

**2012  
CAREOREGON  
ADVANTAGE  
FORMULARY**



**better  
care  
better  
health  
better  
together**





*Rolando Quinones (lower left) and Michele Koder (upper right) at the Multnomah County Northeast Health Center pharmacy. “Your pharmacist is an important part of your health care team,” said Michele. “We do more than dispense medications, we work with patients and their providers to ensure safe and effective treatment.”*

**CAREOREGON ADVANTAGE PLUS HMO-POS SNP  
CAREOREGON ADVANTAGE STAR HMO-POS  
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.

This information is available in a different format, including large print. If you need plan information in another format or language, please call Customer Service at 503-416-4279 or 1-888-712-3258. (Calls to these numbers are free.) TTY/TDD users call: 1-800-735-2900.

Hours of Operation: Every day, 8 a.m. to 8 p.m.

*A health plan with a Medicare contract.*

This information is available for free in other languages. Please contact our Customer Service department at 1-888-712-3258 for additional information.



CareOregon  
Advantage



## **What is the CareOregon Advantage Formulary?**

A formulary is a list of covered drugs selected by CareOregon Advantage 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. CareOregon Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareOregon Advantage 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 August 2011. To get updated information about the drugs covered by CareOregon Advantage, please visit our website at [www.careoregonadvantage.org](http://www.careoregonadvantage.org) or call Customer Service at 503-416-4279 (Portland) or toll-free 1-888-712-3258, daily from 8 a.m. until 8 p.m. TTY/TDD users should call 1-800-735-2900.

## 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 87. 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?

CareOregon Advantage 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:** CareOregon Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareOregon Advantage before you fill your prescriptions. If you don’t get approval, CareOregon Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, CareOregon Advantage limits the amount of the drug that we will cover. For example, CareOregon Advantage provides nine tablets per prescription for sumatriptan. This may be in addition to a standard one month or three month supply.



- **Step Therapy:** In some cases, CareOregon Advantage 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, CareOregon Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareOregon Advantage 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.careoregonadvantage.org](http://www.careoregonadvantage.org).

You can ask CareOregon Advantage to make an exception to these restrictions or limits. See the section, “How do I request an exception to the CareOregon Advantage formulary?” in this introduction for information about how to request an exception.

### What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. CareOregon Advantage pays for certain OTC drugs. CareOregon Advantage will provide these OTC drugs at no cost to you. The cost to CareOregon Advantage of these OTC drugs will not count toward your total drug costs. These drugs are listed in the table below.

#### DRUG NAME

benzoyl peroxide 4% cleansing lotion
benzoyl peroxide 5% lotion
cetirizine 1 mg/1 ml solution
cetirizine 10 mg chewable tablet
cetirizine 10 mg tablet
cetirizine 5 mg chewable tablet
cetirizine 5 mg tablet
cetirizine 5 mg/5 ml syrup
loratadine 10 mg oral disintegrating tablet
loratadine 10 mg tablet
loratadine 5 mg/5 ml solution
loratadine 5 mg/5 ml syrup
niacin 500 mg caplet sa
niacin 500 mg capsule sa
niacin 500 mg tablet
niacin 500 mg tablet sa
niacin 750 mg tablet sa
niacin flush free 500 mg cap
niacin td 500 mg capsule sa
slo-niacin 500 mg tablet
nicotine 7 mg/24 hr patch
nicotine 11 mg/24hr patch
nicotine 14 mg/24 hr patch

**DRUG NAME CONT.**


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 nicotine 21 mg/24hr patch
 

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 nicotine 22 mg/24hr patch
 

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 nicotine 2 mg gum
 

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 nicotine 4 mg gum
 

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 nicotine transdermal system
 

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**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 CareOregon Advantage does not cover your drug, you have two options:

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

You can ask CareOregon Advantage 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, CareOregon Advantage 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.
- 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.

Generally, CareOregon Advantage 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 or utilization restriction exception. **When you are requesting a formulary 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 62-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 62-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 at least a 91-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you transition from one level of care to another, for example, if you are discharged from a hospital or change hospice status, we will cover a temporary 62-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

## For more information

For more detailed information about your CareOregon Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareOregon Advantage, please call Customer Service at 503-416-4279 (Portland) or toll-free 1-888-712-3258, daily from 8 a.m. until 8 p.m. TTY/TDD users should call 1-800-735-2900.) Or visit [www.careoregonadvantage.org](http://www.careoregonadvantage.org).

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).

## CareOregon Advantage Formulary

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

- The **first column** of the chart lists the drug's generic name. Generic drugs are listed in lower-case italics (e.g., *celecoxib*).
- The **second column** of the chart lists the drug name. **Brand-name** drugs are capitalized (e.g., CELEBREX)
- The **third column** of the chart shows the drug's **dosage and strength** that are covered.
- The **fourth column** of the chart lists the **drug's tier level**. Tier 1 means a generic drug. Tier 2 means a brand-name drug. Tier 3 means a specialty drug.
- The **fifth column** of the chart shows if CareOregon Advantage has any special requirements for coverage of the drug. The formulary charts use the following abbreviations:



- **PA:** The drug requires prior authorization.
- **PAN:** The drug requires prior authorization for individuals who are starting the drug for the first time or for the first time in a long time.
- **BvsD:** The drug requires prior authorization to ensure that the drug is paid under Medicare Part B if required by Medicare.
- **LA:** These limited access drugs may be obtained at a limited number of pharmacies and are not available at all pharmacies.
- **QL:** The drug has a maximum quantity limit for each prescription.
- **ST:** You must try other drugs to treat your condition before we will cover this drug.
- **STN:** You must try other drugs to treat your condition before we will cover this drug only if you are starting the drug for the first time or for the first time in a long time.
- **MNT:** The drug is a maintenance medication available at mail order and select retail pharmacies.
- The **sixth column** of the chart, QL AMT/DAYS, shows the maximum number of doses and/or days for each prescription. For example, 62/30 means that the maximum quantity covered for 30 days is 62.

## **Index of Drugs**

Plans must include an alphabetical listing of all drugs included in the formulary that indicates the page where members can find coverage information for that drug. Plans may use more than one column for the index listing.

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>ANESTHETICS</b>					
<b>LOCAL ANESTHETICS</b>					
<i>lidocaine hcl</i>		0.5% VIAL	1		
<i>lidocaine hcl</i>		1% VIAL	1		
<b>TOPICAL ANESTHETICS</b>					
<i>lidocaine</i>	LIDODERM	5% PATCH	2	PA	90/30
<i>lidocaine</i>		5% OINTMENT	1		
<i>lidocaine</i>		2% VISCOUS SOLN	1		
<i>lidocaine hcl</i>		2% JELLY	1		
<i>lidocaine hcl</i>		4% SOLUTION	1		
<i>lidocaine-prilocaine</i>		CREAM	1		
<b>AMEBICIDES</b>					
<i>paromomycin</i>		250 MG CAPSULE	1		
<b>AMINOGLYCOSIDES</b>					
<i>amikacin sulfate</i>		100 MG/2 ML	1		
<i>amikacin sulfate</i>		500 MG/2 ML	1		
<i>gentamicin</i>		10 MG/ML VIAL	1		
<i>gentamicin</i>		40 MG/ML VIAL	1		
<i>gentamicin</i>		60 MG/NS 50 ML PB	1		
<i>gentamicin</i>		80 MG/NS 50 ML PB	1		
<i>gentamicin</i>		100 MG/NS 100 ML	1		
<i>iso gentamicin</i>		100 MG/100 ML	1		
<i>isoton gentamicin</i>		60 MG/50 ML	1		
<i>isoton gentamicin</i>		80 MG/50 ML	1		
<i>neomycin</i>		500 MG TABLET	1		
<i>tobramycin/sodium chloride</i>	TOBI	300 MG/5 ML SOLUTION	2	BvsD	280/28
<i>tobramycin</i>		60 MG/50 ML NS	1		
<i>tobramycin</i>		80 MG/100 ML NS	1		
<i>tobramycin</i>		10 MG/ML VIAL	1		
<i>tobramycin</i>		40 MG/ML VIAL	1		

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>ANTHELMINTICS</b>					
<i>albendazole</i>	ALBENZA	200 MG TABLET	2		
<i>ivermectin</i>	STROMECTOL	3 MG TABLET	2		
<i>mebendazole</i>		100 MG TAB CHEW	1		
<i>praziquantel</i>	BILTRICIDE	600 MG TABLET	2		
<b>ANTIINFECTIVES SPECIALIZED INDICATIONS</b>					
<i>dapsone</i>	DAPSONE	25 MG TABLET	2	MNT	
<i>dapsone</i>	DAPSONE	100 MG TABLET	2	MNT	
<i>metronidazole</i>		500 MG/100 ML	1		
<i>metronidazole</i>		250 MG TABLET	1		
<i>metronidazole</i>		500 MG TABLET	1		
<b>ANTIRETROVIRALS AND PROTEASE INH</b>					
<i>abacavir sulfate</i>	ZIAGEN	20 MG/ML SOLUTION	2	MNT	
<i>abacavir sulfate</i>	ZIAGEN	300 MG TABLET	2	MNT	
<i>abacavir sulfate/lamivudine</i>	EPZICOM	TABLET	2	MNT	
<i>atazanavir sulfate</i>	REYATAZ	100 MG CAPSULE	2	MNT	
<i>atazanavir sulfate</i>	REYATAZ	150 MG CAPSULE	2	MNT	
<i>atazanavir sulfate</i>	REYATAZ	200 MG CAPSULE	2	MNT	
<i>atazanavir sulfate</i>	REYATAZ	300 MG CAPSULE	2	MNT	
<i>darunavir ethanolate</i>	PREZISTA	75 MG TABLET	2	MNT	
<i>darunavir ethanolate</i>	PREZISTA	150 MG TABLET	2	MNT	
<i>darunavir ethanolate</i>	PREZISTA	400 MG TABLET	2	MNT	
<i>darunavir ethanolate</i>	PREZISTA	600 MG TABLET	2	MNT	
<i>delavirdine mesylate</i>	RESCRIPTOR	100 MG TABLET	2	MNT	
<i>delavirdine mesylate</i>	RESCRIPTOR	200 MG TABLET	2	MNT	
<i>didanosine</i>	VIDEX	2 GM PEDIATRIC SOLN	2	MNT	
<i>didanosine dr</i>		125 MG CAPSULE	1	MNT	
<i>didanosine dr</i>		200 MG CAPSULE	1	MNT	
<i>didanosine dr</i>		250 MG CAPSULE	1	MNT	
<i>didanosine dr</i>		400 MG CAPSULE	1	MNT	
<i>efavirenz</i>	SUSTIVA	50 MG CAPSULE	2	MNT	
<i>efavirenz</i>	SUSTIVA	200 MG CAPSULE	2	MNT	
<i>efavirenz</i>	SUSTIVA	600 MG TABLET	2	MNT	
<i>emtricitabine</i>	EMTRIVA	10 MG/ML SOLUTION	2	MNT	
<i>emtricitabine</i>	EMTRIVA	200 MG CAPSULE	2	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>emtricitabine/tenofovir</i>	TRUVADA	200 MG-300 MG TABLET	2	MNT	
<i>emtricitabine/tenofovir/efavir</i>	ATRIPLA	TABLET	2	MNT	
<i>emtricitabine/tenofovir/rilpivirine</i>	COMPLERA	TABLET	2	MNT	
<i>enfuvirtide</i>	FUZEON	CONVENIENCE KIT	2	MNT	
<i>etravirine</i>	INTELENCE	100 MG TABLET	2	MNT	
<i>etravirine</i>	INTELENCE	200 MG TABLET	2	MNT	
<i>fosamprenavir calcium</i>	LEXIVA	50 MG/ML SUSPENSION	2	MNT	
<i>fosamprenavir calcium</i>	LEXIVA	700 MG TABLET	2	MNT	
<i>indinavir</i>	CRIXIVAN	100 MG CAPSULE	2	MNT	
<i>indinavir</i>	CRIXIVAN	200 MG CAPSULE	2	MNT	
<i>indinavir</i>	CRIXIVAN	400 MG CAPSULE	2	MNT	
<i>lamivudine</i>	EPIVIR	10 MG/ML ORAL SOLN	2	MNT	
<i>lamivudine</i>		150 MG TABLET	1	MNT	
<i>lamivudine</i>		300 MG TABLET	1	MNT	
<i>lamivudine/zidovudine</i>		TABLET	1	MNT	
<i>lamivudine/zidovudine</i>	COMBIVIR	TABLET	2	MNT	
<i>maraviroc</i>	SELZENTRY	150 MG TABLET	2	MNT	
<i>maraviroc</i>	SELZENTRY	300 MG TABLET	2	MNT	
<i>nelfinavir mesylate</i>	VIRACEPT	250 MG TABLET	2	MNT	
<i>nelfinavir mesylate</i>	VIRACEPT	625 MG TABLET	2	MNT	
<i>nelfinavir mesylate</i>	VIRACEPT	POWDER	2	MNT	
<i>nevirapine</i>	VIRAMUNE	50 MG/5 ML SUSP	2	MNT	
<i>nevirapine</i>	VIRAMUNE	200 MG TABLET	2	MNT	
<i>nevirapine</i>	VIRAMUNE XR	400 MG TABLET	2	MNT	
<i>raltegravir potassium</i>	ISENTRESS	400 MG TABLET	2	MNT	
<i>rilpivirine hydrochloride</i>	EDURANT	25 MG TABLET	2	MNT	
<i>ritonavir</i>	NORVIR	80 MG/ML SOLUTION	2	MNT	
<i>ritonavir</i>	NORVIR	100 MG SOFTGEL CAP	2	MNT	
<i>ritonavir</i>	NORVIR	100 MG TABLET	2	MNT	
<i>ritonavir/lopinavir</i>	KALETRA	400-100/5 ML ORAL SOLU	2	MNT	
<i>ritonavir/lopinavir</i>	KALETRA	100-25 MG TABLET	2	MNT	
<i>ritonavir/lopinavir</i>	KALETRA	200-50 MG TABLET	2	MNT	
<i>saquinavir mesylate</i>	INVIRASE	200 MG CAPSULE	2	MNT	
<i>saquinavir mesylate</i>	INVIRASE	500 MG TABLET	2	MNT	
<i>stavudine</i>		1 MG/ML SOLUTION	1	MNT	
<i>stavudine</i>		15 MG CAPSULE	1	MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>stavudine</i>		20 MG CAPSULE	1	MNT	
<i>stavudine</i>		30 MG CAPSULE	1	MNT	
<i>stavudine</i>		40 MG CAPSULE	1	MNT	
<i>tenofovir disproxil fumarate</i>	VIREAD	150 MG TABLET	2	MNT	30/30
<i>tenofovir disproxil fumarate</i>	VIREAD	200 MG TABLET	2	MNT	
<i>tenofovir disproxil fumarate</i>	VIREAD	250 MG TABLET	2	MNT	
<i>tenofovir disproxil fumarate</i>	VIREAD	300 MG TABLET	2	MNT	
<i>telaprevir</i>	INCIVEK	375 MG TABLET	2	PA	
<i>tipranavir/vitamin e tpgs</i>	APTIVUS	100 MG/ML SOLUTION	2	MNT	
<i>tipranavir</i>	APTIVUS	250 MG CAPSULE	2	MNT	
<i>zidovudine</i>	RETROVIR	10 MG/ML VIAL	2		
<i>zidovudine</i>	RETROVIR	IV INFUSION VIAL	2		
<i>zidovudine</i>		50 MG/5 ML SYRUP	1	MNT	
<i>zidovudine</i>		100 MG CAPSULE	1	MNT	
<i>zidovudine</i>		300 MG TABLET	1	MNT	
<i>zidovudine/lamivudine/abacavir</i>	TRIZIVIR	TABLET	2	MNT	

**ANTITUBERCULOSIS DRUGS**

<i>aminosalicylic acid</i>	PASER GRANULES	4 GM PACKET	2	MNT	
<i>capreomycin</i>	CAPASTAT SULFATE	1 GM VIAL	2		
<i>cycloserine</i>	SEROMYCIN	250 MG CAPSULE	2		
<i>ethambutol hcl</i>		100 MG TABLET	1	MNT	
<i>ethambutol hcl</i>		400 MG TABLET	1	MNT	
<i>ethionamide</i>	TRECTOR	250 MG TABLET	2		
<i>isonarif</i>		CAPSULE	1		
<i>isoniazid</i>		50 MG/5 ML SYRUP	1	MNT	
<i>isoniazid</i>		100 MG/ML VIAL	1		
<i>isoniazid</i>		100 MG TABLET	1	MNT	
<i>isoniazid</i>		300 MG TABLET	1	MNT	
<i>pyrazinamide</i>		500 MG TABLET	1	MNT	
<i>rifabutin</i>	MYCOBUTIN	150 MG CAPSULE	2		
<i>rifampin</i>		150 MG CAPSULE	1		
<i>rifampin</i>		300 MG CAPSULE	1		
<i>rifampin iv</i>		600 MG VIAL	1		
<i>rifapentine</i>	PRIFTIN	150 MG TABLET	2		

4 \*Definitions for abbreviated limits can be found on page viii of the intro section.

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>CEPHALOSPORINS</b>					
<i>cefaclor</i>		250 MG CAPSULE	1		
<i>cefaclor</i>		500 MG CAPSULE	1		
<i>cefadroxil</i>		1 GM TABLET	1		
<i>cefadroxil</i>		250 MG/5 ML SUSP	1		
<i>cefadroxil</i>		500 MG/5 ML SUSP	1		
<i>cefadroxil</i>		500 MG CAPSULE	1		
<i>cefazolin</i>		1 GM-D5W BAG	1		
<i>cefazolin</i>		20 GM BULK VIAL	1		
<i>cefazolin</i>		1 GM VIAL	1		
<i>cefazolin</i>		500 MG VIAL	1		
<i>cefdinir</i>		125 MG/5 ML SUSP	1		
<i>cefdinir</i>		250 MG/5 ML SUSP	1		
<i>cefdinir</i>		300 MG CAPSULE	1		20/30
<i>cefepime hcl</i>		1 GM VIAL	1		
<i>cefepime hcl</i>		2 GRAM VIAL	1		
<i>cefixime</i>	SUPRAX	100 MG/5 ML SUSPENSION	2		
<i>cefixime</i>	SUPRAX	200 MG/5 ML SUSPENSION	2		
<i>cefixime</i>	SUPRAX	400 MG TABLET	2		
<i>cefpodoxime</i>		50 MG/5 ML SUSP	1		
<i>cefpodoxime</i>		100 MG/5 ML SUSP	1		
<i>cefpodoxime</i>		100 MG TABLET	1		
<i>cefpodoxime</i>		200 MG TABLET	1		
<i>cefprozil</i>		125 MG/5 ML SUSP	1		
<i>cefprozil</i>		250 MG/5 ML SUSP	1		
<i>cefprozil</i>		250 MG TABLET	1		
<i>cefprozil</i>		500 MG TABLET	1		
<i>ceftazidime</i>		1 GM PIGGYBACK	1		
<i>ceftazidime</i>		1 GM VIAL	1		
<i>ceftazidime</i>		2 GM PIGGYBACK	1		
<i>ceftazidime</i>		2 GM VIAL	1		
<i>ceftazidime</i>		6 GM VIAL	1		
<i>ceftriaxone</i>		2 GM ADD VIAL	1		
<i>ceftriaxone</i>		1 GM VIAL	1		
<i>ceftriaxone</i>		10 GM VIAL	1		
<i>ceftriaxone</i>		250 MG VIAL	1		

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>ceftriaxone</i>		500 MG VIAL	1		
<i>cefuroxime</i>		125 MG/5 ML SUSP	1		
<i>cefuroxime axetil</i>		250 MG TAB	1		
<i>cefuroxime axetil</i>		500 MG TAB	1		
<i>cefuroxime sod</i>		1.5 GM VIAL	1		
<i>cefuroxime sod</i>		7.5 GM VIAL	1		
<i>cefuroxime sod</i>		750 MG VIAL	1		
<i>cephalexin</i>		125 MG/5 ML SUSP	1		
<i>cephalexin</i>		250 MG/5 ML SUSP	1		
<i>cephalexin</i>		250 MG CAPSULE	1		
<i>cephalexin</i>		500 MG CAPSULE	1		
<i>cephalexin</i>		250 MG TABLET	1		
<i>cephalexin</i>		500 MG TABLET	1		

**CLINDAMYCINS**

<i>clindamycin</i>		150 MG/ML ADDVAN	1		
<i>clindamycin hcl</i>		150 MG CAPS	1		
<i>clindamycin hcl</i>		300 MG CAPSULE	1		

**ERYTHROMYCINS**

<i>erythrocin</i>		250 MG FILMTAB	1		
<i>erythromycin</i>		250 MG FILMTAB	1		
<i>erythromycin</i>		500 MG FILMTAB	1		
<i>erythromycin base</i>	ERY-TAB EC	250 MG TABLET	2		
<i>erythromycin base</i>	ERY-TAB EC	500 MG TABLET	2		
<i>erythromycin base</i>	ERY-TAB EC	333 MG TABLET	2		
<i>erythromycin base</i>	PCE	333 MG DISPERTAB	2		
<i>erythromycin base</i>	PCE	500 MG DISPERTAB	2		
<i>erythromycin es</i>		400 MG TAB	1		
<i>erythromycin ethylsuccinate</i>	E.E.S.	200 MG/5 ML GRANULES	2		
<i>erythromycin lactobionate</i>	ERYTHROCIN	500 MG ADDVNT VL	2		

**ORAL ANTIFUNGAL DRUGS**

<i>clotrimazole</i>		10 MG TROCHE	1		
<i>fluconazole</i>		10 MG/ML SUSP	1		
<i>fluconazole</i>		40 MG/ML SUSP	1		
<i>fluconazole</i>		50 MG TABLET	1		

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>fluconazole</i>		100 MG TABLET	1		
<i>fluconazole</i>		150 MG TABLET	1		4/30
<i>fluconazole</i>		200 MG TABLET	1		
<i>flucytosine</i>		250 MG CAPSULE	1		
<i>flucytosine</i>		500 MG CAPSULE	1		
<i>griseofulvin</i>		125 MG/5 ML SUSP	1		
<i>griseofulvin microsize</i>	GRIFULVIN V	500 MG TABLET	2		
<i>griseofulvin ultramicrosize</i>	GRIS-PEG	125 MG TABLET	2		
<i>itraconazole</i>		100 MG CAPSULE	1		
<i>ketoconazole</i>		200 MG TABLET	1		
<i>nystatin</i>		100,000 UNITS/ML SUSP	1		
<i>nystatin</i>		500,000 UNIT ORAL TAB	1		
<i>terbinafine hcl</i>		250 MG TABLET	1		
<i>voriconazole</i>		50 MG TABLET	1	PA	
<i>voriconazole</i>		200 MG TABLET	1	PA	

**OTHER ANTIINFECTIVE DRUGS**

<i>atovaquone</i>	MEPRON	750 MG/5 ML SUSPENSION	2		
<i>aztreonam</i>		1 GM VIAL	1		
<i>aztreonam lysine</i>	CAYSTON	75 MG INHAL SOLUTION	2	PA, LA	84/30
<i>aztreonam/dextrose water</i>	AZACTAM-ISO-OSMOT	1 GM/50 ML	2		
<i>aztreonam/dextrose water</i>	AZACTAM-ISO-OSMOT	2 GM/50 ML	2		
<i>colistimethate</i>		150 MG VIAL	1		
<i>daptomycin</i>	CUBICIN	500 MG VIAL	2	BvsD	
<i>doripenem</i>	DORIBAX	500 MG VIAL	2		
<i>imipenem/cilastatin</i>		250 MG VL	1		
<i>imipenem/cilastatin</i>		500 MG VL	1		
<i>imipenem/cilastatin sodium</i>	PRIMAXIN I.M.	500 MG VIAL	2		
<i>lincomycin</i>	LINCOCIN	300 MG/ML VIAL	2		
<i>linezolid</i>	ZYVOX	100 MG/5 ML SUSPENSION	2	PA	
<i>linezolid</i>	ZYVOX	600 MG/300 ML IV SOLN	2	PA	
<i>linezolid</i>	ZYVOX	600 MG TABLET	2	PA	
<i>meropenem iv</i>		500 MG VIAL	1		
<i>nitazoxanide</i>	ALINIA	100 MG/5 ML SUSPENSION	2	PA	
<i>nitazoxanide</i>	ALINIA	500 MG TABLET	2	PA	
<i>pentamidine</i>	NEBUPENT	300 MG INHAL POWDER	2	BvsD	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>pentamidine</i>	PENTAM	300 VIAL	2	BvsD	
<i>quinupristin/dalfopristin</i>	SYNERCID	500 MG VIAL	2	BvsD	
<i>telavancin</i>	VIBATIV	250 MG VIAL	2	BvsD	
<i>tigecycline</i>	TYGACIL	50 MG VIAL	2	PA	
<i>vancomycin</i>	VANCOGIN HCL	125 MG PULVULE	2		
<i>vancomycin</i>	VANCOGIN HCL	250 MG PULVULE	2		
<i>vancomycin</i>		1 GM VIAL	1	BvsD	
<i>vancomycin</i>		500 MG A/V VIAL	1	BvsD	
<i>vancomycin hcl</i>		10 GM VIAL	1	BvsD	

**OTHER ANTIVIRAL DRUGS**

<i>acyclovir</i>		200 MG/5 ML SUSP	1	MNT	
<i>acyclovir</i>		200 MG CAPSULE	1	MNT	
<i>acyclovir</i>		400 MG TABLET	1	MNT	
<i>acyclovir</i>		800 MG TABLET	1	MNT	
<i>acyclovir sodium</i>		500 MG VIAL	1		
<i>adefovir dipivoxil</i>	HEPSERA	10 MG TABLET	2		30/30
<i>amantadine</i>		50 MG/5 ML SYRUP	1	MNT	
<i>amantadine</i>		100 MG CAPSULE	1	MNT	
<i>amantadine</i>		100 MG TABLET	1	MNT	
<i>cidofovir</i>	VISTIDE	75 MG/ML VIAL	2		
<i>entecavir</i>	BARACLUDE	0.05 MG/ML SOLUTION	2	MNT	
<i>entecavir</i>	BARACLUDE	0.5 MG TABLET	2	MNT	
<i>entecavir</i>	BARACLUDE	1 MG TABLET	2	MNT	
<i>famciclovir</i>		125 MG TABLET	1	ST	
<i>famciclovir</i>		250 MG TABLET	1	ST	
<i>famciclovir</i>		500 MG TABLET	1	ST	
<i>foscarnet</i>		24 MG/ML INFUS BTTL	1		
<i>ganciclovir</i>		250 MG CAPSULE	1		
<i>ganciclovir</i>		500 MG CAPSULE	1		
<i>ganciclovir</i>		500 MG VIAL	1		
<i>lamivudine</i>	EPIVIR HBV	25 MG/5 ML SOLN	2	MNT	
<i>lamivudine</i>	EPIVIR HBV	100 MG TABLET	2	MNT	
<i>oseltamivir phosphate</i>	TAMIFLU	6 MG/ML SUSPENSION	2		700/365
<i>oseltamivir phosphate</i>	TAMIFLU	12 MG/ML SUSPENSION	2		350/365
<i>oseltamivir phosphate</i>	TAMIFLU	30 MG GELCAP	2		112/365
<i>oseltamivir phosphate</i>	TAMIFLU	45 MG GELCAP	2		56/365

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>oseltamivir phosphate</i>	TAMIFLU	75 MG GELCAP	2		56/365
<i>ribasphere</i>		200 MG CAPSULE	1	PA	210/30
<i>ribasphere</i>		200 MG TABLET	1	PA	210/30
<i>ribavirin</i>		200 MG CAPSULE	1	PA	210/30
<i>ribavirin</i>		200 MG TABLET	1	PA	210/30
<i>rimantadine hcl</i>		100 MG TABLET	1		
<i>telbivudine</i>	TYZEKA	600 MG TABLET	2	MNT	30/30
<i>valacyclovir hcl</i>		1 GRAM TABLET	1	ST, MNT	
<i>valacyclovir hcl</i>		500 MG TABLET	1	ST, MNT	
<i>valganciclovir</i>	VALCYTE	50 MG/ML SOLUTION	2	MNT	
<i>valganciclovir</i>	VALCYTE	450 MG TABLET	2	MNT	
<i>zanamivir</i>	RELENZA	5 MG DISKHALER	2		112/365

**OTHER MACROLIDES**

<i>azithromycin</i>		100 MG/5 ML SUSP	1		
<i>azithromycin</i>		200 MG/5 ML SUSP	1		
<i>azithromycin</i>		250 MG TABLET	1		
<i>azithromycin</i>		500 MG TABLET	1		
<i>azithromycin</i>		600 MG TABLET	1		
<i>azithromycin i.v.</i>		500 MG VIAL	1		
<i>clarithromycin</i>		125 MG/5 ML SUS	1		
<i>clarithromycin</i>		250 MG/5 ML SUS	1		
<i>clarithromycin</i>		250 MG TABLET	1		
<i>clarithromycin</i>		500 MG TABLET	1		

**OTHER TOPICAL ANTIFUNGALS**

<i>ciclopirox</i>		8% SOLUTION	1	PA	
<i>clotrimazole</i>		1% CREAM	1		
<i>clotrimazole</i>		1% SOLUTION	1		
<i>clotrimazole af</i>		1% CREAM	1		
<i>ketoconazole</i>		2% CREAM	1		
<i>ketoconazole</i>		2% SHAMPOO	1		
<i>nystatin</i>		100,000 UNIT/GM CREAM	1		
<i>nystatin</i>		100,000 UNITS/GM OINT	1		
<i>nystatin</i>		100,000 UNIT/GM POWD	1		
<i>nyamyc</i>		100,000 UNITS/GM POWDER	1		
<i>nystop</i>		100,000 UNITS/GM POWDER	1		
<i>pedi-dri</i>		TOPICAL POWDER	1		

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>PARENTERAL ANTIFUNGALS</b>					
<i>ampho b c-s</i>	AMPHOTEC	50 MG VIAL	2	BvsD	
<i>amphotericin b</i>		50 MG VIAL	1	BvsD	
<i>amphotericin b lipid complex</i>	ABELCET	5 MG/ML VIAL P/F	2		
<i>amphotericin b liposome</i>	AMBISOME	50 MG VIAL	2		
<i>anidulafungin</i>	ERAXIS (WATER DIL)	100 MG VIAL	2	BvsD	
<i>caspofungin acetate</i>	CANCIDAS IV	50 MG VIAL	2	BvsD	
<i>caspofungin acetate</i>	CANCIDAS IV	70 MG VIAL	2	BvsD	
<i>fluconazole-dext</i>		400 MG/200 ML	1		
<i>micafungin sodium</i>	MYCAMINE	50 MG VIAL	2	BvsD	
<i>micafungin sodium</i>	MYCAMINE	100 MG VIAL	2	BvsD	
<i>voriconazole</i>	VFEND IV	200 MG VIAL	2	PA	

**PENICILLINS**

<i>amox tr-k clv</i>		200-28.5/5 SUSP	1		
<i>amox tr-k clv</i>		250-62.5/5 SUSP	1		
<i>amox tr-k clv</i>		400-57/5 SUSP	1		
<i>amox tr-k clv</i>		600-42.9/5 SUSP	1		
<i>amox tr-k clv</i>		250-125 MG TAB	1		
<i>amox tr-k clv</i>		500-125 MG TAB	1		
<i>amox tr-k clv</i>		875-125 MG TAB	1		
<i>amox tr-k clv</i>		200-28.5 TAB CHW	1		
<i>amox tr-k clv</i>		400-57 TAB CHEW	1		
<i>amoxicillin</i>		125 MG/5 ML SUSP	1		
<i>amoxicillin</i>		200 MG/5 ML SUSP	1		
<i>amoxicillin</i>		250 MG/5 ML SUSP	1		
<i>amoxicillin</i>		400 MG/5 ML SUSP	1		
<i>amoxicillin</i>		250 MG CAPSULE	1		
<i>amoxicillin</i>		500 MG CAPSULE	1		
<i>amoxicillin</i>		125 MG TAB CHEW	1		
<i>amoxicillin</i>		200 MG TAB CHEW	1		
<i>amoxicillin</i>		250 MG TAB CHEW	1		
<i>amoxicillin</i>		500 MG TABLET	1		
<i>amoxicillin</i>		875 MG TABLET	1		
<i>ampicillin</i>		1 GM VIAL	1		
<i>ampicillin</i>		10 GM VIAL	1		

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>ampicillin</i>		125 MG/5 ML SUSP	1		
<i>ampicillin</i>		250 MG/5 ML SUSP	1		
<i>ampicillin</i>		125 MG VIAL	1		
<i>ampicillin tr</i>		250 MG CAPSULE	1		
<i>ampicillin tr</i>		500 MG CAPSULE	1		
<i>ampicillin-sulbactam</i>		3 GM VIAL	1		
<i>ampicillin-sulbactam</i>		15 GM VL	1		
<i>dicloxacillin</i>		250 MG CAPSULE	1		
<i>dicloxacillin</i>		500 MG CAPSULE	1		
<i>nafcillin</i>		1 GM/ 50 ML INJ	1		
<i>nafcillin</i>		10 GM BULK VIAL	1		
<i>nafcillin</i>		1 GM VIAL	1		
<i>nafcillin</i>		10 GM VIAL	1		
<i>oxacillin</i>		1 GM/ 50 ML INJ	1		
<i>oxacillin</i>		2 GM/ 50 ML INJ	1		
<i>oxacillin</i>		1 GM VIAL	1		
<i>oxacillin</i>		10 GM VIAL	1		
<i>penicillin g benzathine</i>	BICILLIN LA	600,000 UNIT/ML TB	2		
<i>penicillin g benzathine</i>	BICILLIN LA	1,200,000 UNITS	2		
<i>penicillin g benzathine</i>	BICILLIN LA	2,400,000 UNITS	2		
<i>penicillin g k</i>		5 MILLION UNIT	1		
<i>penicillin g na</i>		5 MILLION UNIT	1		
<i>penicillin vk</i>		125 MG/5 ML SUS	1		
<i>penicillin vk</i>		250 MG/5 ML SUS	1		
<i>penicillin vk</i>		250 MG TABLET	1		
<i>penicillin vk</i>		500 MG TABLET	1		
<i>piperacil-tazobact</i>		3.375 GM VL	1		
<i>piperacillin</i>		40 GM BULK VIAL	1		
<i>piperacillin</i>		3 GM VIAL	1		
<i>piperacil-tazobact</i>		4.5 GM VIAL	1		
<i>piperacillin/tazobactam/sod cl</i>	ZOSYN	2.25 GM GALAXY BAG	2		
<i>piperacillin/tazobactam/sod cl</i>	ZOSYN	3.375 GM GALAXY BAG	2		
<i>piperacillin/tazobactam/sod cl</i>	ZOSYN	2.25 GM PRE-MIX BAG	2		
<i>piperacillin/tazobactam/sod cl</i>	ZOSYN	3.375 GM PRE MIX-BAG	2		
<i>ticarcillin/k clavulanate</i>	TIMENTIN	3.1 GM VIAL	2		

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>PLASMODICIDES</b>					
<i>artemether/lumefantrine</i>	COARTEM	TABLETS	2		
<i>atovaquone-proguanil</i>		250-100 MG TABLET	1		
<i>atovaquone/proguanil hcl</i>	MALARONE	62.5-25 MG PED TAB	2		
<i>chloroquine ph</i>		250 MG TABLET	1	MNT	
<i>chloroquine ph</i>		500 MG TABLET	1	MNT	
<i>hydroxychloroquine</i>		200 MG TB	1	MNT	
<i>mefloquine hcl</i>		250 MG TABLET	1	MNT	
<i>primaquine</i>	PRIMAQUINE	26.3 MG TABLET	2	MNT	
<i>pyrimethamine</i>	DARAPRIM	25 MG TABLET	2		
<i>quinine sulfate</i>	QUALAQUIN	324 MG CAPSULE	2	PA	42/30
<b>QUINOLONES</b>					
<i>ciprofloxacin</i>		400 MG/40 ML VL	1		
<i>ciprofloxacin hcl</i>		100 MG TAB	1		
<i>ciprofloxacin hcl</i>		250 MG TAB	1		
<i>ciprofloxacin hcl</i>		500 MG TAB	1		
<i>ciprofloxacin hcl</i>		750 MG TAB	1		
<i>levofloxacin</i>		25 MG/ML SOLUTION	1		
<i>levofloxacin</i>		250 MG TABLET	1		
<i>levofloxacin</i>		500 MG TABLET	1		
<i>levofloxacin</i>		750 MG TABLET	1		
<i>levofloxacin</i>		750 MG/30 ML VIAL	1		
<i>levofloxacin-D5W</i>		500 MG/100 ML	1		
<i>moxifloxacin</i>	AVELOX	400 MG TABLET	2		
<i>moxifloxacin</i>	AVELOX ABC PACK	400 MG TAB	2		
<i>moxifloxacin</i>	AVELOX IV	400 MG/250 ML	2		
<b>SULFONAMIDES</b>					
<i>erythromycin-sulfisox</i>		SUSP	1		
<i>sulfadiazine</i>		500 MG TABLET	1		
<i>sulfamethoxazole w/tmp</i>		VIAL	1		
<i>sulfamethoxazole-tmp</i>		DS TABLET	1		
<i>sulfamethoxazole-tmp</i>		SS TABLET	1		
<i>sulfamethoxazole-tmp</i>		SUSP	1		

