	49	<i>methyclothiazide</i>	51	<i>misoprostol</i>	66
MAXAIR AUTOHALER	83	<i>methyldopa</i>	45	<i>mitomycin</i>	28
MAXIDEX	80	<i>methyldopa-hydrochlorothiazide</i>		<i>mitoxantrone</i>	28
<i>meclizine</i>	20		45	M-M-R II (PF)	75
<i>meclofenamate</i>	1	<i>methyl dopate</i>	45	<i>modafinil 100 mg</i>	85
<i>meclofenamate</i>	24	<i>methylergonovine</i>	24	<i>modafinil 200 mg</i>	85
medroxyprogesterone	69	<i>methylin</i>	54	<i>moexipril</i>	46
<i>mefenamic acid</i>	1	<i>methylin 10 mg</i>	53	<i>moexipril-hydrochlorothiazide</i>	
<i>mefloquine</i>	31	<i>methylin 2.5 mg, 5 mg</i>	53		46
MEGACE ES	69	<i>methyphenidate</i>	54	<i>mometasone</i>	64
<i>megestrol</i>	69	<i>methyphenidate 10 mg, 5</i>		<i>mometasone 0.1 %</i>	64
MEKINIST	28	<i>mg</i>	54	<i>mononessa (28)</i>	68
<i>meloxicam</i>	1	<i>methyphenidate 20 mg</i>	54	<i>montelukast</i>	82
<i>meloxicam</i>	24	<i>methylnprednisolone</i>	23	MONUROL	8
<i>melfhalan</i>	26	<i>methylnprednisolone</i>	64	<i>morphine</i>	2
Menactra (PF)	75	<i>methylnprednisolone acetate</i>	64	<i>morphine</i>	4
MENEST	67	<i>methylnprednisolone sodium succ</i>		<i>morphine 10 mg/5 ml</i>	4
Menomune - A/C/Y/W-135 (PF)			64	<i>morphine 20 mg/5 ml</i>	4
	75	<i>metipranolol</i>	79	MORPHINE CONCENTRATE	
MENOSTAR	68	<i>metoclopramide HCl</i>	20		4
MENTAX	22	<i>metolazone</i>	51	MOTOFEN	58
Menveo A-C-Y-W-135-Dip (PF)		<i>metoprolol succinate</i>	48	MOVIPREP	59
	75	<i>metoprolol ta-hydrochlorothiaz</i>		MOXATAG	11
<i>meprobamate 200 mg</i>	40		48	MOZOBIL	44
<i>meprobamate 400 mg</i>	40	<i>metoprolol tartrate</i>	48	MULTAQ	47
MEPRON	31	METROGEL	7	<i>mupirocin</i>	8
<i>mercaptapurine</i>	73	<i>metronidazole</i>	8	<i>mupirocin calcium</i>	8
meropenem	10	<i>metronidazole 0.75 %</i>	8	Mustargen	26
<i>mesalamine-cleansing wipes</i>		<i>metronidazole 1 %</i>	8	MYAMBUTOL	25
	76	<i>metronidazole in NaCl (iso-os)</i>		Mycamine	22
<i>mesna</i>	28		8	MYCOBUTIN	25
MESNEX	28	<i>mexiletine</i>	47	<i>mycophenolate mofetil</i>	73
MESTINON	25	Miacalcin	77	MYFORTIC	73
MESTINON TIMESPAN	25	MICARDIS	46	<i>myorisan</i>	56
METADATE CD	53	MICARDIS HCT	46	MYOZYME	57
METADATE ER	53	<i>miconazole-3</i>	22	MYSOLINE	15
<i>metaproterenol</i>	84	<i>microgestin 1.5/30 (21)</i>	70	MYTELASE	25
<i>metformin</i>	41	<i>microgestin 1/20 (21)</i>	70	<i>nabumetone</i>	1
