



## MedicareRx Rewards Standard (PDP)

# 2012 Formulary (List of Covered Drugs)

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

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

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

A stand-alone prescription drug plan with a Medicare contract.

This plan is a PDP with a Medicare contract. UniCare is the legal entity who has contracted with the Centers for Medicare and Medicaid Services (CMS) to offer the Medicare Prescription Drug plan(s) (PDP) noted. UniCare is the risk-bearing entity licensed under applicable state law to offer the PDP plan(s) noted. UniCare has retained the services of its related companies and the authorized brokers to provide administrative services and/or to make the PDP plan(s) available in this region. Coverage is provided by one of the following companies: UniCare Life & Health Insurance Company, UniCare Health Insurance Company of the Midwest (IN & IL only), UniCare Health Plans of the Midwest, Inc. (HMO in IN & IL only), UniCare Health Insurance Company of Texas (TX only) or UniCare Health Plans of Texas, Inc. (HMO in TX only). ® Registered mark of WellPoint, Inc.

**This information is available for free in other languages. Please call our Customer Service number at 1-800-928-6201 for additional information.**

Call Customer Service at **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-877-247-1657** for an alternate format or language.

## What is the MedicareRx Rewards Standard (PDP) formulary?

A formulary is a list of covered drugs selected by MedicareRx Rewards Standard (PDP) 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. MedicareRx Rewards Standard (PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MedicareRx Rewards Standard (PDP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step-therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by MedicareRx Rewards Standard (PDP), please visit our website at [www.unicare.com/medicare](http://www.unicare.com/medicare) or call Customer Service at **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-877-247-1657**.

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

## How do I use the formulary?

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

### Medical Condition

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 36. 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?

MedicareRx Rewards Standard (PDP) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** MedicareRx Rewards Standard (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MedicareRx Rewards Standard (PDP) before you fill your prescriptions. If you don't get approval, MedicareRx Rewards Standard (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, MedicareRx Rewards Standard (PDP) limits the amount of the drug that MedicareRx Rewards Standard (PDP) will cover. For example, MedicareRx Rewards Standard (PDP) provides 30 tablets per prescription for LEXAPRO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, MedicareRx Rewards Standard (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MedicareRx Rewards Standard (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MedicareRx Rewards Standard (PDP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at [www.unicare.com/medicare](http://www.unicare.com/medicare).

You can ask MedicareRx Rewards Standard (PDP) to make an exception to these restrictions or limits. See the section, "How do I request an exception to the MedicareRx Rewards Standard (PDP)'s formulary?" on page iii for information about how to request an exception.

## What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that MedicareRx Rewards Standard (PDP) does not cover your drug, you have two options:

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

You can ask MedicareRx Rewards Standard (PDP) 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, MedicareRx Rewards Standard (PDP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our injectable or non-preferred brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

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

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

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

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

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

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

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

## For more information

For more detailed information about your MedicareRx Rewards Standard (PDP) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about MedicareRx Rewards Standard (PDP), please call Customer Service at **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-877-247-1657**. Or visit **[www.unicare.com/medicare](http://www.unicare.com/medicare)**.

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

## MedicareRx Rewards Standard (PDP)'s formulary

The formulary on page 1 provides coverage information about some of the drugs covered by MedicareRx Rewards Standard (PDP). If you have trouble finding your drug in the list, turn to the Index that begins on page 36.

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

The information in the Requirements/Limits column tells you if MedicareRx Rewards Standard (PDP) has any special requirements for coverage of your drug.

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

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

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

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

**LA – Limited Access:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-877-247-1657**.

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

**CG – Coverage Gap:** 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.

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

## Cost-sharing amounts during the Initial Coverage Stage

	Network Retail Pharmacy (up to a 30-day supply) Out-of-Network Pharmacy* (up to a 30-day supply) Long-Term-Care Pharmacy (up to a 34-day supply)	Network Retail Pharmacy (up to a 90-day supply) <i>Note: not applicable to Specialty Tier Drugs</i>	Mail-Order Pharmacy (up to a 90-day supply; Specialty Tier Drugs (up to a 30-day supply)**
Tier 1 Preferred Generic Drugs	\$4.00	\$12.00	\$6.00
Tier 2 Non-Preferred Generic Drugs	\$7.00	\$21.00	\$10.50
Tier 3 Preferred Brand Drugs	\$33.00	\$99.00	\$82.50
Tier 4 Non-Preferred Brand Drugs	\$90.00	\$270.00	\$225.00
Tier 5 Injectable Drugs	25%	25%	25%
Tier 6 Specialty Tier Drugs	25%	N/A	25%

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

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

Note: MedicareRx Rewards Standard (PDP) has generic gap coverage and a discount on brand-name drugs, as mandated by Medicare. Please refer to our *Evidence of Coverage* for more information about gap coverage.

# Covered Medications by Therapeutic Category

## Legend

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

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

**QLL** = Drugs with Quantity Limits

**PAR** = Drugs with Prior Authorization

**ST** = Drugs requiring Step Therapy

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

**LA** = This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-877-247-1657**.

**INJ** = This drug is available in injectable form.

**MO** = Prescription drugs available through Mail Order.

Drug Name	Drug Tier	Requirements/Limits
<b>ANESTHETICS</b>		
<i>lidocaine hcl 0.5% vial, -1% ampul, -1% syringe, -1% vial, -1.5% ampul, -2% abboject, -2% ampul, -2% luer-jet, -2% syringe, -4% ampul, -1% abboject, -2% vial</i> INJ	5	MO
<i>lidocaine hcl jel, -ointment, -solution non-oral</i>	1	MO
<i>lidocaine hcl viscous</i>	1	MO
<i>lidocaine-prilocaine</i>	2	MO
LIDODERM	3	MO
<b>ANTIINFECTIVES</b>		
ABELCET INJ	6	MO
<i>acyclovir capsule, -suspension oral, -tablet</i>	2	MO
<i>acyclovir sodium</i> INJ	5	MO
ALBENZA	4	MO
<i>amantadine</i>	2	MO
AMBISOME INJ	6	MO
<i>amikacin sulfate injection</i> INJ	5	MO
<i>amox tr-potassium clavulanate</i>	2	MO
<i>amoxicillin</i>	1	MO
<i>amoxicillin-clavulanate er</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
AMPHOTEC INJ	5	MO
<i>amphotericin b injection</i> INJ	5	MO
<i>ampicillin sodium</i> INJ	5	MO
<i>ampicillin trihydrate</i>	1	MO
<i>ampicillin-sulbactam</i> INJ	5	MO
ANCOBON	6	MO
APTIVUS	6	MO
ATRIPLA	6	MO
AVELOX IV INJ	5	MO
AZACTAM 2 GM VIAL INJ	5	MO
AZACTAM-ISO-OSMOTIC DEXTROSE INJ	5	MO
<i>azithromycin 100 mg/5 ml susp</i>	2	MO, QLL (15 ml/1)
<i>azithromycin 200 mg/5 ml susp</i>	2	MO, QLL (46 ml/1)
<i>azithromycin 250 mg tablet</i>	2	MO, QLL (6/1)
<i>azithromycin 500 mg tablet</i>	2	MO, QLL (3/1)
<i>azithromycin 600 mg tablet</i>	2	MO, QLL (8/1)
<i>azithromycin injection</i> INJ	5	MO
<i>azithromycin packet</i>	2	MO
<i>aztreonam 1 gm vial</i> INJ	5	

Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam 2 gm vial</i> INJ	5	MO
<i>baciim</i> INJ	5	MO
<i>bacitracin injection</i> INJ	5	MO
BARACLUDE SOLUTION	4	MO
BARACLUDE TABLET	6	MO
BICILLIN C-R INJ	5	MO
BICILLIN L-A INJ	5	MO
CANCIDAS INJ	6	MO
CAPASTAT SULFATE INJ	5	MO
CAYSTON	6	LA
<i>cefaclor</i>	2	MO
<i>cefaclor er</i>	2	MO
<i>cefadroxil</i>	2	MO
<i>cefazolin 20 gm bulk vial, -500 mg vial, -1 gm add-van vial, -1 gm vial, -1 gm-d5w bag, -10 gm vial</i> INJ	5	MO
<i>cefdinir</i>	2	MO
<i>cefepime</i> INJ	5	MO
<i>cefepime hcl</i> INJ	5	MO
<i>cefotaxime sodium</i> INJ	5	MO
<i>cefotetan</i> INJ	5	MO
<i>cefoxitin</i> INJ	5	MO
<i>cefoxitin sodium</i> INJ	5	MO
<i>cefpodoxime proxetil</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime</i> INJ	5	MO
<i>ceftriaxone</i> INJ	5	MO
<i>cefuroxime axetil</i>	2	MO
<i>cefuroxime injection</i> INJ	5	MO
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i> INJ	5	MO
<i>cefuroxime tablet</i>	2	MO
<i>cephalexin</i>	1	MO
<i>chloramphenicol sod succinate</i> INJ	5	MO
<i>chloroquine phosphate tablet</i>	2	MO
<i>ciclopirox cream, -gel, -shampoo, -suspension topical</i>	2	MO
<i>ciclopirox solution non-oral</i>	2	MO, PAR
<i>ciprofloxacin</i> INJ	5	MO
<i>ciprofloxacin hcl 100 mg tab</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl 250 mg tab, -500 mg tab, -750 mg tab</i>	2	MO
<i>ciprofloxacin-d5w</i> INJ	5	MO
CLAFORAN 1 GM ADD-VANTAGE VL INJ	5	MO
<i>clarithromycin 125 mg/5 ml sus</i>	2	MO
<i>clarithromycin 250 mg tablet</i>	2	MO, QLL (42/1)
<i>clarithromycin 250 mg/5 ml sus</i>	2	MO
<i>clarithromycin 500 mg tablet</i>	2	MO, QLL (28/1)
<i>clarithromycin er</i>	2	MO, QLL (28/1)
CLEOCIN PHOSPHATE IN D5W INJ	5	MO
<i>clindamycin hcl capsule</i>	2	MO
<i>clindamycin phosphate injection</i> INJ	5	MO
<i>clotrimazole cream, -solution non-oral, -troche</i>	2	MO
<i>clotrimazole-betamethasone</i>	2	MO
COARTEM	4	MO
<i>colistimethate 150 mg vial</i> INJ	5	MO
COMBIVIR	6	MO
CRIXIVAN	3	MO
CUBICIN INJ	6	MO, B/D
DAPSONE TABLET	4	MO
DARAPRIM	3	MO
<i>demeclocycline hcl</i>	2	MO
DENAVIR	3	MO, QLL (2/1)
<i>dicloxacillin sodium</i>	1	MO
<i>didanosine</i>	2	MO
DORIBAX INJ	6	MO
<i>doxycycline</i>	2	MO
<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab</i>	1	MO
<i>doxycycline hyclate injection</i> INJ	5	MO



Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>	2	MO
<i>econazole nitrate cream</i>	2	MO
EDURANT	6	MO
EMTRIVA	4	MO
EPIVIR	4	MO
EPIVIR HBV	3	MO
EPZICOM	6	MO
ERYTHROCIN LACTOBIONATE INJ	5	MO
<i>erythrocin stearate</i>	1	MO
<i>erythromycin capsule enteric coated</i>	2	MO
<i>erythromycin ethylsuccinate tablet</i>	2	
<i>erythromycin tablet</i>	1	MO
<i>erythromycin-sulfisoxazole</i>	2	MO
<i>ethambutol hcl</i>	2	MO
<i>famciclovir</i>	2	MO
<i>fluconazole in dextrose INJ</i>	5	MO
<i>fluconazole in saline INJ</i>	5	MO
<i>fluconazole suspension, -tablet</i>	2	MO
FORTAZ IN ISO-OSMOTIC DEXTROSE INJ	5	MO
<i>foscarnet sodium INJ</i>	5	MO
FUZEON INJ	6	MO, QLL (1/1)
<i>ganciclovir</i>	2	MO
<i>ganciclovir sodium INJ</i>	5	
<i>gentamicin sulfate cream, -0.1% ointment</i>	1	MO
GENTAMICIN SULFATE IN NS INJ	5	MO
<i>gentamicin sulfate in ns INJ</i>	5	MO
<i>gentamicin sulfate injection INJ</i>	5	MO
<i>griseofulvin suspension oral</i>	2	MO
GRIS-PEG	3	MO
HEPSERA	6	MO
<i>hydroxychloroquine sulfate tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
INTELENCE 100 MG TABLET	6	MO
INTELENCE 200 MG TABLET	6	
INVANZ INJ	5	MO
INVIRASE CAPSULE	4	MO
INVIRASE TABLET	6	MO
ISENTRESS	6	MO
<i>isonarif</i>	2	MO
<i>isoniazid injection INJ</i>	5	MO
<i>isoniazid syrup, -tablet</i>	1	MO
<i>itraconazole capsule</i>	2	MO, PAR
KALETRA 100-25 MG TABLET	4	MO
KALETRA SOLUTION, -200-50 MG TABLET	6	MO
<i>kanamycin sulfate injection INJ</i>	5	MO
KETEK	3	MO, QLL (20/1)
<i>ketoconazole cream, -shampoo, -tablet</i>	2	MO
LEVAQUIN INJECTION INJ	5	MO
LEVAQUIN SOLUTION	4	MO
LEVAQUIN TABLET	4	MO, QLL (14/1)
LEXIVA SUSPENSION ORAL	4	MO
LEXIVA TABLET	6	MO
LINCOCIN INJ	5	MO
<i>mebendazole tablet chewable</i>	1	MO
<i>mefloquine hcl</i>	2	MO
MEFOXIN 1 GM/50 ML PIGGYBACK, -2 GM/50 ML PIGGYBACK INJ	5	MO
MEPRON	6	MO
<i>meropenem iv 1 gm vial INJ</i>	5	MO
<i>meropenem iv 500 mg vial INJ</i>	5	
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate tablet</i>	2	MO
<i>metro iv INJ</i>	5	MO
<i>metronidazole capsule, -tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole injection</i> INJ	5	MO
<i>miconazole 3 suppository vaginal</i>	2	MO, QLL (6/30)
<i>minocycline hcl capsule, - tablet</i>	2	MO
<i>minocycline hcl tablet sustained release 24hr</i>	2	
<i>mupirocin ointment</i>	2	MO
MYCAMINE INJ	6	MO
MYCOBUTIN	3	MO
<i>nafcillin</i> INJ	5	MO
<i>nafcillin sodium</i> INJ	5	MO
NALLPEN 500 MG VIAL, -2 GM PIGGYBACK VIAL INJ	5	MO
NALLPEN-ISO-OSMOTIC DEXTROSE INJ	5	MO
NEBUPENT	3	MO, B/D
<i>neomycin sulfate tablet</i>	2	MO
<i>nitrofurantoin macrocrystal capsule</i>	2	MO
<i>nitrofurantoin mono-macro</i>	2	MO
NORVIR CAPSULE, - TABLET	4	MO
NORVIR SOLUTION	6	MO
<i>nyamyc</i>	2	MO
<i>nystatin 50,000,000 units pwd, -150,000,000 units pwd, -500,000,000 units pwd, -100,000 unit/gm powd, -vaginal tablet</i>	2	MO
<i>nystatin cream, -ointment, -suspension oral, -500,000 unit oral tab</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	2	MO
<i>oxacillin</i> INJ	5	MO
<i>oxacillin sodium</i> INJ	5	MO
<i>paromomycin sulfate</i>	2	MO
PASER	4	MO
<i>pedi-dri</i>	2	MO
<i>penicillin g potassium</i> INJ	5	MO
<i>penicillin g procaine</i> INJ	5	MO
<i>penicillin g sodium</i> INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
PENICILLIN GK-ISO-OSM DEXTROSE INJ	5	MO
<i>penicillin v potassium</i>	1	MO
PENTAM 300 INJ	5	MO
<i>pentamidine isethionate</i> INJ	5	MO
<i>piperacillin</i> INJ	5	MO
<i>piperacillin-tazobactam</i> INJ	5	MO
<i>polymyxin b sulfate injection</i> INJ	5	MO
PREZISTA 150 MG TABLET	6	
PREZISTA 400 MG TABLET, -600 MG TABLET	6	MO
PREZISTA 75 MG TABLET	4	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
PRIMAXIN INJ	5	MO
PRIMAXIN I.M. INJ	5	MO
<i>pyrazinamide</i>	2	MO
RELENZA	3	MO, QLL (60 inhalations/18 0)
RESCRIPTOR	4	MO
RETROVIR INJECTION INJ	5	MO
REYATAZ	6	MO
RIBAVIRIN CAPSULE	3	MO, PAR
<i>rifampin capsule</i>	2	MO
<i>rifampin injection</i> INJ	5	MO
RIFATER	3	MO
<i>rimantadine hcl</i>	2	MO
SELZENTRY	6	MO
SEROMYCIN	4	MO
<i>silver sulfadiazine cream</i>	1	MO
SPORANOX SOLUTION	4	MO
<i>ssd</i>	1	MO
<i>ssd af</i>	1	MO
<i>stavudine</i>	2	MO
STREPTOMYCIN SULFATE INJECTION INJ	5	MO
STROMEKTOL	3	MO
<i>sulfadiazine tablet</i>	2	MO
<i>sulfamethoxazole-trimethoprim injection</i> INJ	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim suspension oral, -tablet</i>	1	MO
SUPRAX SUSPENSION	4	MO
SUPRAX TABLET	4	MO, QLL (14/30)
SUSTIVA	3	MO
TAMIFLU 30 MG GELCAP	3	MO, QLL (84/1)
TAMIFLU 45 MG GELCAP	3	MO, QLL (42/1)
TAMIFLU 75 MG GELCAP	3	MO, QLL (56/365)
TAMIFLU SUSPENSION	3	MO, QLL (175 ml/180)
<i>terbinafine hcl</i>	2	MO
<i>terconazole 0.4% cream</i>	1	MO, QLL (90 gm/30)
<i>terconazole 0.8% cream</i>	1	MO, QLL (40 gm/30)
<i>terconazole suppository vaginal</i>	1	MO
<i>tetracycline hcl capsule</i>	1	MO
<i>thermazene</i>	1	MO
TIMENTIN INJ	5	MO
TOBI	6	MO, B/D
<i>tobramycin sulfate in ns INJ</i>	5	MO
<i>tobramycin sulfate injection INJ</i>	5	MO
TRECTOR	4	MO
<i>trimethoprim tablet</i>	1	MO
TRIZIVIR	6	MO
TRUVADA	6	MO
TYGACIL INJ	6	MO
TYZEKA	6	MO, PAR
<i>valacyclovir</i>	2	MO, QLL (30/1)
VALCYTE	6	MO
VANCOGIN HCL 125 MG PULVULE	6	MO, PAR, QLL (40/1)
VANCOGIN HCL 250 MG PULVULE	6	MO, PAR, QLL (80/1)
<i>vancomycin hcl injection INJ</i>	5	MO, B/D

