2013 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS COVERED BY THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to understand your plan's drug coverage.

Please note that "plan" refers to **Express Scripts Medicare™** (PDP) for Tennessee Valley Authority (TVA) throughout this formulary.

Customer Service department phone number 1-800-592-4520
Customer Service TTY phone number 1-800-716-3231
Customer Service days and hours of operation ..... 24 hours a day, 7 days a week
Customer Service is available in English and other languages.

Website ..... http://www.Express-Scripts.com

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2014.

A Medicare-approved Part D sponsor

This document is available in braille. Please call the Customer Service numbers listed above if you need plan information in another format.

Formulary ID Number: 13109, v5

Effective Date: January 1, 2013
Last Updated: 09/11/2012

What is the plan formulary?

A formulary is a list of covered Medicare Part D drugs selected by the plan 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. The plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Pharmacy Directory* and other plan materials.

Can the formulary change?

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing amount 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, 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. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe, or if 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 are taking the drug. This enclosed formulary is current as of the date indicated on the front cover. **To get updated information about the drugs covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.** If there are any additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time after the changes take effect.

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, Hypertension/Lipids."

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 37. 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 "Drug Name" column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) 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:** You or your doctor is required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the drugs may not be covered.

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. For example, the plan provides two inhalers (17 grams) for a 1-month supply per prescription for PROAIR® HFA. This may be in addition to a standard 1-month or 3-month supply.

- **Step Therapy:** In some cases, you are required 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 **http://www.Express-Scripts.com**.

You can ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the formulary?" on the following page for information about how to request an exception.

What if my drug is not on the formulary?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. If your drug is not included in this list of covered drugs, you should first contact our Customer Service department at the numbers provided on the front cover of this formulary and ask if your drug is covered.

If you learn that your drug is not covered, you have two options:

- You can ask our Customer Service department for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.

- You can ask us to make an exception and cover your drug. See the following page for information about how to request an exception.

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 are taking.

How do I request an exception to the formulary?

You can ask us 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, the amount of the drug that we will cover is limited. 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 Non-Preferred Brand Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug 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 our Specialty Drug tier.

You should contact us to ask 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 prescribing doctor supporting your request.** Generally, we must make our decision within 72 hours of getting your doctor's supporting statement. You can request an expedited (fast) exception if you or your doctor believes 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 doctor's supporting statement.

Generally, your request for an exception will only be approved if the alternative drugs included in the plan formulary, the lower-tiered drugs, or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Can I get a temporary transition supply while I wait for an exception decision?

While you talk to your doctor to determine the right course of action for you, or while you wait for a coverage decision from us, we may cover a temporary transition supply of your drug in certain cases during the first 90 days of your plan membership.

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 transition supply when you go to a network pharmacy. This temporary transition supply will be for a maximum of 31 days, or less if your prescription is written for fewer days. In that case, you will be allowed multiple fills to provide up to a total of a 31-day supply of the medication.

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

Other times when we will cover a temporary 31-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

The plan will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 37.

The "Drug Name" column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NEXIUM®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*). The information in the "Requirements/Limits" column tells you if there are any special requirements for coverage of your drug.

If you are not sure whether your drug is covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.

Your Costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Express Scripts Medicare has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of four drug tiers. Each tier may have a different cost-sharing amount. The "Drug Tiers" chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

Your other plan materials have more information about your plan's coverage stages and list the specific cost-sharing amounts for each tier.

Drug Tiers

Tier	Includes	Helpful tips
Tier 1: **Generic Drugs**	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: **Preferred Brand Drugs**	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs.
Tier 3: **Non-Preferred Brand Drugs**	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.
Tier 4: **Specialty Tier Drugs**	This tier includes very high-cost drugs.	To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the cover of this document.

If you qualify for Extra Help

If you qualify for Extra Help paying for your prescription drugs, your cost-sharing amounts may be lower than the standard plan benefit. Members who qualify for Extra Help will receive a notice called "Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs" ("Extra Help Rider"). Please read it to find out what your costs are. You can also contact Customer Service at the numbers listed on the front cover of this formulary for more information.

For more information

For more detailed information about your Medicare prescription drug coverage and this plan's specific costs, please review your other plan materials.

If you need additional information on network pharmacies or filling prescriptions via mail order, or if you have any other questions, please call our Customer Service department using the information provided on the front cover of this formulary.

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

Below is a list of abbreviations that may appear on the following pages in the "Requirements/Limits" column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

CB: Capped Benefit. This prescription drug has a capped benefit limit.

ED: Enhanced Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs or total out-of-pocket costs (that is, the amount you pay does not help you qualify for Catastrophic Coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.

GC: Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to your other plan materials for more information about this coverage.

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at the numbers provided on the front cover of this formulary.

LA: Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, call Customer Service at the numbers provided on the front cover of this formulary.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

PA: Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover this drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try a certain drug 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Commonly Prescribed Therapeutic Drug Categories

ANTI - INFECTIVES

ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Require-ments/ Limits
amphotericin b	1	PA MO
ANCOBON	2	MO
clotrimazole troc	1	MO
ERAXIS INJ 100MG	2	
fluconazole in dextrose inj 56mg/ml; 400mg/200ml	1	
fluconazole susr	1	MO
fluconazole tabs	1	MO
flucytosine	1	MO
GRIS-PEG	3	MO
griseofulvin microsize	1	MO
itraconazole	1	MO
ketoconazole	1	MO
NOXAFIL	2	MO
nystatin susp	1	MO
nystatin tabs	1	MO
SPORANOX ORAL SOLN	2	MO
terbinafine tabs	1	MO
VFEND IV	2	MO
VFEND SUSR	2	MO
voriconazole tabs	1	MO

ANTIVIRALS

Drug Name	Drug Tier	Require-ments/ Limits
acyclovir caps	1	MO
acyclovir inj 500mg	1	MO
acyclovir susp	1	MO
acyclovir tabs	1	MO
amantadine	1	MO
APTIVUS CAPS	4	QL(360 per 90 days) MO
APTIVUS ORAL SOLN	4	QL(950 per 90 days)
ATRIPLA	4	QL(90 per 90 days) MO
BARACLUDE ORAL SOLN	2	QL(1890 per 90 days) MO
BARACLUDE TABS	2	QL(90 per 90 days) MO
COMPLERA	4	QL(90 per 90 days) MO
CRIXIVAN	2	MO
didanosine	1	QL(90 per 90 days) MO
EDURANT	4	QL(90 per 90 days) MO
EMTRIVA CAPS	2	QL(90 per 90 days) MO
EMTRIVA ORAL SOLN	2	QL(2210 per 90 days) MO
EPIVIR HBV	2	MO
EPIVIR ORAL SOLN	2	QL(2880 per 90 days) MO
EPZICOM	4	QL(90 per 90 days) MO
famciclovir	1	MO
foscarnet sodium	1	PA MO
FUZEON	4	QL(180 per 90 days) MO
ganciclovir caps	1	MO
HEPSERA	4	QL(90 per 90 days) MO
INCIVEK	4	PA QL(504 per 84 days) MO
INTELENCE TABS 200MG	4	QL(180 per 90 days) MO
INTELENCE TABS 100MG	4	QL(360 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits
INVIRASE CAPS	3	QL(900 per 90 days) MO
INVIRASE TABS	4	QL(360 per 90 days) MO
ISENTRESS	4	QL(360 per 90 days) MO
KALETRA ORAL SOLN	4	QL(1280 per 90 days) MO
KALETRA TABS 200MG; 50MG	4	QL(360 per 90 days) MO
KALETRA TABS 100MG; 25MG	2	QL(900 per 90 days) MO
lamivudine tabs 300mg	1	QL(90 per 90 days) MO
lamivudine tabs 150mg	1	QL(180 per 90 days) MO
lamivudine/zidovudine	1	QL(180 per 90 days) MO
LEXIVA SUSP	2	QL(5175 per 90 days) MO
LEXIVA TABS	4	QL(360 per 90 days) MO
nevirapine tabs	1	QL(180 per 90 days) MO
NORVIR CAPS	2	QL(1080 per 90 days) MO
NORVIR ORAL SOLN	2	QL(1440 per 90 days) MO
NORVIR TABS	2	QL(1080 per 90 days) MO
PREZISTA TABS 150MG	2	QL(540 per 90 days)

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 75MG	2	QL(900 per 90 days) MO
PREZISTA TABS 400MG, 600MG	4	QL(180 per 90 days) MO
REBETOL ORAL SOLN	2	PA MO
RELENZA DISKHALER	2	QL(300 per 365 days) MO
RESCRIPTOR TABS 200MG	3	QL(540 per 90 days) MO
RESCRIPTOR TABS 100MG	3	QL(1080 per 90 days) MO
RETROVIR IV INFUSION	2	MO
REYATAZ CAPS 300MG	2	QL(90 per 90 days) MO
REYATAZ CAPS 150MG, 200MG	2	QL(180 per 90 days) MO
REYATAZ CAPS 100MG	2	QL(360 per 90 days) MO
ribapak tabs	4	PA MO
ribasphere caps	1	PA MO
ribasphere tabs 400mg	1	PA
ribasphere tabs 200mg	1	PA MO
ribasphere tabs 600mg	4	PA MO
ribavirin	1	PA
rimantadine hcl	1	MO
SELZENTRY TABS 150MG	4	QL(180 per 90 days) MO
SELZENTRY TABS 300MG	4	QL(360 per 90 days) MO
stavudine caps	1	QL(180 per 90 days) MO
SUSTIVA CAPS 200MG	2	QL(360 per 90 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
SUSTIVA CAPS 50MG	2	QL(630 per 90 days) MO
SUSTIVA TABS	2	QL(90 per 90 days) MO
TAMIFLU CAPS 45MG, 75MG	2	QL(60 per 365 days) MO
TAMIFLU CAPS 30MG	2	QL(120 per 365 days) MO
TAMIFLU SUSR	2	QL(720 per 365 days) MO
TRIZIVIR	4	QL(180 per 90 days) MO
TRUVADA	4	QL(90 per 90 days) MO
TYZEKA	4	MO
valacyclovir hcl tabs 1000mg	1	QL(100 per 90 days) MO
valacyclovir hcl tabs 500mg	1	QL(200 per 90 days) MO
VALCYTE ORAL SOLN	4	
VALCYTE TABS	4	MO
VICTRELIS	4	PA QL(1008 per 84 days) MO
VIDEX PEDIATRIC ORAL SOLN 2GM	2	QL(3600 per 90 days) MO
VIRACEPT TABS 625MG	4	QL(360 per 90 days) MO
VIRACEPT TABS 250MG	4	QL(900 per 90 days) MO
VIRAMUNE SUSP	2	QL(3600 per 90 days) MO
VIREAD POWD	2	QL(720 per 90 days) MO
VIREAD TABS	2	QL(90 per 90 days) MO
ZERIT ORAL SOLN	3	QL(7200 per 90 days) MO
ZIAGEN ORAL SOLN	2	QL(2880 per 90 days) MO
ZIAGEN TABS	2	QL(180 per 90 days) MO
zidovudine caps	1	QL(540 per 90 days) MO
zidovudine syrp	1	QL(5520 per 90 days) MO
zidovudine tabs	1	QL(180 per 90 days) MO
CEPHALOSPORINS		
cefaclor	1	MO
cefadroxil	1	MO
cefazolin inj 10gm, 1gm; 5%, 500mg	1	
cefazolin inj 1gm	1	MO
cefdinir	1	MO
cefepime inj 2gm	1	
cefepime inj 1gm	1	MO
cefotaxime sodium inj 10gm, 1gm	1	
cefotaxime sodium inj 2gm	1	MO
cefoxitin sodium inj 10gm, 2gm	1	
cefoxitin sodium inj 1gm	1	MO
cefpodoxime proxetil	1	MO
ceftazidime inj 1gm, 6gm	1	
ceftazidime inj 2gm	1	MO
ceftriaxone sodium inj 10gm	1	
ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg	1	MO
cefuroxime axetil tabs	1	MO
cefuroxime sodium inj 7.5gm	1	

Drug Name	Drug Tier	Require-ments/ Limits
cefuroxime sodium inj 1.5gm, 750mg	1	MO
cephalexin	1	MO
FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	2	
SUPRAX SUSR	3	MO
SUPRAX TABS	3	
TEFLARO	2	
ZINACEF IN ISO-OSMOTIC DEXTROSE	2	
ZINACEF IN ISO-OSMOTIC DILUENT	2	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin inj 500mg	1	MO
azithromycin susr	1	MO
azithromycin tabs	1	MO
clarithromycin	1	MO
clarithromycin er	1	MO
DIFICID	2	QL(60 per 90 days) MO
e.e.s. 400	1	MO
E.E.S. GRANULES	2	MO
ERY-TAB TBEC 500MG	2	MO
ery-tab tbec 250mg, 333mg	1	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	2	
erythrocin stearate	1	MO
ERYTHROMYCIN BASE	2	MO
erythromycin ethylsuccinate	1	MO
ZMAX	2	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	MO
ALINIA	2	MO
amikacin sulfate inj 500mg/2ml, 50mg/ml	1	MO
atovaquone/proguanil hcl tabs 250mg; 100mg	1	MO
AZACTAM IN ISO-OSMOTIC DEXTROSE	2	
AZACTAM INJ 2GM	2	MO
aztreonam inj 1gm	1	MO
BILTRICIDE	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
CAPASTAT SULFATE	3	
CAYSTON	4	LA
chloroquine	1	MO
CLEOCIN GALAXY	2	
CLEOCIN IN D5W	2	
clindamycin hcl caps 150mg, 300mg	1	MO
clindamycin phosphate add-vantage	1	MO
COARTEM	2	MO
colistimethate sodium	1	MO
CUBICIN	2	PA MO
DAPSONE	2	MO
DARAPRIM	2	MO
ethambutol tabs 400mg	1	
ethambutol tabs 100mg	1	MO
gentamicin sulfate inj 10mg/ml	1	
gentamicin sulfate inj 40mg/ml	1	MO
gentamicin sulfate/0.9% sodium chloride	1	
gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9%	1	
hydroxychloroquine	1	MO
imipenem/cilastatin	1	MO
ISONIAZID SYRP	2	MO
isoniazid tabs	1	MO
isotonic gentamicin inj 0.8mg/ml; 0.9%	1	
KETEK	2	QL(20 per 30 days) MO
MALARONE	2	MO
mefloquine hcl	1	MO
MEPRON	4	MO
meropenem inj 500mg	1	MO
metronidazole	1	MO
metronidazole in nacl 0.79%	1	MO
MYCOBUTIN	2	MO
NEBUPENT	2	PA MO
neomycin sulfate	1	MO
paromomycin	1	MO
PASER	2	MO
PRIMAQUINE	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
QUALAQUIN	2	MO
rifampin	1	MO
SEROMYCIN	2	MO
STREPTOMYCIN SULFATE	2	MO
STROMECTOL	2	MO
TOBI	4	PA MO
tobramycin inj 10mg/ml, 80mg/2ml	1	MO
TOBRAMYCIN SULFATE / SODIUM CHLORIDE	2	
TRECATOR	2	MO
TYGACIL	2	MO
XIFAXAN TABS 200MG	2	QL(9 per 30 days) MO
XIFAXAN TABS 550MG	2	QL(180 per 90 days) MO
ZYVOX INJ	2	MO
ZYVOX SUSR	2	QL(1800 per 30 days) MO
ZYVOX TABS	2	QL(56 per 30 days) MO
PENICILLINS		
amoxicillin	1	MO
amoxicillin/clavulanate potassium	1	MO
amoxicillin/clavulanate potassium er	1	MO
amoxicillin/potassium clavulanate tabs	1	MO
ampicillin caps	1	MO
ampicillin inj 125mg, 1gm	1	
ampicillin inj 10gm	1	MO
ampicillin susr	1	MO
ampicillin-sulbactam inj 10gm; 5gm	1	
ampicillin-sulbactam inj 2gm; 1gm	1	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
dicloxacillin sodium	1	MO
nafcillin sodium inj 10gm	1	
nafcillin sodium inj 1gm	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
NALLPEN/DEXTROSE INJ 0; 1GM/50ML	2	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
penicillin g potassium inj 5mu	1	
PENICILLIN G PROCAINE	2	MO
PENICILLIN G SODIUM	2	
penicillin v potassium	1	MO
pfizerpen-g inj 20mu	1	
piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm	1	
piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm	1	MO
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	2	
QUINOLONES		
CIPRO I.V.-IN D5W INJ 200MG/100ML; 5%	2	MO
ciprofloxacin inj 400mg/40ml	1	
ciprofloxacin tabs	1	MO
levofloxacin	1	MO
levofloxacin in d5w inj 5%; 500mg/100ml	1	
NOROXIN	3	MO
ofloxacin	1	MO
SULFA'S / RELATED AGENTS		
sulfadiazine	1	MO
sulfamethoxazole/trimethoprim	1	MO
sulfamethoxazole/trimethoprim ds	1	MO
TETRACYCLINES		
demeclocycline hcl	2	MO
doxycycline caps 75mg	1	MO
doxycycline hyclate caps	1	MO
doxycycline hyclate inj	1	MO
doxycycline hyclate tabs	1	MO
doxycycline hyclate tbec	1	MO
doxycycline monohydrate tabs 150mg, 50mg, 75mg	1	MO
minocycline hcl	1	MO
minocycline hcl er	1	MO
tetracycline hcl	1	MO
VIBRAMYCIN SUSR	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
VIBRAMYCIN SYRP	2	MO
URINARY TRACT AGENTS		
MACRODANTIN CAPS 25MG	2	MO
methenamine hippurate	1	MO
nitrofurantoin	1	MO
nitrofurantoin macrocrystalline caps 50mg	1	MO
nitrofurantoin monohydrate	1	MO
PRIMSOL	3	MO
trimethoprim	1	MO
VANCOMYCIN		
vancomycin caps	1	MO
vancomycin inj 10gm, 500mg	1	PA
vancomycin inj 1000mg	1	PA MO
VIBATIV INJ 250MG	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
amifostine	4	MO
dexrazoxane inj 500mg	1	MO
ELITEK INJ 1.5MG	4	
FUSILEV	4	
leucovorin calcium inj 100mg, 350mg	1	MO
leucovorin calcium tabs 25mg, 5mg	1	MO
LEUCOVORIN CALCIUM TABS 10MG, 15MG	2	MO
mesna	1	MO
MESNEX TABS	2	MO
XGEVA	4	PA QL(5.1 per 90 days) MO
ZINECARD INJ 250MG	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	3	MO
adriamycin inj 2mg/ml	1	
AFINITOR TABS 10MG, 7.5MG	4	PA QL(180 per 90 days) MO
AFINITOR TABS 2.5MG, 5MG	4	PA QL(270 per 90 days) MO
ALIMTA INJ 500MG	3	MO
ALKERAN INJ	3	
anastrozole	1	MO
ARRANON	3	
ARZERRA	2	MO
AVASTIN INJ 100MG/4ML	3	MO
azathioprine	1	PA MO
azathioprine sodium	1	MO
bicalutamide	1	MO
BICNU	3	MO
bleomycin sulfate inj 30unit	1	MO
BUSULFEX	2	
CAMPATH	3	MO
CAPRELSA TABS 300MG	4	QL(90 per 90 days)
CAPRELSA TABS 100MG	4	QL(180 per 90 days)
carboplatin inj 150mg/15ml	1	MO
CEENU	2	MO
CELLCEPT INTRAVENOUS	2	
CELLCEPT SUSR	2	PA MO
cisplatin inj 100mg/100ml	1	MO
cladribine	1	MO
CLOLAR	3	MO
COSMEGEN	3	MO
cyclophosphamide tabs	1	PA MO
cyclosporine caps 100mg, 25mg	1	PA MO
CYCLOSPORINE CAPS 50MG	2	PA MO
cyclosporine inj	1	
cyclosporine oral soln	1	PA MO
CYTARABINE AQUEOUS INJ 100MG/ML	2	MO
cytarabine aqueous inj 20mg/ml	1	MO
cytarabine inj 500mg	1	MO
dacarbazine inj 200mg	1	MO
DACOGEN	2	MO
daunorubicin hcl inj 5mg/ml	1	
DOCEFREZ	4	
docetaxel inj 80mg/4ml	1	