<i>methadone</i>	3	<i>microgestin fe 1.5/30 (28)</i>	70	<i>nabumetone</i>	24
<i>methadone 10 mg</i>	4	<i>microgestin fe 1/20 (28)</i>	70	<i>nadolol</i>	48
<i>methadone 10 mg/5 ml</i>	4	<i>midodrine</i>	45	<i>nadolol-bendroflumethiazide</i>	
<i>methadone 5 mg</i>	4	<i>migergot</i>	24		48

nafcillin	11	<i>niacin</i>	52	NUTROPIN	65
nafcillin in dextrose iso-osm	11	<i>niacin</i>	77	NUTROPIN AQ	65
NAFTIN	22	NIASPAN		NUTROPIN AQ NUSPIN	65
NAFTIN 1 %	22	EXTENDED-RELEASE	52	NUVARING	68
NAGLAZYME	57	<i>nicardipine</i>	49	<i>nyamyc</i>	22
nalbuphine	4	NICOTROL	6	<i>nystatin</i>	22
NALFON	2	NICOTROL NS	6	<i>nystatin-triamcinolone</i>	56
NALFON	51	<i>nifediac cc</i>	49	<i>nystop</i>	22
naloxone	6	<i>nifedical xl</i>	49	<i>ocella</i>	68
<i>naltrexone</i>	5	<i>nifedipine</i>	49	<i>octreotide acetate 1,000 mcg/ml,</i>	
NAMENDA	18	NILANDRON	72	<i>500 mcg/ml</i>	71
NAMENDA 10 MG	18	<i>nimodipine</i>	49	<i>octreotide acetate 100 mcg/mL,</i>	
NAMENDA 5 MG	18	<i>nisoldipine</i>	49	<i>200 mcg/mL, 50 mcg/mL</i>	72
NAMENDA TITRATION PAK		NITRO-BID	52	<i>ofloxacin</i>	13
	18	<i>nitrofurantoin</i>	8	<i>ogestrel (28)</i>	68
<i>naphazoline</i>	78	<i>nitrofurantoin macrocrystal</i>	8	<i>olanzapine</i>	34
NAPRELAN CR	2	<i>nitrofurantoin monohyd/m-cryst</i>		<i>olanzapine-fluoxetine</i>	18
<i>naproxen</i>	2		8	OLUX-E	64
<i>naproxen</i>	24	nitroglycerin	52	<i>omeprazole</i>	60
<i>naproxen sodium</i>	2	NITROLINGUAL	52	<i>omeprazole-sodium bicarbonate</i>	
<i>naratriptan</i>	24	NITROMIST	52		60
NASONEX	82	NITROSTAT	52	OMNARIS	82
NATACYN	22	<i>nizatidine</i>	59	Omnitrope	65
<i>nateglinide</i>	41	<i>nora-be</i>	70	<i>ondansetron</i>	21
NATROBA	32	NORDITROPIN FLEXPRO		<i>ondansetron hcl</i>	21
NEBUPENT	31		65	<i>ondansetron HCl (PF)</i>	21
<i>necon 0.5/35 (28)</i>	70	NORDITROPIN NORDIFLEX		ONFI	14
<i>necon 1/35 (28)</i>	70		65	ONFI 10 MG, 5 MG	14
<i>necon 10/11 (28)</i>	70	<i>norethindrone (contraceptive)</i>		ONFI 20 MG	14
<i>necon 7/7/7 (28)</i>	70		70	Ontak	28
<i>nefazodone</i>	18	<i>norethindrone acetate</i>	70	ORACEA	14
<i>neomycin</i>	6	Normosol-M in D5W	88	ORAP	34
<i>neomycin-bacitracin-poly-hc</i>		Normosol-R in D5W	88	ORAPRED ODT	64
	78	Normosol-R pH 7.4	89	ORAPRED ODT	80
<i>neomycin-bacitracin-polymyxin</i>		NOROXIN	13	ORENCIA	73
	78	NORPACE CR	47	ORFADIN	57
