



Blue MedicareRx Premier (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. Anthem Insurance Companies, Inc. (AICI) 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. AICI is the risk-bearing entity licensed under applicable state law to offer the PDP plan(s) noted. AICI 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. Blue Cross and Blue Shield of Georgia, Inc. and AICI are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro servicio al cliente al número **1-800-928-6201**, 8 a.m. to 8 p.m., 7 days a week, para obtener más información. Los usuarios de TTY deben llamar al **1-877-247-1657**, 8 a.m. to 8 p.m., 7 days a week.

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 Blue MedicareRx Premier (PDP) formulary?

A formulary is a list of covered drugs selected by Blue MedicareRx Premier (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. Blue MedicareRx Premier (PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx Premier (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 Blue MedicareRx Premier (PDP), please visit our website at www.bcbsga.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 51. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index, and find the name of your drug in the first column of the list.

What are generic drugs?

Blue MedicareRx Premier (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:** Blue MedicareRx Premier (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue MedicareRx Premier (PDP) before you fill your prescriptions. If you don't get approval, Blue MedicareRx Premier (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue MedicareRx Premier (PDP) limits the amount of the drug that Blue MedicareRx Premier (PDP) will cover. For example, Blue MedicareRx Premier (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, Blue MedicareRx Premier (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, Blue MedicareRx Premier (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue MedicareRx Premier (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.bcbsga.com/medicare.

You can ask Blue MedicareRx Premier (PDP) to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Blue MedicareRx Premier (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 Blue MedicareRx Premier (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 Blue MedicareRx Premier (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 Blue MedicareRx Premier (PDP).
- You can ask Blue MedicareRx Premier (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 Blue MedicareRx Premier (PDP)'s formulary?

You can ask Blue MedicareRx Premier (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, Blue MedicareRx Premier (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, Blue MedicareRx Premier (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 Blue MedicareRx Premier (PDP) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue MedicareRx Premier (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.bcbsga.com/medicare**.

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

Blue MedicareRx Premier (PDP)'s formulary

The formulary on page 1 provides coverage information about some of the drugs covered by Blue MedicareRx Premier (PDP). If you have trouble finding your drug in the list, turn to the Index that begins on page 51.

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

The information in the Requirements/Limits column tells you if Blue MedicareRx Premier (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	\$2.00	\$6.00	\$3.00
Tier 2 Non-Preferred Generic Drugs	\$7.00	\$21.00	\$10.50
Tier 3 Preferred Brand Drugs	\$45.00	\$135.00	\$112.50
Tier 4 Non-Preferred Brand Drugs	\$90.00	\$270.00	\$225.00
Tier 5 Injectable Drugs	33%	33%	33%
Tier 6 Specialty Tier Drugs	33%	N/A	33%

* 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: Blue MedicareRx Premier (PDP) provides coverage of Tier 1 preferred generic drugs, Tier 2 non-preferred generic drugs and the Tier 3 preferred brand drugs in the coverage gap. You also have additional generic gap coverage and a discount on brand 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.

CG = 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 = Prescription drugs available through Mail Order.

Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS		
EMLA	4	MO
<i>lidocaine hcl 0.5% vial, -1% ampul, -1% syringe, -1% vial, -1.5% ampul, -2% abboject, -2% ampul, -2% luer-jet, -2% syringe, -4% ampul, -1% abboject, -2% vial</i> INJ	5	MO
<i>lidocaine hcl jel, -ointment, -solution non-oral</i>	1	CG, MO
<i>lidocaine hcl viscous</i>	1	CG, MO
<i>lidocaine-prilocaine</i>	2	CG, MO
LIDODERM	3	MO
XYLOCAINE INJECTION INJ	5	MO
XYLOCAINE IV INJ	5	MO
XYLOCAINE JEL, -SOLUTION NON-ORAL	4	MO
XYLOCAINE-MPF INJ	5	MO

Drug Name	Drug Tier	Requirements/Limits
ANTIINFECTIVES		
ABELCET INJ	6	MO
<i>acyclovir capsule, -suspension oral, -tablet</i>	2	CG, MO
<i>acyclovir sodium</i> INJ	5	MO
ADOXA	4	MO
ADOXA PAK	4	MO
ALBENZA	4	MO
ALINIA	4	MO
ALTABAX	4	MO, QLL (30/30)
<i>amantadine</i>	2	CG, MO
AMBISOME INJ	6	MO
<i>amikacin sulfate injection</i> INJ	5	MO
<i>amox tr-potassium clavulanate</i>	2	CG, MO
<i>amoxicillin</i>	1	CG, MO
<i>amoxicillin-clavulanate er</i>	2	CG, MO
AMPHOTEC INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>amphotericin b injection</i> INJ	5	MO
<i>ampicillin sodium</i> INJ	5	MO
<i>ampicillin trihydrate</i>	1	CG, MO
<i>ampicillin-sulbactam</i> INJ	5	MO
ANCOBON	6	MO
APTIVUS	6	MO
ARALEN PHOSPHATE	4	MO
ATRIPLA	6	MO
AVELOX	4	MO, QLL (21/1)
AVELOX ABC PACK	4	MO, QLL (5/1)
AVELOX IV INJ	5	MO
AZACTAM INJ	5	MO
AZACTAM-ISO-OSMOTIC DEXTROSE INJ	5	MO
<i>azithromycin 100 mg/5 ml susp</i>	2	CG, MO, QLL (15 ml/1)
<i>azithromycin 200 mg/5 ml susp</i>	2	CG, MO, QLL (46 ml/1)
<i>azithromycin 250 mg tablet</i>	2	CG, MO, QLL (6/1)
<i>azithromycin 500 mg tablet</i>	2	CG, MO, QLL (3/1)
<i>azithromycin 600 mg tablet</i>	2	CG, MO, QLL (8/1)
<i>azithromycin injection</i> INJ	5	MO
<i>azithromycin packet</i>	2	CG, MO
<i>aztreonam 1 gm vial</i> INJ	5	
<i>aztreonam 2 gm vial</i> INJ	5	MO
<i>baciiim</i> INJ	5	MO
<i>bacitracin injection</i> INJ	5	MO
BACTRIM	4	MO
BACTRIM DS	4	MO
BACTROBAN	4	MO
BACTROBAN NASAL	4	MO
BARACLUDE SOLUTION	4	MO
BARACLUDE TABLET	6	MO
BIAXIN 250 MG TABLET	4	MO
BIAXIN 500 MG TABLET	4	MO
BIAXIN SUSPENSION	4	MO

Drug Name	Drug Tier	Requirements/ Limits
BIAXIN XL	4	MO, QLL (28/1)
BICILLIN C-R INJ	5	MO
BICILLIN L-A INJ	5	MO
BILTRICIDE	4	MO
CANCIDAS INJ	6	MO
CAPASTAT SULFATE INJ	5	MO
CAYSTON	6	LA
CEDAX	4	MO
<i>cefaclor</i>	2	CG, MO
<i>cefaclor er</i>	2	CG, MO
<i>cefadroxil</i>	2	CG, 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	CG, 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	CG, MO
<i>cefprozil</i>	2	CG, MO
<i>ceftazidime</i> INJ	5	MO
CEFTIN	4	MO
<i>ceftriaxone</i> INJ	5	MO
<i>cefuroxime axetil</i>	2	CG, 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	CG, MO
<i>cephalexin</i>	1	CG, MO
<i>chloramphenicol sod succinate</i> INJ	5	MO
<i>chloroquine phosphate tablet</i>	2	CG, MO
<i>ciclopirox cream, -gel, -shampoo, -suspension topical</i>	2	CG, MO
<i>ciclopirox solution non-oral</i>	2	CG, MO, PAR
CIPRO I.V. INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
CIPRO SUSPENSION	4	MO
CIPRO TABLET	4	MO
<i>ciprofloxacin</i> INJ	5	MO
<i>ciprofloxacin er 1,000 mg tab</i>	2	CG, MO, QLL (14/1)
<i>ciprofloxacin er 500 mg tablet</i>	2	CG, MO, QLL (3/1)
<i>ciprofloxacin hcl 100 mg tab</i>	2	CG, MO
<i>ciprofloxacin hcl 250 mg tab, -500 mg tab, -750 mg tab</i>	2	CG, MO
<i>ciprofloxacin-d5w</i> INJ	5	MO
CLAFORAN INJ	5	MO
<i>clarithromycin 125 mg/5 ml sus</i>	2	CG, MO
<i>clarithromycin 250 mg tablet</i>	2	CG, MO, QLL (42/1)
<i>clarithromycin 250 mg/5 ml sus</i>	2	CG, MO
<i>clarithromycin 500 mg tablet</i>	2	CG, MO, QLL (28/1)
<i>clarithromycin er</i>	2	CG, MO, QLL (28/1)
CLEOCIN HCL	4	MO
CLEOCIN PALMITATE	4	MO
CLEOCIN PHOSPHATE INJ	5	MO
CLEOCIN PHOSPHATE IN D5W INJ	5	MO
<i>clindamycin hcl capsule</i>	2	CG, MO
<i>clindamycin phosphate injection</i> INJ	5	MO
<i>clotrimazole cream, -solution non-oral, -troche</i>	2	CG, MO
<i>clotrimazole-betamethasone</i>	2	CG, MO
COARTEM	4	MO
<i>colistimethate 150 mg vial</i> INJ	5	MO
COLY-MYCIN M PARENTERAL INJ	6	MO
COMBIVIR	6	MO
COPEGUS	6	MO, PAR
CORTISPORIN CREAM, - OINTMENT	4	MO
CRIVAN	3	MO
CUBICIN INJ	6	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
CYTOVENE INJ	5	
DAPSONE	4	MO
DARAPRIM	3	CG, MO
<i>demeclocycline hcl</i>	2	CG, MO
DENAVIR	3	MO, QLL (2/1)
<i>dicloxacillin sodium</i>	1	CG, MO
<i>didanosine</i>	2	CG, MO
DIFLUCAN	4	MO
DIFLUCAN IN SALINE INJ	5	MO
DORIBAX INJ	6	MO
DORYX	4	MO
<i>doxycycline</i>	2	CG, MO
<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab</i>	1	CG, MO
<i>doxycycline hyclate injection</i> INJ	5	MO
DOXYCYCLINE HYCLATE TABLET ENTERIC COATED	4	
<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>	2	CG, MO
DYNACIN	4	MO
E.E.S. 200	4	MO
E.E.S. 400	4	MO
<i>econazole nitrate cream</i>	2	CG, MO
EDURANT	6	MO
EMTRIVA	4	MO
EPIVIR	4	MO
EPIVIR HBV	3	MO
EPZICOM	6	MO
ERTACZO	4	MO
ERYPED 200	4	MO
ERYPED 400	4	MO
ERY-TAB	4	MO
ERYTHROCIN LACTOBIONATE INJ	5	MO
<i>erythrocin stearate</i>	1	CG, MO
<i>erythromycin capsule enteric coated</i>	2	CG, MO
<i>erythromycin ethylsuccinate tablet</i>	2	CG

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin tablet</i>	1	CG, MO
<i>erythromycin-sulfisoxazole</i>	2	CG, MO
<i>ethambutol hcl</i>	2	CG, MO
EXELDERM	4	MO
FACTIVE	4	MO, QLL (7/1)
<i>famciclovir</i>	2	CG, MO
FAMVIR	4	MO
FLAGYL	4	MO
FLAGYL ER	4	MO
<i>fluconazole in dextrose INJ</i>	5	MO
<i>fluconazole in saline INJ</i>	5	MO
<i>fluconazole suspension, - tablet</i>	2	CG, MO
FORTAZ INJ	5	MO
FORTAZ IN ISO-OSMOTIC DEXTROSE INJ	5	MO
<i>foscarnet sodium INJ</i>	5	MO
FURADANTIN	4	MO
FUZEON INJ	6	MO, QLL (1/1)
<i>ganciclovir</i>	2	CG, MO
<i>ganciclovir sodium INJ</i>	5	
<i>gentamicin sulfate cream, - 0.1% ointment</i>	1	CG, MO
<i>gentamicin sulfate in ns INJ</i>	5	MO
GENTAMICIN SULFATE IN NS INJ	5	MO
<i>gentamicin sulfate injection INJ</i>	5	MO
GRIFULVIN V	4	MO
<i>griseofulvin suspension oral</i>	2	CG, MO
GRIS-PEG	3	CG, MO
GYNAZOLE-1	4	MO
HEPSERA	6	MO
HIPREX	4	MO
<i>hydroxychloroquine sulfate tablet</i>	2	CG, MO
INTELENCE 100 MG TABLET	6	MO
INTELENCE 200 MG TABLET	6	
INVANZ INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
INVIRASE CAPSULE	4	MO
INVIRASE TABLET	6	MO
ISENTRESS	6	MO
<i>isonarif</i>	2	CG, MO
<i>isoniazid injection INJ</i>	5	MO
<i>isoniazid syrup, -tablet</i>	1	CG, MO
<i>itraconazole capsule</i>	2	CG, 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
KEFLEX	4	MO
KETEK	3	CG, MO, QLL (20/1)
<i>ketoconazole cream, - shampoo, -tablet</i>	2	CG, MO
LAMISIL	4	MO
LEVAQUIN INJECTION INJ	5	MO
LEVAQUIN SOLUTION	4	MO
LEVAQUIN TABLET	4	MO, QLL (14/1)
<i>levofloxacin tablet</i>	2	CG, MO, QLL (14/1)
LEXIVA SUSPENSION ORAL	4	MO
LEXIVA TABLET	6	MO
LINCOCIN INJ	5	MO
LOPROX	4	MO
LOTRISONE	4	MO
MACROBID	4	MO
MACRODANTIN	4	MO
MALARONE	4	MO
<i>mebendazole tablet chewable</i>	1	CG, MO
<i>mefloquine hcl</i>	2	CG, MO
MEFOXIN INJ	5	MO
MENTAX	4	MO
MEPRON	6	MO
<i>meropenem iv 1 gm vial INJ</i>	5	MO
<i>meropenem iv 500 mg vial INJ</i>	5	

Drug Name	Drug Tier	Requirements/ Limits
MERREM INJ	5	MO
<i>methenamine hippurate</i>	2	CG, MO
<i>methenamine mandelate tablet</i>	2	CG, MO
<i>metro iv</i> INJ	5	MO
<i>metronidazole capsule, -tablet</i>	1	CG, MO
<i>metronidazole injection</i> INJ	5	MO
<i>miconazole 3 suppository vaginal</i>	2	CG, MO, QLL (6/30)
MINOCIN	4	MO
<i>minocycline hcl capsule, -tablet, -tablet sustained release 24hr</i>	2	CG, MO
MONODOX	4	MO, QLL (60/1)
MONUROL	4	MO
<i>mupirocin ointment</i>	2	CG, MO
MYAMBUTOL	4	MO
MYCAMINE INJ	6	MO
MYCOBUTIN	3	MO
<i>nafcillin</i> INJ	5	MO
<i>nafcillin sodium</i> INJ	5	MO
NAFTIN	4	MO
NALLPEN INJ	5	MO
NALLPEN-ISO-OSMOTIC DEXTROSE INJ	5	MO
NEBUPENT	3	CG, MO, B/D
<i>neomycin sulfate tablet</i>	2	CG, MO
NITROFURANTOIN	4	MO
<i>nitrofurantoin macrocrystal capsule</i>	2	CG, MO
<i>nitrofurantoin mono-macro</i>	2	CG, MO
NIZORAL	4	MO
NOROXIN	4	MO
NORVIR CAPSULE, -TABLET	4	MO
NORVIR SOLUTION	6	MO
<i>nyamyc</i>	2	CG, 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	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin cream, -ointment, -suspension oral, -500,000 unit oral tab</i>	1	CG, MO
<i>nystatin-triamcinolone</i>	1	CG, MO
<i>nystop</i>	2	CG, MO
<i>ofloxacin tablet</i>	2	CG, MO
ORACEA	4	MO
<i>oxacillin</i> INJ	5	MO
<i>oxacillin sodium</i> INJ	5	MO
OXISTAT	4	MO
<i>paromomycin sulfate</i>	2	CG, MO
PASER	4	MO
PCE	4	MO
<i>pedi-dri</i>	2	CG, 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
PENICILLIN GK-ISO-OSM DEXTROSE INJ	5	MO
<i>penicillin v potassium</i>	1	CG, MO
PENLAC	4	MO, PAR
PENTAM 300 INJ	5	MO
<i>pentamidine isethionate</i> INJ	5	MO
PFIZERPEN INJ	5	MO
PHISOHEX	4	MO
<i>piperacillin</i> INJ	5	MO
<i>piperacillin-tazobactam</i> INJ	5	MO
PLAQUENIL	4	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	CG, MO
PRIMAQUINE	3	CG, MO
PRIMAXIN INJ	5	MO
PRIMAXIN I.M. INJ	5	MO
PRIMSOL	4	MO
PROQUIN XR	4	MO, QLL (3/1)
<i>pyrazinamide</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
QUALAQUIN	4	MO, PAR
REBETOL CAPSULE	6	MO, PAR
REBETOL SOLUTION	4	MO, PAR
RELENZA	3	CG, MO, QLL (60 inhalations/18 0)
RESCRIPTOR	4	MO
RETROVIR CAPSULE, - SYRUP, -TABLET	4	MO
RETROVIR INJECTION INJ	5	MO
REYATAZ	6	MO
<i>ribapak</i>	6	MO, PAR
RIBASPHERE 200 MG TABLET	4	MO, PAR
<i>ribasphere 400 mg tablet, - 600 mg tablet</i>	6	MO, PAR
RIBASPHERE CAPSULE	4	MO, PAR
RIBAVIRIN CAPSULE	3	MO, PAR
RIBAVIRIN TABLET	4	MO, PAR
RIFADIN CAPSULE	4	MO
RIFADIN INJECTION INJ	5	MO
RIFAMATE	4	MO
<i>rifampin capsule</i>	2	CG, MO
<i>rifampin injection</i> INJ	5	MO
RIFATER	3	CG, MO
<i>rimantadine hcl</i>	2	CG, MO
ROCEPHIN INJ	5	MO
SELZENTRY	6	MO
SEPTRA	4	MO
SEPTRA DS	4	MO
SEROMYCIN	4	MO
SILVADENE	4	MO
<i>silver sulfadiazine cream</i>	1	CG, MO
SOLODYN ER 45 MG TABLET, -ER 65 MG TABLET, -ER 90 MG TABLET, -ER 115 MG TABLET, -ER 135 MG TABLET	4	MO

Drug Name	Drug Tier	Requirements/ Limits
SOLODYN ER 55 MG TABLET, -ER 80 MG TABLET, -ER 105 MG TABLET	4	
SPECTRACEF	4	MO
SPORANOX CAPSULE	4	MO, PAR
SPORANOX SOLUTION	4	MO
<i>ssd</i>	1	CG, MO
<i>ssd af</i>	1	CG, MO
<i>stavudine</i>	2	CG, MO
STREPTOMYCIN SULFATE INJECTION INJ	5	MO
STROMEKTOL	3	CG, MO
<i>sulfadiazine tablet</i>	2	CG, MO
<i>sulfamethoxazole- trimethoprim injection</i> INJ	5	MO
<i>sulfamethoxazole- trimethoprim suspension oral, -tablet</i>	1	CG, MO
SULFAMYLON	4	MO
SUPRAX	4	MO
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)
TAZICEF INJ	5	MO
TERAZOL 3 CREAM WITH APPLICATOR	4	MO, QLL (40 gm/30)
TERAZOL 3 SUPPOSITORY VAGINAL	4	MO
TERAZOL 7	4	MO, QLL (90 gm/30)
<i>terbinafine hcl</i>	2	CG, MO
<i>terconazole 0.4% cream</i>	1	CG, MO, QLL (90 gm/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>terconazole 0.8% cream</i>	1	CG, MO, QLL (40 gm/30)
<i>terconazole suppository vaginal</i>	1	CG, MO
<i>tetracycline hcl capsule</i>	1	CG, MO
<i>thermazene</i>	1	CG, 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	CG, MO
TRIZIVIR	6	MO
TRUVADA	6	MO
TYGACIL INJ	6	MO
TYZEKA	6	MO, PAR
UNASYN INJ	5	MO
<i>valacyclovir</i>	2	CG, MO, QLL (30/1)
VALCYTE	6	MO
VALTREX	4	MO, QLL (30/1)
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
<i>vancomycin hcl injection INJ</i>	5	MO, B/D
VANCOMYCIN-D5W INJ	5	MO, B/D
VFEND IV INJ	6	MO
VFEND SUSPENSION	6	MO
VFEND TABLET	6	MO, PAR
VIBATIV INJ	5	MO, PAR
VIBRAMYCIN	4	MO
VIDEX 2 GM PEDIATRIC SOLN	3	CG, MO
VIDEX 4 GM PEDIATRIC SOLN	3	MO
VIDEX EC	4	MO
VIRACEPT 625 MG TABLET	6	MO

Drug Name	Drug Tier	Requirements/ Limits
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
XIFAXAN	4	MO
ZAZOLE 0.8% VAGINAL CREAM	4	MO, QLL (40 gm/30)
ZAZOLE VAGINAL 0.4% CREAM	4	MO, QLL (90 gm/30)
ZERIT	4	MO
ZIAGEN	4	MO
<i>zidovudine</i>	2	CG, 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
ZITHROMAX 100 MG/5 ML SUSP	4	MO, QLL (15 ml/1)
ZITHROMAX 200 MG/5 ML SUSP	4	MO, QLL (46 ml/1)
ZITHROMAX 250 MG TABLET, -250 MG Z-PAK TABLET	4	MO, QLL (6/1)
ZITHROMAX 500 MG TABLET	4	MO, QLL (3/1)
ZITHROMAX 600 MG TABLET	4	MO, QLL (8/1)
ZITHROMAX INJECTION INJ	5	MO
ZITHROMAX TRI-PAK	4	MO, QLL (3/1)
ZMAX ADULT-PEDIATRIC	3	CG, MO
ZOSYN INJ	5	MO

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX CAPSULE, - SUSPENSION ORAL, - TABLET	4	MO
ZOVIRAX CREAM	3	MO, QLL (5/1)
ZOVIRAX OINTMENT	3	MO, QLL (15/1)
ZYVOX INJECTION INJ	6	MO
ZYVOX SUSPENSION RECONSTITUTED ORAL	6	MO, PAR, QLL (1800/1)
ZYVOX TABLET	6	MO, PAR, QLL (28/1)
ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS		
ABRAXANE INJ	6	B/D
<i>adriamycin 10 mg vial, -20 mg vial, -50 mg vial</i> INJ	5	MO, B/D
<i>adriamycin 2 mg/ml vial</i> INJ	5	B/D
<i>adrucil</i> INJ	5	MO, B/D
AFINITOR 2.5 MG TABLET	6	PAR
AFINITOR 5 MG TABLET, - 10 MG TABLET	6	MO, PAR
AGRYLIN	4	MO
ALIMTA INJ	6	MO
ALKERAN INJECTION INJ	6	B/D
AMEVIVE INJ	6	LA, PAR
<i>amifostine</i> INJ	6	MO
<i>anagrelide hcl</i>	2	CG, MO
<i>anastrozole tablet</i>	2	CG
ARAVA	4	MO
ARIMIDEX	4	MO
AROMASIN	4	MO
ARRANON INJ	5	B/D
ARZERRA 1,000 MG/50 ML VIAL INJ	6	MO, B/D
ARZERRA 100 MG/5 ML VIAL INJ	6	B/D
AVASTIN INJ	6	MO, PAR
AZASAN	4	MO, B/D
<i>azathioprine sodium</i> INJ	5	MO, B/D
<i>azathioprine tablet</i>	2	CG, MO, B/D
<i>bicalutamide</i>	2	CG, MO
BICNU INJ	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<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	MO, B/D
CAMPATH INJ	6	MO
CAMPTOSAR 100 MG/5 ML VIAL INJ	5	MO, B/D
CAMPTOSAR 300 MG/15 ML VIAL, -40 MG/2 ML VIAL INJ	5	MO, B/D
<i>carboplatin 150 mg/15 ml vial</i> INJ	5	MO, B/D
<i>carboplatin 450 mg/45 ml vial, -600 mg/60 ml vial, -50 mg vial, -150 mg vial, -450 mg vial</i> INJ	5	MO, B/D
<i>carboplatin 50 mg/5 ml vial</i> INJ	5	B/D
CASODEX	4	MO
CEENU	3	CG, MO
CELLCEPT CAPSULE	4	MO, B/D
CELLCEPT INJECTION INJ	5	MO, B/D
CELLCEPT SUSPENSION RECONSTITUTED ORAL, - TABLET	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	CG, MO, B/D
<i>cyclosporine capsule, - solution, -unknown</i>	2	CG, MO, B/D
<i>cyclosporine injection</i> INJ	5	MO, B/D
<i>cyclosporine modified</i>	2	CG, MO, B/D
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i> INJ	5	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
<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
DROXIA	4	MO
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)
<i>epirubicin 200 mg/100 ml vial, -50 mg vial, -150 mg/75 ml vial, -200 mg vial</i> INJ	5	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>epirubicin 50 mg/25 ml vial</i> INJ	5	B/D
ERBITUX 100 MG/50 ML VIAL INJ	6	PAR
ERBITUX 200 MG/100 ML VIAL INJ	6	MO, PAR
ETHYOL INJ	6	MO, PAR
ETOPOPHOS INJ	5	B/D
<i>etoposide 1,000 mg/50 ml vial, -100 mg/5 ml vial</i> INJ	5	MO, B/D
<i>etoposide 500 mg/25 ml vial</i> INJ	5	B/D
EXEMESTANE	3	
FARESTON	3	CG, MO
FASLODEX INJ	6	MO
FEMARA	4	MO
FIRMAGON 2 X 120 MG VIALS INJ	6	MO, B/D
FIRMAGON 80 MG VIAL INJ	5	MO, B/D
<i>floxuridine</i> INJ	5	MO
FLUDARA INJ	6	B/D
<i>fludarabine 50 mg vial</i> INJ	6	B/D
<i>fludarabine 50 mg/2 ml vial</i> INJ	6	MO, B/D
<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml</i> INJ	5	MO, B/D
<i>fluorouracil 500 mg/10 ml vial</i> INJ	5	B/D
<i>flutamide</i>	2	CG, MO
<i>fudr</i> INJ	5	MO
FUSILEV INJ	5	MO, B/D
<i>gemcitabine hcl 1 gram vial</i> INJ	6	B/D
<i>gemcitabine hcl 200 mg vial, -2 gram vial</i> INJ	6	MO, B/D
GEMZAR 1 GRAM VIAL INJ	6	B/D
GEMZAR 200 MG VIAL INJ	6	MO, B/D
<i>gengraf</i>	2	CG, MO, B/D
GLEEVEC	6	MO, PAR
HALAVEN INJ	6	