Drug Name	Drug Tier	Requirements/Limits
VFEND	6	MO
VFEND IV INJ	6	MO
VIBATIV INJ	5	MO, PAR
VIDEX	3	MO
VIRACEPT 625 MG TABLET	6	MO
VIRACEPT POWDER, -250 MG TABLET	4	MO
VIRAMUNE	4	MO
VIRAMUNE XR	4	MO
VIRAZOLE INJ	6	MO, PAR
VIREAD	4	MO
VISTIDE INJ	6	MO
<i>voriconazole</i>	6	PAR
ZIAGEN	4	MO
<i>zidovudine</i>	2	MO
ZINACEF 750 MG ADD-VANT VIAL, -750 MG VIAL, -1.5 GM ADD-VANT VIAL, -1.5 GM VIAL, -7.5 GM VIAL INJ	5	MO
ZINACEF IN ISO-OSMOTIC WATER INJ	5	MO
ZINACEF ISO-OSMOTIC DEXTROSE INJ	5	MO
ZMAX ADULT-PEDIATRIC	3	MO
ZYVOX INJECTION INJ	6	MO
ZYVOX SUSPENSION RECONSTITUTED ORAL	6	MO, PAR, QLL (1800/1)
ZYVOX TABLET	6	MO, PAR, QLL (28/1)
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>		
ABRAXANE INJ	6	B/D
<i>adriamycin 10 mg vial, -20 mg vial, -50 mg vial INJ</i>	5	MO, B/D
<i>adriamycin 2 mg/ml vial INJ</i>	5	B/D
<i>adrucil INJ</i>	5	MO, B/D
AFINITOR 2.5 MG TABLET	6	PAR
AFINITOR 5 MG TABLET, -10 MG TABLET	6	MO, PAR
ALIMTA INJ	6	MO
ALKERAN	3	MO, B/D

Drug Name	Drug Tier	Requirements/Limits
AMEVIVE INJ	6	LA, PAR
<i>amifostine</i> INJ	6	MO
<i>anagrelide hcl</i>	2	MO
<i>anastrozole tablet</i>	2	
ARRANON INJ	5	B/D
ARZERRA INJ	6	B/D
AVASTIN INJ	6	MO, PAR
<i>azathioprine sodium</i> INJ	5	MO, B/D
<i>azathioprine tablet</i>	2	MO, B/D
<i>bicalutamide</i>	2	MO
BICNU INJ	5	B/D
<i>bleomycin sulfate 15 unit vial</i> INJ	5	MO, B/D
<i>bleomycin sulfate 30 unit vial</i> INJ	5	MO, B/D
BUSULFEX INJ	5	B/D
CAMPATH INJ	6	MO
<i>carboplatin 150 mg/15 ml vial</i> INJ	5	B/D
<i>carboplatin 450 mg/45 ml vial, -600 mg/60 ml vial, -50 mg vial, -150 mg vial, -450 mg vial</i> INJ	5	MO, B/D
<i>carboplatin 50 mg/5 ml vial</i> INJ	5	B/D
CEENU	3	MO
CELLCEPT INJECTION INJ	5	MO, B/D
CELLCEPT SUSPENSION RECONSTITUTED ORAL	6	MO, B/D
<i>cerubidine</i> INJ	5	B/D
CIMZIA INJ	6	MO, PAR, QLL (6/28)
<i>cisplatin</i> INJ	5	B/D
<i>cladribine</i> INJ	6	B/D
CLOLAR INJ	6	B/D
COSMEGEN INJ	6	B/D
<i>cyclophosphamide injection</i> INJ	5	MO, B/D
<i>cyclophosphamide tablet</i>	2	MO, B/D
<i>cyclosporine capsule, -solution, -unknown</i>	2	MO, B/D
<i>cyclosporine injection</i> INJ	5	MO, B/D
<i>cyclosporine modified</i>	2	MO, B/D

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i> INJ	5	MO, B/D
<i>cytarabine 20 mg/ml vial, -100 mg/ml vial, -500 mg vial</i> INJ	5	MO, B/D
<i>dacarbazine 100 mg vial</i> INJ	5	MO, B/D
<i>dacarbazine 200 mg vial</i> INJ	5	B/D
DACOGEN INJ	6	
<i>daunorubicin 20 mg vial</i> INJ	5	MO, B/D
<i>daunorubicin 50 mg/10 ml vial, -20 mg/4 ml vial</i> INJ	5	MO, B/D
DAUNOXOME INJ	6	B/D
DEPO-PROVERA 400 MG/ML VIAL INJ	5	MO
<i>dexrazoxane 250 mg vial</i> INJ	6	MO, B/D
<i>dexrazoxane 500 mg vial</i> INJ	6	B/D
<i>docetaxel 80 mg/4 ml vial</i> INJ	6	MO, B/D
<i>docetaxel 80 mg/8 ml vial</i> INJ	6	MO, B/D
DOXIL INJ	5	B/D
<i>doxorubicin 10 mg/5 ml vial, -20 mg/10 ml vial, -50 mg/25 ml vial, -10 mg vial, -50 mg vial</i> INJ	5	MO, B/D
<i>doxorubicin 200 mg/100 ml vial</i> INJ	5	B/D
DTIC-DOME IV INJ	5	MO, B/D
ELIGARD INJ	5	MO, PAR
ELITEK INJ	6	MO
ELLENCEN INJ	5	B/D
ELOXATIN 100 MG/20 ML VIAL INJ	6	B/D
ELOXATIN 50 MG/10 ML VIAL, -200 MG/40 ML VIAL INJ	6	MO, B/D
ELSPAR INJ	5	MO, B/D
EMCYT	4	MO
ENBREL 25 MG KIT, -50 MG/ML SURECLICK SYR, -50 MG/ML SYRINGE INJ	6	MO, PAR, QLL (8/28)
ENBREL 25 MG/0.5 ML SYRINGE INJ	6	MO, PAR, QLL (4/28)

Drug Name	Drug Tier	Requirements/Limits
<i>epirubicin 200 mg/100 ml vial, -50 mg vial, -150 mg/75 ml vial, -200 mg vial INJ</i>	5	MO, B/D
<i>epirubicin 50 mg/25 ml vial INJ</i>	5	B/D
ERBITUX 100 MG/50 ML VIAL INJ	6	PAR
ERBITUX 200 MG/100 ML VIAL INJ	6	MO, PAR
ETOPOPHOS INJ	5	B/D
<i>etoposide injection INJ</i>	5	B/D
EXEMESTANE	3	
FARESTON	3	MO
FASLODEX INJ	6	MO
FIRMAGON 2 X 120 MG VIALS INJ	6	MO, B/D
FIRMAGON 80 MG VIAL INJ	5	MO, B/D
<i>floxuridine INJ</i>	5	MO
FLUDARA INJ	6	B/D
<i>fludarabine 50 mg vial INJ</i>	6	B/D
<i>fludarabine 50 mg/2 ml vial INJ</i>	6	MO, B/D
<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml INJ</i>	5	MO, B/D
<i>fluorouracil 500 mg/10 ml vial INJ</i>	5	B/D
<i>flutamide</i>	2	MO
<i>fudr INJ</i>	5	MO
FUSILEV INJ	5	MO, B/D
<i>gemcitabine hcl 1 gram vial INJ</i>	6	B/D
<i>gemcitabine hcl 200 mg vial, -2 gram vial INJ</i>	6	MO, B/D
<i>gengraf</i>	2	MO, B/D
GLEEVEC	6	MO, PAR
HALAVEN INJ	6	
HERCEPTIN INJ	6	PAR
HEXALEN	6	MO
HUMIRA 20 MG/0.4 ML SYRINGE INJ	6	MO, PAR, QLL (2 syringes/28)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA 40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK INJ	6	MO, PAR, QLL (6 syringes/365)
HUMIRA 40 MG/0.8 ML SYRINGE INJ	6	MO, PAR, QLL (6 syringes/28)
<i>hydroxyurea capsule</i>	2	MO
IDAMYCIN PFS INJ	6	B/D
<i>idarubicin hcl 10 mg/10 ml vl INJ</i>	6	B/D
<i>idarubicin hcl 20 mg/20 ml vl, -5 mg/5 ml vial INJ</i>	6	MO, B/D
IFEX 1 GM VIAL INJ	5	MO, B/D
IFEX 3 GM VIAL INJ	5	B/D
<i>ifosfamide 1 gm vial INJ</i>	5	B/D
<i>ifosfamide 1 gm/ 20 ml vial, -3 gm vial, -3 gm/ 60 ml vial INJ</i>	5	MO, B/D
<i>ifosfamide-mesna INJ</i>	6	B/D
IRESSA	6	LA
<i>irinotecan hcl 100 mg/5 ml vl INJ</i>	5	B/D
<i>irinotecan hcl 40 mg/2 ml vial INJ</i>	5	MO, B/D
ISTODAX INJ	6	PAR
IXEMPRA 15 MG KIT INJ	6	MO, B/D
IXEMPRA 45 MG KIT INJ	6	B/D
<i>leflunomide</i>	2	MO
LETROZOLE	3	MO
<i>leucovorin calcium injection INJ</i>	5	MO
<i>leucovorin calcium tablet</i>	2	MO
LEUKERAN	3	MO
LEUSTATIN INJ	6	B/D
LYSODREN	3	MO
MATULANE	6	MO
<i>megestrol acetate suspension oral, -tablet</i>	2	MO
<i>melphalan hcl INJ</i>	5	B/D
<i>mercaptapurine tablet</i>	2	MO
<i>mesna INJ</i>	5	B/D
MESNEX INJECTION INJ	5	B/D
MESNEX TABLET	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate injection</i> INJ	5	MO
<i>methotrexate tablet</i>	2	MO
<i>mitomycin 20 mg vial</i> INJ	5	B/D
<i>mitomycin 5 mg vial</i> INJ	5	MO, B/D
<i>mitoxantrone hcl</i> INJ	5	MO, B/D
MUSTARGEN INJ	5	MO, B/D
<i>mycophenolate mofetil</i>	2	MO, B/D
NAVELBINE INJ	5	MO, B/D
NEXAVAR	6	LA, PAR
NILANDRON	3	MO
NIPENT INJ	6	B/D
<i>octreotide acet 100 mcg/ml amp, -acet 100 mcg/ml vl, -acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -acet 500 mcg/ml vl, -1,000 mcg/ml vial</i> INJ	6	MO
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml vial</i> INJ	5	MO
ONCASPAR INJ	6	MO, B/D
ONTAK INJ	6	MO, B/D
<i>onxol</i> INJ	5	MO, B/D
ORENCIA INJ	6	MO, PAR
ORTHOCLONE OKT-3 INJ	6	MO, B/D
<i>oxaliplatin 100 mg/20 ml vial</i> INJ	6	B/D
<i>oxaliplatin 50 mg/10 ml vial, -100 mg vial</i> INJ	6	MO, B/D
<i>paclitaxel 100 mg/16.7 ml vial, -30 mg/5 ml vial</i> INJ	5	MO, B/D
<i>paclitaxel 300 mg/50 ml vial</i> INJ	5	B/D
<i>pentostatin</i> INJ	6	B/D
PHOTOFRIN INJ	6	B/D
PROGRAF INJ	5	MO, B/D
RAPAMUNE 0.5 MG TABLET	3	B/D
RAPAMUNE SOLUTION, -1 MG TABLET, -2 MG TABLET	3	MO, B/D
REMICADE INJ	6	MO, PAR
REVLIMID	6	LA, PAR, QLL (30/30)

Drug Name	Drug Tier	Requirements/Limits
RITUXAN INJ	6	MO, PAR
SANDOSTATIN LAR INJ	6	MO
SIMPONI INJ	6	MO, PAR, QLL (1/28)
SIMULECT INJ	6	MO, B/D
SPRYCEL 20 MG TABLET, -50 MG TABLET, -70 MG TABLET, -100 MG TABLET	6	MO, PAR
SPRYCEL 80 MG TABLET, -140 MG TABLET	6	PAR
STELARA INJ	6	MO, PAR, QLL (1/28)
SUTENT	6	MO, PAR
TABLOID	4	MO
<i>tacrolimus capsule</i>	2	MO, B/D
<i>tamoxifen citrate tablet</i>	2	MO
TARCEVA	6	MO, PAR
TARGRETIN CAPSULE	6	MO, PAR
TARGRETIN GEL	6	MO
TASIGNA	6	MO, PAR
TAXOTERE 20 MG/ML VIAL, -20 MG/0.5 ML VIAL INJ	6	MO, B/D
TAXOTERE 80 MG/4 ML VIAL, -80 MG/2 ML VIAL INJ	6	B/D
<i>thiotepa injection</i> INJ	5	MO, B/D
<i>toposar</i> INJ	5	B/D
<i>topotecan hcl</i> INJ	6	B/D
TORISEL INJ	6	B/D
TOTECT INJ	6	MO, B/D
TREANDA 100 MG VIAL INJ	6	B/D
TREANDA 25 MG VIAL INJ	6	MO, B/D
<i>tretinoin capsule</i>	2	MO
TRISENOX INJ	5	MO, B/D
TYKERB	6	MO, PAR
UVADEX INJ	5	MO, B/D
VANDETANIB	6	MO, PAR
VECTIBIX 100 MG/5 ML VIAL INJ	6	PAR
VECTIBIX 400 MG/20 ML VIAL INJ	6	MO, PAR