<i>neomycin-polymyxin b gu</i>	8	<i>nortrel 0.5/35 (28)</i>	70	<i>orphenadrine citrate</i>	85
<i>neomycin-polymyxin-dexameth</i>		<i>nortrel 1/35 (21)</i>	70	<i>orphenadrine compound</i>	85
	78	<i>nortrel 1/35 (28)</i>	70	<i>orphenadrine compound-ds</i>	85
<i>neomycin-polymyxin-gramicidin</i>		<i>nortrel 7/7/7 (28)</i>	70	<i>orsythia</i>	68
	78	<i>nortriptyline</i>	19	ORTHO EVRA	70
<i>neomycin-polymyxin-hc</i>	78	NORVIR	38	ORTHO TRI-CYCLEN (28)	
<i>neomycin-polymyxin-hc</i>	80	NORVIR	39		68
NEORAL	73	NOVOLIN 70/30	42	ORTHO TRI-CYCLEN LO (28)	
Nephramine 5.4 %	88	NOVOLIN N	42		68
NEULASTA	44	NOVOLIN R	43	OSMOPREP	59
NEUMEGA	44	NOVOLOG	43	OVCON-50 (28)	70
NEUPOGEN	44	NOVOLOG FLEXPEN	43	oxacillin	11
NEVANAC	80	NOVOLOG MIX 70-30	43	oxacillin in dextrose(iso-osm)	
<i>nevirapine</i>	37	NOVOLOG MIX 70-30			11
NEXAVAR	30	FLEXPEN	43	<i>oxaliplatin</i>	26
Nexium IV	60	NOXAFIL	22	<i>oxandrolone 10 mg</i>	66
<i>next choice</i>	70	NULOJIX	73	<i>oxandrolone 2.5 mg</i>	66

<i>oxaprozin</i>	2	penicillin G potassium	11	<i>portia</i>	70
<i>oxcarbazepine</i>	17	penicillin G procaine	11	potassium	
OXISTAT	22	penicillin G sodium	11	chlorid-D5-0.45%NaCl	89
OXSORALEN	56	<i>penicillin v potassium</i>	11	<i>potassium chloride</i>	89
OXSORALEN ULTRA	56	Pentam	32	potassium chloride in 0.9%NaCl	
<i>oxybutynin chloride</i>	60	PENTASA 250 MG	76	.....	89
<i>oxybutynin chloride 10 mg, 5</i>		PENTASA 500 MG	76	potassium chloride in D5W	89
<i>mg</i>	60	<i>pentazocine-acetaminophen</i>	5	potassium chloride in LR-D5	
<i>oxybutynin chloride 15 mg</i>	60	<i>pentazocine-naloxone</i>	5	.....	89
<i>oxycodone</i>	4	pentostatin	27	potassium chloride-0.45 % NaCl	
<i>oxycodone 10 mg, 15 mg, 20</i>		<i>pentoxifylline</i>	50	.....	89
<i>mg</i>	4	PERFOROMIST	84	potassium	
<i>oxycodone 30 mg</i>	4	<i>perindopril erbumine</i>	46	chloride-D5-0.2%NaCl	89
<i>oxycodone 5 mg</i>	4	<i>periogard</i>	55	potassium	
<i>oxycodone-acetaminophen</i>	4	PERJETA	30	chloride-D5-0.3%NaCl	89
<i>oxycodone-acetaminophen</i>		<i>permethrin</i>	32	potassium	
<i>10-325 mg, 2.5-325 mg, 5-325</i>		<i>perphenazine</i>	20	chloride-D5-0.9%NaCl	89
<i>mg, 7.5-325 mg</i>	4	<i>perphenazine-amitriptyline</i>	19	<i>potassium citrate</i>	89
<i>oxycodone-acetaminophen</i>		PEXEVA	19	POTIGA	14
<i>10-650 mg</i>	4	<i>phenadoz</i>	20	PRADAXA	44