Drug Name	Drug Tier	Require-ments/ Limits
DOCETAXEL INJ 80MG/8ML	2	
DOXIL	2	MO
doxorubicin hcl inj 2mg/ml	1	MO
DROXIA	2	MO
ELLENCE INJ 200MG/100ML	3	MO
ELOXATIN INJ 100MG/20ML	3	MO
ELSPAR	3	MO
EMCYT	2	MO
epirubicin hcl inj 50mg/25ml	1	
ERBITUX INJ 100MG/50ML	3	MO
ERIVEDGE	4	PA MO
ETOPOPHOS	3	MO
etoposide inj	1	MO
exemestane	1	MO
FARESTON	3	MO
FASLODEX	4	MO
FIRMAGON INJ 120MG	4	QL(240 per 84 days) MO
FIRMAGON INJ 80MG	2	QL(240 per 84 days) MO
fludarabine phosphate inj 50mg	1	MO
fluorouracil inj 500mg/10ml	1	MO
flutamide	1	MO
gemcitabine hcl inj 1gm	4	MO
gengraf	1	PA MO
GLEEVEC	4	MO
HALAVEN	4	MO
HERCEPTIN	3	MO
HEXALEN	4	MO
hydroxyurea	1	MO
idarubicin hcl inj 10mg/10ml	1	
IFEX INJ 3GM	3	MO
ifosfamide inj 1gm	1	MO
INLYTA	4	PA MO
irinotecan inj 100mg/5ml	4	MO
ISTODAX	2	MO
IXEMPRA KIT INJ 45MG	4	MO
JAKAFI	4	PA QL(180 per 90 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
JEVTANA	4	MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide acetate	1	MO
LUPRON DEPOT INJ 3.75MG	2	MO
LUPRON DEPOT INJ 22.5MG, 30MG, 45MG, 7.5MG	4	MO
LUPRON DEPOT-PED INJ 11.25MG, 15MG	4	MO
LYSODREN	2	MO
MATULANE	4	MO
MEGACE ES	2	QL(150 per 30 days) MO
megestrol acetate	1	MO
melphalan hydrochloride	1	
mercaptopurine	1	MO
methotrexate	1	PA MO
methotrexate sodium inj 25mg/ml	1	MO
METHOTREXATE SODIUM INJ 1GM	3	
mitomycin inj 20mg	1	MO
mitoxantrone hcl	1	MO
MUSTARGEN	3	MO
mycophenolate mofetil	1	PA MO
MYFORTIC	2	PA MO
NEORAL	2	PA MO
NEXAVAR	4	LA PA QL(360 per 90 days) MO
NILANDRON	3	QL(120 per 90 days) MO
NIPENT	3	MO
NULOJIX	4	MO
octreotide inj 1000mcg/ml, 500mcg/ml	4	MO
octreotide inj 100mcg/ml, 200mcg/ml, 50mcg/ml	1	MO
ONTAK	3	
oxaliplatin inj 100mg/20ml	4	
paclitaxel inj 300mg/50ml	1	MO
pentostatin	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
PROGRAF INJ	2	
RAPAMUNE	2	PA MO
REVLIMID CAPS 15MG, 25MG	4	LA QL(21 per 28 days) MO
REVLIMID CAPS 10MG, 5MG	4	LA QL(30 per 30 days) MO
RHEUMATREX	3	PA MO
RITUXAN	2	PA MO
SANDIMMUNE CAPS	2	PA MO
SANDIMMUNE INJ	2	
SANDIMMUNE ORAL SOLN	2	PA MO
SANDOSTATIN LAR DEPOT	3	MO
SIMULECT INJ 20MG	2	MO
SOMATULINE DEPOT	4	MO
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	4	QL(90 per 90 days) MO
SPRYCEL TABS 20MG	4	QL(180 per 90 days) MO
SUTENT	4	PA QL(90 per 90 days) MO
TABLOID	2	MO
tacrolimus	1	PA MO
tamoxifen citrate	1	MO
TARCEVA TABS 100MG, 150MG	4	PA QL(90 per 90 days) MO
TARCEVA TABS 25MG	4	PA QL(180 per 90 days) MO
TARGRETIN	2	MO
TASIGNA	4	QL(336 per 84 days) MO
TAXOTERE INJ 80MG/4ML	4	MO
THALOMID	4	PA MO
thiotepa	1	MO
toposar	1	MO
topotecan hcl inj 4mg	1	MO
TORISEL	4	PA MO
TREANDA INJ 100MG	4	MO
TRELSTAR DEPOT MIXJECT	3	MO
TRELSTAR LA MIXJECT	3	MO
TRELSTAR MIXJECT	3	
tretinoin	1	MO
TRISENOX	2	MO
TYKERB	4	LA QL(540 per 90 days) MO
VECTIBIX INJ 100MG/5ML	4	MO
VELCADE	3	MO
VIDAZA	4	QL(4200 per 90 days) MO
vinblastine sulfate inj 10mg	1	
vincasar pfs	1	MO
vincristine sulfate	1	MO
vinorelbine tartrate inj 50mg/5ml	1	MO
VOTRIENT	4	QL(360 per 90 days) MO
XALKORI	4	PA QL(180 per 90 days) MO
YERVOY INJ 50MG/10ML	4	PA MO
ZANOSAR	3	MO
ZELBORAF	4	PA QL(720 per 90 days) MO
ZOLINZA	4	QL(360 per 90 days) MO
ZORTRESS TABS 0.5MG, 0.75MG	4	PA MO
ZORTRESS TABS 0.25MG	2	PA MO
ZYTIGA	4	PA QL(360 per 90 days) MO

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

BANZEL	2	MO
carbamazepine	1	MO
carbamazepine er cp12	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
CARBATROL	2	MO
CELONTIN	2	MO
clonazepam	1	MO
clonazepam odt	1	MO
diazepam gel	1	MO
DILANTIN CAPS 30MG	2	MO
DILANTIN INFATABS	2	MO
divalproex sodium	1	MO
divalproex sodium dr	1	MO
divalproex sodium er	1	MO
epitol	1	MO
ethosuximide	1	MO
felbamate	1	MO
FELBATOL	2	MO
fosphenytoin sodium inj 100mg pe/2ml	1	MO
gabapentin	1	MO
GABITRIL	2	MO
LAMICTAL ODT TBDP	2	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	2	MO
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	2	MO
LAMICTAL STARTER/TAKING VALPROATE	2	MO
LAMICTAL XR KIT	2	MO
LAMICTAL XR TB24 100MG, 200MG, 250MG, 25MG, 50MG	2	MO
lamotrigine	1	MO
levetiracetam er	1	MO
levetiracetam inj 500mg/5ml	1	
levetiracetam oral soln	1	MO
levetiracetam tabs	1	MO
LYRICA CAPS 225MG, 300MG	2	QL(180 per 90 days) MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	2	QL(270 per 90 days) MO
ONFI	2	MO
oxcarbazepine	1	MO
PEGANONE	2	MO
phenobarbital elix	1	PA MO
phenobarbital tabs 30mg	1	PA
phenobarbital tabs 16.2mg, 32.4mg, 64.8mg, 97.2mg	1	PA MO
phenytoin	1	MO
PHENYTOIN SODIUM	2	
phenytoin sodium extended	1	MO
POTIGA	3	MO
primidone	1	MO
SABRIL	2	MO
TEGRETOL-XR TB12 100MG	2	MO
topiramate	1	MO
TRILEPTAL SUSP	3	MO
valproate sodium	1	MO
valproic acid	1	MO
VIMPAT INJ	2	
VIMPAT ORAL SOLN	2	MO
VIMPAT TABS	2	MO
zonisamide	1	MO
ANTIPARKINSONISM AGENTS		
APOKYN	2	LA MO
AZILECT	2	MO
benztropine mesylate inj	1	
benztropine mesylate tabs	1	MO
bromocriptine mesylate	1	MO
carbidopa / levodopa	1	MO
carbidopa / levodopa er	1	MO
carbidopa/levodopa odt	1	MO
COMTAN	2	MO
LODOSYN	2	MO
MIRAPEX ER	2	MO
pramipexole dihydrochloride	1	MO
ropinirole	1	MO
ropinirole er	1	MO
selegiline	1	MO
STALEVO 100	2	MO
STALEVO 125	2	MO
STALEVO 150	2	MO
STALEVO 200	2	MO
STALEVO 50	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
STALEVO 75	2	MO
trihexyphenidyl	1	MO
ZELAPAR	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
dihydroergotamine mesylate	2	MO
ergotamine tartrate / caffeine	1	MO
migergot	1	MO
MIGRANAL	3	QL(24 per 90 days) MO
naratriptan hcl tabs 2.5mg	1	QL(24 per 90 days) MO
naratriptan hcl tabs 1mg	1	QL(36 per 90 days) MO
RELPAX	2	QL(36 per 90 days) MO
sumatriptan succinate inj 6mg/0.5ml	1	QL(12 per 90 days) MO
sumatriptan succinate tabs 100mg	1	QL(27 per 90 days) MO
sumatriptan succinate tabs 25mg, 50mg	1	QL(54 per 90 days) MO
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT TABS 23MG	2	QL(90 per 90 days) MO
COPAXONE	4	PA QL(90 per 90 days) MO
donepezil hcl	1	QL(90 per 90 days) MO
EXELON ORAL SOLN	2	MO
EXELON PT24	2	QL(90 per 90 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
galantamine hydrobromide cp24	1	QL(90 per 90 days) MO
galantamine hydrobromide oral soln	1	MO
galantamine hydrobromide tabs	1	QL(180 per 90 days) MO
GILENYA	4	PA QL(28 per 28 days) MO
MYTELASE	2	MO
NAMENDA ORAL SOLN	2	MO
NAMENDA TABS 10MG	2	QL(180 per 90 days) MO
NAMENDA TABS 5MG	2	QL(270 per 90 days) MO
NAMENDA TITRATION PAK	2	MO
NUEDEXTA	2	QL(180 per 90 days) MO
rivastigmine tartrate	1	QL(180 per 90 days) MO
XENAZINE	4	LA MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen	1	MO
cyclobenzaprine hcl tabs 10mg, 5mg	1	MO
dantrolene sodium caps	1	MO
LIORESAL INTRATHECAL INJ 0.05MG/ML	2	PA
LIORESAL INTRATHECAL INJ 10MG/20ML, 10MG/5ML	2	PA MO
MESTINON SYRP	2	MO
MESTINON TIMESPAN	2	MO
pyridostigmine bromide	1	MO
regonol	1	
tizanidine hcl	1	MO
NARCOTIC ANALGESICS		
acetaminophen / codeine	1	MO
acetaminophen/codeine #3	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
ascomp/codeine	1	MO
BUPRENEX	2	MO
buprenorphine hcl inj	1	
buprenorphine hcl subl	1	MO
codeine sulfate tabs	1	MO
DILAUDID INJ	2	MO
DILAUDID-5	2	MO
DILAUDID-HP INJ 10MG/ML	2	
duramorph	1	MO
endocet tabs 650mg; 10mg	1	QL(540 per 90 days) MO
endocet tabs 500mg; 7.5mg	1	QL(720 per 90 days) MO
endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(1080 per 90 days) MO
EXALGO	2	MO
fentanyl citrate oral transmucosal lpop 200mcg	1	PA QL(360 per 90 days) MO
fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	4	PA QL(360 per 90 days) MO
fentanyl patches	1	QL(30 per 90 days) MO
hydrocodone bitartrate/acetaminophen oral soln	1	QL(5550 per 30 days) MO
hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg	1	QL(450 per 90 days) MO
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	1	QL(1080 per 90 days) MO
hydrocodone/acetaminophen oral soln	1	QL(3600 per 30 days) MO
hydrocodone/acetaminophen tabs 750mg; 7.5mg	1	QL(450 per 90 days) MO
hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg	1	QL(540 per 90 days) MO
hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg	1	QL(720 per 90 days) MO
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(1080 per 90 days) MO
hydrocodone/ibuprofen	1	MO
hydromorphone hcl inj 500mg/50ml	2	
hydromorphone hcl tabs	1	MO
levorphanol tartrate	1	MO
methadone hcl conc	1	MO
methadone hcl inj	1	
methadone hcl oral soln	1	MO
methadone hcl tabs	1	MO
methadose tabs	1	MO
morphine sulfate er	1	MO
morphine sulfate oral soln	1	MO
morphine sulfate tabs	1	MO
ONSOLIS FILM 1200MCG, 400MCG, 600MCG, 800MCG	2	PA QL(360 per 90 days)
ONSOLIS FILM 200MCG	2	PA QL(720 per 90 days)
OPANA ER (CRUSH RESISTANT)	2	QL(540 per 90 days) MO
oxycodone / acetaminophen caps	1	QL(720 per 90 days) MO
oxycodone / acetaminophen tabs 650mg; 10mg	1	QL(540 per 90 days) MO
oxycodone / acetaminophen tabs 500mg; 7.5mg	1	QL(720 per 90 days) MO
oxycodone / acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(1080 per 90 days) MO
oxycodone hcl caps	1	QL(1080 per 90 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
oxycodone hcl conc	1	QL(1800 per 90 days) MO
oxycodone hcl tabs 15mg, 30mg	1	QL(540 per 90 days) MO
oxycodone hcl tabs 5mg	1	QL(1080 per 90 days) MO
oxycodone/aspirin	1	MO
OXYCONTIN	2	QL(540 per 90 days) MO
oxymorphone hydrochloride	1	MO
oxymorphone hydrochloride er	1	MO
reprexain tabs 10mg; 200mg	1	MO
ROXICET ORAL SOLN	2	QL(5580 per 90 days) MO
stagesic	1	QL(720 per 90 days) MO
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
butorphanol tartrate nasal soln	1	PA QL(30 per 90 days) MO
CELEBREX	3	PA QL(180 per 90 days) MO
diclofenac potassium	1	MO
diclofenac sodium dr	1	MO
diclofenac sodium er	1	MO
diflunisal	1	MO
etodolac caps 200mg	1	MO
etodolac tabs	1	MO
etodolac tb24	1	MO
fenoprofen calcium	1	MO
FLECTOR	3	MO
flurbiprofen	1	MO
ibuprofen susp	1	MO
ibuprofen tabs 400mg, 600mg, 800mg	1	MO
indomethacin caps	1	MO
indomethacin er	1	MO
ketoprofen	1	MO
ketoprofen er	1	MO
meclofenamate sodium	1	MO
mefenamic acid	1	MO
meloxicam	1	MO
nabumetone	1	MO
naloxone inj 1mg/ml	1	
naltrexone	1	MO
naproxen	1	MO
naproxen sodium tabs 275mg, 550mg	1	MO
NUCYNTA	2	QL(541 per 90 days) MO
NUCYNTA ER	2	QL(180 per 90 days) MO
oxaprozin	1	MO
PENNSAID	2	MO
piroxicam	1	MO
SUBOXONE	2	MO
sulindac	1	MO
tolmetin sodium	1	MO
tramadol	1	QL(720 per 90 days) MO
tramadol hcl er tb24 300mg	2	QL(90 per 90 days)
tramadol hcl er tb24 100mg, 200mg	2	QL(90 per 90 days) MO
VIMOVO	2	QL(180 per 90 days) MO
VOLTAREN GEL	2	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY DISCMELT TBDP 15MG	3	QL(180 per 90 days) MO
ABILIFY DISCMELT TBDP 10MG	3	QL(270 per 90 days) MO
ABILIFY INJ	3	MO