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>TETRACYCLINES</b>					
<i>doxycycline hyc</i>		100 MG VIAL	1		
<i>doxycycline hyc dr</i>		100 MG CAP	1		
<i>doxycycline hyclate</i>		50 MG CAP	1		
<i>doxycycline hyclate</i>		100 MG CAP	1		
<i>doxycycline hyclate</i>		100 MG TAB	1		
<i>minocycline</i>		50 MG CAPSULE	1		
<i>minocycline</i>		75 MG CAPSULE	1		
<i>minocycline</i>		100 MG CAPSULE	1		
<i>tetracycline</i>		250 MG CAPSULE	1		
<i>tetracycline</i>		500 MG CAPSULE	1		
<b>TOPICAL ANTIBACTERIAL DRUGS</b>					
<i>gentamicin</i>		0.1% CREAM	1		
<i>gentamicin</i>		0.1% OINTMENT	1		
<i>mupirocin</i>		2% OINTMENT	1		
<i>silver sulfadiazine</i>		1% CRM	1		
<i>ssd</i>		1% CREAM	1		
<i>thermazene</i>		1% CREAM	1		
<b>TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.</b>					
<i>clotrimazole-betamethasone</i>		CRM	1		
<i>nystatin-triamcinolone</i>		CREAM	1		
<i>nystatin-triamcinolone</i>		OINTM	1		
<b>URINARY ANTIINFECTIVES</b>					
<i>nitrofurantoin mcr</i>		50 MG CAP	1	PAN	
<i>nitrofurantoin mono-mcr</i>		100 MG	1	PAN	
<i>trimethoprim</i>		100 MG TABLET	1		
<b>VAGINAL ANTIFUNGALS</b>					
<i>miconazole 3</i>		200 MG VAG SUPP	1		
<i>terconazole</i>		0.4% CREAM	1		
<i>terconazole</i>		0.8% CREAM	1		

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>					
<i>abatacept/maltose</i>	ORENCIA	250 MG VIAL	2	PA, MNT	
<i>abiraterone acetate</i>	ZYTIGA	250 MG TABLET	2	PAN, MNT	120/30
<i>adalimumab</i>	HUMIRA	40 MG/0.8 ML PEN	2	PA, MNT	6/180
<i>adalimumab</i>	HUMIRA	20 MG/0.4 ML SYRINGE	2	PA, MNT	2/28
<i>adalimumab</i>	HUMIRA	40 MG/0.8 ML SYRINGE	2	PA, MNT	4/28
<i>adalimumab</i>	HUMIRA	CROHN'S STARTER PACK	2	PA, MNT	6/180
<i>adalimumab</i>	HUMIRA	PSORIASIS STARTER PACK	2	PA, MNT	6/180
<i>alefacept</i>	AMEVIVE	15 MG VIAL	2	PA, LA	5/30
<i>alemtuzumab</i>	CAMPATH	30 MG/ML VIAL	2	PAN	
<i>altretamine</i>	HEXALEN	50 MG CAPSULE	2		
<i>amifostine</i>		500 MG VIAL	1	BvsD	
<i>anagrelide hcl</i>		0.5 MG CAPSULE	1	MNT	
<i>anagrelide hcl</i>		1 MG CAPSULE	1	MNT	
<i>anastrozole</i>		1 MG TABLET	1	MNT	
<i>azacitidine</i>	VIDAZA	100 MG VIAL	2		
<i>azathioprine</i>	AZASAN	75 MG TABLET	2	BvsD, MNT	
<i>azathioprine</i>	AZASAN	100 MG TABLET	2	BvsD, MNT	
<i>azathioprine</i>		50 MG TABLET	1	BvsD, MNT	
<i>azathioprine sod</i>		100 MG VIAL	1	BvsD	
<i>basiliximab</i>	SIMULECT	20 MG VIAL	2	BvsD	
<i>belatacept</i>	NULOJIX	250 MG VIAL	2	PAN, LA	
<i>bevacizumab</i>	AVASTIN	100 MG/4 ML VIAL	2	PAN	
<i>bexarotene</i>	TARGRETIN	1% GEL	2	PAN	
<i>bexarotene</i>	TARGRETIN	75 MG SOFTGEL	2	PAN, MNT	
<i>bicalutamide</i>		50 MG TABLET	1	MNT	
<i>bortezomib</i>	VELCADE	3.5 MG VIAL	2	PAN	
<i>chlorambucil</i>	LEUKERAN	2 MG TABLET	2		
<i>crizotinib</i>	XALKORI	200 MG CAP	2	PAN	60/30
<i>crizotinib</i>	XALKORI	250 MG CAP	2	PAN	60/30
<i>cyclophosphamide</i>		25 MG TAB	1	BvsD	
<i>cyclophosphamide</i>		50 MG TABLET	1	BvsD	
<i>cyclosporine</i>		50 MG/ML AMP	1	BvsD	
<i>cyclosporine</i>		100 MG/ML SOLN	1	BvsD, MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>cyclosporine</i>		25 MG CAPSULE	1	BvsD, MNT	
<i>cyclosporine</i>		50 MG CAPSULE	1	BvsD	
<i>cyclosporine</i>		100 MG CAPSULE	1	BvsD, MNT	
<i>cyclosporine modif</i>		100 MG CAP	1	BvsD, MNT	
<i>cyclosporine modified</i>		100 MG	1	BvsD, MNT	
<i>dasatinib</i>	SPRYCEL	20 MG TABLET	2	PAN, MNT	
<i>dasatinib</i>	SPRYCEL	50 MG TABLET	2	PAN, MNT	
<i>dasatinib</i>	SPRYCEL	70 MG TABLET	2	PAN, MNT	
<i>dasatinib</i>	SPRYCEL	80 MG TABLET	2	PAN, MNT	
<i>dasatinib</i>	SPRYCEL	100 MG TABLET	2	PAN, MNT	
<i>dasatinib</i>	SPRYCEL	140 MG TABLET	2	PAN, MNT	
<i>decitabine</i>	DACOGEN	50 MG VIAL	2		
<i>docetaxel</i>		80 MG/4 ML VIAL	1	PAN	
<i>docetaxel</i>		80 MG/8 ML VIAL	1	PAN	
<i>docetaxel</i>	TAXOTERE	80 MG/4 ML VIAL	2	BvsD	
<i>eribulin mesylate</i>	HALAVEN	1 MG/2 ML VIAL	2	PAN	
<i>erlotinib hcl</i>	TARCEVA	25 MG TABLET	2	PAN, MNT	30/30
<i>erlotinib hcl</i>	TARCEVA	100 MG TABLET	2	PAN, MNT	30/30
<i>erlotinib hcl</i>	TARCEVA	150 MG TABLET	2	PAN, MNT	30/30
<i>estramustine phosphate sodium</i>	EMCYT	140 MG CAPSULE	2		
<i>etanercept</i>	ENBREL	25 MG/0.5 ML SYRINGE	2	PA, MNT	8/30
<i>etanercept</i>	ENBREL	50 MG/ML SYRINGE	2	PA, MNT	8/30
<i>etanercept</i>	ENBREL	25 MG KIT	2	PA, MNT	8/30
<i>everolimus</i>	AFINITOR	2.5 MG TABLET	2	PAN, MNT	30/30
<i>everolimus</i>	AFINITOR	5 MG TABLET	2	PAN, MNT	60/30
<i>everolimus</i>	AFINITOR	10 MG TABLET	2	PAN, MNT	30/30
<i>everolimus</i>	ZORTRESS	0.25 MG TABLET	2	BvsD, MNT	
<i>everolimus</i>	ZORTRESS	0.5 MG TABLET	2	BvsD, MNT	
<i>everolimus</i>	ZORTRESS	0.75 MG TABLET	2	BvsD, MNT	
<i>exemestane</i>		25 MG TABLET	1	MNT	
<i>flutamide</i>		125 MG CAPSULE	1	MNT	
<i>fulvestrant</i>	FASLODEX	250 MG/5 ML SYRINGE	2	PAN, MNT	
<i>gefitinib</i>	IRESSA	250 MG TABLET	2	PAN, LA	30/30
<i>gemcitabine</i>		1 GRAM/26.3 ML VL	1	BvsD	
<i>gemcitabine hcl</i>		1 GRAM VIAL	1	BvsD	
<i>gengraf</i>		100 MG/ML SOLUTION	1	BvsD, MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>gengraf</i>		25 MG CAPSULE	1	BvsD, MNT	
<i>gengraf</i>		100 MG CAPSULE	1	BvsD, MNT	
<i>hydroxyurea</i>	DROXIA	200 MG CAPSULE	2	MNT	
<i>hydroxyurea</i>	DROXIA	300 MG CAPSULE	2	MNT	
<i>hydroxyurea</i>	DROXIA	400 MG CAPSULE	2	MNT	
<i>hydroxyurea</i>		500 MG CAPSULE	1	MNT	
<i>imatinib mesylate</i>	GLEEVEC	100 MG TABLET	2	PAN, MNT	
<i>imatinib mesylate</i>	GLEEVEC	400 MG TABLET	2	PAN, MNT	
<i>infliximab</i>	REMICADE	100 MG VIAL	2	PA, MNT	
<i>ipilimumab</i>	YERVOY	50 MG/10 ML VIAL	2	PAN	
<i>lanreotide acetate</i>	SOMATULINE	60 MG/0.2 ML SYRING	2	PA, MNT	
<i>lanreotide acetate</i>	SOMATULINE	90 MG/0.3 ML SYRING	2	PA, MNT	
<i>lanreotide acetate</i>	SOMATULINE	120 MG/0.5 ML SYRGE	2	PA, MNT	
<i>lapatinib ditosylate</i>	TYKERB	250 MG TABLET	2	PAN, MNT	180/30
<i>leflunomide</i>		10 MG TABLET	1	MNT	30/30
<i>leflunomide</i>		20 MG TABLET	1	MNT	30/30
<i>lenalidomide</i>	REVLIMID	5 MG CAPSULE	2	PAN, LA, MNT	
<i>lenalidomide</i>	REVLIMID	10 MG CAPSULE	2	PAN, LA, MNT	
<i>lenalidomide</i>	REVLIMID	15 MG CAPSULE	2	PAN, LA, MNT	
<i>lenalidomide</i>	REVLIMID	25 MG CAPSULE	2	PAN, LA, MNT	
<i>letrozole</i>		2.5 MG TABLET	1	MNT	
<i>leucovorin calcium</i>		5 MG TAB	1		
<i>leucovorin calcium</i>		10 MG TAB	1		
<i>leucovorin calcium</i>		15 MG TAB	1		
<i>leucovorin calcium</i>		25 MG TAB	1		
<i>leucovorin calcium</i>		100 MG VL	1		
<i>leucovorin calcium</i>		350 MG VL	1		
<i>levoleucovorin</i>	FUSILEV I.V.	50 MG VIAL	2	PAN	
<i>lomustine</i>	CEENU	10 MG CAPSULE	2		
<i>lomustine</i>	CEENU	40 MG CAPSULE	2		
<i>lomustine</i>	CEENU	100 MG CAPSULE	2		
<i>megestrol</i>		20 MG TABLET	1		
<i>megestrol</i>		40 MG TABLET	1		
<i>megestrol acet</i>		40 MG/ML SUSP	1	MNT	
<i>mercaptopurine</i>		50 MG TABLET	1		
<i>mesna</i>	MESNEX	400 MG TABLET	2		

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>methotrexate</i>		1 GM VIAL	1		
<i>methotrexate</i>		25 MG/ML VIAL	1		
<i>methotrexate</i>		2.5 MG TABLET	1	MNT	
<i>methotrexate sodium</i>	TREXALL	5 MG TABLET	2	MNT	
<i>methotrexate sodium</i>	TREXALL	7.5 MG TABLET	2	MNT	
<i>methotrexate sodium</i>	TREXALL	10 MG TABLET	2	MNT	
<i>methotrexate sodium</i>	TREXALL	15 MG TABLET	2	MNT	
<i>mitotane</i>	LYSODREN	500 MG TABLET	2		
<i>mitoxantrone</i>		25 MG/12.5 ML VL	1	BvsD, MNT	
<i>muronab-cd3</i>	ORTHOCLONE	OKT-3 5 MG/5 ML	2	BvsD	
<i>mycophenolate</i>		250 MG CAPSULE	1	BvsD, MNT	
<i>mycophenolate</i>		500 MG TABLET	1	BvsD, MNT	
<i>mycophenolate mofetil</i>	CELLCEPT	200 MG/ML ORAL SUSP	2	BvsD, MNT	
<i>mycophenolate mofetil</i>	CELLCEPT	500 MG VIAL	2	BvsD	
<i>mycophenolate sodium</i>	MYFORTIC	180 MG TABLET	2	BvsD, MNT	
<i>mycophenolate sodium</i>	MYFORTIC	360 MG TABLET	2	BvsD, MNT	
<i>natalizumab</i>	TYSABRI	300 MG/15 ML VIAL	2	PA, LA, MNT	
<i>nilotinib hydrochloride</i>	TASIGNA	150 MG CAPSULE	2	PAN, MNT	
<i>nilotinib hydrochloride</i>	TASIGNA	200 MG CAPSULE	2	PAN, MNT	
<i>nilutamide</i>	NILANDRON	150 MG TABLET	2	MNT	
<i>octreotide</i>		1,000 MCG/ML VIAL	1	MNT	
<i>octreotide acet</i>		50 MCG/ML AMP	1	MNT	
<i>octreotide acet</i>		100 MCG/ML AMP	1	MNT	
<i>octreotide acet</i>		500 MCG/ML AMP	1	MNT	
<i>octreotide acet</i>		200 MCG/ML VL	1	MNT	
<i>pazopanib</i>	VOTRIENT	200 MG TABLET	2	PAN	120/30
<i>pemetrexed disodium</i>	ALIMTA	500 MG VIAL	2	PAN	
<i>procarbazine</i>	MATULANE	50 MG CAPSULE	2		
<i>rasburicase</i>	ELITEK	1.5 MG VIAL	2	PA	
<i>rituximab</i>	RITUXAN	10 MG/ML VIAL	2	PAN	
<i>ruxolitinib</i>	JAKAFI	5 MG TABLET	2	PAN	
<i>ruxolitinib</i>	JAKAFI	10 MG TABLET	2	PAN	
<i>ruxolitinib</i>	JAKAFI	15 MG TABLET	2	PAN	
<i>ruxolitinib</i>	JAKAFI	20 MG TABLET	2	PAN	
<i>ruxolitinib</i>	JAKAFI	25 MG TABLET	2	PAN	
<i>sirolimus</i>	RAPAMUNE	1 MG/ML ORAL SOLN	2	BvsD, MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>sirolimus</i>	RAPAMUNE	0.5 MG TABLET	2	BvsD, MNT	
<i>sirolimus</i>	RAPAMUNE	1 MG TABLET	2	BvsD, MNT	
<i>sirolimus</i>	RAPAMUNE	2 MG TABLET	2	BvsD, MNT	
<i>sorafenib tosylate</i>	NEXAVAR	200 MG TABLET	2	PAN, LA	120/30
<i>sunitinib malate</i>	SUTENT	12.5 MG CAPSULE	2	PAN	30/30
<i>sunitinib malate</i>	SUTENT	25 MG CAPSULE	2	PAN	30/30
<i>sunitinib malate</i>	SUTENT	50 MG CAPSULE	2	PAN	30/30
<i>tacrolimus</i>	PROGRAF	5 MG/ML AMPULE	2	BvsD	
<i>tacrolimus</i>		0.5 MG CAPSULE	1	BvsD, MNT	
<i>tacrolimus</i>		1 MG CAPSULE	1	BvsD, MNT	
<i>tacrolimus</i>		5 MG CAPSULE	1	BvsD, MNT	
<i>tamoxifen</i>		10 MG TABLET	1	MNT	
<i>tamoxifen</i>		20 MG TABLET	1	MNT	
<i>thioguanine</i>	TABLOID	40 MG TABLET	2		
<i>toremifene</i>	FARESTON	60 MG TABLET	2	PAN, MNT	
<i>tretinoin</i>		10 MG CAPSULE	1	PAN	
<i>triptorelin pamoate</i>	TRELSTAR	3.75 MG SYRINGE	2	PAN	
<i>triptorelin pamoate</i>	TRELSTAR	11.25 MG SYRINGE	2	PAN	
<i>triptorelin pamoate</i>	TRELSTAR	22.5 MG VIAL	2	PAN	
<i>vandetanib</i>	CAPRELSA	100 MG TABLET	2	PAN, LA	60/30
<i>vandetanib</i>	CAPRELSA	300 MG TABLET	2	PAN, LA	30/30
<i>vemurafenib</i>	ZELBORAF	240 MG TABLET	2	PAN, LA	
<i>vismodegib</i>	ERIVEDGE	150 MG CAPSULE	2	PAN, LA	
<i>vorinostat</i>	ZOLINZA	100 MG CAPSULE	2	PAN	

## AUTONOMIC AND CNS MEDICATIONS

### ANALGESICS

<i>nalbuphine</i>		100 MG/10 ML VIAL	1		
<i>tramadol hcl</i>		50 MG TABLET	1		240/30
<i>tramadol-acetaminophn</i>		37.5-325	1		240/30

### ANTIDEMENTIA DRUGS

<i>donepezil hcl</i>		5 MG TABLET	1	MNT	
<i>donepezil hcl</i>		10 MG TABLET	1	MNT	
<i>donepezil hcl odt</i>		5 MG TABLET	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>donepezil hcl odt</i>		10 MG TABLET	1	MNT	
<i>galantamine</i>		4 MG/ML ORAL SOLN	1	MNT	
<i>galantamine er</i>		8 MG CAPSULE	1	MNT	30/30
<i>galantamine er</i>		16 MG CAPSULE	1	MNT	30/30
<i>galantamine er</i>		24 MG CAPSULE	1	MNT	30/30
<i>galantamine hbr</i>		4 MG TABLET	1	MNT	
<i>galantamine hbr</i>		8 MG TABLET	1	MNT	
<i>galantamine hbr</i>		12 MG TABLET	1	MNT	
<i>memantine hcl</i>	NAMENDA	10 MG/5 ML SOLUTION	2	PA, MNT	
<i>memantine hcl</i>	NAMENDA	5 MG TABLET	2	PA, MNT	
<i>memantine hcl</i>	NAMENDA	10 MG TABLET	2	PA, MNT	
<i>memantine hcl</i>	NAMENDA	5-10 MG TITRATION PK	2	PA	
<i>rivastigmine</i>		1.5 MG CAP	1	MNT	
<i>rivastigmine</i>		3 MG CAPSULE	1	MNT	
<i>rivastigmine</i>		4.5 MG CAPSULE	1	MNT	
<i>rivastigmine</i>		6 MG CAPSULE	1	MNT	
<i>rivastigmine tartrate</i>	EXELON	4.6 MG/24HR PATCH	2	MNT	
<i>rivastigmine tartrate</i>	EXELON	9.5 MG/24HR PATCH	2	MNT	
<i>rivastigmine tartrate</i>	EXELON	2 MG/ML ORAL SOLUTION	2	MNT	

**ANTIMANIA DRUGS**

<i>lithium</i>		8 MEQ/5 ML SOLUTION	1	MNT	
<i>lithium carbonate</i>		150 MG CAP	1	MNT	
<i>lithium carbonate</i>		300 MG CAP	1	MNT	
<i>lithium carbonate</i>		600 MG CAP	1	MNT	
<i>lithium carbonate</i>		300 MG TAB	1	MNT	
<i>lithium carbonate er</i>		300 MG TB	1	MNT	
<i>lithium er</i>		450 MG TABLET	1	MNT	

**ANTIPARKINSON ANTICHOLINERGIC DRUGS**

<i>benztropine mes</i>		0.5 MG TAB	1	MNT	
<i>benztropine mes</i>		1 MG TABLET	1	MNT	
<i>benztropine mes</i>		2 MG TABLET	1	MNT	
<i>trihexyphenidyl</i>		2 MG/5 ML ELX	1	MNT	
<i>trihexyphenidyl</i>		2 MG TABLET	1	MNT	
<i>trihexyphenidyl</i>		5 MG TABLET	1	MNT	

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>ANTIPSYCHOTIC DRUGS</b>					
aripiprazole	ABILIFY	9.7 MG/1.3 ML VIAL	2		
aripiprazole	ABILIFY	1 MG/ML SOLUTION	2	ST, MNT	
aripiprazole	ABILIFY	2 MG TABLET	2	ST, MNT	30/30
aripiprazole	ABILIFY	5 MG TABLET	2	ST, MNT	30/30
aripiprazole	ABILIFY	10 MG TABLET	2	ST, MNT	30/30
aripiprazole	ABILIFY	15 MG TABLET	2	ST, MNT	30/30
aripiprazole	ABILIFY	20 MG TABLET	2	ST, MNT	30/30
aripiprazole	ABILIFY	30 MG TABLET	2	ST, MNT	30/30
aripiprazole	ABILIFY DISCMELT	10 MG TABLET	2	ST, MNT	60/30
aripiprazole	ABILIFY DISCMELT	15 MG TABLET	2	ST, MNT	60/30
asenapine	SAPHRIS	5 MG TABLET SUBLINGUAL	2	ST, MNT	60/30
asenapine	SAPHRIS	10 MG TAB SUBLINGUAL	2	ST, MNT	60/30
chlorpromazine		25 MG/ML AMP	1		
chlorpromazine		10 MG TABLET	1	MNT	
chlorpromazine		25 MG TABLET	1	MNT	
chlorpromazine		50 MG TABLET	1	MNT	
chlorpromazine		100 MG TABLET	1	MNT	
chlorpromazine		200 MG TABLET	1	MNT	
clozapine	FAZACLO	12.5 MG ODT	2	ST, MNT	
clozapine	FAZACLO	25 MG ODT	2	ST, MNT	
clozapine	FAZACLO	100 MG ODT	2	ST, MNT	
clozapine	FAZACLO	150 MG ODT	2	ST, MNT	
clozapine	FAZACLO	200 MG ODT	2	ST, MNT	
clozapine		25 MG TABLET	1	MNT	
clozapine		50 MG TABLET	1	MNT	
clozapine		100 MG TABLET	1	MNT	
clozapine		200 MG TABLET	1	MNT	
fluphenazine		2.5 MG/5 ML ELIX	1	MNT	
fluphenazine		5 MG/ML CONC	1		
fluphenazine		2.5 MG/ML VIAL	1		
fluphenazine		1 MG TABLET	1	MNT	
fluphenazine		2.5 MG TABLET	1	MNT	
fluphenazine		5 MG TABLET	1	MNT	
fluphenazine		10 MG TABLET	1	MNT	
fluphenazine dec		25 MG/ML VL	1		

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>haloperidol</i>		0.5 MG TABLET	1	MNT	
<i>haloperidol</i>		1 MG TABLET	1	MNT	
<i>haloperidol</i>		2 MG TABLET	1	MNT	
<i>haloperidol</i>		5 MG TABLET	1	MNT	
<i>haloperidol</i>		10 MG TABLET	1	MNT	
<i>haloperidol</i>		20 MG TABLET	1	MNT	
<i>haloperidol dec</i>		50 MG/ML VIAL	1	MNT	
<i>haloperidol dec</i>		100 MG/ML VIAL	1	MNT	
<i>haloperidol lac</i>		2 MG/ML CONC	1	MNT	
<i>haloperidol lac</i>		5 MG/ML VIAL	1		
<i>iloperidone</i>	FANAPT	1 MG TABLET	2	ST, MNT	60/30
<i>iloperidone</i>	FANAPT	2 MG TABLET	2	ST, MNT	60/30
<i>iloperidone</i>	FANAPT	4 MG TABLET	2	ST, MNT	60/30
<i>iloperidone</i>	FANAPT	6 MG TABLET	2	ST, MNT	60/30
<i>iloperidone</i>	FANAPT	8 MG TABLET	2	ST, MNT	60/30
<i>iloperidone</i>	FANAPT	10 MG TABLET	2	ST, MNT	60/30
<i>iloperidone</i>	FANAPT	12 MG TABLET	2	ST, MNT	60/30
<i>iloperidone</i>	FANAPT	TITRATION PACK	2	ST	1/28
<i>loxapine</i>		5 MG CAPSULE	1	MNT	
<i>loxapine</i>		10 MG CAPSULE	1	MNT	
<i>loxapine</i>		25 MG CAPSULE	1	MNT	
<i>loxapine</i>		50 MG CAPSULE	1	MNT	
<i>lurasidone hcl</i>	LATUDA	40 MG TABLET	2	ST, MNT	30/30
<i>lurasidone hcl</i>	LATUDA	80 MG TABLET	2	ST, MNT	30/30
<i>olanzapine</i>		10 MG TABLET	1	MNT	30/30
<i>olanzapine</i>		15 MG TABLET	1	MNT	30/30
<i>olanzapine</i>		2.5 MG TABLET	1	MNT	30/30
<i>olanzapine</i>		20 MG TABLET	1	MNT	60/30
<i>olanzapine</i>		5 MG TABLET	1	MNT	30/30
<i>olanzapine</i>		7.5 MG TABLET	1	MNT	30/30
<i>olanzapine</i>		10 MG VIAL	1		
<i>olanzapine odt</i>		10 MG TABLET	1	MNT	30/30
<i>olanzapine odt</i>		15 MG TABLET	1	MNT	30/30
<i>olanzapine odt</i>		20 MG TABLET	1	MNT	60/30
<i>olanzapine odt</i>		5 MG TABLET	1	MNT	30/30
<i>olanzapine</i>	ZYPREXA	2.5 MG TABLET	2	MNT	30/30

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
olanzapine	ZYPREXA	20 MG TABLET	2	MNT	30/30
olanzapine	ZYPREXA ZYDIS	20 MG TABLET	2	MNT	30/30
paliperidone	INVEGA ER	1.5 MG TABLET	2	ST, MNT	30/30
paliperidone	INVEGA ER	3 MG TABLET	2	ST, MNT	30/30
paliperidone	INVEGA ER	6 MG TABLET	2	ST, MNT	60/30
paliperidone	INVEGA ER	9 MG TABLET	2	ST, MNT	30/30
paliperidone	INVEGA SUSTENNA	39 MG PREF SYR	2	PAN, MNT	
paliperidone	INVEGA SUSTENNA	78 MG PREF SYR	2	PAN, MNT	
paliperidone	INVEGA SUSTENNA	117 MG PREF SY	2	PAN, MNT	
paliperidone	INVEGA SUSTENNA	156 MG PREF SY	2	PAN, MNT	
paliperidone	INVEGA SUSTENNA	234 MG PREF SY	2	PAN, MNT	
perphenazine		2 MG TABLET	1	MNT	
perphenazine		4 MG TABLET	1	MNT	
perphenazine		8 MG TABLET	1	MNT	
perphenazine		16 MG TABLET	1	MNT	
pimozide	ORAP	1 MG TABLET	2	MNT	
pimozide	ORAP	2 MG TABLET	2	MNT	
quetiapine fumarate	SEROQUEL	25 MG TABLET	2	PAN, MNT	90/30
quetiapine fumarate	SEROQUEL	50 MG TABLET	2	PAN, MNT	90/30
quetiapine fumarate	SEROQUEL	100 MG TABLET	2	ST, MNT	90/30
quetiapine fumarate	SEROQUEL	200 MG TABLET	2	ST, MNT	90/30
quetiapine fumarate	SEROQUEL	300 MG TABLET	2	ST, MNT	60/30
quetiapine fumarate	SEROQUEL	400 MG TABLET	2	ST, MNT	60/30
quetiapine fumarate	SEROQUEL XR	50 MG TABLET	2	ST, MNT	60/30
quetiapine fumarate	SEROQUEL XR	150 MG TABLET	2	ST, MNT	30/30
quetiapine fumarate	SEROQUEL XR	200 MG TABLET	2	ST, MNT	30/30
quetiapine fumarate	SEROQUEL XR	300 MG TABLET	2	ST, MNT	60/30
quetiapine fumarate	SEROQUEL XR	400 MG TABLET	2	ST, MNT	60/30
risperidone	RISPERDAL CONSTA	12.5 MG SYR	2	MNT	
risperidone	RISPERDAL CONSTA	25 MG SYR	2	MNT	
risperidone	RISPERDAL CONSTA	37.5 MG SYR	2	MNT	
risperidone	RISPERDAL CONSTA	50 MG SYR	2	MNT	
risperidone		1 MG/ML SOLUTION	1	MNT	
risperidone		0.25 MG ODT	1	MNT	
risperidone		0.5 MG ODT	1	MNT	
risperidone		1 MG ODT	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
risperidone		2 MG ODT	1	MNT	
risperidone		3 MG ODT	1	MNT	
risperidone		4 MG ODT	1	MNT	
risperidone		0.25 MG TABLET	1	MNT	
risperidone		0.5 MG TABLET	1	MNT	
risperidone		1 MG TABLET	1	MNT	
risperidone		2 MG TABLET	1	MNT	
risperidone		3 MG TABLET	1	MNT	
risperidone		4 MG TABLET	1	MNT	
thioridazine		10 MG TABLET	1	PAN, MNT	
thioridazine		25 MG TABLET	1	PAN, MNT	
thioridazine		50 MG TABLET	1	PAN, MNT	
thioridazine		100 MG TABLET	1	PAN, MNT	
thiothixene		1 MG CAPSULE	1	MNT	
thiothixene		2 MG CAPSULE	1	MNT	
thiothixene		5 MG CAPSULE	1	MNT	
thiothixene		10 MG CAPSULE	1	MNT	
trifluoperazine		1 MG TABLET	1	MNT	
trifluoperazine		2 MG TABLET	1	MNT	
trifluoperazine		5 MG TABLET	1	MNT	
trifluoperazine		10 MG TABLET	1	MNT	
ziprasidone	GEODON	20 MG CAPSULE	2	ST, MNT	60/30
ziprasidone	GEODON	40 MG CAPSULE	2	ST, MNT	60/30
ziprasidone	GEODON	60 MG CAPSULE	2	ST, MNT	60/30
ziprasidone	GEODON	80 MG CAPSULE	2	ST, MNT	60/30
ziprasidone	GEODON	20 MG VIAL	2		

**ANTIVERTIGO AND ANTIEMETIC DRUGS**

aprepitant	EMEND	40 MG CAPSULE	2	PA	1/1
aprepitant	EMEND	80 MG CAPSULE	2	PA	2/2
aprepitant	EMEND	125 MG CAPSULE	2	PA	1/1
aprepitant	EMEND	TRIFOLD PACK	2	PA	3/3
compro		25 MG SUPPOSITORY	1		
dronabinol		2.5 MG CAPSULE	1	PA	60/30
dronabinol		5 MG CAPSULE	1	PA	60/30
dronabinol		10 MG CAPSULE	1	PA	60/30

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>granisetron hcl</i>		0.1 MG/ML VIAL	1	PA	
<i>granisetron hcl</i>		1 MG/ML VIAL	1	PA	
<i>granisetron hcl</i>		1 MG TABLET	1	PA	32/30
<i>meclizine</i>		12.5 MG TABLET	1		
<i>meclizine</i>		25 MG TABLET	1		
<i>ondansetron</i>		4 MG/5 ML SOLUTION	1		
<i>ondansetron hcl</i>		4 MG/2 ML VIAL	1		
<i>ondansetron hcl</i>		4 MG TABLET	1		90/30
<i>ondansetron hcl</i>		8 MG TABLET	1		90/30
<i>ondansetron hcl</i>		24 MG TABLET	1		90/30
<i>ondansetron odt</i>		4 MG TABLET	1		90/30
<i>ondansetron odt</i>		8 MG TABLET	1		90/30
<i>phenadoz</i>		12.5 MG SUPPOSITORY	1		
<i>phenadoz</i>		25 MG SUPPOSITORY	1		
<i>prochlorperazine</i>		5 MG/ML VIAL	1		
<i>prochlorperazine</i>		25 MG SUPP	1		
<i>prochlorperazine</i>		10 MG TAB	1		
<i>prochlorperazine</i>		5 MG TABLET	1		
<i>promethazine</i>		12.5 MG SUPPOS	1	PAN	
<i>promethazine</i>		25 MG SUPPOSITORY	1	PAN	
<i>promethegan</i>		25 MG SUPP	1	PAN	
<i>trimethobenzamide</i>		100 MG/ML	1	PAN	
<i>trimethobenzamide</i>		300 MG CAP	1	PAN	

**ANXIOLYTICS**

<i>bupirone hcl</i>		5 MG TABLET	1	MNT	
<i>bupirone hcl</i>		7.5 MG TABLET	1	MNT	
<i>bupirone hcl</i>		10 MG TABLET	1	MNT	
<i>bupirone hcl</i>		15 MG TABLET	1	MNT	
<i>bupirone hcl</i>		30 MG TABLET	1	MNT	

**CARBAMAZEPINES**

<i>carbamazepine</i>	TEGRETOL XR	100 MG TABLET	2	MNT	
<i>carbamazepine</i>		100 MG/5 ML SUSP	1	MNT	
<i>carbamazepine</i>		200 MG/10 ML LIQ	1	MNT	
<i>carbamazepine</i>		100 MG TAB CHEW	1	MNT	
<i>carbamazepine</i>		200 MG TABLET	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>carbamazepine xr</i>		200 MG TABLET	1	MNT	
<i>carbamazepine xr</i>		400 MG TABLET	1	MNT	
<i>epitol</i>		200 MG TABLET	1	MNT	
<i>oxcarbazepine</i>		300 MG/5 ML SUSP	1	MNT	
<i>oxcarbazepine</i>		150 MG TABLET	1	MNT	
<i>oxcarbazepine</i>		300 MG TABLET	1	MNT	
<i>oxcarbazepine</i>		600 MG TABLET	1	MNT	

**CLASS II NARCOTICS**

<i>codeine sulfate</i>		15 MG TABLET	1		
<i>codeine sulfate</i>		30 MG TABLET	1		
<i>codeine sulfate</i>		60 MG TABLET	1		
<i>endocet</i>		5-325 TABLET	1		
<i>endocet</i>		7.5-325 MG TABLET	1		
<i>endocet</i>		7.5-500 MG TABLET	1		
<i>endocet</i>		10-325 MG TABLET	1		
<i>endocet</i>		10-650 MG TABLET	1		
<i>fentanyl</i>		12 MCG/HR PATCH	1	PA	11/30
<i>fentanyl</i>		25 MCG/HR PATCH	1	PA	11/30
<i>fentanyl</i>		50 MCG/HR PATCH	1	PA	11/30
<i>fentanyl</i>		75 MCG/HR PATCH	1	PA	11/30
<i>fentanyl</i>		100 MCG/HR PATCH	1	PA	11/30
<i>fentanyl cit otfc</i>		1, 200 MCG	1	PA	120/30
<i>fentanyl cit otfc</i>		1, 600 MCG	1	PA	120/30
<i>fentanyl citrate otfc</i>		200 MCG	1	PA	120/30
<i>fentanyl citrate otfc</i>		400 MCG	1	PA	120/30
<i>fentanyl citrate otfc</i>		600 MCG	1	PA	120/30
<i>fentanyl citrate otfc</i>		800 MCG	1	PA	120/30
<i>meperidine</i>		10 MG/ML SYRINGE	1		
<i>meperidine</i>		25 MG/ML VIAL	1		
<i>methadone</i>		5 MG/5 ML SOLUTION	1		
<i>methadone</i>		10 MG/5 ML SOLUTION	1		
<i>methadone</i>		10 MG/ML ORAL CONC	1		
<i>methadone hcl</i>		10 MG/ML VIAL	1		
<i>methadone hcl</i>		5 MG TABLET	1		
<i>methadone hcl</i>		10 MG TABLET	1		

*continued*

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
methadose		5 MG TABLET	1		
methadose		10 MG TABLET	1		
morphine		0.5 MG/ML VIAL	1		
morphine		1 MG/ML VIAL P-F	1		
morphine sulf		10 MG/5 ML SOLN	1		
morphine sulf		20 MG/5 ML SOLN	1		
morphine sulf		100 MG/5 ML SOLN	1		
morphine sulf er		100 MG TAB	1		90/30
morphine sulf er		200 MG TAB	1		90/30
morphine sulf er		15 MG TABLET	1		90/30
morphine sulf er		30 MG TABLET	1		90/30
morphine sulf er		60 MG TABLET	1		90/30
morphine sulfate ir		15 MG TAB	1		
morphine sulfate ir		30 MG TAB	1		
oxycodon-acetaminophen		2.5-325	1		
oxycodon-acetaminophen		7.5-325	1		
oxycodon-acetaminophen		7.5-500	1		
oxycodone	OXYCONTIN	10 MG TABLET	2	PA	90/30
oxycodone	OXYCONTIN	15 MG TABLET	2	PA	90/30
oxycodone	OXYCONTIN	20 MG TABLET	2	PA	90/30
oxycodone	OXYCONTIN	30 MG TABLET	2	PA	90/30
oxycodone	OXYCONTIN	40 MG TABLET	2	PA	90/30
oxycodone	OXYCONTIN	60 MG TABLET	2	PA	90/30
oxycodone	OXYCONTIN	80 MG TABLET	2	PA	90/30
oxycodone conc		20 MG/ML SOLN	1		
oxycodone hcl		5 MG CAPSULE	1		
oxycodone hcl		5 MG TABLET	1		
oxycodone hcl		15 MG TABLET	1		
oxycodone hcl		30 MG TABLET	1		
oxycodone w/apap		5/325 TAB	1		
oxycodone-acetaminophen		5-325	1		
oxycodone-acetaminophen		5-500	1		
oxycodone-acetaminophen		10-325	1		
oxycodone-asa		4.5-0.38-325 TAB	1		
oxycodone-aspirin		4.83-325 MG	1		