Drug Name	Drug Tier	Requirements/Limits
VELCADE INJ	6	MO
VIDAZA INJ	6	MO
<i>vinblastine 1 mg/ml vial</i> INJ	5	MO, B/D
<i>vinblastine sulf 10 mg vial</i> INJ	5	B/D
<i>vincristine 1 mg/ml vial</i> INJ	5	B/D
<i>vincristine 2 mg/2 ml vial</i> INJ	5	MO, B/D
<i>vinorelbine 10 mg/ml vial</i> INJ	5	MO, B/D
<i>vinorelbine 50 mg/5 ml vial</i> INJ	5	B/D
VOTRIENT	6	MO, PAR
ZANOSAR INJ	5	B/D
ZOLINZA	6	MO, PAR
ZORTRESS 0.25 MG TABLET	4	B/D
ZORTRESS 0.5 MG TABLET, -0.75 MG TABLET	6	B/D
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
ABILIFY 2 MG TABLET, -5 MG TABLET, -10 MG TABLET, -15 MG TABLET	4	MO, QLL (30/30)
ABILIFY 20 MG TABLET	6	MO, QLL (60/30)
ABILIFY 30 MG TABLET	6	MO, QLL (30/30)
ABILIFY DISCMELT	4	MO, QLL (60/30)
ABILIFY INJECTION INJ	5	MO
ABILIFY SOLUTION	4	MO, QLL (900/30)
ABSTRAL	6	MO, PAR, QLL (120/30)
<i>acetaminoph-caff-dihydrocodein</i>	2	MO, QLL (180/30)
<i>acetaminophen-codeine elixir</i>	2	MO, QLL (4500/30)
<i>acetaminophen-codeine tablet</i>	2	MO, QLL (390/30)
<i>acetaminophen-tramadol</i>	2	MO, QLL (240/30)
ALOXI INJ	5	MO
<i>amitriptyline hcl tablet</i>	2	MO
<i>amoxapine</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine salts 12.5 mg tb</i>	2	MO, QLL (120/30)
<i>amphetamine salts 20 mg tab</i>	2	MO, QLL (90/30)
<i>amphetamine salts 5 mg tab, -salts 10 mg tab, -salts 15 mg tab</i>	2	MO, QLL (30/30)
<i>amphetamine salts 7.5 mg tab, -salts 30 mg tab</i>	2	MO, QLL (60/30)
ANTABUSE	3	MO
ANZEMET INJECTION INJ	5	MO
APOKYN INJ	6	LA
ARICEPT 23 MG TABLET	3	QLL (30/30), ST
<i>ascomp with codeine</i>	2	MO
<i>atropine sulfate injection</i> INJ	5	MO
BANZEL SUSPENSION ORAL	4	
BANZEL TABLET	4	MO
<i>benztropine mesylate injection</i> INJ	5	MO
<i>benztropine mesylate tablet</i>	1	MO
<i>bromocriptine mesylate capsule, -tablet</i>	2	MO
<i>budeprion sr</i>	2	MO, QLL (60/30)
<i>budeprion xl 150 mg tablet</i>	2	MO, QLL (90/30)
<i>budeprion xl 300 mg tablet</i>	2	MO, QLL (30/30)
BUPRENEX INJ	5	MO
<i>buprenorphine 2 mg tablet sl</i>	2	MO, PAR, QLL (240/30)
<i>buprenorphine 8 mg tablet sl</i>	2	MO, PAR, QLL (60/30)
<i>buprenorphine hcl injection</i> INJ	5	MO
<i>buproban</i>	2	MO, QLL (60/30)
<i>bupropion hcl sr</i>	2	MO, QLL (60/30)
<i>bupropion hcl tablet</i>	2	MO, QLL (120/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl xl 150 mg tablet</i>	2	MO, QLL (90/30)
<i>bupropion hcl xl 300 mg tablet</i>	2	MO, QLL (30/30)
<i>buspirone hcl tablet</i>	2	MO
<i>butalb-caff-acetaminoph-codein</i>	2	MO, QLL (180/30)
<i>butalbital compound-codeine</i>	2	MO
<i>butorphanol tartrate aerosol spray</i>	2	MO
<i>butorphanol tartrate injection INJ</i>	5	MO
<i>carbamazepine suspension oral, -tablet, -tablet chewable</i>	1	MO
<i>carbamazepine xr</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
CELONTIN	3	MO
CHANTIX	4	MO
<i>chlordiazepoxide-amitriptyline</i>	2	MO
<i>chlorpromazine hcl injection INJ</i>	5	MO
<i>chlorpromazine hcl tablet</i>	2	MO
<i>citalopram</i>	2	MO, QLL (600/30)
<i>citalopram hbr 10 mg tablet, -20 mg tablet</i>	2	MO, QLL (45/30)
<i>citalopram hbr 40 mg tablet</i>	2	MO, QLL (30/30)
<i>clomipramine hcl capsule</i>	2	MO
<i>clozapine 100 mg tablet</i>	2	MO, QLL (270/30)
<i>clozapine 200 mg tablet</i>	2	MO, QLL (120/30)
<i>clozapine 25 mg tablet, -50 mg tablet</i>	2	MO, QLL (90/30)
<i>codeine phosphate injection INJ</i>	5	MO
<i>codeine sulfate 15 mg tablet</i>	2	
<i>codeine sulfate 30 mg tablet, -60 mg tablet</i>	2	MO
<i>co-gesic</i>	2	MO, QLL (240/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>compro</i>	2	MO
COMTAN	4	MO
CYMBALTA	3	MO, QLL (60/30)
DEMEROL INJECTION INJ	5	MO
<i>depade</i>	2	MO
<i>desipramine hcl tablet</i>	2	MO
<i>dexmethylphenidate 10 mg tab</i>	2	MO, QLL (120/30)
<i>dexmethylphenidate 2.5 mg tab, -5 mg tab</i>	2	MO, QLL (60/30)
<i>dextroamphetamine sulfate</i>	2	MO
<i>dihydroergotamine mesylate injection INJ</i>	5	MO
DILANTIN 30 MG CAPSULE	3	
DILANTIN 50 MG INFATAB	3	MO
DILAUDID-HP INJ	5	MO
<i>diskets</i>	2	MO
<i>disulfiram tablet</i>	3	MO
<i>divalproex sodium</i>	2	MO
<i>divalproex sodium er</i>	2	MO
<i>donepezil hcl tablet</i>	2	QLL (30/30)
DONEPEZIL HCL TABLET DISPERSIBLE LINGUAL	3	QLL (30/30)
<i>doxepin 10 mg capsule, -25 mg capsule, -50 mg capsule, -75 mg capsule, -100 mg capsule, -solution</i>	2	MO
<i>doxepin 150 mg capsule</i>	2	
<i>dronabinol</i>	2	MO, B/D
EMEND 125 MG CAPSULE	3	MO, B/D, QLL (4/30)
EMEND 40 MG CAPSULE	3	MO, B/D, QLL (1/1)
EMEND 80 MG CAPSULE	3	MO, B/D, QLL (8/30)
EMEND TRIFOLD PACK	3	MO, B/D, QLL (12/30)
EMSAM	4	MO, QLL (30/30)



Drug Name	Drug Tier	Requirements/ Limits
<i>endocet 10-650 mg tablet</i>	2	MO, QLL (180/30)
<i>endocet 5-325 tablet, -7.5-325 mg tablet, -10-325 mg tablet</i>	2	MO, QLL (360/30)
<i>endocet 7.5-500 mg tablet</i>	2	MO, QLL (240/30)
<i>endodan</i>	2	MO
<i>epitol</i>	1	MO
EQUETRO 100 MG CAPSULE, -200 MG CAPSULE	3	MO, QLL (240/30)
EQUETRO 300 MG CAPSULE	3	MO
<i>ergotamine-caffeine</i>	2	MO
<i>ethosuximide capsule, -syrup</i>	2	MO
EXELON PATCH TRANSDERMAL 24 HOURS	3	MO, QLL (30/30)
EXELON SOLUTION	3	MO, QLL (180/30)
FANAPT TABLET	4	MO, QLL (60/30)
FANAPT TABLET DOSE PACK	4	MO, QLL (8/30)
FAZACLO 100 MG ODT	4	MO, QLL (270/30)
FAZACLO 12.5 MG ODT	4	MO, QLL (60/30)
FAZACLO 150 MG ODT	4	QLL (180/30)
FAZACLO 200 MG ODT	4	QLL (120/30)
FAZACLO 25 MG ODT	4	MO, QLL (90/30)
FELBATOL	3	MO
FENTANYL	3	MO, QLL (15/30), ST
<i>fentanyl citrate injection INJ</i>	5	MO
<i>fentanyl citrate lozenge</i>	6	MO, PAR, QLL (120/30)
FENTORA	6	PAR, QLL (120/30)
<i>fluoxetine hcl 10 mg capsule</i>	2	MO, QLL (45/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl 10 mg tablet</i>	2	MO, QLL (240/30)
<i>fluoxetine hcl 20 mg capsule, -20 mg tablet</i>	2	MO, QLL (120/30)
<i>fluoxetine hcl 40 mg capsule</i>	2	MO, QLL (60/30)
<i>fluoxetine hcl solution</i>	2	MO, QLL (600/30)
<i>fluphenazine decanoate INJ</i>	5	MO
<i>fluphenazine hcl elixir, -solution, -tablet</i>	2	MO
<i>fluphenazine hcl injection INJ</i>	5	MO
<i>fluvoxamine maleate 100 mg tab</i>	2	MO, QLL (90/30)
<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>	2	MO, QLL (30/30)
<i>fospphenytoin sodium INJ</i>	5	MO
<i>gabapentin 100 mg capsule, -300 mg capsule, -tablet</i>	2	MO, QLL (180/30)
<i>gabapentin 400 mg capsule</i>	2	MO, QLL (270/30)
GABAPENTIN SOLUTION	3	QLL (2160/30)
GABITRIL	3	MO
<i>galantamine hbr capsule 24hr sustained release pellets</i>	2	MO, QLL (30/30)
<i>galantamine hbr tablet</i>	2	MO, QLL (60/30)
<i>galantamine hydrobromide</i>	2	MO, QLL (180/30)
GEODON 20 MG CAPSULE, -40 MG CAPSULE	4	MO, QLL (60/30)
GEODON 60 MG CAPSULE, -80 MG CAPSULE	4	MO, QLL (90/30)
GEODON INJECTION INJ	5	MO
<i>granisetron hcl injection INJ</i>	5	MO
<i>granisetron hcl tablet</i>	2	MO, B/D, QLL (30/30)
<i>guanidine hcl</i>	2	MO
HALDOL INJ	5	MO
HALDOL DECANOATE 100 INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
HALDOL DECANOATE 50 INJ	5	MO
<i>haloperidol decanoate</i> INJ	5	MO
<i>haloperidol lactate injection</i> INJ	5	MO
<i>haloperidol lactate solution</i>	2	MO
<i>haloperidol tablet</i>	2	MO
<i>hydrocodon-acetaminoph 7.5-750, -hydrocodon-acetaminophn 10-750</i>	2	MO, QLL (150/30)
<i>hydrocodon-acetaminophen 5-325, -hydrocodon-acetaminoph 7.5-325, -hydrocodon-acetaminophn 10-325</i>	2	MO, QLL (360/30)
<i>hydrocodon-acetaminophn 10-650, -hydrocodon-acetaminoph 7.5-650, -hydrocodon-acetaminophn 10-660</i>	2	MO, QLL (180/30)
<i>hydrocodone bit-ibuprofen</i>	2	MO, QLL (480/30)
<i>hydrocodone-acetaminophen capsule, -hydrocodon-acetaminoph 2.5-500, -hydrocodon-acetaminoph 7.5-500, -hydrocodon-acetaminophn 10-500</i>	2	MO, QLL (240/30)
<i>hydrocodone-acetaminophen solution</i>	2	MO, QLL (3600/30)
<i>hydrogesic</i>	2	MO, QLL (240/30)
<i>hydromorphone hcl injection</i> INJ	5	MO
<i>hydromorphone hcl suppository rectal</i>	2	MO
<i>hydromorphone hcl tablet</i>	2	
<i>imipramine hcl tablet</i>	2	MO
<i>imipramine pamoate</i>	2	MO
INFUMORPH INJ	5	MO
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	4	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
INVEGA ER 6 MG TABLET	4	MO, QLL (60/30)
INVEGA SUSTENNA INJ	5	MO, QLL (2/28)
LAMICTAL ODT 100 MG TABLET	4	MO
LAMICTAL ODT 200 MG TABLET	4	MO, QLL (60/30)
LAMICTAL ODT 25 MG TABLET, -50 MG TABLET	4	MO, QLL (90/30)
LAMICTAL XR (BLUE)	4	MO, PAR, QLL (28/28)
LAMICTAL XR (GREEN)	4	MO, PAR, QLL (35/35)
LAMICTAL XR (ORANGE)	4	MO, PAR, QLL (35/35)
LAMICTAL XR 100 MG TABLET	4	MO, PAR
LAMICTAL XR 200 MG TABLET	4	MO, PAR, QLL (60/30)
LAMICTAL XR 25 MG TABLET, -50 MG TABLET	4	MO, PAR, QLL (90/30)
LAMICTAL XR 300 MG TABLET	4	MO, PAR, QLL (30/30)
<i>lamotrigine 150 mg tablet, -200 mg tablet</i>	2	MO, QLL (60/30)
<i>lamotrigine 25 mg tablet, -100 mg tablet, -tablet dispersible</i>	2	MO
LATUDA	4	QLL (30/30)
<i>levetiracetam injection</i> INJ	5	
<i>levetiracetam solution, -tablet</i>	2	MO
LEXAPRO 20 MG TABLET	3	MO, QLL (30/30)
LEXAPRO 5 MG TABLET, -10 MG TABLET	3	MO, QLL (45/30)
LEXAPRO SOLUTION	3	MO, QLL (600/30)
<i>lithium</i>	2	MO
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>	1	MO
<i>loxapine</i>	2	MO
LYRICA 225 MG CAPSULE, -300 MG CAPSULE	4	MO, PAR, QLL (60/30)

Drug Name	Drug Tier	Requirements/Limits
LYRICA 25 MG CAPSULE, -50 MG CAPSULE, -75 MG CAPSULE, -100 MG CAPSULE, -150 MG CAPSULE, -200 MG CAPSULE	4	MO, PAR, QLL (90/30)
<i>maprotiline 25 mg tablet, -50 mg tablet</i>	2	MO, QLL (90/30)
<i>maprotiline 75 mg tablet</i>	2	MO
<i>margesic h</i>	2	MO, QLL (240/30)
MARPLAN	3	MO
MAXALT	3	MO, QLL (12/30), ST
MAXALT MLT	3	MO, QLL (12/30), ST
<i>meclizine hcl tablet</i>	1	MO
<i>meperidine hcl injection INJ</i>	5	MO
<i>meperidine hcl tablet</i>	2	
<i>meperitab</i>	2	MO
<i>meprobamate 200 mg tablet</i>	2	MO, QLL (120/30)
<i>meprobamate 400 mg tablet</i>	2	MO, QLL (180/30)
MESTINON SYRUP, -TABLET SUSTAINED ACTION	3	MO
<i>methadone hcl injection INJ</i>	5	MO
<i>methadone hcl solution, -tablet, -tablet soluble</i>	2	MO
<i>methadone intensol</i>	2	MO
<i>methadose</i>	2	MO
<i>methylin er</i>	2	MO, QLL (90/30)
<i>methylin tablet</i>	2	MO, QLL (90/30)
<i>methylphenidate er</i>	2	MO, QLL (90/30)
<i>methylphenidate hcl tablet</i>	2	MO, QLL (90/30)
<i>methylphenidate sr</i>	2	MO, QLL (90/30)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i>	2	MO, QLL (30/30)
<i>morphine sulf er 100 mg tab, -sulf er 200 mg tab</i>	2	MO, QLL (180/30)
<i>morphine sulf er 15 mg tablet, -sulf er 30 mg tablet, -sulf er 60 mg tablet</i>	2	MO, QLL (120/30)
<i>morphine sulfate in dextrose INJ</i>	5	MO
<i>morphine sulfate injection INJ</i>	5	MO
<i>morphine sulfate solution, -suppository rectal, -tablet</i>	2	MO
<i>nalbuphine hcl injection INJ</i>	5	MO
<i>naloxone hcl injection INJ</i>	5	MO
<i>naltrexone hcl tablet</i>	2	MO
NAMENDA SOLUTION	3	MO, QLL (300/30)
NAMENDA TABLET, -TABLET DOSE PACK	3	MO, QLL (60/30)
<i>naratriptan hcl</i>	2	QLL (9/30)
<i>nefazodone hcl</i>	2	MO, QLL (60/30)
NICOTROL NS	3	MO
<i>nortriptyline hcl capsule, -solution</i>	2	MO
NUVIGIL 150 MG TABLET, -250 MG TABLET	3	MO, PAR, QLL (30/30)
NUVIGIL 50 MG TABLET	3	MO, PAR, QLL (60/30)
<i>ondansetron hcl 24 mg tablet</i>	2	MO, B/D, QLL (30/30)
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>	2	MO, B/D, QLL (90/30)
<i>ondansetron hcl in dextrose INJ</i>	5	MO
<i>ondansetron hcl injection INJ</i>	5	MO
<i>ondansetron hcl solution</i>	2	MO, B/D, QLL (450 ml/30)
<i>ondansetron odt</i>	2	MO, B/D, QLL (90/30)
ONSOLIS	6	LA, PAR, QLL (120/30)