Drug Name	Drug Tier	Requirements/ Limits
HERCEPTIN INJ	6	PAR
HEXALEN	6	MO
HUMIRA 20 MG/0.4 ML SYRINGE INJ	6	MO, PAR, QLL (2 syringes/28)
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)
HYCANTIN INJECTION INJ	6	B/D
HYDREA	4	MO
<i>hydroxyurea capsule</i>	2	CG, 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
IMURAN	4	MO, 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	CG, MO
LETROZOLE	3	MO
<i>leucovorin calcium injection INJ</i>	5	MO
<i>leucovorin calcium tablet</i>	2	CG, MO
LEUKERAN	3	MO
LEUSTATIN INJ	6	B/D

Drug Name	Drug Tier	Requirements/ Limits
LYSODREN	3	CG, MO
MATULANE	6	MO
MEGACE	4	MO
MEGACE ES	4	MO
<i>megestrol acetate suspension oral, -tablet</i>	2	CG, MO
<i>melphalan hcl INJ</i>	5	B/D
<i>mercaptopurine tablet</i>	2	CG, MO
<i>mesna INJ</i>	5	B/D
MESNEX INJECTION INJ	5	B/D
MESNEX TABLET	3	CG, MO
<i>methotrexate injection INJ</i>	5	MO
<i>methotrexate tablet</i>	2	CG, MO
<i>mitomycin 20 mg vial INJ</i>	5	B/D
<i>mitomycin 5 mg vial INJ</i>	5	MO, B/D
<i>mitoxantrone hcl INJ</i>	5	MO, B/D
MUSTARGEN INJ	5	MO, B/D
<i>mycophenolate mofetil</i>	2	CG, MO, B/D
MYFORTIC	4	MO, B/D
NAVELBINE INJ	5	MO, B/D
NEORAL 100 MG GELATN CAPSULE	4	MO, B/D
NEORAL 25 MG GELATIN CAPSULE, -SOLUTION	4	MO, B/D
NEXAVAR	6	LA, PAR
NILANDRON	3	MO
NIPENT INJ	6	B/D
NOVANTRONE INJ	5	MO, B/D
<i>octreotide acet 100 mcg/ml amp, -acet 100 mcg/ml syr, -acet 100 mcg/ml vl, -acet 200 mcg/ml vl, -acet 500 mcg/ml amp, -acet 500 mcg/ml vl, -1,000 mcg/ml vial INJ</i>	6	MO
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml syr, -acet 50 mcg/ml vial INJ</i>	5	MO
ONCASPAR INJ	6	MO, B/D
ONTAK INJ	6	MO, B/D
<i>onxol INJ</i>	5	MO, B/D
ORENCIA INJ	6	MO, PAR
ORTHOCLONE OKT-3 INJ	6	MO, B/D

Drug Name	Drug Tier	Requirements/ Limits
<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 CAPSULE	4	MO, B/D
PROGRAF INJECTION INJ	5	MO, B/D
PURINETHOL	4	MO
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)
RHEUMATREX	4	MO
RITUXAN INJ	6	MO, PAR
SANDIMMUNE CAPSULE, -SOLUTION	4	MO, B/D
SANDIMMUNE INJECTION INJ	5	MO, B/D
SANDOSTATIN INJ	6	MO, ST
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	CG, MO, B/D
<i>tamoxifen citrate tablet</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
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 1,000 mg/50 ml vial</i> INJ	5	B/D
<i>toposar 100 mg/5 ml vial, -500 mg/25 ml vial</i> INJ	5	MO, 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	CG, MO
TREXALL	4	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
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

Drug Name	Drug Tier	Requirements/ Limits
ZINECARD 250 MG VIAL INJ	6	MO, B/D
ZINECARD 500 MG VIAL INJ	6	MO, 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
AUTONOMIC AND CNS MEDICATIONS		
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	CG, MO, QLL (180/30)
<i>acetaminophen-codeine elixir</i>	2	CG, MO, QLL (4500/30)
<i>acetaminophen-codeine tablet</i>	2	CG, MO, QLL (390/30)
<i>acetaminophen-tramadol</i>	2	CG, MO, QLL (240/30)
ACTIQ	6	MO, PAR, QLL (120/30)
ALOXI INJ	5	MO
AMBIEN	4	MO, PAR, QLL (30/30)
AMBIEN CR	4	MO, PAR, QLL (30/30)
AMERGE	4	MO, QLL (9/30), ST

Drug Name	Drug Tier	Requirements/ Limits
<i>amitriptyline hcl tablet</i>	2	CG, MO
<i>amoxapine</i>	2	CG, MO
<i>amphetamine salts 12.5 mg tb</i>	2	CG, MO, QLL (120/30)
<i>amphetamine salts 20 mg tab</i>	2	CG, MO, QLL (90/30)
<i>amphetamine salts 5 mg tab, - salts 10 mg tab, -salts 15 mg tab</i>	2	CG, MO, QLL (30/30)
<i>amphetamine salts 7.5 mg tab, -salts 30 mg tab</i>	2	CG, MO, QLL (60/30)
ANAFRANIL	4	MO
ANTABUSE	3	MO
ANTIVERT	4	MO
ANZEMET INJECTION INJ	5	MO
ANZEMET TABLET	4	MO, B/D, QLL (5/30)
APOKYN INJ	6	LA
ARICEPT 23 MG TABLET	3	QLL (30/30), ST
ARICEPT 5 MG TABLET, - 10 MG TABLET	4	MO, QLL (30/30)
ARICEPT ODT	4	MO, QLL (30/30)
<i>ascomp with codeine</i>	2	CG, MO
ASTRAMORPH-PF INJ	5	MO
<i>atropine sulfate injection</i> INJ	5	MO
AXERT	4	MO, QLL (9/30), ST
AZILECT	4	MO
BANZEL SUSPENSION ORAL	4	
BANZEL TABLET	4	MO
<i>benztropine mesylate injection</i> INJ	5	MO
<i>benztropine mesylate tablet</i>	1	CG, MO
<i>bromocriptine mesylate capsule, -tablet</i>	2	CG, MO
<i>budeprion sr</i>	2	CG, MO, QLL (60/30)
<i>budeprion xl 150 mg tablet</i>	2	CG, MO, QLL (90/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>budeprion xl 300 mg tablet</i>	2	CG, MO, QLL (30/30)
BUPRENEX INJ	5	MO
<i>buprenorphine 2 mg tablet sl</i>	2	CG, MO, PAR, QLL (240/30)
<i>buprenorphine 8 mg tablet sl</i>	2	CG, MO, PAR, QLL (60/30)
<i>buprenorphine hcl injection</i> INJ	5	MO
<i>buproban</i>	2	CG, MO, QLL (60/30)
<i>bupropion hcl sr</i>	2	CG, MO, QLL (60/30)
<i>bupropion hcl tablet</i>	2	CG, MO, QLL (120/30)
<i>bupropion hcl xl 150 mg tablet</i>	2	CG, MO, QLL (90/30)
<i>bupropion hcl xl 300 mg tablet</i>	2	CG, MO, QLL (30/30)
<i>bupirone hcl tablet</i>	2	CG, MO
<i>butalb-caff-acetaminoph-codein</i>	2	CG, MO, QLL (180/30)
<i>butalbital compound-codeine</i>	2	CG, MO
<i>butorphanol tartrate aerosol spray</i>	2	CG, MO
<i>butorphanol tartrate injection</i> INJ	5	MO
CAFERGOT	4	MO
CAPITAL W-CODEINE	4	MO, QLL (2700/30)
<i>carbamazepine suspension oral, -tablet, -tablet chewable</i>	1	CG, MO
<i>carbamazepine xr</i>	2	CG, MO
CARBATROL ER 100 MG CAPSULE	4	MO, QLL (60/30)
CARBATROL ER 200 MG CAPSULE	4	MO, QLL (240/30)
CARBATROL ER 300 MG CAPSULE	4	MO, QLL (150/30)
<i>carbidopa-levodopa</i>	2	CG, MO
CELEXA 10 MG TABLET, - 20 MG TABLET	4	MO, QLL (45/30)

Drug Name	Drug Tier	Requirements/ Limits
CELEXA 40 MG TABLET	4	MO, QLL (30/30)
CELONTIN	3	CG, MO
CESAMET	4	MO, B/D
CHANTIX	4	MO
<i>chlordiazepoxide-amitriptyline</i>	2	CG, MO
<i>chlorpromazine hcl injection</i> INJ	5	MO
<i>chlorpromazine hcl tablet</i>	2	CG, MO
<i>citalopram</i>	2	CG, MO, QLL (600/30)
<i>citalopram hbr 10 mg tablet, - 20 mg tablet</i>	2	CG, MO, QLL (45/30)
<i>citalopram hbr 40 mg tablet</i>	2	CG, MO, QLL (30/30)
<i>clomipramine hcl capsule</i>	2	CG, MO
<i>clozapine 100 mg tablet</i>	2	CG, MO, QLL (270/30)
<i>clozapine 200 mg tablet</i>	2	CG, MO, QLL (120/30)
<i>clozapine 25 mg tablet, -50 mg tablet</i>	2	CG, MO, QLL (90/30)
<i>codeine phosphate injection</i> INJ	5	MO
<i>codeine sulfate 15 mg tablet</i>	2	CG
<i>codeine sulfate 30 mg tablet, - 60 mg tablet</i>	2	CG, MO
COGENTIN INJ	5	MO
<i>co-gesic</i>	2	CG, MO, QLL (240/30)
<i>compro</i>	2	CG, MO
COMTAN	4	MO
CYMBALTA	3	MO, QLL (60/30)
D.H.E.45 INJ	5	MO
DEMEROL INJECTION INJ	5	MO
DEMEROL TABLET	4	MO
DEPACON INJ	5	MO
<i>depade</i>	2	CG, MO
DEPAKENE	4	MO
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO

Drug Name	Drug Tier	Requirements/ Limits
DEPAKOTE SPRINKLE	4	MO
<i>desipramine hcl tablet</i>	2	CG, MO
DEXEDRINE	4	MO
<i>dexmethylphenidate 10 mg tab</i>	2	CG, MO, QLL (120/30)
<i>dexmethylphenidate 2.5 mg tab, -5 mg tab</i>	2	CG, MO, QLL (60/30)
<i>dextroamphetamine sulfate</i>	2	CG, MO
<i>dihydroergotamine mesylate injection INJ</i>	5	MO
DILANTIN 100 MG CAPSULE	4	MO
DILANTIN 30 MG CAPSULE	3	
DILANTIN 50 MG INFATAB	3	MO
DILANTIN-125	4	MO
DILAUDID INJECTION INJ	5	MO
DILAUDID TABLET	4	MO
DILAUDID-5	4	MO
DILAUDID-HP INJ	5	MO
<i>diskets</i>	2	CG, MO
<i>disulfiram tablet</i>	3	MO
<i>divalproex sodium</i>	2	CG, MO
<i>divalproex sodium er</i>	2	CG, MO
DOLOPHINE HCL	4	MO
<i>donepezil hcl tablet</i>	2	CG, 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	CG, MO
<i>doxepin 150 mg capsule</i>	2	CG
<i>dronabinol</i>	2	CG, MO, B/D
DURAGESIC	4	MO, QLL (15/30)
DURAMORPH INJ	5	MO
EFFEXOR XR 37.5 MG CAPSULE	4	MO, QLL (30/30)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>fentanyl citrate injection</i> INJ	5	MO
<i>fentanyl citrate lozenge</i>	6	MO, PAR, QLL (120/30)
FENTORA	6	MO, PAR, QLL (120/30)
FIORICET WITH CODEINE	4	MO, QLL (180/30)
FIORINAL WITH CODEINE #3	4	MO
FLUOXETINE DR	4	MO, QLL (4/28)
<i>fluoxetine hcl 10 mg capsule</i>	2	CG, MO, QLL (45/30)
<i>fluoxetine hcl 10 mg tablet</i>	2	CG, MO, QLL (240/30)
<i>fluoxetine hcl 20 mg capsule, -20 mg tablet</i>	2	CG, MO, QLL (120/30)
<i>fluoxetine hcl 40 mg capsule</i>	2	CG, MO, QLL (60/30)
<i>fluoxetine hcl solution</i>	2	CG, MO, QLL (600/30)
<i>fluphenazine decanoate</i> INJ	5	MO
<i>fluphenazine hcl elixir, -solution, -tablet</i>	2	CG, MO
<i>fluphenazine hcl injection</i> INJ	5	MO
<i>fluvoxamine maleate 100 mg tab</i>	2	CG, MO, QLL (90/30)
<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>	2	CG, MO, QLL (30/30)
<i>fosphenytoin sodium</i> INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin 100 mg capsule, -300 mg capsule, -tablet</i>	2	CG, MO, QLL (180/30)
<i>gabapentin 400 mg capsule</i>	2	CG, MO, QLL (270/30)
GABAPENTIN SOLUTION	3	QLL (2160/30)
GABITRIL	3	MO
<i>galantamine hbr capsule 24hr sustained release pellets</i>	2	CG, MO, QLL (30/30)
<i>galantamine hbr tablet</i>	2	CG, MO, QLL (60/30)
<i>galantamine hydrobromide</i>	2	CG, 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</i> INJ	5	MO
<i>granisetron hcl tablet</i>	2	CG, MO, B/D, QLL (30/30)
<i>guanidine hcl</i>	2	CG, MO
HALDOL INJ	5	MO
HALDOL DECANOATE 100 INJ	5	MO
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	CG, MO
<i>haloperidol tablet</i>	2	CG, MO
HYCET	4	MO, QLL (5540/30)
<i>hydrocodon-acetaminoph 7.5-750, -hydrocodon-acetaminophn 10-750</i>	2	CG, MO, QLL (150/30)
HYDROCODON-ACETAMINOPHEN 5-300, -HYDROCODON-ACETAMINOPH 7.5-300, -HYDROCODON-ACETAMINOPHN 10-300	4	QLL (390/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodon-acetaminophen 5-325, -hydrocodon-acetaminoph 7.5-325, -hydrocodon-acetaminophn 10-325</i>	2	CG, MO, QLL (360/30)
<i>hydrocodon-acetaminophn 10-650, -hydrocodon-acetaminoph 7.5-650, -hydrocodon-acetaminophn 10-660</i>	2	CG, MO, QLL (180/30)
<i>hydrocodone bit-ibuprofen</i>	2	CG, MO, QLL (480/30)
<i>hydrocodone-acetaminophen capsule, -hydrocodon-acetaminoph 2.5-500, -hydrocodon-acetaminoph 7.5-500, -hydrocodon-acetaminophn 10-500</i>	2	CG, MO, QLL (240/30)
<i>hydrocodone-acetaminophen solution</i>	2	CG, MO, QLL (3600/30)
<i>hydrogesic</i>	2	CG, MO, QLL (240/30)
<i>hydromorphone hcl injection INJ</i>	5	MO
<i>hydromorphone hcl suppository rectal, -tablet</i>	2	CG, MO
<i>imipramine hcl tablet</i>	2	CG, MO
<i>imipramine pamoate</i>	2	CG, MO
IMITREX 20 MG NASAL SPRAY	4	MO, QLL (8 nasal sprayers/30)
IMITREX 4 MG/0.5 ML CARTRIDGES, -6 MG/0.5 ML CARTRIDGES, -6 MG/0.5 ML VIAL INJ	5	MO, QLL (4 vials/30)
IMITREX 4 MG/0.5 ML PEN INJECT, -6 MG/0.5 ML PEN INJECT INJ	5	MO
IMITREX 5 MG NASAL SPRAY	4	MO, QLL (16 nasal sprayers/30)
IMITREX TABLET	4	MO, QLL (9/30), ST

Drug Name	Drug Tier	Requirements/ Limits
INFUMORPH INJ	5	MO
INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	4	MO, QLL (30/30)
INVEGA ER 6 MG TABLET	4	MO, QLL (60/30)
INVEGA SUSTENNA INJ	5	MO, QLL (2/28)
KEPPRA INJECTION INJ	5	MO
KEPPRA SOLUTION, -TABLET	4	MO
LAMICTAL (BLUE)	4	MO
LAMICTAL (GREEN)	4	MO
LAMICTAL (ORANGE)	4	MO
LAMICTAL 150 MG TABLET, -200 MG TABLET	4	MO, QLL (60/30)
LAMICTAL 25 MG TABLET, -100 MG TABLET, -TABLET DISPERSIBLE	4	MO
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)
<i>lamotrigine 150 mg tablet, -200 mg tablet</i>	2	CG, MO, QLL (60/30)
<i>lamotrigine 25 mg tablet, -100 mg tablet, -tablet dispersible</i>	2	CG, MO
LATUDA	4	QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam injection</i> INJ	5	
<i>levetiracetam solution, -tablet</i>	2	CG, MO
<i>levorphanol tartrate tablet</i>	2	CG, 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	CG, MO
<i>lithium carbonate capsule, - tablet, -tablet sustained action</i>	1	CG, MO
LITHOBID	4	MO
LODOSYN	4	MO, ST
<i>loxapine</i>	2	CG, MO
LOXITANE	4	MO
LUNESTA	4	MO, PAR, QLL (30/30)
LYRICA 225 MG CAPSULE, -300 MG CAPSULE	4	MO, PAR, QLL (60/30)
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	CG, MO, QLL (90/30)
<i>maprotiline 75 mg tablet</i>	2	CG, MO
<i>margesic h</i>	2	CG, MO, QLL (240/30)
MARPLAN	3	CG, MO
MAXALT	3	MO, QLL (12/30), ST
MAXALT MLT	3	MO, QLL (12/30), ST
<i>meclizine hcl tablet</i>	1	CG, MO
<i>meperidine hcl injection</i> INJ	5	MO
<i>meperidine hcl solution, - tablet</i>	2	CG, MO
<i>meperitab</i>	2	CG, MO
<i>meprobamate 200 mg tablet</i>	2	CG, MO, QLL (120/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>meprobamate 400 mg tablet</i>	2	CG, MO, QLL (180/30)
MESTINON SYRUP, - TABLET SUSTAINED ACTION	3	MO
MESTINON TABLET	4	MO
<i>methadone hcl injection</i> INJ	5	MO
<i>methadone hcl solution, - tablet, -tablet soluble</i>	2	CG, MO
<i>methadone intensol</i>	2	CG, MO
<i>methadose</i>	2	CG, MO
<i>methylin er</i>	2	CG, MO, QLL (90/30)
<i>methylin tablet</i>	2	CG, MO, QLL (90/30)
<i>methylphenidate er</i>	2	CG, MO, QLL (90/30)
<i>methylphenidate hcl tablet</i>	2	CG, MO, QLL (90/30)
<i>methylphenidate sr</i>	2	CG, MO, QLL (90/30)
<i>migergot</i>	2	CG, MO
MIGRANAL	4	MO
MIRAPEX 0.125 MG TABLET, -0.25 MG TABLET, -0.5 MG TABLET, -1 MG TABLET, -1.5 MG TABLET	4	MO, ST
MIRAPEX 0.75 MG TABLET	4	MO, ST
<i>mirtazapine</i>	2	CG, MO, QLL (30/30)
MOBAN 10 MG TABLET, - 25 MG TABLET	3	MO, QLL (120/30)
MOBAN 50 MG TABLET	3	MO
<i>morphine sulf er 100 mg tab, - sulf er 200 mg tab</i>	2	CG, MO, QLL (180/30)
<i>morphine sulf er 15 mg tablet, -sulf er 30 mg tablet, -sulf er 60 mg tablet</i>	2	CG, MO, QLL (120/30)
<i>morphine sulfate in dextrose INJ</i>	5	MO
<i>morphine sulfate injection</i> INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate solution, - suppository rectal, -tablet</i>	2	CG, MO
MS CONTIN 100 MG TABLET, -200 MG TABLET	4	MO, QLL (180/30)
MS CONTIN 15 MG TABLET, -CR 30 MG TABLET, -60 MG TABLET	4	MO, QLL (120/30)
MYSOLINE 250 MG TABLET	4	MO
MYSOLINE 50 MG TABLET	4	
MYTELASE	4	MO
<i>nalbuphine hcl injection</i> INJ	5	MO
<i>naloxone hcl injection</i> INJ	5	MO
<i>naltrexone hcl tablet</i>	2	CG, MO
NAMENDA SOLUTION	3	MO, QLL (300/30)
NAMENDA TABLET, - TABLET DOSE PACK	3	MO, QLL (60/30)
<i>naratriptan hcl</i>	2	CG, QLL (9/30)
NARDIL	4	MO
NAVANE	4	MO
<i>nefazodone hcl</i>	2	CG, MO, QLL (60/30)
NEURONTIN 100 MG CAPSULE, -300 MG CAPSULE, -TABLET	4	MO, QLL (180/30)
NEURONTIN 400 MG CAPSULE	4	MO, QLL (270/30)
NEURONTIN SOLUTION	4	MO, QLL (2160/30)
NICOTROL	4	MO
NICOTROL NS	3	CG, MO
NORPRAMIN	4	MO
<i>nortriptyline hcl capsule, - solution</i>	2	CG, MO
NUVIGIL 150 MG TABLET, -250 MG TABLET	3	MO, PAR, QLL (30/30)
NUVIGIL 50 MG TABLET	3	MO, PAR, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl 24 mg tablet</i>	2	CG, MO, B/D, QLL (30/30)
<i>ondansetron hcl 4 mg tablet, - 8 mg tablet</i>	2	CG, MO, B/D, QLL (90/30)
<i>ondansetron hcl in dextrose</i> INJ	5	MO
<i>ondansetron hcl injection</i> INJ	5	MO
<i>ondansetron hcl solution</i>	2	CG, MO, B/D, QLL (450 ml/30)
<i>ondansetron in sodium chloride</i> INJ	5	MO
<i>ondansetron odt</i>	2	CG, MO, B/D, QLL (90/30)
ONSOLIS	6	LA, PAR, QLL (120/30)
ORAMORPH SR 100 MG TABLET	4	MO, QLL (180/30)
ORAMORPH SR 15 MG TABLET, -30 MG TABLET, -60 MG TABLET	4	MO, QLL (120/30)
ORAP	3	CG, MO
<i>oxcarbazepine 150 mg tablet, -300 mg tablet</i>	2	CG, MO, QLL (60/30)
<i>oxcarbazepine 600 mg tablet</i>	2	CG, MO
OXCARBAZEPINE SUSPENSION	3	MO
<i>oxycodon-acetaminophen 7.5- 500</i>	2	CG, MO, QLL (240/30)
<i>oxycodone concentrate</i>	2	CG
<i>oxycodone hcl capsule, - solution, -tablet</i>	2	CG, MO
<i>oxycodone hcl-aspirin</i>	2	CG, MO
<i>oxycodone hcl-ibuprofen</i>	2	CG, MO
<i>oxycodone-acetaminophen 10-325</i>	2	CG, MO, QLL (360/30)
<i>oxycodone-acetaminophen 10-650</i>	2	CG, MO, QLL (180/30)
<i>oxycodone-acetaminophen capsule</i>	2	CG, MO, QLL (240/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone-acetaminophen tablet</i>	2	CG, MO, QLL (360/30)
<i>oxycodone-aspirin</i>	2	CG, MO
OXYCONTIN 10 MG TABLET, -15 MG TABLET, -20 MG TABLET, -30 MG TABLET, -40 MG TABLET, -60 MG TABLET	4	MO, QLL (90/30), ST
OXYCONTIN 80 MG TABLET	6	MO, QLL (120/30), ST
PAMELOR	4	MO
PARCOPA	4	MO, ST
PARLODEL	4	MO
PARNATE	4	MO
<i>paroxetine cr 25 mg tablet</i>	2	CG, MO, QLL (90/30)
<i>paroxetine hcl 10 mg tablet</i>	2	CG, MO, QLL (45/30)
<i>paroxetine hcl 20 mg tablet, -cr 12.5 mg tablet</i>	2	CG, 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	CG, MO, QLL (60/30)
<i>paroxetine hcl suspension oral</i>	2	CG, MO, QLL (1200/30)
PAXIL 10 MG TABLET	4	MO, QLL (45/30)
PAXIL 20 MG TABLET	4	MO, QLL (30/30)
PAXIL 30 MG TABLET, -40 MG TABLET	4	MO, QLL (60/30)
PAXIL CR 12.5 MG TABLET	4	MO, QLL (30/30)
PAXIL CR 25 MG TABLET, -37.5 MG TABLET	4	MO, QLL (60/30)
PAXIL SUSPENSION ORAL	4	MO, QLL (1200/30)
PEGANONE	3	CG, MO
<i>pentazocine-acetaminophen</i>	2	CG, MO, QLL (180/30)
<i>pentazocine-naloxone hcl</i>	2	CG, MO
<i>perphenazine</i>	2	CG, MO
<i>perphenazine-amitriptyline</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
PEXEVA 10 MG TABLET	4	MO, QLL (45/30)
PEXEVA 20 MG TABLET	4	MO, QLL (30/30)
PEXEVA 30 MG TABLET, -40 MG TABLET	4	MO, QLL (60/30)
<i>phenadoz</i>	2	CG, MO
PHENELZINE SULFATE TABLET	3	
PHENYTEK	4	MO
<i>phenytoin sod ext 100 mg cap</i>	1	CG, MO
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	CG, MO
<i>pramipexole 0.125 mg tablet, -0.25 mg tablet, -0.5 mg tablet, -1 mg tablet, -1.5 mg tablet</i>	2	CG, MO
<i>pramipexole 0.75 mg tablet</i>	2	CG
<i>primidone tablet</i>	2	CG, MO
PRISTIQ	4	MO, PAR, QLL (30/30)
<i>prochlorperazine edisylate INJ</i>	5	MO
<i>prochlorperazine maleate suppository rectal, -tablet</i>	2	CG, MO
<i>promethazine hcl suppository rectal</i>	2	CG, MO
<i>promethegan</i>	2	CG, MO
<i>protriptyline hcl</i>	2	CG, MO
PROVIGIL 100 MG TABLET	3	MO, PAR, QLL (30/30)
PROVIGIL 200 MG TABLET	3	MO, PAR, QLL (60/30)
PROZAC 10 MG PULVULE	4	MO, QLL (45/30)
PROZAC 20 MG PULVULE	4	MO, QLL (120/30)
PROZAC 40 MG PULVULE	4	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
PROZAC WEEKLY	4	MO, QLL (4/28)
<i>pyridostigmine bromide</i>	2	CG, MO
RAPIFLUX	4	MO, QLL (120/30)
RAZADYNE ER	4	MO, QLL (30/30)
RAZADYNE SOLUTION	4	MO, QLL (180/30)
RAZADYNE TABLET	4	MO, QLL (60/30)
REGONOL INJ	5	MO
RELPAK	4	MO, QLL (9/30), ST
REMERON	4	MO, QLL (30/30)
REQUIP	4	MO, ST
REQUIP XL	4	MO
REVIA	4	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)
<i>risperidone m-tab 4 mg odt</i>	3	MO, QLL (120/30)
<i>risperidone solution</i>	2	CG, MO, QLL (480 ml/30)
<i>risperidone tablet</i>	2	CG, MO, QLL (60/30)
<i>rivastigmine</i>	2	CG, QLL (60/30)
<i>ropinirole hcl</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>roxicet 5/500 caplet</i>	2	CG, MO, QLL (240/30)
<i>roxicet 5-325 tablet</i>	2	CG, MO, QLL (360/30)
ROXICET SOLUTION	4	MO, QLL (600/30)
ROXICODONE	4	MO
SABRIL	4	LA
SANCUSO	6	MO, PAR, QLL (4/28)
SAPHRIS	4	MO, QLL (60/30)
SARAFEM 10 MG TABLET	4	MO, QLL (30/30)
SARAFEM 20 MG TABLET	4	MO, QLL (120/30)
SAVELLA TABLET	3	CG, MO, QLL (60/30)
SAVELLA TABLET DOSE PACK	3	CG, MO, QLL (1/365)
<i>selegiline hcl capsule, -tablet</i>	2	CG, MO
<i>selfemra 10 mg capsule</i>	2	CG, MO, QLL (30/30)
<i>selfemra 20 mg capsule</i>	2	CG, 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	CG, MO, QLL (90/30)
<i>sertraline hcl 25 mg tablet, -50 mg tablet</i>	2	CG, MO, QLL (60/30)
<i>sertraline hcl solution</i>	2	CG, MO, QLL (300/30)