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>CLASS III NARCOTICS</b>					
<i>acetaminophen-cod</i>		#2 TABLET	1		
<i>acetaminophen-cod</i>		#3 TABLET	1		
<i>acetaminophen-cod</i>		#4 TABLET	1		
<i>acetaminophen-codeine</i>		ELIXIR	1		
<i>buprenorphine</i>		2 MG TABLET SL	1	PA	
<i>buprenorphine</i>		8 MG TABLET SL	1	PA	
<i>buprenorphine/naloxone</i>	SUBOXONE	2 MG-0.5 MG SL FILM	2	PA	90/30
<i>buprenorphine/naloxone</i>	SUBOXONE	8 MG-2 MG SL FILM	2	PA	90/30
<i>buprenorphine/naloxone</i>	SUBOXONE	2 MG-0.5 MG TABLET SL	2	PA	90/30
<i>buprenorphine/naloxone</i>	SUBOXONE	8 MG-2 MG TABLET SL	2	PA	90/30
<i>co-gesic</i>		5-500 TABLET	1		
<i>hydrocodon-acetaminoph</i>		2.5-500	1		240/30
<i>hydrocodon-acetaminoph</i>		7.5-325	1		360/30
<i>hydrocodon-acetaminoph</i>		7.5-500	1		240/30
<i>hydrocodon-acetaminoph</i>		7.5-650	1		180/30
<i>hydrocodon-acetaminoph</i>		7.5-750	1		150/30
<i>hydrocodon-acetaminophen</i>		5-325	1		360/30
<i>hydrocodon-acetaminophen</i>		5-500	1		240/30
<i>hydrocodon-acetaminophn</i>		10-325	1		360/30
<i>hydrocodon-acetaminophn</i>		10-500	1		240/30
<i>hydrocodon-acetaminophn</i>		10-650	1		180/30
<i>hydrocodon-acetaminophn</i>		10-660	1		180/30
<i>hydrocodon-acetaminophn</i>		10-750	1		150/30
<i>hydrocodone bt-ibuprofen</i>		TAB	1		
<i>hydrocodone-acetaminophen</i>		SOLN	1		
<i>margesic h</i>		5-500 CAPSULE	1		
<i>stagesic</i>		5-500 CAPSULE	1		

**CNS STIMULANT DRUGS**

<i>amphetamine salts</i>		5 MG TAB	1	PAN, MNT	
<i>amphetamine salts</i>		7.5 MG TAB	1	PAN, MNT	
<i>amphetamine salts</i>		10 MG TAB	1	PAN, MNT	
<i>amphetamine salts</i>		12.5 MG TB	1	PAN, MNT	
<i>amphetamine salts</i>		15 MG TAB	1	PAN, MNT	
<i>amphetamine salts</i>		20 MG TAB	1	PAN, MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>amphetamine salts</i>		30 MG TAB	1	PAN, MNT	
<i>d-amphetamine er</i>		5 MG CAPSULE	1	MNT	
<i>d-amphetamine er</i>		10 MG CAPSULE	1	MNT	
<i>d-amphetamine er</i>		15 MG CAPSULE	1	MNT	
<i>dextroamphetamine</i>		5 MG TAB	1	PAN, MNT	
<i>dextroamphetamine</i>		10 MG TAB	1	PAN, MNT	
<i>methylin</i>		5 MG TABLET	1	PAN, MNT	
<i>methylin</i>		10 MG TABLET	1	PAN, MNT	
<i>methylin</i>		20 MG TABLET	1	PAN, MNT	
<i>methylin er</i>		10 MG TABLET	1	PAN, MNT	
<i>methylin er</i>		20 MG TABLET	1	PAN, MNT	
<i>methylphenidate</i>		5 MG TABLET	1	PAN, MNT	
<i>methylphenidate</i>		10 MG TABLET	1	PAN, MNT	
<i>methylphenidate</i>		20 MG TABLET	1	PAN, MNT	
<i>methylphenidate sr</i>		20 MG TAB	1	PAN, MNT	
<i>modafinil</i>	PROVIGIL	100 MG TABLET	2	PA, MNT	60/30
<i>modafinil</i>	PROVIGIL	200 MG TABLET	2	PA, MNT	30/30

**DRUGS TO PREVENT AND TREAT HEADACHES**

<i>dihydroergotamine</i>	MIGRANAL	NASAL SPRAY	2		8/28
<i>dihydroergotamine</i>		1 MG/ML AM	1		
<i>ergotamine</i>	ERGOMAR	2 MG TABLET SL	2		
<i>ergotamine-caffeine</i>		TABLET	1		
<i>migergot</i>		SUPPOSITORY	1		
<i>naratriptan hcl</i>		1 MG TABLET	1		9/30
<i>naratriptan hcl</i>		2.5 MG TABLET	1		9/30
<i>sumatriptan</i>	IMITREX	4 MG/0.5 ML CARTRIDGES	2		6/30
<i>sumatriptan</i>	IMITREX	5 MG NASAL SPRAY	2		12/30
<i>sumatriptan</i>	IMITREX	20 MG NASAL SPRAY	2		12/30
<i>sumatriptan</i>		4 MG/0.5 ML VIAL	1		6/30
<i>sumatriptan</i>		6 MG/0.5 ML INJECT	1		6/30
<i>sumatriptan</i>		6 MG/0.5 ML VIAL	1		6/30
<i>sumatriptan succ</i>		25 MG TABLET	1		9/30
<i>sumatriptan succ</i>		50 MG TABLET	1		9/30
<i>sumatriptan succ</i>		100 MG TABLET	1		9/30

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>HYDANTOINS</b>					
<i>phenytoin sodium</i>	DILANTIN	125 MG/5 ML SUSP	2	MNT	
<i>phenytoin sodium</i>	DILANTIN	30 MG CAPSULE	2	MNT	
<i>phenytoin sodium</i>	DILANTIN	100 MG CAPSULE	2	MNT	
<i>phenytoin</i>	DILANTIN	50 MG INFATAB	2	MNT	
<i>fosphenytoin</i>		100 MG PE/2 ML VL	1		
<i>ethotoin</i>	PEGANONE	250 MG TABLET	2	MNT	
<i>phenytoin</i>		50 MG/ML AMPUL	1		
<i>phenytoin</i>		100 MG/4 ML SUSP	1	MNT	
<i>phenytoin</i>		125 MG/5 ML SUSP	1	MNT	
<i>phenytoin sod ext</i>		100 MG CAP	1	MNT	
<i>phenytoin sod ext</i>		200 MG CAP	1	MNT	
<i>phenytoin sod ext</i>		300 MG CAP	1	MNT	
<b>MAO INHIBITORS</b>					
<i>selegiline</i>	EMSAM	6 MG/24 HOURS PATCH	2	PAN, MNT	30/30
<i>selegiline</i>	EMSAM	9 MG/24 HOURS PATCH	2	PAN, MNT	30/30
<i>selegiline</i>	EMSAM	12 MG/24 HOURS PATCH	2	PAN, MNT	30/30
<i>isocarboxazid</i>	MARPLAN	10 MG TABLET	2	MNT	
<i>phenelzine sulfate</i>		15 MG TAB	1	MNT	
<i>tranylcypromine sulf</i>		10 MG TAB	1	MNT	
<b>OTHER ANTICONVULSANTS</b>					
<i>rufinamide</i>	BANZEL	40 MG/ML SUSPENSION	2	PAN, MNT	
<i>rufinamide</i>	BANZEL	200 MG TABLET	2	MNT	
<i>rufinamide</i>	BANZEL	400 MG TABLET	2	MNT	
<i>felbamate</i>		600 MG/5 ML SUSP	1	MNT	
<i>felbamate</i>		400 MG TABLET	1	MNT	
<i>felbamate</i>		600 MG TABLET	1	MNT	
<i>gabapentin</i>		250 MG/5 ML SOLN	1	MNT	
<i>gabapentin</i>		100 MG CAPSULE	1	MNT	
<i>gabapentin</i>		300 MG CAPSULE	1	MNT	
<i>gabapentin</i>		400 MG CAPSULE	1	MNT	
<i>gabapentin</i>		600 MG TABLET	1	MNT	
<i>gabapentin</i>		800 MG TABLET	1	MNT	
<i>tiagabine</i>	GABITRIL	2 MG TABLET	2	MNT	
<i>tiagabine</i>	GABITRIL	4 MG TABLET	2	MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
tiagabine	GABITRIL	12 MG TABLET	2	MNT	
tiagabine	GABITRIL	16 MG TABLET	2	MNT	
lamotrigine		5 MG DISPER TABLET	1	MNT	
lamotrigine		25 MG DISPER TAB	1	MNT	
lamotrigine		25 MG TABLET	1	MNT	
lamotrigine		100 MG TABLET	1	MNT	
lamotrigine		150 MG TABLET	1	MNT	
lamotrigine		200 MG TABLET	1	MNT	
levetiracetam		500 MG/5 ML SOLN	1	MNT	
levetiracetam		500 MG/5 ML VIAL	1		
levetiracetam		100 MG/ML SOLN	1	MNT	
levetiracetam		250 MG TABLET	1	MNT	
levetiracetam		500 MG TABLET	1	MNT	
levetiracetam		750 MG TABLET	1	MNT	
levetiracetam		1,000 MG TABLET	1	MNT	
levetiracetam er		500 MG TABLET	1	MNT	
levetiracetam er		750 MG TABLET	1	MNT	
pregabalin	LYRICA	25 MG CAPSULE	2	PAN, MNT	90/30
pregabalin	LYRICA	50 MG CAPSULE	2	PAN, MNT	90/30
pregabalin	LYRICA	75 MG CAPSULE	2	PAN, MNT	90/30
pregabalin	LYRICA	100 MG CAPSULE	2	PAN, MNT	90/30
pregabalin	LYRICA	150 MG CAPSULE	2	PAN, MNT	90/30
pregabalin	LYRICA	200 MG CAPSULE	2	PAN, MNT	90/30
pregabalin	LYRICA	225 MG CAPSULE	2	PAN, MNT	90/30
pregabalin	LYRICA	300 MG CAPSULE	2	PAN, MNT	90/30
primidone		50 MG TABLET	1	MNT	
primidone		250 MG TABLET	1	MNT	
vigabatrin	SABRIL	500 MG POWDER PACKET	2	PAN, LA	
vigabatrin	SABRIL	500 MG TABLET	2	PAN, LA	
topiramate		15 MG SPRINKLE CAP	1	MNT	
topiramate		25 MG SPRINKLE CAP	1	MNT	
topiramate		25 MG TABLET	1	MNT	
topiramate		50 MG TABLET	1	MNT	
topiramate		100 MG TABLET	1	MNT	
topiramate		200 MG TABLET	1	MNT	
lacosamide	VIMPAT	10 MG/ML SOLUTION	2	PAN, MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>lacosamide</i>	VIMPAT	200 MG/20 ML VIAL	2	BvsD	
<i>lacosamide</i>	VIMPAT	50 MG TABLET	2	PAN, MNT	
<i>lacosamide</i>	VIMPAT	100 MG TABLET	2	PAN, MNT	
<i>lacosamide</i>	VIMPAT	150 MG TABLET	2	PAN, MNT	
<i>lacosamide</i>	VIMPAT	200 MG TABLET	2	PAN, MNT	
<i>zonisamide</i>		25 MG CAPSULE	1	MNT	
<i>zonisamide</i>		50 MG CAPSULE	1	MNT	
<i>zonisamide</i>		100 MG CAPSULE	1	MNT	

**OTHER ANTIDEPRESSANTS**

<i>budeprion sr</i>		100 MG TABLET	1	MNT	
<i>budeprion sr</i>		150 MG TABLET	1	MNT	
<i>budeprion xl</i>		150 MG TABLET	1	MNT	
<i>budeprion xl</i>		300 MG TABLET	1	MNT	
<i>bupropion hcl</i>		75 MG TABLET	1	MNT	
<i>bupropion hcl</i>		100 MG TABLET	1	MNT	
<i>bupropion hcl sr</i>		100 MG TABLET	1	MNT	
<i>bupropion hcl sr</i>		200 MG TAB	1	MNT	
<i>bupropion sr</i>		150 MG TABLET	1	MNT	
<i>chlordiazepo-amitriptyl</i>		5-12.5	1	PAN, MNT	
<i>chlordiazepox-amitriptyl</i>		10-25	1	PAN, MNT	
<i>duloxetine</i>	CYMBALTA	20 MG CAPSULE	2	PAN, MNT	60/30
<i>duloxetine</i>	CYMBALTA	30 MG CAPSULE	2	PAN, MNT	30/30
<i>duloxetine</i>	CYMBALTA	60 MG CAPSULE	2	PAN, MNT	60/30
<i>maprotiline</i>		25 MG TABLET	1	MNT	
<i>maprotiline</i>		50 MG TABLET	1	MNT	
<i>maprotiline</i>		75 MG TABLET	1	MNT	
<i>mirtazapine</i>		7.5 MG TABLET	1	MNT	
<i>mirtazapine</i>		15 MG ODT	1	MNT	
<i>mirtazapine</i>		30 MG ODT	1	MNT	
<i>mirtazapine</i>		45 MG ODT	1	MNT	
<i>mirtazapine</i>		15 MG TABLET	1	MNT	
<i>mirtazapine</i>		30 MG TABLET	1	MNT	
<i>mirtazapine</i>		45 MG TABLET	1	MNT	
<i>nefazodone hcl</i>		50 MG TABLET	1	MNT	
<i>nefazodone hcl</i>		100 MG TABLET	1	MNT	

*continued*

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
nefazodone hcl		150 MG TABLET	1	MNT	
nefazodone hcl		200 MG TABLET	1	MNT	
nefazodone hcl		250 MG TABLET	1	MNT	
perphen-amitrip		2 MG-10 MG TAB	1	MNT	
perphen-amitrip		2 MG-25 MG TAB	1	MNT	
perphen-amitrip		4 MG-10 MG TAB	1	MNT	
perphen-amitrip		4 MG-25 MG TAB	1	MNT	
perphen-amitrip		4 MG-50 MG TAB	1	MNT	
desvenlafaxine succinate	PRISTIQ	50 MG TABLET	2	PAN, MNT	30/30
desvenlafaxine succinate	PRISTIQ	100 MG TABLET	2	PAN, MNT	30/30
trazodone		50 MG TABLET	1	MNT	
trazodone		100 MG TABLET	1	MNT	
trazodone		150 MG TABLET	1	MNT	
trazodone		300 MG TABLET	1	MNT	
venlafaxine hcl		25 MG TABLET	1	MNT	
venlafaxine hcl		37.5 MG TABLET	1	MNT	
venlafaxine hcl		50 MG TABLET	1	MNT	
venlafaxine hcl		75 MG TABLET	1	MNT	
venlafaxine hcl		100 MG TABLET	1	MNT	
venlafaxine hcl er		37.5 MG CAP	1	MNT	
venlafaxine hcl er		75 MG CAP	1	MNT	
venlafaxine hcl er		150 MG CAP	1	MNT	

**OTHER ANTIPARKINSON DRUGS**

apomorphine hcl	APOKYN	30 MG/3 ML CARTRIDGE	2	PA, LA, MNT	
bromocriptine		5 MG CAPSULE	1	MNT	
bromocriptine		2.5 MG TABLET	1	MNT	
carbidopa-levo er		25-100 TAB	1	MNT	
carbidopa-levo er		50-200 TAB	1	MNT	
carbidopa-levodopa		10-100 TAB	1	MNT	
carbidopa-levodopa		25-100 TAB	1	MNT	
carbidopa-levodopa		25-250 TAB	1	MNT	
entacapone	COMTAN	200 MG TABLET	2	MNT	
pramipexole		0.125 MG TABLET	1	MNT	
pramipexole		0.25 MG TABLET	1	MNT	
pramipexole		0.5 MG TABLET	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>pramipexole</i>		0.75 MG TABLET	1	MNT	
<i>pramipexole</i>		1 MG TABLET	1	MNT	
<i>pramipexole</i>		1.5 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		0.25 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		0.5 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		1 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		2 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		3 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		4 MG TABLET	1	MNT	
<i>ropinirole hcl</i>		5 MG TABLET	1	MNT	
<i>selegiline hcl</i>		5 MG CAPSULE	1	MNT	
<i>selegiline hcl</i>		5 MG TABLET	1	MNT	
<i>tolcapone</i>	TASMAR	100 MG TABLET	2	MNT	

**OTHER CNS/AUTONOMIC DRUGS**

<i>acamprosate calcium</i>	CAMPRAL	333 MG DOSE PAK	2		
<i>acamprosate calcium</i>	CAMPRAL DR	333 MG TABLET	2		
<i>atomoxetine</i>	STRATTERA	10 MG CAPSULE	2	PA, MNT	90/30
<i>atomoxetine</i>	STRATTERA	18 MG CAPSULE	2	PA, MNT	150/30
<i>atomoxetine</i>	STRATTERA	25 MG CAPSULE	2	PA, MNT	90/30
<i>atomoxetine</i>	STRATTERA	40 MG CAPSULE	2	PA, MNT	30/30
<i>atomoxetine</i>	STRATTERA	60 MG CAPSULE	2	PA, MNT	30/30
<i>atomoxetine</i>	STRATTERA	80 MG CAPSULE	2	PA, MNT	30/30
<i>atomoxetine</i>	STRATTERA	100 MG CAPSULE	2	PA, MNT	30/30
<i>atropine</i>		0.1 MG/ML ABBOJECT	1	PAN	
<i>atropine</i>		0.1 MG/ML SYRINGE	1	PAN	
<i>depade</i>		50 MG TABLET	1		
<i>disulfiram</i>		250 MG TABLET	1	MNT	
<i>disulfiram</i>		500 MG TABLET	1	MNT	
<i>guanidine hcl</i>		125 MG TABLET	1		
<i>naloxone</i>		0.4 MG/ML SYRINGE	1		
<i>naloxone</i>		1 MG/ML SYRINGE	1		
<i>naltrexone</i>		50 MG TABLET	1		
<i>pyridostigmine</i>	MESTINON	60 MG/5 ML SYRUP	2	MNT	
<i>pyridostigmine</i>	MESTINON	180 MG TIMESPAN	2	MNT	
<i>pyridostigmine</i>	REGONOL	10 MG/2 ML AMPUL	2		

*continued*

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>pyridostigmine br</i>		60 MG TABLET	1	MNT	
<i>sodium oxybate</i>	XYREM	500 MG/ML ORAL SOLUTION	2	PA, LA	
<i>tetrabenazine</i>	XENAZINE	12.5 MG TABLET	2	PA,LA,MNT	240/30
<i>tetrabenazine</i>	XENAZINE	25 MG TABLET	2	PA, LA, MNT	120/30

**SECONDARY AMINES**

<i>amoxapine</i>		25 MG TABLET	1	MNT	
<i>amoxapine</i>		50 MG TABLET	1	MNT	
<i>amoxapine</i>		100 MG TABLET	1	MNT	
<i>amoxapine</i>		150 MG TABLET	1	MNT	
<i>desipramine</i>		10 MG TABLET	1	MNT	
<i>desipramine</i>		25 MG TABLET	1	MNT	
<i>desipramine</i>		50 MG TABLET	1	MNT	
<i>desipramine</i>		75 MG TABLET	1	MNT	
<i>desipramine</i>		100 MG TABLET	1	MNT	
<i>desipramine</i>		150 MG TABLET	1	MNT	
<i>nortriptyline</i>		10 MG/5 ML SOL	1	MNT	
<i>nortriptyline hcl</i>		10 MG CAP	1	MNT	
<i>nortriptyline hcl</i>		25 MG CAP	1	MNT	
<i>nortriptyline hcl</i>		50 MG CAP	1	MNT	
<i>nortriptyline hcl</i>		75 MG CAP	1	MNT	
<i>protriptyline hcl</i>		5 MG TABLET	1	MNT	
<i>protriptyline hcl</i>		10 MG TABLET	1	MNT	

**SEDATIVE/HYPNOTIC DRUGS**

<i>zaleplon</i>		5 MG CAPSULE	1		30/30
<i>zaleplon</i>		10 MG CAPSULE	1		30/30
<i>zolpidem tartrate</i>		5 MG TABLET	1		30/30
<i>zolpidem tartrate</i>		10 MG TABLET	1		30/30

**SELECTIVE SEROTONIN REUPTAKE INHIBITORS**

<i>citalopram</i>		10 MG/5 ML SOLUTION	1	MNT	
<i>citalopram hbr</i>		10 MG TABLET	1	MNT	
<i>citalopram hbr</i>		20 MG TABLET	1	MNT	
<i>citalopram hbr</i>		40 MG TABLET	1	MNT	
<i>fluoxetine</i>		20 MG/5 ML SOLUTION	1	MNT	
<i>fluoxetine hcl</i>		10 MG CAPSULE	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>fluoxetine hcl</i>		20 MG CAPSULE	1	MNT	
<i>fluoxetine hcl</i>		40 MG CAPSULE	1	MNT	
<i>fluoxetine hcl</i>		10 MG TABLET	1	MNT	
<i>fluoxetine hcl</i>		20 MG TABLET	1	MNT	
<i>fluvoxamine maleate</i>		25 MG TAB	1	MNT	
<i>fluvoxamine maleate</i>		50 MG TAB	1	MNT	
<i>fluvoxamine maleate</i>		100 MG TAB	1	MNT	
<i>paroxetine hcl</i>		10 MG/5 ML SUSP	1	MNT	
<i>paroxetine hcl</i>		10 MG TABLET	1	MNT	
<i>paroxetine hcl</i>		20 MG TABLET	1	MNT	
<i>paroxetine hcl</i>		30 MG TABLET	1	MNT	
<i>paroxetine hcl</i>		40 MG TABLET	1	MNT	
<i>sertraline</i>		20 MG/ML ORAL CONC	1	MNT	
<i>sertraline hcl</i>		25 MG TABLET	1	MNT	
<i>sertraline hcl</i>		50 MG TABLET	1	MNT	
<i>sertraline hcl</i>		100 MG TABLET	1	MNT	

**SMOKING CESSATION PRODUCTS**

<i>buprobam</i>		150 MG TABLET	1		
<i>nicotine inhaler</i>	NICOTROL	CARTRIDGE INHALER	2	ST	
<i>nicotine ns</i>	NICOTROL	NS 10 MG/ML SPRAY	2	ST	
<i>varenicline tartrate</i>	CHANTIX	1 MG CONT MONTH PAK	2		336/365
<i>varenicline tartrate</i>	CHANTIX	0.5 MG TABLET	2		336/365
<i>varenicline tartrate</i>	CHANTIX	1 MG TABLET	2		336/365
<i>varenicline tartrate</i>	CHANTIX	STARTING MONTH PAK	2		168/365

**SUCCINIMIDES**

<i>ethosuximide</i>		250 MG/5 ML SYRP	1	MNT	
<i>ethosuximide</i>		250 MG CAPSULE	1	MNT	
<i>methsuximide</i>	CELONTIN	300 MG KAPSEAL	2	MNT	

**TERTIARY AMINES**

<i>amitriptyline hcl</i>		10 MG TAB	1	MNT	
<i>amitriptyline hcl</i>		25 MG TAB	1	MNT	
<i>amitriptyline hcl</i>		50 MG TAB	1	MNT	
<i>amitriptyline hcl</i>		75 MG TAB	1	MNT	
<i>amitriptyline hcl</i>		100 MG TAB	1	MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>amitriptyline hcl</i>		150 MG TAB	1	MNT	
<i>clomipramine</i>		25 MG CAPSULE	1	MNT	
<i>clomipramine</i>		50 MG CAPSULE	1	MNT	
<i>clomipramine</i>		75 MG CAPSULE	1	MNT	
<i>doxepin</i>		10 MG/ML ORAL CONC	1	MNT	
<i>doxepin</i>		10 MG CAPSULE	1	MNT	
<i>doxepin</i>		25 MG CAPSULE	1	MNT	
<i>doxepin</i>		50 MG CAPSULE	1	MNT	
<i>doxepin</i>		75 MG CAPSULE	1	MNT	
<i>doxepin</i>		100 MG CAPSULE	1	MNT	
<i>doxepin</i>		150 MG CAPSULE	1	MNT	
<i>imipramine hcl</i>		10 MG TABLET	1	MNT	
<i>imipramine hcl</i>		25 MG TABLET	1	MNT	
<i>imipramine hcl</i>		50 MG TABLET	1	MNT	
<i>trimipramine</i>	SURMONTIL	25 MG CAPSULE	2	MNT	
<i>trimipramine</i>	SURMONTIL	50 MG CAPSULE	2	MNT	
<i>trimipramine</i>	SURMONTIL	100 MG CAPSULE	2	MNT	

**VALPROIC ACID AND DERIVATIVES**

<i>divalproex sod dr</i>		125 MG TAB	1	MNT	
<i>divalproex sod dr</i>		250 MG TAB	1	MNT	
<i>divalproex sod dr</i>		500 MG TAB	1	MNT	
<i>divalproex sod er</i>		250 MG TAB	1	MNT	
<i>divalproex sod er</i>		500 MG TAB	1	MNT	
<i>divalproex sodium</i>		125 MG CAP	1	MNT	
<i>valproate sod</i>		500 MG/5 ML VL	1		
<i>valproic acid</i>		250 MG/5 ML SYR	1	MNT	
<i>valproic acid</i>		250 MG CAPSULE	1	MNT	

**CARDIOVASCULAR MEDICATIONS**

**AMIODARONES**

<i>amiodarone</i>	PACERONE	100 MG TABLET	1	MNT	
<i>amiodarone</i>		150 MG/3 ML AMP	1		
<i>amiodarone hcl</i>		200 MG TABLET	1	MNT	
<i>amiodarone hcl</i>		400 MG TABLET	1	MNT	
<i>pacerone</i>		200 MG TABLET	1	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>ANGIOTENSIN CONVERTING ENZYME INHIBITORS</b>					
<i>benazepril hcl</i>		5 MG TABLET	1	MNT	
<i>benazepril hcl</i>		20 MG TABLET	1	MNT	
<i>benazepril hcl</i>		40 MG TABLET	1	MNT	
<i>captopril</i>		12.5 MG TABLET	1	MNT	
<i>captopril</i>		25 MG TABLET	1	MNT	
<i>captopril</i>		50 MG TABLET	1	MNT	
<i>captopril</i>		100 MG TABLET	1	MNT	
<i>enalapril maleate</i>		2.5 MG TAB	1	MNT	
<i>enalapril maleate</i>		5 MG TAB	1	MNT	
<i>enalapril maleate</i>		10 MG TAB	1	MNT	
<i>enalapril maleate</i>		20 MG TAB	1	MNT	
<i>fosinopril sodium</i>		10 MG TAB	1	MNT	
<i>fosinopril sodium</i>		20 MG TAB	1	MNT	
<i>fosinopril sodium</i>		40 MG TAB	1	MNT	
<i>lisinopril</i>		2.5 MG TABLET	1	MNT	
<i>lisinopril</i>		5 MG TABLET	1	MNT	
<i>lisinopril</i>		10 MG TABLET	1	MNT	
<i>lisinopril</i>		20 MG TABLET	1	MNT	
<i>lisinopril</i>		30 MG TABLET	1	MNT	
<i>lisinopril</i>		40 MG TABLET	1	MNT	
<i>quinapril</i>		5 MG TABLET	1	MNT	
<i>quinapril</i>		10 MG TABLET	1	MNT	
<i>quinapril</i>		20 MG TABLET	1	MNT	
<i>quinapril</i>		40 MG TABLET	1	MNT	
<i>trandolapril</i>		1 MG TABLET	1	MNT	
<i>trandolapril</i>		2 MG TABLET	1	MNT	
<i>trandolapril</i>		4 MG TABLET	1	MNT	

**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>losartan potassium</i>		25 MG TAB	1	MNT	30/30
<i>losartan potassium</i>		50 MG TAB	1	MNT	30/30
<i>losartan potassium</i>		100 MG TAB	1	MNT	30/30
<i>olmesartan medoxomil</i>	BENICAR	5 MG TABLET	2	ST, MNT	30/30
<i>olmesartan medoxomil</i>	BENICAR	20 MG TABLET	2	ST, MNT	30/30
<i>olmesartan medoxomil</i>	BENICAR	40 MG TABLET	2	ST, MNT	30/30

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>ANTIDYSRHYTHMIC DRUGS</b>					
<i>disopyramide</i>	NORPACE CR	100 MG CAPSULE	2	MNT	
<i>disopyramide</i>	NORPACE CR	150 MG CAPSULE	2	MNT	
<i>disopyramide</i>		100 MG CAPSULE	1	MNT	
<i>disopyramide</i>		150 MG CAPSULE	1	MNT	
<i>flecainide acetate</i>		50 MG TAB	1	MNT	
<i>flecainide acetate</i>		100 MG TAB	1	MNT	
<i>flecainide acetate</i>		150 MG TAB	1	MNT	
<i>mexiletine</i>		150 MG CAPSULE	1	MNT	
<i>mexiletine</i>		200 MG CAPSULE	1	MNT	
<i>mexiletine</i>		250 MG CAPSULE	1	MNT	
<i>procainamide</i>		100 MG/ML VIAL	1		
<i>procainamide</i>		500 MG/ML VIAL	1		
<i>propafenone hcl</i>		225 MG TAB	1	MNT	
<i>propafenone hcl</i>		300 MG TAB	1	MNT	
<i>propafenone hcl</i>		150 MG TABLET	1	MNT	
<i>quinidine gluc</i>		80 MG/ML VIAL	1		
<i>quinidine gluc</i>		324 MG TAB ER	1	MNT	
<i>quinidine sulf er</i>		300 MG TAB	1	MNT	
<i>quinidine sulf ate</i>		200 MG TAB	1	MNT	
<i>quinidine sulf ate</i>		300 MG TAB	1	MNT	
<b>BETA-ADRENERGIC ANTAGONIST DRUGS</b>					
<i>acebutolol</i>		200 MG CAPSULE	1	MNT	
<i>acebutolol</i>		400 MG CAPSULE	1	MNT	
<i>atenolol</i>		25 MG TABLET	1	MNT	
<i>atenolol</i>		50 MG TABLET	1	MNT	
<i>atenolol</i>		100 MG TABLET	1	MNT	
<i>carvedilol</i>		3.125 MG TABLET	1	MNT	
<i>carvedilol</i>		6.25 MG TABLET	1	MNT	
<i>carvedilol</i>		12.5 MG TABLET	1	MNT	
<i>carvedilol</i>		25 MG TABLET	1	MNT	
<i>labetalol hcl</i>		5 MG/ML VIAL	1		
<i>labetalol hcl</i>		100 MG TABLET	1	MNT	
<i>labetalol hcl</i>		200 MG TABLET	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>labetalol hcl</i>		300 MG TABLET	1	MNT	
<i>metoprolol succ er</i>		25 MG TAB	1	MNT	
<i>metoprolol succ er</i>		50 MG TAB	1	MNT	
<i>metoprolol succ er</i>		100 MG TAB	1	MNT	
<i>metoprolol succ er</i>		200 MG TAB	1	MNT	
<i>metoprolol tart</i>		5 MG/5 ML VIAL	1		
<i>metoprolol tart</i>		1 MG/ML VIAL	1		
<i>metoprolol tartrate</i>		25 MG TAB	1	MNT	
<i>metoprolol tartrate</i>		50 MG TAB	1	MNT	
<i>metoprolol tartrate</i>		100 MG TAB	1	MNT	
<i>nadolol</i>		20 MG TABLET	1	MNT	
<i>nadolol</i>		40 MG TABLET	1	MNT	
<i>nadolol</i>		80 MG TABLET	1	MNT	
<i>pindolol</i>		5 MG TABLET	1	MNT	
<i>pindolol</i>		10 MG TABLET	1	MNT	
<i>propranolol</i>		60 MG CAPSULE ER	1	MNT	
<i>propranolol</i>		80 MG CAPSULE ER	1	MNT	
<i>propranolol</i>		160 MG CAPSULE ER	1	MNT	
<i>propranolol</i>		10 MG TABLET	1	MNT	
<i>propranolol</i>		20 MG TABLET	1	MNT	
<i>propranolol</i>		40 MG TABLET	1	MNT	
<i>propranolol</i>		60 MG TABLET	1	MNT	
<i>propranolol</i>		80 MG TABLET	1	MNT	
<i>propranolol er</i>		120 MG CAPSULE	1	MNT	
<i>timolol maleate</i>		5 MG TABLET	1	MNT	
<i>timolol maleate</i>		10 MG TABLET	1	MNT	
<i>timolol maleate</i>		20 MG TABLET	1	MNT	

**CALCIUM ANTAGONISTS**

<i>afeditab cr</i>		30 MG TABLET	1	MNT	
<i>afeditab cr</i>		60 MG TABLET	1	MNT	
<i>amlodipine besylate</i>		2.5 MG TAB	1	MNT	
<i>amlodipine besylate</i>		5 MG TAB	1	MNT	
<i>amlodipine besylate</i>		10 MG TAB	1	MNT	
<i>cartia xt</i>		120 MG CAPSULE	1	MNT	
<i>cartia xt</i>		180 MG CAPSULE	1	MNT	

*continued*

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>cartia xt</i>		240 MG CAPSULE	1	MNT	
<i>cartia xt</i>		300 MG CAPSULE	1	MNT	
<i>dilt xr</i>		180 MG CAPSULE	1	MNT	
<i>dilt xr</i>		240 MG CAPSULE	1	MNT	
<i>dilt-cd</i>		120 MG CAPSULE	1	MNT	
<i>dilt-cd er</i>		300 MG CAPSULE	1	MNT	
<i>diltiazem</i>		24HR CD 120 MG CAP	1	MNT	
<i>diltiazem</i>		24HR CD 240 MG CAP	1	MNT	
<i>diltiazem</i>		24HR CD 300 MG CAP	1	MNT	
<i>diltiazem</i>		24HR ER 120 MG CAP	1	MNT	
<i>diltiazem</i>		24HR ER 240 MG CAP	1	MNT	
<i>diltiazem</i>		24HR ER 300 MG CAP	1	MNT	
<i>diltiazem</i>		25 MG/5 ML VIAL	1		
<i>diltiazem</i>		30 MG TABLET	1	MNT	
<i>diltiazem</i>		60 MG TABLET	1	MNT	
<i>diltiazem</i>		90 MG TABLET	1	MNT	
<i>diltiazem</i>		120 MG TABLET	1	MNT	
<i>diltiazem er</i>		60 MG 12-HR CAP	1	MNT	
<i>diltiazem er</i>		90 MG 12-HR CAP	1	MNT	
<i>diltiazem er</i>		120 MG 12-HR CAP	1	MNT	
<i>diltiazem er</i>		180 MG CAPSULE	1	MNT	
<i>diltiazem hcl</i>		100 MG VIAL	1		
<i>diltiazem hcl er</i>		360 MG CAP	1	MNT	
<i>diltiazem hcl er</i>		420 MG CAP	1	MNT	
<i>diltzac er</i>		120 MG CAPSULE	1	MNT	
<i>diltzac er</i>		180 MG CAPSULE	1	MNT	
<i>diltzac er</i>		240 MG CAPSULE	1	MNT	
<i>diltzac er</i>		300 MG CAPSULE	1	MNT	
<i>felodipine er</i>		2.5 MG TABLET	1	MNT	
<i>felodipine er</i>		5 MG TABLET	1	MNT	
<i>felodipine er</i>		10 MG TABLET	1	MNT	
<i>matzim la</i>		180 MG TABLET	1	MNT	
<i>matzim la</i>		240 MG TABLET	1	MNT	
<i>matzim la</i>		300 MG TABLET	1	MNT	
<i>matzim la</i>		360 MG TABLET	1	MNT	
<i>matzim la</i>		420 MG TABLET	1	MNT	
<i>nifediac cc</i>		30 MG TABLET	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>nifediac cc</i>		60 MG TABLET	1	MNT	
<i>nifediac cc</i>		90 MG TABLET	1	MNT	
<i>nifedical xl</i>		30 MG TABLET	1	MNT	
<i>nifedical xl</i>		60 MG TABLET	1	MNT	
<i>nifedipine er</i>		30 MG TABLET	1	MNT	
<i>nifedipine er</i>		60 MG TABLET	1	MNT	
<i>nifedipine er</i>		90 MG TABLET	1	MNT	
<i>taztia xt</i>		120 MG CAPSULE	1	MNT	
<i>taztia xt</i>		180 MG CAPSULE	1	MNT	
<i>taztia xt</i>		240 MG CAPSULE	1	MNT	
<i>taztia xt</i>		300 MG CAPSULE	1	MNT	
<i>taztia xt</i>		360 MG CAPSULE	1	MNT	
<i>verapamil</i>		2.5 MG/ML AMPUL	1		
<i>verapamil</i>		40 MG TABLET	1	MNT	
<i>verapamil</i>		80 MG TABLET	1	MNT	
<i>verapamil</i>		120 MG TABLET	1	MNT	
<i>verapamil er</i>		120 MG CAPSULE	1	MNT	
<i>verapamil er</i>		180 MG CAPSULE	1	MNT	
<i>verapamil er</i>		240 MG CAPSULE	1	MNT	
<i>verapamil er</i>		120 MG TABLET	1	MNT	
<i>verapamil er</i>		120 MG TABLET	1	MNT	
<i>verapamil er</i>		180 MG TABLET	1	MNT	
<i>verapamil er</i>		240 MG TABLET	1	MNT	
<i>verapamil er</i>		240 MG TABLET	1	MNT	
<i>verapamil er pm</i>		100 MG CAPSULE	1	MNT	
<i>verapamil er pm</i>		200 MG CAPSULE	1	MNT	
<i>verapamil er pm</i>		300 MG CAPSULE	1	MNT	

### CARDIAC GLYCOSIDES

<i>digoxin</i>	LANOXIN	0.25 MG/ML AMPUL	2		
<i>digoxin</i>	LANOXIN	125 MCG TABLET	2	MNT	
<i>digoxin</i>	LANOXIN	250 MCG TABLET	2	MNT	
<i>digoxin</i>	LANOXIN PED	0.1 MG/ML AMPUL	2		
<i>digoxin</i>		50 MCG/ML SOLUTION	1	MNT	
<i>digoxin</i>		125 MCG TABLET	1	MNT	
<i>digoxin</i>		250 MCG TABLET	1	MNT	
<i>digoxin</i>		0.25 MG/ML AMPUL	1		

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>CENTRALLY ACTING ANTIHYPERTENSIVES</b>					
<i>clonidine hcl</i>		0.1 MG TABLET	1	MNT	
<i>clonidine hcl</i>		0.2 MG TABLET	1	MNT	
<i>clonidine hcl</i>		0.3 MG TABLET	1	MNT	
<i>guanfacine</i>		1 MG TABLET	1	MNT	
<i>guanfacine</i>		2 MG TABLET	1	MNT	
<i>methyl dopa</i>		250 MG TABLET	1	MNT	
<i>methyl dopa</i>		500 MG TABLET	1	MNT	