<i>oxycodone-acetaminophen</i>		<i>phenelzine</i>	18	<i>pramipexole</i>	33
<i>7.5-500 mg</i>	4	<i>phenobarbital</i>	14	PRANDIMET	41
<i>oxycodone-aspirin</i>	5	<i>phenobarbital 100 mg, 97.2</i>		PRANDIN	41
<i>oxymorphone</i>	5	<i>mg</i>	14	<i>pravastatin</i>	51
OXYTROL	60	<i>phenobarbital 15 mg, 16.2 mg,</i>		<i>prazosin</i>	45
<i>pacerone</i>	47	<i>30 mg, 32.4 mg, 60 mg, 64.8</i>		PRED MILD	80
paclitaxel	28	<i>mg</i>	14	PRED-G	78
pamidronate	77	PHENYTEK	17	PRED-G S.O.P.	78
PANCREAZE	57	<i>phenytoin</i>	17	<i>prednicarbate</i>	64
PANDEL	64	phenytoin sodium	17	<i>prednisolone acetate</i>	80
PANRETIN	31	<i>phenytoin sodium extended</i>	17	<i>prednisolone sodium phosphate</i>	
pantoprazole	60	PHISOHEX	56	.....	64
<i>pantoprazole 20 mg</i>	60	PHOSPHOLINE IODIDE	79	<i>prednisolone sodium phosphate</i>	
<i>pantoprazole 40 mg</i>	60	<i>physiolyte</i>	89	.....	80
<i>paricalcitol</i>	77	PHYSIOSOL IRRIGATION		<i>prednisone</i>	23
PAROMOMYCIN	6	.....	89	<i>prednisone</i>	64
<i>paroxetine hcl</i>	19	<i>pilocarpine hcl</i>	55	PREDNISONE INTENSOL	64
PASER	25	PILOPINE HS	79	PREFEST	68
PATADAY	78	<i>pindolol</i>	48	Pregnyl	65
PATANASE	81	<i>pioglitazone</i>	41	Premarin	68
PATANOL	78	<i>pioglitazone-glimepiride</i>	41	Premasol 10 %	89
PAXIL	19	<i>pioglitazone-metformin</i>	41	Premasol 6 %	89
PCE	12	piperacillin-tazobactam	11	PREMPHASE	68
PEDI-DRI	23	<i>pirmella 1-35 mg-mcg</i>	70	PREMPRO	68
Pedvax HIB (PF)	75	<i>piroxicam</i>	2	PRENATAL PLUS WITH	
PEGANONE	17	<i>piroxicam</i>	24	IRON (CA)	90
PEGASYS	36	Plasma-Lyte 148	89	<i>prevalite</i>	52
PEGASYS CONVENIENCE		Plasma-Lyte A	89	<i>previfem</i>	68
PACK	36	Plasma-Lyte-56 in D5W	89	PREVPAC	58
Pegasys ProClick	36	<i>podofilox</i>	56	PREZISTA	39
PEGINTRON	36	<i>polyethylene glycol 3350</i>	59	PREZISTA 150 MG, 400 MG,	
PEGINTRON REDIPEN	36	polymyxin B sulfate	8	600 MG, 800 MG	39
penicillin G pot in dextrose	11	POMALYST	27	PREZISTA 75 MG	39

PRIFTIN	25	<i>pyrazinamide</i>	25	<i>ribapak dose pack 600-400 mg</i>	
PRIMAQUINE	32	<i>pyridostigmine bromide</i>	25	(28)-mg (28)	36
<i>primidone</i>	15	QUALAQUIN	32	<i>ribapak dose pack 600-600 mg</i>	
PRIMSOL	8	<i>quasense</i>	70	(28)-mg (28)	36
PRISTIQ	19	<i>quetiapine</i>	34	<i>ribasphere</i>	36
PRIVIGEN 10 %	74	<i>quinapril</i>	46	<i>ribasphere 200 mg</i>	36
PROAIR HFA	84	<i>quinapril-hydrochlorothiazide</i>		<i>ribasphere 400 mg</i>	36