Drug Name	Drug Tier	Requirements/ Limits
SINEMET 10-100	4	MO, ST
SINEMET 25-100	4	MO, ST
SINEMET 25-250	4	MO, ST
SINEMET CR	4	MO, ST
SONATA 10 MG CAPSULE	4	MO, PAR, QLL (60/30)
SONATA 5 MG CAPSULE	4	MO, PAR, QLL (30/30)
STADOL INJ	5	MO
<i>stagesic</i>	2	CG, MO, QLL (240/30)
STALEVO 100	3	CG, MO
STALEVO 125	3	CG, MO
STALEVO 150	3	CG, MO
STALEVO 200	3	CG, MO
STALEVO 50	3	CG, MO
STALEVO 75	3	CG, MO
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)
SUBUTEX 2 MG TABLET SL	4	MO, PAR, QLL (240/30)
SUBUTEX 8 MG TABLET SL	4	MO, PAR, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
SUMATRIPTAN 20 MG NASAL SPRAY	3	MO, QLL (8/30)
<i>sumatriptan 4 mg/0.5 ml kit, -4 mg/0.5 ml refill, -6 mg/0.5 ml kit, -6 mg/0.5 ml refill, -6 mg/0.5 ml syrng 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)
SUMATRIPTAN 5 MG NASAL SPRAY	3	MO, QLL (16/30)
<i>sumatriptan succinate tablet</i>	2	CG, MO, QLL (9/30)
SURMONTIL	4	MO
SYNALGOS-DC	4	MO
TALWIN INJ	5	MO
TASMAR	6	MO
TEGRETOL	4	MO
TEGRETOL XR 100 MG TABLET	4	MO
TEGRETOL XR 200 MG TABLET, -400 MG TABLET	4	MO
<i>thioridazine hcl</i>	2	CG, MO
<i>thiothixene</i>	2	CG, MO
TIGAN CAPSULE	4	MO
TIGAN INJECTION INJ	5	MO
TOFRANIL	4	MO
TOFRANIL-PM	4	MO
TOPAMAX CAPSULE SPRINKLE	4	MO, PAR
TOPAMAX TABLET	4	MO, PAR, QLL (60/30)
<i>topiragen</i>	2	CG, MO, PAR, QLL (60/30)
<i>topiramate capsule sprinkle</i>	2	CG, MO, PAR
<i>topiramate tablet</i>	2	CG, MO, PAR, QLL (60/30)
<i>tramadol hcl tablet</i>	2	CG, MO, QLL (240/30)
<i>tramadol hcl tablet sustained release 24hr</i>	2	CG, MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl-acetaminophen</i>	2	CG, MO, QLL (240/30)
TRANSDERM-SCOP	4	MO, QLL (4/12)
<i>tranlycypromine sulfate</i>	2	CG, MO
<i>trazodone hcl tablet</i>	1	CG, MO
<i>trifluoperazine hcl</i>	2	CG, MO
<i>trihexyphenidyl hcl</i>	1	CG, MO
TRILEPTAL 150 MG TABLET, -300 MG TABLET	4	MO, QLL (60/30)
TRILEPTAL SUSPENSION, -600 MG TABLET	4	MO
<i>trimethobenzamide hcl capsule</i>	2	CG, MO
<i>trimethobenzamide hcl injection INJ</i>	5	MO
ULTRACET	4	MO, QLL (240/30)
ULTRAM	4	QLL (240/30)
ULTRAM ER	4	MO, QLL (30/30)
<i>valproate sodium injection INJ</i>	5	MO
<i>valproic acid capsule, -syrup</i>	2	CG, MO
<i>venlafaxine hcl 25 mg tablet, -37.5 mg tablet, -75 mg tablet, -100 mg tablet</i>	2	CG, MO, QLL (90/30)
<i>venlafaxine hcl 50 mg tablet</i>	2	CG, MO
VENLAFAXINE HCL ER 37.5 MG CAP	4	QLL (30/30)
VENLAFAXINE HCL ER 75 MG CAP, -150 MG CAP	4	QLL (60/30)
VIMPAT INJECTION INJ	5	MO
VIMPAT SOLUTION, -TABLET	4	MO
VIVACTIL	4	MO
WELLBUTRIN	4	MO, QLL (120/30)
WELLBUTRIN SR	4	MO, QLL (60/30)
WELLBUTRIN XL 150 MG TABLET	4	MO, QLL (90/30)

Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN XL 300 MG TABLET	4	MO, QLL (30/30)
XENAZINE	6	LA, PAR
XYREM	6	LA, PAR, QLL (540/30)
<i>zaleplon 10 mg capsule</i>	2	CG, MO, QLL (60/30)
<i>zaleplon 5 mg capsule</i>	2	CG, MO, QLL (30/30)
<i>zamicet</i>	2	CG, QLL (5540/30)
ZARONTIN	4	MO
ZELAPAR	4	MO
ZOFRAN INJECTION INJ	5	MO
ZOFRAN ODT	4	MO, B/D, QLL (90/30)
ZOFRAN SOLUTION	4	MO, B/D, QLL (450 ml/30)
ZOFRAN TABLET	4	MO, B/D, QLL (90/30)
ZOLOFT 100 MG TABLET	4	MO, QLL (90/30)
ZOLOFT 25 MG TABLET, -50 MG TABLET	4	MO, QLL (60/30)
ZOLOFT SOLUTION	4	MO, QLL (300/30)
<i>zolpidem tartrate tablet</i>	2	CG, MO, QLL (30/30)
ZOLPIDEM TARTRATE TABLET MULTIPHASIC RELEASE	4	QLL (30/30)
ZOMIG SPRAY NON-AEROSOL	4	MO, QLL (6 nasal sprayers/30)
ZOMIG TABLET	4	MO, QLL (9/30), ST
ZOMIG ZMT	4	MO, QLL (9/30), ST
ZONEGRAN	4	MO
<i>zonisamide</i>	2	CG, MO
ZYBAN	4	MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
CARDIOVASCULAR MEDICATIONS		
ACCURETIC	4	MO
<i>acebutolol hcl capsule</i>	2	CG, MO
ACEON	4	MO
ADALAT CC	4	MO
ADCIRCA	6	PAR, QLL (60/30)
<i>afeditab cr</i>	2	CG, MO
ALDACTAZIDE	4	MO
ALDACTONE	4	MO
<i>amiloride hcl tablet</i>	2	CG, MO
<i>amiloride-hydrochlorothiazide</i>	1	CG, MO
<i>amiodarone hcl injection</i> INJ	5	MO
<i>amiodarone hcl tablet</i>	2	CG, MO
<i>amlodipine besylate 2.5 mg tab, -10 mg tab</i>	1	CG, MO, QLL (30/30)
<i>amlodipine besylate 5 mg tab</i>	1	CG, MO, QLL (45/30)
<i>amlodipine-benazepril 2.5-10, --benazepril 10-20 mg, --benazepril 5-10 mg, --benazepril 5-20 mg</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-benazepril 5-40 mg, --benazepril 10-40 mg</i>	2	CG
ANTARA	4	MO, ST
ATACAND 32 MG TABLET	4	MO, QLL (30/30)
ATACAND 4 MG TABLET, -8 MG TABLET, -16 MG TABLET	4	MO, QLL (60/30)
ATACAND HCT 16-12.5 MG TAB	4	MO, QLL (60/30)
ATACAND HCT 32-12.5 MG TAB, -32-25 MG TABLET	4	MO, QLL (30/30)
<i>atenolol tablet</i>	1	CG, MO
<i>atenolol-chlorthalidone</i>	2	CG, MO
AVALIDE	4	MO, QLL (30/30)
AVAPRO	4	MO, QLL (30/30)
AZOR	4	MO, QLL (30/30)
<i>benazepril hcl</i>	2	CG, MO
<i>benazepril-hydrochlorothiazide</i>	2	CG, MO
BENICAR 20 MG TABLET, -40 MG TABLET	4	MO, QLL (30/30)
BENICAR 5 MG TABLET	4	MO, QLL (60/30)
BENICAR HCT	4	MO, QLL (30/30)
BETAPACE	4	MO
BETAPACE AF	4	MO
<i>betaxolol hcl tablet</i>	2	CG, MO
BIDIL	3	CG, MO
<i>bisoprolol fumarate</i>	2	CG, MO
<i>bisoprolol-hydrochlorothiazide</i>	2	CG, MO
<i>bumetanide injection</i> INJ	5	MO
<i>bumetanide tablet</i>	1	CG, MO
BYSTOLIC	3	CG, MO
CADUET	4	MO, QLL (30/30)
CALAN	4	MO

Drug Name	Drug Tier	Requirements/ Limits
CALAN SR	4	MO
<i>captopril tablet</i>	2	CG, MO
<i>captopril-hydrochlorothiazide</i>	2	CG, MO
CARDIZEM	4	MO
CARDIZEM CD	4	MO
CARDIZEM LA	4	MO
CARDURA	4	MO
CARDURA XL	4	MO
<i>cartia xt</i>	2	CG, MO
<i>carvedilol</i>	2	CG, MO
CATAPRES	4	MO
CATAPRES-TTS 1	4	MO, QLL (4/28)
CATAPRES-TTS 2	4	MO, QLL (4/28)
CATAPRES-TTS 3	4	MO, QLL (4/28)
<i>chlorothiazide</i>	1	CG, MO
<i>chlorothiazide sodium INJ</i>	5	MO
<i>chlorthalidone</i>	1	CG, MO
<i>cholestyramine</i>	2	CG, MO
<i>cholestyramine light</i>	2	CG, MO
<i>clonidine</i>	2	CG, MO, QLL (4/28)
<i>clonidine hcl tablet</i>	2	CG, MO
CLORPRES	4	MO
COLESTID	4	MO
<i>colestipol hcl</i>	2	CG, MO
CORDARONE	4	MO
COREG CR	4	MO
CORGARD	4	MO, PAR
CORZIDE	4	MO
COVERA-HS	4	MO
COZAAR 100 MG TABLET	4	MO, QLL (30/30)
COZAAR 25 MG TABLET, - 50 MG TABLET	4	MO, QLL (60/30)
CRESTOR	3	CG, MO, QLL (30/30), ST
DEMADEX	4	MO
DEMSEK	4	MO
DIBENZYLINE	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin injection INJ</i>	5	MO
<i>digoxin solution, -tablet</i>	2	CG, MO
DILACOR XR	4	MO
DILATRATE-SR	4	MO
<i>dilt-cd</i>	2	CG, MO
<i>diltia xt</i>	2	CG, MO
<i>diltiazem 24hr er capsule sustained release 24 hr</i>	2	CG, MO
<i>diltiazem er</i>	2	CG, MO
<i>diltiazem hcl injection INJ</i>	5	MO
<i>diltiazem hcl tablet</i>	2	CG, MO
<i>dilt-xr</i>	2	CG, MO
<i>diltzac er</i>	2	CG, MO
DIOVAN 160 MG TABLET	3	CG, MO, QLL (60/30)
DIOVAN 320 MG TABLET	3	CG, MO, QLL (30/30)
DIOVAN 40 MG TABLET, - 80 MG TABLET	3	CG, MO, QLL (90/30)
DIOVAN HCT	3	CG, MO, QLL (30/30)
<i>disopyramide phosphate</i>	2	CG, MO
DIURIL	4	MO
DIURIL SODIUM INJ	5	MO
<i>dobutamine 250 mg-d5w 500 ml, -250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml INJ</i>	5	MO
<i>dobutamine hcl INJ</i>	5	MO
<i>dopamine hcl INJ</i>	5	MO
<i>dopamine hcl in 5% dextrose INJ</i>	5	MO
<i>doxazosin mesylate</i>	2	CG, MO
DYAZIDE	4	MO
DYNACIRC CR	4	MO
DYRENIUM	4	MO
EDECIN	4	MO
<i>enalapril maleate tablet</i>	2	CG, MO
<i>enalapril-hydrochlorothiazide</i>	2	CG, MO
<i>eplerenone</i>	2	CG, MO
EXFORGE	3	CG, MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT	3	CG, MO, QLL (30/30)
<i>felodipine er</i>	2	CG, MO
<i>fenofibrate</i>	2	CG, MO
<i>flecainide acetate</i>	2	CG, MO
<i>fosinopril sodium</i>	2	CG, MO
<i>fosinopril-hydrochlorothiazide</i>	2	CG, MO
<i>furosemide injection</i> INJ	5	MO
<i>furosemide solution, -tablet</i>	1	CG, MO
<i>gemfibrozil tablet</i>	2	CG, MO
<i>guanabenz acetate tablet</i>	2	CG, MO
<i>guanfacine hcl</i>	2	CG, MO
<i>hydralazine hcl injection</i> INJ	5	MO
<i>hydralazine hcl tablet</i>	2	CG, MO
<i>hydrochlorothiazide capsule, -tablet</i>	1	CG, MO
HYZAAR	4	MO, QLL (30/30)
<i>indapamide</i>	1	CG, MO
INDERAL LA	4	MO, PAR
INNOPRAN XL	4	MO
INSpra	4	MO
ISOCHRON	4	MO
ISOPTIN SR	4	MO
ISORDIL	4	MO
ISORDIL TITRADOSE	4	MO
<i>isosorbide dinitrate</i>	1	CG, MO
<i>isosorbide mononitrate</i>	1	CG, MO
<i>isradipine</i>	2	CG, MO
KERLONE	4	MO, PAR
<i>labetalol hcl injection</i> INJ	5	MO
<i>labetalol hcl tablet</i>	2	CG, MO
LANOXIN INJECTION INJ	5	MO
LANOXIN PEDIATRIC INJ	5	MO
LANOXIN TABLET	3	MO
LASIX	4	MO
LETAIRIS	6	LA, PAR
LEVATOL	4	MO
LIPOFEN 150 MG CAPSULE	3	CG
LIPOFEN 50 MG CAPSULE	3	CG, MO
<i>lisinopril tablet</i>	1	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril-hydrochlorothiazide</i>	2	CG, MO
LOFIBRA	4	MO, ST
LOPID	4	MO, ST
LOPRESSOR HCT	4	MO
LOPRESSOR INJECTION INJ	5	MO, PAR
LOPRESSOR TABLET	4	MO, PAR
<i>losartan potassium 100 mg tab</i>	2	CG, MO, QLL (30/30)
<i>losartan potassium 25 mg tab, -50 mg tab</i>	2	CG, MO, QLL (60/30)
<i>losartan-hydrochlorothiazide</i>	2	CG, MO, QLL (30/30)
LOTREL 2.5-10 MG CAPSULE, -10-20 MG CAPSULE, -5-10 MG CAPSULE, -5-20 MG CAPSULE	4	MO
LOTREL 5-40 MG CAPSULE, -10-40 MG CAPSULE	4	MO
<i>lovastatin 10 mg tablet, -20 mg tablet</i>	2	CG, MO, QLL (30/30)
<i>lovastatin 40 mg tablet</i>	2	CG, MO, QLL (60/30)
LOVAZA	3	MO
MATZIM LA	4	MO
MAXZIDE	4	MO
MAXZIDE-25 MG	4	MO
<i>methyclothiazide</i>	2	CG, MO
<i>methyldopa</i>	2	CG, MO
<i>methyldopa-hydrochlorothiazide</i>	1	CG, MO
<i>methyldopate hcl</i> INJ	5	MO
<i>metolazone</i>	2	CG, MO
<i>metoprolol succinate</i>	2	CG, MO
<i>metoprolol tartrate injection</i> INJ	5	MO
<i>metoprolol tartrate tablet</i>	1	CG, MO
<i>metoprolol-hydrochlorothiazide</i>	2	CG, MO
<i>mexiletine hcl capsule</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
MICARDIS 20 MG TABLET, -40 MG TABLET	3	CG, MO, QLL (30/30)
MICARDIS 80 MG TABLET	3	CG, MO, QLL (60/30)
MICARDIS HCT 40-12.5 MG TABLET, -80-25 MG TABLET	3	CG, MO, QLL (30/30)
MICARDIS HCT 80-12.5 MG TABLET	3	CG, MO, QLL (60/30)
MICROZIDE	4	MO
<i>midodrine hcl</i>	2	CG, MO
MINIPRESS	4	MO
MINITRAN	4	MO
<i>minoxidil tablet</i>	2	CG, MO
<i>moexipril hcl</i>	2	CG, MO
<i>moexipril-hydrochlorothiazide</i>	2	CG, MO
MONOKET	4	MO
<i>nadolol tablet</i>	2	CG, MO
<i>nadolol-bendroflumethiazide</i>	2	CG, MO
NIACOR	3	CG, MO
NIASPAN	3	CG, MO
<i>nicardipine hcl capsule</i>	2	CG, MO
<i>nicardipine hcl injection</i> INJ	5	MO
<i>nifediac cc</i>	2	CG, MO
<i>nifedical xl</i>	2	CG, MO
<i>nifedipine capsule</i>	2	CG, MO
<i>nifedipine er</i>	2	CG, MO
<i>nimodipine</i>	2	CG, MO
NIMOTOP	6	MO
<i>nisoldipine er 20 mg tablet, -er 30 mg tablet, -er 40 mg tablet</i>	2	CG, MO
<i>nitro-bid</i>	2	CG, MO
NITRO-DUR	4	MO
<i>nitroglycerin injection</i> INJ	5	MO
<i>nitroglycerin patch</i>	2	CG, MO
NITROLINGUAL	4	MO
NITROSTAT	3	MO
NORPACE	4	MO
NORPACE CR	4	MO
NORVASC 2.5 MG TABLET, -10 MG TABLET	4	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
NORVASC 5 MG TABLET	4	MO, QLL (45/30)
PACERONE 100 MG TABLET	3	MO
<i>pacerone 200 mg tablet</i>	2	CG, MO
PACERONE 400 MG TABLET	4	MO
<i>pentopak</i>	2	CG, MO
<i>pentoxifylline tablet sustained action</i>	2	CG, MO
<i>perindopril erbumine</i>	2	CG, MO
<i>pindolol</i>	2	CG, MO
<i>pravastatin sodium</i>	2	CG, MO, QLL (30/30)
<i>prazosin hcl</i>	1	CG, MO
<i>prevalite</i>	2	CG, MO
<i>procainamide hcl injection</i> INJ	5	MO
PROCARDIA	4	MO
PROCARDIA XL	4	MO
PROPAFENONE HCL ER 225 MG CAP	4	MO
PROPAFENONE HCL SR 225 MG CAP, -SR 325 MG CAP, -SR 425 MG CAP	4	
<i>propafenone hcl tablet</i>	2	CG, MO
<i>propranolol hcl capsule sustained action, -solution, -tablet</i>	2	CG, MO
<i>propranolol hcl injection</i> INJ	5	MO
<i>propranolol-hydrochlorothiazid</i>	1	CG, MO
QUESTRAN	4	MO
<i>quinapril hcl</i>	2	CG, MO
<i>quinapril-hydrochlorothiazide</i>	2	CG, MO
<i>quinidine gluconate injection</i> INJ	5	MO
<i>quinidine gluconate tablet sustained action</i>	2	CG, MO
<i>quinidine sulfate tablet, -tablet sustained action</i>	2	CG, MO
<i>ramipril</i>	2	CG, MO
RANEXA	3	CG, MO

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ	6	LA, PAR
<i>reserpine tablet</i>	2	CG, MO
REVATIO INJECTION INJ	6	MO, PAR, QLL (1125/30)
REVATIO TABLET	6	MO, PAR, QLL (90/30)
RYTHMOL	4	MO
RYTHMOL SR	4	MO
SECTRAL	4	MO, PAR
SIMCOR 1,000-20 MG TABLET	3	MO, QLL (60/30)
SIMCOR 500-20 MG TABLET, -750-20 MG TABLET	3	CG, MO, QLL (60/30)
SIMCOR 500-40 MG TABLET, -1,000-40 MG TABLET	3	CG, QLL (30/30)
<i>simvastatin</i>	1	CG, MO, QLL (30/30)
SODIUM EDECRIN INJ	5	MO
<i>sorine</i>	2	CG, MO
<i>sotalol</i>	2	CG, MO
<i>sotalol af</i>	2	CG, MO
SOTALOL HCL INJ	5	MO
<i>spironolactone tablet</i>	1	CG, MO
<i>spironolactone-hctz</i>	1	CG, MO
TAMBOCOR	4	MO
TARKA	4	MO
<i>taztia xt</i>	2	CG, MO
TEKTURNA	3	CG, MO, QLL (30/30)
TEKTURNA HCT	3	CG, MO, QLL (30/30)
TENEX	4	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO
TENORMIN	4	MO, PAR
<i>terazosin hcl</i>	2	CG, MO
TEVETEN 400 MG TABLET	4	MO, QLL (60/30)
TEVETEN 600 MG TABLET	4	MO, QLL (30/30)

Drug Name	Drug Tier	Requirements/Limits
TEVETEN HCT	4	MO, QLL (30/30)
THALITONE	3	CG, MO
THIAZAC	4	MO
TIKOSYN	4	MO
<i>timolol maleate tablet</i>	2	CG, MO
TOPROL XL	4	MO, PAR
<i>torseamide injection INJ</i>	5	MO
<i>torseamide tablet</i>	2	CG, MO
TRACLEER	6	LA
TRANDATE	4	MO, PAR
<i>trandolapril</i>	2	CG, MO
TRENTAL	4	MO
<i>triamterene-hctz</i>	1	CG, MO
<i>triamterene-hydrochlorothiazid</i>	1	CG, MO
TRICOR	4	MO, ST
TRIGLIDE	4	MO, ST
TRILIPIX	4	MO, ST
VALTURNA	3	CG, QLL (30/30)
VENTAVIS	6	MO, PAR
<i>verapamil er</i>	2	CG, MO
<i>verapamil er pm</i>	2	CG, MO
<i>verapamil hcl capsule 24hr sustained release pellets, -tablet, -tablet sustained action</i>	2	CG, MO
<i>verapamil hcl injection INJ</i>	5	MO
VERELAN	4	MO
VERELAN PM	4	MO
VYTORIN	4	MO, PAR, QLL (30/30)
WELCHOL	4	MO
ZAROXOLYN	4	MO
ZEBETA	4	MO, PAR
ZETIA	3	CG, MO, PAR, QLL (30/30)
ZIAC	4	MO, PAR
DERMATOLOGICAL MEDICATIONS		
8-MOP	4	MO
ACLOVATE	4	MO
<i>acticin</i>	1	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
ADAPALENE	4	
AKNE-MYCIN	4	MO
ALA-CORT	4	MO
ALA-SCALP HP	4	MO
<i>alclometasone dipropionate</i>	1	CG, MO
ALDARA	4	MO
<i>amcinonide</i>	2	CG, MO
<i>ammonium lactate cream, - lotion</i>	1	CG, MO
<i>amnesteem</i>	2	CG, MO
AVITA	4	MO, QLL (90/30)
AZELEX	4	MO
BENZACLIN	4	MO
BENZAMYCIN	4	MO
<i>betamethasone dipropionate cream, -gel, -lotion, -ointment</i>	2	CG, MO
<i>betamethasone valerate cream, -lotion, -ointment</i>	1	CG, MO
<i>betanate</i>	2	CG, MO
<i>calcipotriene ointment</i>	2	CG, QLL (200/30)
<i>calcipotriene solution</i>	2	CG, MO, QLL (60/30)
CAPEX SHAMPOO	4	MO
CARAC	4	MO
CARMOL HC	4	MO
<i>claravis</i>	2	CG, MO
CLEOCIN T	4	MO
<i>clinda-derm</i>	2	CG, MO
CLINDAGEL	4	MO
CLINDAMYCIN PHOSPHATE FOAM	4	MO
<i>clindamycin phosphate gel, - lotion, -solution non-oral, - swab medicated</i>	2	CG, MO
<i>clindamycin-benzoyl peroxide</i>	2	CG, MO, QLL (60/30)
<i>clobetasol emollient</i>	2	CG, MO
<i>clobetasol propionate cream, -foam, -gel, -ointment, - solution non-oral</i>	2	CG, MO
CLOBEX	4	MO