Drug Name	Drug Tier	Require-ments/ Limits
ABILIFY ORAL SOLN	3	MO
ABILIFY TABS 20MG, 2MG, 30MG, 5MG	3	QL(90 per 90 days) MO
ABILIFY TABS 15MG	3	QL(180 per 90 days) MO
ABILIFY TABS 10MG	3	QL(270 per 90 days) MO
amitriptyline	1	MO
amoxapine	1	MO
budeprion sr	1	QL(180 per 90 days) MO
budeprion xl tb24 300mg	1	QL(90 per 90 days) MO
budeprion xl tb24 150mg	1	QL(270 per 90 days)
bupropion hcl	1	MO
bupropion hcl sr	1	QL(180 per 90 days) MO
buspirone hcl	1	MO
chlordiazepoxide/amitriptyline	1	MO
chlorpromazine	1	MO
citalopram oral soln	1	MO
citalopram tabs 40mg	1	QL(90 per 90 days) MO
citalopram tabs 10mg	1	QL(180 per 90 days) MO
citalopram tabs 20mg	1	QL(270 per 90 days) MO
clomipramine	1	MO
clorazepate dipotassium	1	MO
clozapine tabs 100mg, 25mg, 50mg	1	
CLOZAPINE TABS 200MG	2	
CYMBALTA CPEP 60MG	2	QL(180 per 90 days) MO
CYMBALTA CPEP 30MG	2	QL(360 per 90 days) MO
CYMBALTA CPEP 20MG	2	QL(540 per 90 days) MO
desipramine	1	MO
dextroamphetamine sulfate	1	PA MO
dextroamphetamine sulfate er	1	PA MO
diazepam intensol	1	MO
diazepam oral soln	1	MO
diazepam tabs	1	MO
doxepin	1	MO
EMSAM	3	QL(90 per 90 days) MO
escitalopram oxalate oral soln	1	QL(1920 per 90 days) MO
escitalopram oxalate tabs	1	QL(90 per 90 days) MO
FANAPT TABS 1MG, 2MG, 4MG	3	QL(90 per 90 days) MO
FANAPT TABS 10MG, 12MG, 6MG, 8MG	3	QL(180 per 90 days) MO
FANAPT TITRATION PACK	3	MO
FAZACLO	3	
fluoxetine caps 40mg	1	QL(180 per 90 days) MO
fluoxetine caps 20mg	1	QL(360 per 90 days) MO
fluoxetine caps 10mg	1	QL(720 per 90 days) MO
fluoxetine dr	1	QL(12 per 90 days) MO
fluoxetine oral soln	1	MO
fluoxetine tabs 20mg	1	QL(360 per 90 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
fluoxetine tabs 10mg	1	QL(720 per 90 days) MO
fluphenazine conc	1	
fluphenazine decanoate inj	1	MO
fluphenazine elix	1	MO
fluphenazine inj	1	MO
fluphenazine tabs	1	MO
fluvoxamine	1	QL(270 per 90 days) MO
FOCALIN XR	2	PA MO
GEODON INJ	3	MO
HALDOL	2	MO
HALDOL DECANOATE 100	2	MO
HALDOL DECANOATE 50	2	MO
haloperidol	1	MO
haloperidol decanoate inj	1	MO
haloperidol lactate inj	1	MO
imipramine	1	MO
imipramine pamoate	2	MO
INTUNIV	3	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	2	QL(0.75 per 90 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	2	QL(1.5 per 90 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	2	QL(2.25 per 90 days) MO
INVEGA SUSTENNA INJ 156MG/ML	2	QL(3 per 90 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	2	QL(4.5 per 90 days) MO
INVEGA TB24 1.5MG, 3MG, 9MG	3	QL(90 per 90 days) MO
INVEGA TB24 6MG	3	QL(180 per 90 days) MO
LATUDA TABS 80MG	2	QL(90 per 90 days) MO
LATUDA TABS 40MG	2	QL(180 per 90 days) MO
LATUDA TABS 20MG	2	QL(360 per 90 days) MO
lithium carbonate	1	MO
lithium carbonate er	1	MO
lithium citrate	1	MO
lorazepam intensol	1	MO
lorazepam tabs	1	MO
loxapine	1	MO
LUNESTA	3	QL(90 per 90 days) MO
maprotiline	1	MO
MARPLAN	2	MO
METADATE CD CPCR 20MG, 30MG, 40MG, 50MG, 60MG	3	PA MO
methylphenidate hcl	1	PA MO
methylphenidate hcl er cp24	1	PA MO
methylphenidate hydrochloride	1	PA MO
mirtazapine	1	QL(90 per 90 days) MO
mirtazapine odt tbdp 30mg, 45mg	1	QL(90 per 90 days) MO
nefazodone	1	QL(180 per 90 days) MO
nortriptyline	1	MO
olanzapine inj	1	MO
olanzapine odt	1	QL(90 per 90 days) MO
olanzapine tabs	1	QL(90 per 90 days) MO
ORAP	2	MO
paroxetine er tb24 12.5mg, 37.5mg	1	QL(180 per 90 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
paroxetine er tb24 25mg	1	QL(270 per 90 days) MO
paroxetine tabs 20mg, 40mg	1	QL(90 per 90 days) MO
paroxetine tabs 10mg, 30mg	1	QL(180 per 90 days) MO
PAXIL SUSP	2	MO
perphenazine	1	MO
phenelzine sulfate	1	MO
PRISTIQ	2	QL(90 per 90 days) MO
protriptyline hcl	1	MO
PROVIGIL	2	PA QL(90 per 90 days) MO
quetiapine fumarate tabs 25mg, 300mg, 400mg	1	QL(180 per 90 days) MO
quetiapine fumarate tabs 100mg, 200mg, 50mg	1	QL(270 per 90 days) MO
RISPERDAL CONSTA	2	QL(12 per 84 days) MO
risperidone odt	1	QL(180 per 90 days) MO
risperidone oral soln	1	MO
risperidone tabs	1	QL(180 per 90 days) MO
RITALIN LA	3	PA MO
SAPHRIS	2	QL(180 per 90 days) MO
SEROQUEL XR TB24 150MG, 300MG, 400MG	2	QL(180 per 90 days) MO
SEROQUEL XR TB24 200MG, 50MG	2	QL(270 per 90 days) MO
sertraline conc	1	MO
sertraline tabs 100mg, 25mg	1	QL(180 per 90 days) MO
sertraline tabs 50mg	1	QL(270 per 90 days) MO
SILENOR	3	QL(90 per 90 days) MO
STRATTERA	2	MO
SYMBYAX	3	QL(90 per 90 days) MO
temazepam	1	MO
thioridazine	1	MO
thiothixene	1	MO
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine maleate	1	MO
venlafaxine hcl er cp24 150mg, 37.5mg	1	QL(90 per 90 days) MO
venlafaxine hcl er cp24 75mg	1	QL(270 per 90 days) MO
venlafaxine hcl tabs 100mg, 25mg, 37.5mg	1	QL(270 per 90 days) MO
venlafaxine hcl tabs 75mg	1	QL(450 per 90 days) MO
venlafaxine hcl tabs 50mg	1	QL(675 per 90 days) MO
VIIBRYD KIT	2	QL(30 per 365 days) MO
VIIBRYD TABS	2	QL(90 per 90 days) MO
XYREM	4	PA
zaleplon caps 5mg	1	QL(90 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits
zaleplon caps 10mg	1	QL(180 per 90 days) MO
ziprasidone hcl	1	QL(180 per 90 days) MO
zolpidem	1	QL(90 per 90 days) MO
zolpidem tartrate er	1	QL(90 per 90 days) MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone inj 50mg/ml	1	
amiodarone tabs	1	MO
disopyramide phosphate	1	MO
flecainide acetate	1	MO
mexiletine	1	MO
MULTAQ	2	MO
NORPACE CR	2	MO
PACERONE TABS 100MG	2	MO
pacerone tabs 200mg	1	MO
procainamide	1	
propafenone hcl	1	MO
propafenone hcl er	1	MO
quinidine gluconate er	1	MO
quinidine sulfate	1	MO
quinidine sulfate er	1	MO
sorine tabs 240mg	1	
sorine tabs 120mg, 160mg, 80mg	1	MO
sotalol	1	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	MO
afeditab cr	1	MO
amiloride	1	MO
amiloride/hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine / benazepril	1	QL(90 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits
AMTURNIDE	2	QL(90 per 90 days) MO
atenolol	1	MO
atenolol / chlorthalidone	1	MO
benazepril	1	MO
benazepril / hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 25mg	1	QL(360 per 90 days) MO
benazepril / hydrochlorothiazide tabs 10mg; 12.5mg	1	QL(720 per 90 days) MO
benazepril / hydrochlorothiazide tabs 5mg; 6.25mg	1	QL(1440 per 90 days) MO
BENICAR HCT	2	QL(90 per 90 days) MO
BENICAR TABS 20MG, 40MG	2	QL(90 per 90 days) MO
BENICAR TABS 5MG	2	QL(180 per 90 days) MO
betaxolol hcl tabs 20mg	1	MO
bisoprolol fumarate	1	MO
bisoprolol fumarate / hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC	2	MO
captopril	1	MO
captopril/hydrochlorothiazide tabs 25mg; 15mg, 25mg; 25mg, 50mg; 15mg	1	QL(90 per 90 days) MO
captopril/hydrochlorothiazide tabs 50mg; 25mg	1	QL(270 per 90 days) MO
cartia xt	1	MO
carvedilol	1	MO
chlorothiazide	1	MO
chlorothiazide sodium	1	MO
chlorthalidone tabs 25mg, 50mg	1	MO
clonidine ptwk	1	MO
clonidine tabs	1	MO
COREG CR	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
DEMSER	2	MO
DIBENZYLINE	3	MO
dilt-cd cp24 120mg, 300mg	1	MO
dilt-xr cp24 180mg, 240mg	1	MO
diltiazem cd cp24 120mg, 240mg, 300mg	1	MO
diltiazem hcl er cp12	1	MO
diltiazem hcl er cp24 180mg, 360mg	1	MO
diltiazem hcl inj 50mg/10ml	1	
DILTIAZEM HCL INJ 100MG	2	
diltiazem hcl tabs	1	MO
doxazosin	1	QL(180 per 90 days) MO
EDECRIN	2	MO
enalapril	1	MO
enalapril / hydrochlorothiazide tabs 5mg; 12.5mg	1	QL(90 per 90 days) MO
enalapril / hydrochlorothiazide tabs 10mg; 25mg	1	QL(180 per 90 days) MO
eplerenone	1	MO
eprosartan mesylate	1	QL(90 per 90 days) MO
EXFORGE	2	QL(90 per 90 days) MO
EXFORGE HCT	2	QL(90 per 90 days) MO
felodipine er	1	MO
fosinopril	1	MO
fosinopril / hydrochlorothiazide tabs 10mg; 12.5mg	1	QL(90 per 90 days) MO
fosinopril / hydrochlorothiazide tabs 20mg; 12.5mg	1	QL(360 per 90 days) MO
furosemide inj	1	MO
furosemide oral soln 10mg/ml	1	MO
FUROSEMIDE ORAL SOLN 8MG/ML	2	MO
furosemide tabs	1	MO
guanfacine hcl	1	MO
hydralazine	1	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	QL(90 per 90 days) MO
irbesartan/hydrochlorothiazide	1	QL(90 per 90 days) MO
isradipine	1	MO
labetalol inj	1	
labetalol tabs	1	MO
lisinopril	1	MO
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg	1	QL(90 per 90 days) MO
lisinopril/hydrochlorothiazide tabs 25mg; 20mg	1	QL(360 per 90 days) MO
losartan potassium tabs 100mg	1	QL(90 per 90 days) MO
losartan potassium tabs 25mg, 50mg	1	QL(180 per 90 days) MO
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg	1	QL(90 per 90 days) MO
losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg	1	QL(180 per 90 days) MO
matzim la	1	MO
methyclothiazide	1	MO
metolazone	1	MO
metoprolol succinate er	1	
metoprolol tartrate inj	1	
metoprolol tartrate tabs	1	MO
metoprolol/hydrochlorothiazide	1	MO
MICARDIS HCT	2	QL(90 per 90 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
MICARDIS TABS 20MG, 40MG	2	QL(90 per 90 days) MO
MICARDIS TABS 80MG	2	QL(180 per 90 days) MO
minoxidil tabs	1	MO
moexipril	1	MO
moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 12.5mg; 7.5mg	1	QL(90 per 90 days) MO
moexipril/hydrochlorothiazide tabs 25mg; 15mg	1	QL(180 per 90 days) MO
nadolol	1	MO
nadolol/bendroflumethiazide	1	MO
nicardipine caps	1	MO
nifediac cc tb24 90mg	1	MO
nifedical xl	1	MO
nifedipine	1	MO
nifedipine er tb24 30mg, 60mg	1	
nifedipine er tb24 90mg	1	MO
nimodipine	1	MO
nisoldipine	1	MO
nisoldipine er	1	MO
perindopril erbumine	1	MO
pindolol	1	MO
prazosin	1	QL(360 per 90 days) MO
propranolol hcl er	1	MO
propranolol hcl inj	1	
propranolol hcl oral soln	1	MO
propranolol hcl tabs	1	MO
propranolol/hydrochlorothiazide	1	MO
quinapril	1	MO
quinapril/hydrochlorothiazide	1	QL(90 per 90 days) MO
ramipril	1	MO
REMODULIN	4	PA MO
reserpine	1	MO
spironolactone	1	MO
spironolactone/hydrochlorothiazide	1	MO
taztia xt	1	MO
TEKAMLO	2	QL(90 per 90 days) MO
TEKTURNA	2	QL(90 per 90 days) MO
TEKTURNA HCT	2	QL(90 per 90 days) MO
terazosin hcl	1	QL(180 per 90 days) MO
timolol maleate	1	MO
torsemide tabs	1	MO
trandolapril	1	MO
triamterene/hydrochlorothiazide	1	MO
TWYNSTA	2	QL(90 per 90 days) MO
verapamil er	1	MO
verapamil inj	1	
verapamil tabs	1	MO
CARDIAC GLYCOSIDES		
digoxin inj	1	
digoxin oral soln	1	MO
digoxin tabs	1	MO
LANOXIN INJ	2	
LANOXIN TABS	2	MO
COAGULATION THERAPY		
AGGRENOX	2	MO
BRILINTA	2	MO
cilostazol	1	MO
clopidogrel	1	MO
CYKLOKAPRON	2	MO
enoxaparin sodium inj 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	1	MO
enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml	4	MO
fondaparinux sodium	1	MO
FRAGMIN	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	1	MO
heparin sodium/d5w inj 5%; 40unit/ml	1	
HEPARIN SODIUM/NACL 0.45%	2	
heparin sodium/sodium chloride 0.9% premix	1	
jantoven	1	MO
LOVENOX INJ 300MG/3ML	2	MO
pentoxifylline er	1	MO
PRADAXA	2	MO
PROMACTA	4	LA PA QL(90 per 90 days) MO
ticlopidine hcl	1	MO
warfarin	1	MO
XARELTO	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
atorvastatin calcium	1	QL(90 per 90 days) MO
cholestyramine light pack	1	MO
colestipol	1	MO
CRESTOR	2	QL(90 per 90 days) MO
fenofibrate	1	MO
fenofibrate micronized	1	MO
fluvastatin	1	QL(90 per 90 days) MO
gemfibrozil	1	MO
LIPOFEN	2	MO
lovastatin tabs 10mg	1	QL(90 per 90 days) MO
lovastatin tabs 20mg, 40mg	1	QL(180 per 90 days) MO
LOVAZA	2	MO
NIASPAN	2	MO
pravastatin tabs 10mg, 20mg, 80mg	1	QL(90 per 90 days) MO
pravastatin tabs 40mg	1	QL(180 per 90 days) MO
prevalite powd	1	MO
simvastatin	1	QL(90 per 90 days) MO
TRILIPIX	2	MO
WELCHOL	2	MO
ZETIA	2	QL(90 per 90 days) MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
RANEXA	2	MO
NITRATES		
isosorbide dinitrate	1	MO
isosorbide dinitrate er	1	MO
isosorbide mononitrate er	1	MO
isosorbide mononitrate tabs 20mg	1	MO
nitro-bid	1	MO
nitroglycerin inj	1	PA
nitroglycerin pt24	1	MO
nitroglycerin transdermal pt24 0.1mg/hr	1	MO
NITROLINGUAL PUMPSPRAY	2	MO
NITROSTAT	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
calcipotriene external soln	1	MO
calcipotriene oint	1	MO
selenium sulfide lotn	1	MO
SORIATANE	2	MO
BURN THERAPY		
silver sulfadiazine	1	MO
ssd	1	MO
thermazene	1	MO
MISCELLANEOUS DERMATOLOGICALS		