<i>probenecid</i>	23		46	<i>ribasphere 600 mg</i>	36
<i>procainamide</i>	47	<i>quinidine gluconate</i>	47	<i>ribavirin</i>	36
Procalamine 3%	89	<i>quinidine sulfate</i>	47	RIDAURA	74
<i>prochlorperazine</i>	20	<i>quinine sulfate</i>	32	<i>rifampin</i>	25
<i>prochlorperazine Edisylate</i>	20	QVAR 40		<i>rifampin</i>	26
<i>prochlorperazine maleate</i>	20	MCG/ACTUATION	82	RIFATER	26
Procrit 10,000 unit/mL, 2,000		QVAR 80		RILUTEK	54
unit/mL, 3,000 unit/mL, 4,000		MCG/ACTUATION	82	<i>riluzole</i>	54
unit/mL	44	RabAvert (PF)	75	<i>rimantadine</i>	39
PROCRIT 20,000 UNIT/ML,		<i>ramipril</i>	46	ringers	89
40,000 UNIT/ML	44	RANEXA	50	RIOMET	41
<i>proctocream-hc</i>	76	<i>ranitidine hcl</i>	59	Risperdal Consta	34
<i>procto-pak</i>	76	RAPAMUNE	73	<i>risperidone</i>	34
<i>proctozone-hc</i>	76	REBETOL	36	<i>risperidone</i>	35
<i>progesterone micronized</i>	70	REBIF	55	RITALIN LA 10 MG	54
PROGLYCEM	42	REBIF TITRATION PACK	55	RITUXAN	30
PROGRAF	73	<i>reclipsen (28)</i>	68	<i>rivastigmine 1.5 mg, 3 mg</i>	18
PROLASTIN C	84	Recombivax HB (PF)	75	<i>rivastigmine 4.5 mg, 6 mg</i>	18
Proleukin	74	Regonol	25	<i>rizatriptan</i>	24
PROMACTA 12.5 MG	44	RELENZA DISKHALER	39	<i>ropinirole</i>	33
PROMACTA 25 MG, 50 MG,		Relistor	58	<i>ropinirole 12 mg, 6 mg</i>	33
75 MG	44	RELPAX	24	<i>ropinirole 2 mg, 4 mg, 8 mg</i>	33
<i>promethazine</i>	20	REMICADE	73	RotaTeq Vaccine	75
PROMETHAZINE VC	81	REMODULIN	84	<i>roxicet</i>	5
<i>promethegan</i>	20	RENAGEL	61	SABRIL	15
PROMETRIUM	70	REVELA	61	SAIZEN	65
<i>propafenone</i>	47	REVELA 0.8 GRAM	61	SAIZEN CLICK.EASY	65
<i>propranetheline</i>	58	REVELA 2.4 GRAM	61	SAMSCA	86
<i>proparacaine</i>	78	<i>repaglinide</i>	41	SANDIMMUNE	74
<i>propranolol</i>	48	RESCRIPTOR	37	SANDOSTATIN LAR DEPOT	
<i>propranolol-hydrochlorothiazid</i>		<i>reserpine</i>	50		72
	48	RESTASIS	78	SANTYL	56
<i>propylthiouracil</i>	72	RETIN-A 0.01 %	31	SAPHRIS	40
ProQuad (PF)	75	RETIN-A 0.05 %	31	<i>selegiline hcl</i>	33
Prosol 20%	89	RETIN-A MICRO	31	<i>selenium sulfide</i>	56
PROTOPIC	56	Retrovir	38	SELZENTRY	38
<i>protriptyline</i>	20	REVATIO	84	SEMPREX-D	81
PROVENTIL HFA	84	REVLIMID	26	SENSIPAR 30 MG, 60 MG	71
PROVIGIL 100 MG	86	REYATAZ 100 MG, 150		SENSIPAR 90 MG	71
PROVIGIL 200 MG	86	MG	39	SEREVENT DISKUS	84
PRUDOXIN	56	REYATAZ 200 MG, 300		SEROQUEL	40