**ENDOTHELIN RECPTN ANTAGONIST**

<i>ambrisentan</i>	LETAIRIS	5 MG TABLET	2	PA, LA, MNT	
<i>ambrisentan</i>	LETAIRIS	10 MG TABLET	2	PA, LA, MNT	
<i>bosentan</i>	TRACLEER	62.5 MG TABLET	2	PA, LA, MNT	
<i>bosentan</i>	TRACLEER	125 MG TABLET	2	PA, LA, MNT	

**HMG-COA REDUCTASE INHIBITORS**

<i>atorvastatin</i>		10 MG TABLET	1	MNT	30/30
<i>atorvastatin</i>		20 MG TABLET	1	MNT	30/30
<i>atorvastatin</i>		40 MG TABLET	1	MNT	30/30
<i>atorvastatin</i>		80 MG TABLET	1	MNT	30/30
<i>ezetimibe/simvastatin</i>	VYTORIN	10-10 MG TABLET	2	PA, MNT	30/30
<i>ezetimibe/simvastatin</i>	VYTORIN	10-20 MG TABLET	2	PA, MNT	30/30
<i>ezetimibe/simvastatin</i>	VYTORIN	10-40 MG TABLET	2	PA, MNT	30/30
<i>ezetimibe/simvastatin</i>	VYTORIN	10-80 MG TABLET	2	PA, MNT	30/30
<i>lovastatin</i>		10 MG TABLET	1	MNT	
<i>lovastatin</i>		20 MG TABLET	1	MNT	
<i>lovastatin</i>		40 MG TABLET	1	MNT	
<i>pravastatin sodium</i>		10 MG TAB	1	MNT	
<i>pravastatin sodium</i>		20 MG TAB	1	MNT	
<i>pravastatin sodium</i>		40 MG TAB	1	MNT	
<i>pravastatin sodium</i>		80 MG TAB	1	MNT	
<i>rosuvastatin calcium</i>	CRESTOR	5 MG TABLET	2	ST, MNT	30/30
<i>rosuvastatin calcium</i>	CRESTOR	10 MG TABLET	2	ST, MNT	30/30
<i>rosuvastatin calcium</i>	CRESTOR	20 MG TABLET	2	ST, MNT	30/30
<i>rosuvastatin calcium</i>	CRESTOR	40 MG TABLET	2	ST, MNT	30/30
<i>simvastatin</i>		5 MG TABLET	1	MNT	
<i>simvastatin</i>		10 MG TABLET	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>simvastatin</i>		20 MG TABLET	1	MNT	
<i>simvastatin</i>		40 MG TABLET	1	MNT	
<i>simvastatin</i>		80 MG TABLET	1	MNT	

**HYPOLIPOPROTEINEMICS**

<i>cholestyramine</i>		LIGHT PACKET	1	MNT	
<i>colestipol hcl</i>		1 GM TABLET	1	MNT	
<i>colestipol hcl</i>		GRANULES	1	MNT	
<i>ezetimibe</i>	ZETIA	10 MG TABLET	2	PA, MNT	30/30
<i>fenofibrate</i>		67 MG CAPSULE	1	MNT	
<i>fenofibrate</i>		134 MG CAPSULE	1	MNT	
<i>fenofibrate</i>		200 MG CAPSULE	1	MNT	
<i>fenofibrate</i>		54 MG TABLET	1	MNT	
<i>fenofibrate</i>		160 MG TABLET	1	MNT	
<i>gemfibrozil</i>		600 MG TABLET	1	MNT	
<i>niacin</i>	NIASPAN ER	500 MG TABLET	2	MNT	
<i>niacin</i>	NIASPAN ER	750 MG TABLET	2	MNT	
<i>niacin</i>	NIASPAN ER	1,000 MG TABLET	2	MNT	
<i>omega-3 acid ethyl esters</i>	LOVAZA	1 GM CAPSULE	2	ST, MNT	
<i>prevalite</i>		POWDER	1	MNT	

**LOOP DIURETICS**

<i>bumetanide</i>		0.25 MG/ML VIAL	1		
<i>bumetanide</i>		0.5 MG TABLET	1	MNT	
<i>bumetanide</i>		1 MG TABLET	1	MNT	
<i>bumetanide</i>		2 MG TABLET	1	MNT	
<i>furosemide</i>		10 MG/ML SOLUTION	1	MNT	
<i>furosemide</i>		10 MG/ML VIAL	1		
<i>furosemide</i>		20 MG TABLET	1	MNT	
<i>furosemide</i>		40 MG TABLET	1	MNT	
<i>furosemide</i>		80 MG TABLET	1	MNT	
<i>torseamide</i>		5 MG TABLET	1	MNT	
<i>torseamide</i>		10 MG TABLET	1	MNT	
<i>torseamide</i>		20 MG TABLET	1	MNT	
<i>torseamide</i>		100 MG TABLET	1	MNT	

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>NITRATES</b>					
<i>isosorbide dn</i>		2.5 MG TAB SL	1	MNT	
<i>isosorbide dn</i>		20 MG TABLET	1	MNT	
<i>isosorbide dn</i>		5 MG TABLET	1	MNT	
<i>isosorbide dn</i>		10 MG TABLET	1	MNT	
<i>isosorbide dn</i>		30 MG TABLET	1	MNT	
<i>isosorbide dn</i>		5 MG TABLET SL	1	MNT	
<i>isosorbide dn er</i>		40 MG TABLET	1	MNT	
<i>isosorbide mn</i>		10 MG TABLET	1	MNT	
<i>isosorbide mn</i>		20 MG TABLET	1	MNT	
<i>isosorbide mn er</i>		30 MG TABLET	1	MNT	
<i>isosorbide mn er</i>		60 MG TABLET	1	MNT	
<i>isosorbide mn er</i>		120 MG TAB	1	MNT	
<i>nitroglycerin</i>	NITRO-DUR	0.3 MG/HR PATCH	2	MNT	
<i>nitroglycerin</i>	NITRO-DUR	0.8 MG/HR PATCH	2	MNT	
<i>nitroglycerin</i>	NITROMIST	400 MCG SPRAY	2	MNT	
<i>nitroglycerin</i>	NITROSTAT	0.3 MG TABLET SL	2	MNT	
<i>nitroglycerin</i>	NITROSTAT	0.4 MG TABLET SL	2	MNT	
<i>nitroglycerin</i>	NITROSTAT	0.6 MG TABLET SL	2	MNT	
<i>nitroglycerin</i>		0.1 MG/HR PATCH	1	MNT	
<i>nitroglycerin</i>		0.2 MG/HR PTCH	1	MNT	
<i>nitroglycerin</i>		0.4 MG/HR PTCH	1	MNT	
<i>nitroglycerin</i>		0.6 MG/HR PATCH	1	MNT	
<i>nitroglycerin</i>		5 MG/ML VIAL	1		
<b>OTHER ANTIARRHYTHMICS</b>					
<i>dofetilide</i>	TIKOSYN	125 MCG CAPSULE	2	MNT	
<i>dofetilide</i>	TIKOSYN	250 MCG CAPSULE	2	MNT	
<i>dofetilide</i>	TIKOSYN	500 MCG CAPSULE	2	MNT	
<i>dronedarone</i>	MULTAQ	400 MG TABLET	2	PA, MNT	
<i>sorine</i>		80 MG TABLET	1	MNT	
<i>sorine</i>		120 MG TABLET	1	MNT	
<i>sorine</i>		160 MG TABLET	1	MNT	
<i>sorine</i>		240 MG TABLET	1	MNT	
<i>sotalol</i>		80 MG TABLET	1	MNT	
<i>sotalol</i>		120 MG TABLET	1	MNT	
<i>sotalol</i>		160 MG TABLET	1	MNT	
<i>sotalol</i>		240 MG TABLET	1	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>OTHER ANTIHYPERTENSIVES</b>					
<i>aliskiren hemifumarate</i>	TEKTURNA	150 MG TABLET	2	PA, MNT	
<i>aliskiren hemifumarate</i>	TEKTURNA	300 MG TABLET	2	PA, MNT	
<i>atenolol-chlorthal</i>		50-25 TB	1	MNT	
<i>atenolol-chlorthalidone</i>		100-25	1	MNT	
<i>benazepril-hctz</i>		5-6.25 MG TAB	1	MNT	
<i>benazepril-hctz</i>		10-12.5 MG TAB	1	MNT	
<i>benazepril-hctz</i>		20-12.5 MG TAB	1	MNT	
<i>benazepril-hctz</i>		20-25 MG TAB	1	MNT	
<i>olmesartan medoxomil/hctz</i>	BENICAR HCT	20-12.5 MG TABLET	2	ST, MNT	30/30
<i>olmesartan medoxomil/hctz</i>	BENICAR HCT	40-12.5 MG TABLET	2	ST, MNT	30/30
<i>olmesartan medoxomil/hctz</i>	BENICAR HCT	40-25 MG TABLET	2	ST, MNT	30/30
<i>bisoprolol-hctz</i>		2.5-6.25 MG TB	1	MNT	
<i>bisoprolol-hctz</i>		5-6.25 MG TAB	1	MNT	
<i>bisoprolol-hctz</i>		10-6.25 MG TAB	1	MNT	
<i>captopril-hctz</i>		25-15 MG TABLET	1	MNT	
<i>captopril-hctz</i>		25-25 MG TABLET	1	MNT	
<i>captopril-hctz</i>		50-15 MG TABLET	1	MNT	
<i>captopril-hctz</i>		50-25 MG TABLET	1	MNT	
<i>enalapril-hctz</i>		5-12.5 MG TAB	1	MNT	
<i>enalapril-hctz</i>		10-25 MG TABLET	1	MNT	
<i>lisinopril-hctz</i>		10-12.5 MG TAB	1	MNT	
<i>lisinopril-hctz</i>		20-12.5 MG TAB	1	MNT	
<i>lisinopril-hctz</i>		20-25 MG TAB	1	MNT	
<i>losartan-hctz</i>		50-12.5 MG TAB	1	MNT	30/30
<i>losartan-hctz</i>		100-12.5 MG TAB	1	MNT	30/30
<i>losartan-hctz</i>		100-25 MG TAB	1	MNT	30/30
<i>methyldopa-hctz</i>		250-15 MG TAB	1	MNT	
<i>methyldopa-hctz</i>		250-25 MG TAB	1	MNT	
<i>metoprolol-hctz</i>		50-25 MG TAB	1	MNT	
<i>metoprolol-hctz</i>		100-25 MG TAB	1	MNT	
<i>metoprolol-hctz</i>		100-50 MG TAB	1	MNT	
<i>propranolol-hctz</i>		40-25 MG TAB	1	MNT	
<i>propranolol-hctz</i>		80-25 MG TAB	1	MNT	
<i>reserpine</i>		0.1 MG TABLET	1	MNT	
<i>reserpine</i>		0.25 MG TABLET	1	MNT	

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>OTHER CARDIOVASCULAR DRUGS</b>					
<i>midodrine hcl</i>		2.5 MG TABLET	1		
<i>midodrine hcl</i>		5 MG TABLET	1		
<i>midodrine hcl</i>		10 MG TABLET	1		
<i>pentopak</i>		400 MG TABLET SA	1	MNT	
<i>pentoxifylline er</i>		400 MG TAB	1	MNT	
<i>ranolazine</i>	RANEXA ER	500 MG TABLET	2	PA, MNT	
<i>ranolazine</i>	RANEXA ER	1,000 MG TABLET	2	PA, MNT	

**OTHER VASODILATING DRUGS**

<i>adcirca (tadalafil)</i>	ADCIRCA	20 MG TABLET	2	PA, MNT	60/30
<i>revatio (sildenafil citrate)</i>	REVATIO	20 MG TABLET	2	PA	90/30
<i>treprostinil sodium</i>	REMODULIN	1 MG/ML VIAL	2	PA, LA	
<i>treprostinil sodium</i>	REMODULIN	2.5 MG/ML VIAL	2	PA, LA	
<i>treprostinil sodium</i>	REMODULIN	5 MG/ML VIAL	2	PA, LA	
<i>treprostinil sodium</i>	REMODULIN	10 MG/ML VIAL	2	PA, LA	

**POTASSIUM SPARING DIURETICS**

<i>amiloride hcl</i>		5 MG TABLET	1	MNT	
<i>amiloride hcl-hctz</i>		5-50 MG TAB	1	MNT	
<i>eplerenone</i>		25 MG TABLET	1	ST, MNT	
<i>eplerenone</i>		50 MG TABLET	1	ST, MNT	
<i>spironolactone</i>		25 MG TABLET	1	MNT	
<i>spironolactone</i>		50 MG TABLET	1	MNT	
<i>spironolactone</i>		100 MG TABLET	1	MNT	
<i>spironolactone-hctz</i>		25-25 TAB	1	MNT	
<i>triamterene</i>	DYRENIUM	50 MG CAPSULE	2	MNT	
<i>triamterene</i>	DYRENIUM	100 MG CAPSULE	2	MNT	
<i>triamterene-hctz</i>		37.5-25 MG CP	1	MNT	
<i>triamterene-hctz</i>		50-25 MG CAP	1	MNT	
<i>triamterene-hctz</i>		37.5-25 MG TB	1	MNT	
<i>triamterene-hctz</i>		75-50 MG TAB	1	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>THIAZIDE AND RELATED DRUGS</b>					
<i>chlorthalidone</i>		25 MG TABLET	1	MNT	
<i>chlorthalidone</i>		50 MG TABLET	1	MNT	
<i>chlorothiazide</i>		250 MG TABLET	1	MNT	
<i>chlorothiazide</i>		500 MG TABLET	1	MNT	
<i>hydrochlorothiazide</i>		12.5 MG CP	1	MNT	
<i>hydrochlorothiazide</i>		12.5 MG TB	1	MNT	
<i>hydrochlorothiazide</i>		25 MG TB	1	MNT	
<i>hydrochlorothiazide</i>		50 MG TB	1	MNT	
<i>indapamide</i>		1.25 MG TABLET	1	MNT	
<i>indapamide</i>		2.5 MG TABLET	1	MNT	
<i>metolazone</i>		2.5 MG TABLET	1	MNT	
<i>metolazone</i>		5 MG TABLET	1	MNT	
<i>metolazone</i>		10 MG TABLET	1	MNT	
<b>VASODILATOR ANTIHYPERTENSIVES</b>					
<i>doxazosin mesylate</i>		1 MG TAB	1	MNT	
<i>doxazosin mesylate</i>		2 MG TAB	1	MNT	
<i>doxazosin mesylate</i>		4 MG TAB	1	MNT	
<i>doxazosin mesylate</i>		8 MG TAB	1	MNT	
<i>hydralazine</i>		20 MG/ML VIAL	1		
<i>hydralazine</i>		10 MG TABLET	1	MNT	
<i>hydralazine</i>		25 MG TABLET	1	MNT	
<i>hydralazine</i>		50 MG TABLET	1	MNT	
<i>hydralazine</i>		100 MG TABLET	1	MNT	
<i>minoxidil</i>		2.5 MG TABLET	1	MNT	
<i>minoxidil</i>		10 MG TABLET	1	MNT	
<i>prazosin</i>		1 MG CAPSULE	1	MNT	
<i>prazosin</i>		2 MG CAPSULE	1	MNT	
<i>prazosin</i>		5 MG CAPSULE	1	MNT	
<i>terazosin</i>		1 MG CAPSULE	1	MNT	
<i>terazosin</i>		2 MG CAPSULE	1	MNT	
<i>terazosin</i>		5 MG CAPSULE	1	MNT	
<i>terazosin</i>		10 MG CAPSULE	1	MNT	

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
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**DERMATOLOGICAL MEDICATIONS**

**ANTIACNE DRUGS**

<i>metronidazole</i>		0.75% CREAM	1		
<i>metronidazole</i>		0.75% LOTION	1		
<i>metronidazole topical</i>		0.75% GL	1		
<i>tretinoin</i>		0.025% CREAM	1	ST	45/30
<i>tretinoin</i>		0.05% CREAM	1	ST	45/30
<i>tretinoin</i>		0.1% CREAM	1	ST	45/30
<i>tretinoin</i>		0.01% GEL	1	ST	45/30
<i>tretinoin</i>		0.025% GEL	1	ST	45/30

**ANTIPRURITIC DRUGS**

<i>hydroxyzine</i>		10 MG/5 ML SYRUP	1	PAN	
<i>hydroxyzine</i>		25 MG/ML VIAL	1	PAN	
<i>hydroxyzine</i>		50 MG/ML VIAL	1	PAN	
<i>hydroxyzine hcl</i>		10 MG TABLET	1	PAN	
<i>hydroxyzine hcl</i>		25 MG TABLET	1	PAN	
<i>hydroxyzine hcl</i>		50 MG TABLET	1	PAN	
<i>hydroxyzine pam</i>		25 MG CAP	1	PAN	
<i>hydroxyzine pam</i>		50 MG CAP	1	PAN	
<i>hydroxyzine pam</i>		100 MG CAP	1	PAN	

**ANTIPSORIASIS AND ANTIECZEMA DRUGS**

<i>acitretin</i>	SORIATANE	10 MG CAPSULE	2		
<i>acitretin</i>	SORIATANE	17.5 MG CAPSULE	2		
<i>acitretin</i>	SORIATANE	25 MG CAPSULE	2		
<i>calcipotriene</i>	DOVONEX	0.005% CREAM	2		60/30
<i>calcipotriene</i>		0.005% OINTMENT	1		
<i>calcipotriene</i>		0.005% SOLUTION	1		
<i>selenium sulfide</i>		2.5% LOTION	1		
<i>tazarotene</i>	TAZORAC	0.05% CREAM	2	PA	30/30
<i>tazarotene</i>	TAZORAC	0.1% CREAM	2	PA	30/30
<i>tazarotene</i>	TAZORAC	0.05% GEL	2	PA	30/30
<i>tazarotene</i>	TAZORAC	0.1% GEL	2	PA	30/30

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>KERATOLYTIC DRUGS</b>					
<i>podofilox</i>		0.5% TOPICAL SOLN	1		
<b>ORAL DERMATOLOGICAL DRUGS</b>					
<i>amneesteem</i>		10 MG CAPSULE	1	PA	
<i>amneesteem</i>		20 MG CAPSULE	1	PA	
<i>amneesteem</i>		40 MG CAPSULE	1	PA	
<i>claravis</i>		10 MG CAPSULE	1	PA	
<i>claravis</i>		20 MG CAPSULE	1	PA	
<i>claravis</i>		30 MG CAPSULE	1	PA	
<i>claravis</i>		40 MG CAPSULE	1	PA	
<i>methoxsalen</i>	8-MOP	10 MG CAPSULE	2		
<i>methoxsalen</i>	OXSORALEN-ULTRA	10 MG CAP	2		
<i>sotret</i>		10 MG CAPSULE	1	PA	
<i>sotret</i>		20 MG CAPSULE	1	PA	
<i>sotret</i>		30 MG CAPSULE	1	PA	
<i>sotret</i>		40 MG CAPSULE	1	PA	
<b>SCABICIDES</b>					
<i>acticin</i>		5% CREAM	1		
<i>benzene hexachloride gamma</i>	LINDANE	1% LOTION	2		
<i>benzene hexachloride gamma</i>	LINDANE	1% SHAMPOO	2		
<i>crotamiton</i>	EURAX	10% CREAM	2		
<i>crotamiton</i>	EURAX	10% LOTION	2		
<i>permethrin</i>		5% CREAM	1		
<b>TOPICAL CORTICOSTEROID DRUGS</b>					
<i>betamethasone dp</i>		0.05% CRM	1		
<i>betamethasone dp</i>		0.05% LOT	1		
<i>betamethasone dp</i>		0.05% OINT	1		
<i>betamethasone dp aug</i>		0.05% CRM	1		
<i>betamethasone dp aug</i>		0.05% LOT	1		
<i>betamethasone dp aug</i>		0.05% OIN	1		
<i>betamethasone va</i>		0.1% CREAM	1		
<i>betamethasone va</i>		0.1% LOTION	1		
<i>betamethasone valer</i>		0.1% OINTM	1		
<i>clobetasol</i>		0.05% GEL	1		

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>clobetasol</i>		0.05% OINTMENT	1		
<i>clobetasol</i>		0.05% SOLUTION	1		
<i>clobetasol emollient</i>		0.05% CRM	1		
<i>fluocinolone</i>		0.01% CREAM	1		
<i>fluocinolone</i>		0.025% CREAM	1		
<i>fluocinolone</i>		0.025% OINT	1		
<i>fluocinonide</i>		0.05% OINTMENT	1		
<i>fluocinolone</i>		0.01% SOLUTION	1		
<i>fluocinonide</i>		0.05% SOLUTION	1		
<i>fluocinonide-emol</i>		0.05% CREAM	1		
<i>fluticasone prop</i>		0.005% OINT	1		
<i>fluticasone prop</i>		0.05% CREAM	1		
<i>hydrocortisone</i>		1% ABSORBASE	1		
<i>hydrocortisone</i>		1% CREAM	1		
<i>hydrocortisone</i>		2.5% CREAM	1		
<i>hydrocortisone</i>		1% CREAM	1		
<i>hydrocortisone</i>		2.5% LOTION	1		
<i>hydrocortisone</i>		1% OINT	1		
<i>hydrocortisone</i>		1% OINTMENT	1		
<i>hydrocortisone</i>		2.5% OINTMENT	1		
<i>hydrocortisone plus</i>		1% CREAM	1		
<i>hydrocortisone-aloe</i>		1% CREAM	1		
<i>triamcinolone</i>		0.025% CREAM	1		
<i>triamcinolone</i>		0.025% LOTION	1		
<i>triamcinolone</i>		0.025% OINT	1		
<i>triamcinolone</i>		0.1% CREAM	1		
<i>triamcinolone</i>		0.5% CREAM	1		
<i>triamcinolone</i>		0.1% LOTION	1		
<i>triamcinolone</i>		0.1% OINTMENT	1		
<i>triamcinolone</i>		0.5% OINTMENT	1		
<i>triderm</i>		0.1% CREAM	1		

**TOPICAL DERMATOLOGICAL DRUGS**

<i>alitretinoin</i>	PANRETIN	0.1% GEL	2		
<i>ammonium lactate</i>		12% CREAM	1		
<i>ammonium lactate</i>		12% LOTION	1		

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>becaplermin</i>	REGRANEX	0.01% GEL	2	PA	15/30
<i>collagenase</i>	SANTYL	OINTMENT	2		30/30
<i>diclofenac sodium</i>	SOLARAZE	3% GEL	2		100/30
<i>doxepin</i>	ZONALON	5% CREAM	2		
<i>fluorouracil</i>		5% CREAM	1		
<i>fluorouracil</i>		5% TOP SOLUTION	1		
<i>fluorouracil</i>		2% TOPICAL SOLN	1		
<i>imiquimod</i>		5% CREAM PACKET	1		
<i>methoxsalen</i>	OXSORALEN	1% LOTION	2		
<i>pimecrolimus</i>	ELIDEL	1% CREAM	2	PA	30/30
<i>sinecatechins</i>	VEREGEN	15% OINTMENT	2		
<i>tacrolimus</i>	PROTOPIC	0.03% OINTMENT	2	PA	
<i>tacrolimus</i>	PROTOPIC	0.1% OINTMENT	2	PA	

## DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS

### DIAGNOSTIC PRODUCTS

<i>deferasirox</i>	EXJADE	125 MG TABLET	2	PA, LA, MNT	
<i>deferasirox</i>	EXJADE	250 MG TABLET	2	PA, LA, MNT	
<i>deferasirox</i>	EXJADE	500 MG TABLET	2	PA, LA, MNT	

### MISCELLANEOUS DRUGS

<i>carglumic acid</i>	CARBAGLU	200 MG DISPER TABLET	2	PA, LA	
<i>glatiramer acetate</i>	COPAXONE	20 MG INJECTION KIT	2	MNT	30/30
<i>nitisinone</i>	ORFADIN	2 MG CAPSULE	2	PA, LA, MNT	
<i>nitisinone</i>	ORFADIN	5 MG CAPSULE	2	PA, LA, MNT	
<i>nitisinone</i>	ORFADIN	10 MG CAPSULE	2	PA, LA, MNT	
<i>pegademase bovine</i>	ADAGEN	250 UNITS/ML VIAL	2	PA, LA	
<i>sodium phenylbutyrate</i>	BUPHENYL	500 MG TABLET	2	PA	
<i>thalidomide</i>	THALOMID	50 MG CAPSULE	2	PAN, MNT	
<i>thalidomide</i>	THALOMID	100 MG CAPSULE	2	PAN, MNT	
<i>thalidomide</i>	THALOMID	150 MG CAPSULE	2	PAN, MNT	
<i>thalidomide</i>	THALOMID	200 MG CAPSULE	2	PAN, MNT	
<i>tranexamic acid</i>		1000 MG/ML	1		
<i>tranexamic acid</i>	CYKLOKAPRON	100 MG/ML AMPUL	2		

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
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### EAR-NOSE-THROAT MEDICATIONS

#### DRUGS AFFECTING THE EAR

<i>acetic acid-hc</i>		EAR DROPS	1		
<i>cortomycin</i>		EAR SOLUTION	1		
<i>cortomycin</i>		EAR SUSPENSION	1		
<i>fluocinolone oil</i>		0.01% EAR DROPS	1		
<i>neomycin-polymyxin-hc</i>		EAR SOLN	1		
<i>neomycin-polymixin-hc</i>		EAR SUSP	1		
<i>neomycin-polymyxin-hc</i>		EAR SUSP	1		
<i>ofloxacin</i>		0.3% EAR DROPS	1		

#### DRUGS AFFECTING THE NOSE

<i>azelastine</i>		137 MCG NASAL SPRAY	1	ST, MNT	60/30
<i>flunisolide</i>		0.025% SPRAY	1	MNT	
<i>fluticasone prop</i>		50 MCG SPRAY	1	MNT	
<i>ipratropium</i>		0.03% SPRAY	1	MNT	
<i>ipratropium</i>		0.06% SPRAY	1	MNT	
<i>tetrahydrozoline</i>	TYZINE	0.1% NOSE DROPS	2		
<i>tetrahydrozoline</i>	TYZINE	0.1% NOSE SPRAY	2		

#### DRUGS AFFECTING THE THROAT AND MOUTH

<i>cevimeline</i>	EVOXAC	30 MG CAPSULE	2	MNT	
<i>chlorhexidine</i>		0.12% RINSE	1		
<i>doxycycline hyclate</i>		20 MG TAB	1		
<i>pilocarpine hcl</i>		5 MG TABLET	1		

### ENDOCRINE MEDICATIONS

#### AMYLIN ANALOGUES

<i>pramlintide acetate</i>	SYMLIN	0.6 MG/ML VIAL	2	PA, MNT	
<i>pramlintide acetate</i>	SYMLINPEN	60 PEN INJECTOR	2	PA, MNT	
<i>pramlintide acetate</i>	SYMLINPEN	120 PEN INJECTOR	2	PA, MNT	

#### ANTITHYROID DRUGS

<i>methimazole</i>		5 MG TABLET	1	MNT	
<i>methimazole</i>		10 MG TABLET	1	MNT	
<i>propylthiouracil</i>		50 MG TABLET	1	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>GLUCOCORTICOID DRUGS</b>					
<i>a-methapred</i>		40 MG UNIVIAL	1		
<i>a-methapred</i>		125 MG VIAL	1		
<i>cortisone</i>		25 MG TABLET	1		
<i>dexamethasone</i>	DEXPAK 6 DAY	1.5 MG TABLET	2		
<i>dexamethasone</i>	DEXPAK 10 DAY	1.5 MG TABLET	2		
<i>dexamethasone</i>	DEXPAK 13 DAY	1.5 MG TABLET	2		
<i>dexamethasone</i>		1 MG/1 ML SOLN	1		
<i>dexamethasone</i>		0.5 MG/5 ML ELX	1		
<i>dexamethasone</i>		20 MG/5 ML VIAL	1		
<i>dexamethasone</i>		120 MG/30 ML VL	1		
<i>dexamethasone</i>		4 MG/ML VIAL	1		
<i>dexamethasone</i>		0.5 MG TABLET	1		
<i>dexamethasone</i>		0.75 MG TABLET	1		
<i>dexamethasone</i>		1 MG TABLET	1		
<i>dexamethasone</i>		1.5 MG TABLET	1		
<i>dexamethasone</i>		2 MG TABLET	1		
<i>dexamethasone</i>		4 MG TABLET	1		
<i>dexamethasone</i>		6 MG TABLET	1		
<i>hydrocortisone</i>		5 MG TABLET	1	MNT	
<i>hydrocortisone</i>		10 MG TABLET	1	MNT	
<i>hydrocortisone</i>		20 MG TABLET	1	MNT	
<i>hydrocortisone sod succinate</i>	SOLU-CORTEF (PF)	100 MG VIAL	2		
<i>hydrocortisone sod succinate</i>	SOLU-CORTEF (PF)	250 MG VIAL	2		
<i>methylprednisolone</i>		40 MG/ML VL	1		
<i>methylprednisolone</i>		80 MG/ML VL	1		
<i>methylprednisolone</i>		4 MG DOSEPK	1		
<i>methylprednisolone</i>		8 MG TAB	1		
<i>methylprednisolone</i>		16 MG TAB	1		
<i>methylprednisolone</i>		32 MG TAB	1		
<i>methylprednisolone</i>		4 MG TABLET	1		
<i>methylprednisolone</i>		40 MG VIAL	1		
<i>methylprednisolone</i>		125 MG VIAL	1		
<i>methylprednisolone acetate</i>	DEPO-MEDROL	20 MG/ML VIAL	2		
<i>methylprednisolone sod succ</i>	SOLU-MEDROL	2,000 MG VIAL	2		
<i>methylprednisolone ss</i>		1 GM VL	1		

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>prednisolone</i>		5 MG/5 ML SOLN	1		
<i>prednisolone</i>		6.7 MG/5 ML SOLN	1		
<i>prednisolone</i>		15 MG/5 ML SOLN	1		
<i>prednisolone</i>		15 MG/5 ML SOLN	1		
<i>prednisone</i>		5 MG/5 ML SOLUTION	1		
<i>prednisone</i>		2.5 MG TABLET	1		
<i>prednisone</i>		1 MG TABLET	1		
<i>prednisone</i>		5 MG TABLET	1		
<i>prednisone</i>		10 MG TABLET	1		
<i>prednisone</i>		20 MG TABLET	1		
<i>prednisone</i>		50 MG TABLET	1		

**GLUCOSE ELEVATING DRUGS**

<i>glucagon, human recombinant</i>	GLUCAGEN	1 MG HYPOKIT	2		
<i>glucagon, human recombinant</i>	GLUCAGON	1 MG EMERGENCY KIT	2		
<i>diazoxide</i>	PROGLYCEM	50 MG/ML ORAL SUSP	2	MNT	

**INCRETIN MIMETICS**

<i>exenatide</i>	BYETTA	5 MCG DOSE PEN INJ	2	PA, MNT	2/28
<i>exenatide</i>	BYETTA	10 MCG DOSE PEN INJ	2	PA, MNT	3/28
<i>liraglutide</i>	VICTOZA	3-PAK 18 MG/3 ML PEN	2	PA, MNT	9/30

**INSULIN**

	LANTUS	100 UNITS/ML VIAL	2	MNT	
	LEVEMIR	100 UNITS/ML VIAL	2	MNT	
	NOVOLIN	70-30 100 UNIT/ML VIAL	2	MNT	
	NOVOLIN N	100 UNITS/ML VIAL	2	MNT	
	NOVOLIN R	100 UNITS/ML VIAL	2	MNT	
	NOVOLOG	100 UNIT/ML VIAL	2	MNT	
	NOVOLOG MIX	70-30 VIAL	2	MNT	

**MINERALOCORTICOID DRUGS**

<i>fludrocortisone</i>		0.1 MG TAB	1	MNT	
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**ORAL HYPOGLYCEMICS AND COMBOS**

<i>acarbose</i>		25 MG TABLET	1	MNT	
<i>acarbose</i>		50 MG TABLET	1	MNT	
<i>acarbose</i>		100 MG TABLET	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
glimepiride		1 MG TABLET	1	MNT	
glimepiride		2 MG TABLET	1	MNT	
glimepiride		4 MG TABLET	1	MNT	
glipizide		5 MG TABLET	1	MNT	
glipizide		10 MG TABLET	1	MNT	
glipizide er		2.5 MG TABLET	1	MNT	
glipizide er		5 MG TABLET	1	MNT	
glipizide er		10 MG TABLET	1	MNT	
glyburide-metformin		1.25-250 MG	1	MNT	
glyburide		1.25 MG TABLET	1	MNT	
glyburide		2.5 MG TABLET	1	MNT	
glyburide		5 MG TABLET	1	MNT	
glyburide micro		1.5 MG TAB	1	MNT	
glyburide micro		3 MG TABLET	1	MNT	
glyburide micro		6 MG TABLET	1	MNT	
glyburide-metformin		2.5-500 MG	1	MNT	
glyburide-metformin		5-500 MG	1	MNT	
glycron		1.5 MG TABLET	1	MNT	
glycron		3 MG TABLET	1	MNT	
glycron		6 MG TABLET	1	MNT	
metformin hcl		500 MG TABLET	1	MNT	
metformin hcl		850 MG TABLET	1	MNT	
metformin hcl		1,000 MG TABLET	1	MNT	
metformin hcl er		500 MG TAB	1	MNT	
metformin hcl er		750 MG TABLET	1	MNT	
miglitol	GLYSET	25 MG TABLET	2	MNT	
miglitol	GLYSET	50 MG TABLET	2	MNT	
miglitol	GLYSET	100 MG TABLET	2	MNT	
nateglinide		60 MG TABLET	1	MNT	
nateglinide		120 MG TABLET	1	MNT	
pioglitazone hcl	ACTOS	15 MG TABLET	2	ST, MNT	30/30
pioglitazone hcl	ACTOS	30 MG TABLET	2	ST, MNT	30/30
pioglitazone hcl	ACTOS	45 MG TABLET	2	ST, MNT	30/30
pioglitazone hcl/metformin hc	ACTOPLUS MET	15 MG-500 MG TAB	2	ST, MNT	90/30
pioglitazone hcl/metformin hc	ACTOPLUS MET	15 MG-850 MG TAB	2	ST, MNT	90/30
pioglitazone hcl/metformin hc	ACTOPLUS MET XR	15-1,000 MG TB	2	ST, MNT	60/30

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>pioglitazone hcl/metformin hc</i>	ACTOPLUS MET XR	30-1, 000 MG TB	2	ST, MNT	30/30
<i>repaglinide</i>	PRANDIN	0.5 MG TABLET	2	ST, MNT	
<i>repaglinide</i>	PRANDIN	1 MG TABLET	2	ST, MNT	
<i>repaglinide</i>	PRANDIN	2 MG TABLET	2	ST, MNT	
<i>rosiglitazone maleate</i>	AVANDIA	2 MG TABLET	2	ST, MNT, LA	30/30
<i>rosiglitazone maleate</i>	AVANDIA	4 MG TABLET	2	ST, MNT, LA	30/30
<i>rosiglitazone maleate</i>	AVANDIA	8 MG TABLET	2	ST, MNT, LA	30/30
<i>saxagliptin hcl/metformin hcl</i>	KOMBIGLYZE XR	2.5-1, 000 MG TAB	2	ST, MNT	
<i>saxagliptin hcl/metformin hcl</i>	KOMBIGLYZE XR	5-1, 000 MG TAB	2	ST, MNT	
<i>saxagliptin hydrochloride</i>	ONGLYZA	2.5 MG TABLET	2	PA, MNT	30/30
<i>saxagliptin hydrochloride</i>	ONGLYZA	5 MG TABLET	2	PA, MNT	30/30
<i>sitagliptin phos/metformin hcl</i>	JANUMET	50-500 MG TABLET	2	ST, MNT	60/30
<i>sitagliptin phos/metformin hcl</i>	JANUMET	50-1, 000 MG TABLET	2	ST, MNT	60/30
<i>sitagliptin phosphate</i>	JANUVIA	25 MG TABLET	2	PA, MNT	30/30
<i>sitagliptin phosphate</i>	JANUVIA	50 MG TABLET	2	PA, MNT	30/30
<i>sitagliptin phosphate</i>	JANUVIA	100 MG TABLET	2	PA, MNT	30/30
<i>sitagliptin/simvastatin</i>	JUVISYNC	100-10 MG TABLET	2	ST, MNT	
<i>sitagliptin/simvastatin</i>	JUVISYNC	100-20 MG TABLET	2	ST, MNT	
<i>sitagliptin/simvastatin</i>	JUVISYNC	100-40 MG TABLET	2	ST, MNT	
<i>tolazamide</i>		250 MG TABLET	1	MNT	
<i>tolazamide</i>		500 MG TABLET	1	MNT	
<i>tolbutamide</i>		500 MG TABLET	1	MNT	