Drug Name	Drug Tier	Require-ments/ Limits
8-MOP	2	MO
ammonium lactate	1	MO
CARAC	2	MO
CARMOL-HC	2	MO
CONDYLOX GEL	2	MO
ELIDEL	3	MO
FLUOROPLEX	2	MO
fluorouracil crea	1	MO
imiquimod	1	MO
laclotion	1	MO
OXSORALEN ULTRA	4	MO
PANRETIN	2	MO
podofilox	1	MO
PROTOPIC	3	MO
REGRANEX	2	PA MO
SOLARAZE	3	MO
UVADEX	3	
VEREGEN	3	MO
THERAPY FOR ACNE		
adapalene	1	
amnesteem	1	
avita crea	1	MO
AZELEX	2	MO
CLARAVIS CAPS 10MG, 20MG, 40MG	2	
claravis caps 30mg	4	
clindamycin phosphate external soln	1	MO
clindamycin phosphate foam	1	MO
clindamycin phosphate gel	1	MO
clindamycin phosphate lotn	1	MO
clindamycin phosphate swab	1	MO
clindamycin/benzoyl peroxide gel 5%; 1%	1	MO
DIFFERIN GEL 0.3%	2	MO
DIFFERIN LOTN	2	MO
ery	1	MO
erythromycin / benzoyl peroxide	1	MO
erythromycin external soln	1	MO
erythromycin gel	1	MO
FINACEA	2	MO
METROGEL	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
metronidazole	1	MO
TAZORAC	2	MO
tretinoin	1	MO
TOPICAL ANESTHETICS		
lidocaine / prilocaine crea	1	MO
lidocaine external soln	1	MO
lidocaine gel	1	MO
lidocaine inj 0.5%, 1%	1	
lidocaine oint	1	MO
lidocaine viscous	1	MO
LIDODERM	2	PA MO
TOPICAL ANTIBACTERIALS		
ALTABAX	2	MO
BACTROBAN CREA	2	MO
gentamicin sulfate crea	1	MO
gentamicin sulfate oint 0.1%	1	MO
mupirocin	1	MO
PHISOHEX	2	MO
sulfacetamide sodium susp	1	MO
SULFAMYLON	2	MO
TOPICAL ANTIFUNGALS		
ciclopirox	1	MO
ciclopirox nail lacquer	1	MO
ciclopirox olamine	1	MO
clotrimazole / betamethasone	1	MO
clotrimazole external crea	1	MO
clotrimazole external soln	1	MO
econazole nitrate	1	MO
ketoconazole	1	MO
NAFTIN CREA 1%	2	MO
NAFTIN GEL	2	MO
nyamyc	1	MO
nystatin / triamcinolone	1	MO
nystatin crea	1	MO
nystatin external powd	1	
nystatin oint	1	MO
nystop	1	MO
pedi-dri	1	MO
TOPICAL ANTIVIRALS		
DENAVIR	2	MO
ZOVIRAX CREA	3	MO

Drug Name	Drug Tier	Require-ments/ Limits
ZOVIRAX OINT	3	MO
TOPICAL CORTICOSTEROIDS		
ala-cort	1	MO
alclometasone dipropionate	1	MO
amcinonide	1	MO
augmented betamethasone dipropionate crea	1	MO
augmented betamethasone dipropionate lotn	1	MO
augmented betamethasone dipropionate oint	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
CAPEX	2	MO
clobetasol propionate crea	1	MO
clobetasol propionate external soln	1	
clobetasol propionate foam	1	
clobetasol propionate gel	1	MO
clobetasol propionate lotn	1	MO
clobetasol propionate oint	1	MO
clobetasol propionate sham	1	MO
CORDRAN TAPE	2	MO
DERMA-SMOOTHE / FS BODY OIL	2	MO
desonide	1	MO
desoximetasone crea	1	MO
desoximetasone gel	1	MO
desoximetasone oint 0.25%	1	MO
diflorasone diacetate	1	MO
fluocinolone acetonide	1	MO
fluocinolone acetonide body	1	MO
fluocinonide external soln	1	MO
fluocinonide gel	1	MO
fluocinonide oint	1	MO
fluocinonide-e	1	MO
fluticasone propionate	1	MO
halobetasol propionate	1	MO
hydrocortisone crea 1%, 2.5%	1	MO
hydrocortisone lotn 2.5%	1	MO
hydrocortisone oint 1%, 2.5%	1	MO
hydrocortisone valerate	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
LOCOID LOTN	2	MO
LUXIQ	2	MO
mometasone furoate	1	MO
PANDEL	2	MO
prednicarbate	1	MO
triamcinolone acetonide crea	1	MO
triamcinolone acetonide lotn	1	MO
triamcinolone acetonide oint	1	MO
triderm	1	MO
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX	2	MO
lindane	1	QL(1800 per 365 days) MO
malathion	1	MO
permethrin crea	1	MO
ULESFIA	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
ACTONEL TABS 30MG	3	PA QL(60 per 120 days) MO
ADAGEN	4	LA MO
alendronate sodium tabs 40mg	1	QL(180 per 365 days) MO
anagrelide hydrochloride	1	MO
ANTABUSE TABS 250MG	2	MO
ARALAST NP INJ 400MG	4	LA MO
BUPHENYL	2	MO
CAMPRAL	2	QL(540 per 90 days) MO
CARBAGLU	4	LA MO
CHEMET	2	MO
CLINIMIX 4.25%/DEXTROSE 5%	2	
DEXTROSE 10%/NACL 0.45%	2	
dextrose 10% flex container	1	
DEXTROSE 10%/NACL 0.2%	2	

Drug Name	Drug Tier	Require-ments/ Limits
dextrose 2.5%/sodium chloride 0.45%	1	
dextrose 5%	1	MO
dextrose 5%/lactated ringers	1	
dextrose 5%/nacl 0.2%	1	
dextrose 5%/nacl 0.225%	1	
DEXTROSE 5%/NACL 0.33%	2	
dextrose 5%/nacl 0.45%	1	MO
dextrose 5%/nacl 0.9%	1	MO
disulfiram	1	MO
etidronate disodium	1	MO
EVOXAC	2	MO
EXJADE TBSO 125MG	2	LA MO
EXJADE TBSO 250MG, 500MG	4	LA MO
FOSRENOL	2	MO
INCRELEX	4	LA PA MO
kionex powd	1	MO
levocarnitine oral soln	1	PA MO
levocarnitine tabs	1	PA MO
midodrine	1	MO
ORFADIN	4	LA MO
pilocarpine hcl tabs	1	MO
PROLASTIN-C	4	LA
RECLAST	3	MO
RENVELA	2	MO
RILUTEK	4	MO
SKELID	3	PA QL(180 per 90 days) MO
sodium chloride 0.9%	1	MO
sodium chloride inj 0.9%	1	MO
sodium polystyrene sulfonate susp	1	MO
SYPRINE	2	MO
SMOKING DETERRENTS		
buproban	1	PA QL(180 per 90 days) MO
CHANTIX	2	PA QL(168 per 90 days) MO
CHANTIX STARTING MONTH PAK	2	PA MO

Drug Name	Drug Tier	Require-ments/ Limits
NICOTROL INHALER	3	PA QL(1008 per 90 days) MO
NICOTROL NASAL	3	PA QL(120 per 90 days) MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ASTEPRO	2	MO
azelastine hcl	1	MO
BACTROBAN NASAL	2	MO
chlorhexidine gluconate oral rinse	1	MO
ipratropium bromide nasal soln	1	MO
periogard	1	MO
triamcinolone in orabase	1	MO
TYZINE	2	MO
TYZINE PEDIATRIC NASAL DROPS	2	
MISCELLANEOUS OTIC PREPARATIONS		
acetasol hc	1	MO
acetic acid	1	MO
DERMOTIC	2	MO
fluocinolone acetonide	1	MO
hydrocortisone/acetic acid	1	MO
ofloxacin	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	2	MO
CORTISPORIN-TC	2	MO
neomycin/polymyxin/hc	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
a-hydrocort	1	MO
cortisone acetate	1	MO
DEPO-MEDROL	2	MO
dexamethasone elix	1	MO
dexamethasone inj 4mg/ml	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
DEXAMETHASONE INTENSOL	2	MO
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg	1	MO
DEXAMETHASONE TABS 1MG, 2MG	2	MO
fludrocortisone acetate	1	MO
hydrocortisone tabs	1	MO
methylprednisolone acetate	1	MO
methylprednisolone dose pack	1	MO
METHYLPREDNISOLONE SODIUMSUCCINATE INJ 1GM	2	MO
methylprednisolone tabs 32mg	1	PA
methylprednisolone tabs 16mg, 4mg, 8mg	1	PA MO
prednisolone sodium phosphate oral soln	1	PA MO
prednisone	1	PA MO
PREDNISONE INTENSOL	2	PA MO
SOLU-CORTEF INJ 100MG, 250MG	2	MO
SOLU-MEDROL INJ 2GM	2	
SOLU-MEDROL INJ 125MG, 40MG, 500MG	2	MO
ANTITHYROID AGENTS		
methimazole	1	MO
propylthiouracil	1	MO
DIABETES THERAPY		
acarbose	1	QL(270 per 90 days) MO
ACTOPLUS MET	2	QL(270 per 90 days) MO
ACTOS	2	QL(90 per 90 days) MO
ALCOHOL PREPS PADS	2	
AVANDAMET	2	QL(180 per 90 days) MO
AVANDARYL TABS 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	2	QL(90 per 90 days) MO
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	2	QL(180 per 90 days) MO
AVANDIA TABS 8MG	2	QL(90 per 90 days) MO
AVANDIA TABS 2MG, 4MG	2	QL(180 per 90 days) MO
BYDUREON	2	MO
BYETTA	2	QL(7.2 per 90 days) MO
DUETACT	2	QL(90 per 90 days) MO
GAUZE PADS 2"X2"	2	MO
glimepiride tabs 1mg, 2mg	1	QL(90 per 90 days) MO
glimepiride tabs 4mg	1	QL(180 per 90 days) MO
glipizide / metformin	1	QL(360 per 90 days) MO
glipizide er tb24 2.5mg, 5mg	1	QL(90 per 90 days) MO
glipizide er tb24 10mg	1	QL(180 per 90 days) MO
glipizide tabs 10mg	1	QL(360 per 90 days) MO
glipizide tabs 5mg	1	QL(720 per 90 days) MO
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT	2	MO
glyburide / metformin tabs 1.25mg; 250mg, 2.5mg; 500mg	1	QL(180 per 90 days) MO
glyburide / metformin tabs 5mg; 500mg	1	QL(360 per 90 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
glyburide micronized	1	QL(180 per 90 days) MO
glyburide tabs 1.25mg, 2.5mg	1	QL(180 per 90 days) MO
glyburide tabs 5mg	1	QL(360 per 90 days) MO
HUMALOG	2	QL(60 per 30 days) MO
HUMALOG KWIKPEN	2	QL(60 per 30 days) MO
HUMALOG MIX 50/50	2	QL(60 per 30 days) MO
HUMALOG MIX 50/50 KWIKPEN	2	QL(60 per 30 days) MO
HUMALOG MIX 75/25	2	QL(60 per 30 days) MO
HUMALOG MIX 75/25 KWIKPEN	2	QL(60 per 30 days) MO
HUMULIN 70/30	2	QL(60 per 30 days) MO
HUMULIN 70/30 PEN	2	QL(60 per 30 days) MO
HUMULIN N	2	QL(60 per 30 days) MO
HUMULIN N U-100 PEN	2	QL(60 per 30 days) MO
HUMULIN R	2	QL(60 per 30 days) MO
HUMULIN R U-500 (CONCENTRATED)	2	QL(60 per 30 days) MO
INSULIN PEN NEEDLE	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO
JANUMET	2	QL(180 per 90 days) MO
JANUVIA	2	QL(90 per 90 days) MO
JENTADUETO	2	QL(180 per 90 days) MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	2	QL(90 per 90 days) MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	2	QL(180 per 90 days) MO
LANTUS	2	QL(30 per 30 days) MO
LANTUS SOLOSTAR	2	QL(30 per 30 days) MO
metformin hcl er tb24 750mg	1	QL(270 per 90 days) MO
metformin hcl er tb24 500mg	1	QL(450 per 90 days) MO
metformin hcl tabs 1000mg	1	QL(180 per 90 days) MO
metformin hcl tabs 850mg	1	QL(270 per 90 days) MO
metformin hcl tabs 500mg	1	QL(450 per 90 days) MO
nateglinide	1	QL(270 per 90 days) MO
NEEDLES, INSULIN DISP., SAFETY	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
NOVOLOG	2	QL(60 per 30 days) MO
NOVOLOG FLEXPEN	2	QL(60 per 30 days) MO
NOVOLOG MIX 70/30	2	QL(60 per 30 days) MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	QL(60 per 30 days) MO
ONGLYZA	2	QL(90 per 90 days) MO
PRANDIN TABS 0.5MG, 1MG	2	QL(360 per 90 days) MO
PRANDIN TABS 2MG	2	QL(720 per 90 days) MO
PROGLYCEM	2	MO
SYMLINPEN 120	3	QL(33 per 90 days) MO
SYMLINPEN 60	3	QL(33 per 90 days) MO
tolazamide	1	MO
tolbutamide	1	MO
TRADJENTA	2	QL(90 per 90 days) MO
MISCELLANEOUS HORMONES		
ALDURAZYME	4	LA MO
ANDROGEL GEL 50MG/5GM	2	PA MO
ANDROGEL PUMP GEL 1.62%	2	PA MO
androxy	2	PA MO
cabergoline	1	MO
calcitonin-salmon	1	QL(12 per 90 days) MO
calcitriol caps	1	PA MO
calcitriol inj	1	PA MO
calcitriol oral soln	1	PA MO