PULMICORT 1 MG/2 ML	82	MG	39	SEROSTIM	65
PULMICORT FLEXHALER		RHEUMATREX	73	<i>sertraline</i>	19
	82	RHINOCORT AQUA	82	<i>sertraline</i>	40
PULMOZYME	85	<i>ribapak dose pack 400-400 mg</i>		<i>sildenafil</i>	84
PYLERA	58	(28)-mg (28)	36	<i>silver sulfadiazine</i>	13

SIMPONI 100 MG/ML	74	STELARA	56	<i>tamoxifen</i>	27
SIMPONI 50 MG/0.5 ML	74	STIMATE	66	<i>tamsulosin</i>	61
SIMPONI ARIA	74	STIVARGA	30	TARCEVA	30
SIMULECT	74	STRATTERA 10 MG, 18 MG,		TARGRETIN	31
<i>simvastatin</i>	51	25 MG, 40 MG	54	TARKA	46
SINGULAIR	82	STRATTERA 100 MG, 60 MG,		TASIGNA	30
SKELID	77	80 MG	54	TASMAR	32
sodium chloride	89	streptomycin	6	TAZORAC	56
sodium chloride 0.45 %	90	STRIANT	66	TAZORAC	57
sodium chloride 0.9 %	90	STRIBILD	37	<i>taztia xt</i>	49
sodium chloride 3 %	90	STROMECTOL	31	TEGRETOL	17
sodium chloride 5 %	90	SUBOXONE	6	TEGRETOL XR	17
<i>sodium fluoride</i>	90	SUCRAID	57	TEKTURNA	50
sodium lactate	90	<i>sucralfate</i>	59	<i>terazosin</i>	45
<i>sodium phenylbutyrate</i>	57	<i>sulfacetamide sodium</i>	13	<i>terbinafine</i>	23
<i>sodium polystyrene (sorb free)</i>		<i>sulfacetamide sodium</i>	78	terbutaline	84
	86	<i>sulfacetamide sodium (acne)</i>		<i>terconazole</i>	23
SOLARAZE	56		13	TESTIM	66
SOLTAMOX	26	<i>sulfacetamide-prednisolone</i>	78	testosterone cypionate	66
Solu-Cortef (PF) 250 mg/2		<i>sulfadiazine</i>	13	testosterone enanthate	66
mL	64	sulfamethoxazole-trimethoprim		TESTRED	66
Solu-Medrol	64		13	tetanus-diphtheria toxoids-Td	
Solu-Medrol (PF)	64	SULFAMYLON	8		76
SOMATULINE DEPOT 120		<i>sulfasalazine</i>	76	<i>tetracycline</i>	14
MG/0.5 ML	72	<i>sulfazine ec</i>	76	Tev-Tropin	66
SOMATULINE DEPOT 60		<i>sulindac</i>	2	THALITONE	51
MG/0.2 ML	72	<i>sulindac</i>	24	THALOMID	26
SOMATULINE DEPOT 90		<i>sumatriptan</i>	24	<i>theophylline</i>	83
MG/0.3 ML	72	<i>sumatriptan succinate</i>	24	<i>thioridazine</i>	34
SOMAVERT	72	<i>sumatriptan succinate</i>	25	thiotepa	26
SORIATANE	56	SUPRAX	10	<i>thiothixene</i>	34
<i>sorine</i>	47	SUPREP	59	THYMOGLOBULIN	74
sotalol	47	SUSTIVA	37	<i>tiagabine</i>	15
<i>sotalol af</i>	47	SUTENT 12.5 MG, 25 MG	30	<i>ticlopidine</i>	45
SPECTRACEF	10	SUTENT 50 MG	30	TIKOSYN 125 MCG	47
SPIRIVA WITH		SYLATRON	28	TIKOSYN 250 MCG	47
HANDIHALER	83	SYMLINPEN 120	41	TIKOSYN 500 MCG	47
<i>spironolactone</i>	50	SYMLINPEN 60	41	Timentin	11
