



## Anthem MediBlue Preferred Standard (PPO)

# 2012 Formulary (List of Covered Drugs)

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

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

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

A health plan with a Medicare contract.

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**This information is available for free in other languages. Please contact our Customer Service number at 1-866-673-4157 for additional information.**

Call Customer Service at **1-866-673-4157**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-800-241-6894** for an alternate format or language.

## What is the Anthem MediBlue Preferred Standard (PPO) formulary?

A formulary is a list of covered drugs selected by Anthem MediBlue Preferred Standard (PPO) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Anthem MediBlue Preferred Standard (PPO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Anthem MediBlue Preferred Standard (PPO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the formulary change?

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

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

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

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's

manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by Anthem MediBlue Preferred Standard (PPO), please visit our website at [www.anthem.com/medicare](http://www.anthem.com/medicare) or call Customer Service at **1-866-673-4157**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-800-241-6894**.

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

## How do I use the formulary?

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

### Medical Condition

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 36. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

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

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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

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

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

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

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

- You can ask Customer Service for a list of similar drugs that are covered by Anthem MediBlue Preferred Standard (PPO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Anthem MediBlue Preferred Standard (PPO).
- You can ask Anthem MediBlue Preferred Standard (PPO) to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Anthem MediBlue Preferred Standard (PPO)'s formulary?

You can ask Anthem MediBlue Preferred Standard (PPO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception, you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement.

You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term-care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

## For more information

For more detailed information about your Anthem MediBlue Preferred Standard (PPO) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Anthem MediBlue Preferred Standard (PPO), please call Customer Service at **1-866-673-4157**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-800-241-6894**. Or visit **[www.anthem.com/medicare](http://www.anthem.com/medicare)**.

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

## Anthem MediBlue Preferred Standard (PPO)'s formulary

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

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

The information in the Requirements/Limits column tells you if Anthem MediBlue Preferred Standard (PPO) has any special requirements for coverage of your drug.

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

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

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

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

**LA – Limited Access:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-866-673-4157**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-800-241-6894**.

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

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

## Cost-sharing amounts during the Initial Coverage Stage

|                                    | Network Retail Pharmacy (up to a 30-day supply)<br>Out-of-Network Pharmacy* (up to a 30-day supply)<br>Long-Term-Care Pharmacy (up to a 34-day supply) | Network Retail Pharmacy (up to a 90-day supply)<br><i>Note: not applicable to Specialty Tier Drugs</i> | Mail-Order Pharmacy (up to a 90-day supply; Specialty Tier Drugs (up to a 30-day supply)** |
|------------------------------------|--|--|--|
| Tier 1 Preferred Generic Drugs     | \$0.00   | \$0.00   | \$0.00   |
| Tier 2 Non-Preferred Generic Drugs | \$5.00   | \$15.00  | \$7.50   |
| Tier 3 Preferred Brand Drugs       | \$42.00  | \$126.00   | \$105.00   |
| Tier 4 Non-Preferred Brand Drugs   | \$80.00  | \$240.00   | \$200.00   |
| Tier 5 Injectable Drugs            | 33%  | 33%  | 33%  |
| Tier 6 Specialty Tier Drugs        | 33%  | N/A  | N/A  |

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

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

Anthem MediBlue Preferred Standard (PPO) provides generic gap coverage and a discount on brand-name drugs, as mandated by Medicare. Please refer to our *Evidence of Coverage* for more information about gap coverage.

# Covered Medications by Therapeutic Category

## Legend

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

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

**QLL** = Drugs with Quantity Limits

**PAR** = Drugs with Prior Authorization

**ST** = Drugs requiring Step Therapy

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

**LA** = This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-866-673-4157**, 8 a.m. to 8 p.m., 7 days a week. TTY/TDD users should call **1-800-241-6894**.