Drug Name	Drug Tier	Require-ments/ Limits
CEREZYME INJ 200UNIT	4	LA MO
danazol	1	MO
desmopressin acetate	1	MO
FABRAZYME INJ 35MG	4	LA MO
fortical	1	QL(12 per 90 days) MO
KUVAN	4	LA MO
NAGLAZYME	4	LA MO
oxandrolone tabs 10mg	4	PA MO
oxandrolone tabs 2.5mg	2	PA MO
SAMSCA TABS 30MG	4	QL(730 per 365 days) MO
SAMSCA TABS 15MG	4	QL(1460 per 365 days) MO
SENSIPAR TABS 60MG, 90MG	4	MO
SENSIPAR TABS 30MG	2	MO
SOMAVERT	2	PA MO
STIMATE	2	MO
SYNAREL	3	MO
testosterone cypionate	1	PA MO
testosterone enanthate	1	PA MO
ZAVESCA	2	LA
ZEMPLAR	2	PA MO
ZOMETA INJ 4MG/5ML	4	QL(30 per 90 days) MO
THYROID HORMONES		
levothyroxine tabs	1	
levoxyl	1	MO
liothyronine sodium tabs	1	MO
unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine sulfate inj 0.1mg/ml	1	
ATROPINE SULFATE INJ 0.05MG/ML	2	
dicyclomine hcl caps	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
dicyclomine hcl oral soln	1	MO
glycopyrrolate	1	MO
loperamide hcl caps	1	MO
propantheline bromide	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AMITIZA	2	MO
APRISO	2	MO
ASACOL	2	MO
ASACOL HD	2	MO
balsalazide	1	MO
budesonide cp24	1	MO
CANASA	2	MO
CIMZIA	4	PA QL(6 per 28 days) MO
compro	1	MO
CORTIFOAM	2	MO
CREON	2	MO
cromolyn sodium conc	1	MO
CYSTADANE	2	MO
DIPENTUM	3	MO
dronabinol	1	PA MO
EMEND CAPS 40MG	2	PA QL(3 per 90 days) MO
EMEND CAPS 125MG	2	PA QL(6 per 90 days) MO
EMEND CAPS	2	PA QL(18 per 90 days) MO
EMEND CAPS 80MG	2	PA QL(24 per 90 days) MO
ENTOCORT EC	2	MO
enulose	1	MO
GASTROCROM	2	MO
gavilyte-c	1	QL(4000 per 30 days) MO
gavilyte-g	1	QL(4000 per 30 days) MO
gavilyte-n/flavor pack	1	QL(4000 per 30 days) MO
granisetron inj 0.1mg/ml, 1mg/ml	1	QL(42 per 90 days) MO
granisetron tabs	1	PA QL(180 per 90 days) MO
HALFLYTELY BOWEL PREP/FLAVOR PACKS	2	QL(6 per 90 days) MO
hydrocortisone enem	1	
lactulose	1	MO
LIALDA	2	MO
LOTRONEX	2	QL(180 per 90 days) MO
meclizine hcl	1	MO
metoclopramide	1	MO
MOVIPREP	3	QL(6 per 90 days) MO
ondansetron hcl inj 4mg/2ml	1	MO
ondansetron hcl oral soln	1	PA MO
ondansetron hcl tabs 24mg	1	PA QL(21 per 90 days)
ondansetron hcl tabs 4mg, 8mg	1	PA QL(135 per 90 days) MO
ondansetron odt	1	PA QL(135 per 90 days) MO
PENTASA	2	MO
polyethylene glycol 3350 powd	1	
prochlorperazine	1	
prochlorperazine edisylate	1	MO
prochlorperazine maleate	1	MO
RELISTOR INJ 12MG/0.6ML	2	MO
REMICADE	4	PA MO
SANCUSO	2	QL(6 per 90 days) MO
SUCRAID	4	
sulfasalazine tabs	1	MO
sulfazine ec	1	

Drug Name	Drug Tier	Requirements/ Limits
trilyte	1	QL(4000 per 30 days) MO
ursodiol	1	MO
ZENPEP CPEP 16000UNIT; 3000UNIT; 10000UNIT	2	
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT, 136000UNIT; 25000UNIT; 85000UNIT, 27000UNIT; 5000UNIT; 17000UNIT, 55000UNIT; 10000UNIT; 34000UNIT, 82000UNIT; 15000UNIT; 51000UNIT	2	MO
ULCER THERAPY		
CARAFATE SUSP	2	MO
famotidine inj	1	MO
famotidine premixed	1	
famotidine susr	1	MO
famotidine tabs 20mg, 40mg	1	MO
lansoprazole	1	QL(180 per 90 days) MO
misoprostol tabs 200mcg	1	MO
NEXIUM	2	QL(90 per 90 days) MO
NEXIUM I.V. INJ 20MG	2	
NEXIUM I.V. INJ 40MG	2	MO
nizatidine	1	MO
omeprazole cpdr 40mg	1	QL(90 per 90 days) MO
omeprazole cpdr 10mg, 20mg	1	QL(180 per 90 days) MO
omeprazole/sodium bicarbonate	1	QL(90 per 90 days) MO
pantoprazole	1	QL(180 per 90 days) MO
PREVPAC	3	MO
PYLERA	2	MO
ranitidine hcl caps	1	MO
ranitidine hcl syrp	1	MO
ranitidine hcl tabs	1	MO
sucralfate	1	MO
ZANTAC INJ 50MG/50ML; 0.45%	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	4	LA PA MO
ARANESP INJ 500MCG/ML	2	PA QL(3 per 90 days) MO
ARANESP INJ 150MCG/0.3ML	2	PA QL(3.6 per 90 days) MO
ARANESP INJ 200MCG/0.4ML	2	PA QL(4.8 per 90 days) MO
ARANESP INJ 100MCG/0.5ML	2	PA QL(6 per 90 days) MO
ARANESP INJ 300MCG/0.6ML, 60MCG/0.3ML	2	PA QL(7.2 per 90 days) MO
ARANESP INJ 40MCG/0.4ML	2	PA QL(9.6 per 90 days) MO
ARANESP INJ 25MCG/0.42ML	2	PA QL(10.08 per 90 days) MO
ARANESP INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	2	PA QL(12 per 90 days) MO
ARANESP INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	2	PA QL(24 per 90 days) MO
ARCALYST	4	LA MO
AVONEX	4	PA QL(12 per 90 days) MO
BETASERON	4	PA QL(45 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits
EPOGEN INJ 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(36 per 90 days) MO
EPOGEN INJ 10000UNIT/ML	3	PA QL(72 per 90 days) MO
INTRON-A INJ 10MU/0.2ML	3	PA
INTRON-A INJ 3MU/0.2ML	2	PA
INTRON-A INJ 6000000UNIT/ML	2	PA MO
INTRON-A INJ 5MU/0.2ML	4	PA
INTRON-A WITH DILUENT INJ 10MU	4	PA MO
LEUKINE	4	PA MO
MOZOBIL	4	QL(4.8 per 90 days) MO
NEULASTA	3	PA QL(3.6 per 90 days) MO
NEUMEGA	4	PA QL(63 per 90 days) MO
NEUPOGEN INJ 300MCG/0.5ML	4	PA QL(21 per 90 days) MO
NEUPOGEN INJ 480MCG/0.8ML	4	PA QL(33.6 per 90 days) MO
NEUPOGEN INJ 480MCG/1.6ML	4	PA QL(67.2 per 90 days) MO
NORDITROPIN FLEXPRO	4	PA MO
NORDITROPIN NORDIFLEX PEN	4	PA MO
OMNITROPE INJ 5MG/1.5ML	3	PA MO
PEG-INTRON INJ 50MCG/0.5ML	4	PA QL(12 per 90 days) MO
PEG-INTRON REDIPEN	4	PA QL(12 per 90 days) MO
PEGASYS INJ 180MCG/0.5ML	4	PA QL(6 per 90 days)
PEGASYS INJ 180MCG/ML	4	PA QL(12 per 90 days) MO
PEGASYS PROCLICK INJ 135MCG/0.5ML	4	PA QL(12 per 90 days) MO
PROCRIT INJ 40000UNIT/ML	2	PA QL(18 per 90 days) MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA QL(36 per 90 days) MO
PROLEUKIN	4	MO
REBIF	4	PA QL(18 per 90 days) MO
REBIF TITRATION PACK	4	PA MO
SYLATRON INJ 888MCG	4	PA QL(8 per 90 days) MO
SYLATRON INJ 296MCG, 444MCG	4	PA QL(12 per 90 days) MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB	2	
ADACEL	2	MO
BOOSTRIX INJ	2	
BOOSTRIX INJ	2	MO
CERVARIX	2	PA
COMVAX	2	MO
DAPTACEL	2	MO
DECAVAC	2	MO
ENGERIX-B INJ 10MCG/0.5ML	2	PA
ENGERIX-B INJ 20MCG/ML	2	PA MO
GARDASIL	2	PA MO
HAVRIX INJ 720ELU/0.5ML	2	
HAVRIX INJ 1440ELU/ML	2	MO
HIZENTRA INJ 1GM/5ML	4	PA MO
INFANRIX	2	MO
IPOL INACTIVATED IPV	2	MO
IXIARO	2	MO
M-M-R II W/DILUENT 10 DOSE	2	MO
MENACTRA	2	MO
MENOMUNE-A/C/Y/W-135	2	MO
MENVEO	2	

Drug Name	Drug Tier	Requirements/ Limits
PEDVAX HIB	2	MO
PRIVIGEN INJ 20GM/200ML	4	PA MO
PROQUAD	2	
RABAVERT	2	MO
RECOMBIVAX HB INJ 40MCG/ML	2	PA
RECOMBIVAX HB INJ 10MCG/ML	2	PA MO
ROTATEQ	2	
TETANUS / DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	MO
THYMOGLOBULIN	2	
TWINRIX	2	MO
TYPHIM VI	2	
VAQTA	2	MO
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	PA

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

Drug Name	Drug Tier	Requirements/ Limits
allopurinol tabs	1	MO
COLCRYS	2	QL(360 per 90 days) MO
probenecid	1	MO
probenecid / colchicine	1	MO
ULORIC	3	PA MO

OSTEOPOROSIS THERAPY

Drug Name	Drug Tier	Requirements/ Limits
ACTONEL TABS 150MG	3	QL(3 per 90 days) ST MO
ACTONEL TABS 35MG	3	QL(12 per 90 days) ST MO
ACTONEL TABS 5MG	3	QL(90 per 90 days) ST MO
alendronate sodium tabs 35mg, 70mg	1	QL(12 per 90 days) MO
alendronate sodium tabs 10mg, 5mg	1	QL(90 per 90 days) MO
EVISTA	2	QL(90 per 90 days) MO
FORTEO	2	QL(7.2 per 90 days) MO
ibandronate sodium	1	PA MO
PROLIA	3	ST MO

OTHER RHEUMATOLOGICALS

Drug Name	Drug Tier	Requirements/ Limits
DEPEN TITRATABS	2	MO
ENBREL	4	PA QL(600 per 90 days) MO
HUMIRA INJ 20MG/0.4ML	4	PA QL(2.4 per 90 days) MO
HUMIRA INJ 40MG/0.8ML	4	PA QL(4.8 per 90 days) MO
HUMIRA PEN-CROHNS DISEASE STARTER	4	PA MO
leflunomide	1	QL(90 per 90 days) MO
ORENCIA INJ 125MG/1ML	4	PA QL(12 per 90 days) MO
RIDAURA	3	MO
SAVELLA	2	QL(180 per 90 days) MO
SAVELLA TITRATION PACK	2	MO
SIMPONI	4	PA QL(1 per 30 days) MO

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

Drug Name	Drug Tier	Requirements/ Limits
ALORA	2	MO
camila	1	MO
CLIMARA PRO	2	MO
COMBIPATCH	2	MO
CRINONE GEL 4%	2	MO
CRINONE GEL 8%	2	PA MO
DELESTROGEN INJ 10MG/ML	3	MO
DEPO-PROVERA	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL GEL 1MG/GM	2	MO
errin	1	MO
ESTRACE CREA	2	MO
estradiol / norethindrone acetate tabs 1mg; 0.5mg	1	MO
estradiol ptwk	1	
estradiol tabs	1	MO
estradiol valerate	1	MO
ESTRING	3	QL(1 per 90 days) MO
estropipate	1	MO
jinteli	1	MO
jolivette	1	MO
medroxyprogesterone acetate	1	MO
MENEST	3	MO
nora-be	1	MO
norethindrone tabs 5mg	1	MO
PREFEST	3	MO
PREMARIN CREA	2	MO
PREMARIN TABS	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
progesterone caps	1	MO
VAGIFEM	2	MO
VIVELLE-DOT	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN SUPP	2	MO
clindamycin phosphate crea	1	MO
metronidazole vaginal	1	MO
miconazole 3	1	MO
NUVARING	3	MO
ORTHO EVRA	3	MO
terconazole crea 0.4%	1	MO
terconazole supp	1	MO
vandazole	1	MO
zazole crea 0.4%	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
amethia	1	MO
amethyst	1	MO
apri	1	MO
aranelle	1	MO
aviane	1	MO
balziva	1	MO
briellyn	1	MO
cryselle-28	1	MO
cyclafem 1/35	1	MO
cyclafem 7/7/7	1	MO
ELLA	2	
emoquette	1	MO
enpresse-28	1	MO
gianvi	1	MO
introvale	1	MO
junel	1	MO
junel fe 1.5/30	1	MO
junel fe 1/20	1	MO
kariva	1	MO
kelnor 1/35	1	MO
leena	1	MO
lessina-28	1	MO
levora	1	MO
low-ogestrel	1	MO
lutera	1	MO
marlissa	1	MO
microgestin 1.5/30	1	MO
microgestin 1/20	1	MO
microgestin fe	1	MO
microgestin fe 1.5/30	1	MO
mononessa	1	MO
necon 0.5/35-28	1	MO
necon 1/35-28	1	MO
necon 10/11-28	1	MO
necon 7/7/7	1	MO
next choice	1	
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7	1	MO
ocella	1	MO
ogestrel	1	MO
orsythia	1	MO
portia-28	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
previfem	1	MO
quasense	1	MO
reclipsen	1	MO
sprintec 28	1	MO
sronyx	1	MO
tri-legest fe	1	MO
tri-previfem	1	MO
tri-sprintec	1	MO
trinessa	1	MO
trivora-28	1	MO
velivet	1	MO
vestura	1	MO
zeosa	1	MO
zovia 1/35e	1	MO
zovia 1/50e	1	MO
OXYTOCICS		
METHERGINE	2	
methylergonovine maleate tabs	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	MO
bacitracin / polymyxin b	1	MO
bacitracin ophthalmic oint	1	MO
BESIVANCE	2	MO
CILOXAN OINT	2	MO
ciprofloxacin ophthalmic soln	1	MO
erythromycin oint	1	MO
gentak oint	1	MO
gentamicin sulfate ophthalmic soln	1	MO
levofloxacin	1	MO
MOXEZA	2	MO
NATACYN	2	MO
neomycin/bacitracin/polymyxin	1	MO
neomycin/polymyxin/gramicidin	1	MO
ofloxacin	1	MO
tobramycin ophthalmic soln	1	MO
TOBREX OINT	2	MO
trimethoprim sulfate/polymyxin b sulfate	1	MO
VIGAMOX	2	MO
ZYMAXID	2	MO
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
betaxolol hcl ophthalmic soln	1	MO
BETOPTIC-S	2	MO
carteolol hcl	1	MO
ISTALOL	2	MO
levobunolol hcl ophthalmic soln 0.5%	1	MO
metipranolol	1	MO
timolol maleate	1	MO
timolol maleate ophthalmic gel forming	1	MO
TIMOPTIC OCUDOSE	2	MO
CYCLOPLEGIC MYDRIATICS		
tropicamide	1	MO
DIRECT ACTING MIOTICS		
PILOPINE HS	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	3	MO
azelastine hcl	1	MO
BEPREVE	2	MO
cromolyn sodium ophthalmic soln	1	MO
epinastine hcl	1	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	2	MO
bromfenac	1	MO
diclofenac sodium	1	MO
flurbiprofen sodium	1	MO
ketorolac tromethamine ophthalmic soln	1	MO
NEVANAC	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
acetazolamide er	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
acetazolamide sodium	1	
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	2	MO
COMBIGAN	2	MO
dorzolamide hcl	1	MO
dorzolamide hcl/timolol maleate	1	MO
latanoprost	1	MO
LUMIGAN	2	MO
TRAVATAN Z	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin/polymyxin/bacitracin/hydrocortisone	1	MO
neomycin/polymyxin/dexamethasone	1	MO
neomycin/polymyxin/hc	1	MO
TOBRADEX OINT	2	MO
TOBRADEX ST	2	MO
tobramycin/dexamethasone	1	MO
ZYLET	2	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
sulfacetamide sodium / prednisolone sodium phospha	1	MO
STEROIDS		
ALREX	2	MO
dexamethasone ophthalmic soln	1	MO
DUREZOL	2	MO
FML	2	MO
FML FORTE	2	MO
LOTEMAX	2	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic soln	1	MO
SULFONAMIDES		
BLEPH-10	2	MO
sodium sulfacetamide ophthalmic soln	1	MO
sulfacetamide sodium oint	1	
SYMPATHOMIMETICS		