**OTHER ENDOCRINE DRUGS**

<i>agalsidase</i>	FABRAZYME	35 MG VIAL	2	PA, LA	
<i>alendronate</i>	FOSAMAX	70 MG ORAL SOLUTION	2	MNT	
<i>alendronate sodium</i>		10 MG TAB	1	MNT	30/30
<i>alendronate sodium</i>		35 MG TAB	1	MNT	5/30
<i>alendronate sodium</i>		40 MG TAB	1	MNT	30/30
<i>alendronate sodium</i>		70 MG TAB	1	MNT	5/30
<i>alendronate sodium</i>		5 MG TABLET	1	MNT	30/30
<i>alglucerase</i>	CEREDASE	80 UNITS/ML VIAL	2	PA, LA, MNT	
<i>alglucosidase alfa</i>	LUMIZYME	50 MG VIAL	2	PA, LA	
<i>alglucosidase alfa</i>	MYOZYME	50 MG VIAL	2	PA, LA, MNT	
<i>cabergoline</i>		0.5 MG TABLET	1	MNT	
<i>calcitonin</i>	MIACALCIN	200 UNIT/ML VIAL	2	BvsD	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>calcitonin-salmon</i>		200 UNITS SP	1	MNT	
<i>cinacalcet hcl</i>	SENSIPAR	30 MG TABLET	2	MNT	
<i>cinacalcet hcl</i>	SENSIPAR	60 MG TABLET	2	MNT	
<i>cinacalcet hcl</i>	SENSIPAR	90 MG TABLET	2	MNT	
<i>desmopressin</i>		0.1 MG/ML SOL	1	MNT	15/30
<i>desmopressin ac</i>		4 MCG/ML VL	1		
<i>desmopressin acetate</i>		0.1 MG TB	1	MNT	
<i>desmopressin acetate</i>		0.2 MG TB	1	MNT	
<i>etidronate disodium</i>		200 MG TAB	1	MNT	
<i>etidronate disodium</i>		400 MG TAB	1	MNT	
<i>galsulfase</i>	NAGLAZYME	5 MG/5 ML VIAL	2	PA, LA, MNT	
<i>ibandronate</i>	BONIVA	3 MG/3 ML SYRINGE	2	MNT	
<i>idursulfase</i>	ELAPRASE	6 MG/3 ML VIAL	2	PA, LA, MNT	
<i>imiglucerase</i>	CEREZYME	200 UNITS VIAL	2	PA, LA, MNT	
<i>laronidase</i>	ALDURAZYME	2.9 MG/5 ML VIAL	2	PA, LA	
<i>miglustat</i>	ZAVESCA	100 MG CAPSULE	2	PA, LA, MNT	
<i>pamidronate</i>		30 MG/10 ML VIAL	1	PA	
<i>pamidronate</i>		60 MG/10 ML VIAL	1	PA	
<i>pamidronate</i>		90 MG/10 ML VIAL	1	PA	
<i>pegvisomant</i>	SOMAVERT	10 MG VIAL	2	PA, LA, MNT	
<i>pegvisomant</i>	SOMAVERT	15 MG VIAL	2	PA, LA, MNT	
<i>pegvisomant</i>	SOMAVERT	20 MG VIAL	2	PA, LA, MNT	
<i>risedronate</i>	ACTONEL	5 MG TABLET	2	ST, MNT	
<i>risedronate</i>	ACTONEL	30 MG TABLET	2	ST	
<i>risedronate</i>	ACTONEL	35 MG TABLET	2	ST, MNT	4/30
<i>risedronate</i>	ACTONEL	150 MG TABLET	2	ST, MNT	1/30
<i>sapropterin dihydrochloride</i>	KUVAN	100 MG TABLET	2	PA, LA, MNT	
<i>teriparatide</i>	FORTEO	600 MCG/2.4 ML PEN INJ	2	PA, MNT	3/28
<i>velaglucerase alfa</i>	VPRIV	400 UNITS VIAL	2	PA, MNT	
<i>zoledronic acid</i>	ZOMETA	4 MG/100 ML INJECTION	2	PA	
<i>zoledronic acid</i>	ZOMETA	4 MG/5 ML VIAL	2	PA	

**THYROID SUPPLEMENTS**

<i>levothyroid</i>		25 MCG TABLET	1	MNT	
<i>levothyroid</i>		50 MCG TABLET	1	MNT	
<i>levothyroid</i>		75 MCG TABLET	1	MNT	
<i>levothyroid</i>		88 MCG TABLET	1	MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
levothroid		100 MCG TABLET	1	MNT	
levothroid		112 MCG TABLET	1	MNT	
levothroid		125 MCG TABLET	1	MNT	
levothroid		137 MCG TABLET	1	MNT	
levothroid		150 MCG TABLET	1	MNT	
levothroid		175 MCG TABLET	1	MNT	
levothroid		200 MCG TABLET	1	MNT	
levothroid		300 MCG TABLET	1	MNT	
levothyroxine	SYNTHROID	25 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	50 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	75 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	88 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	100 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	112 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	125 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	137 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	150 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	175 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	200 MCG TABLET	2	MNT	
levothyroxine	SYNTHROID	300 MCG TABLET	2	MNT	
levothyroxine		25 MCG TAB	1	MNT	
levothyroxine		50 MCG TABLET	1	MNT	
levothyroxine		75 MCG TABLET	1	MNT	
levothyroxine		88 MCG TABLET	1	MNT	
levothyroxine		100 MCG TABLET	1	MNT	
levothyroxine		112 MCG TABLET	1	MNT	
levothyroxine		125 MCG TABLET	1	MNT	
levothyroxine		137 MCG TAB	1	MNT	
levothyroxine		150 MCG TABLET	1	MNT	
levothyroxine		175 MCG TABLET	1	MNT	
levothyroxine		200 MCG TABLET	1	MNT	
levothyroxine		300 MCG TABLET	1	MNT	
levoxyl		25 MCG TABLET	1	MNT	
levoxyl		50 MCG TABLET	1	MNT	
levoxyl		75 MCG TABLET	1	MNT	
levoxyl		88 MCG TABLET	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>levoxyl</i>		100 MCG TABLET	1	MNT	
<i>levoxyl</i>		112 MCG TABLET	1	MNT	
<i>levoxyl</i>		125 MCG TABLET	1	MNT	
<i>levoxyl</i>		137 MCG TABLET	1	MNT	
<i>levoxyl</i>		150 MCG TABLET	1	MNT	
<i>levoxyl</i>		175 MCG TABLET	1	MNT	
<i>levoxyl</i>		200 MCG TABLET	1	MNT	
<i>liothyronine sod</i>		5 MCG TAB	1	MNT	
<i>liothyronine sod</i>		25 MCG TAB	1	MNT	
<i>liothyronine sod</i>		50 MCG TAB	1	MNT	
<i>liotrix</i>	THYROLAR	1/4 STRENGTH TAB	2	MNT	
<i>liotrix</i>	THYROLAR	1 STRENGTH TABLET	2	MNT	
<i>liotrix</i>	THYROLAR	2 STRENGTH TABLET	2	MNT	
<i>liotrix</i>	THYROLAR	3 STRENGTH TABLET	2	MNT	
<i>unithroid</i>		25 MCG TABLET	1	MNT	
<i>unithroid</i>		50 MCG TABLET	1	MNT	
<i>unithroid</i>		75 MCG TABLET	1	MNT	
<i>unithroid</i>		88 MCG TABLET	1	MNT	
<i>unithroid</i>		100 MCG TABLET	1	MNT	
<i>unithroid</i>		112 MCG TABLET	1	MNT	
<i>unithroid</i>		125 MCG TABLET	1	MNT	
<i>unithroid</i>		150 MCG TABLET	1	MNT	
<i>unithroid</i>		175 MCG TABLET	1	MNT	
<i>unithroid</i>		200 MCG TABLET	1	MNT	
<i>unithroid</i>		300 MCG TABLET	1	MNT	

## GASTROINTESTINAL MEDICATIONS

### ANTIDIARRHEAL DRUGS

<i>diphenoxylate-atropine</i>		LIQ	1	PAN	
<i>diphenoxylate-atropine</i>		TABLET	1	PAN	
<i>loperamide</i>		2 MG CAPSULE	1	MNT	

### ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>dicyclomine</i>		10 MG/5 ML SYRUP	1	PAN	
<i>dicyclomine</i>		10 MG/ML VIAL	1	PAN	

*continued*

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>dicyclomine</i>		10 MG CAPSULE	1	PAN	
<i>dicyclomine</i>		20 MG TABLET	1	PAN	
<i>metoclopramide</i>		5 MG/5 ML SOLN	1		
<i>metoclopramide</i>		5 MG/5 ML SYRUP	1		
<i>metoclopramide</i>		10 MG/10 ML SOL	1		
<i>metoclopramide</i>		5 MG/ML VIAL	1		
<i>metoclopramide</i>		5 MG TABLET	1		
<i>metoclopramide</i>		10 MG TABLET	1		

**ANTIULCER DRUGS**

<i>cimetidine</i>		300 MG/5 ML SOLN	1	MNT	
<i>cimetidine</i>		150 MG/ML VIAL	1		
<i>cimetidine</i>		200 MG TABLET	1	MNT	
<i>cimetidine</i>		300 MG TABLET	1	MNT	
<i>cimetidine</i>		400 MG TABLET	1	MNT	
<i>cimetidine</i>		800 MG TABLET	1	MNT	
<i>famotidine</i>		20 MG/2 ML VIAL	1		
<i>famotidine</i>		20 MG TABLET	1	MNT	
<i>famotidine</i>		40 MG TABLET	1	MNT	
<i>ranitidine</i>		150 MG/10 ML SYRUP	1	MNT	
<i>ranitidine</i>		15 MG/ML SYRUP	1	MNT	
<i>ranitidine</i>		150 MG CAPSULE	1	MNT	
<i>ranitidine</i>		300 MG CAPSULE	1	MNT	
<i>ranitidine</i>		150 MG TABLET	1	MNT	
<i>ranitidine</i>		300 MG TABLET	1	MNT	
<i>ranitidine hcl</i>		25 MG/ML VIAL	1		

**IRRITABLE BOWEL DRUGS**

<i>lubiprostone</i>	AMITIZA	8 MCG CAPSULE	2	PA, MNT	
<i>lubiprostone</i>	AMITIZA	24 MCG CAPSULES	2	PA, MNT	
<i>alosetron</i>	LOTRONEX	0.5 MG TABLET	2	PA, MNT	
<i>alosetron</i>	LOTRONEX	1 MG TABLET	2	PA, MNT	

**LAXATIVES AND CATHARTICS**

<i>polyethylene glycol</i>		3350	1		
<i>polyethylene glycol</i>		3350 POWD	1		
<i>sodium phosphate/na biphos</i>	OSMOPREP	TABLET	2		

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>OTHER ANTIULCER DRUGS</b>					
<i>misoprostol</i>		100 MCG TABLET	1	MNT	
<i>misoprostol</i>		200 MCG TABLET	1	MNT	
<i>sucralfate</i>	CARAFATE	1 GM/10 ML SUSP	2	MNT	
<i>sucralfate</i>		1 GM TABLET	1	MNT	
<b>OTHER GI DRUGS</b>					
<i>amylase/lipase/protease</i>	CREON DR	6,000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	CREON DR	12,000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	CREON DR	24,000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	PANCREAZE	4,200 UNIT CAP DR	2	MNT	
<i>amylase/lipase/protease</i>	PANCREAZE	10,500 UNIT CAP DR	2	MNT	
<i>amylase/lipase/protease</i>	PANCREAZE	16,800 UNIT CAP DR	2	MNT	
<i>amylase/lipase/protease</i>	PANCREAZE	21,000 UNIT CAP DR	2	MNT	
<i>amylase/lipase/protease</i>	ZENPEP DR	3,000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	ZENPEP DR	5,000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	ZENPEP DR	10,000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	ZENPEP DR	15,000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	ZENPEP DR	20,000 UNITS CAPSULE	2	MNT	
<i>amylase/lipase/protease</i>	ZENPEP DR	25,000 UNITS CAPSULE	2	MNT	
<i>budesonide ec</i>		3 MG CAPSULE	1	PA	
<i>electrolyte solution/peg's</i>	COLYTE	WITH FLAVOR PACKETS	2		
<i>electrolyte solution/peg's</i>	GOLYTELY	PACKET	2		
<i>electrolyte solution/peg's</i>	GOLYTELY	SOLUTION	2		
<i>gavilyte-c</i>		SOLUTION	1		
<i>gavilyte-n</i>		SOLUTION	1		
<i>hydrocortisone</i>		100 MG ENEMA	1		
<i>hydrocortisone acetate</i>	CORTIFOAM	10% AEROSOL	2		
<i>mesalamine</i>	ASACOL EC	400 MG TABLET	2	MNT	
<i>mesalamine</i>	ASACOL HD DR	800 MG TABLET	2	MNT	
<i>mesalamine</i>	CANASA	1,000 MG SUPPOSITORY	2	MNT	
<i>mesalamine</i>	PENTASA	250 MG CAPSULE	2	MNT	
<i>mesalamine</i>	PENTASA	500 MG CAPSULE	2	MNT	
<i>mesalamine</i>		4 GM/60 ML ENEMA	1	MNT	
<i>methylnaltrexone bromide</i>	RELISTOR	12 MG/0.6 ML VIAL	2	PA	
<i>procto-pak</i>		1% CREAM	1		

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>proctosol-hc</i>		2.5% CREAM	1		
<i>proctozone-hc</i>		2.5% CREAM	1		
<i>sacrosidase</i>	SUCRAID	8,500 UNITS/ML SOLN	2	PA, LA	
<i>sulfasalazine</i>		500 MG TABLET	1	MNT	
<i>sulfazine ec</i>		500 MG TAB	1	MNT	
<i>trilyte</i>		WITH FLAVOR PACKETS	1		
<i>ursodiol</i>		300 MG CAPSULE	1	MNT	

**PROTON PUMP INHIBITORS**

<i>lansoprazole dr</i>		15 MG CAPSULE	1	ST, MNT	30/30
<i>lansoprazole dr</i>		30 MG CAPSULE	1	ST, MNT	30/30
<i>lansoprazole odt</i>		15 MG TABLET	1	ST, MNT	30/30
<i>lansoprazole odt</i>		30 MG TABLET	1	ST, MNT	30/30
<i>omeprazole dr</i>		10 MG CAPSULE	1	MNT	30/30
<i>omeprazole dr</i>		20 MG CAPSULE	1	MNT	
<i>omeprazole dr</i>		40 MG CAPSULE	1	MNT	
<i>pantoprazole sod dr</i>		20 MG TAB	1	MNT	30/30
<i>pantoprazole sod dr</i>		40 MG TAB	1	MNT	
<i>pantoprazole</i>	PROTONIX IV	40 MG VIAL	2		

**IMMUNOLOGICALS AND VACCINES**

**ERYTHROID STIMULANTS**

<i>darbepoetin alfa</i>	ARANESP	60 MCG/0.3 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	150 MCG/0.3 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	40 MCG/0.4 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	200 MCG/0.4 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	25 MCG/0.42 ML SYRING	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	100 MCG/0.5 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	300 MCG/0.6 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	500 MCG/1 ML SYRINGE	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	25 MCG/ML VIAL	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	40 MCG/ML VIAL	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	60 MCG/ML VIAL	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	100 MCG/ML VIAL	2	PA, MNT	
<i>darbepoetin alfa</i>	ARANESP	200 MCG/ML VIAL	2	PA, MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>darbepoetin alfa</i>	ARANESP	300 MCG/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	2,000 UNITS/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	3,000 UNITS/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	4,000 UNITS/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	40,000 UNITS/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	10,000 UNITS/ML VIAL	2	PA, MNT	
<i>epoetin alfa</i>	PROCRIT	20,000 UNITS/ML VIAL	2	PA, MNT	

### GROWTH HORMONES AND RELATED DRUGS

<i>somatropin</i>	GENOTROPIN	5 MG CARTRIDGE	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN	12 MG CARTRIDGE	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	0.2 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	0.4 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	0.6 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	0.8 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	1 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	1.2 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	1.4 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	1.6 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	1.8 MG	2	PA, MNT	
<i>somatropin</i>	GENOTROPIN MINIQUICK	2 MG	2	PA, MNT	
<i>somatropin</i>	HUMATROPE	6 MG CARTRIDGE	2	PA, MNT	
<i>somatropin</i>	HUMATROPE	12 MG CARTRIDGE	2	PA, MNT	
<i>somatropin</i>	HUMATROPE	24 MG CARTRIDGE	2	PA, MNT	
<i>somatropin</i>	HUMATROPE	5 MG VIAL	2	PA, MNT	
<i>somatropin</i>	NORDITROPIN FLEXP	5 MG/1.5	2	PA, MNT	
<i>somatropin</i>	NORDITROPIN FLEXP	10 MG/1.5	2	PA, MNT	
<i>somatropin</i>	NORDITROPIN FLEXP	15 MG/1.5	2	PA, MNT	
<i>somatropin</i>	NORDITROPIN NORDIFLEX	30 MG/3	2	PA, MNT	
<i>somatropin</i>	NUTROPIN	5 MG VIAL	2	PA, MNT	
<i>somatropin</i>	NUTROPIN	10 MG VIAL	2	PA, MNT	
<i>somatropin</i>	NUTROPIN AQ	20 MG/2ML PEN CART	2	PA, MNT	
<i>somatropin</i>	NUTROPIN AQ NUSPIN	5 PEN CART	2	PA, MNT	
<i>somatropin</i>	OMNITROPE	5 MG/1.5 ML CRTG	2	PA, MNT	
<i>somatropin</i>	OMNITROPE	10 MG/1.5 ML CRTG	2	PA, MNT	
<i>somatropin</i>	OMNITROPE	5.8 MG VIAL	2	PA, MNT	
<i>somatropin</i>	SAIZEN	8.8 MG CLICK.EASY CARTG	2	PA, MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
somatropin	SAIZEN	5 MG VIAL	2	PA, MNT	
somatropin	TEV-TROPIN	5 MG VIAL	2	PA, MNT	
somatropin	ZORBTIVE	8.8 MG VIAL	2	PA, LA, MNT	

**IMMUNOLOGICALS AND VACCINES**

<i>diphther, pertuss, tetanus vac</i>	ADACEL	VIAL	2		
<i>diphther, pertuss, tetanus vac</i>	BOOSTRIX	VACCINE SYRINGE	2		
<i>diphther, pertuss, tetanus vac</i>	BOOSTRIX	VACCINE VIAL	2		
<i>diphther, pertuss, tetanus vac</i>	DAPTACEL	VACCINE	2		
<i>diphther, pertuss, tetanus vac</i>	INFANRIX	VACCINE VIAL	2		
<i>diphther, pertuss, tetanus vac</i>	TRIPEDIA PRESERVATIVE FREE				
<i>haemophilus b vaccine</i>	PEDVAXHIB	VACCINE VIAL	2		
<i>haemophilus b-tet toxoid</i>	ACTHIB VACCINE	VIAL	2		
<i>hep b vir recomb/hep a vir</i>	TWINRIX	VACCINE VIAL	2	BvsD	
<i>hepatatis a virus vaccine</i>	HAVRIX	720 UNIT/0.5 ML SYRINGE	2		
<i>hepatatis a virus vaccine</i>	HAVRIX	1, 440 UNITS/ML VIAL	2		
<i>hepatatis a virus vaccine</i>	VAQTA	25 UNITS/0.5 ML VIAL	2		
<i>hepatitis b virus vaccine</i>	ENGERIX-B	10 MCG/0.5 ML PED VL	2	BvsD	
<i>hepatitis b virus vaccine</i>	ENGERIX-B	10 MCG/0.5 ML SYRN	2	BvsD	
<i>hepatitis b virus vaccine</i>	ENGERIX-B	20 MCG/ML SYRINGE	2	BvsD	
<i>hepatitis b virus vaccine</i>	RECOMBIVAX HB	10 MCG/ML VIAL	2	BvsD	
<i>hepatitis b virus vaccine</i>	RECOMBIVAX HB	40 MCG/ML VIAL	2	BvsD	
<i>hepatitis b/haemophilus b vacc</i>	COMVAX	VACCINE VIAL	2		
<i>human papillomav vacc bival/pf</i>	CERVARIX	VACCINE SYRINGE	2	PA	
<i>human papillomav vacc bival/pf</i>	CERVARIX	VACCINE VIAL	2	PA	
<i>human papillomavirus vacc</i>	GARDASIL	VIAL	2	PA	
<i>immune globulin - im</i>	GAMASTAN S-D	VIAL	2	PA	
<i>immune globulin - iv</i>	CARIMUNE NF	3 GM VIAL	2	PA	
<i>immune globulin - iv</i>	GAMMAGARD LIQUID	10% VIAL	2	PA	
<i>immune globulin - iv</i>	GAMUNEX	10% VIAL	2	PA	
<i>immune globulin - iv</i>	PRIVIGEN	10% VIAL	2	PA	
<i>immune globulin- sq</i>	HIZENTRA	1 GRAM/5 ML VIAL	2	PA, MNT	
<i>immune globulin- sq</i>	VIVAGLOBIN	16% VIAL	2	PA, MNT	
<i>japanese encephalitis vaccine</i>	IXIARO	6 MCG/0.5 ML SYRINGE	2		
<i>japanese encephalitis vaccine</i>	JE-VAX	VACCINE	2		
<i>lymphocyte immune globulin</i>	ATGAM	50 MG/ML AMPUL	2	PA	

continued

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>lymphocyte immune globulin</i>	THYMOGLOBULIN	25 MG VIAL	2	PA	
<i>measles, mumps&amp;rubella vaccine</i>	M-M-R II	VACCINE WITH DILUENT	2		
<i>measles, mumps, rub, varicella</i>	PROQUAD	VIAL	2		
<i>mening vac a, c, y, w-135 dip</i>	MENVEO A-C-Y-W-	135-DIP VIAL	2		
<i>meningococcal vac a, c, y, w-135</i>	MENACTRA	4 MCG/0.5 ML SYRINGE	2		
<i>meningococcal vac a, c, y, w-135</i>	MENOMUNE-A-C-Y-W-	135 VIAL	2		
<i>palifermin</i>	KEPIVANCE	6.25 MG VIAL	2	PA, LA	
<i>poliomyelitis vac, killed</i>	IPOL	VIAL	2		
<i>rabies vac, pf chick-emb cell</i>	RABAVERT	RABIES VACCINE KIT	2	BvsD	
<i>rabies vaccine, human diploid</i>	IMOVAX	RABIES VACCINE	2	BvsD	
<i>rotavirus vac, live pentav</i>	ROTATEQ VACCINE		2		
<i>tetanus toxoid adsorbed vl</i>			1	BvsD	
<i>tetanus, diphtheria toxoid</i>	DIPHTHERIA-TETANUS TOX-PED		2		
<i>tetanus, diphtheria toxoid</i>	TETANUS DIPHTHERIA TOXOIDS		2		
<i>tetanus, diphtheria toxoid</i>	TETANUS-DIPHTERIA-DECAVAC		2		
<i>typhoid vaccine</i>	TYPHIM VI	25 MCG/0.5 ML VIAL	2		
<i>varicella vacc/pf</i>	ZOSTAVAX	VIAL	2	PA	
<i>varicella virus vaccine live</i>	VARIVAX	VACCINE WITH DILUENT	2		
<i>yellow fever vaccine</i>	YF-VAX	1 DOSE VIAL-DILUENT	2		
<i>yellow fever vaccine</i>	YF-VAX	5-DOSE VIAL-DILUENT	2		

**INSULIN LIKE GROWTH FACTORS-1**

<i>mecasermin</i>	INCRELEX	40 MG/4 ML VIAL	2	PA, LA	
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**INTERFERONS**

<i>interferon alfa-2b , recomb.</i>	INTRON A	3 MILLION UNIT/ML PEN	2	PAN, MNT	
<i>interferon alfa-2b , recomb.</i>	INTRON A	5 MILLION UNIT/ML PEN	2	PAN, MNT	
<i>interferon alfa-2b , recomb.</i>	INTRON A	6 MILLION UNIT/ML VL	2	PAN	
<i>interferon alfa-2b , recomb.</i>	INTRON A	10 MILLION UNIT PEN	2	PAN, MNT	
<i>interferon alfa-2b , recomb.</i>	INTRON A	10 MILLION UNITS VIAL	2	PAN	
<i>interferon alfacon-1</i>	INFERGEN	15 MCG/0.5 ML VIAL	2	PA	
<i>interferon beta-1a</i>	AVONEX	ADMIN PACK 30 MCG VL	2	MNT	5/30
<i>interferon beta-1a</i>	AVONEX	PREFILLED SYR 30 MCG	2	MNT	5/30
<i>interferon beta-1a/albumin</i>	REBIF	22 MCG/0.5 ML SYRINGE	2	MNT	8/35
<i>interferon beta-1a/albumin</i>	REBIF	44 MCG/0.5 ML SYRINGE	2	MNT	8/35
<i>interferon beta-1a/albumin</i>	REBIF	TITRATION PACK	2	MNT	12/28
<i>interferon beta-1b</i>	BETASERON	0.3 MG KIT	2	MNT	15/30

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>interferon gamma-1b, recomb.</i>	ACTIMMUNE	2 MILLION UNIT VIAL	2	PAN, LA	
<i>peginterferon alfa-2a</i>	PEGASYS	35 MCG/0.5 ML PROCLICK	2	PA	2/28
<i>peginterferon alfa-2a</i>	PEGASYS	180 MCG/0.5 ML CONV.PK	2	PA	4/28
<i>peginterferon alfa-2a</i>	PEGASYS	180 MCG/ML VIAL	2	PA	4/28
<i>peginterferon alfa-2b</i>	SYLATRON	296 MCG KIT	2	PAN	
<i>peginterferon alfa-2b</i>	SYLATRON	444 MCG KIT	2	PAN	
<i>peginterferon alfa-2b</i>	SYLATRON	888 MCG KIT	2	PAN	

**INTERLEUKIN RECPTR ANTAGONIST**

<i>tocilizumab</i>	ACTEMRA	200 MG/10 ML VIAL	2	PA, MNT	
<i>rilonacept</i>	ARCALYST	220 MG INJECTION	2	PA, LA, MNT	
<i>anakinra</i>	KINERET	100 MG/0.67 ML SYR	2	PA, MNT	30/30

**INTERLEUKINS**

<i>oprelvekin</i>	NEUMEGA	5 MG VIAL	2	PA	
<i>aldesleukin</i>	PROLEUKIN	22 MILLION UNIT VIAL	2	BvsD	

**MYELOID STIMULANTS**

<i>sargramostim</i>	LEUKINE	500 MCG/ML VIAL	2	PA	
<i>sargramostim</i>	LEUKINE	250 MCG VIAL	2	PA	
<i>pegfilgrastim</i>	NEULASTA	6 MG/0.6 ML SYRINGE	2	PA	
<i>filgrastim</i>	NEUPOGEN	300 MCG/0.5 ML SYR	2	PA	
<i>filgrastim</i>	NEUPOGEN	480 MCG/0.8 ML SYR	2	PA	
<i>filgrastim</i>	NEUPOGEN	480 MCG/1.6 ML VIAL	2	PA	

**THROMBOPOIETIC AGENTS**

<i>eltrombopag olamine</i>	PROMACTA	12.5 MG TABLET	2	PA, LA, MNT	30/30
<i>eltrombopag olamine</i>	PROMACTA	25 MG TABLET	2	PA, LA, MNT	30/30
<i>eltrombopag olamine</i>	PROMACTA	50 MG TABLET	2	PA, LA, MNT	30/30
<i>eltrombopag olamine</i>	PROMACTA	75 MG TABLET	2	PA, LA, MNT	30/30

**MEDICAL (MISCELLANEOUS) SUPPLIES**

**DIABETIC SUPPLIES**

<i>misc supp (dress, tape, gauze)</i>	CURAD	GAUZE PADS 2	2		100/30
	AIMSCO INS SYR	1 ML 29GX1/2	2	MNT	100/30
	AIMSCO SYRING	0.3 ML 31GX5/16	2	MNT	100/30

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
	ALCOHOL	70% PREP SWABS	2		100/30
	ALCOHOL	70% SWABS	2		100/30
	ALCOHOL	SWABS	2		100/30
	BD INSULIN SYR	0.3ML 31GX5/16	2	MNT	100/30
	BD INSULIN SYR	0.5 ML 30GX1/2	2	MNT	100/30
	BD INSULIN SYR	1 ML 29GX1/2	2	MNT	100/30
	BD INSULIN SYR	1 ML 31GX5/16	2	MNT	100/30
	BD PEN NEEDLE ORIG	29GX1/2	2	MNT	100/30
	FIFTY50	INSULIN SYRINGE 0.3 ML	2	MNT	100/30
	FIFTY50	INSULIN SYRINGE 1 ML	2	MNT	100/30
	FIRST CHOICE	SYRINGE 1 ML	2	MNT	100/30
	INS SYR	0.5 ML 30GX1/2	2	MNT	100/30
	INS SYR	0.5 ML 30GX5/16	2	MNT	100/30
	INS SYR	1 ML 29GX1/2	2	MNT	100/30
	INS SYR	1 ML 31GX5/16	2	MNT	100/30
	INS SYRIN	1 ML 29GX1/2	2	MNT	100/30
	INSUL SYR	0.3 ML 31GX5/16	2	MNT	100/30
	INSUL SYR	0.5 ML 30GX1/2	2	MNT	100/30
	INSULIN	1 ML SYRINGE	2	MNT	100/30
	INSULIN SYR	1 ML 29GX1/2	2	MNT	100/30
	INSULIN SYR	1 ML 31GX5/16	2	MNT	100/30
	INSULIN SYRIN	0.3 ML 31GX5/16	2	MNT	100/30
	INSULIN SYRIN	0.5 ML 30GX1/2	2	MNT	100/30
	INSULIN SYRIN	0.5 ML 30GX5/16	2	MNT	100/30
	INSULIN SYRINGE	1 ML	2	MNT	100/30
	INSULIN SYRINGE	1 ML 29GX1/2	2	MNT	100/30
	INSULIN SYRINGE	1 ML 31GX5/16	2	MNT	100/30
	KINRAY INS SYR	1 ML 31GX5/16	2	MNT	100/30
	KINRAY SYRING	0.3 ML 31GX5/16	2	MNT	100/30
	PREF PLUS SYRING	1 ML 29GX1/2	2	MNT	100/30
	RELI-ON INSULIN	1 ML SYR	2	MNT	100/30
	RELION INS SYR	1 ML 29GX1/2	2	MNT	100/30
	RELION INS SYR	1 ML 31GX5/16	2	MNT	100/30
	RELION SYRING	0.3 ML 31GX5/16	2	MNT	100/30
	SURE-JECT	INSULIN SYR 0.3 ML	2	MNT	100/30
	SYRING	0.3 ML 31GX5/16	2	MNT	100/30

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
	SYRINGE	1/2 ML	2	MNT	100/30
	U100 INS SYR	1 ML 29GX1/2	2	MNT	100/30
	ULTICARE INS SYR	1 ML 31GX5/16	2	MNT	100/30
	ULTICARE INS SYR	1 ML 29GX1/2	2	MNT	100/30
	ULTICARE SYR	0.3 ML 31GX5/16	2	MNT	100/30
	VH INS SYR 1 ML	29GX1/2	2	MNT	100/30
	WD MEDIC SYR 1 ML	29GX1/2	2	MNT	100/30

## MUSCULOSKELETAL MEDICATIONS

### CNS MUSCLE RELAXANTS

<i>chlorzoxazone</i>		500 MG TABLET	1	PAN	
<i>cyclobenzaprine</i>		5 MG TABLET	1	PAN	
<i>cyclobenzaprine</i>		10 MG TABLET	1	PAN	
<i>methocarbamol</i>		500 MG TABLET	1	PAN	
<i>methocarbamol</i>		750 MG TABLET	1	PAN	
<i>riluzole</i>	RILUTEK	50 MG TABLET	2	MNT	

### DIRECT MUSCLE RELAXANTS

<i>baclofen</i>		10 MG TABLET	1	MNT	
<i>baclofen</i>		20 MG TABLET	1	MNT	
<i>incobotulinumtoxina</i>	XEOMIN	50 UNITS VIAL	2	PA	
<i>tizanidine hcl</i>		2 MG TABLET	1	MNT	
<i>tizanidine hcl</i>		4 MG TABLET	1	MNT	

### DRUGS TO PREVENT AND TREAT GOUT

<i>allopurinol</i>		100 MG TABLET	1	MNT	
<i>allopurinol</i>		300 MG TABLET	1	MNT	
<i>colchicine</i>	COLCRYS	0.6 MG TABLET	2	MNT	
<i>probenecid</i>		500 MG TABLET	1	MNT	
<i>probenecid-colchicine</i>		TABS	1		

### NON-STEROIDAL ANTIINFLAMMATORY AGENTS

<i>celecoxib</i>	CELEBREX	100 MG CAPSULE	2	PA, MNT	240/30
<i>celecoxib</i>	CELEBREX	200 MG CAPSULE	2	PA, MNT	120/30
<i>celecoxib</i>	CELEBREX	400 MG CAPSULE	2	PA, MNT	60/30

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>diclofenac pot</i>		50 MG TABLET	1		
<i>diclofenac sod dr</i>		50 MG TAB	1	MNT	
<i>diclofenac sod dr</i>		75 MG TAB	1	MNT	
<i>diclofenac sod ec</i>		25 MG TAB	1	MNT	
<i>diclofenac sod ec</i>		50 MG TAB	1	MNT	
<i>diclofenac sod ec</i>		75 MG TAB	1	MNT	
<i>diclofenac sod er</i>		100 MG TAB	1	MNT	
<i>etodolac</i>		200 MG CAPSULE	1	MNT	
<i>etodolac</i>		300 MG CAPSULE	1	MNT	
<i>etodolac</i>		400 MG TABLET	1	MNT	
<i>etodolac</i>		500 MG TABLET	1	MNT	
<i>flurbiprofen</i>		50 MG TABLET	1	MNT	
<i>flurbiprofen</i>		100 MG TABLET	1	MNT	
<i>ibuprofen</i>		100 MG/5 ML SUS	1	MNT	
<i>ibuprofen</i>		100 MG/5 ML SUSP	1	MNT	
<i>ibuprofen</i>		400 MG TABLET	1	MNT	
<i>ibuprofen</i>		600 MG TABLET	1	MNT	
<i>ibuprofen</i>		800 MG TABLET	1	MNT	
<i>indomethacin</i>		25 MG CAPSULE	1		
<i>indomethacin</i>		50 MG CAPSULE	1		
<i>ketoprofen</i>		50 MG CAPSULE	1	MNT	
<i>ketoprofen</i>		75 MG CAPSULE	1	MNT	
<i>meloxicam</i>		7.5 MG/5 ML SUSP	1	MNT	
<i>meloxicam</i>		7.5 MG TABLET	1	MNT	
<i>meloxicam</i>		15 MG TABLET	1	MNT	
<i>nabumetone</i>		500 MG TABLET	1	MNT	
<i>nabumetone</i>		750 MG TABLET	1	MNT	
<i>naproxen</i>		125 MG/5 ML SUSPEN	1	MNT	
<i>naproxen</i>		250 MG TABLET	1	MNT	
<i>naproxen</i>		375 MG TABLET	1	MNT	
<i>naproxen</i>		500 MG TABLET	1	MNT	
<i>naproxen ec</i>		375 MG TABLET	1	MNT	
<i>naproxen ec</i>		500 MG TABLET	1	MNT	
<i>naproxen sodium</i>		275 MG TAB	1	MNT	
<i>naproxen sodium</i>		550 MG TAB	1	MNT	
<i>piroxicam</i>		10 MG CAPSULE	1	MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>piroxicam</i>		20 MG CAPSULE	1	MNT	
<i>sulindac</i>		150 MG TABLET	1	MNT	
<i>sulindac</i>		200 MG TABLET	1	MNT	

**OTHER DRUGS FOR ARTHRITIS**

<i>auranofin</i>	RIDAURA	3 MG CAPSULE	2	MNT	
<i>penicillamine</i>	CUPRIMINE	250 MG CAPSULE	2	MNT	
<i>penicillamine</i>	DEPEN	250 MG TITRATAB	2	MNT	
<i>trientine</i>	SYPRINE	250 MG CAPSULE	2		

**NUTRITION, BLOOD MODIFIERS, ELECTROLYTES**

**ANTIPLATELET DRUGS**

<i>aspirin/dipyridamole</i>	AGGRENOX	CAPSULE SA	2	MNT	
<i>cilostazol</i>		50 MG TABLET	1	MNT	
<i>cilostazol</i>		100 MG TABLET	1	MNT	
<i>clopidogrel</i>	PLAVIX	5 MG TABLET	2	MNT	
<i>clopidogrel</i>	PLAVIX	300 MG TABLET	2		
<i>dipyridamole</i>		25 MG TABLET	1	PAN, MNT	
<i>dipyridamole</i>		50 MG TABLET	1	PAN, MNT	
<i>dipyridamole</i>		75 MG TABLET	1	PAN, MNT	
<i>ticlopidine</i>		250 MG TABLET	1	MNT	

**BLOOD DETOXICANTS**

<i>constulose</i>		10 GM/15 ML SOLN	1	MNT	
<i>enulose</i>		10 GM/15 ML SOLUTION	1	MNT	
<i>lactulose</i>		10 GM/15 ML SOLUTION	1	MNT	
<i>lactulose</i>		20 GM/30 ML SOLUTION	1	MNT	
<i>lanthanum carbonate</i>	FOSRENOL	500 MG TABLET CHEW	2	ST, MNT	
<i>lanthanum carbonate</i>	FOSRENOL	750 MG TABLET CHEW	2	ST, MNT	
<i>lanthanum carbonate</i>	FOSRENOL	1,000 MG TABLET CHEW	2	ST, MNT	
<i>sevelamer</i>	RENAGEL	400 MG TABLET	2	MNT	
<i>sevelamer</i>	RENAGEL	800 MG TABLET	2	MNT	
<i>sevelamer carbonate</i>	REVELA	0.8 GM POWDER PACKET	2	MNT	
<i>sevelamer carbonate</i>	REVELA	2.4 GM POWDER PACKET	2	MNT	
<i>sevelamer carbonate</i>	REVELA	800 MG TABLET	2	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.</b>					
<i>aa 3%/electrolyte-tpn/glycerin</i>	PROCALAMINE	IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	3.5% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	5% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	7% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	8.5% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	8.5% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN	10% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN II	8.5% ELECTROLYT	2		
<i>amino acids</i>	AMINOSYN II	8.5% ELECTROLYT	2		
<i>amino acids</i>	AMINOSYN II	3.5% IN D5W IV	2		
<i>amino acids</i>	AMINOSYN II	4.25% IN D10W	2		
<i>amino acids</i>	AMINOSYN II	4.25% IN D20W	2		
<i>amino acids</i>	AMINOSYN II	3.5% IN D25W IV	2		
<i>amino acids</i>	AMINOSYN II	4.25%-D25W IV	2		
<i>amino acids</i>	AMINOSYN II	5% IN D25W IV	2		
<i>amino acids</i>	AMINOSYN II	7% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN II	10% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN II	15% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN II	3.5%-LYTE-CA-DW	2		
<i>amino acids</i>	AMINOSYN II	4.25%-LYTE-CA-DW	2		
<i>amino acids</i>	AMINOSYN II	3.5% M-D5W IV	2		
<i>amino acids</i>	AMINOSYN M	3.5% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN-HBC	7% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN-HF	8% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN-PF	7% IV SOLUTION	2		
<i>amino acids</i>	AMINOSYN-PF	10% IV SOLUTION	2		
<i>amino acids</i>	CLINIMIX	2.75%-5% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	4.25%-10% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	4.25%-20% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	4.25%-25% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	4.25%-5% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	5%-15% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	5%-20% SOLUTION	2		
<i>amino acids</i>	CLINIMIX	5%-25% SOLUTION	2		
<i>amino acids</i>	CLINIMIX E	2.75%-10% SOLUTION	2		