Drug Name	Drug Tier	Requirements/Limits
ORAP	3	MO
<i>oxcarbazepine 150 mg tablet, -300 mg tablet</i>	2	MO, QLL (60/30)
<i>oxcarbazepine 600 mg tablet</i>	2	MO
OXCARBAZEPINE SUSPENSION	3	MO
<i>oxycodon-acetaminophen 7.5-500</i>	2	MO, QLL (240/30)
<i>oxycodone concentrate</i>	2	
<i>oxycodone hcl capsule, -solution, -tablet</i>	2	MO
<i>oxycodone hcl-aspirin</i>	2	MO
<i>oxycodone hcl-ibuprofen</i>	2	MO
<i>oxycodone-acetaminophen 10-325</i>	2	MO, QLL (360/30)
<i>oxycodone-acetaminophen 10-650</i>	2	MO, QLL (180/30)
<i>oxycodone-acetaminophen capsule</i>	2	MO, QLL (240/30)
<i>oxycodone-acetaminophen tablet</i>	2	MO, QLL (360/30)
<i>oxycodone-aspirin</i>	2	MO
<i>paroxetine cr 25 mg tablet</i>	2	MO, QLL (90/30)
<i>paroxetine hcl 10 mg tablet</i>	2	MO, QLL (45/30)
<i>paroxetine hcl 20 mg tablet, -cr 12.5 mg tablet</i>	2	MO, QLL (30/30)
<i>paroxetine hcl 30 mg tablet, -40 mg tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>	2	MO, QLL (60/30)
<i>paroxetine hcl suspension oral</i>	2	MO, QLL (1200/30)
PEGANONE	3	MO
<i>pentazocine-acetaminophen</i>	2	MO, QLL (180/30)
<i>pentazocine-naloxone hcl</i>	2	MO
<i>perphenazine</i>	2	MO
<i>perphenazine-amitriptyline</i>	2	MO
<i>phenadoz</i>	2	MO
PHENELZINE SULFATE TABLET	3	
<i>phenytoin sod ext 100 mg cap</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
PHENYTOIN SOD EXT 200 MG CAP, -SOD EXT 300 MG CAP	3	MO
<i>phenytoin sodium injection INJ</i>	5	MO
<i>phenytoin suspension oral</i>	1	MO
<i>pramipexole 0.125 mg tablet, -0.25 mg tablet, -0.5 mg tablet, -1 mg tablet, -1.5 mg tablet</i>	2	MO
<i>pramipexole 0.75 mg tablet</i>	2	
<i>primidone tablet</i>	2	MO
PRISTIQ	4	MO, PAR, QLL (30/30)
<i>prochlorperazine edisylate INJ</i>	5	MO
<i>prochlorperazine maleate suppository rectal, -tablet</i>	2	MO
<i>promethazine hcl suppository rectal</i>	2	MO
<i>promethegan</i>	2	MO
<i>protriptyline hcl</i>	2	MO
PROVIGIL 100 MG TABLET	3	MO, PAR, QLL (30/30)
PROVIGIL 200 MG TABLET	3	MO, PAR, QLL (60/30)
<i>pyridostigmine bromide</i>	2	MO
REGONOL INJ	5	MO
RISPERDAL CONSTA 12.5 MG SYR, -25 MG SYR, -37.5 MG SYR INJ	5	MO, QLL (2/28)
RISPERDAL CONSTA 50 MG SYR INJ	6	MO
RISPERIDONE 0.25 MG ODT, -0.5 MG ODT, -1 MG ODT, -2 MG ODT, -3 MG ODT	3	MO, QLL (60/30)
RISPERIDONE 4 MG ODT	3	MO, QLL (120/30)
<i>risperidone m-tab 0.5 mg odt, -1 mg odt, -2 mg odt, -3 mg odt</i>	3	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone m-tab 4 mg odt</i>	3	MO, QLL (120/30)
<i>risperidone solution</i>	2	MO, QLL (480 ml/30)
<i>risperidone tablet</i>	2	MO, QLL (60/30)
<i>rivastigmine</i>	2	QLL (60/30)
<i>ropinirole hcl</i>	2	MO
<i>roxicet 5-325 tablet</i>	2	MO, QLL (360/30)
SABRIL	4	LA
SANCUSO	6	MO, PAR, QLL (4/28)
SAPHRIS	4	MO, QLL (60/30)
SAVELLA TABLET	3	MO, QLL (60/30)
SAVELLA TABLET DOSE PACK	3	MO, QLL (1/365)
<i>selegiline hcl capsule, -tablet</i>	2	MO
<i>selfemra 10 mg capsule</i>	2	MO, QLL (30/30)
<i>selfemra 20 mg capsule</i>	2	MO, QLL (120/30)
SEROQUEL 25 MG TABLET, -50 MG TABLET, -100 MG TABLET, -200 MG TABLET	4	MO, QLL (90/30)
SEROQUEL 300 MG TABLET, -400 MG TABLET	4	MO, QLL (120/30)
SEROQUEL XR 300 MG TABLET	3	MO, QLL (90/30)
SEROQUEL XR 400 MG TABLET	3	MO, QLL (120/30)
SEROQUEL XR 50 MG TABLET, -150 MG TABLET, -200 MG TABLET	3	MO, QLL (30/30)
<i>sertraline hcl 100 mg tablet</i>	2	MO, QLL (90/30)
<i>sertraline hcl 25 mg tablet, - 50 mg tablet</i>	2	MO, QLL (60/30)
<i>sertraline hcl solution</i>	2	MO, QLL (300/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>stagesic</i>	2	MO, QLL (240/30)
STAVZOR DR 125 MG CAPSULE, -DR 250 MG CAPSULE	4	MO, QLL (60/30)
STAVZOR DR 500 MG CAPSULE	4	MO
STRATTERA 10 MG CAPSULE, -18 MG CAPSULE, -25 MG CAPSULE, -40 MG CAPSULE	4	MO, PAR, QLL (60/30)
STRATTERA 60 MG CAPSULE, -80 MG CAPSULE, -100 MG CAPSULE	4	MO, PAR, QLL (30/30)
SUBOXONE 2 MG-0.5 MG SL FILM	3	PAR, QLL (360/30)
SUBOXONE 2 MG-0.5 MG TABLET SL	3	MO, PAR, QLL (360/30)
SUBOXONE 8 MG-2 MG SL FILM	3	PAR, QLL (90/30)
SUBOXONE 8 MG-2 MG TABLET SL	3	MO, PAR, QLL (90/30)
<i>sumatriptan 4 mg/0.5 ml kit, - 4 mg/0.5 ml refill, -6 mg/0.5 ml kit, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng INJ</i>	5	MO, QLL (4/30)
<i>sumatriptan 4 mg/0.5 ml vial, -6 mg/0.5 ml vial INJ</i>	5	MO, QLL (4 ml/30)
<i>sumatriptan succinate tablet</i>	2	MO, QLL (9/30)
SURMONTIL	4	MO
TALWIN INJ	5	MO
TASMAR	6	MO
<i>thioridazine hcl</i>	2	MO
<i>thiothixene</i>	2	MO
TIGAN INJECTION INJ	5	MO
<i>topiragen</i>	2	MO, PAR, QLL (60/30)
<i>topiramate capsule sprinkle</i>	2	MO, PAR
<i>topiramate tablet</i>	2	MO, PAR, QLL (60/30)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tablet</i>	2	MO, QLL (240/30)
<i>tramadol hcl tablet sustained release 24hr</i>	2	QLL (30/30)
<i>tramadol hcl-acetaminophen</i>	2	MO, QLL (240/30)
<i>tranlycypromine sulfate</i>	2	MO
<i>trazodone hcl tablet</i>	1	MO
<i>trifluoperazine hcl</i>	2	MO
<i>trihexyphenidyl hcl</i>	1	MO
<i>trimethobenzamide hcl capsule</i>	2	MO
<i>trimethobenzamide hcl injection INJ</i>	5	MO
<i>valproate sodium injection INJ</i>	5	MO
<i>valproic acid capsule, -syrup</i>	2	MO
<i>venlafaxine hcl 25 mg tablet, -37.5 mg tablet, -75 mg tablet, -100 mg tablet</i>	2	MO, QLL (90/30)
<i>venlafaxine hcl 50 mg tablet</i>	2	MO
VIMPAT INJECTION INJ	5	MO
VIMPAT SOLUTION, -TABLET	4	MO
XENAZINE	6	LA, PAR
XYREM	6	LA, PAR, QLL (540/30)
<i>zaleplon 10 mg capsule</i>	2	MO, QLL (60/30)
<i>zaleplon 5 mg capsule</i>	2	MO, QLL (30/30)
<i>zamicet</i>	2	QLL (5540/30)
<i>zolpidem tartrate tablet</i>	2	MO, QLL (30/30)
<i>zonisamide</i>	2	MO
ZYPREXA 10 MG TABLET, -15 MG TABLET	4	MO, QLL (60/30)
ZYPREXA 2.5 MG TABLET, -5 MG TABLET, -7.5 MG TABLET	4	MO, QLL (30/30)
ZYPREXA 20 MG TABLET	4	MO, QLL (90/30)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA INJECTION INJ	5	MO
ZYPREXA RELPREVV 210 MG VIAL, -300 MG VIAL INJ	6	MO, QLL (2/28)
ZYPREXA RELPREVV 405 MG VIAL INJ	6	MO, QLL (1/28)
ZYPREXA ZYDIS 10 MG TABLET, -15 MG TABLET	4	MO, QLL (60/30)
ZYPREXA ZYDIS 20 MG TABLET	4	MO, QLL (90/30)
ZYPREXA ZYDIS 5 MG TABLET	4	MO, QLL (30/30)
<b>CARDIOVASCULAR MEDICATIONS</b>		
<i>acebutolol hcl</i>	2	MO
ADCIRCA	6	PAR, QLL (60/30)
<i>afeditab cr</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl injection INJ</i>	5	MO
<i>amiodarone hcl tablet</i>	2	MO
<i>amlodipine besylate 2.5 mg tab, -10 mg tab</i>	1	MO, QLL (30/30)
<i>amlodipine besylate 5 mg tab</i>	1	MO, QLL (45/30)
<i>atenolol tablet</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril hcl</i>	2	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
BIDIL	3	MO
<i>bisoprolol-hydrochlorothiazide</i>	2	MO
<i>bumetanide injection INJ</i>	5	MO
<i>bumetanide tablet</i>	1	MO
BYSTOLIC	3	
<i>captopril tablet</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	2	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium INJ</i>	5	MO
<i>chlorthalidone</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>clonidine</i>	2	MO, QLL (4/28)
<i>clonidine hcl tablet</i>	2	MO
<i>colestipol hcl</i>	2	MO
CRESTOR	3	MO, QLL (30/30), ST
<i>digoxin injection</i> INJ	5	MO
<i>digoxin solution, -tablet</i>	2	MO
<i>dilt xr 120 mg capsule</i>	2	MO
<i>dilt xr 180 mg capsule, -dilt xr 240 mg capsule</i>	2	
<i>dilt-cd 120 mg capsule, -er 300 mg capsule</i>	2	
<i>dilt-cd 180 mg capsule, -240 mg capsule</i>	2	MO
<i>diltia xt</i>	2	MO
<i>diltiazem 24hr er capsule sustained release 24 hr</i>	2	MO
<i>diltiazem er</i>	2	MO
<i>diltiazem hcl injection</i> INJ	5	MO
<i>diltiazem hcl tablet</i>	2	MO
<i>diltzac er</i>	2	MO
DIOVAN 160 MG TABLET	3	MO, QLL (60/30)
DIOVAN 320 MG TABLET	3	MO, QLL (30/30)
DIOVAN 40 MG TABLET, -80 MG TABLET	3	MO, QLL (90/30)
DIOVAN HCT	3	MO, QLL (30/30)
<i>disopyramide phosphate</i>	2	MO
<i>dobutamine 250 mg-d5w 500 ml, -250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml</i> INJ	5	MO
<i>dobutamine hcl</i> INJ	5	MO
<i>dopamine hcl</i> INJ	5	MO
<i>dopamine hcl in 5% dextrose</i> INJ	5	MO
<i>doxazosin mesylate</i>	2	MO
<i>enalapril maleate tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide</i>	2	MO
EXFORGE	3	MO, QLL (30/30)
EXFORGE HCT	3	MO, QLL (30/30)
<i>felodipine er</i>	2	MO
<i>fenofibrate</i>	2	MO
<i>flecainide acetate</i>	2	MO
<i>fosinopril sodium</i>	2	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i> INJ	5	MO
<i>furosemide solution, -tablet</i>	1	MO
<i>gemfibrozil tablet</i>	2	MO
<i>guanabenz acetate tablet</i>	2	MO
<i>guanfacine hcl</i>	2	MO
<i>hydralazine hcl injection</i> INJ	5	MO
<i>hydralazine hcl tablet</i>	2	MO
<i>hydrochlorothiazide capsule, -tablet</i>	1	MO
<i>indapamide</i>	1	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isradipine</i>	2	MO
<i>labetalol hcl injection</i> INJ	5	MO
<i>labetalol hcl tablet</i>	2	MO
LANOXIN INJECTION INJ	5	MO
LANOXIN PEDIATRIC INJ	5	MO
LANOXIN TABLET	3	MO
LETAIRIS	6	LA, PAR
LIPOFEN	3	MO
<i>lisinopril tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	2	MO
<i>losartan potassium 100 mg tab</i>	2	MO, QLL (30/30)
<i>losartan potassium 25 mg tab, -50 mg tab</i>	2	MO, QLL (60/30)
<i>losartan-hydrochlorothiazide</i>	2	MO, QLL (30/30)
<i>lovastatin 10 mg tablet, -20 mg tablet</i>	2	MO, QLL (30/30)
<i>lovastatin 40 mg tablet</i>	2	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/Limits
LOVAZA	3	MO
<i>methyldopa</i>	2	MO
<i>methyldopa-hydrochlorothiazide</i>	1	MO
<i>methyldopate hcl</i> INJ	5	MO
<i>metoprolol tartrate injection</i> INJ	5	MO
<i>metoprolol tartrate tablet</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	2	MO
<i>mexiletine hcl capsule</i>	2	MO
MICARDIS 20 MG TABLET, -40 MG TABLET	3	MO, QLL (30/30)
MICARDIS 80 MG TABLET	3	MO, QLL (60/30)
MICARDIS HCT 40-12.5 MG TABLET, -80-25 MG TABLET	3	MO, QLL (30/30)
MICARDIS HCT 80-12.5 MG TABLET	3	MO, QLL (60/30)
<i>midodrine hcl</i>	2	MO
<i>minoxidil tablet</i>	2	MO
<i>moexipril hcl</i>	2	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	2	MO
NIACOR	3	MO
NIASPAN	3	MO
<i>nicardipine hcl capsule</i>	2	MO
<i>nicardipine hcl injection</i> INJ	5	MO
<i>nifediac cc</i>	2	MO
<i>nifedical xl</i>	2	MO
<i>nifedipine capsule</i>	2	MO
<i>nifedipine er</i>	2	MO
<i>nisoldipine</i>	2	MO
<i>nitroglycerin injection</i> INJ	5	MO
<i>nitroglycerin patch</i>	2	MO
NITROSTAT	3	MO
PACERONE 100 MG TABLET	3	MO
<i>pacerone 200 mg tablet</i>	2	MO
<i>pentopak</i>	2	MO
<i>pentoxifylline tablet sustained action</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine</i>	2	MO
<i>pravastatin sodium</i>	2	MO, QLL (30/30)
<i>prazosin hcl</i>	1	MO
<i>prevalite</i>	2	MO
<i>procainamide hcl injection</i> INJ	5	MO
<i>propafenone hcl tablet</i>	2	MO
<i>propranolol hcl capsule sustained action, -solution, -tablet</i>	2	MO
<i>propranolol hcl injection</i> INJ	5	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril hcl</i>	2	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>quinidine gluconate injection</i> INJ	5	MO
<i>quinidine gluconate tablet sustained action</i>	2	MO
<i>quinidine sulfate tablet, -tablet sustained action</i>	2	MO
<i>ramipril</i>	2	MO
REMODULIN INJ	6	LA, PAR
<i>reserpine tablet</i>	2	MO
REVATIO INJECTION INJ	6	MO, PAR, QLL (1125/30)
REVATIO TABLET	6	MO, PAR, QLL (90/30)
SIMCOR 500-20 MG TABLET, -750-20 MG TABLET, -1,000-20 MG TABLET	3	MO, QLL (60/30)
SIMCOR 500-40 MG TABLET, -1,000-40 MG TABLET	3	QLL (30/30)
<i>simvastatin</i>	1	MO, QLL (30/30)
SODIUM EDECIN INJ	5	MO
<i>sorine</i>	2	MO
<i>sotalol</i>	2	MO
<i>sotalol af</i>	2	MO



Drug Name	Drug Tier	Requirements/Limits
SOTALOL HCL INJ	5	MO
<i>spironolactone tablet</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
<i>taztia xt</i>	2	MO
TEKTURNA	3	MO, QLL (30/30)
TEKTURNA HCT	3	MO, QLL (30/30)
<i>terazosin hcl</i>	2	MO
THALITONE	3	MO
TIKOSYN	4	MO
<i>toremide injection INJ</i>	5	MO
TRACLEER	6	LA
<i>trandolapril</i>	2	MO
<i>triamterene-hctz</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
VALTURNA	3	QLL (30/30)
VENTAVIS	6	MO, PAR
<i>verapamil er</i>	2	MO
<i>verapamil er pm</i>	2	MO
<i>verapamil hcl capsule 24hr sustained release pellets, -tablet, -tablet sustained action</i>	2	MO
<i>verapamil hcl injection INJ</i>	5	MO
ZETIA	3	MO, PAR, QLL (30/30)
<b>DERMATOLOGICAL MEDICATIONS</b>		
<i>acticin</i>	1	MO
<i>alclometasone dipropionate</i>	1	MO
<i>amcinonide</i>	2	MO
<i>ammonium lactate cream, -lotion</i>	1	MO
<i>amnestem</i>	2	MO
<i>betamethasone dipropionate cream, -gel, -dp aug 0.05% lot, -ointment</i>	2	MO
<i>betamethasone dp 0.05% lot</i>	2	
<i>betamethasone valerate cream, -lotion, -ointment</i>	1	MO
<i>betanate</i>	2	MO
<i>calcipotriene ointment</i>	2	QLL (200/30)