<i>spironolacton-hydrochlorothiaz</i>		SYNAGIS	75	<i>timolol maleate</i>	24
	50	SYNAREL	72	<i>timolol maleate</i>	79
<i>sprintec (28)</i>	68	SYNERA	5	TIMOPTIC OCUDOSE (PF)	
SPRYCEL	30	Synercid	8		79
<i>sronyx</i>	70	SYNRIBO	28	<i>tinidazole</i>	32
<i>ssd</i>	13	SYNTHROID	71	TIVICAY	38
<i>stagesic</i>	5	SYPRINE	86	<i>tizanidine</i>	35
STALEVO 100	32	TABLOID	27	<i>tizanidine</i>	85
STALEVO 125	32	TACLONEX	56	TOBI	6
STALEVO 150	32	<i>tacrolimus</i>	74	TOBRADEX	6
STALEVO 200	32	TAFINLAR	28	TOBRADEX ST	78
STALEVO 50	32	Talwin	5	<i>tobramycin</i>	6
STALEVO 75	32	TAMIFLU	39	tobramycin in 0.9 % NaCl	6
<i>stavudine</i>	38	TAMIFLU 30 MG	39	tobramycin sulfate	6
STAVZOR	15	TAMIFLU 45 MG, 75 MG	39	<i>tobramycin-dexamethasone</i>	78

TOBREX	6	<i>trimethoprim</i>	8	VENTAVIS 10 MCG/ML	84
<i>tolazamide</i>	41	<i>trimethoprim-polymyxin b</i>	78	VENTAVIS 20 MCG/ML	84
<i>tolbutamide</i>	41	<i>trimipramine</i>	20	VENTOLIN HFA	84
<i>tolmetin</i>	2	<i>trinessa (28)</i>	68	VERAMYST	82
<i>tolmetin</i>	24	<i>tri-previfem (28)</i>	68	<i>verapamil</i>	49
<i>tolterodine</i>	60	Trisenox	28	VERDESO	64
TOPAMAX	16	<i>tri-sprintec (28)</i>	68	VEREGEN	57
<i>topiramate</i>	16	<i>trivora (28)</i>	70	VERIPRED 20	65
Toposar	29	TRIZIVIR	38	VESICARE	60
topotecan	29	TrophAmine 10 %	90	<i>vestura</i>	68
TORISEL	74	Trophamine 6%	90	VEXOL	80
toremide	50	<i>trosium</i>	60	VFEND	23
TOVIAZ	60	TRUVADA	38	Vfend IV	23
TPN Electrolytes	90	Twinject Autoinjector	84	Vibativ	8
TRACLEER	84	Twinrix (PF)	76	VIBRAMYCIN	14
<i>tramadol</i>	2	Tygacil	8	VICTOZA 3-PAK	41
<i>tramadol</i>	5	TYKERB	30	VICTRELIS	36
<i>tramadol-acetaminophen</i>	5	Typhim VI	76	Vidaza	27
<i>trandolapril</i>	46	TYSABRI	55	VIDEX 2 GRAM PEDIATRIC	38
tranexamic acid	44	TYZEKA	36	VIDEX EC	38
<i>tranexamic acid</i>	45	TYZINE	85	VIGAMOX	13
<i>tranylcypromine</i>	18	U-CORT	64	VIIBRYD	18
Travasol 10 %	90	ULESFIA	32	Vimpat	17
TRAVATAN Z	80	Unasyn 15 gram	11	vinblastine	26
<i>travoprost (benzalkonium)</i>	80	<i>unithroid</i>	71	vincristine	26
<i>trazodone</i>	18	UROCIT-K 10	90	vinorelbine	29
TREANDA	26	UROCIT-K 5	90	VIRACEPT	39
TRECTOR	26	<i>ursodiol</i>	58	VIRAMUNE	37
TRELSTAR	72	Uvadex	57	VIRAMUNE XR 100 MG	37
<i>tretinoin</i>	31	VAGIFEM	68	VIREAD	36
<i>tretinoin (chemotherapy)</i>	31	<i>valacyclovir 1 g</i>	37	Vistide	35