Drug Name	Drug Tier	Require-ments/ Limits
ALPHAGAN P	2	MO
apraclonidine	1	MO
brimonidine tartrate	1	MO
IOPIDINE OPHTHALMIC SOLN 1%	3	MO
VASOCONSTRICTOR DECONGESTANTS		
ak-con	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
carbinoxamine maleate	1	MO
cetirizine hcl syrp	1	MO
clemastine fumarate syrp	1	MO
clemastine fumarate tabs 2.68mg	1	MO
epinephrine hcl inj 0.1mg/ml	1	
EPIPEN	2	MO
EPIPEN-JR	2	MO
hydroxyzine hcl	1	MO
levocetirizine dihydrochloride oral soln	1	MO
levocetirizine dihydrochloride tabs	1	QL(90 per 90 days) MO
palgic liqd	1	MO
phenadoz supp 12.5mg	1	
phenadoz supp 25mg	1	MO
promethazine hcl inj 25mg/ml	1	
promethazine hcl inj 50mg/ml	1	MO
promethazine hcl supp	1	MO
promethazine hcl syrp	1	MO
promethazine hcl tabs	1	MO
promethegan supp 25mg, 50mg	1	MO
TWINJECT	2	MO
PULMONARY AGENTS		
acetylcysteine	1	PA MO
ADVAIR DISKUS	2	QL(180 per 90 days) MO
ADVAIR HFA	2	QL(36 per 90 days) MO
albuterol sulfate er	1	MO
albuterol sulfate nebu	1	PA MO

Drug Name	Drug Tier	Require-ments/ Limits
albuterol sulfate syrp	1	MO
albuterol sulfate tabs	1	MO
ALVESCO	3	QL(37 per 90 days) MO
ARCAPTA NEOHALER	3	QL(90 per 90 days) MO
ASMANEX 120 METERED DOSES	2	QL(3 per 90 days) MO
ASMANEX 14 METERED DOSES	2	QL(3 per 90 days) MO
ASMANEX 30 METERED DOSES	2	QL(3 per 90 days) MO
ASMANEX 60 METERED DOSES	2	QL(3 per 90 days) MO
ATROVENT HFA	2	QL(77.4 per 90 days) MO
budesonide susp	1	PA MO
CINRYZE	4	LA PA QL(60 per 90 days)
COMBIVENT	2	QL(88.2 per 90 days) MO
cromolyn sodium nebu	1	PA MO
DALIRESP	2	QL(90 per 90 days) MO
DULERA	3	QL(39 per 90 days) MO
ELIXOPHYLLIN	3	MO
FIRAZYR	4	MO
FLOVENT DISKUS	2	QL(360 per 90 days) MO
FLOVENT HFA	2	QL(72 per 90 days) MO
flunisolide nasal soln 0.025%	1	MO
fluticasone propionate	1	MO
FORADIL AEROLIZER	2	QL(180 per 90 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
ipratropium bromide inhalation soln	1	PA MO
ipratropium bromide/albuterol sulfate	1	PA MO
KALYDECO	4	PA QL(180 per 90 days) MO
LETAIRIS	4	LA PA QL(90 per 90 days) MO
metaproterenol sulfate	1	MO
NASONEX	2	MO
PERFOROMIST	2	PA MO
PROAIR HFA	2	QL(51 per 90 days) MO
PULMICORT SUSP 1MG/2ML	2	PA MO
PULMOZYME	4	PA MO
QVAR	2	QL(53 per 90 days) MO
REVATIO INJ	4	QL(3375 per 90 days) MO
REVATIO TABS	4	PA QL(270 per 90 days) MO
SEREVENT DISKUS	2	QL(180 per 90 days) MO
SINGULAIR	2	QL(90 per 90 days) MO
SPIRIVA HANDIHALER	2	QL(90 per 90 days) MO
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL(30.6 per 90 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL(30.6 per 90 days) MO
terbutaline sulfate	1	MO
theophylline cr	1	MO
theophylline er tb12 300mg, 450mg	1	MO

Drug Name	Drug Tier	Requirements/ Limits
theophylline er tb24	1	MO
TRACLEER	4	LA PA QL(180 per 90 days) MO
triamcinolone acetonide inha	1	MO
XOLAIR	4	PA QL(7.2 per 30 days) MO
XOPENEX HFA	3	QL(90 per 90 days) MO
zafirlukast	1	QL(180 per 90 days) MO
ZYFLO	3	QL(360 per 90 days) MO
ZYFLO CR	3	QL(360 per 90 days) MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
DETROL LA	2	QL(90 per 90 days) MO
ENABLEX	2	QL(90 per 90 days) MO
flavoxate hcl	1	MO
GELNIQUE GEL 10%	2	QL(90 per 90 days) MO
oxybutynin er tb24 5mg	1	QL(90 per 90 days) MO
oxybutynin er tb24 10mg, 15mg	1	QL(180 per 90 days) MO
oxybutynin syrp	1	MO
oxybutynin tabs	1	QL(360 per 90 days) MO
OXYTROL	2	QL(32 per 90 days) MO
TOVIAZ	2	QL(90 per 90 days) MO
trospium chloride	1	QL(180 per 90 days) MO
VESICARE	2	QL(90 per 90 days) MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin hcl er	1	QL(90 per 90 days) MO
AVODART	2	QL(90 per 90 days) MO
finasteride	1	QL(90 per 90 days) MO
JALYN	2	QL(90 per 90 days) MO
RAPAFLO	2	QL(90 per 90 days) MO
tamsulosin hcl	1	QL(180 per 90 days) MO
UROXATRAL	2	QL(90 per 90 days) MO
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	MO
MISCELLANEOUS UROLOGICALS		
CYSTAGON	2	LA
ELMIRON	2	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate caps	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	2	
eliphos	1	MO
K-TABS	3	MO
kcl 0.075%/d5w/nacl 0.45%	1	
kcl 0.15%/d5w/lr	1	
KCL 0.15%/D5W/NACL 0.2%	2	
KCL 0.15%/D5W/NACL 0.225%	2	
kcl 0.15%/d5w/nacl 0.9%	1	
kcl 0.3%/d5w/nacl 0.45%	1	
kcl 0.3%/d5w/nacl 0.9%	1	
klor-con 10	1	MO
klor-con 8	1	MO
KLOR-CON M15	3	MO
klor-con m20	1	MO
LACTATED RINGERS	2	MO
MAGNESIUM SULFATE INJ 50%	2	
NORMOSOL-R IN D5W	2	
PHOSLYRA	2	MO
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	2	
potassium chloride 0.15% d5w/nacl 0.33%	1	
potassium chloride 0.15% d5w/nacl 0.45% viaflex	1	MO
potassium chloride 0.15% nacl 0.9%	1	
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	2	
potassium chloride 0.224%/dextrose 5% viaflex	1	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	2	
potassium chloride 0.3%/d5w/viaflex	1	
potassium chloride er cpcr	1	MO
potassium chloride er tbcr 10meq	1	
potassium chloride er tbcr 20meq	1	MO
potassium chloride inj 10meq/100ml, 10meq/50ml, 2meq/ml	1	
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 30MEQ/100ML	2	
ringers injection	1	
sodium chloride 0.45% viaflex	1	MO
sodium chloride inj 3%, 5%	1	
sodium chloride inj 2.5meq/ml	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II	2	
AMINOSYN-HBC	2	
AMINOSYN-PF	2	
AMINOSYN-PF 7%	2	
CLINIMIX 2.75%/DEXTROSE 5%	2	
CLINIMIX 4.25%/DEXTROSE 10%	2	
CLINIMIX 4.25%/DEXTROSE 20%	2	
CLINIMIX 4.25%/DEXTROSE 25%	2	
CLINIMIX 5%/DEXTROSE 15%	2	
CLINIMIX 5%/DEXTROSE 20%	2	
CLINIMIX 5%/DEXTROSE 25%	2	
CLINISOL SF 15%	2	
FREAMINE III	2	
HEPATAMINE	2	
HEPATASOL	2	
INTRALIPID INJ 1.7%; 30%	2	
intralipid inj 2.25%; 20%	1	
IONOSOL	2	
ISOLYTE	2	
LIPOSYN III INJ 1.2%; 2.5%; 10%	2	
NEPHRAMINE	2	
NORMOSOL-R	2	
PLASMA-LYTE	2	

Drug Name	Drug Tier	Require-ments/ Limits
PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	2	
premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	1	
TRAVASOL	2	
TROPHAMINE	2	
VITAMINS / HEMATINICS		
prenatal vitamins (generic)	1	
sodium fluoride	1	MO

Index of Drugs

8

8-MOP 20

A

ABILIFY 12, 13
ABILIFY DISCMELT 12
ABRAXANE 6
acarbose 23
acebutolol 16
acetaminophen / codeine 10
acetaminophen/codeine #3 10
acetasol hc 22
acetazolamide 31
acetazolamide er 31
acetazolamide sodium 32
acetic acid 22
acetylcysteine 32
ACTHIB 28
ACTIMMUNE 27
ACTONEL 21, 29
ACTOPLUS MET 23
ACTOS 23
ACUVAIL 31
acyclovir 1
ADACEL 28
ADAGEN 21
adapalene 20
adriamycin 6
ADVAIR DISKUS 32
ADVAIR HFA 32
afeditab cr 16
AFINITOR 6
AGGRENOX 18
a-hydrocort 22
ak-con 32
ala-cort 21
ALBENZA 4
albuterol sulfate 32, 33
albuterol sulfate er 32
alclometasone dipropionate 21
ALCOHOL PREPS 23
ALDURAZYME 25
alendronate sodium 21, 29
alfuzosin hcl er 34
ALIMTA 6
ALINIA 4
ALKERAN 6
allopurinol 29
ALOCRIL 31
ALORA 29
ALPHAGAN P 32
ALREX 32
ALTABAX 20
ALVESCO 33
amantadine 1
amcinonide 21
amethia 30
amethyst 30
amifostine 6
amikacin sulfate 4
amiloride 16
amiloride/hydrochlorothiazide 16
AMINOSYN II 35
AMINOSYN-HBC 35
AMINOSYN-PF 35
AMINOSYN-PF 7% 35
amiodarone 16
AMITIZA 26
amitriptyline 13
amlodipine 16
amlodipine / benazepril 16
ammonium lactate 20
amnesteem 20
amoxapine 13
amoxicillin 5
amoxicillin/clavulanate potassium 5
amoxicillin/clavulanate potassium er 5
amoxicillin/potassium clavulanate 5
amphotericin b 1
ampicillin 5
ampicillin-sulbactam 5
AMTURNIDE 16
anagrelide hydrochloride 21
anastrozole 6

ANCOBON 1
ANDROGEL 25
ANDROGEL PUMP 25
androxy 25
ANTABUSE 21
APOKYN 9
apraclonidine 32
apri 30
APRISO 26
APTIVUS 1
ARALAST NP 21
aranelle 30
ARANESP 27
ARCALYST 27
ARCAPTA NEOHALER 33
ARICEPT 10
ARRANON 6
ARTHROTEC 50 12
ARTHROTEC 75 12
ARZERRA 6
ASACOL 26
ASACOL HD 26
ascomp/codeine 11
ASMANEX 120 METERED DOSES 33
ASMANEX 14 METERED DOSES 33
ASMANEX 30 METERED DOSES 33
ASMANEX 60 METERED DOSES 33
ASTEPRO 22
atenolol 16
atenolol / chlorthalidone 16
atorvastatin calcium 19
atovaquone/proguanil hcl 4
ATRIPLA 1
atropine sulfate 25
ATROVENT HFA 33
augmented betamethasone dipropionate 21
AVANDAMET 23
AVANDARYL 23
AVANDIA 23
AVASTIN 6
aviane 30
avita 20
AVODART 34
AVONEX 27
AZACTAM 4
AZACTAM IN ISO-OSMOTIC DEXTROSE 4
AZASITE 31
azathioprine 6
azathioprine sodium 6
azelastine hcl 22, 31
AZELEX 20
AZILECT 9
azithromycin 4
AZOPT 32
aztreonam 4

B

bacitracin 31
bacitracin / polymyxin b 31
baclofen 10
BACTROBAN 20
BACTROBAN NASAL 22
balsalazide 26
balziva 30
BANZEL 8
BARACLUDE 1
benazepril 16
benazepril / hydrochlorothiazide 16
BENICAR 16
BENICAR HCT 16
benztropine mesylate 9
BEPREVE 31
BESIVANCE 31
betamethasone dipropionate 21
betamethasone valerate 21
BETASERON 27
betaxolol hcl 16, 31
bethanechol chloride 34
BETOPTIC-S 31
bicalutamide 6
BICILLIN C-R 5
BICILLIN L-A 5
BICNU 6
BILTRICIDE 4
bisoprolol fumarate 16
bisoprolol fumarate / hydrochlorothiazide 16

bleomycin sulfate 6
BLEPH-10 32
BLEPHAMIDE 32
BLEPHAMIDE S.O.P. 32
BOOSTRIX 28
briellyn 30
BRILINTA 18
brimonidine tartrate 32
bromfenac 31
bromocriptine mesylate 9
budeprion sr 13
budeprion xl 13
budesonide 26, 33
bumetanide 16
BUPHENYL 21
BUPRENEX 11
buprenorphine hcl 11
buproban 22
bupropion hcl 13
bupropion hcl sr 13
buspirone hcl 13
BUSULFEX 6
butorphanol tartrate 12
BYDUREON 23
BYETTA 23
BYSTOLIC 16

C

cabergoline 25
calcipotriene 19
calcitonin-salmon 25
calcitriol 25
calcium acetate 34
camila 29
CAMPATH 6
CAMPRAL 21
CANASA 26
CAPASTAT SULFATE 4
CAPEX 21
CAPRELSA 6
captopril 16
captopril/hydrochlorothiazide 16
CARAC 20
CARAFATE 27
CARBAGLU 21
carbamazepine 8
carbamazepine er 8
CARBATROL 9
carbidopa / levodopa 9
carbidopa / levodopa er 9
carbidopa/levodopa odt 9
carbinoxamine maleate 32
carboplatin 6
CARMOL-HC 20
carteolol hcl 31
cartia xt 16
carvedilol 16
CAYSTON 4
CEENU 6
cefaclor 3
cefadroxil 3
cefazolin 3
cefdinir 3
cefepime 3
cefotaxime sodium 3
cefoxitin sodium 3
cefpodoxime proxetil 3
ceftazidime 3
ceftriaxone sodium 3
cefuroxime axetil 3
cefuroxime sodium 3, 4
CELEBREX 12
CELLCEPT 6
CELLCEPT INTRAVENOUS 6
CELONTIN 9
cephalexin 4
CEREZYME 25
CERVARIX 28
cetirizine hcl 32
CHANTIX 22
CHANTIX STARTING MONTH PAK 22
CHEMET 21
chlordiazepoxide/amitriptyline 13
chlorhexidine gluconate oral rinse 22
chloroquine 4
chlorothiazide 16

chlorothiazide sodium 16
chlorpromazine 13
chlorthalidone 16
cholestyramine light 19
ciclopirox 20
ciclopirox nail lacquer 20
ciclopirox olamine 20
cilostazol 18
CILOXAN 31
CIMZIA 26
CINRYZE 33
CIPRO HC 22
CIPRO I.V.-IN D5W 5
CIPRODEX 22
ciprofloxacin 5, 31
cisplatin 6
citalopram 13
cladribine 6
CLARAVIS 20
clarithromycin 4
clarithromycin er 4
clemastine fumarate 32
CLEOCIN 30
CLEOCIN GALAXY 4
CLEOCIN IN D5W 4
CLIMARA PRO 29
clindamycin hcl 4
clindamycin phosphate 20, 30
clindamycin phosphate add-vantage 4
clindamycin/benzoyl peroxide 20
CLINIMIX 2.75%/DEXTROSE 5% 35
CLINIMIX 4.25%/DEXTROSE 10% 35
CLINIMIX 4.25%/DEXTROSE 20% 35
CLINIMIX 4.25%/DEXTROSE 25% 35
CLINIMIX 4.25%/DEXTROSE 5% 21
CLINIMIX 5%/DEXTROSE 15% 35
CLINIMIX 5%/DEXTROSE 20% 35
CLINIMIX 5%/DEXTROSE 25% 35
CLINISOL SF 15% 35
clobetasol propionate 21
CLOLAR 6
clomipramine 13
clonazepam 9
clonazepam odt 9
clonidine 16
clopidogrel 18
clorazepate dipotassium 13
clotrimazole 1, 20
clotrimazole / betamethasone 20
clozapine 13
COARTEM 4
codeine sulfate 11
COLCRYS 29
colestipol 19
colistimethate sodium 4
COLY-MYCIN S 22
COMBIGAN 32
COMBIPATCH 29
COMBIVENT 33
COMPLERA 1
compro 26
COMTAN 9
COMVAX 28
CONDYLOX 20
COPAXONE 10
CORDRAN TAPE 21
COREG CR 16
CORTIFOAM 26
cortisone acetate 22
CORTISPORIN-TC 22
COSMEGEN 6
CREON 26
CRESTOR 19
CRINONE 29
CRIXIVAN 1
cromolyn sodium 26, 31, 33
cryselle-28 30
CUBICIN 4
cyclafem 1/35 30
cyclafem 7/7/7 30
cyclobenzaprine hcl 10
cyclophosphamide 6
cyclosporine 6
CYKLOKAPRON 18
CYMBALTA 13
CYSTADANE 26