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
amino acids	CLINIMIX E	2.75%-5% SOLUTION	2		
amino acids	CLINIMIX E	4.25%-25% SOLUTION	2		
amino acids	CLINIMIX E	4.25%-5% SOLUTION	2		
amino acids	CLINIMIX E	5%-15% SOLUTION	2		
amino acids	CLINIMIX E	5%-20% SOLUTION	2		
amino acids	CLINIMIX E	5%-25% SOLUTION	2		
amino acids	FREAMINE III	8.5% IV SOLN.	2		
amino acids	HEPATASOL	8% IV SOLUTION	2		
amino acids	NEPHRAMINE	5.4% IV SOLUTION	2		
amino acids	PREMASOL	6% IV SOLUTION	2		
amino acids	PREMASOL	10% IV SOLUTION	2		
amino acids	TRAVASOL	10% SOLN VIAFLEX	2		
amino acids	TROPHAMINE	10% IV SOLUTION	2		
cysteamine	CYSTAGON	50 MG CAPSULE	2	LA, MNT	
cysteamine	CYSTAGON	150 MG CAPSULE	2	LA, MNT	
d10%-1/2ns		SOLN/EXCEL CONT	1		
d5%-1/4ns-kcl		10 MEQ/L IV SOL	1		
d5%-1/4ns-kcl		20 MEQ/L IV SOL	1		
d5%-1/4ns-kcl		40 MEQ/L IV SOL	1		
d5%-1/3ns-kcl		20 MEQ/L IV SOL	1		
d5%-1/2ns-kcl		10 MEQ/L IV SOL	1		
d5%-1/2ns-kcl		20 MEQ/L IV SOL	1		
d5%-1/2ns-kcl		30 MEQ/L IV SOL	1		
d5%-1/2ns-kcl		40 MEQ/L IV SOL	1		
d5w-kcl		30 MEQ/L IV SOLUTION	1		
d5w/electrolyte-56 solution	PLASMA-LYTE 56	DEXTROSE 5%	2		
dextrose		5%-1/4NS IV SOLN.	1		
dextrose		5%-1/4NS IV SOLUTION	1		
dextrose		5%-1/4NS IV SOLUTION	1		
dextrose		10%-1/4NS IV SOLN	1		
dextrose		5%-1/3NS IV SOLN.	1		
dextrose		5%-1/3NS IV SOLUTION	1		
dextrose		2.5%-1/2NS IV SOLN	1		
dextrose		5%-1/2NS IV SOLN.	1		
dextrose		5%-1/2NS IV SOLUTION	1		
dextrose		5%-ELECTROLYTE 48	1		

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>dextrose</i>		5%-NS IV SOLUTION	1		
<i>dextrose</i>		5%-WATER IV SOLN	1		
<i>dextrose</i>		10%-WATER IV SOLUTION	1		
<i>dextrose/electrolytes</i>	ISOLYTE H-DEXTROSE	5% SOLN	2		
<i>dextrose/electrolytes</i>	ISOLYTE M-DEXTROSE	5% SOLN	2		
<i>dextrose/electrolytes</i>	ISOLYTE P-DEXTROSE	5% SOLN	2		
<i>dextrose/electrolytes</i>	ISOLYTE S	DEXTROSE 5% SOLN	2		
<i>dextrose/electrolytes</i>	NORMOSOL-M	AND DEXTROSE 5%	2		
<i>electrolyte solutions</i>	IONOSOL B-D5W	IV SOLUTION	2		
<i>electrolyte solutions</i>	IONOSOL MB-D5W	IV SOLUTION	2		
<i>electrolyte solutions</i>	IONOSOL T-D5W	IV SOLUTION	2		
<i>electrolyte solutions</i>	ISOLYTE S	IV SOLUTION-EXCEL	2		
<i>electrolyte solutions</i>	NORMOSOL-R PH 7.4	IV SOLUTION	2		
<i>electrolyte solutions</i>	NORMOSOL-R- DEXTROSE	5% IV SOLN	2		
<i>electrolyte solutions</i>	PLASMA-LYTE 148	IV SOLUTION	2		
<i>electrolyte solutions</i>	PLASMA-LYTE 148	DEXTROSE 5%	2		
<i>electrolyte solutions</i>	PLASMA-LYTE 56	IV SOLUTION	2		
<i>electrolyte solutions</i>	PLASMA-LYTE A	PH 7.4 SOLN.	2		
<i>electrolyte solutions</i>	PLASMA-LYTE R	IV SOLUTION	2		
<i>electrolyte solutions</i>	TPN ELECTROLYTES	VIAL	2		
<i>kcl 5 meq</i>		IN D5W-1/4 NS	1		
<i>kcl 10 meq</i>		IN D5W-1/4 NS	1		
<i>kcl 10 meq</i>		IN D5W-1/4 NS	1		
<i>kcl 10 meq</i>		IN D5W-1/3 NS	1		
<i>kcl 10 meq</i>		IN D5W-1/2 NS	1		
<i>kcl 20 meq</i>		IN D5W-1/4 NS	1		
<i>kcl 20 meq</i>		IN D5W-1/3 NS	1		
<i>kcl 20 meq</i>		IN D5W-1/2 NS	1		
<i>kcl 20 meq</i>		IN D5W-NS	1		
<i>kcl 20 meq-ns</i>		500 ML IV SOLN	1		
<i>kcl 20 meq-ns</i>		1,000 ML IV SOLN	1		
<i>kcl 40 meq</i>		IN D5W-NAACL 0.9%	1		
<i>kcl 40 meq-ns</i>		1,000 ML IV SOLN	1		
<i>lactated ringers</i>		IRRIGATION	1	BvsD	
<i>lactated ringers</i>		INJECTION	1		

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>magnesium sulf</i>		4% IV SOLN	1		
<i>magnesium sulf</i>		8% IV SOLN	1		
<i>magnesium sulfate</i>		50% SYRINGE	1		
<i>potassium cl</i>		20 MEQ-0.45% NACL	1		
<i>ringers</i>		IRRIGATION SOLUTION	1	BvsD	
<i>ringers</i>		INJECTION	1		
<i>ringer's</i>		IV SOLUTION	1		
<i>saline</i>		0.45% SOLN-EXCEL CON	1		
<i>saline</i>		0.9% SOLN-EXCEL CONT	1		
<i>sodium bicarb</i>		7.5% ABBOJECT	1		
<i>sodium bicarb</i>		8.4% ABBOJECT	1		
<i>sodium bicarb</i>		8.4% SYRINGE	1		
<i>sodium bicarbonate</i>		7.5% SYRING	1		
<i>sodium bicarbonate</i>		8.4% SYRING	1		
<i>sodium chloride</i>		0.9% IRRIG.	1		
<i>sodium chloride</i>		0.45% SOLN	1		
<i>sodium chloride</i>		0.9% SOLN	1		
<i>sodium chloride</i>		0.9% SOLUTION	1		
<i>sodium chloride</i>		3% IV SOLN	1		
<i>sodium chloride</i>		5% IV SOLN	1		
<i>sodium cl</i>		2.5 MEQ/ML VIAL	1		
<i>sodium lactate</i>		5 MEQ/ML VIAL	1		
<i>sodium lactate</i>		1/6 MOLAR INJ	1		
<i>sterile water for irrigation</i>			1	BvsD	
<i>sterile water, irrigation</i>			1	BvsD	

**FLUORIDE PRODUCTS**

<i>sodium fluoride</i>		1 mg (2.2 mg)	1	MNT	
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**INJECTABLE ANTICOAGULANTS**

<i>argatroban-nacl</i>	ARGATROBAN	125 MG/125 ML	2	BvsD	
<i>enoxaparin</i>	LOVENOX	300 MG/3 ML VIAL	2		20/30
<i>enoxaparin</i>	LOVENOX	300 MG VIAL	2		20/30
<i>enoxaparin</i>		30 MG/0.3 ML SYR	1		20/30
<i>enoxaparin</i>		40 MG/0.4 ML SYR	1		20/30
<i>enoxaparin</i>		60 MG/0.6 ML SYR	1		20/30
<i>enoxaparin</i>		80 MG/0.8 ML SYR	1		20/30

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>enoxaparin</i>		120 MG/0.8 ML SYR	1		20/30
<i>enoxaparin</i>		100 MG/ML SYR	1		20/30
<i>enoxaparin</i>		150 MG/ML SYR	1		20/30
<i>fondaparinux</i>		10 MG/0.8 ML SYR	1	PA	20/10
<i>fondaparinux</i>		2.5 MG/0.5 ML SYR	1	PA	20/10
<i>fondaparinux</i>		5 MG/0.4 ML SYR	1	PA	20/10
<i>fondaparinux</i>		7.5 MG/0.6 ML SYR	1	PA	20/10
<i>heparin sod</i>		1, 000 UNIT/ML VIAL	1	BvsD	
<i>heparin sod</i>		2, 000 UNIT/ML VIAL	1	BvsD	
<i>heparin sod</i>		5, 000 UNIT/ML VIAL	1	BvsD	
<i>heparin sod</i>		10, 000 UNIT/ML VL	1	BvsD	
<i>heparin sod</i>		20, 000 UNIT/ML VL	1	BvsD	
<i>heparin-1/2ns</i>		25, 000 UNIT/250	1	BvsD	
<i>heparin-1/2ns</i>		25, 000 UNIT/500	1	BvsD	
<i>heparin-d5w</i>		20, 000 UNIT/500 ML	1	BvsD	
<i>heparin-ns</i>		2, 000 UNIT/1, 000 ML	1	BvsD	

**ORAL ANTICOAGULANTS, VITAMIN K**

<i>argatroban</i>	ARGATROBAN	100 MG/ML VIAL	2	BvsD	
<i>dabigatran etexilate mesylate</i>	PRADAXA	75 MG CAPSULE	2	PA, MNT	60/30
<i>dabigatran etexilate mesylate</i>	PRADAXA	150 MG CAPSULE	2	PA, MNT	60/30
<i>jantoven</i>		1 MG TABLET	1	MNT	
<i>jantoven</i>		2 MG TABLET	1	MNT	
<i>jantoven</i>		2.5 MG TABLET	1	MNT	
<i>jantoven</i>		3 MG TABLET	1	MNT	
<i>jantoven</i>		4 MG TABLET	1	MNT	
<i>jantoven</i>		5 MG TABLET	1	MNT	
<i>jantoven</i>		6 MG TABLET	1	MNT	
<i>jantoven</i>		7.5 MG TABLET	1	MNT	
<i>jantoven</i>		10 MG TABLET	1	MNT	
<i>rivaroxaban</i>	XARELTO	10 MG TABLET	2		35/180
<i>rivaroxaban</i>	XARELTO	15 MG TABLET	2	PA	
<i>rivaroxaban</i>	XARELTO	20 MG TABLET	2	PA	
<i>warfarin sodium</i>	COUMADIN	1 MG TABLET	2	MNT	
<i>warfarin sodium</i>	COUMADIN	2 MG TABLET	2	MNT	
<i>warfarin sodium</i>	COUMADIN	2.5 MG TABLET	2	MNT	

*continued*

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
warfarin sodium	COUMADIN	3 MG TABLET	2	MNT	
warfarin sodium	COUMADIN	4 MG TABLET	2	MNT	
warfarin sodium	COUMADIN	5 MG TABLET	2	MNT	
warfarin sodium	COUMADIN	6 MG TABLET	2	MNT	
warfarin sodium	COUMADIN	7.5 MG TABLET	2	MNT	
warfarin sodium	COUMADIN	10 MG TABLET	2	MNT	
warfarin sodium		1 MG TABLET	1	MNT	
warfarin sodium		2 MG TABLET	1	MNT	
warfarin sodium		2.5 MG TABLET	1	MNT	
warfarin sodium		3 MG TABLET	1	MNT	
warfarin sodium		4 MG TABLET	1	MNT	
warfarin sodium		5 MG TABLET	1	MNT	
warfarin sodium		6 MG TABLET	1	MNT	
warfarin sodium		7.5 MG TABLET	1	MNT	
warfarin sodium		10 MG TABLET	1	MNT	

**POTASSIUM REMOVING RESINS**

sodium polystyrene sulf		PWD	1		
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**POTASSIUM SUPPLEMENTS**

d5w-kcl		20 MEQ/L IV SOLUTION	1		
d5w-kcl 4		0 MEQ/L IV SOLUTION	1		
ed k+10		10 MEQ TABLET SA	1	MNT	
kcl		20 MEQ IN D5W SOLUTION	1		
kcl		40 MEQ IN D5W SOLUTION	1		
kcl		20 MEQ IN D5W-LACT RINGER1			
kcl		40 MEQ IN D5W-LACT RINGER1			
klor-con		8 MEQ TABLET	1	MNT	
klor-con		10 MEQ TABLET	1	MNT	
klor-con		M15 TABLET	1	MNT	
klor-con		M20 TABLET	1	MNT	
potassium cl		10 MEQ/50 ML SOL	1		
potassium cl		20 MEQ/50 ML SOL	1		
potassium cl		10 MEQ/100 ML SOL	1		
potassium cl		30 MEQ/100 ML SOL	1		
potassium cl		2 MEQ/ML VIAL	1		

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>potassium chloride</i>		8 MEQ CAPSULE	1	MNT	
<i>potassium chloride</i>		10 MEQ CAPSULE	1	MNT	
<i>potassium chloride</i>		10 MEQ TABLET	1	MNT	
<i>potassium chloride</i>		20 MEQ TABLET	1	MNT	

### THERAPEUTIC VITAMINS AND MINERALS

<i>calcitriol</i>		1 MCG/ML AMPUL	1	BvsD	
<i>calcitriol</i>		1 MCG/ML SOLUTION	1	BvsD, MNT	
<i>calcitriol</i>		0.25 MCG CAPSULE	1	BvsD, MNT	
<i>calcitriol</i>		0.5 MCG CAPSULE	1	BvsD, MNT	
<i>calcium acetate</i>		667 MG CAPSULE	1	MNT	
<i>calcium acetate</i>		667 MG GELCAP	1	MNT	
<i>doxercalciferol</i>	HECTOROL	0.5 MCG CAPSULE	2	BvsD, MNT	
<i>doxercalciferol</i>	HECTOROL	1 MCG CAPSULE	2	BvsD, MNT	
<i>doxercalciferol</i>	HECTOROL	2.5 MCG CAPSULE	2	BvsD, MNT	
<i>doxercalciferol</i>	HECTOROL	4 MCG/2 ML AMPUL	2	BvsD, MNT	
<i>levocarnitine</i>		100 MG/ML SOLN	1	BvsD, MNT	
<i>levocarnitine</i>		200 MG/ML VIAL	1	BvsD	
<i>levocarnitine</i>		330 MG TABLET	1	BvsD, MNT	
<i>paricalcitol</i>	ZEMPLAR	10 MCG/2 ML VIAL	2	PA	
<i>paricalcitol</i>	ZEMPLAR	2 MCG/ML VIAL	2	PA	
<i>paricalcitol</i>	ZEMPLAR	5 MCG/ML VIAL	2	PA	
<i>paricalcitol</i>	ZEMPLAR	1 MCG CAPSULE	2	PA, MNT	
<i>paricalcitol</i>	ZEMPLAR	2 MCG CAPSULE	2	PA, MNT	
<i>paricalcitol</i>	ZEMPLAR	4 MCG CAPSULE	2	PA, MNT	

### VITAMINS AND MINERALS AND RELATED PRODUCTS

<i>fat emulsions</i>	INTRALIPID	20% IV FAT EMUL	2		
<i>fat emulsions</i>	INTRALIPID	30% IV FAT EMUL	2		
<i>fat emulsions</i>	LIPOSYN II	10% IV FAT EMULSION	2		
<i>fat emulsions</i>	LIPOSYN II	20% IV FAT EMULSION	2		
<i>liposyn iii</i>		10% IV FAT EMULSN	1		
<i>liposyn iii</i>		20% IV FAT EMULSN	1		
<i>liposyn iii</i>		30% IV FAT EMULSN	1		

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
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**OBSTETRICAL AND GYNECOLOGICAL MEDICATIONS**

**ANDROGEN DRUGS**

<i>danazol</i>		50 MG CAPSULE	1		
<i>danazol</i>		100 MG CAPSULE	1		
<i>danazol</i>		200 MG CAPSULE	1		
<i>fluoxymesterone</i>	ANDROXY	10 MG TABLET	2	PA, MNT	
<i>methyltestosterone</i>	METHITEST	10 MG TABLET	2	PA, MNT	
<i>oxandrolone</i>		2.5 MG TABLET	1	PA, MNT	240/30
<i>oxandrolone</i>		10 MG TABLET	1	PA, MNT	60/30
<i>oxymetholone</i>	ANADROL-50	TABLET	2	PA	
<i>testosterone</i>	ANDRODERM	2.5 MG/24HR PATCH	2	PA, MNT	
<i>testosterone</i>	ANDRODERM	5 MG/24HR PATCH	2	PA, MNT	
<i>testosterone</i>	ANDROGEL	1% (5G) GEL PACKET	2	PA, MNT	
<i>testosterone</i>	ANDROGEL	1.62% GEL PUMP	2	PA, MNT	
<i>testosterone</i>	FORTESTA	10 MG GEL PUMP	2	PA, MNT	
<i>testosterone cyp</i>		100 MG/ML	1	PA	
<i>testosterone cyp</i>		200 MG/ML	1	PA	
<i>testosterone enan</i>		200 MG/ML	1	PA	

**CONTRACEPTIVES**

<i>amethia</i>		0.15-0.03-0.01 MG TABLET	1	MNT	
<i>apri</i>		28 DAY TABLET	1	MNT	
<i>aranelle</i>		28 TABLET	1	MNT	
<i>aviane</i>		28 TABLET	1	MNT	
<i>cesia</i>		28 DAY TABLET	1	MNT	
<i>cryselle</i>		28 TABLET	1	MNT	
<i>cyklaferm</i>		1-35-28 TABLET	1	MNT	
<i>cyklaferm</i>		7-7-7-28 TABLET	1	MNT	
<i>emoquette</i>		28 DAY TABLET	1	MNT	
<i>enpresse</i>		28 DAY TABLET	1	MNT	
<i>ethinyl estradiol/norelgest</i>	ORTHO EVRA	PATCH	2	MNT	
<i>etonogestrel/ethin estradiol</i>	NUVARING VAGINAL	RING	2	MNT	
<i>junel</i>		1 MG-20 MCG TABLET	1	MNT	
<i>junel</i>		1.5 MG-30 MCG TABLET	1	MNT	
<i>junel fe</i>		1 MG-20 MCG TABLET	1	MNT	
<i>junel fe</i>		1.5 MG-30 MCG TABLET	1	MNT	
<i>kariva</i>		28 DAY TABLET	1	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>kelnor</i>		1-35 28 TABLET	1	MNT	
<i>leena</i>		28 TABLET	1	MNT	
<i>lessina</i>		28 TABLET	1	MNT	
<i>levora</i>		28 TABLET	1	MNT	
<i>low-ogestrel</i>		28 TABLET	1	MNT	
<i>lutura</i>		28 TABLET	1	MNT	
<i>microgestin</i>		21 1-20 TABLET	1	MNT	
<i>microgestin</i>		21 1.5-30 TAB	1	MNT	
<i>microgestin fe</i>		1-20 TABLET	1	MNT	
<i>microgestin fe</i>		1.5-30 TAB	1	MNT	
<i>mononessa</i>		28 TABLET	1	MNT	
<i>necon</i>		0.5-35-28 TABLET	1	MNT	
<i>necon</i>		1/35-28 TABLET	1	MNT	
<i>necon</i>		10-11-28 TABLET	1	MNT	
<i>necon</i>		7-7-7-28 TABLET	1	MNT	
<i>next choice</i>		0.75 MG TABLET	1		2/1
<i>nortrel</i>		0.5/35 TABLET	1	MNT	
<i>nortrel</i>		1-35 TABLET	1	MNT	
<i>nortrel</i>		1-35 TABLET	1	MNT	
<i>nortrel</i>		7-7-7-28 TABLET	1	MNT	
<i>ocella</i>		3 MG-0.03 MG TABLET	1	MNT	
<i>orsythia</i>		28 TABLET	1	MNT	
<i>portia</i>		28 TABLET	1	MNT	
<i>previfem</i>		TABLET	1	MNT	
<i>quasense</i>		0.15-0.03 MG TABLET	1	MNT	
<i>reclipsen</i>		28 DAY TABLET	1	MNT	
<i>solia</i>		0.15-0.03 MG TABLET	1	MNT	
<i>sprintec</i>		28 DAY TABLET	1	MNT	
<i>sronyx</i>		0.10-0.02 MG TABLET	1	MNT	
<i>tri-previfem</i>		TABLET	1	MNT	
<i>tri-sprintec</i>		TABLET	1	MNT	
<i>trinessa</i>		TABLET	1	MNT	
<i>trivora</i>		28 TABLET	1	MNT	
<i>ulipristal acetate</i>	ELLA	30 MG TABLET	2		1/1
<i>velivet</i>		28 DAY TABLET	1	MNT	
<i>zovia</i>		1-35E TABLET	1	MNT	
<i>zovia</i>		1-50E TABLET	1	MNT	

\*Definitions for abbreviated limits can be found on page viii of the intro section.





Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>ESTROGEN DRUGS</b>					
<i>esterified estrogens</i>	MENEST	0.3 MG TABLET	1	PAN, MNT	
<i>esterified estrogens</i>	MENEST	0.625 MG TABLET	1	PAN, MNT	
<i>esterified estrogens</i>	MENEST	1.25 MG TABLET	1	PAN, MNT	
<i>esterified estrogens</i>	MENEST	2.5 MG TABLET	1	PAN, MNT	
<i>estradiol</i>	ESTRACE	0.01% CREAM	2	MNT	
<i>estradiol</i>		0.05 MG/DAY PATCH	1	MNT	4/28
<i>estradiol</i>		0.1 MG/DAY PATCH	1	MNT	4/28
<i>estradiol</i>		0.5 MG TABLET	1	MNT	
<i>estradiol</i>		1 MG TABLET	1	MNT	
<i>estradiol</i>		2 MG TABLET	1	MNT	
<i>estradiol tds</i>		0.025 MG/DAY	1	MNT	
<i>estradiol tds</i>		0.0375 MG/DAY	1	MNT	
<i>estradiol tds</i>		0.06 MG/DAY	1	MNT	
<i>estradiol tds</i>		0.075 MG/DAY	1	MNT	
<i>estrogens, conjugated</i>	PREMARIN VAGINAL CREAM	APPL	2	MNT	
<i>estropipate</i>		0.625(0.75 MG) TAB	1	PAN, MNT	
<i>estropipate</i>		1.25(1.5 MG) TAB	1	PAN, MNT	
<i>estropipate</i>		2.5(3 MG) TAB	1	PAN, MNT	
<b>ESTROGEN/PROGESTIN COMBINATIONS</b>					
<i>estradiol-noreth</i>		1-0.5 MG TAB	1	MNT	
<i>estradiol/norgestimate</i>	PREFEST	TABLET	2	MNT	
<b>OB/GYN TOPICAL ANTIINFECTIVES</b>					
<i>clindamycin</i>		2% VAGINAL CREAM	1		
<i>metronidazole vaginal</i>		0.75% GL	1		
<i>vandazole vaginal</i>		0.75% GEL	1		
<b>PRENATAL VITAMINS</b>					
<i>prenatabs obn</i>		TABLET	1	PA	
<b>PROGESTIN DRUGS</b>					
<i>camila</i>		TABLET	1	MNT	
<i>errin 0.35 mg</i>		TABLET	1	MNT	
<i>jolivette</i>		TABLET	1	MNT	

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>medroxyprogesterone</i>		150 MG/ML	1	MNT	
<i>medroxyprogesterone</i>		2.5 MG TAB	1	MNT	
<i>medroxyprogesterone</i>		5 MG TAB	1	MNT	
<i>medroxyprogesterone</i>		10 MG TAB	1	MNT	
<i>nora-be</i>		TABLET	1	MNT	
<i>norethindrone</i>		5 MG TABLET	1	MNT	
<i>progesterone</i>	PROMETRIUM	100 MG CAPSULE	2	MNT	
<i>progesterone</i>	PROMETRIUM	200 MG CAPSULE	2	MNT	

**SELECTIVE ESTROGEN RECEPTOR MODULATOR**

<i>raloxifene</i>	EVISTA	60 MG TABLET	2	MNT	
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**SPECIALIZED OB/GYN DRUGS**

<i>leuprolide</i>	LUPRON DEPOT	3.75 MG KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT	7.5 MG KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT	11.25 MG 3MO KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT	22.5 MG 3MO KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT	45 MG 6MO KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT	4 MONTH KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT-PED	11.25 MG KIT	2	PA	
<i>leuprolide</i>	LUPRON DEPOT-PED	15 MG KIT	2	PA	
<i>leuprolide</i>		2WK 1 MG/0.2 ML KT	1		
<i>nafarelin</i>	SYNAREL	2 MG/ML NASAL SPRAY	2	PA	

**OPHTHALMIC MEDICATIONS****ANTIGLAUCOMA DRUGS**

<i>acetazolamide</i>		125 MG TABLET	1	MNT	
<i>acetazolamide</i>		250 MG TABLET	1	MNT	
<i>acetazolamide er</i>		500 MG CAP	1	MNT	
<i>acetazolamide sod</i>		500 MG VIAL	1		
<i>apraclonidine</i>	IOPIDINE	1% EYE DROPS	2		
<i>apraclonidine hcl</i>		0.5% DROPS	1		
<i>betaxolol hcl</i>		0.5% EYE DROP	1	MNT	
<i>brimonidine</i>		0.2% EYE DROP	1	MNT	
<i>brimonidine tartrate</i>		0.15% EYE DROP	1	MNT	
<i>carteolol hcl</i>		1% EYE DROPS	1	MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>dipivefrin</i>	PROPINE	0.1% EYE DROPS	2	MNT	
<i>dorzolamide hcl</i>		2% EYE DROPS	1	MNT	
<i>dorzolamide-timolol</i>		EYE DROPS	1	MNT	
<i>echothiophate iodide</i>	PHOSPHOLINE IODIDE	0.125%	2	MNT	
<i>latanoprost</i>		0.005% EYE DROPS	1	MNT	
<i>levobunolol</i>		0.25% EYE DROPS	1	MNT	
<i>levobunolol</i>		0.5% EYE DROPS	1	MNT	
<i>methazolamide</i>		25 MG TABLET	1	MNT	
<i>methazolamide</i>		50 MG TABLET	1	MNT	
<i>metipranolol</i>		0.3% EYE DROPS	1	MNT	
<i>pilocarpine hcl</i>	PILOPINE HS	4% EYE GEL	2	MNT	
<i>timolol</i>		0.25% EYE DROPS	1	MNT	
<i>timolol</i>		0.5% EYE DROPS	1	MNT	
<i>travoprost</i>	TRAVATAN Z	0.004% EYE DROP	2	ST, MNT	

**OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS**

<i>neo-bacit-poly-hc</i>		EYE OINTMENT	1		
<i>neomycin-poly-hc</i>		EYE DROPS	1		
<i>neomyc-polym-dexamet</i>		EYE OINTM	1		
<i>neomyc-polym-dexameth</i>		EYE DROP	1		
<i>poly-dex</i>		EYE DROPS	1		
<i>poly-dex</i>		EYE OINTMENT	1		
<i>sulf-pred</i>		10-0.23% EYE DROPS	1		
<i>sulf-pred</i>		10-0.25% EYE DROPS	1		
<i>tobramycin sulfate/dexameth</i>	TOBRADEX	EYE OINTMENT	2		
<i>tobramycin sulfate/dexameth</i>	TOBRADEX ST	EYE DROPS	2		
<i>tobramycin-dexameth</i>		OPHTH SUSP	1		

**OPHTHALMIC CORTICOSTEROID DRUGS**

<i>dexamethasone</i>	MAXIDEX	0.1% EYE DROPS	2		
<i>dexamethasone</i>		0.1% EYE DROP	1		
<i>fluorometholone</i>	FML FORTE	0.25% EYE DROPS	2		
<i>fluorometholone</i>	FML S.O.P.	0.1% OINTMENT	2		
<i>fluorometholone</i>		0.1% DROPS	1		
<i>prednisolone ac</i>		1% EYE DROP	1		
<i>prednisolone acetate</i>	PRED MILD	0.12% EYE DROPS	2		
<i>prednisolone sod</i>		1% EYE DROP	1		

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS</b>					
<i>aktob</i>		0.3% EYE DROPS	1		
<i>bacitracin</i>		500 UNIT/GM OINTMNT	1		
<i>bacitracin-polymyxin</i>		EYE OINT	1		
<i>ciprofloxacin</i>		0.3% EYE DROP	1		
<i>erythromycin</i>		EYE OINTMENT	1		
<i>gentak</i>		3 MG/GM EYE OINTMENT	1		
<i>gentamicin</i>		3 MG/ML EYE DROPS	1		
<i>gentasol</i>		3 MG/ML EYE DROPS	1		
<i>neomyc-bacit-polymix</i>		EYE OINTM	1		
<i>neomyc-polym-gramicid</i>		EYE DROP	1		
<i>ofloxacin 0.3%</i>		EYE DROPS	1		
<i>polymyxin b-tmp</i>		EYE DROPS	1		
<i>sulfacetamide 10%</i>		EYE DROPS	1		
<i>tobramycin 0.3%</i>		EYE DROPS	1		
<i>tobrasol 0.3%</i>		EYE DROPS	1		

**OPHTHALMIC TOPICAL ANTIVIRAL DRUGS**

<i>trifluridine</i>		1% EYE DROPS	1		
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**OTHER OPHTHALMIC DRUGS**

<i>ak-con</i>		0.1% EYE DROPS	1		
<i>botulinum toxin a</i>	BOTOX	100 UNITS VIAL	2	PA	
<i>cromolyn</i>		4% EYE DROPS	1		
<i>cyclosporine</i>	RESTASIS	0.05% EYE EMULSION	2	MNT	60/30
<i>diclofenac</i>		0.1% EYE DROPS	1		
<i>flurbiprofen</i>		0.03% EYE DROP	1		
<i>ganciclovir</i>	ZIRGAN	0.15% OPHTHALMIC GEL	2		
<i>hydroxypropylmethylcellulose</i>	LACRISERT	5 MG EYE INSERT	2		
<i>ketorolac</i>		0.4% OPHTH SOLUTION	1		
<i>ketorolac</i>		0.5% OPHTH SOLUTION	1		
<i>natamycin</i>	NATACYN	EYE DROPS	2		
<i>tropicamide</i>		0.5% EYE DROPS	1	MNT	
<i>tropicamide</i>		1% EYE DROPS	1	MNT	

**RESPIRATORY MEDICATIONS**

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>ANTIHISTAMINES</b>					
<i>clemastine</i>		0.5 MG/5 ML SYRUP	1		
<i>clemastine</i>		0.67 MG/5 ML SYRUP	1		
<i>clemastine fum</i>		2.68 MG TAB	1		
<i>diphenhydramine</i>		12.5 MG/5 ML	1	PAN	
<i>diphenhydramine</i>		50 MG/ML VIAL	1	PAN	
<i>diphenhydramine</i>		50 MG CAPSULE	1	PAN	
<i>levocetirizine</i>		5 MG TABLET	1	MNT	30/30
<i>promethazine</i>		6.25 MG/5 ML SYRUP	1	PAN	
<i>promethazine</i>		25 MG/ML SYRINGE	1	PAN	
<i>promethazine</i>		50 MG/ML VIAL	1	PAN	
<i>promethazine</i>		12.5 MG TABLET	1	PAN	
<i>promethazine</i>		25 MG TABLET	1	PAN	
<i>promethazine</i>		50 MG TABLET	1	PAN	

**BETA-2 ADRENERGIC DRUGS**

<i>albuterol</i>	PROAIR HFA	90 MCG INHALER	2	MNT	17/30
<i>albuterol</i>	PROVENTIL HFA	90 MCG INHALER	2	MNT	14/30
<i>albuterol</i>		0.083% INHAL SOLN	1	BvsD, MNT	
<i>albuterol</i>		2.5 MG/0.5 ML SOL	1	BvsD, MNT	
<i>albuterol</i>		5 MG/ML SOLUTION	1	BvsD, MNT	
<i>albuterol sul</i>		0.63 MG/3 ML SOL	1	BvsD, MNT	
<i>albuterol sul</i>		1.25 MG/3 ML SOL	1	BvsD, MNT	
<i>albuterol sulf</i>		2 MG/5 ML SYRUP	1	MNT	
<i>albuterol sulfite</i>		2 MG TAB	1	MNT	
<i>albuterol sulfite</i>		4 MG TAB	1	MNT	
<i>metaproterenol</i>		10 MG/5 ML SYR	1	MNT	
<i>metaproterenol</i>		10 MG TABLET	1	MNT	
<i>metaproterenol</i>		20 MG TABLET	1	MNT	
<i>salmeterol</i>	SEREVENT DISKUS	50 MCG	2	MNT	60/30
<i>terbutaline sulf</i>		1 MG/ML VIAL	1		
<i>terbutaline sulfite</i>		2.5 MG TAB	1	MNT	
<i>terbutaline sulfite</i>		5 MG TAB	1	MNT	

**LEUKOTRIENE MODIFIERS**

<i>montelukast sodium</i>	SINGULAIR	4 MG GRANULES	2	MNT	30/30
<i>montelukast sodium</i>	SINGULAIR	10 MG TABLET	2	MNT	30/30

*continued*

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>montelukast sodium</i>	SINGULAIR	4 MG TABLET CHEW	2	MNT	30/30
<i>montelukast sodium</i>	SINGULAIR	5 MG TABLET CHEW	2	MNT	30/30
<i>zafirlukast</i>		10 MG TABLET	1	MNT	60/30
<i>zafirlukast</i>		20 MG TABLET	1	MNT	60/30

**METHYL XANTHINE DRUGS**

<i>aminophylline</i>		250 MG/10 ML VL	1		
<i>aminophylline</i>		100 MG TABLET	1	MNT	
<i>aminophylline</i>		200 MG TABLET	1	MNT	
<i>theophylline</i>	ELIXOPHYLLIN	80 MG/15 ML ELIX	2	MNT	
<i>theochron er</i>		100 MG TABLET	1	MNT	
<i>theochron er</i>		300 MG TABLET	1	MNT	
<i>theophylline er</i>		300 MG TAB	1	MNT	
<i>theophylline er</i>		450 MG TAB	1	MNT	
<i>theophylline er</i>		100 MG TABLET	1	MNT	
<i>theophylline er</i>		200 MG TABLET	1	MNT	
<i>theophylline er</i>		400 MG TABLET	1	MNT	
<i>theophylline er</i>		600 MG TABLET	1	MNT	

**OTHER DRUGS FOR ASTHMA**

<i>acetylcysteine</i>		10% VIAL	1	BvsD	
<i>acetylcysteine</i>		20% VIAL	1	BvsD	
<i>albuterol sulfate/ipratropium</i>	COMBIVENT	INHALER	2	MNT	30/30
<i>beclomethasone</i>	QVAR	40 MCG INHALER	2	MNT	
<i>beclomethasone</i>	QVAR	80 MCG INHALER	2	MNT	
<i>budesonide/formoterol fum</i>	SYMBICORT	80-4.5 MCG INHALER	2	MNT	10.2/30
<i>budesonide/formoterol fum</i>	SYMBICORT	160-4.5 MCG INHALER	2	MNT	10.2/30
<i>cromolyn sodium</i>		100 MG/5 ML CONC	1		
<i>cromolyn</i>	GASTROCROM	100 MG/5 ML CONC	2		
<i>cromolyn</i>		20 MG/2 ML NEB SOLN	1	BvsD, MNT	
<i>epinephrine</i>		0.1 MG/ML SYRINGE	1		
<i>epinephrine hcl</i>	EIPEN	0.3 MG AUTO-INJECTOR	2		
<i>epinephrine hcl</i>	EIPEN JR	0.15 MG AUTO-INJECT	2		
<i>epinephrine hcl</i>	TWINJECT	0.15 MG AUTO-INJECTOR	2		
<i>epinephrine hcl</i>	TWINJECT	0.3 MG AUTO-INJECTOR	2		
<i>fluticasone propionate</i>	FLOVENT	50 MCG DISKUS	2	MNT	
<i>fluticasone propionate</i>	FLOVENT	100 MCG DISKUS	2	MNT	

continued

\*Definitions for abbreviated limits can be found on page viii of the intro section.



Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<i>fluticasone propionate</i>	FLOVENT	250 MCG DISKUS	2	MNT	
<i>fluticasone propionate</i>	FLOVENT	HFA 110 MCG INHALER	2	MNT	
<i>fluticasone propionate</i>	FLOVENT	HFA 220 MCG INHALER	2	MNT	
<i>fluticasone propionate</i>	FLOVENT HFA	44 MCG INHALER	2	MNT	
<i>iprat-albut</i>		0.5-3(2.5) MG/3 ML	1	BvsD, MNT	
<i>ipratropium</i>	ATROVENT	HFA INHALER	2	MNT	
<i>ipratropium br</i>		0.02% SOLN	1	BvsD, MNT	
<i>omalizumab</i>	XOLAIR	150 MG VIAL	2	PA, LA, MNT	
<i>salmeterol/fluticasone</i>	ADVAIR	100-50 DISKUS	2	MNT	60/30
<i>salmeterol/fluticasone</i>	ADVAIR	250-50 DISKUS	2	MNT	60/30
<i>salmeterol/fluticasone</i>	ADVAIR	500-50 DISKUS	2	MNT	60/30
<i>salmeterol/fluticasone</i>	ADVAIR HFA	45-21 MCG INHALER	2	MNT	60/30
<i>salmeterol/fluticasone</i>	ADVAIR HFA	115-21 MCG INHALER	2	MNT	60/30
<i>salmeterol/fluticasone</i>	ADVAIR HFA	230-21 MCG INHALER	2	MNT	60/30
<i>tiotropium bromide</i>	SPIRIVA	18 MCG CP-HANDIHALER	2	MNT	30/30

**OTHER RESPIRATORY DRUGS**

<i>alpha-1-proteinase inhibitor</i>	ARALAST NP	500 MG VIAL	2	PA, LA, MNT	
<i>alpha-1-proteinase inhibitor</i>	PROLASTIN	500 MG VIAL	2	PA, LA, MNT	
<i>alpha-1-proteinase inhibitor</i>	PROLASTIN C	1,000 MG VIAL	2	PA, LA, MNT	
<i>alpha-1-proteinase inhibitor</i>	ZEMAIRA	1,000 MG VIAL	2	PA, LA, MNT	
<i>deoxyribonuclease</i>	PULMOZYME	1 MG/ML AMPUL	2	BvsD, MNT	150/30

**UROLOGICAL MEDICATIONS**

**ANTICHOLINERGIC ANTISPASMODICS**

<i>oxybutynin</i>		5 MG/5 ML SYRUP	1	MNT	
<i>oxybutynin</i>		5 MG TABLET	1	MNT	
<i>oxybutynin cl er</i>		5 MG TABLET	1	MNT	
<i>oxybutynin cl er</i>		10 MG TABLET	1	MNT	
<i>oxybutynin cl er</i>		15 MG TABLET	1	MNT	
<i>tolterodine tartrate</i>	DETROL	1 MG TABLET	2	MNT	
<i>tolterodine tartrate</i>	DETROL	2 MG TABLET	2	MNT	
<i>tolterodine tartrate</i>	DETROL LA	2 MG CAPSULE	2	MNT	
<i>tolterodine tartrate</i>	DETROL LA	4 MG CAPSULE	2	MNT	

Generic Name	Brand Name	Dosage/Strength	Tier Level	Limits*	QL AMT/DAYS
<b>CHOLINERGIC STIMULANTS</b>					
<i>bethanechol</i>		5 MG TABLET	1		
<i>bethanechol</i>		10 MG TABLET	1		
<i>bethanechol</i>		25 MG TABLET	1		
<i>bethanechol</i>		50 MG TABLET	1		
<b>OTHER GENITOURINARY PRODUCTS</b>					
<i>betaine hcl</i>	CYSTADANE	POWDER	2	PA	
<i>dutasteride</i>	AVODART	0.5 MG SOFTGEL	2	ST, MNT	
<i>potassium citrate er</i>		5 MEQ TAB	1	MNT	
<i>finasteride</i>		5 MG TABLET	1	MNT	
<i>potassium citrate er</i>		10 MEQ TB	1	MNT	
<i>tamsulosin hcl</i>		0.4 MG CAPSULE	1	MNT	

\*Definitions for abbreviated limits can be found on page viii of the intro section.



INDEX

Symbols

8-MOP.....49

A

aa 3%/electrolyte-tpn/ glycerin.....71
abacavir sulfate .....2
abacavir sulfate/lamivudine....2
abatacept/maltose .....14
ABELCET .....10
ABILIFY.....20
ABILIFY DISCMELT .....20
abiraterone acetate.....14
acamprosate calcium.....33
acarbose .....54
acebutolol .....38
acetaminophen-cod.....27
acetaminophen-codeine.....27
acetazolamide.....81
acetazolamide er.....81
acetazolamide sod.....81
acetic acid-hc.....52
acetylcysteine .....85
acitretin.....48
ACTEMRA.....66
ACTHIB VACCINE .....64
acticin .....49
ACTIMMUNE.....66
ACTONEL.....57
ACTOPLUS MET.....55
ACTOPLUS MET XR.....55, 56
ACTOS.....55
acyclovir .....8
acyclovir sodium .....8
ADACEL.....64
ADAGEN .....51
adalimumab.....14
ADCIRCA.....46
adefovir dipivoxil.....8
ADVAIR .....86
ADVAIR HFA.....86
afeditab cr.....39
AFINITOR.....15

agalsidase.....56
AGGRENOLX .....70
AIMSCO INS SYR.....66
AIMSCO SYRING .....66
ak-con.....83
aktob .....83
albendazole.....2
ALBENZA.....2
albuterol .....84
albuterol sul.....84
albuterol sulf .....84
albuterol sulfate.....84
albuterol sulfate/ ipratropium.....85
ALCOHOL.....67
aldesleukin .....66
ALDURAZYME.....57
alefacept.....14
alemtuzumab.....14
alendronate.....56
alendronate sodium.....56
alglucerase .....56
alglucosidase alfa.....56
ALIMTA.....17
ALINIA .....7
aliskiren hemifumarate.....45
alitretinoin .....50
allopurinol.....68
alosetron .....60
alpha-1-proteinase inhibitor.....86
altretamine .....14
amantadine.....8
AMBISOME.....10
ambrisentan.....42
AMEBICIDES.....1
a-methapred.....53
amethia.....78
AMEVIVE .....14
amifostine .....14
amikacin sulfate.....1
amiloride hcl.....46
amiloride hcl-hctz.....46
amino acids.....71, 72

AMINOGLYCOSIDES .....1
aminophylline.....85
aminosalicylic acid .....4
AMINOSYN .....71
AMINOSYN-HBC .....71
AMINOSYN-HF .....71
AMINOSYN II.....71
AMINOSYN M.....71
AMINOSYN-PF.....71
amiodarone.....36
amiodarone hcl.....36
AMIODARONES.....36
AMITIZA.....60
amitriptyline hcl .....35, 36
amlodipine besylate .....39
ammonium lactate .....50
amnestem.....49
amoxapine.....34
amoxicillin .....10
amox tr-k clv.....10
amphetamine salts.....27, 28
ampho b c-s.....10
AMPHOTEC.....10
amphotericin b.....10
amphotericin b lipid complex.....10
amphotericin b liposome .....10
ampicillin .....10, 11
ampicillin-sulbactam.....11
ampicillin tr.....11
amylase/lipase/protease.....61
AMYLIN ANALOGUES.....52
ANADROL-50.....78
anagrelide hcl .....14
anakinra.....66
ANALGESICS.....18
anastrozole .....14
ANDRODERM.....78
ANDROGEL.....78
ANDROGEN DRUGS.....78
ANDROXY.....78
ANESTHETICS.....1

## INDEX

ANGIOTENSIN CONVERTING ENZYME INHIBITORS.....	37	ANXIOLYTICS.....	24	AVODART.....	87
ANGIOTENSIN II RECEPTOR ANTAGONISTS.....	37	APOKYN.....	32	AVONEX.....	65
<i>anidulafungin</i> .....	10	<i>apomorphine hcl</i> .....	32	<i>azacitidine</i> .....	14
ANTHELMINTICS.....	2	<i>apraclonidine</i> .....	81	AZACTAM-ISO-OSMOT.....	7
ANTIACNE DRUGS.....	48	<i>apraclonidine hcl</i> .....	81	AZASAN.....	14
ANTICHOLINERGIC ANTISPASMODICS.....	86	<i>aprepitant</i> .....	23	<i>azathioprine</i> .....	14
ANTIDEMENTIA DRUGS.....	18	<i>apri</i> .....	78	<i>azathioprine sod</i> .....	14
ANTIDIARRHEAL DRUGS.....	59	APTIVUS.....	4	<i>azelastine</i> .....	52
ANTIDYSRHYTHMIC DRUGS.....	38	ARALAST NP.....	86	<i>azithromycin</i> .....	9
ANTIGLAUCOMA DRUGS.....	81	<i>aranelle</i> .....	78	<i>azithromycin i.v</i> .....	9
ANTIHISTAMINES.....	84	ARANESP.....	62, 63	<i>aztreonam</i> .....	7
ANTIINFECTIVES SPECIALIZED INDICATIONS.....	2	ARCALYST.....	66	<i>aztreonam/dextrose water</i> .....	7
ANTIMANIA DRUGS.....	19	<i>argatroban</i> .....	75	<i>aztreonam lysine</i> .....	7
ANTINEOPLASTIC/ IMMUNOSUPPRESSANT DRUGS.....	14	ARGATROBAN.....	74, 75		
ANTIPARKINSON ANTICHOLINERGIC DRUGS.....	19	<i>argatroban-nacl</i> .....	74	<b>B</b>	
ANTIPLATELET DRUGS.....	70	<i>aripiprazole</i> .....	20	<i>bacitracin</i> .....	83
ANTIPTURITIC DRUGS.....	48	<i>artemether/lumefantrine</i> .....	12	<i>bacitracin-polymyxin</i> .....	83
ANTIPSORIASIS AND ANTIECZEMA DRUGS.....	48	ASACOL EC.....	61	<i>baclofen</i> .....	68
ANTIPSYCHOTIC DRUGS.....	20	ASACOL HD DR.....	61	BANZEL.....	29
ANTIRETROVIRALS AND PROTEASE INH.....	2	<i>asenapine</i> .....	20	BARACLUDE.....	8
ANTISPASMODICS/DRUGS AFFECT GI MOTILITY.....	59	<i>aspirin/dipyridamole</i> .....	70	<i>basiliximab</i> .....	14
ANTITHYROID DRUGS.....	52	<i>atazanavir sulfate</i> .....	2	BD INSULIN SYR.....	67
ANTITUBERCULOSIS DRUGS.....	4	<i>atenolol</i> .....	38	BD PEN NEEDLE ORIG.....	67
ANTIULCER DRUGS.....	60	<i>atenolol-chlorthal</i> .....	45	<i>becaplermin</i> .....	51
ANTIVERTIGO AND ANTIEMETIC DRUGS.....	23	<i>atenolol-chlorthalidone</i> .....	45	<i>beclomethasone</i> .....	85
		ATGAM.....	64	<i>belatacept</i> .....	14
		<i>atomoxetine</i> .....	33	<i>benazepril hcl</i> .....	37
		<i>atorvastatin</i> .....	42	<i>benazepril-hctz</i> .....	45
		<i>atovaquone</i> .....	7	BENICAR.....	37
		<i>atovaquone-proguanil</i> .....	12	BENICAR HCT.....	45
		<i>atovaquone/proguanil hcl</i> .....	12	<i>benzene hexachloride</i> <i>gamma</i> .....	49
		ATRIPLA.....	3	<i>benztropine mes</i> .....	19
		<i>atropine</i> .....	33	BETA-2 ADRENERGIC DRUGS.....	84
		ATROVENT.....	86	BETA-ADRENERGIC ANTAGONIST DRUGS.....	38
		<i>auranofin</i> .....	70	<i>betaine hcl</i> .....	87
		AUTONOMIC AND CNS MEDICATIONS.....	18	<i>betamethasone dp</i> .....	49
		AVANDIA.....	56	<i>betamethasone dp aug</i> .....	49
		AVASTIN.....	14	<i>betamethasone va</i> .....	49
		AVELOX.....	12	<i>betamethasone valer</i> .....	49
		AVELOX ABC PACK.....	12	BETASERON.....	65
		AVELOX IV.....	12		
		<i>aviane</i> .....	78		



INDEX

<i>betaxolol hcl</i> .....	81	CAMPATH .....	14	CELONTIN.....	35
<i>bethanechol</i> .....	87	CAMPRAL.....	33	CENTRALLY ACTING	
<i>bevacizumab</i> .....	14	CAMPRAL DR.....	33	ANTIHYPERTENSIVES.....	42
<i>bexarotene</i> .....	14	CANASA.....	61	<i>cephalexin</i> .....	6
<i>bicalutamide</i> .....	14	CANCIDAS IV .....	10	CEPHALOSPORINS .....	5
BICILLIN LA.....	11	CAPASTAT SULFATE .....	4	CEREDASE.....	56
BILTRICIDE.....	2	CAPRELSA.....	18	CEREZYME.....	57
<i>bisoprolol-hctz</i> .....	45	<i>capreomycin</i> .....	4	CERVARIX .....	64
BLOOD DETOXICANTS .....	70	<i>captopril</i> .....	37	<i>cesia</i> .....	78
BONIVA.....	57	<i>captopril-hctz</i> .....	45	<i>cevimeline</i> .....	52
BOOSTRIX.....	64	CARAFATE .....	61	CHANTIX.....	35
<i>bortezomib</i> .....	14	CARBAGLU.....	51	<i>chlorambucil</i> .....	14
<i>bosentan</i> .....	42	<i>carbamazepine</i> .....	24	<i>chlordiazepo-amitriptyl</i> .....	31
BOTOX.....	83	CARBAMAZEPINES.....	24	<i>chlordiazepox-amitriptyl</i> .....	31
<i>botulinum toxin a</i> .....	83	<i>carbamazepine xr</i> .....	25	<i>chlorhexidine</i> .....	52
<i>brimonidine</i> .....	81	<i>carbidopa-levodopa</i> .....	32	<i>chloroquine ph</i> .....	12
<i>brimonidine tartrate</i> .....	81	<i>carbidopa-levo er</i> .....	32	<i>chlorothiazide</i> .....	47
<i>bromocriptine</i> .....	32	CARDIAC GLYCOSIDES .....	41	<i>chlorpromazine</i> .....	20
<i>budeprion sr</i> .....	31	CARDIOVASCULAR		<i>chlorthalidone</i> .....	47
<i>budeprion xl</i> .....	31	MEDICATIONS .....	36	<i>chlorzoxazone</i> .....	68
<i>budesonide ec</i> .....	61	<i>carglumic acid</i> .....	51	<i>cholestyramine</i> .....	43
<i>budesonide/formoterol fum</i> ...	85	CARIMUNE NF .....	64	CHOLINERGIC	
<i>bumetanide</i> .....	43	<i>carteolol hcl</i> .....	81	STIMULANTS .....	87
BUPHENYL.....	51	<i>cartia xt</i> .....	39, 40	<i>ciclopirox</i> .....	9
<i>buprenorphine</i> .....	27	<i>carvedilol</i> .....	38	<i>cidofovir</i> .....	8
<i>buprenorphine/naloxone</i> .....	27	<i>casprofungin acetate</i> .....	10	<i>cilostazol</i> .....	70
<i>buproban</i> .....	35	CAYSTON.....	7	<i>cimetidine</i> .....	60
<i>bupropion hcl</i> .....	31	CEENU .....	16	<i>cinacalcet hcl</i> .....	57
<i>bupropion hcl sr</i> .....	31	<i>cefaclor</i> .....	5	<i>ciprofloxacin</i> .....	12, 83
<i>bupropion sr</i> .....	31	<i>cefadroxil</i> .....	5	<i>ciprofloxacin hcl</i> .....	12
<i>buspirone hcl</i> .....	24	<i>cefazolin</i> .....	5	<i>citalopram</i> .....	34
BYETTA .....	54	<i>cefdinir</i> .....	5	<i>citalopram hbr</i> .....	34
		<i>cefepime hcl</i> .....	5	<i>claravis</i> .....	49
<b>C</b>		<i>cefepime</i> .....	5	<i>clarithromycin</i> .....	9
<i>cabergoline</i> .....	56	<i>cefpodoxime</i> .....	5	CLASS III NARCOTICS.....	27
<i>calcipotriene</i> .....	48	<i>cefprozil</i> .....	5	CLASS II NARCOTICS .....	25
<i>calcitonin</i> .....	56	<i>ceftazidime</i> .....	5	<i>clemastine</i> .....	84
<i>calcitonin-salmon</i> .....	57	<i>ceftriaxone</i> .....	5, 6	<i>clemastine fum</i> .....	84
<i>calcitriol</i> .....	77	<i>cefuroxime</i> .....	6	<i>clindamycin</i> .....	6, 80
<i>calcium acetate</i> .....	77	<i>cefuroxime axetil</i> .....	6	<i>clindamycin hcl</i> .....	6
CALCIUM		<i>cefuroxime sod</i> .....	6	CLINDAMYCINS.....	6
ANTAGONISTS.....	39	CELEBREX.....	68	CLINIMIX.....	71
<i>camila</i> .....	80	<i>celecoxib</i> .....	68	CLINIMIX E.....	71, 72
		CELLCEPT.....	17	<i>clobetasol</i> .....	49, 50

## INDEX

<i>clobetasol emollient</i> .....	50	CUPRIMINE.....	70	DEPO-MEDROL.....	53
<i>clomipramine</i> .....	36	CURAD.....	66	DERMATOLOGICAL MEDICATIONS.....	48
<i>clonidine hcl</i> .....	42	<i>cyclafem</i> .....	78	<i>desipramine</i> .....	34
<i>clopidogrel</i> .....	70	<i>cyclobenzaprine</i> .....	68	<i>desmopressin</i> .....	57
<i>clotrimazole</i> .....	6, 9	<i>cyclophosphamide</i> .....	14	<i>desmopressin ac</i> .....	57
<i>clotrimazole af</i> .....	9	<i>cycloserine</i> .....	4	<i>desmopressin acetate</i> .....	57
<i>clotrimazole-</i> <i>betamethasone</i> .....	13	<i>cyclosporine</i> .....	14, 15, 83	<i>desvenlafaxine succinate</i> .....	32
<i>clozapine</i> .....	20	<i>cyclosporine modif</i> .....	15	DETROL.....	86
CNS MUSCLE RELAXANTS.....	68	<i>cyclosporine modified</i> .....	15	DETROL LA.....	86
CNS STIMULANT DRUGS.....	27	CYKLOKAPRON.....	51	<i>dexamethasone</i> .....	53, 82
COARTEM.....	12	CYMBALTA.....	31	DEXPAK 6 DAY.....	53
<i>codeine sulfate</i> .....	25	CYSTADANE.....	87	DEXPAK 10 DAY.....	53
<i>co-gesic</i> .....	27	CYSTAGON.....	72	DEXPAK 13 DAY.....	53
<i>colchicine</i> .....	68	<i>cysteamine</i> .....	72	<i>dextroamphetamine</i> .....	28
COLCRYS.....	68	<b>D</b>		<i>dextrose</i> .....	72, 73
<i>colestipol hcl</i> .....	43	<i>d5%-1/2ns-kcl</i> .....	72	<i>dextrose/electrolytes</i> .....	73
<i>colistimethate</i> .....	7	<i>d5%-1/3ns-kcl</i> .....	72	DIABETIC SUPPLIES.....	66
<i>collagenase</i> .....	51	<i>d5%-1/4ns-kcl</i> .....	72	DIAGNOSTIC AND MISCELLANEOUS MEDICATIONS.....	51
COLYTE.....	61	<i>d5w/electrolyte-56</i> <i>solution</i> .....	72	DIAGNOSTIC PRODUCTS.....	51
COMBIVENT.....	85	<i>d5w-kcl</i> .....	72, 76	<i>diazoxide</i> .....	54
COMBIVIR.....	3	<i>d5w-kcl 4</i> .....	76	<i>diclofenac</i> .....	83
COMPLERA.....	3	<i>d10%-1/2ns</i> .....	72	<i>diclofenac pot</i> .....	69
<i>compro</i> .....	23	<i>dabigatran etexilate</i> <i>mesylate</i> .....	75	<i>diclofenac sod dr</i> .....	69
COMTAN.....	32	DACOGEN.....	15	<i>diclofenac sod ec</i> .....	69
COMVAX.....	64	<i>d-amphetamine er</i> .....	28	<i>diclofenac sod er</i> .....	69
<i>constulose</i> .....	70	<i>danazol</i> .....	78	<i>diclofenac sodium</i> .....	51
CONTRACEPTIVES.....	78	<i>dapsone</i> .....	2	<i>dicloxacillin</i> .....	11
COPAXONE.....	51	DAPSONE.....	2	<i>dicyclomine</i> .....	59, 60
CORTIFOAM.....	61	DAPTACEL.....	64	<i>didanosine</i> .....	2
<i>cortisone</i> .....	53	<i>daptomycin</i> .....	7	<i>didanosine dr</i> .....	2
<i>cortomycin</i> .....	52	DARAPRIM.....	12	<i>digoxin</i> .....	41
COUMADIN.....	75, 76	<i>darbepoetin alfa</i> .....	62, 63	<i>dihydroergotamine</i> .....	28
CREON DR.....	61	<i>darunavir ethanolate</i> .....	2	DILANTIN.....	29
CRESTOR.....	42	<i>dasatinib</i> .....	15	<i>dilt-cd</i> .....	40
CRIXIVAN.....	3	<i>decitabine</i> .....	15	<i>dilt-cd er</i> .....	40
<i>crizotinib</i> .....	14	<i>deferasirox</i> .....	51	<i>diltiazem</i> .....	40
<i>cromolyn</i> .....	83, 85	<i>delavirdine mesylate</i> .....	2	<i>diltiazem er</i> .....	40
<i>cromolyn sodium</i> .....	85	<i>deoxyribonuclease</i> .....	86	<i>diltiazem hcl</i> .....	40
<i>crotamiton</i> .....	49	<i>depade</i> .....	33	<i>diltiazem hcl er</i> .....	40
<i>cryelle</i> .....	78	DEPEN.....	70		
CUBICIN.....	7				



INDEX

<i>dilt xr</i> .....	40	DRUGS TO PREVENT AND	<i>enfuvirtide</i> .....	3
<i>diltzac er</i> .....	40	TREAT HEADACHES .....	ENGERIX-B.....	64
<i>diphenhydramine</i> .....	84	<i>duloxetine</i> .....	<i>enoxaparin</i> .....	74, 75
<i>diphenoxylate-atropine</i> .....	59	<i>dutasteride</i> .....	<i>enpresse</i> .....	78
DIPHTHERIA-TETANUS		DYRENIUM.....	<i>entacapone</i> .....	32
TOX-PED.....	65	<b>E</b>	<i>entecavir</i> .....	8
<i>diphther, pertuss,</i>		EAR-NOSE-THROAT	<i>enulose</i> .....	70
<i>tetanus vac</i> .....	64	MEDICATIONS .....	<i>epinephrine</i> .....	85
<i>dipivefrin</i> .....	82	<i>echothiophate iodide</i> .....	<i>epinephrine hcl</i> .....	85
<i>dipyridamole</i> .....	70	<i>ed k+10</i> .....	EIPEN.....	85
DIRECT MUSCLE		EDURANT .....	EIPEN JR.....	85
RELAXANTS .....	68	E.E.S. ....	<i>epitol</i> .....	25
<i>disopyramide</i> .....	38	efavirenz.....	EPIVIR .....	3
<i>disulfiram</i> .....	33	ELAPRASE.....	EPIVIR HBV .....	8
<i>divalproex sod dr</i> .....	36	ELECTROLYTES,	<i>eplerenone</i> .....	46
<i>divalproex sod er</i> .....	36	IRRIGATING	<i>epoetin alfa</i> .....	63
<i>divalproex sodium</i> .....	36	SOLUTIONS, ETC.....	EPZICOM .....	2
<i>docetaxel</i> .....	15	<i>electrolyte solution/peg's</i> .....	ERAXIS (WATER DIL) .....	10
<i>dofetilide</i> .....	44	<i>electrolyte solutions</i> .....	ERGOMAR.....	28
<i>donepezil hcl</i> .....	18	ELIDEL.....	<i>ergotamine</i> .....	28
<i>donepezil hcl odt</i> .....	18, 19	ELITEK.....	<i>ergotamine-caffeine</i> .....	28
DORIBAX.....	7	ELIXOPHYLLIN.....	<i>eribulin mesylate</i> .....	15
<i>doripenem</i> .....	7	ELLA .....	<i>erlotinib hcl</i> .....	15
<i>dorzolamide hcl</i> .....	82	<i>eltrombopag olamine</i> .....	<i>errin 0.35 mg</i> .....	80
<i>dorzolamide-timolol</i> .....	82	EMCYT .....	ERY-TAB EC.....	6
DOVONEX.....	48	EMEND.....	<i>erythrocin</i> .....	6
<i>doxazosin mesylate</i> .....	47	<i>emoquette</i> .....	ERYTHROCIN .....	6
<i>doxepin</i> .....	36, 51	EMSAM.....	ERYTHROID	
<i>doxercalciferol</i> .....	77	<i>emtricitabine</i> .....	STIMULANTS .....	62
<i>doxycycline hyc</i> .....	13	<i>emtricitabine/tenofovir</i> .....	<i>erythromycin</i> .....	6, 83
<i>doxycycline hyc dr</i> .....	13	<i>emtricitabine/tenofovir/</i>	<i>erythromycin base</i> .....	6
<i>doxycycline hyclate</i> .....	13, 52	<i>efavir</i> .....	<i>erythromycin es</i> .....	6
<i>dronabinol</i> .....	23	<i>emtricitabine/tenofovir/</i>	<i>erythromycin ethylsuccinate</i> ...	6
<i>dronedarone</i> .....	44	<i>rilpivirine</i> .....	<i>erythromycin lactobionate</i> .....	6
DROXIA .....	16	EMTRIVA .....	ERYTHROMYCINS .....	6
DRUGS AFFECTING		<i>enalapril-hctz</i> .....	<i>erythromycin-sulfisox</i> .....	12
THE EAR.....	52	<i>enalapril maleate</i> .....	esterified estrogens.....	80
DRUGS AFFECTING		ENBREL.....	ESTRACE.....	80
THE NOSE.....	52	<i>endocet</i> .....	<i>estradiol</i> .....	80
DRUGS AFFECTING		ENDOCRINE	<i>estradiol-noreth</i> .....	80
THE THROAT AND		MEDICATIONS .....	<i>estradiol/norgestimate</i> .....	80
MOUTH .....	52	ENDOTHELIN RECPTN	<i>estradiol tds</i> .....	80
DRUGS TO PREVENT		ANTAGONIST.....	<i>estramustine phosphate</i>	
AND TREAT GOUT.....	68		<i>sodium</i> .....	15

## INDEX

ESTROGEN DRUGS .....	80	<i>finasteride</i> .....	87	<b>G</b>	
ESTROGEN/PROGESTIN COMBINATIONS .....	80	FIRST CHOICE.....	67	<i>gabapentin</i> .....	29
<i>estrogens, conjugated</i> .....	80	<i>flecainide acetate</i> .....	38	GABITRIL.....	29, 30
<i>estropipate</i> .....	80	FLOVENT.....	85, 86	<i>galantamine</i> .....	19
<i>etanercept</i> .....	15	FLOVENT HFA.....	86	<i>galantamine er</i> .....	19
<i>ethambutol hcl</i> .....	4	<i>fluconazole</i> .....	6, 7	<i>galantamine hbr</i> .....	19
<i>ethinyl estradiol/norelgest</i> ....	78	<i>fluconazole-dext</i> .....	10	<i>galsulfase</i> .....	57
<i>ethionamide</i> .....	4	<i>flucytosine</i> .....	7	GAMASTAN S-D.....	64
<i>ethosuximide</i> .....	35	<i>fludrocortisone</i> .....	54	GAMMAGARD LIQUID.....	64
<i>ethotoin</i> .....	29	<i>flunisolide</i> .....	52	GAMUNEX.....	64
<i>etidronate disodium</i> .....	57	<i>fluocinolone</i> .....	50	<i>ganciclovir</i> .....	8, 83
<i>etodolac</i> .....	69	<i>fluocinolone oil</i> .....	52	GARDASIL.....	64
<i>etonogestrel/ethin estradiol</i> ...	78	<i>fluocinonide</i> .....	50	GASTROCROM.....	85
<i>etravirine</i> .....	3	<i>fluocinonide-emol</i> .....	50	GASTROINTESTINAL MEDICATIONS .....	59
EURAX.....	49	FLUORIDE PRODUCTS.....	74	<i>gavilyte-c</i> .....	61
<i>everolimus</i> .....	15	<i>fluorometholone</i> .....	82	<i>gavilyte-n</i> .....	61
EVISTA.....	81	<i>fluorouracil</i> .....	51	<i>gefitinib</i> .....	15
EVOXAC.....	52	<i>fluoxetine</i> .....	34	<i>gemcitabine</i> .....	15
EXELON .....	19	<i>fluoxetine hcl</i> .....	34, 35	<i>gemcitabine hcl</i> .....	15
<i>exemestane</i> .....	15	<i>fluoxymesterone</i> .....	78	<i>gemfibrozil</i> .....	43
<i>exenatide</i> .....	54	<i>fluphenazine</i> .....	20	<i>gengraf</i> .....	15, 16
EXJADE.....	51	<i>fluphenazine dec</i> .....	20	GENOTROPIN .....	63
<i>ezetimibe</i> .....	43	<i>flurbiprofen</i> .....	69, 83	GENOTROPIN MINIQUICK.....	63
<i>ezetimibe/simvastatin</i> .....	42	<i>flutamide</i> .....	15	GENOTROPIN MINIQUICK.....	63
<b>F</b>		<i>fluticasone prop</i> .....	50, 52	<i>gentak</i> .....	83
FABRAZYME.....	56	<i>fluticasone propionate</i> ...	85, 86	<i>gentamicin</i> .....	1, 13, 83
<i>famciclovir</i> .....	8	<i>fluvoxamine maleate</i> .....	35	<i>gentalol</i> .....	83
<i>famotidine</i> .....	60	FML FORTE.....	82	GEODON.....	23
FANAPT.....	21	FML S.O.P.....	82	<i>glatiramer acetate</i> .....	51
FARESTON .....	18	<i>fondaparinux</i> .....	75	GLEEVEC .....	16
FASLODEX .....	15	FORTEO.....	57	<i>glimepiride</i> .....	55
<i>fat emulsions</i> .....	77	FORTESTA.....	78	<i>glipizide</i> .....	55
FAZACLO .....	20	FOSAMAX.....	56	<i>glipizide er</i> .....	55
<i>felbamate</i> .....	29	<i>fosamprenavir calcium</i> .....	3	GLUCAGEN.....	54
<i>felodipine er</i> .....	40	<i>foscarnet</i> .....	8	GLUCAGON.....	54
<i>fenofibrate</i> .....	43	<i>fosinopril sodium</i> .....	37	<i>glucagon, human</i> <i>recombinant</i> .....	54
<i>fentanyl</i> .....	25	<i>fosphenytoin</i> .....	29	GLUCOCORTICOID DRUGS .....	53
<i>fentanyl cit otc</i> .....	25	FOSRENOL.....	70		
<i>fentanyl citrate otc</i> .....	25	FREAMINE III.....	72		
FIFTY50 .....	67	<i>fulvestrant</i> .....	15		
<i>filgrastim</i> .....	66	<i>furosemide</i> .....	43		
		FUSILEV I.V. ....	16		
		FUZEON.....	3		



INDEX

GLUCOSE ELEVATING DRUGS ..... 54  
*glyburide* ..... 55  
*glyburide-metformin* ..... 55  
*glyburide micro*..... 55  
*glycron*..... 55  
GLYSET ..... 55  
GOLYTELY ..... 61  
*granisetron hcl*..... 24  
GRIFULVIN V ..... 7  
*griseofulvin* ..... 7  
*griseofulvin microsize* ..... 7  
*griseofulvin ultramicrosize* ..... 7  
GRIS-PEG ..... 7  
GROWTH HORMONES AND RELATED DRUGS... 63  
*guanfacine* ..... 42  
*guanidine hcl* ..... 33

**H**

*haemophilus b-tet toxoid* ..... 64  
*haemophilus b vaccine* ..... 64  
HALAVEN ..... 15  
*haloperidol*..... 21  
*haloperidol dec*..... 21  
*haloperidol lac* ..... 21  
HAVRIX ..... 64  
HECTOROL..... 77  
*heparin-1/2ns* ..... 75  
*heparin-d5w*..... 75  
*heparin-ns*..... 75  
*heparin sod* ..... 75  
HEPATASOL..... 72  
*hepatatis a virus vaccine*..... 64  
*hepatitis b/haemophilus b vacc*..... 64  
*hepatitis b virus vaccine*..... 64  
*hep b vir recomb/hep a vir*..... 64  
HEPSERA ..... 8  
HEXALEN..... 14  
HIZENTRA ..... 64  
HMG-COA REDUCTASE INHIBITORS ..... 42  
*human papillomavirus vacc*..... 64  
*human papillomav vacc bival/pf*..... 64  
HUMATROPE..... 63  
HUMIRA ..... 14  
HYDANTOINS..... 29  
*hydralazine* ..... 47  
*hydrochlorothiazide*..... 47  
*hydrocodon-acetaminoph*..... 27  
*hydrocodon-acetaminophen*..... 27  
*hydrocodon-acetaminophn*..... 27  
*hydrocodone-acetaminophen*..... 27  
*hydrocodone bt-ibuprofen*..... 27  
*hydrocortisone*..... 50, 53, 61  
*hydrocortisone acetate*..... 61  
*hydrocortisone-aloe* ..... 50  
*hydrocortisone plus*..... 50  
*hydrocortisone sod succinate* ..... 53  
*hydroxychloroquine* ..... 12  
*hydroxypropylmethyl cellulose*..... 83  
*hydroxyurea* ..... 16  
*hydroxyzine*..... 48  
*hydroxyzine hcl*..... 48  
*hydroxyzine pam* ..... 48  
HYPOLIPO-PROTEINEMICS ..... 43

**I**

*ibandronate* ..... 57  
*ibuprofen*..... 69  
*idursulfase* ..... 57  
*iloperidone*..... 21  
*imatinib mesylate* ..... 16  
*imiglucerase* ..... 57  
*imipenem/cilastatin*..... 7  
*imipenem/cilastatin sodium*..... 7  
*imipramine hcl* ..... 36  
*imiquimod*..... 51  
IMITREX..... 28  
*immune globulin - im*..... 64  
*immune globulin - iv* ..... 64  
*immune globulin- sq* ..... 64  
IMMUNOLOGICALS AND VACCINES..... 62, 64  
IMOVAX ..... 65  
INCIVEK..... 4  
*incobotulinumtoxina* ..... 68  
INCRELEX ..... 65  
INCRETIN MIMETICS ..... 54  
*indapamide*..... 47  
*indinavir*..... 3  
*indomethacin* ..... 69  
INFANRIX..... 64  
INFERGEN ..... 65  
*infliximab*..... 16  
INJECTABLE ANTICOAGULANTS ..... 74  
INS SYR..... 67  
INS SYRIN ..... 67  
INSULIN ..... 54, 67  
INSULIN LIKE GROWTH FACTORS-1 ..... 65  
INSULIN SYR..... 67  
INSULIN SYRIN ..... 67  
INSULIN SYRINGE..... 67  
INSUL SYR..... 67  
INTELENCE..... 3  
*interferon alfa-2b , recomb*... 65  
*interferon alfacon-1* ..... 65  
*interferon beta-1a* ..... 65  
*interferon beta-1a/albumin* .... 65  
*interferon beta-1b*..... 65  
*interferon gamma-1b, recomb*..... 66  
INTERFERONS ..... 65  
INTERLEUKIN RECPTR ANTAGONIST ..... 66  
INTERLEUKINS..... 66  
INTRALIPID..... 77  
INTRON A..... 65  
INVEGA ER..... 22  
INVEGA SUSTENNA..... 22

## INDEX

INVIRASE.....	3	<b>K</b>	LATUDA.....	21	
IONOSOL B-D5W.....	73	KALETRA.....	LAXATIVES AND		
IONOSOL MB-D5W.....	73	<i>kariva</i> .....	CATHARTICS.....	60	
IONOSOL T-D5W.....	73	<i>kcl</i> .....	<i>leena</i> .....	79	
IOPIDINE.....	81	<i>kcl 5 meq</i> .....	<i>leflunomide</i> .....	16	
<i>ipilimumab</i> .....	16	<i>kcl 10 meq</i> .....	<i>lenalidomide</i> .....	16	
IPOL.....	65	<i>kcl 20 meq</i> .....	<i>lessina</i> .....	79	
<i>iprat-albut</i> .....	86	<i>kcl 20 meq-ns</i> .....	LETAIRIS.....	42	
<i>ipratropium</i> .....	52, 86	<i>kcl 40 meq</i> .....	<i>letrozole</i> .....	16	
<i>ipratropium br</i> .....	86	<i>kcl 40 meq-ns</i> .....	<i>leucovorin calcium</i> .....	16	
IRESSA.....	15	<i>kelnor</i> .....	LEUKERAN.....	14	
IRRITABLE BOWEL		KEPIVANCE.....	LEUKINE.....	66	
DRUGS.....	60	KERATOLYTIC DRUGS.....	<i>leuprolide</i> .....	81	
ISENTRESS.....	3	<i>ketoconazole</i> .....	7, 9	LEVEMIR.....	54
<i>isocarboxazid</i> .....	29	<i>ketoprofen</i> .....	69	<i>levetiracetam</i> .....	30
<i>iso gentamicin</i> .....	1	<i>ketorolac</i> .....	83	<i>levetiracetam er</i> .....	30
ISOLYTE H-DEXTROSE.....	73	KINERET.....	66	<i>levobunolol</i> .....	82
ISOLYTE M-DEXTROSE.....	73	KINRAY INS SYR.....	67	<i>levocarnitine</i> .....	77
ISOLYTE P-DEXTROSE.....	73	KINRAY SYRING.....	67	<i>levocetirizine</i> .....	84
ISOLYTE S.....	73	<i>klor-con</i> .....	76	<i>levofloxacin</i> .....	12
<i>isonarif</i> .....	4	KOMBIGLYZE XR.....	56	<i>levofloxacin-D5W</i> .....	12
<i>isoniazid</i> .....	4	KUVAN.....	57	<i>levoleucovorin</i> .....	16
<i>isosorbide dn</i> .....	44	<b>L</b>		<i>levora</i> .....	79
<i>isosorbide dn er</i> .....	44	<i>labetalol hcl</i> .....	38, 39	<i>levothroid</i> .....	57, 58
<i>isosorbide mn</i> .....	44	<i>lacosamide</i> .....	30, 31	<i>levothyroxine</i> .....	58
<i>isosorbide mn er</i> .....	44	LACRISERT.....	83	<i>levoxyl</i> .....	58, 59
<i>isoton gentamicin</i> .....	1	<i>lactated ringers</i> .....	73	LEXIVA.....	3
<i>itraconazole</i> .....	7	<i>lactulose</i> .....	70	<i>lidocaine</i> .....	1
<i>ivermectin</i> .....	2	<i>lamivudine</i> .....	3, 8	<i>lidocaine hcl</i> .....	1
IXIARO.....	64	<i>lamivudine/zidovudine</i> .....	3	<i>lidocaine-prilocaine</i> .....	1
<b>J</b>		<i>lamotrigine</i> .....	30	LIDODERM.....	1
JAKAFI.....	17	LANOXIN.....	41	LINCOCIN.....	7
<i>jantoven</i> .....	75	LANOXIN PED.....	41	<i>lincomycin</i> .....	7
JANUMET.....	56	<i>lanreotide acetate</i> .....	16	LINDANE.....	49
JANUVIA.....	56	<i>lansoprazole dr</i> .....	62	<i>linezolid</i> .....	7
<i>japanese encephalitis</i>		<i>lansoprazole odt</i> .....	62	<i>liothyronine sod</i> .....	59
<i>vaccine</i> .....	64	<i>lanthanum carbonate</i> .....	70	<i>liotrix</i> .....	59
JE-VAX.....	64	LANTUS.....	54	LIPOSYN II.....	77
<i>jolivet</i> .....	80	<i>lapatinib ditosylate</i> .....	16	<i>liposyn iii</i> .....	77
<i>junel</i> .....	78	<i>laronidase</i> .....	57	<i>liraglutide</i> .....	54
<i>junel fe</i> .....	78	<i>latanoprost</i> .....	82	<i>lisinopril</i> .....	37
JUVISYNC.....	56			<i>lisinopril-hctz</i> .....	45
				<i>lithium</i> .....	19