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene solution</i>	2	MO, QLL (60/30)
CARAC	4	MO
<i>claravis</i>	2	MO
<i>clinda-derm</i>	2	MO
<i>clindamycin phosphate gel, -lotion, -solution non-oral, -swab medicated</i>	2	MO
<i>clindamycin-benzoyl peroxide</i>	2	MO, QLL (60/30)
<i>clobetasol emollient</i>	2	MO
<i>clobetasol propionate cream, -foam, -gel, -ointment, -solution non-oral</i>	2	MO
<i>cormax</i>	2	MO
<i>del-beta</i>	2	MO
<i>desonide cream, -lotion, -ointment</i>	2	MO
<i>desoximetasone cream, -gel, -ointment</i>	2	MO
<i>diflorasone diacetate</i>	2	MO
DOVONEX CREAM	3	MO, QLL (200/30)
ELIDEL	4	MO, PAR
<i>ery</i>	2	MO
<i>erythromycin gel, -solution non-oral</i>	1	MO
<i>erythromycin swab medicated</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>	1	MO
<i>fluocinonide cream</i>	2	MO
<i>fluocinonide emollient</i>	2	MO
<i>fluocinonide gel, -ointment, -solution non-oral</i>	1	MO
<i>fluocinonide-e</i>	2	MO
<i>fluorouracil cream, -solution non-oral</i>	2	MO
<i>fluticasone propionate cream, -ointment</i>	2	MO
<i>halobetasol propionate</i>	2	MO
<i>hydrocortisone 1% cream</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone 1% cream, - plus 1% cream, --aloe 1% cream, -2.5% cream, -lotion, -1% absorbase, -1% oint, -1% ointment, -2.5% ointment</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>hydroxyzine hcl injection</i> INJ	5	MO
<i>hydroxyzine hcl syrup, -tablet</i>	2	MO
<i>hydroxyzine pamoate capsule</i>	2	MO
<i>imiquimod cream</i>	2	MO
LINDANE SHAMPOO	4	MO
<i>malathion</i>	2	MO
<i>metronidazole cream, -gel, -lotion</i>	1	MO
<i>mometasone furoate cream, - ointment, -solution non-oral</i>	2	MO
OXSORALEN-ULTRA	6	MO
PANRETIN	6	MO
<i>permethrin cream</i>	1	MO
<i>podofilox</i>	2	MO
<i>prednicarbate</i>	2	MO
REGRANEX	6	MO, PAR
SANTYL	3	MO
<i>selenium sulfide shampoo, - 2.5% lotion</i>	1	MO
SOLARAZE	3	MO, PAR, QLL (100/30)
SORIATANE 10 MG CAPSULE	4	
SORIATANE 17.5 MG CAPSULE	6	MO
SORIATANE 25 MG CAPSULE	6	
<i>sotret</i>	2	MO
<i>sulfacetamide sodium lotion, - suspension topical</i>	1	MO
TAZORAC	4	MO
<i>tretinoin 0.025% cream, - 0.05% cream, -0.1% cream, - gel</i>	2	MO, QLL (90/30)
<i>triamcinolone acetonide cream, -lotion, -ointment</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>triderm</i>	1	MO
<i>vitazol</i>	2	MO
VOLTAREN GEL	3	QLL (800/30)
<b>DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS</b>		
ADAGEN INJ	6	LA
<i>aminocaproic acid solution oral, -tablet</i>	2	MO
AMPYRA	6	LA, PAR, QLL (60/30)
BUPHENYL	6	MO, PAR
COPAXONE INJ	6	MO, PAR
CYKLOKAPRON INJ	5	MO
<i>ergoloid mesylates tablet</i>	2	MO
EXJADE 125 MG TABLET	4	LA, PAR
EXJADE 250 MG TABLET, -500 MG TABLET	6	LA, PAR
<i>fomepizole INJ</i>	6	MO
GILENYA	6	MO, PAR
ORFADIN	6	LA
THALOMID	6	MO, PAR
<b>EAR-NOSE-THROAT MEDICATIONS</b>		
<i>acetasol hc</i>	2	MO
<i>acetic acid solution non-oral</i>	1	MO
<i>acetic acid-aluminum</i>	2	MO
<i>acetic acid-hydrocortisone</i>	2	MO
ASTEPRO	3	MO, QLL (30 ml/25)
<i>azelastine hcl aerosol spray w/pump</i>	2	MO, QLL (30 ml/25)
<i>borofair</i>	2	MO
<i>chlorhexidine gluconate mouthwash</i>	1	MO
CIPRODEX	3	MO
<i>cortomycin</i>	1	MO
DERMOTIC	3	MO
<i>doxycycline hyclate 20 mg tab</i>	1	MO
<i>flunisolide 0.025% spray</i>	2	MO, QLL (50 ml/30)
<i>flunisolide 29 mcg-0.025% spr</i>	2	MO, QLL (50/30)
<i>fluticasone propionate nasal inhaled steroids</i>	2	MO, QLL (16 gm/30)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium 0.03% spray</i>	2	MO, QLL (30 ml/30)
<i>ipratropium 0.06% spray</i>	2	MO, QLL (15 ml/30)
<i>neomycin-polymixin-hc ear susp, -ear susp</i>	1	MO
<i>neomycin-polymyxin-hydrocort</i>	1	MO
<i>ofloxacin 0.3% ear drops</i>	2	MO
<i>oticin hc</i>	2	MO
<i>otomycet-hc</i>	2	MO
<i>perio gard</i>	1	MO
<i>pilocarpine hcl tablet</i>	2	MO
<i>triamcinolone acetonide paste</i>	1	MO
TYZINE AEROSOL SPRAY, -0.1% NOSE DROPS	3	MO
TYZINE PEDIATRIC 0.05% DROP	4	MO
<b>ENDOCRINE MEDICATIONS</b>		
<i>acarbose</i>	2	MO
ACTHAR H.P. INJ	6	MO, PAR
ACTOPLUS MET	4	MO, QLL (90/30)
ACTOPLUS MET XR 15-1,000 MG TB	4	MO, QLL (60/30)
ACTOPLUS MET XR 30-1,000 MG TB	4	MO, QLL (30/30)
ACTOS	4	MO, QLL (30/30)
A-HYDROCORT INJ	5	MO
ALDURAZYME INJ	6	LA, PAR
<i>alendronate sodium 35 mg tab, -70 mg tab</i>	1	MO, QLL (4/28)
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>	1	MO, QLL (30/30)
<i>a-methapred</i> INJ	5	MO
ARISTOSPAN INJ	5	MO
ARMOUR THYROID	3	MO
AVANDAMET 2 MG-500 MG TABLET	4	MO, PAR, QLL (120/30)

Drug Name	Drug Tier	Requirements/Limits
AVANDAMET 4 MG-1,000 MG TABLET, -4 MG-500 MG TABLET, -2 MG-1,000 MG TAB	4	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-1 MG TABLET, -4 MG-2 MG TABLET	4	MO, PAR, QLL (60/30)
AVANDARYL 4 MG-4 MG TABLET, -8 MG-2 MG TABLET, -8 MG-4 MG TABLET	4	MO, PAR, QLL (30/30)
AVANDIA 2 MG TABLET, -4 MG TABLET	4	MO, PAR, QLL (60/30)
AVANDIA 8 MG TABLET	4	MO, PAR, QLL (30/30)
<i>baycadron</i>	2	MO
BONIVA INJECTION INJ	5	MO, B/D
BYETTA 10 MCG DOSE PEN INJ INJ	3	MO, QLL (3 ml/30), ST
BYETTA 5 MCG DOSE PEN INJ INJ	3	MO, QLL (2 ml/30), ST
<i>cabergoline</i>	2	MO
<i>calcitonin-salmon</i>	2	MO, QLL (4/30)
CEREDASE INJ	6	LA, PAR
CEREZYME INJ	6	LA, PAR
<i>chlorpropamide</i>	2	MO
<i>cortisone acetate tablet</i>	1	MO
DEPO-MEDROL 20 MG/ML VIAL INJ	5	MO
<i>desmopressin acetate aerosol spray w/pump, -solution</i>	2	MO
<i>desmopressin acetate injection</i> INJ	5	MO
<i>desmopressin acetate tablet</i>	2	MO
<i>dexamethasone elixir, -tablet</i>	1	MO
<i>dexamethasone sodium phosphate injection</i> INJ	5	MO
<i>dexamethasone solution oral</i>	2	MO
DUETACT	4	MO, QLL (30/30)
ELAPRASE INJ	6	LA, PAR
<i>etidronate disodium</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
FABRAZYME INJ	6	LA, PAR
<i>fludrocortisone acetate tablet</i>	1	MO
FORTEO INJ	5	MO, PAR, QLL (3 pens/28)
<i>fortical</i>	2	MO, QLL (4/30)
<i>glimepiride</i>	2	MO
<i>glipizide er</i>	1	MO
<i>glipizide tablet</i>	1	MO
<i>glipizide xl</i>	2	MO
<i>glipizide-metformin</i>	2	MO
GLUCAGEN INJ	5	MO
GLUCAGON EMERGENCY KIT INJ	5	MO
<i>glyburide</i>	2	MO
<i>glyburide micronized</i>	2	MO
<i>glyburide-metformin hcl</i>	2	MO
<i>glycron</i>	2	MO
HUMALOG INJ	3	MO
HUMALOG MIX 50-50 INJ	3	MO
HUMALOG MIX 75-25 INJ	3	MO
HUMULIN 70-30 INJ	3	MO
HUMULIN N INJ	3	MO
HUMULIN R INJ	3	MO
<i>hydrocortisone tablet</i>	1	MO
JANUMET	3	MO, QLL (60/30)
JANUVIA	3	MO, QLL (30/30)
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QLL (60/30)
KOMBIGLYZE XR 5-1,000 MG TAB, -5-500 MG TABLET	3	QLL (30/30)
KUVAN	6	LA
LANTUS INJ	3	MO
LANTUS SOLOSTAR INJ	3	MO
LEVEMIR INJ	3	MO
<i>levothroid</i>	1	MO
<i>levothyroxine sodium injection INJ</i>	5	MO
<i>levothyroxine sodium tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyol</i>	1	MO
<i>liothyronine sodium injection INJ</i>	6	MO
<i>liothyronine sodium tablet</i>	2	MO
<i>metformin hcl</i>	1	MO
<i>metformin hcl er</i>	2	MO
<i>methimazole tablet</i>	1	MO
<i>methylprednisolone acetate injection INJ</i>	5	MO
<i>methylprednisolone sod succ INJ</i>	5	MO
<i>methylprednisolone tablet, -tablet dose pack</i>	1	MO
MIACALCIN INJECTION INJ	5	MO, B/D
NAGLAZYME INJ	6	LA, PAR
<i>nateglinide</i>	2	MO
NOVOLIN 70-30 INJ	3	MO
NOVOLIN N INJ	3	MO
NOVOLIN R INJ	3	MO
NOVOLOG INJ	3	MO
NOVOLOG MIX 70-30 INJ	3	MO
ONGLYZA	3	MO, QLL (30/30)
<i>pamidronate disodium INJ</i>	5	MO, B/D
<i>prednisolone sodium phosphate solution</i>	1	MO
<i>prednisolone solution oral</i>	1	MO
<i>prednisone intensol</i>	2	MO
<i>prednisone solution, -tablet</i>	1	MO
PROGLYCEM	6	MO
PROLIA INJ	5	PAR, QLL (2/365)
<i>propylthiouracil</i>	1	MO
SAMSCA 15 MG TABLET	6	MO, PAR, QLL (30/30)
SAMSCA 30 MG TABLET	6	MO, PAR, QLL (60/30)
SENSIPAR 30 MG TABLET	3	MO
SENSIPAR 60 MG TABLET, -90 MG TABLET	6	MO
SOLU-CORTEF INJ	5	MO
SOLU-CORTEF (PF) INJ	5	MO

Drug Name	Drug Tier	Requirements/Limits
SOLU-MEDROL (PF) INJ	5	MO
SOLU-MEDROL 2,000 MG VIAL INJ	5	MO
SOMAVERT INJ	6	LA, PAR
STIMATE	4	MO
SYMLIN INJ	4	MO, PAR
SYMLINPEN 120 INJ	4	MO, PAR
SYMLINPEN 60 INJ	4	MO, PAR
SYNTHROID	3	MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
<i>tolazamide</i>	2	MO
<i>tolbutamide</i>	1	MO
<i>triamcinolone acetonide injection</i> INJ	5	MO
<i>unithroid</i>	1	MO
<i>veripred 20</i>	1	
VICTOZA 2-PAK INJ	3	MO, QLL (9/30), ST
VICTOZA 3-PAK INJ	3	QLL (9 pens/30), ST
VPRIV INJ	6	MO, PAR
XGEVA INJ	6	PAR, QLL (1.7/28)
ZAVESCA	6	LA, PAR
<i>zema-pak</i>	2	MO
ZOMETA INJ	6	MO
<b>GASTROINTESTINAL MEDICATIONS</b>		
APRISO	3	MO
ASACOL	3	MO
ASACOL HD	3	MO
<i>balsalazide disodium</i>	2	MO
BENTYL INJECTION INJ	5	MO
CANASA	3	MO
<i>cimetidine 300 mg tablet, -400 mg tablet, -800 mg tablet</i>	1	
<i>cimetidine injection</i> INJ	5	MO
<i>cimetidine solution, -200 mg tablet</i>	2	MO
CREON	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl capsule, -syrup, -tablet</i>	2	MO
<i>dicyclomine hcl injection</i> INJ	5	MO
<i>diphenoxylate-atropine</i>	2	MO
ENTOCORT EC	6	MO
<i>famotidine 20 mg tablet, -40 mg tablet</i>	2	MO
<i>famotidine injection</i> INJ	5	MO
<i>famotidine suspension oral</i>	2	
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>glycopyrrolate injection</i> INJ	5	MO
<i>glycopyrrolate tablet</i>	2	MO
HALFLYTELY-BISACODYL	3	MO
<i>hydrocortisone enema</i>	1	MO
<i>lactulose</i>	2	MO
LANSOPRAZOLE CAPSULE ENTERIC COATED, -TABLET	3	QLL (30/30), ST
LIALDA	3	
<i>loperamide capsule</i>	2	MO
LOTRONEX	3	MO, PAR, QLL (60/30)
<i>mesalamine enema</i>	2	MO
<i>methscopolamine bromide tablet</i>	2	MO
<i>metoclopramide hcl injection</i> INJ	5	MO
<i>metoclopramide hcl solution oral, -tablet</i>	1	MO
<i>misoprostol</i>	2	MO
NEXIUM	3	MO, QLL (30/30)
NEXIUM I.V. INJ	5	MO
<i>nizatidine</i>	2	MO
<i>omeprazole capsule enteric coated</i>	2	MO, QLL (30/30)
OSMOPREP	4	MO
<i>pantoprazole sodium</i>	2	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/Limits
<i>paregoric</i>	2	MO
<i>peg 3350-electrolyte</i>	2	MO
<i>peg-3350 and electrolytes</i>	2	MO
<i>peg-3350 with flavor packs</i>	2	MO
PENTASA	3	MO
<i>polyethylene glycol 3350</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol-hc</i>	1	MO
<i>proctozone-hc</i>	1	MO
<i>propantheline bromide tablet</i>	2	MO
PROTONIX IV INJ	5	MO
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>	2	MO
<i>ranitidine hcl injection</i> INJ	5	MO
RELISTOR INJ	5	MO, PAR
<i>sucralfate suspension oral, -tablet</i>	2	MO
<i>sulfasalazine dr</i>	2	MO
<i>sulfasalazine tablet</i>	2	MO
<i>sulfazine</i>	2	MO
<i>sulfazine ec</i>	2	MO
<i>trilyte with flavor packets</i>	2	MO
<i>ursodiol capsule, -tablet</i>	2	MO
ZANTAC 50 MG/50 ML PLAST-BAG INJ	5	MO
<b>IMMUNOLOGICALS AND VACCINES</b>		
ACTEMRA INJ	6	MO, PAR
ACTHIB INJ	3	MO
ACTIMMUNE INJ	6	LA, PAR
ADACEL INJ	3	MO
ARANESP 25 MCG/0.42 ML SYRING, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL, -60 MCG/0.3 ML SYRINGE INJ	5	MO, PAR

Drug Name	Drug Tier	Requirements/Limits
ARANESP 60 MCG/ML VIAL, -100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL, -200 MCG/0.4 ML SYRINGE, -150 MCG/0.3 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE, -150 MCG/0.75 ML VIAL INJ	6	MO, PAR
ARCALYST INJ	6	LA, PAR
AVONEX INJ	6	MO, PAR
AVONEX ADMINISTRATION PACK INJ	6	MO, PAR
BETASERON INJ	6	MO, PAR
BOOSTRIX INJ	3	MO
CARIMUNE NF NANOFILTERED INJ	6	MO, PAR
CERVARIX INJ	3	MO
COMVAX INJ	3	MO
DAPTACEL INJ	3	MO
DECAVAC INJ	3	MO
DIPHThERIA-TETANUS TOXOID INJ	3	MO
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE, -20 MCG/ML VIAL INJ	3	MO
ENGERIX-B 10 MCG/0.5 ML PEDI INJ	3	MO
EPOGEN 10,000 UNITS/ML VIAL, -20,000 UNITS/ML VIAL INJ	6	MO, PAR
EPOGEN 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -20,000 UNITS/2 ML VIAL INJ	5	MO, PAR
EXTAVIA INJ	6	MO, PAR
GAMASTAN S-D INJ	5	MO, PAR
GAMMAGARD LIQUID INJ	6	MO, PAR

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S-D INJ	6	MO, PAR
GAMUNEX INJ	6	MO, PAR
GAMUNEX-C INJ	6	MO, PAR
GARDASIL INJ	3	MO
GENOTROPIN MINIQUICK 0.2 MG INJ	5	MO, PAR
GENOTROPIN MINIQUICK 0.4 MG, -MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -MINIQUICK 1 MG, -MINIQUICK 1.2 MG, -MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5 MG CARTRIDGE, -12 MG CARTRIDGE INJ	6	MO, PAR
HAVRIX INJ	3	MO
HIBERIX INJ	3	MO
HIZENTRA 1 GRAM/5 ML VIAL INJ	6	PAR
HIZENTRA 2 GRAM/10 ML VIAL, -4 GRAM/20 ML VIAL INJ	6	MO, PAR
HUMATROPE INJ	6	MO, PAR
ILARIS INJ	6	MO, PAR
IMOVAX RABIES VACCINE INJ	3	MO
INCRELEX INJ	6	LA, PAR
INFANRIX INJ	3	MO
INFANRIX PF INJ	3	MO
INFERGEN INJ	6	MO, PAR
INTRON A 3 MILLION UNIT/ML PEN, -10 MILLION UNITS VIAL INJ	5	MO, PAR
INTRON A 5 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL INJ	6	MO, PAR
IPOL INJ	3	MO
IXIARO INJ	3	MO

Drug Name	Drug Tier	Requirements/Limits
JE-VAX INJ	3	MO
KEPIVANCE INJ	6	LA
KINERET INJ	6	MO, PAR, QLL (28/28)
KINRIX INJ	3	MO
LEUKINE INJ	6	MO, PAR
MENACTRA INJ	3	MO
MENOMUNE-A-C-Y-W-135 INJ	3	MO
MENVEO A-C-Y-W-135-DIP	3	
M-M-R II VACCINE INJ	3	MO
NEULASTA INJ	6	MO, PAR, QLL (2 syringes/28)
NEUMEGA INJ	6	MO, PAR, QLL (21 vials/21)
NEUPOGEN INJ	6	MO, PAR
NORDITROPIN FLEXPRO INJ	6	MO, PAR
NORDITROPIN NORDIFLEX 30 MG/3 INJ	6	PAR
NORDITROPIN NORDIFLEX 5 MG/1.5, -NORDIFLX 10 MG/1.5, -NORDIFLX 15 MG/1.5 INJ	6	MO, PAR
NUTROPIN INJ	6	MO, PAR
NUTROPIN AQ INJ	6	MO, PAR
NUTROPIN AQ NUSPIN 10 PEN CART, -20 PEN CART INJ	6	MO, PAR
NUTROPIN AQ NUSPIN 5 PEN CART INJ	6	PAR
OMNITROPE INJ	6	MO, PAR
PEDIARIX INJ	3	MO
PEDVAXHIB INJ	3	MO
PEGASYS 180 MCG/0.5 ML CONV.PK INJ	6	MO, PAR
PEGASYS 180 MCG/ML VIAL INJ	6	PAR
PEGINTRON INJ	6	MO, PAR
PEGINTRON REDIPEN INJ	6	MO, PAR