Drug Name	Drug Tier	Requirements/ Limits
CLODERM	4	MO
CONDYLOX	4	MO
CORDRAN	4	MO
CORDRAN SP	4	MO
<i>cormax</i>	2	CG, MO
CUTIVATE	4	MO
<i>del-beta</i>	2	CG, MO
DERMA-SMOOTHIE-FS	4	MO
DERMATOP	4	MO
<i>desonide cream, -lotion, - ointment</i>	2	CG, MO
<i>desoximetasone cream, -gel, - ointment</i>	2	CG, MO
DIFFERIN CREAM, -GEL	4	MO
DIFFERIN LOTION	4	
<i>diflorasone diacetate</i>	2	CG, MO
DIPROLENE	4	MO
DIPROLENE AF	4	MO
DOVONEX CREAM	3	MO, QLL (200/30)
DOVONEX SOLUTION	4	MO, QLL (60/30)
EFUDEX	4	MO
ELIDEL	4	MO, PAR
ELOCON	4	MO
<i>ery</i>	2	CG, MO
<i>erythromycin gel, -solution non-oral</i>	1	CG, MO
<i>erythromycin swab medicated</i>	2	CG, MO
<i>erythromycin-benzoyl peroxide</i>	2	CG, MO
EURAX	4	MO
EVOCLIN	4	MO
FINACEA	4	MO
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>	1	CG, MO
<i>fluocinonide cream</i>	2	CG, MO
<i>fluocinonide emollient</i>	2	CG, MO
<i>fluocinonide gel, -ointment, - solution non-oral</i>	1	CG, MO
<i>fluocinonide-e</i>	2	CG, MO
FLUOROPLEX	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil cream, -solution non-oral</i>	2	CG, MO
<i>fluticasone propionate cream, -ointment</i>	2	CG, MO
<i>halobetasol propionate</i>	2	CG, MO
HALOG	4	MO
<i>hydrocortisone 1% cream</i>	1	CG, MO
<i>hydrocortisone 1% cream, - plus 1% cream, --aloe 1% cream, -2.5% cream, -lotion, - 1% absorbbase, -1% oint, -1% ointment, -2.5% ointment</i>	1	CG, MO
<i>hydrocortisone butyrate</i>	1	CG, MO
<i>hydrocortisone valerate</i>	1	CG, MO
<i>hydroxyzine hcl injection INJ</i>	5	MO
<i>hydroxyzine hcl syrup, -tablet</i>	2	CG, MO
<i>hydroxyzine pamoate capsule</i>	2	CG, MO
<i>imiquimod cream</i>	2	CG, MO
KENALOG	4	MO
KLARON	4	MO
LAC-HYDRIN	4	MO
LACLOTION	4	MO
LEVULAN	3	MO
LINDANE	4	MO
LOCOID	4	MO
LOCOID LIPOCREAM	4	MO
LOKARA	4	MO
LUXIQ	4	MO
<i>malathion</i>	2	CG, MO
METROCREAM	4	MO
METROGEL	4	MO
METROLOTION	4	MO
<i>metronidazole cream, -gel, - lotion</i>	1	CG, MO
<i>mometasone furoate cream, - ointment, -solution non-oral</i>	2	CG, MO
NORITATE	4	MO
OVIDE	4	MO
OXSORALEN-ULTRA	6	MO
PANDEL	4	MO
PANRETIN	6	MO
<i>permethrin cream</i>	1	CG, MO
<i>podofilox</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>prednicarbate</i>	2	CG, MO
PROTOPIC	4	MO, PAR
REGRANEX	6	MO, PAR
RETIN-A	4	MO, QLL (90/30)
RETIN-A MICRO	4	MO, QLL (90/30)
SANTYL	3	CG, MO
<i>selenium sulfide shampoo, - 2.5% lotion</i>	1	CG, MO
SOLARAZE	3	CG, 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	CG, MO
<i>sulfacetamide sodium lotion, - suspension topical</i>	1	CG, MO
TACLONEX	4	MO
TAZORAC	4	MO
TEMOVATE	4	MO
TOPICORT	4	MO
TOPICORT LP	4	MO
<i>tretinoin 0.025% cream, - 0.05% cream, -0.1% cream, - gel</i>	2	CG, MO, QLL (90/30)
<i>triamcinolone acetonide cream, -lotion, -ointment</i>	1	CG, MO
<i>trianex</i>	2	CG, MO
<i>triderm</i>	1	CG, MO
U-CORT	4	MO
ULTRAVATE	4	MO
VANOS	4	MO
VERDESO	4	MO
VISTARIL	4	MO
<i>vitazol</i>	2	CG, MO
VOLTAREN GEL	3	CG, MO, QLL (800/30)
WESTCORT	4	MO

Drug Name	Drug Tier	Requirements/Limits
ZIANA	4	
ZONALON	4	MO
DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS		
ADAGEN INJ	6	LA
<i>aminocaproic acid solution oral, -tablet</i>	2	CG, MO
AMPYRA	6	LA, PAR, QLL (60/30)
ANTIZOL INJ	6	MO
BUPHENYL	6	MO, PAR
CHEMET	4	MO
COPAXONE INJ	6	MO, PAR
CYKLOKAPRON INJ	5	MO
<i>ergoloid mesylates tablet</i>	2	CG, 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
EAR-NOSE-THROAT MEDICATIONS		
<i>acetazol hc</i>	2	CG, MO
<i>acetic acid solution non-oral</i>	1	CG, MO
<i>acetic acid-aluminum</i>	2	CG, MO
<i>acetic acid-hydrocortisone</i>	2	CG, MO
ASTELIN	4	MO, QLL (30 ml/25)
ASTEPRO	3	CG, MO, QLL (30 ml/25)
ATROVENT 0.03% SPRAY	4	MO, QLL (30 ml/30)
ATROVENT 0.06% SPRAY	4	MO, QLL (15 ml/30)
<i>azelastine hcl aerosol spray w/pump</i>	2	CG, MO, QLL (30 ml/25)
BECONASE AQ	4	MO, QLL (50 gm/30), ST
<i>borofair</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate mouthwash</i>	1	CG, MO
CIPRO HC	4	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
CORTISPORIN SOLUTION NON-ORAL	4	MO
CORTISPORIN-TC	4	MO
<i>cortomycin</i>	1	CG, MO
DERMOTIC	3	MO
<i>doxycycline hyclate 20 mg tab</i>	1	CG, MO
EVOXAC	4	MO
FLONASE	4	MO, QLL (16 gm/30), ST
<i>flunisolide 0.025% spray</i>	2	CG, MO, QLL (50 ml/30)
<i>flunisolide 29 mcg-0.025% spr</i>	2	CG, MO, QLL (50/30)
<i>fluticasone propionate nasal inhaled steroids</i>	2	CG, MO, QLL (16 gm/30)
<i>ipratropium 0.03% spray</i>	2	CG, MO, QLL (30 ml/30)
<i>ipratropium 0.06% spray</i>	2	CG, MO, QLL (15 ml/30)
NASACORT AQ	4	MO, QLL (34 gm/30), ST
NASONEX	4	MO, QLL (34 gm/30), ST
<i>neomycin-polymixin-hc ear susp, -ear susp</i>	1	CG, MO
<i>neomycin-polymyxin-hydrocort</i>	1	CG, MO
<i>ofloxacin 0.3% ear drops</i>	2	CG, MO
OMNARIS	4	MO, QLL (13 gm/30), ST
<i>oticin hc</i>	2	CG, MO
<i>otomycet-hc</i>	2	CG, MO
PATANASE	4	MO, QLL (31 gm/30)

Drug Name	Drug Tier	Requirements/Limits
<i>perio gard</i>	1	CG, MO
PERIOSTAT	4	MO
<i>pilocarpine hcl tablet</i>	2	CG, MO
RHINOCORT AQUA	4	MO, QLL (18 gm/30), ST
SALAGEN	4	
<i>triamcinolone acetonide paste</i>	1	CG, MO
TYZINE AEROSOL SPRAY, -0.1% NOSE DROPS	3	CG, MO
TYZINE PEDIATRIC 0.05% DROP	4	MO
VERAMYST	4	MO, QLL (10 gm/30), ST
ENDOCRINE MEDICATIONS		
<i>acarbose</i>	2	CG, MO
ACTHAR H.P. INJ	6	MO, PAR
ACTONEL 150 MG TABLET	4	MO, QLL (1/30), ST
ACTONEL 35 MG TABLET	4	MO, QLL (4/28), ST
ACTONEL 5 MG TABLET, -30 MG TABLET	4	MO, QLL (30/30), ST
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	CG, MO, QLL (4/28)
<i>alendronate sodium 5 mg tablet, -10 mg tab, -40 mg tab</i>	1	CG, MO, QLL (30/30)
AMARYL	4	MO
<i>a-methapred</i> INJ	5	MO
APIDRA INJ	4	MO, ST
APIDRA SOLOSTAR INJ	4	MO, ST
AREDIA INJ	5	MO, B/D
ARISTOSPAN INJ	5	MO
ARMOUR THYROID	3	MO

Drug Name	Drug Tier	Requirements/Limits
AVANDAMET 2 MG-500 MG TABLET	4	MO, PAR, QLL (120/30)
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	CG, MO
BONIVA INJECTION INJ	5	MO, B/D
BONIVA TABLET	4	MO, QLL (1/28), ST
BYETTA 10 MCG DOSE PEN INJ INJ	3	CG, MO, QLL (3 ml/30), ST
BYETTA 5 MCG DOSE PEN INJ INJ	3	CG, MO, QLL (2 ml/30), ST
<i>cabergoline</i>	2	CG, MO
<i>calcitonin-salmon</i>	2	CG, MO, QLL (4/30)
CELESTONE	4	MO
CEREDASE INJ	6	LA, PAR
CEREZYME INJ	6	LA, PAR
<i>chlorpropamide</i>	2	CG, MO
CORTEF	4	MO
<i>cortisone acetate tablet</i>	1	CG, MO
CYTOMEL	4	MO
DDAVP AEROSOL SPRAY W/PUMP, -TABLET	4	MO
DDAVP INJECTION INJ	5	MO
DEPO-MEDROL INJ	5	MO
<i>desmopressin acetate aerosol spray w/pump, -solution</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate injection</i> INJ	5	MO
<i>desmopressin acetate tablet</i>	2	CG, MO
<i>dexamethasone elixir, -tablet</i>	1	CG, MO
<i>dexamethasone intensol</i>	2	CG, MO
<i>dexamethasone sodium phosphate injection</i> INJ	5	MO
<i>dexamethasone solution oral</i>	2	CG, MO
DEXPAK 10 DAY 1.5 MG TABLET, -6 DAY 1.5 MG TABLET	4	MO
DEXPAK 13 DAY 1.5 MG TABLET	4	
DIABETA	4	MO
DIDRONEL	4	MO
DUETACT	4	MO, QLL (30/30)
ELAPRASE INJ	6	LA, PAR
<i>etidronate disodium</i>	2	CG, MO
FABRAZYME INJ	6	LA, PAR
<i>fludrocortisone acetate tablet</i>	1	CG, MO
FORTAMET	4	MO
FORTEO INJ	5	MO, PAR, QLL (3 pens/28)
<i>fortical</i>	2	CG, MO, QLL (4/30)
FOSAMAX 35 MG TABLET, -70 MG TABLET	4	MO, QLL (4/28), ST
FOSAMAX 5 MG TABLET, -10 MG TABLET, -40 MG TABLET	4	MO, QLL (30/30), ST
FOSAMAX PLUS D	4	MO, QLL (4/28), ST
FOSAMAX SOLUTION	4	MO, QLL (300 ml/28), ST
<i>glimepiride</i>	2	CG, MO
<i>glipizide er</i>	1	CG, MO
<i>glipizide tablet</i>	1	CG, MO
<i>glipizide xl</i>	2	CG, MO
<i>glipizide-metformin</i>	2	CG, MO
GLUCAGEN INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
GLUCAGON EMERGENCY KIT INJ	5	MO
GLUCOPHAGE	4	MO
GLUCOPHAGE XR	4	MO
GLUCOTROL	4	MO
GLUCOTROL XL	4	MO
GLUCOVANCE	4	MO
GLUMETZA	4	MO
<i>glyburide</i>	2	CG, MO
<i>glyburide micronized</i>	2	CG, MO
<i>glyburide-metformin hcl</i>	2	CG, MO
<i>glycron</i>	2	CG, MO
GLYNASE	4	MO
GLYSET	4	MO
HUMALOG 100 UNITS/ML CARTRIDGE INJ	3	MO
HUMALOG 100 UNITS/ML KWIKPEN, -100 UNITS/ML VIAL INJ	3	CG, MO
HUMALOG MIX 50-50 INJ	3	CG, MO
HUMALOG MIX 75-25 INJ	3	CG, MO
HUMULIN 70-30 INJ	3	CG, MO
HUMULIN N INJ	3	CG, MO
HUMULIN R INJ	3	CG, MO
<i>hydrocortisone tablet</i>	1	CG, MO
JANUMET	3	CG, MO, QLL (60/30)
JANUVIA	3	CG, MO, QLL (30/30)
KENALOG-10 INJ	5	MO
KENALOG-40 INJ	5	MO
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	CG, QLL (60/30)
KOMBIGLYZE XR 5-1,000 MG TAB, -5-500 MG TABLET	3	CG, QLL (30/30)
KUVAN	6	LA
LANTUS 100 UNITS/ML CARTRIDGE INJ	3	MO
LANTUS 100 UNITS/ML VIAL INJ	3	CG, MO
LANTUS SOLOSTAR INJ	3	CG, MO
LEVEMIR INJ	3	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>levothroid</i>	1	CG, MO
<i>levothyroxine sodium injection</i> INJ	5	MO
<i>levothyroxine sodium tablet</i>	1	CG, MO
<i>levoxyl</i>	1	CG, MO
<i>liothyronine sodium injection</i> INJ	6	MO
<i>liothyronine sodium tablet</i>	2	CG, MO
MEDROL	4	MO
METAGLIP	4	MO
<i>metformin hcl</i>	1	CG, MO
<i>metformin hcl er</i>	2	CG, MO
<i>methimazole tablet</i>	1	CG, MO
<i>methylprednisolone acetate injection</i> INJ	5	MO
<i>methylprednisolone sod succ</i> INJ	5	MO
<i>methylprednisolone tablet, -tablet dose pack</i>	1	CG, MO
MIACALCIN AEROSOL SPRAY W/PUMP	4	MO, QLL (4/30)
MIACALCIN INJECTION INJ	5	MO, B/D
MILLIPRED	4	MO
NAGLAZYME INJ	6	LA, PAR
<i>nateglinide</i>	2	CG, MO
NOVOLIN 70-30 INJ	3	CG, MO
NOVOLIN N INJ	3	CG, MO
NOVOLIN R INJ	3	CG, MO
NOVOLOG 100 UNIT/ML CARTRIDGE INJ	3	MO
NOVOLOG 100 UNIT/ML VIAL, -FLEXPEN SYRINGE INJ	3	CG, MO
NOVOLOG MIX 70-30 INJ	3	CG, MO
ONGLYZA	3	CG, MO, QLL (30/30)
ORAPRED	4	MO
ORAPRED ODT	4	MO
<i>pamidronate disodium</i> INJ	5	MO, B/D
PEDIAPRED	4	MO
PRANDIN	4	MO
PRECOSE	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone 15 mg/5 ml soln</i>	1	CG, MO
<i>prednisolone 15 mg/5 ml syrup</i>	2	CG, MO
<i>prednisolone sodium phosphate solution</i>	1	CG, MO
<i>prednisone intensol</i>	2	CG, MO
<i>prednisone solution, -tablet</i>	1	CG, MO
PROGLYCEM	6	MO
PROLIA INJ	5	PAR, QLL (2/365)
<i>propylthiouracil</i>	1	CG, MO
RIOMET	4	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
SKELID	4	MO
SOLU-CORTEF INJ	5	MO
SOLU-CORTEF (PF) INJ	5	MO
SOLU-MEDROL INJ	5	MO
SOLU-MEDROL (PF) INJ	5	MO
SOMAVERT INJ	6	LA, PAR
STARLIX	4	MO
STIMATE	4	MO
SYMLIN INJ	4	MO, PAR
SYMLINPEN 120 INJ	4	MO, PAR
SYMLINPEN 60 INJ	4	MO, PAR
SYNTHROID	3	MO
TAPAZOLE	4	MO
THYROLAR-1	3	CG, MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	CG, MO
THYROLAR-2	3	CG, MO
THYROLAR-3	3	CG, MO
<i>tolazamide</i>	2	CG, MO
<i>tolbutamide</i>	1	CG, MO
<i>triamcinolone acetonide injection</i> INJ	5	MO
TRIOSTAT INJ	6	MO
<i>unithroid</i>	1	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>veripred 20</i>	1	CG
VICTOZA 2-PAK INJ	3	MO, QLL (9/30), ST
VICTOZA 3-PAK INJ	3	CG, 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	CG, MO
ZOMETA INJ	6	MO
GASTROINTESTINAL MEDICATIONS		
ACTIGALL	4	MO
ANUSOL-HC	4	MO
APRISO	3	MO
ASACOL	3	MO
ASACOL HD	3	MO
AXID	4	MO
AZULFIDINE	4	MO
<i>balsalazide disodium</i>	2	CG, MO
BENTYL CAPSULE, -SYRUP, -TABLET	4	MO
BENTYL INJECTION INJ	5	MO
<i>budesonide ec</i>	3	MO
CANASA	3	CG, MO
CANTIL	4	MO
CARAFATE	4	MO
<i>cimetidine 300 mg tablet, -400 mg tablet, -800 mg tablet</i>	1	CG
<i>cimetidine injection</i> INJ	5	MO
<i>cimetidine solution, -200 mg tablet</i>	2	CG, MO
COLAZAL	4	MO
COLOCORT	4	MO
COLYTE WITH FLAVOR PACKETS	4	MO
CORTENEMA 100 MG ENEMA	4	
CORTENEMA 100 MG/60 ML ENEMA	4	MO
CORTIFOAM	4	
CREON	3	CG, MO
CYTOTEC	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine</i>	2	CG, MO
NULYTELY WITH FLAVOR PACKS	4	MO
<i>omeprazole capsule enteric coated</i>	2	CG, MO, QLL (30/30)
OSMOPREP	4	MO
PAMINE	4	MO
PAMINE FORTE	4	MO
<i>pantoprazole sodium</i>	2	CG, MO, QLL (30/30)
<i>paregoric</i>	2	CG, MO
<i>peg 3350-electrolyte</i>	2	CG, MO
<i>peg-3350 and electrolytes</i>	2	CG, MO
<i>peg-3350 with flavor packs</i>	2	CG, MO
PENTASA	3	MO
PEPCID	4	MO
<i>polyethylene glycol 3350</i>	1	CG, MO
PREVACID	4	MO, QLL (30/30)
PROCTOCORT	4	MO
PROCTOCREAM-HC	4	MO
<i>procto-pak</i>	1	CG, MO
<i>proctosol-hc</i>	1	CG, MO
<i>proctozone-hc</i>	1	CG, MO
<i>propantheline bromide tablet</i>	2	CG, MO
PROTONIX IV INJ	5	MO
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>	2	CG, MO
<i>ranitidine hcl injection INJ</i>	5	MO
REGLAN INJECTION INJ	5	MO
REGLAN TABLET	4	MO
RELISTOR INJ	5	MO, PAR
ROBINUL FORTE	4	MO
ROBINUL INJECTION INJ	5	MO
ROBINUL TABLET	4	MO
<i>sucralfate suspension oral, -tablet</i>	2	CG, MO
<i>sulfasalazine dr</i>	2	CG, MO
<i>sulfasalazine tablet</i>	2	CG, MO
<i>sulfazine</i>	2	CG, MO
<i>sulfazine ec</i>	2	CG, MO
<i>trilyte with flavor packets</i>	2	CG, MO
URSO	4	MO

Drug Name	Drug Tier	Requirements/Limits
URSO FORTE	4	MO
<i>ursodiol capsule, -tablet</i>	2	CG, MO
VISICOL	4	MO
ZANTAC 25	4	MO
ZANTAC INJECTION INJ	5	MO
ZANTAC SYRUP, -TABLET	4	MO
ZENPEP	4	
IMMUNOLOGICALS AND VACCINES		
ACTEMRA INJ	6	MO, PAR
ACTHIB INJ	3	CG, 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
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 VACCINE SYRINGE INJ	3	CG, MO
BOOSTRIX VACCINE VIAL INJ	3	MO
CARIMUNE NF NANOFILTERED INJ	6	MO, PAR
CERVARIX INJ	3	CG, MO
COMVAX INJ	3	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
DAPTACEL INJ	3	CG, MO
DECAVAC INJ	3	MO
DIPHThERIA-TETANUS TOXOID INJ	3	CG, MO
ENGERIX-B 10 MCG/0.5 ML PED VL, -10 MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE INJ	3	CG, MO
ENGERIX-B 10 MCG/0.5 ML PEDI INJ	3	MO
ENGERIX-B 20 MCG/ML VIAL 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
GAMMAGARD S-D INJ	6	MO, PAR
GAMMAPLEX INJ	6	PAR
GAMUNEX INJ	6	MO, PAR
GAMUNEX-C 1 GRAM/10 ML VIAL, -2.5 GRAM/25 ML VIAL, -5 GRAM/50 ML VIAL INJ	5	MO, PAR
GAMUNEX-C 10 GRAM/100 ML VIAL, -20 GRAM/200 ML VIAL INJ	6	MO, PAR
GARDASIL SYRINGE INJ	3	MO
GARDASIL VIAL INJ	3	CG, MO
GENOTROPIN MINIQUICK 0.2 MG INJ	5	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
GENOTROPIN MINIQUICK 0.4 MG, -MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -MINIQUICK 1 MG, -MINIQUICK 1.2 MG, -MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5 MG CARTRIDGE, -12 MG CARTRIDGE INJ	6	MO, PAR
HAVRIX 720 UNIT/0.5 ML SYRINGE, -1,440 UNITS/ML VIAL INJ	3	CG, MO
HAVRIX 720 UNITS/0.5 ML VIAL, -1,440 UNITS/ML SYRINGE 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	CG, MO
INCRELEX INJ	6	LA, PAR
INFANRIX INJ	3	CG, 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 SINGLE DOSE SYRINGE INJ	3	MO
IPOL VIAL INJ	3	CG, MO

Drug Name	Drug Tier	Requirements/Limits
IXIARO INJ	3	CG, MO
JE-VAX INJ	3	CG, MO
KEPIVANCE INJ	6	LA
KINERET INJ	6	MO, PAR, QLL (28/28)
KINRIX INJ	3	MO
LEUKINE INJ	6	MO, PAR
MENACTRA 4 MCG/0.5 ML SYRINGE INJ	3	CG, MO
MENACTRA VIAL INJ	3	MO
MENOMUNE-A-C-Y-W-135 INJ	3	CG, MO
MENVEO A-C-Y-W-135-DIP	3	CG
M-M-R II VACCINE INJ	3	CG, 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	CG, MO
PEGASYS 180 MCG/0.5 ML CONV.PK INJ	6	MO, PAR

Drug Name	Drug Tier	Requirements/Limits
PEGASYS 180 MCG/ML VIAL INJ	6	PAR
PEGINTRON INJ	6	MO, PAR
PEGINTRON REDIPEN INJ	6	MO, PAR
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	CG, MO
RABAVERT INJ	3	CG, MO
REBIF INJ	6	MO, PAR
RECOMBIVAX HB 10 MCG/ML SYR, -5 MCG/0.5 ML VL INJ	3	MO
RECOMBIVAX HB 10 MCG/ML VIAL, -40 MCG/ML VIAL INJ	3	CG, MO
ROTATEQ	3	CG, MO
SAIZEN INJ	6	MO, PAR
SEROSTIM INJ	6	LA, PAR
TETANUS DIPHTHERIA TOXOIDS INJ	3	CG, MO
<i>tetanus toxoid adsorbed</i> INJ	1	CG, MO
TETANUS-DIPHTERIA-DECAVAC INJ	3	CG, MO
THYMOGLOBULIN INJ	6	MO, B/D
TRIHIBIT INJ	3	MO
TRIPEDIA INJ	3	CG, MO
TWINRIX VACCINE SYRINGE INJ	3	MO
TWINRIX VACCINE VIAL INJ	3	CG, MO
TYPHIM VI 25 MCG/0.5 ML SYRNG INJ	3	MO
TYPHIM VI 25 MCG/0.5 ML VIAL INJ	3	CG, MO