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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| ARANESP 25 MCG/0.42 ML SYRINGE, -25 MCG/ML VIAL, -40 MCG/0.4 ML SYRINGE, -40 MCG/ML VIAL, -60 MCG/0.3 ML SYRINGE   | 24   | AVASTIN   | 6    |
| ARANESP 60 MCG/ML VIAL, -100 MCG/0.5 ML SYRINGE, -100 MCG/ML VIAL, -200 MCG/0.4 ML SYRINGE, -150 MCG/0.3 ML SYRINGE, -200 MCG/ML VIAL, -300 MCG/0.6 ML SYRINGE, -300 MCG/ML VIAL, -500 MCG/1 ML SYRINGE, -150 MCG/0.75 ML VIAL | 24   | AVELOX IV   | 1    |
| ARCALYST   | 24   | <i>aviane</i>   | 30   |
| ARICEPT 23 MG TABLET   | 9    | AVODART   | 34   |
| ARISTOSPAN   | 21   | AVONEX  | 24   |
| ARIXTRA 2.5 MG SYRINGE   | 27   | AVONEX ADMINISTRATION PACK  | 24   |
| ARIXTRA 5 MG SYRINGE, -7.5 MG SYRINGE, -10 MG SYRINGE  | 27   | AZACTAM 2 GM VIAL   | 1    |
| ARMOUR THYROID   | 21   | AZACTAM-ISO-OSMOTIC DEXTROSE  | 1    |
| ARRANON  | 6    | <i>azathioprine sodium</i>  | 6    |
| ARZERRA  | 6    | <i>azathioprine tablet</i>  | 6    |
| ASACOL   | 23   | <i>azelastine hcl aerosol spray w/pump</i>                                  | 20   |
| ASACOL HD  | 23   | <i>azelastine hcl drops</i>   | 32   |
| <i>ascomp with codeine</i>   | 9    | <i>azithromycin 100 mg/5 ml susp</i>  | 1    |
| ASTEPRO  | 20   | <i>azithromycin 200 mg/5 ml susp</i>  | 1    |
| <i>atenolol tablet</i>   | 16   | <i>azithromycin 250 mg tablet</i>   | 1    |
| <i>atenolol-chlorthalidone</i>   | 16   | <i>azithromycin 500 mg tablet</i>   | 1    |
| ATRIPLA  | 1    | <i>azithromycin 600 mg tablet</i>   | 1    |
| <i>atropine care</i>   | 32   | <i>azithromycin injection</i>   | 1    |
| <i>atropine sulfate drops, -ointment</i>   | 32   | <i>azithromycin packet</i>  | 1    |
| <i>atropine sulfate injection</i>  | 9    | <i>aztreonam 1 gm vial</i>  | 1    |
| ATROVENT HFA   | 33   | <i>aztreonam 2 gm vial</i>  | 2    |
| AUTONOMIC AND CNS MEDICATIONS  | 9    | <i>azurette</i>   | 30   |
| AVANDAMET 2 MG-500 MG TABLET   | 21   | <i>baciim</i>   | 2    |
| AVANDAMET 4 MG-1,000 MG TABLET, -4 MG-500 MG TABLET, -2 MG-1,000 MG TAB  | 21   | <i>bacitracin 500 unit/gm ointmnt</i>                                       | 32   |
| AVANDARYL 4 MG-1 MG TABLET, -4 MG-2 MG TABLET  | 21   | <i>bacitracin injection</i>   | 2    |
| AVANDARYL 4 MG-4 MG TABLET, -8 MG-2 MG TABLET, -8 MG-4 MG TABLET   | 21   | <i>bacitracin-polymyxin eye oint</i>  | 32   |
| AVANDIA 2 MG TABLET, -4 MG TABLET  | 21   | <i>baclofen tablet</i>  | 26   |
| AVANDIA 8 MG TABLET  | 21   | <i>balsalazide disodium</i>   | 23   |
|  |      | <i>balziva</i>  | 30   |
|  |      | BANZEL SUSPENSION ORAL  | 9    |
|  |      | BANZEL TABLET   | 9    |
|  |      | BARACLUDE SOLUTION  | 2    |
|  |      | BARACLUDE TABLET  | 2    |
|  |      | <i>baycadron</i>  | 21   |
|  |      | <i>benazepril hcl</i>   | 16   |
|  |      | <i>benazepril-hydrochlorothiazide</i>                                       | 16   |
|  |      | BENTYL INJECTION  | 23   |
|  |      | <i>benztropine mesylate injection</i>                                       | 9    |
|  |      | <i>benztropine mesylate tablet</i>  | 9    |
|  |      | <i>betamethasone dipropionate cream, -gel, -dp aug 0.05% lot, -ointment</i> | 19   |
|  |      | <i>betamethasone dp 0.05% lot</i>   | 19   |