CYSTAGON 34
cytarabine 6
CYTARABINE AQUEOUS 6

D

dacarbazine 6
DACOGEN 6
DALIRESP 33
danazol 25
dantrolene sodium 10
DAPSONE 4
DAPTACEL 28
DARAPRIM 4
daunorubicin hcl 6
DECAVAC 28
DELESTROGEN 29
demeclocycline hcl 5
DEMSER 17
DENAVIR 20
DEPEN TITRATABS 29
DEPO-MEDROL 22
DEPO-PROVERA 29
DEPO-SUBQ PROVERA 104 30
DERMA-SMOOTHE / FS BODY OIL 21
DERMOTIC 22
desipramine 13
desmopressin acetate 25
desonide 21
desoximetasone 21
DETROL LA 34
dexamethasone 22, 23, 32
DEXAMETHASONE INTENSOL 23
dexrazoxane 6
dextroamphetamine sulfate 13
dextroamphetamine sulfate er 13
DEXTROSE 10%/NACL 0.45% 21
dextrose 10% flex container 21
DEXTROSE 10%/NACL 0.2% 21
dextrose 2.5%/sodium chloride 0.45% 22
dextrose 5% 22
dextrose 5%/lactated ringers 22
dextrose 5%/nacl 0.2% 22
dextrose 5%/nacl 0.225% 22
DEXTROSE 5%/NACL 0.33% 22
dextrose 5%/nacl 0.45% 22
dextrose 5%/nacl 0.9% 22
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15% 35
diazepam 9, 13
diazepam intensol 13
DIBENZYLINE 17
diclofenac potassium 12
diclofenac sodium 31
diclofenac sodium dr 12
diclofenac sodium er 12
dicloxacillin sodium 5
dicyclomine hcl 25, 26
didanosine 1
DIFFERIN 20
DIFICID 4
diflorasone diacetate 21
diflunisal 12
digoxin 18
dihydroergotamine mesylate 10
DILANTIN 9
DILANTIN INFATABS 9
DILAUDID 11
DILAUDID-5 11
DILAUDID-HP 11
dilt-cd 17
diltiazem cd 17
diltiazem hcl 17
diltiazem hcl er 17
dilt-xr 17
DIPENTUM 26
disopyramide phosphate 16
disulfiram 22
divalproex sodium 9
divalproex sodium dr 9
divalproex sodium er 9
DIVIGEL 30
DOCEFREZ 6
docetaxel 6, 7
donepezil hcl 10
dorzolamide hcl 32
dorzolamide hcl/timolol maleate 32

doxazosin 17
doxepin 13
DOXIL 7
doxorubicin hcl 7
doxycycline 5
doxycycline hyclate 5
doxycycline monohydrate 5
dronabinol 26
DROXIA 7
DUETACT 23
DULERA 33
duramorph 11
DUREZOL 32

E

e.e.s. 400 4
E.E.S. GRANULES 4
econazole nitrate 20
EDECRIN 17
EDURANT 1
ELIDEL 20
eliphos 35
ELITEK 6
ELIXOPHYLLIN 33
ELLA 30
ELLENCE 7
ELMIRON 34
ELOXATIN 7
ELSPAR 7
EMCYT 7
EMEND 26
emoquette 30
EMSAM 13
EMTRIVA 1
ENABLEX 34
enalapril 17
enalapril / hydrochlorothiazide 17
ENBREL 29
endocet 11
ENGERIX-B 28
enoxaparin sodium 18
enpresse-28 30
ENTOCORT EC 26
enulose 26
epinastine hcl 31
epinephrine hcl 32
EPIPEN 32
EPIPEN-JR 32
epirubicin hcl 7
epitol 9
EPIVIR 1
EPIVIR HBV 1
eplerenone 17
EPOGEN 28
eprosartan mesylate 17
EPZICOM 1
ERAXIS 1
ERBITUX 7
ergotamine tartrate / caffeine 10
ERIVEDGE 7
errin 30
ery 20
ERY-TAB 4
ERYTHROCIN LACTOBIONATE 4
erythrocin stearate 4
erythromycin 20, 31
erythromycin / benzoyl peroxide 20
ERYTHROMYCIN BASE 4
erythromycin ethylsuccinate 4
escitalopram oxalate 13
ESTRACE 30
estradiol 30
estradiol / norethindrone acetate 30
estradiol valerate 30
ESTRING 30
estropipate 30
ethambutol 4
ethosuximide 9
etidronate disodium 22
etodolac 12
ETOPOPHOS 7
etoposide 7
EURAX 21
EVISTA 29
EVOXAC 22
EXALGO 11

EXELON 10
exemestane 7
EXFORGE 17
EXFORGE HCT 17
EXJADE 22

F

FABRAZYME 25
famciclovir 1
famotidine 27
famotidine premixed 27
FANAPT 13
FANAPT TITRATION PACK 13
FARESTON 7
FASLODEX 7
FAZACLO 13
felbamate 9
FELBATOL 9
felodipine er 17
fenofibrate 19
fenofibrate micronized 19
fenoprofen calcium 12
fentanyl citrate oral transmucosal 11
fentanyl patches 11
FINACEA 20
finasteride 34
FIRAZYR 33
FIRMAGON 7
flavoxate hcl 34
flecainide acetate 16
FLECTOR 12
FLOVENT DISKUS 33
FLOVENT HFA 33
fluconazole 1
fluconazole in dextrose 1
flucytosine 1
fludarabine phosphate 7
fludrocortisone acetate 23
flunisolide 33
fluocinolone acetonide 21, 22
fluocinolone acetonide body 21
fluocinonide 21
fluocinonide-e 21
FLUOROPLEX 20
fluorouracil 7, 20
fluoxetine 13, 14
fluoxetine dr 13
fluphenazine 14
fluphenazine decanoate inj 14
flurbiprofen 12
flurbiprofen sodium 31
flutamide 7
fluticasone propionate 21, 33
fluvastatin 19
fluvoxamine 14
FML 32
FML FORTE 32
FOCALIN XR 14
fondaparinux sodium 18
FORADIL AEROLIZER 33
FORTAZ 4
FORTEO 29
fortical 25
foscarnet sodium 1
fosinopril 17
fosinopril / hydrochlorothiazide 17
fosphenytoin sodium 9
FOSRENOL 22
FRAGMIN 18
FREAMINE III 35
furosemide 17
FUSILEV 6
FUZEON 1

G

gabapentin 9
GABITRIL 9
galantamine hydrobromide 10
ganciclovir 1
GARDASIL 28
GASTROCROM 26
GAUZE PADS 2 23
gavilyte-c 26
gavilyte-g 26
gavilyte-n/flavor pack 26
GELNIQUE 34

gemcitabine hcl 7
gemfibrozil 19
gengraf 7
gentak 31
gentamicin sulfate 4, 20, 31
gentamicin sulfate/0.9% sodium chloride 4
gentamicin sulfate/sodium chloride 4
GEODON 14
gianvi 30
GILENYA 10
GLEEVEC 7
glimepiride 23
glipizide 23
glipizide / metformin 23
glipizide er 23
GLUCAGEN HYPOKIT 23
GLUCAGON EMERGENCY KIT 23
glyburide 24
glyburide / metformin 23
glyburide micronized 24
glycopyrrolate 26
granisetron 26
griseofulvin microsize 1
GRIS-PEG 1
guanfacine hcl 17

H

HALAVEN 7
HALDOL 14
HALDOL DECANOATE 100 14
HALDOL DECANOATE 50 14
HALFLYTELY BOWEL PREP/FLAVOR PACKS 26
halobetasol propionate 21
haloperidol 14
haloperidol decanoate inj 14
haloperidol lactate inj 14
HAVRIX 28
heparin sodium 19
heparin sodium/d5w 19
HEPARIN SODIUM/NACL 0.45% 19
heparin sodium/sodium chloride 0.9% premix ... 19
HEPATAMINE 35
HEPATASOL 35
HEPSERA 1
HERCEPTIN 7
HEXALEN 7
HIZENTRA 28
HUMALOG 24
HUMALOG KWIKPEN 24
HUMALOG MIX 50/50 24
HUMALOG MIX 50/50 KWIKPEN 24
HUMALOG MIX 75/25 24
HUMALOG MIX 75/25 KWIKPEN 24
HUMIRA 29
HUMIRA PEN-CROHNS DISEASE STARTER 29
HUMULIN 70/30 24
HUMULIN 70/30 PEN 24
HUMULIN N 24
HUMULIN N U-100 PEN 24
HUMULIN R 24
HUMULIN R U-500 (CONCENTRATED) 24
hydralazine 17
hydrochlorothiazide 17
hydrocodone bitartrate/acetaminophen 11
hydrocodone/acetaminophen 11
hydrocodone/ibuprofen 11
hydrocortisone 21, 23, 26
hydrocortisone valerate 21
hydrocortisone/acetic acid 22
hydromorphone hcl 11
hydroxychloroquine 4
hydroxyurea 7
hydroxyzine hcl 32

I

ibandronate sodium 29
ibuprofen 12
idarubicin hcl 7
IFEX 7
ifosfamide 7
imipenem/cilastatin 4
imipramine 14
imipramine pamoate 14
imiquimod 20

INCIVEK 1
INCRELEX 22
indapamide 17
indomethacin 12
indomethacin er 12
INFANRIX 28
INLYTA 7
INSULIN PEN NEEDLE 24
INSULIN SYRINGE (DISP) U-100 0.3 ML 24
INSULIN SYRINGE (DISP) U-100 1 ML 24
INSULIN SYRINGE (DISP) U-100 1/2 ML 24
INTELENCE 1
INTRALIPID 35
INTRON-A 28
INTRON-A WITH DILUENT 28
introvale 30
INTUNIV 14
INVEGA 14
INVEGA SUSTENNA 14
INVIRASE 2
IONOSOL 35
IOPIDINE 32
IPOL INACTIVATED IPV 28
ipratropium bromide 22, 33
ipratropium bromide/albuterol sulfate 33
irbesartan 17
irbesartan/hydrochlorothiazide 17
irinotecan 7
ISENTRESS 2
ISOLYTE 35
ISONIAZID 4
isosorbide dinitrate 19
isosorbide dinitrate er 19
isosorbide mononitrate 19
isosorbide mononitrate er 19
isotonic gentamicin 4
isradipine 17
ISTALOL 31
ISTODAX 7
itraconazole 1
IXEMPRA KIT 7
IXIARO 28

J

JAKAFI 7
JALYN 34
jantoven 19
JANUMET 24
JANUVIA 24
JENTADUETO 24
JEVTANA 7
jinteli 30
jolivette 30
junel 30
junel fe 1.5/30 30
junel fe 1/20 30

K

KALETRA 2
KALYDECO 33
kariva 30
kcl 0.075%/d5w/nacl 0.45% 35
kcl 0.15%/d5w/lr 35
KCL 0.15%/D5W/NACL 0.2% 35
KCL 0.15%/D5W/NACL 0.225% 35
kcl 0.15%/d5w/nacl 0.9% 35
kcl 0.3%/d5w/nacl 0.45% 35
kcl 0.3%/d5w/nacl 0.9% 35
kelnor 1/35 30
KETEK 4
ketoconazole 1, 20
ketoprofen 12
ketoprofen er 12
ketorolac tromethamine 31
kionex 22
klor-con 10 35
klor-con 8 35
KLOR-CON M15 35
klor-con m20 35
KOMBIGLYZE XR 24
K-TABS 35
KUVAN 25

L

labetalol 17
laclotion 20

LACTATED RINGERS 35
lactulose 26
LAMICTAL ODT 9
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE 9
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE 9
LAMICTAL STARTER/TAKING VALPROATE 9
LAMICTAL XR 9
lamivudine 2
lamivudine/zidovudine 2
lamotrigine 9
LANOXIN 18
lansoprazole 27
LANTUS 24
LANTUS SOLOSTAR 24
latanoprost 32
LATUDA 14
leena 30
leflunomide 29
lessina-28 30
LETAIRIS 33
letrozole 7
leucovorin calcium 6
LEUKERAN 7
LEUKINE 28
leuprolide acetate 7
levetiracetam 9
levetiracetam er 9
levobunolol hcl 31
levocarnitine 22
levocetirizine dihydrochloride 32
levofloxacin 5, 31
levofloxacin in d5w 5
levora 30
levorphanol tartrate 11
levothyroxine 25
levoxyl 25
LEXIVA 2
LIALDA 26
lidocaine 20
lidocaine / prilocaine 20
lidocaine viscous 20
LIDODERM 20
lindane 21
LIORESAL INTRATHECAL 10
liothyronine sodium 25
LIPOFEN 19
LIPOSYN III 35
lisinopril 17
lisinopril/hydrochlorothiazide 17
lithium carbonate 14
lithium carbonate er 14
lithium citrate 14
LOCOID 21
LODOSYN 9
loperamide hcl 26
lorazepam 14
lorazepam intensol 14
losartan potassium 17
losartan potassium/hydrochlorothiazide 17
LOTEMAX 32
LOTRONEX 26
lovastatin 19
LOVAZA 19
LOVENOX 19
low-ogestrel 30
loxapine 14
LUMIGAN 32
LUNESTA 14
LUPRON DEPOT 7
LUPRON DEPOT-PED 7
lutera 30
LUXIQ 21
LYRICA 9
LYSODREN 7

M

MACRODANTIN 6
MAGNESIUM SULFATE 35
MALARONE 4
malathion 21
maprotiline 14
marlissa 30

MARPLAN 14
MATULANE 7
matzim la 17
meclizine hcl 26
meclofenamate sodium 12
medroxyprogesterone acetate 30
mefenamic acid 12
mefloquine hcl 4
MEGACE ES 7
megestrol acetate 7
meloxicam 12
melphalan hydrochloride 7
MENACTRA 28
MENEST 30
MENOMUNE-A/C/Y/W-135 28
MENVEO 28
MEPRON 4
mercaptopurine 7
meropenem 4
mesna 6
MESNEX 6
MESTINON 10
MESTINON TIMESPAN 10
METADATE CD 14
metaproterenol sulfate 33
metformin hcl 24
metformin hcl er 24
methadone hcl 11
methadose 11
methazolamide 32
methenamine hippurate 6
METHERGINE 31
methimazole 23
methotrexate 7
methotrexate sodium 7
methyclothiazide 17
methylergonovine maleate 31
methylphenidate hcl 14
methylphenidate hcl er 14
methylphenidate hydrochloride 14
methylprednisolone 23
methylprednisolone acetate 23
methylprednisolone dose pack 23
METHYLPREDNISOLONE SODIUMSUCCINATE 23
metipranolol 31
metoclopramide 26
metolazone 17
metoprolol succinate er 17
metoprolol tartrate 17
metoprolol/hydrochlorothiazide 17
METROGEL 20
metronidazole 4, 20
metronidazole in nacl 0.79% 4
metronidazole vaginal 30
mexiletine 16
MICARDIS 18
MICARDIS HCT 17
miconazole 3 30
microgestin 1.5/30 30
microgestin 1/20 30
microgestin fe 30
microgestin fe 1.5/30 30
midodrine 22
migergot 10
MIGRANAL 10
minocycline hcl 5
minocycline hcl er 5
minoxidil 18
MIRAPEX ER 9
mirtazapine 14
mirtazapine odt 14
misoprostol 27
mitomycin 7
mitoxantrone hcl 7
M-M-R II W/DILUENT 10 DOSE 28
moexipril 18
moexipril/hydrochlorothiazide 18
mometasone furoate 21
mononessa 30
morphine sulfate 11
morphine sulfate er 11
MOVIPREP 26
MOXEZA 31
MOZOBIL 28
MULTAQ 16

mupirocin 20
MUSTARGEN 7
MYCOBUTIN 4
mycophenolate mofetil 7
MYFORTIC 7
MYTELASE 10