Drug Name	Drug Tier	Requirements/Limits
VAQTA 25 UNITS/0.5 ML VIAL INJ	3	CG, MO
VAQTA 50 UNITS/ML SYRINGE, -50 UNITS/ML VIAL INJ	3	MO
VARIVAX VACCINE INJ	3	CG, MO
VIVAGLOBIN INJ	6	MO, PAR
YF-VAX INJ	3	CG, MO
ZORBTIVE INJ	6	LA, PAR
ZOSTAVAX INJ	3	MO
MEDICAL (MISCELLANEOUS) SUPPLIES		
<i>alcohol swabs</i>	1	CG, MO
<i>curad gauze pads</i>	2	CG, MO, QLL (200/30)
INSULIN SYRINGE	3	CG, MO, QLL (200/30)
PEN NEEDLE	3	CG, MO, QLL (200/30)
MUSCULOSKELETAL MEDICATIONS		
<i>allopurinol sodium INJ</i>	5	MO
<i>allopurinol tablet</i>	1	CG, MO
ALOPRIM INJ	5	MO
ANAPROX	4	MO
ANAPROX DS	4	MO
ARTHROTEC 50	4	MO
ARTHROTEC 75	4	MO
<i>baclofen tablet</i>	2	CG, MO
<i>carisoprodol 350 mg tablet</i>	2	CG, MO
<i>carisoprodol compound</i>	2	CG, MO
<i>carisoprodol compound-codeine</i>	2	CG, MO
<i>carisoprodol-aspirin</i>	2	CG, MO
CATAFLAM	4	MO
CELEBREX	4	MO, PAR, QLL (60/30)
<i>chlorzoxazone</i>	2	CG, MO
CLINORIL	4	MO
COLCRYS	4	MO, PAR
CUPRIMINE	3	MO
<i>cyclobenzaprine hcl tablet</i>	2	CG, MO
DANTRIUM	4	MO
<i>dantrolene sodium capsule</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/Limits
DAYPRO	4	MO
DEPEN	3	MO
<i>diclofenac potassium</i>	2	CG, MO
<i>diclofenac sodium tablet enteric coated, -tablet sustained release 24hr</i>	2	CG, MO
<i>diflunisal</i>	2	CG, MO
DYSPORT INJ	5	MO, PAR
EC-NAPROSYN	4	MO
<i>etodolac</i>	2	CG, MO
FELDENE	4	MO
<i>fenopropfen calcium</i>	2	CG, MO
FLEXERIL	4	MO
<i>flurbiprofen tablet</i>	2	CG, MO
<i>ibuprofen suspension oral, -400 mg tablet, -600 mg tablet, -800 mg tablet</i>	1	CG, MO
INDOCIN	4	MO
<i>indomethacin capsule, -capsule sustained action</i>	2	CG, MO
<i>ketoprofen capsule, -capsule 24hr sustained release pellets</i>	2	CG, MO
<i>ketorolac tromethamine injection INJ</i>	5	MO
<i>ketorolac tromethamine tablet</i>	2	CG, MO, QLL (20/30)
<i>meclofenamate sodium capsule</i>	2	CG, MO
MEFENAMIC ACID	4	
<i>meloxicam 15 mg tablet</i>	2	CG, MO, QLL (30/30)
<i>meloxicam 7.5 mg tablet</i>	2	CG, MO, QLL (60/30)
<i>meloxicam suspension oral</i>	2	CG, MO
<i>metaxalone</i>	2	CG, MO
<i>methocarbamol tablet</i>	2	CG, MO
MOBIC SUSPENSION ORAL	4	MO
MOBIC TABLET	4	MO, QLL (30/30)
<i>nabumetone</i>	2	CG, MO
NALFON 200 MG PULVULE	4	MO

Drug Name	Drug Tier	Requirements/ Limits
NALFON 400 MG CAPSULE	4	
NAPRELAN	4	MO
NAPROSYN	4	MO
<i>naproxen sodium 275 mg tab, -550 mg tab</i>	2	CG, MO
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>	2	CG, MO
NORFLEX INJ	5	MO
<i>orphenadrine citrate injection INJ</i>	5	MO
<i>orphenadrine citrate tablet sustained action</i>	2	CG, MO
<i>orphenadrine compound</i>	2	CG, MO
<i>orphenadrine compound forte</i>	2	CG, MO
<i>oxaprozin</i>	2	CG, MO
PARAFON FORTE DSC	4	MO
<i>piroxicam capsule</i>	2	CG, MO
PONSTEL	4	MO
<i>probenecid</i>	2	CG, MO
<i>probenecid-colchicine</i>	2	CG, MO
RIDAURA	4	MO
RILUTEK	6	MO
ROBAXIN INJECTION INJ	5	MO
ROBAXIN TABLET	4	MO
SKELAXIN	4	MO
SOMA	4	MO
<i>sulindac tablet</i>	2	CG, MO
SYPRINE	3	CG, MO
<i>tizanidine hcl tablet</i>	2	CG, MO
<i>tolmetin sodium</i>	2	CG, MO
ULORIC	4	MO, ST
VOLTAREN-XR	4	MO
XEOMIN 100 UNITS VIAL INJ	5	MO, PAR
XEOMIN 50 UNITS VIAL INJ	5	PAR
ZANAFLEX	4	MO
ZYLOPRIM	4	MO
NUTRITION,BLOOD MODIFIERS,ELECTROLYTES		
AGGRENOX	3	CG, MO, QLL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>alcohol in dextrose INJ</i>	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 LYLES-CA-DW INJ	5	MO
AMINOSYN M INJ	5	MO
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	CG, MO, B/D
<i>calcitriol injection INJ</i>	5	MO, B/D
<i>calcium acetate</i>	2	CG, MO
CARNITOR INJECTION INJ	5	MO, B/D
CARNITOR SOLUTION, -TABLET	4	MO, B/D
<i>cilostazol</i>	2	CG, MO
CLINIMIX INJ	5	MO
CLINIMIX E INJ	5	MO
CLINISOL INJ	5	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>constulose</i>	2	CG, MO
COUMADIN INJ	5	MO
CYSTAGON	3	CG, LA
<i>cytra-2</i>	2	CG, MO
<i>denta 5000 plus</i>	2	CG, MO
<i>dentagel</i>	2	CG, 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
<i>dextrose with sodium chloride</i> INJ	5	MO
<i>dipyridamole tablet</i>	2	CG, MO
<i>ed k+10</i>	1	CG, MO
<i>effer-k 25 meq tablet eff</i>	2	CG, 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	CG, MO
<i>epiflur</i>	2	CG, MO
<i>epiklor</i>	2	CG, MO
<i>fluor-a-day tablet chewable</i>	2	CG, MO
<i>fluoritab</i>	2	CG, MO
FOSRENOL	4	MO, ST

Drug Name	Drug Tier	Requirements/ Limits
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
INNOHEP INJ	5	MO, ST
INTRALIPID INJ	5	MO
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	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>k effervescent</i>	2	CG, MO
<i>kalexate</i>	2	CG, MO
KAYEXALATE	4	MO
KIONEX POWDER	4	MO
<i>kionex suspension oral</i>	2	CG, MO
<i>klor-con 10</i>	1	CG, MO
<i>klor-con 20 meq packet</i>	1	CG, MO
<i>klor-con 8</i>	1	CG, MO
<i>klor-con m10</i>	1	CG, MO
<i>klor-con m15</i>	1	CG, MO
<i>klor-con m20</i>	1	CG, MO
<i>klor-con-ef</i>	1	CG, MO
KRISTALOSE	4	MO
K-TAB	4	MO
<i>lactated ringers injection INJ</i>	5	MO
<i>lactated ringers solution</i>	5	B/D
<i>levocarnitine injection INJ</i>	5	MO, B/D
<i>levocarnitine solution, -tablet</i>	2	CG, MO, B/D
LIPOSYN II INJ	5	MO
<i>liposyn iii INJ</i>	5	MO
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	CG, MO
<i>ludent fluoride</i>	2	CG, MO
<i>magnesium sulfate injection INJ</i>	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

Drug Name	Drug Tier	Requirements/ Limits
NORMOSOL-R PH 7.4 INJ	5	MO
NOVAMINE INJ	5	MO
<i>nutrilyte INJ</i>	5	MO
<i>nutrilyte ii INJ</i>	5	MO
PERSANTINE	4	MO
PHOSLO	4	MO, ST
<i>phospha 250 neutral</i>	2	CG, 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)
PLETAL	4	MO
<i>potassium bicarbonate tablet effervescent</i>	1	CG, MO
<i>potassium chl-normal saline INJ</i>	5	MO
<i>potassium chloride capsule sustained action, -tablet effervescent, -tablet sust.releaseparticles/crystals</i>	1	CG, MO
<i>potassium chloride in d5lr INJ</i>	5	MO
<i>potassium chloride injection INJ</i>	5	MO
<i>potassium chloride-nacl INJ</i>	5	MO
<i>potassium cl 10 meq/50 ml sol, -cl 20 meq/50 ml sol</i>	5	MO
<i>potassium cl 10% (20 meq/15 ml, -cl 10% (40 meq/30 ml, -cl 20% (40 meq/15 ml</i>	2	CG, MO
PREMASOL INJ	5	MO
PROCALAMINE INJ	5	MO
PROSOL INJ	5	MO
RENAGEL	4	MO, ST

Drug Name	Drug Tier	Requirements/ Limits
RENVELA	3	CG, MO, ST
<i>ringers injection</i> INJ	5	MO
<i>ringers irrigation</i>	5	B/D
<i>saline 0.45% soln-excel con, - 0.45% soln, -saline 0.9% soln-excel cont, -0.9% soln, - 0.9% soln, -0.9% soln., -0.9% solution, -cl 2.5 meq/ml vial, - 3% iv soln, -4 meq/ml vl, -5% iv soln</i> INJ	5	MO
<i>sf</i>	2	CG, MO
<i>sf 5000 plus</i>	2	CG, MO
<i>sodium bicarbonate injection</i> INJ	5	MO
<i>sodium chloride solution</i>	5	MO
<i>sodium citrate & citric acid</i>	2	CG, MO
<i>sodium fluoride drops, - solution non-oral, -tablet, - tablet chewable</i>	2	CG, MO
<i>sodium lactate injection</i> INJ	5	MO
<i>sodium polystyrene sulfonate</i>	2	CG, MO
<i>sps</i>	2	CG, MO
<i>sterile water for irrigation</i>	5	B/D
<i>sterile water,irrigation</i>	5	MO, B/D
<i>ticlopidine hcl</i>	2	CG, 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 WITH ELECTROLYTES INJ	5	MO
TROPHAMINE INJ	5	MO
<i>warfarin sodium tablet</i>	1	CG, MO
ZEMPLAR	3	MO, B/D
OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS		
ACTIVELLA	4	MO
ALORA	3	MO, QLL (8/28), ST
ANADROL-50	6	MO, PAR

Drug Name	Drug Tier	Requirements/ Limits
ANDRODERM 2.5 MG/24HR PATCH	4	MO, PAR, QLL (60/30)
ANDRODERM 5 MG/24HR PATCH	4	MO, PAR, QLL (30/30)
ANDROGEL 1% GEL PUMP, -GEL IN PACKET	3	MO, PAR, QLL (300/30)
ANDROGEL 1.62% GEL PUMP	3	MO, PAR, QLL (150/30)
ANDROID	4	MO, PAR
ANDROXY	3	CG, MO, PAR
<i>apri</i>	2	CG, MO, QLL (28/28)
<i>aranelle</i>	2	CG, MO, QLL (28/28)
<i>aviane</i>	2	CG, MO, QLL (28/28)
AYGESTIN	4	MO
<i>azurette</i>	2	CG, MO, QLL (28/28)
<i>balziva</i>	2	CG, MO, QLL (28/28)
BREVICON	4	MO, QLL (28/28)
<i>camila</i>	2	CG, MO, QLL (28/28)
<i>caziant</i>	2	CG, MO, QLL (28/28)
CENESTIN	4	MO
<i>cesia</i>	2	CG, MO, QLL (28/28)
CLEOCIN	4	MO
CLIMARA	4	MO, QLL (4/28)
CLIMARA PRO	4	MO, QLL (4/28)
<i>clindamycin phosphate cream with applicator</i>	2	CG, MO
CLINDESSE	4	MO
<i>co-natal fa</i>	2	CG, MO
CRINONE 4% GEL	4	
CRINONE 8% GEL	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>cryselle</i>	2	CG, MO, QLL (28/28)
<i>cyclafem</i>	2	CG, QLL (28/28)
CYCLESSA	4	MO, QLL (28/28)
<i>danazol capsule</i>	2	CG, MO
DELESTROGEN INJ	5	MO
DEPO-ESTRADIOL INJ	5	MO
DEPO-PROVERA 150 MG/ML SYRN, -150 MG/ML VIAL INJ	5	MO
DEPO-SUBQ PROVERA 104 INJ	5	MO
DEPO-TESTOSTERONE INJ	5	MO
DESOGEN	4	MO, QLL (28/28)
<i>docosavit</i>	2	CG, MO
<i>dualvit ob</i>	2	CG, MO
ENJUVIA	4	MO
<i>enpresse</i>	2	CG, MO, QLL (28/28)
<i>errin</i>	2	CG, MO, QLL (28/28)
ESTRACE	4	MO
ESTRADERM	4	MO, QLL (8/28), ST
<i>estradiol patch transdermal weekly</i>	1	CG, MO, QLL (4/28)
<i>estradiol tablet</i>	1	CG, MO
<i>estradiol valerate injection</i> INJ	5	MO
<i>estradiol-noreth 1-0.5 mg tab</i>	2	CG, MO
ESTRING	4	MO, QLL (1/90)
<i>estropipate</i>	2	CG, MO
ESTROSTEP FE	4	MO, QLL (28/28)
EVISTA	3	CG, MO, QLL (30/30)
FEMCON FE	4	QLL (28/28)
FEMHRT	4	MO

Drug Name	Drug Tier	Requirements/ Limits
FEMRING	4	MO, QLL (1/90)
FEMTRACE	3	CG, MO, ST
<i>folbecal</i>	2	CG, MO
GIANVI	4	QLL (28/28)
<i>gildess fe</i>	2	CG, MO, QLL (28/28)
<i>heather</i>	2	CG, MO, QLL (28/28)
<i>inatal advance</i>	2	CG, MO
<i>inatal gt</i>	2	CG, MO
<i>inatal ultra</i>	2	CG, MO
<i>introvale</i>	2	CG, MO, QLL (91/91)
JINTELI	4	
<i>jolessa</i>	2	CG, MO, QLL (91/91)
<i>jolivette</i>	2	CG, MO, QLL (28/28)
<i>junel</i>	2	CG, MO, QLL (21/21)
<i>junel fe</i>	2	CG, MO, QLL (28/28)
<i>kariva</i>	2	CG, MO, QLL (28/28)
<i>kelnor 1-35</i>	2	CG, MO, QLL (28/28)
<i>leena</i>	2	CG, MO, QLL (28/28)
<i>lessina</i>	2	CG, MO, QLL (28/28)
<i>leuprolide acetate injection</i> INJ	5	MO, PAR
<i>levora-28</i>	2	CG, MO, QLL (28/28)
LOESTRIN	4	MO, QLL (21/21)
LOESTRIN 24 FE	4	MO, QLL (28/28)
LOESTRIN FE	4	MO, QLL (28/28)
LO-OVRAL-28	4	MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>low-ogestrel</i>	2	CG, 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>lutera</i>	2	CG, MO, QLL (28/28)
<i>maternity</i>	2	CG, MO
<i>medroxyprogesterone acetate injection</i> INJ	5	MO
<i>medroxyprogesterone acetate tablet</i>	1	CG, MO
MENEST	4	MO
MENOSTAR	4	MO, QLL (4/28), ST
METHERGINE	4	MO
METHITEST	4	MO
<i>methylergonovine maleate injection</i> INJ	5	MO
METROGEL-VAGINAL	4	MO
<i>metronidazole gel with applicator</i>	1	CG, MO
<i>microgestin</i>	2	CG, MO, QLL (21/21)
<i>microgestin fe</i>	2	CG, MO, QLL (28/28)
MICRONOR 0.35 MG TABLET	4	MO
MICRONOR TABLET	4	MO
<i>mimvey</i>	2	CG, MO
MODICON	4	MO, QLL (28/28)
<i>mononessa</i>	2	CG, MO, QLL (28/28)
<i>necon</i>	2	CG, MO, QLL (28/28)
<i>nora-be</i>	2	CG, MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
NORDETTE-28	4	MO, QLL (28/28)
<i>norethindrone</i>	2	CG, MO, QLL (28/28)
<i>norethindrone acetate tablet</i>	2	CG, MO
<i>norgestrel-ethiny estra</i>	2	CG, MO, QLL (28/28)
NORINYL 1+35	4	MO, QLL (28/28)
NOR-Q-D	4	MO
<i>nortrel</i>	2	CG, MO, QLL (28/28)
NUVARING	4	MO, QLL (1/28)
<i>ocella</i>	2	CG, MO, QLL (28/28)
<i>ogestrel</i>	2	CG, MO, QLL (28/28)
<i>orsythia</i>	2	CG, MO
ORTHO EVRA	4	MO, QLL (3/28)
ORTHO-CEPT	4	MO, QLL (28/28)
ORTHO-CYCLEN	4	MO, QLL (28/28)
ORTHO-EST	4	MO
ORTHO-NOVUM	4	MO, QLL (28/28)
OVCON-35	4	MO
OVCON-50	4	MO
<i>oxandrolone tablet</i>	2	CG, MO
<i>portia</i>	2	CG, MO, QLL (28/28)
PREFEST	4	MO
PREMARIN CREAM WITH APPLICATOR	4	MO
PREMARIN INJECTION INJ	5	MO
PREMARIN TABLET	3	MO, ST
PREMPHASE	3	CG, MO
PREMPRO	3	CG, MO
<i>prenatabs obn</i>	2	CG, MO
<i>prenatal multivitamin w-iron</i>	2	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>previfem</i>	2	CG, MO, QLL (28/28)
PROMETRIUM	4	MO, ST
PROVERA	4	MO
<i>quasense</i>	2	CG, MO, QLL (91/91)
<i>reclipsen</i>	2	CG, MO, QLL (28/28)
<i>re-nata 29 ob</i>	2	CG, MO
SEASONALE	4	MO, QLL (91/91)
<i>solia</i>	2	CG, MO, QLL (28/28)
<i>sprintec</i>	2	CG, MO, QLL (28/28)
<i>sronyx</i>	2	CG, MO, QLL (28/28)
<i>syeda</i>	2	CG, MO
SYNAREL	6	MO, PAR
TESTIM	3	MO, PAR, QLL (300/30)
<i>testosterone cypionate injection</i> INJ	5	MO
<i>testosterone enanthate</i> INJ	5	MO
TESTRED	4	MO
<i>tilia fe</i>	2	CG, MO, QLL (28/28)
<i>tri-legest fe</i>	2	CG, MO, QLL (28/28)
<i>trinessa</i>	2	CG, MO, QLL (28/28)
TRI-NORINYL	4	MO, QLL (28/28)
<i>tri-previfem</i>	2	CG, MO, QLL (28/28)
<i>tri-sprintec</i>	2	CG, MO, QLL (28/28)
<i>trivora-28</i>	2	CG, MO, QLL (28/28)
VAGIFEM	4	MO
<i>vandazole</i>	1	CG, MO
<i>velivet</i>	2	CG, MO, QLL (28/28)

Drug Name	Drug Tier	Requirements/ Limits
VIVELLE-DOT	3	MO, QLL (8/28), ST
YASMIN 28	4	MO, QLL (28/28)
YAZ	4	MO, QLL (28/28)
<i>zarah</i>	2	CG, MO, QLL (28/28)
<i>zenchent</i>	2	CG, MO, QLL (28/28)
ZEOSA	4	MO, QLL (28/28)
<i>zovia 1-35e</i>	2	CG, MO, QLL (28/28)
<i>zovia 1-50e</i>	2	CG, MO, QLL (28/28)
OPHTHALMIC MEDICATIONS		
<i>acetazolamide capsule sustained action, -tablet</i>	2	CG, MO
<i>acetazolamide sodium</i> INJ	5	MO
ACULAR	4	MO
ACULAR LS	4	MO
<i>ak-con</i>	1	CG, MO
<i>ak-dilate</i>	2	CG, MO
<i>ak-poly-bac</i>	2	CG, MO
<i>aktob</i>	1	CG, MO
ALAMAST	4	MO, QLL (20/30)
ALCAINE	4	MO
ALOCRIL	4	MO, QLL (10/30)
ALOMIDE	4	MO
ALPHAGAN P 0.1% DROPS	3	CG, MO
ALPHAGAN P 0.15% EYE DROPS	4	MO
ALREX	4	MO
<i>altafrin</i>	2	CG, MO
<i>apraclonidine hcl</i>	2	CG, MO
<i>atropine care</i>	2	CG, MO
<i>atropine sulfate drops, - ointment</i>	2	CG, MO
<i>azelastine hcl drops</i>	2	CG, MO, QLL (6/30)

Drug Name	Drug Tier	Requirements/ Limits
AZOPT	4	MO
<i>bacitracin 500 unit/gm ointmnt</i>	2	CG, MO
<i>bacitracin-polymyxin eye oint</i>	1	CG, MO
BESIVANCE	4	MO
BETAGAN	4	MO, QLL (30/30)
<i>betaxolol hcl drops</i>	2	CG, MO
BETIMOL	4	MO
BETOPTIC S	4	MO, QLL (30/30)
BLEPH-10	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
BOTOX INJ	5	MO, PAR
<i>brimonidine tartrate</i>	2	CG, MO
<i>carteolol hcl</i>	1	CG, MO
CILOXAN DROPS	4	MO
CILOXAN OINTMENT	4	MO, QLL (8/30)
<i>ciprofloxacin hcl drops</i>	2	CG, MO
COMBIGAN	3	CG, MO
COSOPT	4	MO, QLL (20/30)
<i>cromolyn sodium drops</i>	1	CG, MO
<i>dexamethasone sodium phosphate drops</i>	1	CG, MO
DIAMOX SEQUELS	4	MO
<i>diclofenac sodium drops</i>	2	CG, MO
<i>dorzolamide hcl</i>	2	CG, MO, QLL (20/30)
<i>dorzolamide-timolol</i>	2	CG, MO, QLL (20/30)
ELESTAT	4	MO
EMADINE	4	MO
EPINASTINE HCL	4	MO
<i>erythromycin ointment</i>	1	CG, MO
FLAREX	4	MO
<i>fluorometholone suspension drops</i>	1	CG, MO
<i>flurbiprofen sodium</i>	1	CG, MO
FML	4	MO
FML FORTE	4	MO

Drug Name	Drug Tier	Requirements/ Limits
FML S.O.P.	4	MO
<i>garamycin drops</i>	2	CG, MO
<i>gentak</i>	1	CG, MO
<i>gentamicin 3 mg/gm eye oint</i>	2	CG, MO
<i>gentamicin sulfate drops</i>	1	CG, MO
<i>gentasol</i>	1	CG, MO
<i>homatropaire</i>	2	CG, MO
IOPIDINE DROPPERETTE SINGLE-USE DROP DISPENSER	4	MO
IOPIDINE DROPS	4	MO, QLL (20/30)
IQUIX	4	MO
ISTALOL	4	MO, QLL (30/30)
<i>ketorolac tromethamine drops</i>	2	CG, MO
LACRISERT	3	MO
LATANOPROST	3	
<i>levobunolol hcl</i>	1	CG, MO, QLL (30/30)
<i>levofloxacin drops</i>	2	CG
LOTEMAX	4	MO
LUMIGAN 0.01% EYE DROPS	3	CG
LUMIGAN 0.03% EYE DROPS	3	CG, MO
MAXIDEX	4	MO
MAXITROL	4	MO
<i>methazolamide tablet</i>	2	CG, MO
<i>metipranolol</i>	1	CG, MO
<i>mydral</i>	2	CG, MO
MYDRIACYL	4	MO
NATACYN	3	CG, MO
<i>neofrin</i>	2	CG, MO
<i>neomycin-bacitracin-poly-hc</i>	1	CG, MO
<i>neomycin-bacitracin-polymyxin</i>	1	CG, MO
<i>neomycin-poly-hc eye drops</i>	1	CG, MO
<i>neomycin-polymyxin-dexameth</i>	1	CG, MO
<i>neomycin-polymyxin-gramicidin</i>	1	CG, MO
NEOSPORIN	4	MO

Drug Name	Drug Tier	Requirements/ Limits
NEVANAC	3	CG, MO
OCUFEN	4	MO
OCUFLOX	4	MO, QLL (30/30)
<i>ofloxacin 0.3% eye drops</i>	2	CG, MO
OMNIPRED	4	MO
OPTIPRANOLOL	4	MO
OPTIVAR	4	MO, QLL (6/30)
<i>parcaine</i>	1	CG, MO
PATADAY	3	CG, MO, QLL (5/30)
PATANOL	3	CG, MO, QLL (5/30)
<i>phenylephrine hcl drops</i>	2	CG, MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl drops</i>	2	CG, MO
PILOPINE HS	4	MO
<i>polycin-b</i>	2	CG, MO
<i>poly-dex</i>	1	CG, MO
<i>polymyxin b sul-trimethoprim</i>	1	CG, MO
POLY-PRED	4	MO
POLYTRIM	4	MO
PRED FORTE	4	MO
PRED MILD	4	MO
PRED-G	4	MO
<i>prednisol</i>	2	CG, MO
<i>prednisolone acetate suspension drops</i>	1	CG, MO
<i>prednisolone sodium phosphate drops</i>	1	CG, MO
<i>proparacaine hcl drops</i>	1	CG, MO
PROPINE	4	MO
QUIXIN	4	MO
RESTASIS	3	CG, MO, QLL (60 vials/30)
<i>romycin</i>	1	CG, MO
<i>sulfacetamide sodium drops</i>	1	CG, MO
<i>sulfacetamide-prednisolone</i>	1	CG, MO
<i>sulfamide</i>	2	CG, MO
<i>timolol 0.25% gel-solution, - 0.5% gel-solution</i>	1	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol 0.25% gfs gel- solution, -0.5% gfs gel- solution</i>	1	CG, MO
<i>timolol maleate drops</i>	1	CG, MO, QLL (30/30)
TIMOPTIC OCUDOSE	4	MO, QLL (120/30)
TIMOPTIC-XE	4	MO
TOBRADEX OINTMENT	3	MO, QLL (8/30)
TOBRADEX SUSPENSION DROPS	4	MO, QLL (20/30)
<i>tobramycin sulfate drops</i>	1	CG, MO
<i>tobramycin-dexamethasone</i>	2	CG, MO
<i>tobrasol</i>	1	CG, MO
TOBEX	4	MO
TRAVATAN Z	3	CG, MO
<i>trifluridine</i>	2	CG, MO
<i>tropicacyl</i>	2	CG, MO
<i>tropicamide drops</i>	1	CG, MO
TRUSOPT	4	MO, QLL (20/30)
VEXOL	4	MO
VIGAMOX	3	CG, MO
VIROPTIC	4	MO
VOLTAREN DROPS	4	MO
ZIRGAN	4	MO
ZYLET	4	MO
ZYMAR	4	MO
RESPIRATORY MEDICATIONS		
ACCOLATE	4	MO, QLL (60/30)
ACCUNEB	4	MO, B/D, QLL (360/30)
<i>acetylcysteine vial</i>	2	CG, MO, B/D
ADRENACLICK INJ	5	MO, QLL (2/1)
ADRENALIN CHLORIDE INJECTION INJ	5	MO
ADVAIR DISKUS	3	MO, QLL (60 doses/30)
ADVAIR HFA	3	MO, QLL (12 gm/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate nebs, - solution non-oral</i>	2	CG, MO, B/D, QLL (60/30)
<i>albuterol sulfate syrup, - tablet, -tablet sustained release 12hr</i>	2	CG, MO
<i>albuterol sulfate vial nebulizer</i>	2	CG, MO, B/D, QLL (360/30)
<i>aminophylline injection INJ</i>	5	MO
<i>aminophylline tablet</i>	2	CG, MO
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	4	MO, B/D, QLL (120/30)
<i>carbinoxamine maleate</i>	1	CG, MO
<i>cetirizine hcl solution oral</i>	2	CG, MO, QLL (300/30)
<i>clemastine fumarate syrup, - fum 2.68 mg tab</i>	2	CG, MO
COMBIVENT	4	MO, QLL (45 gm/30)
<i>cromolyn sodium ampul for nebulization</i>	1	CG, MO, B/D, QLL (240/30)
<i>cyproheptadine hcl syrup, - tablet</i>	2	CG, MO
<i>dexchlorpheniramine maleate</i>	2	CG, MO
<i>diphenhydramine 50 mg capsule, -elixir</i>	2	CG, MO
<i>diphenhydramine hcl injection INJ</i>	5	MO
DULERA	4	QLL (13 gm/30)
DUONEB	4	MO, B/D, QLL (540/30)
ELIXOPHYLLIN	3	CG, MO