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| <i>betamethasone valerate cream, -lotion, -<br/>ointment</i> | 19   | <i>butorphanol tartrate injection</i>   | 10   |
| <i>betanate</i>  | 19   | BYETTA 10 MCG DOSE PEN INJ  | 21   |
| BETASERON  | 24   | BYETTA 5 MCG DOSE PEN INJ   | 21   |
| <i>betaxolol hcl drops</i>                                   | 32   | BYSTOLIC  | 16   |
| <i>bethanechol chloride tablet</i>                           | 34   | <i>cabergoline</i>  | 21   |
| <i>bicalutamide</i>  | 6    | <i>calcipotriene ointment</i>   | 19   |
| BICILLIN C-R   | 2    | <i>calcipotriene solution</i>   | 19   |
| BICILLIN L-A   | 2    | <i>calcitonin-salmon</i>  | 21   |
| BICNU  | 6    | <i>calcitriol capsule, -solution</i>  | 27   |
| BIDIL  | 16   | <i>calcitriol injection</i>   | 27   |
| <i>bisoprolol-hydrochlorothiazide</i>                        | 16   | <i>calcium acetate</i>  | 27   |
| <i>bleomycin sulfate 15 unit vial</i>                        | 6    | <i>camila</i>   | 30   |
| <i>bleomycin sulfate 30 unit vial</i>                        | 6    | CAMPATH   | 6    |
| BONIVA INJECTION   | 21   | CANASA  | 23   |
| BOOSTRIX   | 24   | CANCIDAS  | 2    |
| <i>borofair</i>  | 20   | CAPASTAT SULFATE  | 2    |
| BOTOX  | 32   | <i>captopril tablet</i>   | 16   |
| <i>brimonidine tartrate</i>                                  | 32   | <i>captopril-hydrochlorothiazide</i>  | 16   |
| <i>bromocriptine mesylate capsule, -tablet</i>               | 9    | CARAC   | 19   |
| BROVANA  | 33   | <i>carbamazepine suspension oral, -tablet, -<br/>tablet chewable</i>                                      | 10   |
| <i>budeprion sr</i>  | 9    | <i>carbamazepine xr</i>   | 10   |
| <i>budeprion xl 150 mg tablet</i>                            | 9    | <i>carbidopa-levodopa</i>   | 10   |
| <i>budeprion xl 300 mg tablet</i>                            | 9    | <i>carbinoxamine maleate</i>  | 33   |
| BUDESONIDE AMPUL FOR NEBULIZATION                            | 33   | <i>carboplatin 150 mg/15 ml vial</i>  | 6    |
| <i>bumetanide injection</i>                                  | 16   | <i>carboplatin 450 mg/45 ml vial, -600 mg/60<br/>ml vial, -50 mg vial, -150 mg vial, -450 mg<br/>vial</i> | 6    |
| <i>bumetanide tablet</i>                                     | 16   | <i>carboplatin 50 mg/5 ml vial</i>  | 6    |
| BUPHENYL   | 20   | CARDIOVASCULAR MEDICATIONS  | 16   |
| BUPRENEX   | 9    | CARIMUNE NF NANOFILTERED  | 24   |
| <i>buprenorphine 2 mg tablet sl</i>                          | 9    | <i>carisoprodol 350 mg tablet</i>   | 26   |
| <i>buprenorphine 8 mg tablet sl</i>                          | 9    | <i>carisoprodol compound</i>  | 26   |
| <i>buprenorphine hcl injection</i>                           | 9    | <i>carisoprodol compound-codeine</i>  | 26   |
| <i>buproban</i>  | 9    | <i>carisoprodol-aspirin</i>   | 26   |
| <i>bupropion hcl sr</i>                                      | 9    | <i>carteolol hcl</i>  | 32   |
| <i>bupropion hcl tablet</i>                                  | 9    | <i>cartia xt</i>  | 16   |
| <i>bupropion hcl xl 150 mg tablet</i>                        | 10   | <i>carvedilol</i>   | 16   |
| <i>bupropion hcl xl 300 mg tablet</i>                        | 10   | CAYSTON   | 2    |
| <i>buspirone hcl tablet</i>                                  | 10   | <i>caziant</i>  | 30   |
| BUSULFEX   | 6    | CEENU   | 6    |
| <i>butalb-caff-acetaminoph-codein</i>                        | 10   | <i>cefactor</i>   | 2    |
| <i>butalbital compound-codeine</i>                           | 10   |   |      |
| <i>butorphanol tartrate aerosol spray</i>                    | 10   |   |      |