INDEX

<i>lithium carbonate</i> .....	19	<i>mecasermin</i> .....	65	<i>methylnaltrexone bromide</i> .....	61
<i>lithium carbonate er</i> .....	19	<i>meclizine</i> .....	24	<i>methylphenidate</i> .....	28
<i>lithium er</i> .....	19	<b>MEDICAL</b>	<b>(MISCELLANEOUS)</b>	<i>methylphenidate sr</i> .....	28
<b>LOCAL ANESTHETICS</b> .....	1	<b>SUPPLIES</b> .....	66	<i>methylprednisolone</i> .....	53
<i>lomustine</i> .....	16	<i>medroxyprogesterone</i> .....	81	<i>methylprednisolone acetate</i> ..	53
<b>LOOP DIURETICS</b> .....	43	<i>mefloquine hcl</i> .....	12	<i>methylprednisolone</i>	
<i>loperamide</i> .....	59	<i>megestrol</i> .....	16	<i>sod succ</i> .....	53
<i>losartan-hctz</i> .....	45	<i>megestrol acet</i> .....	16	<i>methylprednisolone ss</i> .....	53
<i>losartan potassium</i> .....	37	<i>meloxicam</i> .....	69	<i>methyltestosterone</i> .....	78
<b>LOTRONEX</b> .....	60	<i>memantine hcl</i> .....	19	<b>METHYL XANTHINE</b>	
<i>lovastatin</i> .....	42	<b>MENACTRA</b> .....	65	<b>DRUGS</b> .....	85
<b>LOVAZA</b> .....	43	<i>meningococcal vac a, c, y,</i>		<i>metipranolol</i> .....	82
<b>LOVENOX</b> .....	74	<i>w-135</i> .....	65	<i>metoclopramide</i> .....	60
<i>low-ogestrel</i> .....	79	<i>mening vac a, c, y,</i>		<i>metolazone</i> .....	47
<i>loxapine</i> .....	21	<i>w-135 dip</i> .....	65	<i>metoprolol-hctz</i> .....	45
<i>lubiprostone</i> .....	60	<b>MENOMUNE-A-C-Y-W</b> .....	65	<i>metoprolol succ er</i> .....	39
<b>LUMIZYME</b> .....	56	<b>MENVEO A-C-Y-W</b> .....	65	<i>metoprolol tart</i> .....	39
<b>LUPRON DEPOT</b> .....	81	<i>meperidine</i> .....	25	<i>metoprolol tartrate</i> .....	39
<b>LUPRON DEPOT-PED</b> .....	81	<b>MEPRON</b> .....	7	<i>metronidazole</i> .....	2, 48
<i>lurasidone hcl</i> .....	21	<i>mercaptapurine</i> .....	16	<i>metronidazole topical</i> .....	48
<i>lutea</i> .....	79	<i>meropenem iv</i> .....	7	<i>metronidazole vaginal</i> .....	80
<i>lymphocyte immune</i>		<i>mesalamine</i> .....	61	<i>mexiletine</i> .....	38
<i>globulin</i> .....	64, 65	<i>mesna</i> .....	16	<b>MIACALCIN</b> .....	56
<b>LYRICA</b> .....	30	<b>MESNEX</b> .....	16	<i>micafungin sodium</i> .....	10
<b>LYSODREN</b> .....	17	<b>MESTINON</b> .....	33	<i>miconazole 3</i> .....	13
		<i>metaproterenol</i> .....	84	<i>microgestin</i> .....	79
		<i>metformin hcl</i> .....	55	<i>microgestin fe</i> .....	79
		<i>metformin hcl er</i> .....	55	<i>midodrine hcl</i> .....	46
		<i>methadone</i> .....	25	<i>migergot</i> .....	28
		<i>methadone hcl</i> .....	25	<i>miglitol</i> .....	55
		<i>methadose</i> .....	26	<i>miglustat</i> .....	57
		<i>methazolamide</i> .....	82	<b>MIGRANAL</b> .....	28
		<i>methimazole</i> .....	52	<b>MINERALOCORTICOID</b>	
		<b>METHITEST</b> .....	78	<b>DRUGS</b> .....	54
		<i>methocarbamol</i> .....	68	<i>minocycline</i> .....	13
		<i>methotrexate</i> .....	17	<i>minoxidil</i> .....	47
		<i>methotrexate sodium</i> .....	17	<i>mirtazapine</i> .....	31
		<i>methoxsalen</i> .....	49, 51	<b>MISCELLANEOUS</b>	
		<i>methsuximide</i> .....	35	<b>DRUGS</b> .....	51
		<i>methyl dopa</i> .....	42	<i>misc supp</i>	
		<i>methyl dopa-hctz</i> .....	45	( <i>dress, tape, gauze</i> ) .....	66
		<i>methylin</i> .....	28	<i>misoprostol</i> .....	61
		<i>methylin er</i> .....	28	<i>mitotane</i> .....	17
				<i>mitoxantrone</i> .....	17

M

<i>magnesium sulf</i> .....	74
<i>magnesium sulfate</i> .....	74
<b>MALARONE</b> .....	12
<b>MAO INHIBITORS</b> .....	29
<i>maprotiline</i> .....	31
<i>maraviroc</i> .....	3
<i>margesic h</i> .....	27
<b>MARPLAN</b> .....	29
<b>MATULANE</b> .....	17
<i>matzim la</i> .....	40
<b>MAXIDEX</b> .....	82
<i>measles, mumps&amp;rubella</i>	
<i>vaccine</i> .....	65
<i>measles, mumps, rub,</i>	
<i>varicella</i> .....	65
<i>mebendazole</i> .....	2

## INDEX

M-M-R II.....	65	<i>nefazodone hcl</i> .....	31, 32	NORDITROPIN	
<i>modafinil</i> .....	28	<i>nelfinavir mesylate</i> .....	3	NORDIFLEX.....	63
<i>mononessa</i> .....	79	<i>neo-bacit-poly-hc</i> .....	82	<i>norethindrone</i> .....	81
<i>montelukast sodium</i> .....	84, 85	<i>neomyc-bacit-polymix</i> .....	83	NORMOSOL-M.....	73
<i>morphine</i> .....	26	<i>neomycin</i> .....	1	NORMOSOL-R-	
<i>morphine sulf</i> .....	26	<i>neomycin-poly-hc</i> .....	82	DEXTROSE.....	73
<i>morphine sulfate ir</i> .....	26	<i>neomycin-polymixin-hc</i> .....	52	NORMOSOL-R PH 7.4.....	73
<i>morphine sulf er</i> .....	26	<i>neomycin-polymyxin-hc</i> .....	52	NORPACE CR.....	38
<i>moxifloxacin</i> .....	12	<i>neomyc-polym-dexamet</i> .....	82	<i>nortrel</i> .....	79
MULTAQ.....	44	<i>neomyc-polym-dexameth</i> .....	82	<i>nortriptyline</i> .....	34
<i>mupirocin</i> .....	13	<i>neomyc-polym-gramicid</i> .....	83	<i>nortriptyline hcl</i> .....	34
<i>muronab-cd3</i> .....	17	NEPHRAMINE.....	72	NORVIR.....	3
MUSCULOSKELETAL		NEULASTA.....	66	NOVOLIN.....	54
MEDICATIONS.....	68	NEUMEGA.....	66	NOVOLIN N.....	54
MYCAMINE.....	10	NEUPOGEN.....	66	NOVOLIN R.....	54
MYCOBUTIN.....	4	<i>nevirapine</i> .....	3	NOVOLOG.....	54
<i>mycophenolate</i> .....	17	NEXAVAR.....	18	NOVOLOG MIX.....	54
<i>mycophenolate mofetil</i> .....	17	<i>next choice</i> .....	79	NULOJIX.....	14
<i>mycophenolate sodium</i> .....	17	<i>niacin</i> .....	43	NUTRITION, BLOOD	
MYELOID STIMULANTS.....	66	NIASPAN ER.....	43	MODIFIERS,	
MYFORTIC.....	17	<i>nicotine inhaler</i> .....	35	ELECTROLYTES.....	70
MYOZYME.....	56	<i>nicotine ns</i> .....	35	NUTROPIN.....	63
<b>N</b>		NICOTROL.....	35	NUTROPIN AQ.....	63
<i>nabumetone</i> .....	69	<i>nifediac cc</i> .....	40, 41	NUTROPIN AQ NUSPIN.....	63
<i>nadolol</i> .....	39	<i>nifedical xl</i> .....	41	NUVARING VAGINAL.....	78
<i>nafarelin</i> .....	81	<i>nifedipine er</i> .....	41	<i>nyamyc</i> .....	9
<i>nafcillin</i> .....	11	NILANDRON.....	17	<i>nystatin</i> .....	7, 9
NAGLAZYME.....	57	<i>nilotinib hydrochloride</i> .....	17	<i>nystatin-triamcinolone</i> .....	13
<i>nalbuphine</i> .....	18	<i>nilutamide</i> .....	17	<i>nystop</i> .....	9
<i>naloxone</i> .....	33	<i>nitazoxanide</i> .....	7		
<i>naltrexone</i> .....	33	<i>nitisinone</i> .....	51		
NAMENDA.....	19	NITRATES.....	44		
<i>naproxen</i> .....	69	NITRO-DUR.....	44	OB/GYN TOPICAL	
<i>naproxen ec</i> .....	69	<i>nitrofurantoin mcr</i> .....	13	ANTIINFECTIVES.....	80
<i>naproxen sodium</i> .....	69	<i>nitrofurantoin mono-mcr</i> .....	13	OBSTETRICAL AND	
<i>naratriptan hcl</i> .....	28	<i>nitroglycerin</i> .....	44	GYNECOLOGICAL	
NATACYN.....	83	NITROMIST.....	44	MEDICATIONS.....	78
<i>natalizumab</i> .....	17	NITROSTAT.....	44	<i>ocella</i> .....	79
<i>natamycin</i> .....	83	NON-STEROIDAL		<i>octreotide</i> .....	17
<i>nateglinide</i> .....	55	ANTIINFLAMMATORY		<i>octreotide acet</i> .....	17
NEBUPENT.....	7	AGENTS.....	68	<i>ofloxacin</i> .....	52
<i>necon</i> .....	79	<i>nora-be</i> .....	81	<i>ofloxacin 0.3%</i> .....	83
		NORDITROPIN FLEXPRO.....	63	<i>olanzapine</i> .....	21, 22
				<i>olanzapine odt</i> .....	21



INDEX

<i>olmesartan medoxomil</i> .....	37	OTHER		<i>oxycodone</i> .....	26
<i>olmesartan medoxomil/hctz</i> ..	45	ANTIDEPRESSANTS .....	31	<i>oxycodone-acetaminophen</i> ...	26
<i>omalizumab</i> .....	86	OTHER		<i>oxycodone-asa</i> .....	26
<i>omega-3 acid ethyl esters</i> .....	43	ANTIHYPERTENSIVES.....	45	<i>oxycodone-aspirin</i> .....	26
<i>omeprazole dr</i> .....	62	OTHER ANTIINFECTIVE		<i>oxycodone conc</i> .....	26
OMNITROPE .....	63	DRUGS .....	7	<i>oxycodone hcl</i> .....	26
<i>ondansetron</i> .....	24	OTHER ANTIPARKINSON		<i>oxycodone w/apap</i> .....	26
<i>ondansetron hcl</i> .....	24	DRUGS .....	32	OXYCONTIN .....	26
<i>ondansetron odt</i> .....	24	OTHER ANTIULCER		<i>oxymetholone</i> .....	78
ONGLYZA .....	56	DRUGS .....	61		
OPHTHALMIC		OTHER ANTIVIRAL			
ANTIINFECTIVE/		DRUGS .....	8		
CORTICOSTEROIDS.....	82	OTHER			
OPHTHALMIC		CARDIOVASCULAR		<i>pacerone</i> .....	36
CORTICOSTEROID		DRUGS .....	46	PACERONE.....	36
DRUGS .....	82	OTHER		<i>palifermin</i> .....	65
OPHTHALMIC		CNS/AUTONOMIC		<i>paliperidone</i> .....	22
MEDICATIONS .....	81	DRUGS .....	33	<i>pamidronate</i> .....	57
OPHTHALMIC TOPICAL		OTHER DRUGS FOR		PANCREAZE.....	61
ANTIBACTERIAL		ARTHRITIS .....	70	PANRETIN.....	50
DRUGS .....	83	OTHER DRUGS FOR		<i>pantoprazole</i> .....	62
OPHTHALMIC TOPICAL		ASTHMA.....	85	<i>pantoprazole sod dr</i> .....	62
ANTIVIRAL DRUGS.....	83	OTHER ENDOCRINE		PARENTERAL	
<i>oprelvekin</i> .....	66	DRUGS .....	56	ANTIFUNGALS .....	10
ORAL ANTICOAGULANTS,		OTHER GENITOURINARY		<i>paricalcitol</i> .....	77
VITAMIN K.....	75	PRODUCTS .....	87	<i>paromomycin</i> .....	1
ORAL ANTIFUNGAL		OTHER GI DRUGS .....	61	<i>paroxetine hcl</i> .....	35
DRUGS .....	6	OTHER MACROLIDES.....	9	PASER GRANULES .....	4
ORAL DERMATOLOGICAL		OTHER OPHTHALMIC		<i>pazopanib</i> .....	17
DRUGS .....	49	DRUGS .....	83	PCE.....	6
ORAL HYPOGLYCEMICS		OTHER RESPIRATORY		<i>pedi-dri</i> .....	9
AND COMBOS .....	54	DRUGS .....	86	PEDVAXHIB .....	64
ORAP .....	22	OTHER TOPICAL		<i>pegademase bovine</i> .....	51
ORENCIA.....	14	ANTIFUNGALS .....	9	PEGANONE.....	29
ORFADIN .....	51	OTHER VASODILATING		PEGASYS.....	66
<i>orsythia</i> .....	79	DRUGS .....	46	<i>pegfilgrastim</i> .....	66
ORTHOCLONE.....	17	<i>oxacillin</i> .....	11	<i>peginterferon alfa-2a</i> .....	66
ORTHO EVRA.....	78	<i>oxandrolone</i> .....	78	<i>peginterferon alfa-2b</i> .....	66
<i>oseltamivir phosphate</i> .....	8, 9	<i>oxcarbazepine</i> .....	25	<i>pegvisomant</i> .....	57
OSMOPREP .....	60	OXSORALEN.....	51	<i>pemetrexed disodium</i> .....	17
OTHER		OXSORALEN-ULTRA.....	49	<i>penicillamine</i> .....	70
ANTIARRHYTHMICS .....	44	<i>oxybutynin</i> .....	86	<i>penicillin g benzathine</i> .....	11
OTHER		<i>oxybutynin cl er</i> .....	86	<i>penicillin g k</i> .....	11
ANTICONVULSANTS.....	29	<i>oxycodon-acetaminophen</i> .....	26	<i>penicillin g na</i> .....	11

## INDEX

<i>penicillin vk</i> .....	11	POTASSIUM REMOVING	PROCRIT .....	63
PENTAM.....	8	RESINS .....	<i>procto-pak</i> .....	61
<i>pentamidine</i> .....	7, 8	POTASSIUM SPARING	<i>proctosol-hc</i> .....	62
PENTASA .....	61	DIURETICS .....	<i>proctozone-hc</i> .....	62
<i>pentopak</i> .....	46	POTASSIUM	<i>progesterone</i> .....	81
<i>pentoxifylline er</i> .....	46	SUPPLEMENTS .....	PROGESTIN DRUGS.....	80
<i>permethrin</i> .....	49	PRADAXA.....	PROGLYCEM .....	54
<i>perphen-amitrip</i> .....	32	<i>pramipexole</i> .....	PROGRAF .....	18
<i>perphenazine</i> .....	22	..... 32, 33	PROLASTIN.....	86
<i>phenadoz</i> .....	24	<i>pramlintide acetate</i> .....	PROLASTIN C.....	86
<i>phenelzine sulfate</i> .....	29	..... 52	PROLEUKIN.....	66
<i>phenytoin</i> .....	29	PRANDIN .....	PROMACTA.....	66
<i>phenytoin sod ext</i> .....	29	<i>pravastatin sodium</i> .....	<i>promethazine</i> .....	24, 84
<i>phenytoin sodium</i> .....	29	<i>praziquantel</i> .....	<i>promethegan</i> .....	24
PHOSPHOLINE ODIDE.....	82	<i>prazosin</i> .....	PROMETRIUM .....	81
<i>pilocarpine hcl</i> .....	52, 82	PRED MILD .....	<i>propafenone hcl</i> .....	38
PILOPINE HS.....	82	<i>prednisolone</i> .....	PROPINE .....	82
<i>pimecrolimus</i> .....	51	<i>prednisolone ac</i> .....	<i>propranolol</i> .....	39
<i>pimozide</i> .....	22	<i>prednisolone acetate</i> .....	<i>propranolol er</i> .....	39
<i>pindolol</i> .....	39	<i>prednisolone sod</i> .....	<i>propranolol-hctz</i> .....	45
<i>pioglitazone hcl</i> .....	55	<i>prednisone</i> .....	<i>propylthiouracil</i> .....	52
<i>pioglitazone hcl/metformin</i>		PREFEST .....	PROQUAD.....	65
<i>hc</i> .....	55, 56	PREF PLUS SYRING .....	PROTONIX IV.....	62
<i>piperacillin</i> .....	11	<i>pregabalin</i> .....	PROTON PUMP	
<i>piperacillin/tazobactam/</i>		PREMARIN VAGINAL	INHIBITORS .....	62
<i>sod cl</i> .....	11	CREAM.....	PROTOPIC .....	51
<i>piperacil-tazobact</i> .....	11	PREMASOL.....	<i>protriptyline hcl</i> .....	34
<i>piroxicam</i> .....	69, 70	<i>prenatabs obn</i> .....	PROVENTIL HFA .....	84
PLASMA-LYTE 56.....	72, 73	PRENATAL VITAMINS.....	PROVIGIL .....	28
PLASMA-LYTE 148.....	73	<i>prevalite</i> .....	PULMOZYME .....	86
PLASMA-LYTE A .....	73	<i>previfem</i> .....	<i>pyrazinamide</i> .....	4
PLASMA-LYTE R .....	73	PREZISTA .....	<i>pyridostigmine</i> .....	33
PLASMODICIDES.....	12	PRIFTIN .....	<i>pyridostigmine br</i> .....	34
PLAVIX .....	70	<i>primaquine</i> .....	<i>pyrimethamine</i> .....	12
<i>podofilox</i> .....	49	PRIMAQUINE .....		
<i>poliomyelitis vac, killed</i> .....	65	PRIMAXIN I.M. ....		
<i>poly-dex</i> .....	82	<i>primidone</i> .....		
<i>polyethylene glycol</i> .....	60	PRISTIQ.....		
<i>polymyxin b-tmp</i> .....	83	PRIVIGEN .....		
<i>portia</i> .....	79	PROAIR HFA.....		
<i>potassium citrate er</i> .....	87	<i>probenecid</i> .....	QUALAQUIN .....	12
<i>potassium cl</i> .....	74, 76	<i>probenecid-colchicine</i> .....	<i>quasense</i> .....	79
<i>potassium cl er</i> .....	77	<i>procainamide</i> .....	<i>quetiapine fumarate</i> .....	22
		PROCALAMINE .....	<i>quinapril</i> .....	37
		<i>procarbazine</i> .....	<i>quinidine gluc</i> .....	38
		<i>prochlorperazine</i> .....	<i>quinidine sulfate</i> .....	38
			<i>quinidine sulf er</i> .....	38

## Q

QUALAQUIN .....	12
<i>quasense</i> .....	79
<i>quetiapine fumarate</i> .....	22
<i>quinapril</i> .....	37
<i>quinidine gluc</i> .....	38
<i>quinidine sulfate</i> .....	38
<i>quinidine sulf er</i> .....	38



INDEX

<i>quinine sulfate</i> .....	12	REYATAZ.....	2	<i>saquinavir mesylate</i> .....	3
QUINOLONES.....	12	<i>ribasphere</i> .....	9	<i>sargramostim</i> .....	66
<i>quinupristin/dalfopristin</i> .....	8	<i>ribavirin</i> .....	9	<i>saxagliptin hcl/metformin</i>	
QVAR.....	85	RIDAURA.....	70	<i>hcl</i> .....	56
<b>R</b>		<i>rifabutin</i> .....	4	<i>saxagliptin hydrochloride</i> .....	56
RABAVERT .....	65	<i>rifampin</i> .....	4	SCABICIDES.....	49
<i>rabies vaccine, human</i>		<i>rifampin iv</i> .....	4	SECONDARY AMINES.....	34
<i>diploid</i> .....	65	<i>rifapentine</i> .....	4	SEDATIVE/HYPNOTIC	
<i>rabies vac, pf chick-emb</i>		<i>rilonacept</i> .....	66	DRUGS.....	34
<i>cell</i> .....	65	<i>rilpivirine hydrochloride</i> .....	3	SELECTIVE ESTROGEN	
<i>raloxifene</i> .....	81	RILUTEK.....	68	RECEPTOR	
<i>raltegravir potassium</i> .....	3	<i>riluzole</i> .....	68	MODULATOR.....	81
RANEXA ER.....	46	<i>rimantadine hcl</i> .....	9	SELECTIVE SEROTONIN	
<i>ranitidine</i> .....	60	<i>ringer's</i> .....	74	REUPTAKE	
<i>ranitidine hcl</i> .....	60	<i>ringers</i> .....	74	INHIBITORS .....	34
<i>ranolazine</i> .....	46	<i>risedronate</i> .....	57	<i>selegiline</i> .....	29
RAPAMUNE.....	17, 18	RISPERDAL CONSTA .....	22	<i>selegiline hcl</i> .....	33
<i>rasburicase</i> .....	17	<i>risperidone</i> .....	22, 23	<i>selenium sulfide</i> .....	48
REBIF.....	65	<i>ritonavir</i> .....	3	SELZENTRY.....	3
<i>reclipsen</i> .....	79	<i>ritonavir/lopinavir</i> .....	3	SENSIPAR.....	57
RECOMBIVAX HB.....	64	RITUXAN .....	17	SEREVENT DISKUS.....	84
REGONOL.....	33	<i>rituximab</i> .....	17	SEROMYCIN .....	4
REGRANEX.....	51	<i>rivaroxaban</i> .....	75	SEROQUEL.....	22
RELENZA.....	9	<i>rivastigmine</i> .....	19	SEROQUEL XR.....	22
RELION INS SYR.....	67	<i>rivastigmine tartrate</i> .....	19	<i>sertraline</i> .....	35
RELI-ON INSULIN.....	67	<i>ropinirole hcl</i> .....	33	<i>sertraline hcl</i> .....	35
RELION SYRING.....	67	<i>rosiglitazone maleate</i> .....	56	<i>sevelamer</i> .....	70
RELISTOR.....	61	<i>rosuvastatin calcium</i> .....	42	<i>sevelamer carbonate</i> .....	70
REMICADE.....	16	ROTATEQ VACCINE.....	65	<i>silver sulfadiazine</i> .....	13
REMODULIN .....	46	<i>rotavirus vac, live pentav</i> .....	65	SIMULECT.....	14
RENAGEL.....	70	<i>rufinamide</i> .....	29	<i>simvastatin</i> .....	42, 43
REVELA.....	70	<i>ruxolitinib</i> .....	17	<i>sinecatechins</i> .....	51
<i>repaglinide</i> .....	56	<b>S</b>		SINGULAIR.....	84, 85
RESCRIPTOR.....	2	SABRIL.....	30	<i>sirolimus</i> .....	17, 18
<i>reserpine</i> .....	45	<i>sacrosidase</i> .....	62	<i>sitagliptin phos/metformin</i>	
RESPIRATORY		SAIZEN.....	63, 64	<i>hcl</i> .....	56
MEDICATIONS .....	83	<i>saline</i> .....	74	<i>sitagliptin phosphate</i> .....	56
RESTASIS .....	83	<i>salmeterol</i> .....	84	<i>sitagliptin/simvastatin</i> .....	56
RETROVIR.....	4	<i>salmeterol/fluticasone</i> .....	86	SMOKING CESSATION	
REVATIO.....	46	SANTYL .....	51	PRODUCTS.....	35
<i>revatio (sildenafil citrate)</i> .....	46	SAPHRIS.....	20	<i>sodium bicarb</i> .....	74
REVLIMID.....	16	<i>sapropterin dihydrochloride</i> ..	57	<i>sodium bicarbonate</i> .....	74
				<i>sodium chloride</i> .....	74
				<i>sodium cl</i> .....	74

## INDEX

<i>sodium fluoride</i> .....	74	<i>sulfazine ec</i> .....	62	<i>terazosin</i> .....	47
<i>sodium lactate</i> .....	74	SULFONAMIDES.....	12	<i>terbinafine hcl</i> .....	7
<i>sodium oxybate</i> .....	34	<i>sulf-pred</i> .....	82	<i>terbutaline sulf</i> .....	84
<i>sodium phenylbutyrate</i> .....	51	<i>sulindac</i> .....	70	<i>terbutaline sulfate</i> .....	84
<i>sodium phosphate/na</i>		<i>sumatriptan</i> .....	28	<i>terconazole</i> .....	13
<i>biphos</i> .....	60	<i>sumatriptan succ</i> .....	28	<i>teriparatide</i> .....	57
<i>sodium polystyrene sulf</i> .....	76	<i>sunitinib malate</i> .....	18	TERTIARY AMINES.....	35
SOLARAZE.....	51	SUPRAX.....	5	<i>testosterone</i> .....	78
<i>solia</i> .....	79	SURE-JECT.....	67	<i>testosterone cyp</i> .....	78
SOLU-CORTEF (PF).....	53	SURMONTIL.....	36	<i>testosterone enan</i> .....	78
SOLU-MEDROL.....	53	SUSTIVA.....	2	TETANUS-DIPHTHERIA	
<i>somatropin</i> .....	63, 64	SUTENT.....	18	DECAVAC.....	65
SOMATULINE.....	16	SYLATRON.....	66	<i>tetanus, diphtheria toxoid</i> .....	65
SOMAVERT.....	57	SYMBICORT.....	85	TETANUS DIPHTHERIA	
<i>sorafenib tosylate</i> .....	18	SYMLIN.....	52	TOXOIDS.....	65
SORIATANE.....	48	SYMLINPEN.....	52	<i>tetanus toxoid</i>	
<i>sorine</i> .....	44	SYNAREL.....	81	<i>adsorbed vl</i> .....	65
<i>sotalol</i> .....	44	SYNERCID.....	8	<i>tetrabenazine</i> .....	34
<i>sotret</i> .....	49	SYNTHROID.....	58	<i>tetracycline</i> .....	13
SPECIALIZED OB/GYN		SYPRINE.....	70	TETRACYCLINES.....	13
DRUGS.....	81	SYRING.....	67	<i>tetrahydrozoline</i> .....	52
SPIRIVA.....	86	SYRINGE.....	68	TEV-TROPIN.....	64
<i>spironolactone</i> .....	46			<i>thalidomide</i> .....	51
<i>spironolactone-hctz</i> .....	46	<b>T</b>		THALOMID.....	51
<i>sprintec</i> .....	79	TABLOID.....	18	<i>theochron er</i> .....	85
SPRYCEL.....	15	<i>tacrolimus</i> .....	18, 51	<i>theophylline</i> .....	85
<i>sronyx</i> .....	79	TAMIFLU.....	8, 9	<i>theophylline er</i> .....	85
<i>ssd</i> .....	13	<i>tamoxifen</i> .....	18	THERAPEUTIC VITAMINS	
<i>stagesic</i> .....	27	<i>tamsulosin hcl</i> .....	87	AND MINERALS.....	77
<i>stavudine</i> .....	3, 4	TARCEVA.....	15	<i>thermazene</i> .....	13
<i>sterile water for irrigation</i> .....	74	TARGRETIN.....	14	THIAZIDE AND RELATED	
<i>sterile water, irrigation</i> .....	74	TASIGNA.....	17	DRUGS.....	47
STRATTERA.....	33	TASMAR.....	33	<i>thioguanine</i> .....	18
STROMECTOL.....	2	TAXOTERE.....	15	<i>thioridazine</i> .....	23
SUBOXONE.....	27	<i>tazarotene</i> .....	48	<i>thiothixene</i> .....	23
SUCCINIMIDES.....	35	TAZORAC.....	48	THROMBOPOIETIC	
SUCRAID.....	62	<i>taztia xt</i> .....	41	AGENTS.....	66
<i>sucralfate</i> .....	61	TEGRETOL XR.....	24	THYMOGLOBULIN.....	65
<i>sulfacetamide 10%</i> .....	83	TEKTURNA.....	45	THYROID	
<i>sulfadiazine</i> .....	12	<i>telaprevir</i> .....	4	SUPPLEMENTS.....	57
<i>sulfamethoxazole-tmp</i> .....	12	<i>telavancin</i> .....	8	THYROLAR.....	59
<i>sulfamethoxazole w/tmp</i> .....	12	<i>telbivudine</i> .....	9	<i>tiagabine</i> .....	29, 30
<i>sulfasalazine</i> .....	62	<i>tenofovir disproxil fumarate</i> .....	4	<i>ticarcillin/k clavulanate</i> .....	11
				<i>ticlopidine</i> .....	70



INDEX

<i>tigecycline</i> .....	8	<i>tranexamic acid</i> .....	51	<b>U</b>	
TIKOSYN.....	44	<i>tranylcypromine sulf</i> .....	29	U100 INS SYR.....	68
TIMENTIN.....	11	TRAVASOL.....	72	<i>ulipristal acetate</i> .....	79
<i>timolol</i> .....	82	TRAVATAN Z.....	82	ULTCARE INS SYR.....	68
<i>timolol maleate</i> .....	39	<i>travoprost</i> .....	82	ULTICARE INS SYR.....	68
<i>tiotropium bromide</i> .....	86	<i>trazodone</i> .....	32	ULTICARE SYR.....	68
<i>tipranavir</i> .....	4	TRECATOR.....	4	<i>unithroid</i> .....	59
<i>tipranavir/vitamin e tpgs</i> .....	4	TRELSTAR.....	18	URINARY ANTIINFECTIVES	13
<i>tizanidine hcl</i> .....	68	<i>treprostinil sodium</i> .....	46	UROLOGICAL	
TOBI.....	1	<i>tretinoin</i> .....	18, 48	MEDICATIONS.....	86
TOBRADEX.....	82	TREXALL.....	17	<i>ursodiol</i> .....	62
TOBRADEX ST.....	82	<i>triamcinolone</i> .....	50	<b>V</b>	
<i>tobramycin</i> .....	1	<i>triamterene</i> .....	46	VAGINAL ANTIFUNGALS....	13
<i>tobramycin 0.3%</i> .....	83	<i>triamterene-hctz</i> .....	46	<i>valacyclovir hcl</i> .....	9
<i>tobramycin-dexameth</i> .....	82	<i>triderm</i> .....	50	VALCYTE.....	9
<i>tobramycin/sodium chloride</i> .....	1	<i>trientine</i> .....	70	<i>valganciclovir</i> .....	9
<i>tobramycin sulfate/dexameth</i> .....	82	<i>trifluoperazine</i> .....	23	<i>valproate sod</i> .....	36
<i>tobrasol 0.3%</i> .....	83	<i>trifluridine</i> .....	83	<i>valproic acid</i> .....	36
<i>tocilizumab</i> .....	66	<i>trihexyphenidyl</i> .....	19	VALPROIC ACID AND	
<i>tolazamide</i> .....	56	<i>trilyte</i> .....	62	DERIVATIVES.....	36
<i>tolbutamide</i> .....	56	<i>trimethobenzamide</i> .....	24	VANCOCIN HCL.....	8
<i>tolcapone</i> .....	33	<i>trimethoprim</i> .....	13	<i>vancomycin</i> .....	8
<i>tolterodine tartrate</i> .....	86	<i>trimipramine</i> .....	36	<i>vancomycin hcl</i> .....	8
TOPICAL ANESTHETICS.....	1	<i>trinessa</i> .....	79	<i>vandazole vaginal</i> .....	80
TOPICAL ANTIBACTERIAL		TRIPEDIA PRESERVATIVE		<i>vandetanib</i> .....	18
DRUGS.....	13	FREE.....	64	VAQTA.....	64
TOPICAL ANTIFUNGAL-		<i>tri-previfem</i> .....	79	<i>varenicline tartrate</i> .....	35
CORTICOSTEROID		<i>triptorelin pamoate</i> .....	18	<i>varicella vacc/pf</i> .....	65
COMB.....	13	<i>tri-sprintec</i> .....	79	<i>varicella virus vaccine live</i> .....	65
TOPICAL		<i>trivora</i> .....	79	VARIVAX.....	65
CORTICOSTEROID		TRIZIVIR.....	4	VASODILATOR	
DRUGS.....	49	TROPHAMINE.....	72	ANTIHYPERTENSIVES....	47
TOPICAL		<i>tropicamide</i> .....	83	<i>velaglucerase alfa</i> .....	57
DERMATOLOGICAL		TRUVADA.....	3	VELCADE.....	14
DRUGS.....	50	TWINJECT.....	85	<i>velivet</i> .....	79
<i>topiramate</i> .....	30	TWINRIX.....	64	<i>vemurafenib</i> .....	18
<i>toremifene</i> .....	18	TYGACIL.....	8	<i>venlafaxine hcl</i> .....	32
<i>torseamide</i> .....	43	TYKERB.....	16	<i>venlafaxine hcl er</i> .....	32
TPN ELECTROLYTES.....	73	TYPHIM VI.....	65	<i>verapamil</i> .....	41
TRACLEER.....	42	<i>typhoid vaccine</i> .....	65	<i>verapamil er</i> .....	41
<i>tramadol-acetaminophn</i> .....	18	TYSABRI.....	17	<i>verapamil er pm</i> .....	41
<i>tramadol hcl</i> .....	18	TYZEKA.....	9	VEREGEN.....	51
<i>trandolapril</i> .....	37	TYZINE.....	52		

## INDEX

VFEND IV .....	10	<b>X</b>	<i>ziprasidone</i> .....	23
VH INS SYR 1 ML .....	68	XALKORI .....	ZIRGAN .....	83
VIBATIV .....	8	XARELTO .....	<i>zoledronic acid</i> .....	57
VICTOZA .....	54	XENAZINE .....	ZOLINZA .....	18
VIDAZA .....	14	XEOMIN .....	<i>zolpidem tartrate</i> .....	34
VIDEX .....	2	XOLAIR .....	ZOMETA .....	57
<i>vigabatrin</i> .....	30	XYREM .....	ZONALON .....	51
VIMPAT .....	30, 31		<i>zonisamide</i> .....	31
VIRACEPT .....	3	<b>Y</b>	ZORBTIVE .....	64
VIRAMUNE .....	3	<i>yellow fever vaccine</i> .....	ZORTRESS .....	15
VIRAMUNE XR .....	3	YERVOY .....	ZOSTAVAX .....	65
VIREAD .....	4	YF-VAX .....	ZOSYN .....	11
<i>vismodegib</i> .....	18		<i>zovia</i> .....	79
VISTIDE .....	8	<b>Z</b>	ZYPREXA .....	21, 22
VITAMINS AND MINERALS AND RELATED PRODUCTS .....	77	<i>zafirlukast</i> .....	ZYPREXA ZYDIS .....	22
VIVAGLOBIN .....	64	<i>zaleplon</i> .....	ZYTIGA .....	14
<i>voriconazole</i> .....	7, 10	<i>zanamivir</i> .....	ZYVOX .....	7
<i>vorinostat</i> .....	18	ZAVESCA .....		
VOTRIENT .....	17	ZELBORAF .....		
VPRIV .....	57	ZEMAIRA .....		
VYTORIN .....	42	ZEMPLAR .....		
		ZENPEP DR .....		
<b>W</b>		ZETIA .....		
<i>warfarin sodium</i> .....	75, 76	ZIAGEN .....		
WD MEDIC SYR 1 ML .....	68	<i>zidovudine</i> .....		
		<i>zidovudine/lamivudine/</i> <i>abacavir</i> .....		4





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