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml ampul, -1 mg/ml vial INJ</i>	5	MO
EPINEPHRINE 0.15 MG AUTO-INJECT, -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)
FLOVENT HFA 220 MCG INHALER	3	MO, QLL (24 gm/30)
FLOVENT HFA 44 MCG INHALER	3	MO, QLL (11 gm/30)
FORADIL	3	CG, MO, QLL (60/30)
GASTROCROM	3	MO
GLASSIA INJ	6	LA
<i>ipratropium bromide solution non-oral</i>	2	CG, MO, B/D
<i>ipratropium-albuterol</i>	2	CG, MO, B/D, QLL (540/30)
LEVALBUTEROL CONCENTRATE	3	MO, B/D, QLL (45/30)
LEVOCETIRIZINE DIHYDROCHLORIDE	3	MO, QLL (30/30)
LUFYLLIN	4	MO
MAXAIR AUTOHALER	4	MO, QLL (28 gm/30)
<i>metaproterenol sulfate syrup, -tablet</i>	2	CG, MO
<i>palgic</i>	1	CG, MO
PERFOROMIST	4	MO, B/D, QLL (120/30)
PHENERGAN INJ	5	MO

Drug Name	Drug Tier	Requirements/Limits
PROAIR HFA	3	CG, 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</i> INJ	5	MO
<i>promethazine hcl syrup, - tablet</i>	2	CG, MO
PROVENTIL HFA	3	CG, MO, QLL (21 gm/30)
PULMOZYME	6	MO, B/D
QVAR	3	CG, MO, QLL (24 gm/30)
SEREVENT DISKUS	3	MO, QLL (60 doses/30)
SINGULAIR	3	MO, QLL (30/30)
SPIRIVA	3	CG, MO, QLL (30 capsules/30)
SYMBICORT	3	MO, QLL (11 gm/30)
<i>terbutaline sulfate injection</i> INJ	5	MO
<i>terbutaline sulfate tablet</i>	1	CG, MO
THEO-24	4	MO
<i>theochron</i>	2	CG, MO
<i>theophylline</i>	2	CG, MO
<i>theophylline anhydrous tablet sustained release 12hr</i>	2	CG, MO
TWINJECT INJ	5	MO, QLL (2 pens/1)
VENTOLIN HFA	4	MO, QLL (54 gm/30), ST
VOSPIRE ER	4	MO
XOLAIR INJ	6	LA, PAR, QLL (6 vials/28)

Drug Name	Drug Tier	Requirements/Limits
XOPENEX	4	MO, B/D, QLL (270/30)
XOPENEX HFA	4	MO, QLL (45 gm/30), ST
ZAFIRLUKAST	4	QLL (60/30)
ZEMAIRA INJ	5	LA
ZYFLO CR	4	MO, QLL (120/30)
UROLOGICAL MEDICATIONS		
AVODART	3	CG, MO
<i>bethanechol chloride tablet</i>	2	CG, MO
CYSTADANE	3	CG, MO
<i>cytra-3</i>	2	CG, MO
<i>cytra-k</i>	2	CG, MO
DETROL 1 MG TABLET	3	MO, QLL (30/30), ST
DETROL 2 MG TABLET	3	MO, QLL (60/30), ST
DETROL LA	3	MO, QLL (30/30), ST
DITROPAN XL 10 MG TABLET, -15 MG TABLET	4	MO, QLL (60/30), ST
DITROPAN XL 5 MG TABLET	4	MO, QLL (30/30), ST
ELMIRON	4	MO
ENABLEX	3	MO, QLL (30/30), ST
<i>finasteride</i>	2	CG, MO
<i>flavoxate hcl</i>	2	CG, MO
FLOMAX	4	MO
GELNIQUE	4	MO, QLL (30/30), ST
JALYN	3	CG
<i>neomycin-polymyxin b</i> INJ	5	MO
NEOSPORIN GU IRR 40 MG/ML AMP	5	MO
NEOSPORIN GU IRR 40 MG/ML AMP, -GU IRR 40 MG/ML VIAL INJ	5	MO
<i>oxybutynin chloride syrup</i>	2	CG, MO
<i>oxybutynin chloride tablet</i>	2	CG, MO, QLL (120/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin cl er 10 mg tablet, -cl er 15 mg tablet</i>	2	CG, MO, QLL (60/30)
<i>oxybutynin cl er 5 mg tablet</i>	2	CG, MO, QLL (30/30)
OXYTROL	4	MO, QLL (8/30), ST
<i>potassium citrate TABLET SUSTAINED ACTION</i>	2	CG, MO
<i>potassium citrate-citric acid</i>	2	CG, MO
PROSCAR	4	MO, ST
RAPAFLO	4	
SANCTURA	4	QLL (60/30), ST
SANCTURA XR	4	MO, QLL (30/30), ST
<i>tamsulosin hcl</i>	2	CG, MO
TOVIAZ	3	MO, QLL (30/30), ST
<i>tricitrates</i>	2	CG, MO
TROSPIUM CHLORIDE	4	QLL (60/30)
UROXATRAL	4	MO
VESICARE	3	MO, QLL (30/30), ST

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Legend

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

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

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CARBATROL ER 300 MG CAPSULE	13	<i>cefepime</i>	2
<i>carbidopa-levodopa</i>	13	<i>cefepime hcl</i>	2
<i>carbinoxamine maleate</i>	48	<i>cefotaxime sodium</i>	2
<i>carboplatin 150 mg/15 ml vial</i>	8	<i>cefotetan</i>	2
<i>carboplatin 450 mg/45 ml vial, -600 mg/60 ml vial, -50 mg vial, -150 mg vial, -450 mg vial</i>	8	<i>cefoxitin</i>	2
<i>carboplatin 50 mg/5 ml vial</i>	8	<i>cefoxitin sodium</i>	2
CARDIOVASCULAR MEDICATIONS	23	<i>cefpodoxime proxetil</i>	2
CARDIZEM	24	<i>cefprozil</i>	2
		<i>ceftazidime</i>	2
		CEFTIN	2

Drug	Page	Drug	Page
<i>ceftriaxone</i>	2	<i>cilostazol</i>	39
<i>cefuroxime axetil</i>	2	CILOXAN DROPS	46
<i>cefuroxime injection</i>	2	CILOXAN OINTMENT	46
<i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i>	2	<i>cimetidine 300 mg tablet, -400 mg tablet, -800 mg tablet</i>	34
<i>cefuroxime tablet</i>	2	<i>cimetidine injection</i>	34
CELEBREX	38	<i>cimetidine solution, -200 mg tablet</i>	34
CELESTONE	31	CIMZIA	8
CELEXA 10 MG TABLET, -20 MG TABLET	13	CIPRO HC	30
CELEXA 40 MG TABLET	13	CIPRO I.V.	2
CELLCEPT CAPSULE	8	CIPRO SUSPENSION	3
CELLCEPT INJECTION	8	CIPRO TABLET	3
CELLCEPT SUSPENSION RECONSTITUTED ORAL, -TABLET	8	CIPRODEX	30
CELONTIN	13	<i>ciprofloxacin</i>	3
CENESTIN	42	<i>ciprofloxacin er 1,000 mg tab</i>	3
<i>cephalexin</i>	2	<i>ciprofloxacin er 500 mg tablet</i>	3
CEREDASE	31	<i>ciprofloxacin hcl 100 mg tab</i>	3
CEREZYME	31	<i>ciprofloxacin hcl 250 mg tab, -500 mg tab, -750 mg tab</i>	3
<i>cerubidine</i>	8	<i>ciprofloxacin hcl drops</i>	46
CERVARIX	35	<i>ciprofloxacin-d5w</i>	3
CESAMET	13	<i>cisplatin</i>	8
<i>cesia</i>	42	<i>citalopram</i>	13
<i>cetirizine hcl solution oral</i>	48	<i>citalopram hbr 10 mg tablet, -20 mg tablet</i>	13
CHANTIX	13	<i>citalopram hbr 40 mg tablet</i>	13
CHEMET	30	<i>cladribine</i>	8
<i>chloramphenicol sod succinate</i>	2	CLAFORAN	3
<i>chlordiazepoxide-amitriptyline</i>	13	<i>claravis</i>	28
<i>chlorhexidine gluconate mouthwash</i>	30	<i>clarithromycin 125 mg/5 ml sus</i>	3
<i>chloroquine phosphate tablet</i>	2	<i>clarithromycin 250 mg tablet</i>	3
<i>chlorothiazide</i>	24	<i>clarithromycin 250 mg/5 ml sus</i>	3
<i>chlorothiazide sodium</i>	24	<i>clarithromycin 500 mg tablet</i>	3
<i>chlorpromazine hcl injection</i>	13	<i>clarithromycin er</i>	3
<i>chlorpromazine hcl tablet</i>	13	<i>clemastine fumarate syrup, -fum 2.68 mg tab</i>	48
<i>chlorpropamide</i>	31		
<i>chlorthalidone</i>	24	CLEOCIN	42
<i>chlorzoxazone</i>	38	CLEOCIN HCL	3
<i>cholestyramine</i>	24	CLEOCIN PALMITATE	3
<i>cholestyramine light</i>	24	CLEOCIN PHOSPHATE	3
<i>ciclopirox cream, -gel, -shampoo, -suspension topical</i>	2	CLEOCIN PHOSPHATE IN D5W	3
<i>ciclopirox solution non-oral</i>	2	CLEOCIN T	28
		CLIMARA	42

Drug	Page	Drug	Page
CLIMARA PRO	42	<i>colestipol hcl</i>	24
<i>clinda-derm</i>	28	<i>colistimethate 150 mg vial</i>	3
CLINDAGEL	28	COLOCORT	34
<i>clindamycin hcl capsule</i>	3	COLY-MYCIN M PARENTERAL	3
<i>clindamycin phosphate cream with applicator</i>	42	COLY-MYCIN S	30
CLINDAMYCIN PHOSPHATE FOAM	28	COLYTE WITH FLAVOR PACKETS	34
<i>clindamycin phosphate gel, -lotion, -solution</i>	28	COMBIGAN	46
<i>non-oral, -swab medicated</i>	28	COMBIVENT	48
<i>clindamycin phosphate injection</i>	3	COMBIVIR	3
<i>clindamycin-benzoyl peroxide</i>	28	<i>compro</i>	13
CLINDESSE	42	COMTAN	13
CLINIMIX	39	COMVAX	35
CLINIMIX E	39	<i>co-natal fa</i>	42
CLINISOL	39	CONDYLOX	28
CLINORIL	38	<i>constulose</i>	40
<i>clobetasol emollient</i>	28	COPAXONE	30
<i>clobetasol propionate cream, -foam, -gel, -</i>	28	COPEGUS	3
<i>ointment, -solution non-oral</i>	28	CORDARONE	24
CLOBEX	28	CORDRAN	28
CLODERM	28	CORDRAN SP	28
CLOLAR	8	COREG CR	24
<i>clomipramine hcl capsule</i>	13	CORGARD	24
<i>clonidine</i>	24	<i>cormax</i>	28
<i>clonidine hcl tablet</i>	24	CORTEF	31
CLORPRES	24	CORTENEMA 100 MG ENEMA	34
<i>clotrimazole cream, -solution non-oral, -</i>	3	CORTENEMA 100 MG/60 ML ENEMA	34
<i>troche</i>	3	CORTIFOAM	34
<i>clotrimazole-betamethasone</i>	3	<i>cortisone acetate tablet</i>	31
<i>clozapine 100 mg tablet</i>	13	CORTISPORIN CREAM, -OINTMENT	3
<i>clozapine 200 mg tablet</i>	13	CORTISPORIN SOLUTION NON-ORAL	30
<i>clozapine 25 mg tablet, -50 mg tablet</i>	13	CORTISPORIN-TC	30
COARTEM	3	<i>cortomycin</i>	30
<i>codeine phosphate injection</i>	13	CORZIDE	24
<i>codeine sulfate 15 mg tablet</i>	13	COSMEGEN	8
<i>codeine sulfate 30 mg tablet, -60 mg tablet</i>	13	COSOPT	46
COGENTIN	13	COUMADIN	40
<i>co-gesic</i>	13	COVERA-HS	24
COLAZAL	34	COZAAR 100 MG TABLET	24
COLCRYS	38	COZAAR 25 MG TABLET, -50 MG TABLET	24
COLESTID	24	CREON	34
		CRESTOR	24
		CRINONE 4% GEL	42

Drug	Page	Drug	Page
CRINONE 8% GEL	42	<i>daunorubicin 20 mg vial</i>	9
CRIXIVAN	3	<i>daunorubicin 50 mg/10 ml vial, -20 mg/4 ml vial</i>	9
<i>cromolyn sodium ampul for nebulization</i>	48	DAUNOXOME	9
<i>cromolyn sodium drops</i>	46	DAYPRO	38
<i>cryselle</i>	43	DDAVP AEROSOL SPRAY W/PUMP, -TABLET	31
CUBICIN	3	DDAVP INJECTION	31
CUPRIMINE	38	DECAVAC	36
<i>curad gauze pads</i>	38	<i>del-beta</i>	28
CUTIVATE	28	DELESTROGEN	43
<i>cyclafem</i>	43	DEMADEX	24
CYCLESSA	43	<i>demedocycline hcl</i>	3
<i>cyclobenzaprine hcl tablet</i>	38	DEMEROL INJECTION	13
<i>cyclophosphamide injection</i>	8	DEMEROL TABLET	13
<i>cyclophosphamide tablet</i>	8	DEMSEER	24
<i>cyclosporine capsule, -solution, -unknown</i>	8	DENAVIR	3
<i>cyclosporine injection</i>	8	<i>denta 5000 plus</i>	40
<i>cyclosporine modified</i>	8	<i>dentagel</i>	40
CYKLOKAPRON	30	DEPACON	13
CYMBALTA	13	<i>depade</i>	13
<i>cyproheptadine hcl syrup, -tablet</i>	48	DEPAKENE	13
CYSTADANE	49	DEPAKOTE	13
CYSTAGON	40	DEPAKOTE ER	13
<i>cytarabine 100 mg vial, -1 gm vial, -2 gm vial</i>	8	DEPAKOTE SPRINKLE	14
<i>cytarabine 20 mg/ml vial, -100 mg/ml vial, -500 mg vial</i>	9	DEPEN	38
CYTOMEL	31	DEPO-ESTRADIOL	43
CYTOTEC	34	DEPO-MEDROL	31
CYTOVENE	3	DEPO-PROVERA 150 MG/ML SYRN, -150 MG/ML VIAL	43
<i>cytra-2</i>	40	DEPO-PROVERA 400 MG/ML VIAL	9
<i>cytra-3</i>	49	DEPO-SUBQ PROVERA 104	43
<i>cytra-k</i>	49	DEPO-TESTOSTERONE	43
D.H.E.45	13	DERMA-SMOOTH-FS	28
<i>dacarbazine 100 mg vial</i>	9	DERMATOLOGICAL MEDICATIONS	27
<i>dacarbazine 200 mg vial</i>	9	DERMATOP	28
DACOGEN	9	DERMOTIC	30
<i>danazol capsule</i>	43	<i>desipramine hcl tablet</i>	14
DANTRIUM	38	<i>desmopressin acetate aerosol spray w/pump, -solution</i>	31
<i>dantrolene sodium capsule</i>	38	<i>desmopressin acetate injection</i>	32
DAPSONE	3	<i>desmopressin acetate tablet</i>	32
DAPTACEL	36		
DARAPRIM	3		

Drug	Page	Drug	Page
DESOGEN	43	<i>diclofenac sodium tablet enteric coated, -</i>	
<i>desonide cream, -lotion, -ointment</i>	28	<i>tablet sustained release 24hr</i>	38
<i>desoximetasone cream, -gel, -ointment</i>	28	<i>dicloxacillin sodium</i>	3
DETROL 1 MG TABLET	49	<i>dicyclomine hcl capsule, -syrup, -tablet</i>	34
DETROL 2 MG TABLET	49	<i>dicyclomine hcl injection</i>	34
DETROL LA	49	<i>didanosine</i>	3
<i>dexamethasone elixir, -tablet</i>	32	DIDRONEL	32
<i>dexamethasone intensol</i>	32	DIFFERIN CREAM, -GEL	28
<i>dexamethasone sodium phosphate drops</i>	46	DIFFERIN LOTION	28
<i>dexamethasone sodium phosphate injection</i>	32	<i>diflorasone diacetate</i>	28
<i>dexamethasone solution oral</i>	32	DIFLUCAN	3
<i>dexchlorpheniramine maleate</i>	48	DIFLUCAN IN SALINE	3
DEXEDRINE	14	<i>diflunisal</i>	38
<i>dexmethylphenidate 10 mg tab</i>	14	<i>digoxin injection</i>	24
<i>dexmethylphenidate 2.5 mg tab, -5 mg tab</i>	14	<i>digoxin solution, -tablet</i>	24
DEXPAK 10 DAY 1.5 MG TABLET, -6 DAY 1.5		<i>dihydroergotamine mesylate injection</i>	14
MG TABLET	32	DILACOR XR	24
DEXPAK 13 DAY 1.5 MG TABLET	32	DILANTIN 100 MG CAPSULE	14
<i>dexrazoxane 250 mg vial</i>	9	DILANTIN 30 MG CAPSULE	14
<i>dexrazoxane 500 mg vial</i>	9	DILANTIN 50 MG INFATAB	14
<i>dextroamphetamine sulfate</i>	14	DILANTIN-125	14
<i>dextrose 10%-1/4ns</i>	40	DILATRATE-SR	24
<i>dextrose 10%-1/4ns-kcl</i>	40	DILAUDID INJECTION	14
<i>dextrose 5%-1/2ns-kcl</i>	40	DILAUDID TABLET	14
<i>dextrose 5%-1/3ns-kcl</i>	40	DILAUDID-5	14
<i>dextrose 5%-1/4ns-kcl</i>	40	DILAUDID-HP	14
<i>dextrose 5%-electrolyte #48</i>	40	<i>dilt-cd</i>	24
<i>dextrose 5%-electrolyte #75</i>	40	<i>diltia xt</i>	24
<i>dextrose 5%-ns-kcl</i>	40	<i>diltiazem 24hr er capsule sustained release</i>	
<i>dextrose 5%-potassium chloride</i>	40	<i>24 hr</i>	24
<i>dextrose in lactated ringers</i>	40	<i>diltiazem er</i>	24
<i>dextrose in ringers injection</i>	40	<i>diltiazem hcl injection</i>	24
<i>dextrose in water</i>	40	<i>diltiazem hcl tablet</i>	24
<i>dextrose with sodium chloride</i>	40	<i>dilt-xr</i>	24
DIABETA	32	<i>diltzac er</i>	24
DIAGNOSTIC AND MISCELLANEOUS		DIOVAN 160 MG TABLET	24
MEDICATIONS	30	DIOVAN 320 MG TABLET	24
DIAMOX SEQUELS	46	DIOVAN 40 MG TABLET, -80 MG TABLET	24
DIBENZYLINE	24	DIOVAN HCT	24
<i>diclofenac potassium</i>	38	DIPENTUM	34
<i>diclofenac sodium drops</i>	46	<i>diphenhydramine 50 mg capsule, -elixir</i>	48
		<i>diphenhydramine hcl injection</i>	48

Drug	Page	Drug	Page
<i>diphenoxylate-atropine</i>	34	<i>doxorubicin 10 mg/5 ml vial, -20 mg/10 ml vial, -50 mg/25 ml vial, -10 mg vial, -50 mg vial</i>	9
DIPHThERIA-TETANUS TOXOID	36	<i>doxorubicin 200 mg/100 ml vial</i>	9
DIPROLENE	28	<i>doxycycline</i>	3
DIPROLENE AF	28	<i>doxycycline hyclate 20 mg tab</i>	30
<i>dipyridamole tablet</i>	40	<i>doxycycline hyclate capsule, -capsule enteric coated, -100 mg tab</i>	3
<i>diskets</i>	14	<i>doxycycline hyclate injection</i>	3
<i>disopyramide phosphate</i>	24	DOXYCYCLINE HYCLATE TABLET ENTERIC COATED	3
<i>disulfiram tablet</i>	14	<i>doxycycline mono 50 mg cap, -mono 100 mg cap, -tablet</i>	3
DITROPAN XL 10 MG TABLET, -15 MG TABLET	49	<i>dronabinol</i>	14
DITROPAN XL 5 MG TABLET	49	DROXIA	9
DIURIL	24	DTIC-DOME IV	9
DIURIL SODIUM	24	<i>dualvit ob</i>	43
<i>divalproex sodium</i>	14	DUETACT	32
<i>divalproex sodium er</i>	14	DULERA	48
<i>dobutamine 250 mg-d5w 500 ml, -250 mg/d5w 250 ml, -500 mg-d5w 500 ml, -500 mg-d5w 250 ml</i>	24	DUONEB	48
<i>dobutamine hcl</i>	24	DURAGESIC	14
<i>docetaxel 80 mg/4 ml vial</i>	9	DURAMORPH	14
<i>docetaxel 80 mg/8 ml vial</i>	9	DYAZIDE	24
<i>docosavit</i>	43	DYNACIN	3
DOLOPHINE HCL	14	DYNACIRC CR	24
<i>donepezil hcl tablet</i>	14	DYRENIUM	24
DONEPEZIL HCL TABLET DISPERSIBLE LINGUAL	14	DYSPORT	38
<i>dopamine hcl</i>	24	E.E.S. 200	3
<i>dopamine hcl in 5% dextrose</i>	24	E.E.S. 400	3
DORIBAX	3	EAR-NOSE-THROAT MEDICATIONS	30
DORYX	3	EC-NAPROSYN	38
<i>dorzolamide hcl</i>	46	<i>econazole nitrate cream</i>	3
<i>dorzolamide-timolol</i>	46	<i>ed k+10</i>	40
DOVONEX CREAM	28	EDECRIN	24
DOVONEX SOLUTION	28	EDURANT	3
<i>doxazosin mesylate</i>	24	<i>effer-k 25 meq tablet eff</i>	40
<i>doxepin 10 mg capsule, -25 mg capsule, -50 mg capsule, -75 mg capsule, -100 mg capsule, -solution</i>	14	EFFEXOR XR 37.5 MG CAPSULE	14
<i>doxepin 150 mg capsule</i>	14	EFFEXOR XR 75 MG CAPSULE, -150 MG CAPSULE	14
DOXIL	9	EFFIENT	40
		EFUDEX	28
		ELAPRASE	32

Drug	Page	Drug	Page
ELDEPRYL	14	<i>enoxaparin 30 mg/0.3 ml syr, -40 mg/0.4 ml</i>	
ELESTAT	46	<i>syr, -60 mg/0.6 ml syr, -80 mg/0.8 ml syr,</i>	
ELIDEL	28	<i>-100 mg/ml syr</i>	40
ELIGARD	9	<i>enpresse</i>	43
ELITEK	9	ENTOCORT EC	34
ELIXOPHYLLIN	48	<i>enulose</i>	40
ELLECE	9	<i>epiflur</i>	40
ELMIRON	49	<i>epiklor</i>	40
ELOCON	28	EPINASTINE HCL	46
ELOXATIN 100 MG/20 ML VIAL	9	<i>epinephrine 0.1 mg/ml syringe, -1 mg/ml</i>	
ELOXATIN 50 MG/10 ML VIAL, -200 MG/40		<i>ampul, -1 mg/ml vial</i>	48
ML VIAL	9	EPINEPHRINE 0.15 MG AUTO-INJCT, -0.3 MG	
ELSPAR	9	AUTO-INJECT	48
EMADINE	46	EPIPEN	48
EMCYT	9	EPIPEN JR	48
EMEND 125 MG CAPSULE	14	<i>epirubicin 200 mg/100 ml vial, -50 mg vial, -</i>	
EMEND 40 MG CAPSULE	14	<i>150 mg/75 ml vial, -200 mg vial</i>	9
EMEND 80 MG CAPSULE	14	<i>epirubicin 50 mg/25 ml vial</i>	9
EMEND TRIFOLD PACK	14	<i>epitol</i>	14
EMLA	1	EPIVIR	3
EMSAM	14	EPIVIR HBV	3
EMTRIVA	3	<i>eplerenone</i>	24
ENABLEX	49	EPOGEN 10,000 UNITS/ML VIAL, -20,000	
<i>enalapril maleate tablet</i>	24	UNITS/ML VIAL	36
<i>enalapril-hydrochlorothiazide</i>	24	EPOGEN 2,000 UNITS/ML VIAL, -3,000	
ENBREL 25 MG KIT, -50 MG/ML SURECLICK		UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -	
SYR, -50 MG/ML SYRINGE	9	20,000 UNITS/2 ML VIAL	36
ENBREL 25 MG/0.5 ML SYRINGE	9	EPZICOM	3
<i>endocet 10-650 mg tablet</i>	14	EQUETRO 100 MG CAPSULE, -200 MG	
<i>endocet 5-325 tablet, -7.5-325 mg tablet, -</i>		CAPSULE	14
<i>10-325 mg tablet</i>	14	EQUETRO 300 MG CAPSULE	14
<i>endocet 7.5-500 mg tablet</i>	14	ERBITUX 100 MG/50 ML VIAL	9
ENDOCRINE MEDICATIONS	31	ERBITUX 200 MG/100 ML VIAL	9
<i>endodan</i>	14	<i>ergoloid mesylates tablet</i>	30
ENGERIX-B 10 MCG/0.5 ML PED VL, -10		ERGOMAR	14
MCG/0.5 ML SYRN, -20 MCG/ML SYRINGE		<i>ergotamine-caffeine</i>	14
	36	<i>errin</i>	43
ENGERIX-B 10 MCG/0.5 ML PEDI	36	ERTACZO	3
ENGERIX-B 20 MCG/ML VIAL	36	<i>ery</i>	28
ENJUVA	43	ERYPED 200	3
<i>enoxaparin 120 mg/0.8 ml syr, -150 mg/ml</i>		ERYPED 400	3
<i>syr</i>	40	ERY-TAB	3