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INJ	6	MO, PAR
PROCRIT 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -10,000 UNITS/ML VIAL INJ	5	MO, PAR
PROCRIT 20,000 UNITS/ML VIAL, -40,000 UNITS/ML VIAL INJ	6	MO, PAR
PROLEUKIN INJ	6	MO
PROMACTA	6	LA, PAR
PROQUAD INJ	3	MO
RABAVERT INJ	3	MO
REBIF INJ	6	MO, PAR
RECOMBIVAX HB INJ	3	MO
ROTATEQ	3	MO
SAIZEN INJ	6	MO, PAR
SEROSTIM INJ	6	LA, PAR
TETANUS DIPHTHERIA TOXOIDS INJ	3	MO
<i>tetanus toxoid adsorbed</i> INJ	1	MO
TETANUS-DIPHTHERIA-DECAVAC INJ	3	MO
THYMOGLOBULIN INJ	6	MO, B/D
TRIHIBIT INJ	3	MO
TRIPEDIA INJ	3	MO
TWINRIX INJ	3	MO
TYPHIM VI INJ	3	MO
VAQTA INJ	3	MO
VARIVAX VACCINE INJ	3	MO
VIVAGLOBIN INJ	6	MO, PAR
YF-VAX INJ	3	MO
ZORBTIVE INJ	6	LA, PAR
ZOSTAVAX INJ	3	MO
<b>MEDICAL (MISCELLANEOUS) SUPPLIES</b>		
<i>alcohol swabs</i>	1	MO
<i>curad gauze pads</i>	2	MO, QLL (200/30)
INSULIN SYRINGE	3	MO, QLL (200/30)
PEN NEEDLE	3	MO, QLL (200/30)

Drug Name	Drug Tier	Requirements/Limits
<b>MUSCULOSKELETAL MEDICATIONS</b>		
<i>allopurinol sodium</i> INJ	5	MO
<i>allopurinol tablet</i>	1	MO
<i>baclofen tablet</i>	2	MO
<i>carisoprodol 350 mg tablet</i>	2	MO
<i>carisoprodol compound</i>	2	MO
<i>carisoprodol compound-codeine</i>	2	MO
<i>carisoprodol-aspirin</i>	2	MO
<i>chlorzoxazone</i>	2	MO
COLCRYS	4	MO, PAR
CUPRIMINE	3	MO
<i>cyclobenzaprine hcl tablet</i>	2	MO
<i>dantrolene sodium capsule</i>	2	MO
DEPEN	3	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium tablet enteric coated, -tablet sustained release 24hr</i>	2	MO
<i>diflunisal</i>	2	MO
<i>etodolac</i>	2	MO
<i>fenoprofen calcium</i>	2	MO
<i>flurbiprofen tablet</i>	2	MO
<i>ibuprofen suspension oral, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>	1	MO
<i>ketorolac tromethamine injection</i> INJ	5	MO
<i>ketorolac tromethamine tablet</i>	2	MO, QLL (20/30)
<i>meclofenamate sodium capsule</i>	2	MO
<i>meloxicam 15 mg tablet</i>	2	MO, QLL (30/30)
<i>meloxicam 7.5 mg tablet</i>	2	MO, QLL (60/30)
<i>meloxicam suspension oral</i>	2	MO
<i>metaxalone</i>	2	MO
<i>methocarbamol tablet</i>	2	MO
<i>naproxen sodium 275 mg tab, -550 mg tab</i>	2	MO
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>	2	MO



Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate injection</i> INJ	5	MO
<i>orphenadrine citrate tablet sustained action</i>	2	MO
<i>orphenadrine compound</i>	2	MO
<i>orphenadrine compound forte</i>	2	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam capsule</i>	2	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
RILUTEK	6	MO
ROBAXIN INJECTION INJ	5	MO
<i>sulindac tablet</i>	2	MO
SYPRINE	3	MO
<i>tizanidine hcl tablet</i>	2	MO
XEOMIN 100 UNITS VIAL INJ	5	MO, PAR
XEOMIN 50 UNITS VIAL INJ	5	PAR
<b>NUTRITION,BLOOD MODIFIERS,ELECTROLYTES</b>		
AGGRENOX	3	MO, QLL (60/30)
<i>alcohol in dextrose</i> INJ	5	MO
AMINOSYN INJ	5	MO
AMINOSYN II INJ	5	MO
AMINOSYN II 3.5% M-DEXTROSE 5% INJ	5	MO
AMINOSYN II 3.5%-DEXTROSE 25% INJ	5	MO
AMINOSYN II 3.5%-DEXTROSE 5% INJ	5	MO
AMINOSYN II 4.25% M-DEXT 10% INJ	5	MO
AMINOSYN II 4.25%-DEXTROSE 25% INJ	5	MO
AMINOSYN II 5% IN 25% DEXTROSE INJ	5	MO
AMINOSYN II IN DEXTROSE INJ	5	MO
AMINOSYN II WITH LYTES-CA-DW INJ	5	MO
AMINOSYN M INJ	5	MO

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN WITH ELECTROLYTES INJ	5	MO
AMINOSYN-HBC INJ	5	MO
AMINOSYN-HF INJ	5	MO
AMINOSYN-PF INJ	5	MO
AMINOSYN-RF INJ	5	MO
AMMONIUM CHLORIDE INJECTION INJ	5	MO
ARIXTRA 2.5 MG SYRINGE INJ	5	MO, ST
ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE INJ	6	MO, ST
<i>calcitriol capsule, -solution</i>	2	MO, B/D
<i>calcitriol injection</i> INJ	5	MO, B/D
<i>calcium acetate</i>	2	MO
<i>cilostazol</i>	2	MO
CLINIMIX INJ	5	MO
CLINIMIX E INJ	5	MO
CLINISOL INJ	5	MO
<i>constulose</i>	2	MO
COUMADIN INJ	5	MO
CYSTAGON	3	LA
<i>cytra-2</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>dextrose 10%-1/4ns</i> INJ	5	MO
<i>dextrose 10%-1/4ns-kcl</i> INJ	5	MO
<i>dextrose 5%-1/2ns-kcl</i> INJ	5	MO
<i>dextrose 5%-1/3ns-kcl</i> INJ	5	MO
<i>dextrose 5%-1/4ns-kcl</i> INJ	5	MO
<i>dextrose 5%-electrolyte #48</i> INJ	5	MO
<i>dextrose 5%-electrolyte #75</i> INJ	5	MO
<i>dextrose 5%-ns-kcl</i> INJ	5	MO
<i>dextrose 5%-potassium chloride</i> INJ	5	MO
<i>dextrose in lactated ringers</i> INJ	5	MO
<i>dextrose in ringers injection</i> INJ	5	MO
<i>dextrose in water</i> INJ	5	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose with sodium chloride</i> INJ	5	MO
<i>dipyridamole tablet</i>	2	MO
<i>ed k+10</i>	1	MO
<i>effe-r-k 25 meq tablet eff</i>	2	MO
EFFIENT	3	MO, QLL (30/30)
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr</i> INJ	6	
<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr, -100 mg/ml syr</i> INJ	5	
<i>enulose</i>	2	MO
<i>epiflur</i>	2	MO
<i>epiklor</i>	2	MO
<i>fluor-a-day tablet chewable</i>	2	MO
<i>fluoritab</i>	2	MO
FRAGMIN 12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE INJ	6	ST
FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE INJ	5	MO, ST
FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL INJ	6	MO, ST
FREAMINE HBC INJ	5	MO
FREAMINE III INJ	5	MO
FREAMINE III WITH ELECTROLYTES INJ	5	MO
HECTOROL INJ	5	MO, B/D
<i>heparin sodium in 0.45% nacl</i> INJ	5	MO, B/D
<i>heparin sodium in 5% dextrose</i> INJ	5	MO, B/D
<i>heparin sodium injection</i> INJ	5	MO, B/D
<i>heparin sodium-ns</i> INJ	5	MO, B/D
HEPATAMINE INJ	5	MO
HEPATASOL INJ	5	MO
HYPERLYTE CR INJ	5	MO

Drug Name	Drug Tier	Requirements/Limits
INNOHEP INJ	5	MO, ST
INTRALIPID 10% IV FAT EMUL, -20% IV FAT EMUL INJ	5	MO
INTRALIPID 30% IV FAT EMUL INJ	5	
IONOSOL B WITH DEXTROSE 5% INJ	5	MO
IONOSOL MB-DEXTROSE 5% INJ	5	MO
IONOSOL T-DEXTROSE 5% INJ	5	MO
ISOLYTE H WITH DEXTROSE INJ	5	MO
ISOLYTE M WITH DEXTROSE INJ	5	MO
ISOLYTE P WITH DEXTROSE INJ	5	MO
ISOLYTE S INJ	5	MO
ISOLYTE S WITH DEXTROSE INJ	5	MO
<i>jantoven</i>	1	MO
<i>k effervescent</i>	2	MO
<i>kalexate</i>	2	MO
<i>kionex suspension oral</i>	2	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 20 meq packet</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con-ef</i>	1	MO
<i>lactated ringers injection</i> INJ	5	MO
<i>lactated ringers solution</i>	5	B/D
<i>levocarnitine injection</i> INJ	5	MO, B/D
<i>levocarnitine solution, -tablet</i>	2	MO, B/D
LIPOSYN II 10% IV FAT EMULSION INJ	5	MO
LIPOSYN II 20% IV FAT EMULSION INJ	5	
<i>liposyn iii</i> INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX 30 MG PREFILLED SYRN, -40 MG PREFILLED SYRN, -300 MG VIAL, -300 MG/3 ML VIAL INJ	5	MO, ST
LOVENOX 60 MG PREFILLED SYRN, -80 MG PREFILLED SYRN, -100 MG PREFILLED SYR, -120 MG PREFILLED SYR, -150 MG PREFILLED SYR INJ	6	MO, ST
<i>lozi-flur</i>	2	MO
<i>ludent fluoride</i>	2	MO
<i>magnesium sulfate injection</i> INJ	5	MO
MAGNESIUM SULFATE- D5W INJ	5	MO
NEPHRAMINE INJ	5	MO
NORMOSOL-M AND DEXTROSE INJ	5	MO
NORMOSOL-R INJ	5	MO
NORMOSOL-R AND DEXTROSE INJ	5	MO
NORMOSOL-R PH 7.4 INJ	5	MO
NOVAMINE INJ	5	MO
<i>nutrilyte</i> INJ	5	MO
<i>nutrilyte ii</i> INJ	5	MO
<i>phospha 250 neutral</i>	2	MO
PHYSIOLYTE	5	B/D
PHYSIOSOL	5	B/D
PLASMA-LYTE 148 INJ	5	MO
PLASMA-LYTE 148 IN DEXTROSE INJ	5	MO
PLASMA-LYTE 56 INJ	5	MO
PLASMA-LYTE 56 IN DEXTROSE INJ	5	MO
PLASMA-LYTE A PH 7.4 INJ	5	MO
PLASMA-LYTE R INJ	5	MO
PLAVIX 300 MG TABLET	3	MO
PLAVIX 75 MG TABLET	3	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium bicarbonate tablet</i> <i>effervescent</i>	2	MO
<i>potassium chl-normal saline</i> INJ	5	MO
<i>potassium chloride capsule</i> <i>sustained action, -tablet</i> <i>effervescent, -tablet</i> <i>sust.releaseparticles/crystals,</i> <i>-tablet sustained action</i>	1	MO
<i>potassium chloride in d5lr</i> INJ	5	MO
<i>potassium chloride injection</i> INJ	5	MO
<i>potassium chloride-nacl</i> INJ	5	MO
<i>potassium cl 10 meq/50 ml</i> <i>sol, -cl 20 meq/50 ml sol</i>	5	MO
<i>potassium cl 10% (20 meq/15</i> <i>ml, -cl 10% (40 meq/30 ml, -cl</i> <i>20% (40 meq/15 ml</i>	2	MO
PREMASOL INJ	5	MO
PROCALAMINE INJ	5	MO
PROSOL INJ	5	MO
RENVELA	3	MO
<i>ringers injection</i> INJ	5	MO
<i>ringers irrigation</i>	5	B/D
<i>saline 0.45% soln-excel con, -</i> <i>0.45% soln, -saline 0.9%</i> <i>soln-excel cont, -0.9% soln, -</i> <i>0.9% soln, -0.9% soln., -0.9%</i> <i>solution, -cl 2.5 meq/ml vial, -</i> <i>3% iv soln, -5% iv soln</i> INJ	5	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium bicarbonate injection</i> INJ	5	MO
<i>sodium chloride solution</i>	5	MO
<i>sodium citrate &amp; citric acid</i>	2	MO
<i>sodium fluoride drops, -</i> <i>solution non-oral, -tablet, -</i> <i>tablet chewable</i>	2	MO
<i>sodium lactate injection</i> INJ	5	MO
<i>sodium polystyrene sulfonate</i>	2	MO
<i>sps</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sterile water for irrigation, - sterile water, irrigation</i>	5	B/D
<i>ticlopidine hcl</i>	2	MO
<i>tis-u-sol</i>	5	B/D
TPN ELECTROLYTES INJ	5	MO
TPN ELECTROLYTES II INJ	5	MO
TRAVASOL 10% SOLN VIAFLEX INJ	5	MO
TRAVASOL 5.5%-ELECTROLYTES INJ	5	MO
TROPHAMINE INJ	5	MO
<i>warfarin sodium tablet</i>	1	MO
ZEMPLAR	3	MO, B/D
<b>OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS</b>		
ANADROL-50	6	MO, PAR
ANDROGEL 1% GEL PUMP, -GEL IN PACKET	3	MO, PAR, QLL (300/30)
ANDROGEL 1.62% GEL PUMP	3	MO, PAR, QLL (150/30)
ANDROXY	3	MO, PAR
<i>apri</i>	2	MO, QLL (28/28)
<i>aranelle</i>	2	MO, QLL (28/28)
<i>aviane</i>	2	MO, QLL (28/28)
<i>azurette</i>	2	MO, QLL (28/28)
<i>balziva</i>	2	MO, QLL (28/28)
<i>camila</i>	2	MO, QLL (28/28)
<i>caziant</i>	2	MO, QLL (28/28)
<i>cesia</i>	2	MO, QLL (28/28)
<i>clindamycin phosphate cream with applicator</i>	2	MO
<i>cryselle</i>	2	MO, QLL (28/28)
<i>cyclafem</i>	2	QLL (28/28)

Drug Name	Drug Tier	Requirements/Limits
<i>danazol capsule</i>	2	MO
DEPO-ESTRADIOL INJ	5	MO
DEPO-SUBQ PROVERA 104 INJ	5	MO
<i>docosavit</i>	2	MO
<i>dualvit ob</i>	2	MO
<i>enpresse</i>	2	MO, QLL (28/28)
<i>errin</i>	2	MO, QLL (28/28)
<i>estradiol patch transdermal weekly</i>	1	MO, QLL (4/28)
<i>estradiol tablet</i>	1	MO
<i>estradiol valerate injection INJ</i>	5	MO
<i>estradiol-noreth 1-0.5 mg tab</i>	2	MO
<i>estropipate</i>	2	MO
EVISTA	3	MO, QLL (30/30)
<i>folbecal</i>	2	MO
<i>gildess fe</i>	2	MO, QLL (28/28)
<i>heather</i>	2	MO, QLL (28/28)
<i>inatal advance</i>	2	MO
<i>inatal gt</i>	2	MO
<i>inatal ultra</i>	2	MO
<i>introvale</i>	2	MO, QLL (91/91)
JINTELI	4	MO
<i>jolessa</i>	2	MO, QLL (91/91)
<i>jolivette</i>	2	MO, QLL (28/28)
<i>junel</i>	2	MO, QLL (21/21)
<i>junel fe</i>	2	MO, QLL (28/28)
<i>kariva</i>	2	MO, QLL (28/28)
<i>kelnor 1-35</i>	2	MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>leena</i>	2	MO, QLL (28/28)
<i>lessina</i>	2	MO, QLL (28/28)
<i>leuprolide acetate injection</i> INJ	5	MO, PAR
<i>levora-28</i>	2	MO, QLL (28/28)
<i>low-ogestrel</i>	2	MO, QLL (28/28)
LUPRON DEPOT 3.75 MG KIT, -7.5 MG KIT, -11.25 MG 3MO KIT, -22.5 MG 3MO KIT INJ	5	MO, PAR
LUPRON DEPOT-4 MONTH KIT INJ	6	MO, PAR
LUPRON DEPOT-PED INJ	6	MO, PAR
<i>lutura</i>	2	MO, QLL (28/28)
<i>maternity</i>	2	MO
<i>medroxyprogesterone acetate</i> <i>injection</i> INJ	5	MO
<i>medroxyprogesterone acetate</i> <i>tablet</i>	1	MO
<i>methylegonovine maleate</i> <i>injection</i> INJ	5	MO
<i>metronidazole gel with</i> <i>applicator</i>	1	MO
<i>microgestin</i>	2	MO, QLL (21/21)
<i>microgestin fe</i>	2	MO, QLL (28/28)
<i>mimvey</i>	2	MO
<i>mononessa</i>	2	MO, QLL (28/28)
<i>necon</i>	2	MO, QLL (28/28)
<i>nora-be</i>	2	MO, QLL (28/28)
<i>norethindrone</i>	2	MO, QLL (28/28)
<i>norethindrone acetate tablet</i>	2	MO
<i>norgestrel-ethiny estra</i>	2	MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>nortrel</i>	2	MO, QLL (28/28)
<i>ocella</i>	2	MO, QLL (28/28)
<i>ogestrel</i>	2	MO, QLL (28/28)
<i>oxandrolone tablet</i>	2	MO
<i>portia</i>	2	MO, QLL (28/28)
PREMARIN CREAM WITH APPLICATOR	4	MO
<i>prenatabs obn</i>	2	MO
<i>previfem</i>	2	MO, QLL (28/28)
<i>quasense</i>	2	MO, QLL (91/91)
<i>reclipsen</i>	2	MO, QLL (28/28)
<i>re-nata 29 ob</i>	2	MO
<i>solia</i>	2	MO, QLL (28/28)
<i>sprintec</i>	2	MO, QLL (28/28)
<i>sronyx</i>	2	MO, QLL (28/28)
SYNAREL	6	MO, PAR
TESTIM	3	MO, PAR, QLL (300/30)
<i>testosterone cypionate</i> <i>injection</i> INJ	5	MO
<i>testosterone enanthate</i> INJ	5	MO
<i>tilia fe</i>	2	MO, QLL (28/28)
<i>tri-legest fe</i>	2	MO, QLL (28/28)
<i>trinessa</i>	2	MO, QLL (28/28)
<i>tri-previfem</i>	2	MO, QLL (28/28)
<i>tri-sprintec</i>	2	MO, QLL (28/28)
<i>trivora-28</i>	2	MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/Limits
<i>vandazole</i>	1	MO
<i>velivet</i>	2	MO, QLL (28/28)
<i>zarah</i>	2	MO, QLL (28/28)
<i>zenchent</i>	2	MO, QLL (28/28)
<i>zovia 1-35e</i>	2	MO, QLL (28/28)
<i>zovia 1-50e</i>	2	MO, QLL (28/28)
<b>OPHTHALMIC MEDICATIONS</b>		
<i>acetazolamide capsule sustained action, -tablet</i>	2	MO
<i>acetazolamide sodium INJ</i>	5	MO
<i>ak-con</i>	1	MO
<i>ak-dilate</i>	2	MO
<i>ak-poly-bac</i>	2	MO
<i>aktob</i>	1	MO
ALPHAGAN P 0.1% DROPS	3	MO
<i>altafrin</i>	2	MO
<i>apraclonidine hcl</i>	2	MO
<i>atropine care</i>	2	MO
<i>atropine sulfate drops, - ointment</i>	2	MO
<i>azelastine hcl drops</i>	2	MO, QLL (6/30)
<i>bacitracin 500 unit/gm ointmnt</i>	2	MO
<i>bacitracin-polymyxin eye oint</i>	1	MO
<i>betaxolol hcl drops</i>	2	MO
BOTOX INJ	5	MO, PAR
<i>brimonidine tartrate</i>	2	MO
<i>carteolol hcl</i>	1	MO
<i>ciprofloxacin hcl drops</i>	2	MO
<i>cromolyn sodium drops</i>	1	MO
<i>dexamethasone sodium phosphate drops</i>	1	MO
<i>diclofenac sodium drops</i>	2	MO
<i>dorzolamide hcl</i>	2	MO, QLL (20/30)
<i>dorzolamide-timolol</i>	2	MO, QLL (20/30)