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| <i>cefaclor er</i>   | 2    | <i>chlorthalidone</i>  | 16   |
| <i>cefadroxil</i>  | 2    | <i>chlorzoxazone</i>   | 26   |
| <i>cefazolin 20 gm bulk vial, -500 mg vial, -1 gm add-van vial, -1 gm vial, -1 gm-d5w bag, -10 gm vial</i> | 2    | <i>cholestyramine</i>  | 17   |
| <i>cefdinir</i>  | 2    | <i>cholestyramine light</i>  | 17   |
| <i>cefepime</i>  | 2    | <i>ciclopirox cream, -gel, -shampoo, -suspension topical</i>                   | 2    |
| <i>cefepime hcl</i>  | 2    | <i>ciclopirox solution non-oral</i>  | 2    |
| <i>cefotaxime sodium</i>   | 2    | <i>cilostazol</i>  | 27   |
| <i>cefotetan</i>   | 2    | <i>cimetidine 300 mg tablet, -400 mg tablet, -800 mg tablet</i>                | 23   |
| <i>cefoxitin</i>   | 2    | <i>cimetidine injection</i>  | 23   |
| <i>cefoxitin sodium</i>  | 2    | <i>cimetidine solution, -200 mg tablet</i>                                     | 23   |
| <i>cefpodoxime proxetil</i>  | 2    | CIMZIA   | 6    |
| <i>cefprozil</i>   | 2    | CIPRODEX   | 20   |
| <i>ceftazidime</i>   | 2    | <i>ciprofloxacin</i>   | 2    |
| <i>ceftriaxone</i>   | 2    | <i>ciprofloxacin hcl 100 mg tab</i>  | 2    |
| <i>cefuroxime axetil</i>   | 2    | <i>ciprofloxacin hcl 250 mg tab, -500 mg tab, -750 mg tab</i>                  | 2    |
| <i>cefuroxime injection</i>  | 2    | <i>ciprofloxacin hcl drops</i>   | 32   |
| <i>cefuroxime sod 750 mg vial, -sod 1.5 gm vial, -sod 7.5 gm vial</i>                                      | 2    | <i>ciprofloxacin-d5w</i>   | 2    |
| <i>cefuroxime tablet</i>   | 2    | <i>cisplatin</i>   | 6    |
| CELLCEPT INJECTION   | 6    | <i>citalopram</i>  | 10   |
| CELLCEPT SUSPENSION RECONSTITUTED ORAL   | 6    | <i>citalopram hbr 10 mg tablet, -20 mg tablet</i>                              | 10   |
| CELONTIN   | 10   | <i>citalopram hbr 40 mg tablet</i>   | 10   |
| <i>cephalexin</i>  | 2    | <i>cladribine</i>  | 6    |
| CEREDASE   | 21   | CLAFORAN 1 GM ADD-VANTAGE VL   | 2    |
| CEREZYME   | 21   | <i>claravis</i>  | 19   |
| <i>cerubidine</i>  | 6    | <i>clarithromycin 125 mg/5 ml sus</i>  | 2    |
| CERVARIX   | 24   | <i>clarithromycin 250 mg tablet</i>  | 2    |
| <i>cesia</i>   | 30   | <i>clarithromycin 250 mg/5 ml sus</i>  | 2    |
| <i>cetirizine hcl solution oral</i>  | 33   | <i>clarithromycin 500 mg tablet</i>  | 2    |
| CHANTIX  | 10   | <i>clarithromycin er</i>   | 2    |
| <i>chloramphenicol sod succinate</i>   | 2    | <i>clemastine fumarate syrup, -fum 2.68 mg tab</i>                             | 33   |
| <i>chlordiazepoxide-amitriptyline</i>  | 10   | CLEOCIN PHOSPHATE IN D5W   | 2    |
| <i>chlorhexidine gluconate mouthwash</i>   | 20   | <i>clinda-derm</i>   | 19   |
| <i>chloroquine phosphate tablet</i>  | 2    | <i>clindamycin hcl capsule</i>   | 2    |
| <i>chlorothiazide</i>  | 16   | <i>clindamycin phosphate cream with applicator</i>                             | 30   |
| <i>chlorothiazide sodium</i>   | 16   | <i>clindamycin phosphate gel, -lotion, -solution non-oral, -swab medicated</i> | 19   |
| <i>chlorpromazine hcl injection</i>  | 10   | <i>clindamycin phosphate injection</i>   | 2    |
| <i>chlorpromazine hcl tablet</i>   | 10   |  |      |
| <i>chlorpropamide</i>  | 21   |  |      |