<i>tretinoin microsphere 0.04 %</i>	31	<i>valacyclovir 500 mg</i>	37	VIVELLE-DOT	68
TRETIN-X	31	VALCYTE	35	Vivitrol	5
TRETIN-X (GEL)	31	valproate sodium	15	VOLTAREN	57
TRETIN-X 0.0375 %	31	<i>valproic acid</i>	15	voriconazole	23
TREXALL	74	<i>valproic acid (as sodium salt)</i>	15	<i>voriconazole 200 mg</i>	23
<i>triamcinolone acetonide</i>	55	<i>valsartan-hydrochlorothiazide</i>		<i>voriconazole 50 mg</i>	23
<i>triamcinolone acetonide</i>	64	<i>160-12.5 mg, 160-25 mg,</i>		VOTRIENT	30
<i>triamcinolone acetonide</i>	82	<i>80-12.5 mg</i>	46	VPRIV	57
<i>triamterene-hydrochlorothiazid</i>	50	<i>valsartan-hydrochlorothiazide</i>		VYVANSE	53
<i>triderm</i>	64	<i>320-12.5 mg, 320-25 mg</i>	46	<i>warfarin</i>	44
<i>tri-estarylla</i>	68	<i>vancomycin</i>	8	<i>water for irrigation, sterile</i>	57
<i>trifluoperazine</i>	34	VANOS	64	WELCHOL	41
<i>trifluridine</i>	37	Vaqa (PF)	76	XALKORI	30
<i>trihexyphenidyl</i>	32	Varivax (PF)	76	XARELTO	44
<i>tri-legest fe</i>	70	VECTIBIX	31	XENAZINE	54
TRILEPTAL	17	VECTICAL	57	XIFAXAN 200 MG	8
TRILEPTAL 150 MG	17	Velcade	28	XIFAXAN 550 MG	8
TRILIPIX	51	<i>velivet triphasic regimen (28)</i>	68	XOLAIR	85
<i>trilyte with flavor packets</i>	59	<i>venlafaxine</i>	19	XOPENEX	84
<i>trimethobenzamide</i>	20	<i>venlafaxine</i>	40	XOPENEX HFA	84
				XTANDI	72

XYREM	86	ZOVIRAX	37
YERVOY	29	ZYFLO CR	82
YF-Vax (PF)	76	ZYLET	78
<i>zafirlukast</i>	82	ZYTIGA	29
<i>zaleplon 10 mg</i>	85	Zyvox	8
<i>zaleplon 5 mg</i>	85		
ZALTRAP	29		
Zanosar	7		
ZANTAC 25 EFFERDOSE	59		
Zantac in 0.45 % sod. chloride			
.....	59		
ZAVESCA	57		
<i>zazole</i>	23		
ZELAPAR	33		
ZELBORAF	29		
ZEMAIRA	85		
ZEMPLAR	77		
<i>zenatane</i>	57		
ZENPEP	57		
ZERIT	38		
ZETIA	52		
ZIAGEN	38		
ZIANA	57		
<i>zidovudine</i>	38		
Zinacef	10		
Zinacef in dextrose (iso-osm)			
.....	10		
Zinacef in Sterile Water	10		
<i>ziprasidone hcl</i>	35		
ZIPSOR	2		
ZMAX	12		
zoledronic acid	77		
zoledronic acid 4 mg/5 mL	77		
zoledronic acid-mannitol-water			
.....	77		
ZOLINZA	23		
<i>zolmitriptan</i>	25		
<i>zolpidem</i>	85		
Zometa 4 mg/100 mL	77		
ZOMIG	25		
ZOMIG ZMT	25		
ZONALON	57		
ZONEGRAN 25 MG	14		
<i>zonisamide</i>	14		
ZORBTIVE	66		
Zortress 0.25 mg	74		
ZORTRESS 0.5 MG, 0.75			
MG	74		
ZOSTAVAX (PF)	76		
Zosyn	11		
Zosyn in dextrose (iso-osm)	11		
<i>zovia 1/35e (28)</i>	68		
<i>zovia 1/50e (28)</i>	68		