Drug	Page	Drug	Page
ERYTHROCIN LACTOBIONATE	3	FABRAZYME	32
<i>erythrocin stearate</i>	3	FACTIVE	4
<i>erythromycin capsule enteric coated</i>	3	<i>famciclovir</i>	4
<i>erythromycin ethylsuccinate tablet</i>	3	<i>famotidine 20 mg tablet, -40 mg tablet</i>	34
<i>erythromycin gel, -solution non-oral</i>	28	<i>famotidine injection</i>	34
<i>erythromycin ointment</i>	46	<i>famotidine suspension oral</i>	34
<i>erythromycin swab medicated</i>	28	FAMVIR	4
<i>erythromycin tablet</i>	4	FANAPT TABLET	14
<i>erythromycin-benzoyl peroxide</i>	28	FANAPT TABLET DOSE PACK	15
<i>erythromycin-sulfisoxazole</i>	4	FARESTON	9
ESTRACE	43	FASLODEX	9
ESTRADERM	43	FAZACLO 100 MG ODT	15
<i>estradiol patch transdermal weekly</i>	43	FAZACLO 12.5 MG ODT	15
<i>estradiol tablet</i>	43	FAZACLO 150 MG ODT	15
<i>estradiol valerate injection</i>	43	FAZACLO 200 MG ODT	15
<i>estradiol-noreth 1-0.5 mg tab</i>	43	FAZACLO 25 MG ODT	15
ESTRING	43	FELBATOL	15
<i>estropipate</i>	43	FELDENE	38
ESTROSTEP FE	43	<i>felodipine er</i>	25
<i>ethambutol hcl</i>	4	FEMARA	9
<i>ethosuximide capsule, -syrup</i>	14	FEMCON FE	43
ETHYOL	9	FEMHRT	43
<i>etidronate disodium</i>	32	FEMRING	43
<i>etodolac</i>	38	FEMTRACE	43
ETOPOPHOS	9	<i>fenofibrate</i>	25
<i>etoposide 1,000 mg/50 ml vial, -100 mg/5 ml vial</i>	9	<i>fenopropfen calcium</i>	38
<i>etoposide 500 mg/25 ml vial</i>	9	FENTANYL	15
EURAX	28	<i>fentanyl citrate injection</i>	15
EVISTA	43	<i>fentanyl citrate lozenge</i>	15
EVOCLIN	28	FENTORA	15
EVOXAC	30	FINACEA	28
EXELDERM	4	<i>finasteride</i>	49
EXELON CAPSULE	14	FIORICET WITH CODEINE	15
EXELON PATCH TRANSDERMAL 24 HOURS	14	FIORINAL WITH CODEINE #3	15
EXELON SOLUTION	14	FIRMAGON 2 X 120 MG VIALS	9
EXEMESTANE	9	FIRMAGON 80 MG VIAL	9
EXFORGE	24	FLAGYL	4
EXFORGE HCT	25	FLAGYL ER	4
EXJADE 125 MG TABLET	30	FLAREX	46
EXJADE 250 MG TABLET, -500 MG TABLET	30	<i>flavoxate hcl</i>	49
EXTAVIA	36	<i>flecainide acetate</i>	25
		FLEXERIL	38

Drug	Page	Drug	Page
FLOMAX	49	<i>fluphenazine hcl injection</i>	15
FLONASE	30	<i>flurbiprofen sodium</i>	46
FLOVENT 100 MCG DISKUS	48	<i>flurbiprofen tablet</i>	38
FLOVENT 50 MCG DISKUS, -250 MCG DISKUS	48	<i>flutamide</i>	9
FLOVENT HFA 110 MCG INHALER	48	<i>fluticasone propionate cream, -ointment</i>	29
FLOVENT HFA 220 MCG INHALER	48	<i>fluticasone propionate nasal inhaled steroids</i>	30
FLOVENT HFA 44 MCG INHALER	48	<i>fluvoxamine maleate 100 mg tab</i>	15
<i>floxuridine</i>	9	<i>fluvoxamine maleate 25 mg tab, -50 mg tab</i>	15
<i>fluconazole in dextrose</i>	4	FML	46
<i>fluconazole in saline</i>	4	FML FORTE	46
<i>fluconazole suspension, -tablet</i>	4	FML S.O.P.	46
FLUDARA	9	<i>folbecal</i>	43
<i>fludarabine 50 mg vial</i>	9	<i>fomepizole</i>	30
<i>fludarabine 50 mg/2 ml vial</i>	9	FORADIL	48
<i>fludrocortisone acetate tablet</i>	32	FORTAMET	32
<i>flunisolide 0.025% spray</i>	30	FORTAZ	4
<i>flunisolide 29 mcg-0.025% spr</i>	30	FORTAZ IN ISO-OSMOTIC DEXTROSE	4
<i>fluocinolone acetonide cream, -ointment, -solution non-oral</i>	28	FORTEO	32
<i>fluocinonide cream</i>	28	<i>fortical</i>	32
<i>fluocinonide emollient</i>	28	FOSAMAX 35 MG TABLET, -70 MG TABLET	32
<i>fluocinonide gel, -ointment, -solution non-oral</i>	28	FOSAMAX 5 MG TABLET, -10 MG TABLET, -40 MG TABLET	32
<i>fluocinonide-e</i>	28	FOSAMAX PLUS D	32
<i>fluor-a-day tablet chewable</i>	40	FOSAMAX SOLUTION	32
<i>fluoritab</i>	40	<i>foscarnet sodium</i>	4
<i>fluorometholone suspension drops</i>	46	<i>fosinopril sodium</i>	25
FLUOROPLEX	28	<i>fosinopril-hydrochlorothiazide</i>	25
<i>fluorouracil 1,000 mg/20 ml vl, -2,500 mg/50 ml vl, -5,000 mg/100 ml</i>	9	<i>fosphenytoin sodium</i>	15
<i>fluorouracil 500 mg/10 ml vial</i>	9	FOSRENOL	40
<i>fluorouracil cream, -solution non-oral</i>	29	FRAGMIN 12,500 UNITS SYRINGE, -15,000 UNITS SYRINGE, -18,000 UNITS SYRINGE	40
FLUOXETINE DR	15	FRAGMIN 2,500 UNITS SYRINGE, -5,000 UNITS SYRINGE	40
<i>fluoxetine hcl 10 mg capsule</i>	15	FRAGMIN 7,500 UNITS SYRINGE, -10,000 UNITS SYRINGE, -25,000 UNITS/ML VIAL	40
<i>fluoxetine hcl 10 mg tablet</i>	15	FREAMINE HBC	40
<i>fluoxetine hcl 20 mg capsule, -20 mg tablet</i>	15	FREAMINE III	40
<i>fluoxetine hcl 40 mg capsule</i>	15	FREAMINE III WITH ELECTROLYTES	40
<i>fluoxetine hcl solution</i>	15		
<i>fluphenazine decanoate</i>	15		
<i>fluphenazine hcl elixir, -solution, -tablet</i>	15		

Drug	Page	Drug	Page
<i>fudr</i>	9	GENOTROPIN MINIQUICK 0.2 MG	36
FURADANTIN	4	GENOTROPIN MINIQUICK 0.4 MG, -	
<i>furosemide injection</i>	25	MINIQUICK 0.6 MG, -MINIQUICK 0.8 MG, -	
<i>furosemide solution, -tablet</i>	25	MINIQUICK 1 MG, -MINIQUICK 1.2 MG, -	
FUSILEV	9	MINIQUICK 1.4 MG, -MINIQUICK 1.6 MG, -	
FUZEON	4	MINIQUICK 1.8 MG, -MINIQUICK 2 MG, -5	
<i>gabapentin 100 mg capsule, -300 mg</i>		MG CARTRIDGE, -12 MG CARTRIDGE	36
<i>capsule, -tablet</i>	15	<i>gentak</i>	46
<i>gabapentin 400 mg capsule</i>	15	<i>gentamicin 3 mg/gm eye oint</i>	46
GABAPENTIN SOLUTION	15	<i>gentamicin sulfate cream, -0.1% ointment</i>	4
GABITRIL	15	<i>gentamicin sulfate drops</i>	46
<i>galantamine hbr capsule 24hr sustained</i>		<i>gentamicin sulfate in ns</i>	4
<i>release pellets</i>	15	GENTAMICIN SULFATE IN NS	4
<i>galantamine hbr tablet</i>	15	<i>gentamicin sulfate injection</i>	4
<i>galantamine hydrobromide</i>	15	<i>gentasol</i>	46
GAMASTAN S-D	36	GEODON 20 MG CAPSULE, -40 MG CAPSULE	15
GAMMAGARD LIQUID	36	GEODON 60 MG CAPSULE, -80 MG CAPSULE	15
GAMMAGARD S-D	36		15
GAMMAPLEX	36	GEODON INJECTION	15
GAMUNEX	36	GIANVI	43
GAMUNEX-C 1 GRAM/10 ML VIAL, -2.5		<i>gildess fe</i>	43
GRAM/25 ML VIAL, -5 GRAM/50 ML VIAL	36	GILENYA	30
GAMUNEX-C 10 GRAM/100 ML VIAL, -20		GLASSIA	48
GRAM/200 ML VIAL	36	GLEEVEC	9
<i>ganciclovir</i>	4	<i>glimepiride</i>	32
<i>ganciclovir sodium</i>	4	<i>glipizide er</i>	32
<i>garamycin drops</i>	46	<i>glipizide tablet</i>	32
GARDASIL SYRINGE	36	<i>glipizide xl</i>	32
GARDASIL VIAL	36	<i>glipizide-metformin</i>	32
GASTROCROM	48	GLUCAGEN	32
GASTROINTESTINAL MEDICATIONS	34	GLUCAGON EMERGENCY KIT	32
<i>gavilyte-c</i>	34	GLUCOPHAGE	32
<i>gavilyte-g</i>	34	GLUCOPHAGE XR	32
<i>gavilyte-n</i>	34	GLUCOTROL	32
GELNIQUE	49	GLUCOTROL XL	32
<i>gemcitabine hcl 1 gram vial</i>	9	GLUCOVANCE	32
<i>gemcitabine hcl 200 mg vial, -2 gram vial</i>	9	GLUMETZA	32
<i>gemfibrozil tablet</i>	25	<i>glyburide</i>	32
GEMZAR 1 GRAM VIAL	9	<i>glyburide micronized</i>	32
GEMZAR 200 MG VIAL	9	<i>glyburide-metformin hcl</i>	32
<i>generlac</i>	34	<i>glycopyrrolate injection</i>	34
<i>gengraf</i>	9		

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<i>glycopyrrolate tablet</i>	34	HIPREX	4
<i>glycron</i>	32	HIZENTRA 1 GRAM/5 ML VIAL	36
GLYNASE	32	HIZENTRA 2 GRAM/10 ML VIAL, -4 GRAM/20	
GLYSET	32	ML VIAL	36
GOLYTELY	34	<i>homatropaire</i>	46
<i>granisetron hcl injection</i>	15	HUMALOG 100 UNITS/ML CARTRIDGE	32
<i>granisetron hcl tablet</i>	15	HUMALOG 100 UNITS/ML KWIKPEN, -100	
GRIFULVIN V	4	UNITS/ML VIAL	32
<i>griseofulvin suspension oral</i>	4	HUMALOG MIX 50-50	32
GRIS-PEG	4	HUMALOG MIX 75-25	32
<i>guanabenz acetate tablet</i>	25	HUMATROPE	36
<i>guanfacine hcl</i>	25	HUMIRA 20 MG/0.4 ML SYRINGE	10
<i>guanidine hcl</i>	15	HUMIRA 40 MG/0.8 ML PEN, -CROHN'S	
GYNAZOLE-1	4	STARTER PACK, -PSORIASIS STARTER	
HALAVEN	9	PACK	10
HALDOL	15	HUMIRA 40 MG/0.8 ML SYRINGE	10
HALDOL DECANOATE 100	15	HUMULIN 70-30	32
HALDOL DECANOATE 50	15	HUMULIN N	32
HALFLYTELY-BISACODYL	34	HUMULIN R	32
<i>halobetasol propionate</i>	29	HYCAMTIN INJECTION	10
HALOG	29	HYCET	15
<i>haloperidol decanoate</i>	15	<i>hydralazine hcl injection</i>	25
<i>haloperidol lactate injection</i>	15	<i>hydralazine hcl tablet</i>	25
<i>haloperidol lactate solution</i>	15	HYDREA	10
<i>haloperidol tablet</i>	15	<i>hydrochlorothiazide capsule, -tablet</i>	25
HAVRIX 720 UNIT/0.5 ML SYRINGE, -1,440		<i>hydrocodon-acetaminoph 7.5-750, -</i>	
UNITS/ML VIAL	36	<i>hydrocodon-acetaminophn 10-750</i>	15
HAVRIX 720 UNITS/0.5 ML VIAL, -1,440		HYDROCODON-ACETAMINOPHEN 5-300, -	
UNITS/ML SYRINGE	36	HYDROCODON-ACETAMINOPH 7.5-300, -	
<i>heather</i>	43	HYDROCODON-ACETAMINOPHN 10-300	15
HECTOROL	40	<i>hydrocodon-acetaminophen 5-325, -</i>	
HELIDAC	34	<i>hydrocodon-acetaminoph 7.5-325, -</i>	
<i>heparin sodium in 0.45% nacl</i>	40	<i>hydrocodon-acetaminophn 10-325</i>	16
<i>heparin sodium in 5% dextrose</i>	40	<i>hydrocodon-acetaminophn 10-650, -</i>	
<i>heparin sodium injection</i>	40	<i>hydrocodon-acetaminoph 7.5-650, -</i>	
<i>heparin sodium-ns</i>	40	<i>hydrocodon-acetaminophn 10-660</i>	16
HEPATAMINE	40	<i>hydrocodone bit-ibuprofen</i>	16
HEPATASOL	40	<i>hydrocodone-acetaminophen capsule, -</i>	
HEPSERA	4	<i>hydrocodon-acetaminoph 2.5-500, -</i>	
HERCEPTIN	10	<i>hydrocodon-acetaminoph 7.5-500, -</i>	
HEXALEN	10	<i>hydrocodon-acetaminophn 10-500</i>	16
HIBERIX	36	<i>hydrocodone-acetaminophen solution</i>	16

Drug	Page	Drug	Page
<i>hydrocortisone 1% cream</i>	29	IMITREX 5 MG NASAL SPRAY	16
<i>hydrocortisone 1% cream, -plus 1% cream, - -aloe 1% cream, -2.5% cream, -lotion, - 1% absorbase, -1% oint, -1% ointment, - 2.5% ointment</i>	29	IMITREX TABLET	16
<i>hydrocortisone butyrate</i>	29	IMMUNOLOGICALS AND VACCINES	35
<i>hydrocortisone enema</i>	34	IMOVAX RABIES VACCINE	36
<i>hydrocortisone tablet</i>	32	IMURAN	10
<i>hydrocortisone valerate</i>	29	<i>inatal advance</i>	43
<i>hydrogesic</i>	16	<i>inatal gt</i>	43
<i>hydromorphone hcl injection</i>	16	<i>inatal ultra</i>	43
<i>hydromorphone hcl suppository rectal, -tablet</i>	16	INCRELEX	36
	16	<i>indapamide</i>	25
<i>hydroxychloroquine sulfate tablet</i>	4	INDERAL LA	25
<i>hydroxyurea capsule</i>	10	INDOCIN	38
<i>hydroxyzine hcl injection</i>	29	<i>indomethacin capsule, -capsule sustained action</i>	38
<i>hydroxyzine hcl syrup, -tablet</i>	29	INFANRIX	36
<i>hydroxyzine pamoate capsule</i>	29	INFANRIX PF	36
HYPERLYTE CR	40	INFERGEN	36
HYZAAR	25	INFUMORPH	16
<i>ibuprofen suspension oral, -400 mg tablet, - 600 mg tablet, -800 mg tablet</i>	38	INNOHEP	40
IDAMYCIN PFS	10	INNOPRAN XL	25
<i>idarubicin hcl 10 mg/10 ml vl</i>	10	INSPIRA	25
<i>idarubicin hcl 20 mg/20 ml vl, -5 mg/5 ml vial</i>	10	INSULIN SYRINGE	38
	10	INTELENCE 100 MG TABLET	4
IFEX 1 GM VIAL	10	INTELENCE 200 MG TABLET	4
IFEX 3 GM VIAL	10	INTRALIPID	40
<i>ifosfamide 1 gm vial</i>	10	INTRON A 3 MILLION UNIT/ML PEN, -10 MILLION UNITS VIAL	36
<i>ifosfamide 1 gm/ 20 ml vial, -3 gm vial, -3 gm/ 60 ml vial</i>	10	INTRON A 5 MILLION UNIT/ML PEN, -6 MILLION UNIT/ML VL, -10 MILLION UNIT PEN, -10 MILLION UNIT/ML, -18 MILLION UNITS VIAL, -50 MILLION UNITS VIAL	36
<i>ifosfamide-mesna</i>	10	<i>introvale</i>	43
ILARIS	36	INVANZ	4
<i>imipramine hcl tablet</i>	16	INVEGA ER 1.5 MG TABLET, -ER 3 MG TABLET, -ER 9 MG TABLET	16
<i>imipramine pamoate</i>	16	INVEGA ER 6 MG TABLET	16
<i>imiquimod cream</i>	29	INVEGA SUSTENNA	16
IMITREX 20 MG NASAL SPRAY	16	INVIRASE CAPSULE	4
IMITREX 4 MG/0.5 ML CARTRIDGES, -6 MG/0.5 ML CARTRIDGES, -6 MG/0.5 ML VIAL	16	INVIRASE TABLET	4
IMITREX 4 MG/0.5 ML PEN INJECT, -6 MG/0.5 ML PEN INJECT	16	IONOSOL B WITH DEXTROSE 5%	40
		IONOSOL MB-DEXTROSE 5%	40
		IONOSOL T-DEXTROSE 5%	40

Drug	Page	Drug	Page
IOPIDINE DROPPERETTE SINGLE-USE DROP		<i>jolivette</i>	43
DISPENSER	46	<i>junel</i>	43
IOPIDINE DROPS	46	<i>junel fe</i>	43
IPOL SINGLE DOSE SYRINGE	36	<i>k effervescent</i>	41
IPOL VIAL	36	KALETRA 100-25 MG TABLET	4
<i>ipratropium 0.03% spray</i>	30	KALETRA SOLUTION, -200-50 MG TABLET	4
<i>ipratropium 0.06% spray</i>	30	<i>kalexate</i>	41
<i>ipratropium bromide solution non-oral</i>	48	<i>kanamycin sulfate injection</i>	4
<i>ipratropium-albuterol</i>	48	<i>kariva</i>	43
IQUIX	46	KAYEXALATE	41
IRESSA	10	KEFLEX	4
<i>irinotecan hcl 100 mg/5 ml vl</i>	10	<i>kelnor 1-35</i>	43
<i>irinotecan hcl 40 mg/2 ml vial</i>	10	KENALOG	29
ISENTRESS	4	KENALOG-10	32
ISOCHRON	25	KENALOG-40	32
ISOLYTE H WITH DEXTROSE	40	KEPIVANCE	37
ISOLYTE M WITH DEXTROSE	40	KEPPRA INJECTION	16
ISOLYTE P WITH DEXTROSE	40	KEPPRA SOLUTION, -TABLET	16
ISOLYTE S	40	KERLONE	25
ISOLYTE S WITH DEXTROSE	40	KETEK	4
<i>isonarif</i>	4	<i>ketoconazole cream, -shampoo, -tablet</i>	4
<i>isoniazid injection</i>	4	<i>ketoprofen capsule, -capsule 24hr sustained</i>	
<i>isoniazid syrup, -tablet</i>	4	<i>release pellets</i>	38
ISOPTIN SR	25	<i>ketorolac tromethamine drops</i>	46
ISORDIL	25	<i>ketorolac tromethamine injection</i>	38
ISORDIL TITRADOSE	25	<i>ketorolac tromethamine tablet</i>	38
<i>isosorbide dinitrate</i>	25	KINERET	37
<i>isosorbide mononitrate</i>	25	KINRIX	37
<i>isradipine</i>	25	KIONEX POWDER	41
ISTALOL	46	<i>kionex suspension oral</i>	41
ISTODAX	10	KLARON	29
<i>itraconazole capsule</i>	4	<i>klor-con 10</i>	41
IXEMPRA 15 MG KIT	10	<i>klor-con 20 meq packet</i>	41
IXEMPRA 45 MG KIT	10	<i>klor-con 8</i>	41
IXIARO	37	<i>klor-con m10</i>	41
JALYN	49	<i>klor-con m15</i>	41
<i>jantoven</i>	40	<i>klor-con m20</i>	41
JANUMET	32	<i>klor-con-ef</i>	41
JANUVIA	32	KOMBIGLYZE XR 2.5-1,000 MG TAB	32
JE-VAX	37	KOMBIGLYZE XR 5-1,000 MG TAB, -5-500	
JINTELI	43	MG TABLET	32
<i>jolessa</i>	43	KRISTALOSE	41

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K-TAB	41	LATANOPROST	46
KUVAN	32	LATUDA	16
<i>labetalol hcl injection</i>	25	<i>leena</i>	43
<i>labetalol hcl tablet</i>	25	<i>leflunomide</i>	10
LAC-HYDRIN	29	<i>lessina</i>	43
LACLOTION	29	LETAIRIS	25
LACRISERT	46	LETROZOLE	10
<i>lactated ringers injection</i>	41	<i>leucovorin calcium injection</i>	10
<i>lactated ringers solution</i>	41	<i>leucovorin calcium tablet</i>	10
<i>lactulose</i>	34	LEUKERAN	10
LAMICTAL (BLUE)	16	LEUKINE	37
LAMICTAL (GREEN)	16	<i>leuprolide acetate injection</i>	43
LAMICTAL (ORANGE)	16	LEUSTATIN	10
LAMICTAL 150 MG TABLET, -200 MG TABLET	16	LEVALBUTEROL CONCENTRATE	48
LAMICTAL 25 MG TABLET, -100 MG TABLET, -TABLET DISPERSIBLE	16	LEVAQUIN INJECTION	4
LAMICTAL ODT 100 MG TABLET	16	LEVAQUIN SOLUTION	4
LAMICTAL ODT 200 MG TABLET	16	LEVAQUIN TABLET	4
LAMICTAL ODT 25 MG TABLET, -50 MG TABLET	16	LEVATOL	25
LAMICTAL XR (BLUE)	16	LEVEMIR	32
LAMICTAL XR (GREEN)	16	<i>levetiracetam injection</i>	17
LAMICTAL XR (ORANGE)	16	<i>levetiracetam solution, -tablet</i>	17
LAMICTAL XR 100 MG TABLET	16	<i>levobunolol hcl</i>	46
LAMICTAL XR 200 MG TABLET	16	<i>levocarnitine injection</i>	41
LAMICTAL XR 25 MG TABLET, -50 MG TABLET	16	<i>levocarnitine solution, -tablet</i>	41
LAMISIL	4	LEVOCETIRIZINE DIHYDROCHLORIDE	48
<i>lamotrigine 150 mg tablet, -200 mg tablet</i>	16	<i>levofloxacin drops</i>	46
<i>lamotrigine 25 mg tablet, -100 mg tablet, -tablet dispersible</i>	16	<i>levofloxacin tablet</i>	4
LANOXIN INJECTION	25	<i>levora-28</i>	43
LANOXIN PEDIATRIC	25	<i>levorphanol tartrate tablet</i>	17
LANOXIN TABLET	25	<i>levothroid</i>	33
LANSOPRAZOLE CAPSULE ENTERIC COATED	34	<i>levothyroxine sodium injection</i>	33
LANSOPRAZOLE TABLET	34	<i>levothyroxine sodium tablet</i>	33
LANTUS 100 UNITS/ML CARTRIDGE	32	<i>levoxyl</i>	33
LANTUS 100 UNITS/ML VIAL	32	LEVULAN	29
LANTUS SOLOSTAR	32	LEXAPRO 20 MG TABLET	17
LASIX	25	LEXAPRO 5 MG TABLET, -10 MG TABLET	17
		LEXAPRO SOLUTION	17
		LEXIVA SUSPENSION ORAL	4
		LEXIVA TABLET	4
		LIALDA	34
		<i>lidocaine hcl 0.5% vial, -1% ampul, -1% syringe, -1% vial, -1.5% ampul, -2%</i>	