N

nabumetone 12
nadolol 18
nadolol/bendroflumethiazide 18
nafcillin sodium 5
NAFTIN 20
NAGLAZYME 25
NALLPEN/DEXTROSE 5
naloxone 12
naltrexone 12
NAMENDA 10
NAMENDA TITRATION PAK 10
naproxen 12
naproxen sodium 12
naratriptan hcl 10
NASONEX 33
NATACYN 31
nateglinide 24
NEBUPENT 4
necon 0.5/35-28 30
necon 1/35-28 30
necon 10/11-28 30
necon 7/7/7 30
NEEDLES, INSULIN DISP., SAFETY 24
nefazodone 14
neomycin sulfate 4
neomycin/bacitracin/polymyxin 31
neomycin/polymyxin/bacitracin/hydrocortisone . 32
neomycin/polymyxin/dexamethasone 32
neomycin/polymyxin/gramicidin 31
neomycin/polymyxin/hc 22, 32
NEORAL 7
NEPHRAMINE 35
NEULASTA 28
NEUMEGA 28
NEUPOGEN 28
NEVANAC 31
nevirapine 2
NEXAVAR 7
NEXIUM 27
NEXIUM I.V. 27
next choice 30
NIASPAN 19
nicardipine 18
NICOTROL INHALER 22
NICOTROL NASAL 22
nifediac cc 18
nifedical xl 18
nifedipine 18
nifedipine er 18
NILANDRON 7
nimodipine 18
NIPENT 7
nisoldipine 18
nisoldipine er 18
nitro-bid 19
nitrofurantoin 6
nitrofurantoin macrocrystalline 6
nitrofurantoin monohydrate 6
nitroglycerin 19
nitroglycerin transdermal 19
NITROLINGUAL PUMPSPRAY 19
NITROSTAT 19
nizatidine 27
nora-be 30
NORDITROPIN FLEXPRO 28
NORDITROPIN NORDIFLEX PEN 28
norethindrone 30
NORMOSOL-R 35
NORMOSOL-R IN D5W 35
NOROXIN 5
NORPACE CR 16
nortrel 0.5/35 (28) 30
nortrel 1/35 (21) 30
nortrel 1/35 (28) 30
nortrel 7/7/7 30
nortriptyline 14
NORVIR 2
NOVOLOG 25

NOVOLOG FLEXPEN 25
NOVOLOG MIX 70/30 25
NOVOLOG MIX 70/30 PREFILLED FLEXPEN 25
NOXAFIL 1
NUCYNTA 12
NUCYNTA ER 12
NUEDEXTA 10
NULOJIX 7
NUVARING 30
nyamyc 20
nystatin 1, 20
nystatin / triamcinolone 20
nystop 20

O

ocella 30
octreotide 7
ofloxacin 5, 22, 31
ogestrel 30
olanzapine 14
olanzapine odt 14
omeprazole 27
omeprazole/sodium bicarbonate 27
OMNITROPE 28
ondansetron hcl 26
ondansetron odt 26
ONFI 9
ONGLYZA 25
ONSOLIS 11
ONTAK 7
OPANA ER (CRUSH RESISTANT) 11
ORAP 14
ORENCIA 29
ORFADIN 22
orsythia 30
ORTHO EVRA 30
oxaliplatin 7
oxandrolone 25
oxaprozin 12
oxcarbazepine 9
OXSORALEN ULTRA 20
oxybutynin 34
oxybutynin er 34
oxycodone / acetaminophen 11
oxycodone hcl 11, 12
oxycodone/aspirin 12
OXYCONTIN 12
oxymorphone hydrochloride 12
oxymorphone hydrochloride er 12
OXYTROL 34

P

PACERONE 16
paclitaxel 7
palgic 32
PANDEL 21
PANRETIN 20
pantoprazole 27
paromomycin 4
paroxetine 15
paroxetine er 14, 15
PASER 4
PATADAY 31
PATANOL 31
PAXIL 15
pedi-dri 20
PEDVAX HIB 29
PEGANONE 9
PEGASYS 28
PEGASYS PROCLICK 28
PEG-INTRON 28
PEG-INTRON REDIPEN 28
penicillin g potassium 5
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 5
PENICILLIN G PROCAINE 5
PENICILLIN G SODIUM 5
penicillin v potassium 5
PENNSAID 12
PENTASA 26
pentostatin 7
pentoxifylline er 19
PERFOROMIST 33
perindopril erbumine 18
periogard 22

permethrin 21
perphenazine 15
pfizerpen-g 5
phenadoz 32
phenelzine sulfate 15
phenobarbital 9
phenytoin 9
PHENYTOIN SODIUM 9
phenytoin sodium extended 9
PHISOHEX 20
PHOSLYRA 35
pilocarpine hcl 22
PILOPINE HS 31
pindolol 18
piperacillin sodium/tazobactam sodium 5
piroxicam 12
PLASMA-LYTE 35
podofilox 20
polyethylene glycol 3350 26
portia-28 30
potassium chloride 35
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX 35
potassium chloride 0.15% d5w/nacl 0.33% 35
potassium chloride 0.15% d5w/nacl 0.45% viaflex 35
potassium chloride 0.15% nacl 0.9% 35
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45% 35
potassium chloride 0.224%/dextrose 5% viaflex 35
POTASSIUM CHLORIDE 0.3%/ NACL 0.9% . 35
potassium chloride 0.3%/d5w/viaflex 35
potassium chloride er 35
POTIGA 9
PRADAXA 19
pramipexole dihydrochloride 9
PRANDIN 25
pravastatin 19
prazosin 18
prednicarbate 21
prednisolone acetate 32
prednisolone sodium phosphate 23, 32
prednisone 23
PREDNISONE INTENSOL 23
PREFEST 30
PREMARIN 30
PREMASOL 36
PREMPHASE 30
PREMPRO 30
prenatal vitamins (generic) 36
prevalite 19
previfem 31
PREVPAC 27
PREZISTA 2
PRIMAQUINE 4
primidone 9
PRIMSOL 6
PRISTIQ 15
PRIVIGEN 29
PROAIR HFA 33
probenecid 29
probenecid / colchicine 29
procainamide 16
prochlorperazine 26
prochlorperazine edisylate 26
prochlorperazine maleate 26
PROCRIT 28
progesterone 30
PROGLYCEM 25
PROGRAF 8
PROLASTIN-C 22
PROLEUKIN 28
PROLIA 29
PROMACTA 19
promethazine hcl 32
promethegan 32
propafenone hcl 16
propafenone hcl er 16
propantheline bromide 26
propranolol hcl 18
propranolol hcl er 18
propranolol/hydrochlorothiazide 18
propylthiouracil 23
PROQUAD 29
PROTOPIC 20
protriptyline hcl 15

PROVIGIL 15
PULMICORT 33
PULMOZYME 33
PYLERA 27
pyridostigmine bromide 10

Q

QUALAQUIN 5
quasense 31
quetiapine fumarate 15
quinapril 18
quinapril/hydrochlorothiazide 18
quinidine gluconate er 16
quinidine sulfate 16
quinidine sulfate er 16
QVAR 33

R

RABAVERT 29
ramipril 18
RANEXA 19
ranitidine hcl 27
RAPAFLO 34
RAPAMUNE 8
REBETOL 2
REBIF 28
REBIF TITRATION PACK 28
RECLAST 22
reclipsen 31
RECOMBIVAX HB 29
regonol 10
REGRANEX 20
RELENZA DISKHALER 2
RELISTOR 26
RELPAX 10
REMICADE 26
REMODULIN 18
RENVELA 22
reprexain 12
RESCRIPTOR 2
reserpine 18
RESTASIS 31
RETROVIR IV INFUSION 2
REVATIO 33
REVLIMID 8
REYATAZ 2
RHEUMATREX 8
ribapak 2
ribasphere 2
ribavirin 2
RIDAURA 29
rifampin 5
RILUTEK 22
rimantadine hcl 2
ringers injection 35
RISPERDAL CONSTA 15
risperidone 15
risperidone odt 15
RITALIN LA 15
RITUXAN 8
rivastigmine tartrate 10
ropinirole 9
ropinirole er 9
ROTATEQ 29
ROXICET 12

S

SABRIL 9
SAMSCA 25
SANCUSO 26
SANDIMMUNE 8
SANDOSTATIN LAR DEPOT 8
SANTYL 21
SAPHRIS 15
SAVELLA 29
SAVELLA TITRATION PACK 29
selegiline 9
selenium sulfide 19
SELZENTRY 2
SENSIPAR 25
SEREVENT DISKUS 33
SEROMYCIN 5
SEROQUEL XR 15
sertraline 15
SILENOR 15
silver sulfadiazine 19
SIMPONI 29

SIMULECT 8
simvastatin 19
SINGULAIR 33
SKELID 22
sodium chloride 22, 35
sodium chloride 0.45% viaflex 35
sodium chloride 0.9% 22
sodium fluoride 36
sodium polystyrene sulfonate 22
sodium sulfacetamide 32
SOLARAZE 20
SOLU-CORTEF 23
SOLU-MEDROL 23
SOMATULINE DEPOT 8
SOMAVERT 25
SORIATANE 19
sorine 16
sotalol 16
SPIRIVA HANDIHALER 33
spironolactone 18
spironolactone/hydrochlorothiazide 18
SPORANOX 1
sprintec 28 31
SPRYCEL 8
sronyx 31
ssd 19
stagesic 12
STALEVO 100 9
STALEVO 125 9
STALEVO 150 9
STALEVO 200 9
STALEVO 50 9
STALEVO 75 10
stavudine 2
STIMATE 25
STRATTERA 15
STREPTOMYCIN SULFATE 5
STROMECTOL 5
SUBOXONE 12
SUCRAID 26
sucralfate 27
sulfacetamide sodium 20, 32
sulfacetamide sodium / prednisolone sodium phospha 32
sulfadiazine 5
sulfamethoxazole/trimethoprim 5
sulfamethoxazole/trimethoprim ds 5
SULFAMYLON 20
sulfasalazine 26
sulfazine ec 26
sulindac 12
sumatriptan succinate 10
SUPRAX 4
SUSTIVA 2, 3
SUTENT 8
SYLATRON 28
SYMBICORT 33
SYMBYAX 15
SYMLINPEN 120 25
SYMLINPEN 60 25
SYNAREL 25
SYPRINE 22

T

TABLOID 8
tacrolimus 8
TAMIFLU 3
tamoxifen citrate 8
tamsulosin hcl 34
TARCEVA 8
TARGRETIN 8
TASIGNA 8
TAXOTERE 8
TAZORAC 20
taztia xt 18
TEFLARO 4
TEGRETOL-XR 9
TEKAMLO 18
TEKTURNA 18
TEKTURNA HCT 18
temazepam 15
terazosin hcl 18
terbinafine 1
terbutaline sulfate 33
terconazole 30

testosterone cypionate 25
testosterone enanthate 25
TETANUS / DIPHTHERIA TOXOIDS-
ADSORBED ADULT 29
tetracycline hcl 5
THALOMID 8
theophylline cr 33
theophylline er 33, 34
thermazene 19
thioridazine 15
thiotepa 8
thiothixene 15
THYMOGLOBULIN 29
ticlopidine hcl 19
TIKOSYN 16
timolol maleate 18, 31
timolol maleate ophthalmic gel forming 31
TIMOPTIC OCUDOSE 31
tizanidine hcl 10
TOBI 5
TOBRADEX 32
TOBRADEX ST 32
tobramycin 5, 31
TOBRAMYCIN SULFATE / SODIUM
CHLORIDE 5
tobramycin/dexamethasone 32
TOBREX 31
tolazamide 25
tolbutamide 25
tolmetin sodium 12
topiramate 9
toposar 8
topotecan hcl 8
TORISEL 8
torsemide 18
TOVIAZ 34
TRACLEER 34
TRADJENTA 25
tramadol 12
tramadol hcl er 12
trandolapril 18
tranylcypromine 15
TRAVASOL 36
TRAVATAN Z 32
trazodone 15
TREANDA 8
TRECATOR 5
TRELSTAR DEPOT MIXJECT 8
TRELSTAR LA MIXJECT 8
TRELSTAR MIXJECT 8
tretinoin 8, 20
triamcinolone acetonide 21, 34
triamcinolone in orabase 22
triamterene/hydrochlorothiazide 18
triderm 21
trifluoperazine 15
trifluridine 31
trihexyphenidyl 10
tri-legest fe 31
TRILEPTAL 9
TRILIPIX 19
trilyte 27
trimethoprim 6
trimethoprim sulfate/polymyxin b sulfate 31
trimipramine maleate 15
trinessa 31
tri-previfem 31
TRISENOX 8
tri-sprintec 31
trivora-28 31
TRIZIVIR 3
TROPHAMINE 36
tropicamide 31
trospium chloride 34
TRUVADA 3
TWINJECT 32
TWINRIX 29
TWYNSTA 18
TYGACIL 5
TYKERB 8
TYPHIM VI 29
TYZEKA 3
TYZINE 22
TYZINE PEDIATRIC NASAL DROPS 22

U

ULESFIA 21
ULORIC 29
unithroid 25
UROXATRAL 34
ursodiol 27
UVADEX 20

V

VAGIFEM 30
valacyclovir hcl 3
VALCYTE 3
valproate sodium 9
valproic acid 9
vancomycin 6
vandazole 30
VAQTA 29
VARIVAX 29
VECTIBIX 8
VELCADE 8
velivet 31
venlafaxine hcl 15
venlafaxine hcl er 15
verapamil 18
verapamil er 18
VEREGEN 20
VESICARE 34
vestura 31
VFEND 1
VFEND IV 1
VIBATIV 6
VIBRAMYCIN 5, 6
VICTRELIS 3
VIDAZA 8
VIDEX PEDIATRIC 3
VIGAMOX 31
VIIBRYD 15
VIMOVO 12
VIMPAT 9
vinblastine sulfate 8
vincasar pfs 8
vincristine sulfate 8
vinorelbine tartrate 8
VIRACEPT 3
VIRAMUNE 3
VIREAD 3
VIVELLE-DOT 30
VOLTAREN 12
voriconazole 1
VOTRIENT 8

W

warfarin 19
WELCHOL 19

X

XALKORI 8
XARELTO 19
XENAZINE 10
XGEVA 6
XIFAXAN 5
XOLAIR 34
XOPENEX HFA 34
XYREM 15

Y

YERVOY 8
YF-VAX 29

Z

zafirlukast 34
zaleplon 15, 16
ZANOSAR 8
ZANTAC 27
ZAVESCA 25
zazole 30
ZELAPAR 10
ZELBORAF 8
ZEMPLAR 25
ZENPEP 27
zeosa 31
ZERIT 3
ZETIA 19
ZIAGEN 3
zidovudine 3
ZINACEF IN ISO-OSMOTIC DEXTROSE 4
ZINACEF IN ISO-OSMOTIC DILUENT 4

ZINECARD 6
ziprasidone hcl 16
ZIRGAN 31
ZMAX 4
ZOLINZA 8
zolpidem 16
zolpidem tartrate er 16
ZOMETA 25
zonisamide 9
ZORTRESS 8
ZOSTAVAX 29
ZOSYN 5
zovia 1/35e 31
zovia 1/50e 31
ZOVIRAX 20, 21
ZYFLO 34
ZYFLO CR 34
ZYLET 32
ZYMAXID 31
ZYTIGA 8
ZYVOX 5

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