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

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



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

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| <i>potassium citrate-citric acid</i>              | 35   | <i>-tablet</i>                                      | 14   |
| <i>potassium cl 10 meq/50 ml sol, -cl 20</i>      |      | PROCRIT 2,000 UNITS/ML VIAL, -3,000                 |      |
| <i>meq/50 ml sol</i>                              | 29   | UNITS/ML VIAL, -4,000 UNITS/ML VIAL, -              |      |
| <i>potassium cl 10% (20 meq/15 ml, -cl 10%</i>    |      | 10,000 UNITS/ML VIAL                                | 26   |
| <i>(40 meq/30 ml, -cl 20% (40 meq/15 ml</i>       | 29   | PROCRIT 20,000 UNITS/ML VIAL, -40,000               |      |
| <i>pramipexole 0.125 mg tablet, -0.25 mg</i>      |      | UNITS/ML VIAL                                       | 26   |
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| PREZISTA 75 MG TABLET                             | 4    | <i>propranolol-hydrochlorothiazid</i>               | 18   |
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| VICTOZA 3-PAK  | 23   | ZAVESCA   | 23   |
| VIDAZA   | 9    | ZEMAIRA   | 34   |
| VIDEX  | 5    | <i>zema-pak</i>   | 23   |
| VIMPAT INJECTION   | 16   | ZEMPLAR   | 30   |
| VIMPAT SOLUTION, -TABLET   | 16   | <i>zenchent</i>   | 32   |
| <i>vinblastine 1 mg/ml vial</i>  | 9    | ZETIA   | 19   |
| <i>vinblastine sulf 10 mg vial</i>   | 9    | ZIAGEN  | 5    |
| <i>vincristine 1 mg/ml vial</i>  | 9    | <i>zidovudine</i>   | 5    |
| <i>vincristine 2 mg/2 ml vial</i>  | 9    | ZINACEF 750 MG ADD-VANT VIAL, -750 MG VIAL, -1.5 GM ADD-VANT VIAL, -1.5 GM VIAL, -7.5 GM VIAL | 5    |

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| ZINACEF IN ISO-OSMOTIC WATER     | 5           | ZYPREXA 10 MG TABLET, -15 MG TABLET    | 16          |
| ZINACEF ISO-OSMOTIC DEXTROSE     | 5           | ZYPREXA 2.5 MG TABLET, -5 MG TABLET, - |             |
| ZIRGAN                           | 33          | 7.5 MG TABLET                          | 16          |
| ZMAX ADULT-PEDIATRIC             | 5           | ZYPREXA 20 MG TABLET                   | 16          |
| ZOLINZA                          | 9           | ZYPREXA INJECTION                      | 16          |
| <i>zolpidem tartrate tablet</i>  | 16          | ZYPREXA RELPREVV 210 MG VIAL, -300 MG  |             |
| ZOMETA                           | 23          | VIAL                                   | 16          |
| <i>zonisamide</i>                | 16          | ZYPREXA RELPREVV 405 MG VIAL           | 16          |
| ZORBTIVE                         | 26          | ZYPREXA ZYDIS 10 MG TABLET, -15 MG     |             |
| ZORTRESS 0.25 MG TABLET          | 9           | TABLET                                 | 16          |
| ZORTRESS 0.5 MG TABLET, -0.75 MG |             | ZYPREXA ZYDIS 20 MG TABLET             | 16          |
| TABLET                           | 9           | ZYPREXA ZYDIS 5 MG TABLET              | 16          |
| ZOSTAVAX                         | 26          | ZYVOX INJECTION                        | 5           |
| <i>zovia 1-35e</i>               | 32          | ZYVOX SUSPENSION RECONSTITUTED ORAL    |             |
| <i>zovia 1-50e</i>               | 32          |  | 5           |
| ZYFLO                            | 34          | ZYVOX TABLET                           | 5           |
| ZYFLO CR                         | 34          |  |             |