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ointment</i>	1	MO
<i>fluorometholone suspension drops</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>gentak</i>	1	MO
<i>gentamicin 3 mg/gm eye oint</i>	2	MO
<i>gentamicin sulfate drops</i>	1	MO
<i>gentasol</i>	1	MO
<i>homatropaire</i>	2	MO
<i>ketorolac tromethamine drops</i>	2	MO
LACRISERT	3	MO
LATANOPROST	3	
<i>levobunolol hcl</i>	1	MO, QLL (30/30)
<i>levofloxacin drops</i>	2	MO
LUMIGAN	3	MO
<i>methazolamide tablet</i>	2	MO
<i>metipranolol</i>	1	MO
<i>mydral</i>	2	MO
NATACYN	3	MO
<i>neofrin</i>	2	MO
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-poly-hc eye drops</i>	1	MO
<i>neomycin-polymyxin-dexameth</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
NEVANAC	3	MO
<i>ofloxacin 0.3% eye drops</i>	2	MO
<i>parcaine</i>	1	MO
PATADAY	3	MO, QLL (5/30)
PATANOL	3	MO, QLL (5/30)
<i>phenylephrine hcl drops</i>	2	MO
<i>pilocarpine hcl drops</i>	2	MO
PILOPINE HS	4	MO
<i>polycin-b</i>	2	MO
<i>poly-dex</i>	1	MO
<i>polymyxin b sul-trimethoprim</i>	1	MO
<i>prednisol</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate suspension drops</i>	1	MO
<i>prednisolone sodium phosphate drops</i>	1	MO
<i>proparacaine hcl drops</i>	1	MO
RESTASIS	3	MO, QLL (60 vials/30)
<i>romycin</i>	1	MO
<i>sulfacetamide sodium drops</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
<i>sulfamide</i>	2	MO
<i>timolol maleate drops</i>	1	MO, QLL (30/30)
<i>timolol maleate gel-forming solution</i>	1	MO
TOBRADEX OINTMENT	3	MO, QLL (8/30)
<i>tobramycin sulfate drops</i>	1	MO
<i>tobramycin-dexamethasone</i>	2	MO
<i>tobrasol</i>	1	MO
TRAVATAN Z	3	MO
<i>trifluridine</i>	2	MO
<i>tropicacyl</i>	2	MO
<i>tropicamide drops</i>	1	MO
ZIRGAN	4	MO
<b>RESPIRATORY MEDICATIONS</b>		
<i>acetylcysteine vial</i>	2	MO, B/D
ADRENACLICK INJ	5	MO, QLL (2/1)
ADVAIR DISKUS	3	MO, QLL (60 doses/30)
ADVAIR HFA	3	MO, QLL (12 gm/30)
<i>albuterol sulfate nebs, - solution non-oral</i>	2	MO, B/D, QLL (60/30)
<i>albuterol sulfate syrup, - tablet, -tablet sustained release 12hr</i>	2	MO
<i>albuterol sulfate vial nebulizer</i>	2	MO, B/D, QLL (360/30)
<i>aminophylline injection</i> INJ	5	MO
<i>aminophylline tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP 1,000 MG VIAL INJ	5	MO, LA
ARALAST NP 500 MG VIAL INJ	5	LA
ATROVENT HFA	4	MO, QLL (39 gm/30)
BROVANA	4	MO, B/D, QLL (120/30)
BUDESONIDE AMPUL FOR NEBULIZATION	4	MO, B/D, QLL (120/30)
<i>carbinoxamine maleate</i>	1	MO
<i>cetirizine hcl solution oral</i>	2	MO, QLL (300/30)
<i>clemastine fumarate syrup, - fum 2.68 mg tab</i>	2	MO
COMBIVENT	4	MO, QLL (45 gm/30)
<i>cromolyn sodium ampul for nebulization</i>	1	MO, B/D, QLL (240/30)
<i>cyproheptadine hcl syrup, - tablet</i>	2	MO
<i>dexchlorpheniramine maleate</i>	2	MO
<i>diphenhydramine 50 mg capsule, -elixir</i>	2	MO
<i>diphenhydramine hcl injection</i> INJ	5	MO
ELIXOPHYLLIN	3	MO
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial</i> INJ	5	MO
EPINEPHRINE 0.15 MG AUTO-INJCT, -0.3 MG AUTO-INJECT INJ	5	MO, QLL (2/1)
EPIPEN INJ	5	MO, QLL (2 pens/1)
EPIPEN JR INJ	5	MO, QLL (2 pens/1)
FLOVENT 100 MCG DISKUS	3	MO, QLL (60 doses/30)
FLOVENT 50 MCG DISKUS, -250 MCG DISKUS	3	MO, QLL (240 doses/30)
FLOVENT HFA 110 MCG INHALER	3	MO, QLL (12 gm/30)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA 220 MCG INHALER	3	MO, QLL (24 gm/30)
FLOVENT HFA 44 MCG INHALER	3	MO, QLL (11 gm/30)
FORADIL	3	MO, QLL (60/30)
GASTROCROM	3	MO
GLASSIA INJ	6	LA
<i>ipratropium bromide solution non-oral</i>	2	MO, B/D
<i>ipratropium-albuterol</i>	2	MO, B/D, QLL (540/30)
LEVALBUTEROL CONCENTRATE	3	MO, B/D, QLL (45/30)
LEVOCETIRIZINE DIHYDROCHLORIDE	3	MO, QLL (30/30)
<i>metaproterenol sulfate syrup, -tablet</i>	2	MO
<i>palgic</i>	1	MO
PERFOROMIST	4	MO, B/D, QLL (120/30)
PROAIR HFA	3	MO, QLL (27 gm/30)
PROLASTIN 1,000 MG VIAL INJ	6	MO, LA
PROLASTIN 500 MG VIAL INJ	6	LA
PROLASTIN C INJ	6	LA
<i>promethazine hcl injection INJ</i>	5	MO
<i>promethazine hcl syrup, -tablet</i>	2	MO
PULMOZYME	6	MO, B/D
QVAR	3	MO, QLL (24 gm/30)
SEREVENT DISKUS	3	MO, QLL (60 doses/30)
SINGULAIR	3	MO, QLL (30/30)
SPIRIVA	3	MO, QLL (30 capsules/30)
SYMBICORT	3	MO, QLL (11 gm/30)

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate injection INJ</i>	5	MO
<i>terbutaline sulfate tablet</i>	1	MO
<i>theochron</i>	2	MO
<i>theophylline</i>	2	MO
<i>theophylline anhydrous tablet sustained release 12hr</i>	2	MO
TWINJECT INJ	5	MO, QLL (2 pens/1)
XOLAIR INJ	6	LA, PAR, QLL (6 vials/28)
XOPENEX	4	MO, B/D, QLL (270/30)
ZAFIRLUKAST	4	QLL (60/30)
ZEMAIRA INJ	5	LA
ZYFLO	4	MO, QLL (120/30)
ZYFLO CR	4	MO, QLL (120/30)
<b>UROLOGICAL MEDICATIONS</b>		
<i>acetic acid 0.25% irrig soln</i>	2	MO
AVODART	3	MO
<i>bethanechol chloride tablet</i>	2	MO
CYSTADANE	3	MO
<i>cytra-3</i>	2	MO
<i>cytra-k</i>	2	MO
DETROL 1 MG TABLET	3	MO, QLL (30/30)
DETROL 2 MG TABLET	3	MO, QLL (60/30)
DETROL LA	3	MO, QLL (30/30)
<i>finasteride</i>	2	MO
<i>flavoxate hcl</i>	2	MO
JALYN	3	MO
<i>neomycin-polymyxin b INJ</i>	5	MO
<i>oxybutynin chloride syrup</i>	2	MO
<i>oxybutynin chloride tablet</i>	2	MO, QLL (120/30)
<i>oxybutynin cl er 10 mg tablet, -cl er 15 mg tablet</i>	2	MO, QLL (60/30)



Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin cl er 5 mg tablet</i>	2	MO, QLL (30/30)
<i>potassium citrate TABLET SUSTAINED ACTION</i>	2	MO
<i>potassium citrate-citric acid</i>	2	MO
<i>tamsulosin hcl</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
TOVIAZ	3	MO, QLL (30/30)
<i>tricitrates</i>	2	MO
VESICARE	3	MO, QLL (30/30)

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## Legend

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<i>cefprozil</i>	2	CIPRODEX	20
<i>ceftazidime</i>	2	<i>ciprofloxacin</i>	2
<i>ceftriaxone</i>	2	<i>ciprofloxacin hcl 100 mg tab</i>	2
<i>cefuroxime axetil</i>	2	<i>ciprofloxacin hcl 250 mg tab, -500 mg tab, -750 mg tab</i>	2
<i>cefuroxime injection</i>	2	<i>ciprofloxacin hcl drops</i>	32
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i>	2	<i>ciprofloxacin-d5w</i>	2
<i>cefuroxime tablet</i>	2	<i>cisplatin</i>	6
CELLCEPT INJECTION	6	<i>citalopram</i>	10
CELLCEPT SUSPENSION RECONSTITUTED ORAL	6	<i>citalopram hbr 10 mg tablet, -20 mg tablet</i>	10
CELONTIN	10	<i>citalopram hbr 40 mg tablet</i>	10
<i>cephalexin</i>	2	<i>cladribine</i>	6
CEREDASE	21	CLAFORAN 1 GM ADD-VANTAGE VL	2
CEREZYME	21	<i>claravis</i>	19
<i>cerubidine</i>	6	<i>clarithromycin 125 mg/5 ml sus</i>	2
CERVARIX	24	<i>clarithromycin 250 mg tablet</i>	2
<i>cesia</i>	30	<i>clarithromycin 250 mg/5 ml sus</i>	2
<i>cetirizine hcl solution oral</i>	33	<i>clarithromycin 500 mg tablet</i>	2
CHANTIX	10	<i>clarithromycin er</i>	2
<i>chloramphenicol sod succinate</i>	2	<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>	33
<i>chlordiazepoxide-amitriptyline</i>	10	CLEOCIN PHOSPHATE IN D5W	2
<i>chlorhexidine gluconate mouthwash</i>	20	<i>clinda-derm</i>	19
<i>chloroquine phosphate tablet</i>	2	<i>clindamycin hcl capsule</i>	2
<i>chlorothiazide</i>	16	<i>clindamycin phosphate cream with applicator</i>	30
<i>chlorothiazide sodium</i>	16	<i>clindamycin phosphate gel, -lotion, -solution non-oral, -swab medicated</i>	19
<i>chlorpromazine hcl injection</i>	10	<i>clindamycin phosphate injection</i>	2
<i>chlorpromazine hcl tablet</i>	10		
<i>chlorpropamide</i>	21		

<b>Drug</b>	<b>Page</b>	<b>Drug</b>	<b>Page</b>
<i>clindamycin-benzoyl peroxide</i>	19	<i>cromolyn sodium drops</i>	32
CLINIMIX	27	<i>cryselle</i>	30
CLINIMIX E	27	CUBICIN	2
CLINISOL	27	CUPRIMINE	26
<i>clobetasol emollient</i>	19	<i>curad gauze pads</i>	26
<i>clobetasol propionate cream, -foam, -gel, - ointment, -solution non-oral</i>	19	<i>cyclafem</i>	30
CLOLAR	6	<i>cyclobenzaprine hcl tablet</i>	26
<i>clomipramine hcl capsule</i>	10	<i>cyclophosphamide injection</i>	6
<i>clonidine</i>	17	<i>cyclophosphamide tablet</i>	6
<i>clonidine hcl tablet</i>	17	<i>cyclosporine capsule, -solution, -unknown</i>	6
<i>clotrimazole cream, -solution non-oral, - troche</i>	2	<i>cyclosporine injection</i>	6
<i>clotrimazole-betamethasone</i>	2	<i>cyclosporine modified</i>	6
<i>clozapine 100 mg tablet</i>	10	CYKLOKAPRON	20
<i>clozapine 200 mg tablet</i>	10	CYMBALTA	10
<i>clozapine 25 mg tablet, -50 mg tablet</i>	10	<i>cyproheptadine hcl syrup, -tablet</i>	33
COARTEM	2	CYSTADANE	34
<i>codeine phosphate injection</i>	10	CYSTAGON	27
<i>codeine sulfate 15 mg tablet</i>	10	<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i>	6
<i>codeine sulfate 30 mg tablet, -60 mg tablet</i>	10	<i>cytarabine 20 mg/ml vial, -100 mg/ml vial, - 500 mg vial</i>	6
<i>co-gesic</i>	10	<i>cytra-2</i>	27
COLCRYS	26	<i>cytra-3</i>	34
<i>colestipol hcl</i>	17	<i>cytra-k</i>	34
<i>colistimethate 150 mg vial</i>	2	<i>dacarbazine 100 mg vial</i>	6
COMBIVENT	33	<i>dacarbazine 200 mg vial</i>	6
COMBIVIR	2	DACOGEN	6
<i>compro</i>	10	<i>danazol capsule</i>	30
COMTAN	10	<i>dantrolene sodium capsule</i>	26
COMVAX	24	DAPSONE TABLET	2
<i>constulose</i>	27	DAPTACEL	24
COPAXONE	20	DARAPRIM	2
<i>cormax</i>	19	<i>daunorubicin 20 mg vial</i>	6
<i>cortisone acetate tablet</i>	21	<i>daunorubicin 50 mg/10 ml vial, -20 mg/4 ml vial</i>	6
<i>cortomycin</i>	20	DAUNOXOME	6
COSMEGEN	6	DECAVAC	24
COUMADIN	27	<i>del-beta</i>	19
CREON	23	<i>demeclocycline hcl</i>	2
CRESTOR	17	DEMEROL INJECTION	10
CRIXIVAN	2	DENAVIR	2
<i>cromolyn sodium ampul for nebulization</i>	33	<i>denta 5000 plus</i>	27