Drug	Page	Drug	Page
<i>abboject, -2% ampul, -2% luer-jet, -2% syringe, -4% ampul, -1% abboject, -2% vial</i>	1	LOTREL 2.5-10 MG CAPSULE, -10-20 MG CAPSULE, -5-10 MG CAPSULE, -5-20 MG CAPSULE	25
<i>lidocaine hcl jel, -ointment, -solution non-oral</i>	1	LOTREL 5-40 MG CAPSULE, -10-40 MG CAPSULE	25
<i>lidocaine hcl viscous</i>	1	LOTRISONE	4
<i>lidocaine-prilocaine</i>	1	LOTRONEX	34
LIDODERM	1	<i>lovastatin 10 mg tablet, -20 mg tablet</i>	25
LINCOCIN	4	<i>lovastatin 40 mg tablet</i>	25
LINDANE	29	LOVAZA	25
<i>liothyronine sodium injection</i>	33	LOVENOX 30 MG PREFILLED SYRN, -40 MG PREFILLED SYRN, -300 MG VIAL, -300 MG/3 ML VIAL	41
<i>liothyronine sodium tablet</i>	33	LOVENOX 60 MG PREFILLED SYRN, -80 MG PREFILLED SYRN, -100 MG PREFILLED SYR, -120 MG PREFILLED SYR, -150 MG PREFILLED SYR	41
LIPOFEN 150 MG CAPSULE	25	<i>low-ogestrel</i>	44
LIPOFEN 50 MG CAPSULE	25	<i>loxapine</i>	17
LIPOSYN II	41	LOXITANE	17
<i>liposyn iii</i>	41	<i>lozi-flur</i>	41
<i>lisinopril tablet</i>	25	<i>ludent fluoride</i>	41
<i>lisinopril-hydrochlorothiazide</i>	25	LUFYLLIN	48
<i>lithium</i>	17	LUMIGAN 0.01% EYE DROPS	46
<i>lithium carbonate capsule, -tablet, -tablet sustained action</i>	17	LUMIGAN 0.03% EYE DROPS	46
LITHOBID	17	LUNESTA	17
LOCOID	29	LUPRON DEPOT 3.75 MG KIT, -7.5 MG KIT, -11.25 MG 3MO KIT, -22.5 MG 3MO KIT	44
LOCOID LIPOCREAM	29	LUPRON DEPOT-4 MONTH KIT	44
LODOSYN	17	LUPRON DEPOT-PED	44
LOESTRIN	43	<i>lutera</i>	44
LOESTRIN 24 FE	43	LUXIQ	29
LOESTRIN FE	43	LYRICA 225 MG CAPSULE, -300 MG CAPSULE	17
LOFIBRA	25	LYRICA 25 MG CAPSULE, -50 MG CAPSULE, -75 MG CAPSULE, -100 MG CAPSULE, -150 MG CAPSULE, -200 MG CAPSULE	17
LOKARA	29	LYSODREN	10
LOMOTIL	34	MACROBID	4
LO-OVRAL-28	43	MACRODANTIN	4
<i>loperamide capsule</i>	34	<i>magnesium sulfate injection</i>	41
LOPID	25	MAGNESIUM SULFATE-D5W	41
LOPRESSOR HCT	25		
LOPRESSOR INJECTION	25		
LOPRESSOR TABLET	25		
LOPROX	4		
<i>losartan potassium 100 mg tab</i>	25		
<i>losartan potassium 25 mg tab, -50 mg tab</i>	25		
<i>losartan-hydrochlorothiazide</i>	25		
LOTEMAX	46		

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MALARONE	4	<i>meperitab</i>	17
<i>malathion</i>	29	<i>meprobamate 200 mg tablet</i>	17
<i>maprotiline 25 mg tablet, -50 mg tablet</i>	17	<i>meprobamate 400 mg tablet</i>	17
<i>maprotiline 75 mg tablet</i>	17	MEPRON	4
<i>margesic h</i>	17	<i>mercaptapurine tablet</i>	10
MARPLAN	17	<i>meropenem iv 1 gm vial</i>	4
<i>maternity</i>	44	<i>meropenem iv 500 mg vial</i>	4
MATULANE	10	MERREM	5
MATZIM LA	25	<i>mesalamine enema</i>	34
MAXAIR AUTOHALER	48	<i>mesna</i>	10
MAXALT	17	MESNEX INJECTION	10
MAXALT MLT	17	MESNEX TABLET	10
MAXIDEX	46	MESTINON SYRUP, -TABLET SUSTAINED	
MAXITROL	46	ACTION	17
MAXZIDE	25	MESTINON TABLET	17
MAXZIDE-25 MG	25	METAGLIP	33
<i>mebendazole tablet chewable</i>	4	<i>metaproterenol sulfate syrup, -tablet</i>	48
<i>meclizine hcl tablet</i>	17	<i>metaxalone</i>	38
<i>meclofenamate sodium capsule</i>	38	<i>metformin hcl</i>	33
MEDICAL (MISCELLANEOUS) SUPPLIES	38	<i>metformin hcl er</i>	33
MEDROL	33	<i>methadone hcl injection</i>	17
<i>medroxyprogesterone acetate injection</i>	44	<i>methadone hcl solution, -tablet, -tablet</i>	
<i>medroxyprogesterone acetate tablet</i>	44	<i>soluble</i>	17
MEFENAMIC ACID	38	<i>methadone intensol</i>	17
<i>mefloquine hcl</i>	4	<i>methadose</i>	17
MEFOXIN	4	<i>methazolamide tablet</i>	46
MEGACE	10	<i>methenamine hippurate</i>	5
MEGACE ES	10	<i>methenamine mandelate tablet</i>	5
<i>megestrol acetate suspension oral, -tablet</i>	10	METHERGINE	44
<i>meloxicam 15 mg tablet</i>	38	<i>methimazole tablet</i>	33
<i>meloxicam 7.5 mg tablet</i>	38	METHITEST	44
<i>meloxicam suspension oral</i>	38	<i>methocarbamol tablet</i>	38
<i>melphalan hcl</i>	10	<i>methotrexate injection</i>	10
MENACTRA 4 MCG/0.5 ML SYRINGE	37	<i>methotrexate tablet</i>	10
MENACTRA VIAL	37	<i>methscopolamine bromide tablet</i>	34
MENEST	44	<i>methyclothiazide</i>	25
MENOMUNE-A-C-Y-W-135	37	<i>methyl dopa</i>	25
MENOSTAR	44	<i>methyl dopa-hydrochlorothiazide</i>	25
MENTAX	4	<i>methyl dopate hcl</i>	25
MENVEO A-C-Y-W-135-DIP	37	<i>methylergonovine maleate injection</i>	44
<i>meperidine hcl injection</i>	17	<i>methylin er</i>	17
<i>meperidine hcl solution, -tablet</i>	17	<i>methylin tablet</i>	17

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<i>methylphenidate sr</i>	17	MINITRAN	26
<i>methylprednisolone acetate injection</i>	33	MINOCIN	5
<i>methylprednisolone sod succ</i>	33	<i>minocycline hcl capsule, -tablet, -tablet</i>	
<i>methylprednisolone tablet, -tablet dose pack</i>	33	<i>sustained release 24hr</i>	5
<i>metipranolol</i>	46	<i>minoxidil tablet</i>	26
<i>metoclopramide hcl injection</i>	34	MIRAPEX 0.125 MG TABLET, -0.25 MG	
<i>metoclopramide hcl solution oral, -tablet</i>	34	TABLET, -0.5 MG TABLET, -1 MG TABLET,	
<i>metolazone</i>	25	-1.5 MG TABLET	17
<i>metoprolol succinate</i>	25	MIRAPEX 0.75 MG TABLET	17
<i>metoprolol tartrate injection</i>	25	<i>mirtazapine</i>	17
<i>metoprolol tartrate tablet</i>	25	<i>misoprostol</i>	34
<i>metoprolol-hydrochlorothiazide</i>	25	<i>mitomycin 20 mg vial</i>	10
<i>metro iv</i>	5	<i>mitomycin 5 mg vial</i>	10
METROCREAM	29	<i>mitoxantrone hcl</i>	10
METROGEL	29	M-M-R II VACCINE	37
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METROLOTION	29	MOBAN 50 MG TABLET	17
<i>metronidazole capsule, -tablet</i>	5	MOBIC SUSPENSION ORAL	38
<i>metronidazole cream, -gel, -lotion</i>	29	MOBIC TABLET	38
<i>metronidazole gel with applicator</i>	44	MODICON	44
<i>metronidazole injection</i>	5	<i>moexipril hcl</i>	26
<i>mexiletine hcl capsule</i>	25	<i>moexipril-hydrochlorothiazide</i>	26
MIACALCIN AEROSOL SPRAY W/PUMP	33	<i>mometasone furoate cream, -ointment, -</i>	
MIACALCIN INJECTION	33	<i>solution non-oral</i>	29
MICARDIS 20 MG TABLET, -40 MG TABLET	26	MONODOX	5
MICARDIS 80 MG TABLET	26	MONOKET	26
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MG TABLET	26	MONUROL	5
MICARDIS HCT 80-12.5 MG TABLET	26	<i>morphine sulf er 100 mg tab, -sulf er 200 mg</i>	
<i>miconazole 3 suppository vaginal</i>	5	<i>tab</i>	17
<i>microgestin</i>	44	<i>morphine sulf er 15 mg tablet, -sulf er 30 mg</i>	
<i>microgestin fe</i>	44	<i>tablet, -sulf er 60 mg tablet</i>	17
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MICRONOR TABLET	44	<i>morphine sulfate injection</i>	17
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<i>midodrine hcl</i>	26	<i>rectal, -tablet</i>	18
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MIGRANAL	17	MS CONTIN 100 MG TABLET, -200 MG	
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<i>mupirocin ointment</i>	5	NAVELBINE	10
MUSCULOSKELETAL MEDICATIONS	38	NEBUPENT	5
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MYAMBUTOL	5	<i>nefazodone hcl</i>	18
MYCAMINE	5	<i>neofrin</i>	46
MYCOBUTIN	5	<i>neomycin sulfate tablet</i>	5
<i>mycophenolate mofetil</i>	10	<i>neomycin-bacitracin-poly-hc</i>	46
<i>mydral</i>	46	<i>neomycin-bacitracin-polymyxin</i>	46
MYDRIACYL	46	<i>neomycin-poly-hc eye drops</i>	46
MYFORTIC	10	<i>neomycin-polymixin-hc ear susp, -ear susp</i>	30
MYSOLINE 250 MG TABLET	18	<i>neomycin-polymyxin b</i>	49
MYSOLINE 50 MG TABLET	18	<i>neomycin-polymyxin-dexameth</i>	46
MYTELASE	18	<i>neomycin-polymyxin-gramicidin</i>	46
<i>nabumetone</i>	38	<i>neomycin-polymyxin-hydrocort</i>	30
<i>nadolol tablet</i>	26	NEORAL 100 MG GELATN CAPSULE	10
<i>nadolol-bendroflumethiazide</i>	26	NEORAL 25 MG GELATIN CAPSULE, - SOLUTION	10
<i>nafcillin</i>	5	NEOSPORIN	46
<i>nafcillin sodium</i>	5	NEOSPORIN GU IRR 40 MG/ML AMP	49
NAFTIN	5	NEOSPORIN GU IRR 40 MG/ML AMP, -GU IRR 40 MG/ML VIAL	49
NAGLAZYME	33	NEPHRAMINE	41
<i>nalbuphine hcl injection</i>	18	NEULASTA	37
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NALFON 400 MG CAPSULE	39	NEUPOGEN	37
NALLPEN	5	NEURONTIN 100 MG CAPSULE, -300 MG CAPSULE, -TABLET	18
NALLPEN-ISO-OSMOTIC DEXTROSE	5	NEURONTIN 400 MG CAPSULE	18
<i>naloxone hcl injection</i>	18	NEURONTIN SOLUTION	18
<i>naltrexone hcl tablet</i>	18	NEVANAC	47
NAMENDA SOLUTION	18	NEXAVAR	10
NAMENDA TABLET, -TABLET DOSE PACK	18	NEXIUM	34
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NAPROSYN	39	NIACOR	26
<i>naproxen sodium 275 mg tab, -550 mg tab</i>	39	NIASPAN	26
<i>naproxen suspension oral, -tablet, -tablet enteric coated</i>	39	<i>nicardipine hcl capsule</i>	26
<i>naratriptan hcl</i>	18	<i>nicardipine hcl injection</i>	26
NARDIL	18	NICOTROL	18
NASACORT AQ	30	NICOTROL NS	18
NASONEX	30	<i>nifediac cc</i>	26
NATACYN	46	<i>nifedical xl</i>	26
<i>nateglinide</i>	33		

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<i>nifedipine er</i>	26	NORVASC 2.5 MG TABLET, -10 MG TABLET	
NILANDRON	10		26
<i>nimodipine</i>	26	NORVASC 5 MG TABLET	26
NIMOTOP	26	NORVIR CAPSULE, -TABLET	5
NIPENT	10	NORVIR SOLUTION	5
<i>nisoldipine er 20 mg tablet, -er 30 mg tablet, -er 40 mg tablet</i>	26	NOVAMINE	41
<i>nitro-bid</i>	26	NOVANTRONE	10
NITRO-DUR	26	NOVOLIN 70-30	33
NITROFURANTOIN	5	NOVOLIN N	33
<i>nitrofurantoin macrocrystal capsule</i>	5	NOVOLIN R	33
<i>nitrofurantoin mono-macro</i>	5	NOVOLOG 100 UNIT/ML CARTRIDGE	33
<i>nitroglycerin injection</i>	26	NOVOLOG 100 UNIT/ML VIAL, -FLEXPEN SYRINGE	33
<i>nitroglycerin patch</i>	26	NOVOLOG MIX 70-30	33
NITROLINGUAL	26	NULYTELY WITH FLAVOR PACKS	35
NITROSTAT	26	<i>nutrilyte</i>	41
<i>nizatidine</i>	35	<i>nutrilyte ii</i>	41
NIZORAL	5	NUTRITION,BLOOD MODIFIERS,ELECTROLYTES	39
<i>nora-be</i>	44	NUTROPIN	37
NORDETTE-28	44	NUTROPIN AQ	37
NORDITROPIN FLEXPRO	37	NUTROPIN AQ NUSPIN 10 PEN CART, -20 PEN CART	37
NORDITROPIN NORDIFLEX 30 MG/3	37	NUTROPIN AQ NUSPIN 5 PEN CART	37
NORDITROPIN NORDIFLEX 5 MG/1.5, -NORDIFLX 10 MG/1.5, -NORDIFLX 15 MG/1.5	37	NUVARING	44
<i>norethindrone</i>	44	NUVIGIL 150 MG TABLET, -250 MG TABLET	18
<i>norethindrone acetate tablet</i>	44		18
NORFLEX	39	NUVIGIL 50 MG TABLET	18
<i>norgestrel-ethiny estra</i>	44	<i>nyamyc</i>	5
NORINYL 1+35	44	<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>	5
NORITATE	29	<i>nystatin cream, -ointment, -suspension oral, -500,000 unit oral tab</i>	5
NORMOSOL-M AND DEXTROSE	41	<i>nystatin-triamcinolone</i>	5
NORMOSOL-R	41	<i>nystop</i>	5
NORMOSOL-R AND DEXTROSE	41	OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS	42
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NOROXIN	5	<i>octreotide acet 100 mcg/ml amp, -acet 100 mcg/ml syr, -acet 100 mcg/ml vl, -acet 200</i>	
NORPACE	26		
NORPACE CR	26		
NORPRAMIN	18		
NOR-Q-D	44		
<i>nortrel</i>	44		

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<i>mcg/ml vl, -acet 500 mcg/ml amp, -acet 500 mcg/ml vl, -1,000 mcg/ml vial</i>	10	<i>orphenadrine compound forte</i>	39
<i>octreotide acet 50 mcg/ml amp, -acet 50 mcg/ml syr, -acet 50 mcg/ml vial</i>	10	<i>orsythia</i>	44
OCUFEN	47	ORTHO EVRA	44
OCUFLOX	47	ORTHO-CEPT	44
<i>ofloxacin 0.3% ear drops</i>	30	ORTHOCLONE OKT-3	10
<i>ofloxacin 0.3% eye drops</i>	47	ORTHO-CYCLEN	44
<i>ofloxacin tablet</i>	5	ORTHO-EST	44
<i>ogestrel</i>	44	ORTHO-NOVUM	44
<i>omeprazole capsule enteric coated</i>	35	OSMOPREP	35
OMNARIS	30	<i>oticin hc</i>	30
OMNIPRED	47	<i>otomycet-hc</i>	30
OMNITROPE	37	OVCON-35	44
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<i>ondansetron hcl 24 mg tablet</i>	18	OVIDE	29
<i>ondansetron hcl 4 mg tablet, -8 mg tablet</i>	18	<i>oxacillin</i>	5
<i>ondansetron hcl in dextrose</i>	18	<i>oxacillin sodium</i>	5
<i>ondansetron hcl injection</i>	18	<i>oxaliplatin 100 mg/20 ml vial</i>	11
<i>ondansetron hcl solution</i>	18	<i>oxaliplatin 50 mg/10 ml vial, -100 mg vial</i>	11
<i>ondansetron in sodium chloride</i>	18	<i>oxandrolone tablet</i>	44
<i>ondansetron odt</i>	18	<i>oxaprozin</i>	39
ONGLYZA	33	<i>oxcarbazepine 150 mg tablet, -300 mg tablet</i>	18
ONSOLIS	18	<i>oxcarbazepine 600 mg tablet</i>	18
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<i>onxol</i>	10	OXISTAT	5
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OPTIPRANOLOL	47	<i>oxybutynin chloride syrup</i>	49
OPTIVAR	47	<i>oxybutynin chloride tablet</i>	49
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ORAMORPH SR 100 MG TABLET	18	<i>oxybutynin cl er 5 mg tablet</i>	50
ORAMORPH SR 15 MG TABLET, -30 MG TABLET, -60 MG TABLET	18	<i>oxycodon-acetaminophen 7.5-500</i>	18
ORAP	18	<i>oxycodone concentrate</i>	18
ORAPRED	33	<i>oxycodone hcl capsule, -solution, -tablet</i>	18
ORAPRED ODT	33	<i>oxycodone hcl-aspirin</i>	18
ORENCIA	10	<i>oxycodone hcl-ibuprofen</i>	18
ORFADIN	30	<i>oxycodone-acetaminophen 10-325</i>	18
<i>orphenadrine citrate injection</i>	39	<i>oxycodone-acetaminophen 10-650</i>	18
<i>orphenadrine citrate tablet sustained action</i>	39	<i>oxycodone-acetaminophen capsule</i>	18
<i>orphenadrine compound</i>	39	<i>oxycodone-acetaminophen tablet</i>	19
		<i>oxycodone-aspirin</i>	19

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OXYCONTIN 10 MG TABLET, -15 MG TABLET, -20 MG TABLET, -30 MG TABLET, -40 MG TABLET, -60 MG TABLET	19	PAXIL CR 25 MG TABLET, -37.5 MG TABLET	19
OXYCONTIN 80 MG TABLET	19	PAXIL SUSPENSION ORAL	19
OXYTROL	50	PCE	5
PACERONE 100 MG TABLET	26	PEDIAPRED	33
<i>pacerone 200 mg tablet</i>	26	PEDIARIX	37
PACERONE 400 MG TABLET	26	<i>pedi-dri</i>	5
<i>paclitaxel 100 mg/16.7 ml vial, -30 mg/5 ml vial</i>	11	PEDVAXHIB	37
<i>paclitaxel 300 mg/50 ml vial</i>	11	<i>peg 3350-electrolyte</i>	35
<i>palgic</i>	48	<i>peg-3350 and electrolytes</i>	35
PAMELOR	19	<i>peg-3350 with flavor packs</i>	35
<i>pamidronate disodium</i>	33	PEGANONE	19
PAMINE	35	PEGASYS 180 MCG/0.5 ML CONV.PK	37
PAMINE FORTE	35	PEGASYS 180 MCG/ML VIAL	37
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PANRETIN	29	PEGINTRON REDIPEN	37
<i>pantoprazole sodium</i>	35	PEN NEEDLE	38
PARAFON FORTE DSC	39	<i>penicillin g potassium</i>	5
<i>parcaine</i>	47	<i>penicillin g procaine</i>	5
PARCOPA	19	<i>penicillin g sodium</i>	5
<i>paregoric</i>	35	PENICILLIN GK-ISO-OSM DEXTROSE	5
PARLODEL	19	<i>penicillin v potassium</i>	5
PARNATE	19	PENLAC	5
<i>paromomycin sulfate</i>	5	PENTAM 300	5
<i>paroxetine cr 25 mg tablet</i>	19	<i>pentamidine isethionate</i>	5
<i>paroxetine hcl 10 mg tablet</i>	19	PENTASA	35
<i>paroxetine hcl 20 mg tablet, -cr 12.5 mg tablet</i>	19	<i>pentazocine-acetaminophen</i>	19
<i>paroxetine hcl 30 mg tablet, -40 mg tablet, -cr 37.5 mg tablet, -er 37.5 mg tablet</i>	19	<i>pentazocine-naloxone hcl</i>	19
<i>paroxetine hcl suspension oral</i>	19	<i>pentopak</i>	26
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		<i>perphenazine</i>	19
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<i>phenadoz</i>	19	PONSTEL	39
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PHENERGAN	48	<i>potassium bicarbonate tablet effervescent</i>	41
<i>phenylephrine hcl drops</i>	47	<i>potassium chl-normal saline</i>	41
PHENYTEK	19	<i>potassium chloride capsule sustained action, -tablet effervescent, -tablet</i>	
<i>phenytoin sod ext 100 mg cap</i>	19	<i>sust.release particles/crystals</i>	41
PHENYTOIN SOD EXT 200 MG CAP, -SOD		<i>potassium chloride in d5lr</i>	41
EXT 300 MG CAP	19	<i>potassium chloride injection</i>	41
<i>phenytoin sodium injection</i>	19	<i>potassium chloride-nacl</i>	41
<i>phenytoin suspension oral</i>	19	<i>potassium citrate TABLET SUSTAINED</i>	
PHISOHEX	5	<i>ACTION</i>	50
PHOSLO	41	<i>potassium citrate-citric acid</i>	50
<i>phospha 250 neutral</i>	41	<i>potassium cl 10 meq/50 ml sol, -cl 20</i>	
PHOSPHOLINE IODIDE	47	<i>meq/50 ml sol</i>	41
PHOTOFRIN	11	<i>potassium cl 10% (20 meq/15 ml, -cl 10%</i>	
PHYSIOLYTE	41	<i>(40 meq/30 ml, -cl 20% (40 meq/15 ml</i>	41
PHYSIOSOL	41	<i>pramipexole 0.125 mg tablet, -0.25 mg</i>	
<i>pilocarpine hcl drops</i>	47	<i>tablet, -0.5 mg tablet, -1 mg tablet, -1.5</i>	
<i>pilocarpine hcl tablet</i>	31	<i>mg tablet</i>	19
PILOPINE HS	47	<i>pramipexole 0.75 mg tablet</i>	19
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<i>piperacillin</i>	5	<i>pravastatin sodium</i>	26
<i>piperacillin-tazobactam</i>	5	<i>prazosin hcl</i>	26
<i>piroxicam capsule</i>	39	PRECOSE	33
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PLASMA-LYTE A PH 7.4	41	<i>prednisolone 15 mg/5 ml soln</i>	33
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PLAVIX 300 MG TABLET	41	<i>prednisolone acetate suspension drops</i>	47
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<i>podofilox</i>	29	<i>prednisone intensol</i>	33
<i>polycin-b</i>	47	<i>prednisone solution, -tablet</i>	33
<i>poly-dex</i>	47	PREFEST	44
<i>polyethylene glycol 3350</i>	35	PREMARIN CREAM WITH APPLICATOR	44
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<i>polymyxin b sul-trimethoprim</i>	47		

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<i>prenatal multivitamin w-iron</i>	44	PROLEUKIN	37
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<i>prevalite</i>	26	PROMACTA	37
<i>previfem</i>	45	<i>promethazine hcl injection</i>	49
PREZISTA 150 MG TABLET	5	<i>promethazine hcl suppository rectal</i>	19
PREZISTA 400 MG TABLET, -600 MG TABLET	5	<i>promethazine hcl syrup, -tablet</i>	49
	5	<i>promethegan</i>	19
PREZISTA 75 MG TABLET	5	PROMETRIUM	45
PRIFTIN	5	PROPAFENONE HCL ER 225 MG CAP	26
PRIMAQUINE	5	PROPAFENONE HCL SR 225 MG CAP, -SR	
PRIMAXIN	5	325 MG CAP, -SR 425 MG CAP	26
PRIMAXIN I.M.	5	<i>propafenone hcl tablet</i>	26
<i>primidone tablet</i>	19	<i>propantheline bromide tablet</i>	35
PRIMSOL	5	<i>proparacaine hcl drops</i>	47
PRISTIQ	19	PROPINE	47
PRIVIGEN	37	<i>propranolol hcl capsule sustained action, -</i>	
PROAIR HFA	49	<i>solution, -tablet</i>	26
<i>probenecid</i>	39	<i>propranolol hcl injection</i>	26
<i>probenecid-colchicine</i>	39	<i>propranolol-hydrochlorothiazid</i>	26
<i>procainamide hcl injection</i>	26	<i>propylthiouracil</i>	33
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<i>procto-pak</i>	35	PROZAC 40 MG PULVULE	19
<i>proctosol-hc</i>	35	PROZAC WEEKLY	20
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<i>pyridostigmine bromide</i>	20	REMICADE	11
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<i>quinapril hcl</i>	26	REVELA	42
<i>quinapril-hydrochlorothiazide</i>	26	REQUIP	20
<i>quinidine gluconate injection</i>	26	REQUIP XL	20
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<i>quinidine sulfate tablet, -tablet sustained action</i>	26	<i>reserpine tablet</i>	27
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RANEXA	26	RETROVIR CAPSULE, -SYRUP, -TABLET	6
<i>ranitidine hcl capsule, -syrup, -150 mg tablet, -300 mg tablet</i>	35	RETROVIR INJECTION	6
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