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<i>dentagel</i>	27	<i>dextrose with sodium chloride</i>	28
<i>depade</i>	10	DIAGNOSTIC AND MISCELLANEOUS	
DEPEN	26	MEDICATIONS	20
DEPO-ESTRADIOL	30	<i>diclofenac potassium</i>	26
DEPO-MEDROL 20 MG/ML VIAL	21	<i>diclofenac sodium drops</i>	32
DEPO-PROVERA 400 MG/ML VIAL	6	<i>diclofenac sodium tablet enteric coated, - tablet sustained release 24hr</i>	26
DEPO-SUBQ PROVERA 104	30	<i>dicloxacillin sodium</i>	2
DERMATOLOGICAL MEDICATIONS	19	<i>dicyclomine hcl capsule, -syrup, -tablet</i>	23
DERMOTIC	20	<i>dicyclomine hcl injection</i>	23
<i>desipramine hcl tablet</i>	10	<i>didanosine</i>	2
<i>desmopressin acetate aerosol spray w/pump, -solution</i>	21	<i>diflorasone diacetate</i>	19
<i>desmopressin acetate injection</i>	21	<i>diflunisal</i>	26
<i>desmopressin acetate tablet</i>	21	<i>digoxin injection</i>	17
<i>desonide cream, -lotion, -ointment</i>	19	<i>digoxin solution, -tablet</i>	17
<i>desoximetasone cream, -gel, -ointment</i>	19	<i>dihydroergotamine mesylate injection</i>	10
DETROL 1 MG TABLET	34	DILANTIN 30 MG CAPSULE	10
DETROL 2 MG TABLET	34	DILANTIN 50 MG INFATAB	10
DETROL LA	34	DILAUDID-HP	10
<i>dexamethasone elixir, -tablet</i>	21	<i>dilt xr 120 mg capsule</i>	17
<i>dexamethasone sodium phosphate drops</i>	32	<i>dilt xr 180 mg capsule, -dilt xr 240 mg capsule</i>	17
<i>dexamethasone sodium phosphate injection</i>	21	<i>dilt-cd 120 mg capsule, -er 300 mg capsule</i>	17
<i>dexamethasone solution oral</i>	21	<i>dilt-cd 180 mg capsule, -240 mg capsule</i>	17
<i>dexchlorpheniramine maleate</i>	33	<i>diltia xt</i>	17
<i>dexmethylphenidate 10 mg tab</i>	10	<i>diltiazem 24hr er capsule sustained release 24 hr</i>	17
<i>dexmethylphenidate 2.5 mg tab, -5 mg tab</i>	10	<i>diltiazem er</i>	17
<i>dexrazoxane 250 mg vial</i>	6	<i>diltiazem hcl injection</i>	17
<i>dexrazoxane 500 mg vial</i>	6	<i>diltiazem hcl tablet</i>	17
<i>dextroamphetamine sulfate</i>	10	<i>diltzac er</i>	17
<i>dextrose 10%-1/4ns</i>	27	DIOVAN 160 MG TABLET	17
<i>dextrose 10%-1/4ns-kcl</i>	27	DIOVAN 320 MG TABLET	17
<i>dextrose 5%-1/2ns-kcl</i>	27	DIOVAN 40 MG TABLET, -80 MG TABLET	17
<i>dextrose 5%-1/3ns-kcl</i>	27	DIOVAN HCT	17
<i>dextrose 5%-1/4ns-kcl</i>	27	<i>diphenhydramine 50 mg capsule, -elixir</i>	33
<i>dextrose 5%-electrolyte #48</i>	27	<i>diphenhydramine hcl injection</i>	33
<i>dextrose 5%-electrolyte #75</i>	27	<i>diphenoxylate-atropine</i>	23
<i>dextrose 5%-ns-kcl</i>	27	DIPHThERIA-TETANUS TOXOID	24
<i>dextrose 5%-potassium chloride</i>	27	<i>dipyridamole tablet</i>	28
<i>dextrose in lactated ringers</i>	27	<i>diskets</i>	10
<i>dextrose in ringers injection</i>	27		
<i>dextrose in water</i>	27		



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<i>disopyramide phosphate</i>	17	<i>econazole nitrate cream</i>	3
<i>disulfiram tablet</i>	10	<i>ed k+10</i>	28
<i>divalproex sodium</i>	10	EDURANT	3
<i>divalproex sodium er</i>	10	<i>effer-k 25 meq tablet eff</i>	28
<i>dobutamine 250 mg-d5w 500 ml, -250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml</i>	17	EFFIENT	28
<i>dobutamine hcl</i>	17	ELAPRASE	21
<i>docetaxel 80 mg/4 ml vial</i>	6	ELIDEL	19
<i>docetaxel 80 mg/8 ml vial</i>	6	ELIGARD	6
<i>docosavit</i>	30	ELITEK	6
<i>donepezil hcl tablet</i>	10	ELIXOPHYLLIN	33
DONEPEZIL HCL TABLET DISPERSIBLE LINGUAL	10	ELLECE	6
<i>dopamine hcl</i>	17	ELOXATIN 100 MG/20 ML VIAL	6
<i>dopamine hcl in 5% dextrose</i>	17	ELOXATIN 50 MG/10 ML VIAL, -200 MG/40 ML VIAL	6
DORIBAX	2	ELSPAR	6
<i>dorzolamide hcl</i>	32	EMCYT	6
<i>dorzolamide-timolol</i>	32	EMEND 125 MG CAPSULE	10
DOVONEX CREAM	19	EMEND 40 MG CAPSULE	10
<i>doxazosin mesylate</i>	17	EMEND 80 MG CAPSULE	10
<i>doxepin 10 mg capsule, -25 mg capsule, -50 mg capsule, -75 mg capsule, -100 mg capsule, -solution</i>	10	EMEND TRIFOLD PACK	10
<i>doxepin 150 mg capsule</i>	10	EMSAM	10
DOXIL	6	EMTRIVA	3
<i>doxorubicin 10 mg/5 ml vial, -20 mg/10 ml vial, -50 mg/25 ml vial, -10 mg vial, -50 mg vial</i>	6	<i>enalapril maleate tablet</i>	17
<i>doxorubicin 200 mg/100 ml vial</i>	6	<i>enalapril-hydrochlorothiazide</i>	17
<i>doxycycline</i>	2	ENBREL 25 MG KIT, -50 MG/ML SURECLICK SYR, -50 MG/ML SYRINGE	6
<i>doxycycline hyclate 20 mg tab</i>	20	ENBREL 25 MG/0.5 ML SYRINGE	6
<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab</i>	2	<i>endocet 10-650 mg tablet</i>	11
<i>doxycycline hyclate injection</i>	2	<i>endocet 5-325 tablet, -7.5-325 mg tablet, -10-325 mg tablet</i>	11
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>	3	<i>endocet 7.5-500 mg tablet</i>	11
<i>dronabinol</i>	10	ENDOCRINE MEDICATIONS	21
DTIC-DOME IV	6	<i>endodan</i>	11
<i>dualvit ob</i>	30	ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE, -20 MCG/ML VIAL	24
DUETACT	21	ENGERIX-B 10 MCG/0.5 ML PEDI	24
EAR-NOSE-THROAT MEDICATIONS	20	<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml syr</i>	28
		<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr, -100 mg/ml syr</i>	28

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<i>enpresse</i>	30	<i>estradiol patch transdermal weekly</i>	30
ENTOCORT EC	23	<i>estradiol tablet</i>	30
<i>enulose</i>	28	<i>estradiol valerate injection</i>	30
<i>epiflur</i>	28	<i>estradiol-noreth 1-0.5 mg tab</i>	30
<i>epiklor</i>	28	<i>estropipate</i>	30
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial</i>	33	<i>ethambutol hcl</i>	3
EPINEPHRINE 0.15 MG AUTO-INJCT, -0.3 MG AUTO-INJECT	33	<i>ethosuximide capsule, -syrup</i>	11
EPIPEN	33	<i>etidronate disodium</i>	21
EPIPEN JR	33	<i>etodolac</i>	26
<i>epirubicin 200 mg/100 ml vial, -50 mg vial, -150 mg/75 ml vial, -200 mg vial</i>	7	ETOPOPHOS	7
<i>epirubicin 50 mg/25 ml vial</i>	7	<i>etoposide injection</i>	7
<i>epitol</i>	11	EVISTA	30
EPIVIR	3	EXELON PATCH TRANSDERMAL 24 HOURS	11
EPIVIR HBV	3	EXELON SOLUTION	11
EPOGEN 10,000 UNITS/ML VIAL, -20,000 UNITS/ML VIAL	24	EXEMESTANE	7
EPOGEN 2,000 UNITS/ML VIAL, -3,000 UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -20,000 UNITS/2 ML VIAL	24	EXFORGE	17
EPZICOM	3	EXFORGE HCT	17
EQUETRO 100 MG CAPSULE, -200 MG CAPSULE	11	EXJADE 125 MG TABLET	20
EQUETRO 300 MG CAPSULE	11	EXJADE 250 MG TABLET, -500 MG TABLET	20
ERBITUX 100 MG/50 ML VIAL	7	EXTAVIA	24
ERBITUX 200 MG/100 ML VIAL	7	FABRAZYME	22
<i>ergoloid mesylates tablet</i>	20	<i>famciclovir</i>	3
<i>ergotamine-caffeine</i>	11	<i>famotidine 20 mg tablet, -40 mg tablet</i>	23
<i>errin</i>	30	<i>famotidine injection</i>	23
<i>ery</i>	19	<i>famotidine suspension oral</i>	23
ERYTHROCIN LACTOBIONATE	3	FANAPT TABLET	11
<i>erythrocin stearate</i>	3	FANAPT TABLET DOSE PACK	11
<i>erythromycin capsule enteric coated</i>	3	FARESTON	7
<i>erythromycin ethylsuccinate tablet</i>	3	FASLODEX	7
<i>erythromycin gel, -solution non-oral</i>	19	FAZACLO 100 MG ODT	11
<i>erythromycin ointment</i>	32	FAZACLO 12.5 MG ODT	11
<i>erythromycin swab medicated</i>	19	FAZACLO 150 MG ODT	11
<i>erythromycin tablet</i>	3	FAZACLO 200 MG ODT	11
<i>erythromycin-benzoyl peroxide</i>	19	FAZACLO 25 MG ODT	11
<i>erythromycin-sulfisoxazole</i>	3	FELBATOL	11
		<i>felodipine er</i>	17
		<i>fenofibrate</i>	17
		<i>fenoprofen calcium</i>	26
		FENTANYL	11
		<i>fentanyl citrate injection</i>	11
		<i>fentanyl citrate lozenge</i>	11
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<i>finasteride</i>	34	<i>fluphenazine hcl elixir, -solution, -tablet</i>	11
FIRMAGON 2 X 120 MG VIALS	7	<i>fluphenazine hcl injection</i>	11
FIRMAGON 80 MG VIAL	7	<i>flurbiprofen sodium</i>	32
<i>flavoxate hcl</i>	34	<i>flurbiprofen tablet</i>	26
<i>flecainide acetate</i>	17	<i>flutamide</i>	7
FLOVENT 100 MCG DISKUS	33	<i>fluticasone propionate cream, -ointment</i>	19
FLOVENT 50 MCG DISKUS, -250 MCG DISKUS	33	<i>fluticasone propionate nasal inhaled steroids</i>	20
FLOVENT HFA 110 MCG INHALER	33	<i>fluvoxamine maleate 100 mg tab</i>	11
FLOVENT HFA 220 MCG INHALER	34	<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>	11
FLOVENT HFA 44 MCG INHALER	34	<i>folbecal</i>	30
<i>floxuridine</i>	7	<i>fomepizole</i>	20
<i>fluconazole in dextrose</i>	3	FORADIL	34
<i>fluconazole in saline</i>	3	FORTAZ IN ISO-OSMOTIC DEXTROSE	3
<i>fluconazole suspension, -tablet</i>	3	FORTEO	22
FLUDARA	7	<i>fortical</i>	22
<i>fludarabine 50 mg vial</i>	7	<i>foscarnet sodium</i>	3
<i>fludarabine 50 mg/2 ml vial</i>	7	<i>fosinopril sodium</i>	17
<i>fludrocortisone acetate tablet</i>	22	<i>fosinopril-hydrochlorothiazide</i>	17
<i>flunisolide 0.025% spray</i>	20	<i>fosphenytoin sodium</i>	11
<i>flunisolide 29 mcg-0.025% spr</i>	20	FRAGMIN 12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE	28
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>	19	FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE	28
<i>fluocinonide cream</i>	19	FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL	28
<i>fluocinonide emollient</i>	19	FREAMINE HBC	28
<i>fluocinonide gel, -ointment, -solution non-oral</i>	19	FREAMINE III	28
<i>fluocinonide-e</i>	19	FREAMINE III WITH ELECTROLYTES	28
<i>fluor-a-day tablet chewable</i>	28	<i>fudr</i>	7
<i>fluoritab</i>	28	<i>furosemide injection</i>	17
<i>fluorometholone suspension drops</i>	32	<i>furosemide solution, -tablet</i>	17
<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml</i>	7	FUSILEV	7
<i>fluorouracil 500 mg/10 ml vial</i>	7	FUZEON	3
<i>fluorouracil cream, -solution non-oral</i>	19	<i>gabapentin 100 mg capsule, -300 mg capsule, -tablet</i>	11
<i>fluoxetine hcl 10 mg capsule</i>	11	<i>gabapentin 400 mg capsule</i>	11
<i>fluoxetine hcl 10 mg tablet</i>	11	GABAPENTIN SOLUTION	11
<i>fluoxetine hcl 20 mg capsule, -20 mg tablet</i>	11	GABITRIL	11
<i>fluoxetine hcl 40 mg capsule</i>	11		
<i>fluoxetine hcl solution</i>	11		
<i>fluphenazine decanoate</i>	11		

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<i>galantamine hbr tablet</i>	11	GILENYA	20
<i>galantamine hydrobromide</i>	11	GLASSIA	34
GAMASTAN S-D	24	GLEEVEC	7
GAMMAGARD LIQUID	24	<i>glimepiride</i>	22
GAMMAGARD S-D	25	<i>glipizide er</i>	22
GAMUNEX	25	<i>glipizide tablet</i>	22
GAMUNEX-C	25	<i>glipizide xl</i>	22
<i>ganciclovir</i>	3	<i>glipizide-metformin</i>	22
<i>ganciclovir sodium</i>	3	GLUCAGEN	22
GARDASIL	25	GLUCAGON EMERGENCY KIT	22
GASTROCROM	34	<i>glyburide</i>	22
GASTROINTESTINAL MEDICATIONS	23	<i>glyburide micronized</i>	22
<i>gavilyte-c</i>	23	<i>glyburide-metformin hcl</i>	22
<i>gavilyte-g</i>	23	<i>glycopyrrolate injection</i>	23
<i>gavilyte-n</i>	23	<i>glycopyrrolate tablet</i>	23
<i>gemcitabine hcl 1 gram vial</i>	7	<i>glycron</i>	22
<i>gemcitabine hcl 200 mg vial, -2 gram vial</i>	7	<i>granisetron hcl injection</i>	11
<i>gemfibrozil tablet</i>	17	<i>granisetron hcl tablet</i>	11
<i>generlac</i>	23	<i>griseofulvin suspension oral</i>	3
<i>gengraf</i>	7	GRIS-PEG	3
GENOTROPIN MINIQUICK 0.2 MG	25	<i>guanabenz acetate tablet</i>	17
GENOTROPIN MINIQUICK 0.4 MG, -		<i>guanfacine hcl</i>	17
MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -		<i>guanidine hcl</i>	11
MINIQUICK 1 MG, -MINIQUICK 1.2 MG, -		HALAVEN	7
MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -		HALDOL	11
MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5		HALDOL DECANOATE 100	11
MG CARTRIDGE, -12 MG CARTRIDGE	25	HALDOL DECANOATE 50	12
<i>gentak</i>	32	HALFLYTELY-BISACODYL	23
<i>gentamicin 3 mg/gm eye oint</i>	32	<i>halobetasol propionate</i>	19
<i>gentamicin sulfate cream, -0.1% ointment</i>	3	<i>haloperidol decanoate</i>	12
<i>gentamicin sulfate drops</i>	32	<i>haloperidol lactate injection</i>	12
<i>gentamicin sulfate in ns</i>	3	<i>haloperidol lactate solution</i>	12
GENTAMICIN SULFATE IN NS	3	<i>haloperidol tablet</i>	12
<i>gentamicin sulfate injection</i>	3	HAVRIX	25
<i>gentasol</i>	32	<i>heather</i>	30
GEODON 20 MG CAPSULE, -40 MG CAPSULE	11	HECTOROL	28
GEODON 60 MG CAPSULE, -80 MG CAPSULE	11	<i>heparin sodium in 0.45% nacl</i>	28
GEODON INJECTION	11	<i>heparin sodium in 5% dextrose</i>	28
		<i>heparin sodium injection</i>	28
		<i>heparin sodium-ns</i>	28
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HEPSERA	3	2.5% ointment	20
HERCEPTIN	7	hydrocortisone butyrate	20
HEXALEN	7	hydrocortisone enema	23
HIBERIX	25	hydrocortisone tablet	22
HIZENTRA 1 GRAM/5 ML VIAL	25	hydrocortisone valerate	20
HIZENTRA 2 GRAM/10 ML VIAL, -4 GRAM/20 ML VIAL	25	hydrogesic	12
homatropaire	32	hydromorphone hcl injection	12
HUMALOG	22	hydromorphone hcl suppository rectal	12
HUMALOG MIX 50-50	22	hydromorphone hcl tablet	12
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HUMIRA 40 MG/0.8 ML PEN, -CROHN'S STARTER PACK, -PSORIASIS STARTER PACK	7	hydroxyzine hcl syrup, -tablet	20
HUMIRA 40 MG/0.8 ML SYRINGE	7	hydroxyzine pamoate capsule	20
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LATUDA	12	<i>lidocaine hcl viscous</i>	1
<i>leena</i>	31	<i>lidocaine-prilocaine</i>	1
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<i>loxapine</i>	12	<i>meloxicam 7.5 mg tablet</i>	26
<i>lozi-flur</i>	29	<i>meloxicam suspension oral</i>	26
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PENICILLIN GK-ISO-OSM DEXTROSE	4	PLAVIX 75 MG TABLET	29
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<i>potassium citrate-citric acid</i>	35	<i>-tablet</i>	14
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<i>potassium cl 10% (20 meq/15 ml, -cl 10%</i>		10,000 UNITS/ML VIAL	26
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