

Arizona

3-Tier Drug List

The 3-Tier Drug List includes a list of drugs covered by Health Net. This drug list is for **Arizona**. The drug list is updated often and may change. To get the most up-to-date information, you may view the latest drug list on our website at www.healthnet.com or call us at the toll-free telephone number on your Health Net ID card.



Health Net®

Welcome to Health Net

What is the 3-Tier Drug List?

The 3-Tier Drug List or formulary is a list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and new information about existing drugs and chooses drugs based on:

- Safety;
- Effectiveness;
- Side effects; and
- Value (If two drugs are equally effective, the less costly drug will be preferred)

How much will I pay for my drugs?

To figure out how much you will pay for a drug, the abbreviations in the table below appear in the Drug Tier column on the drug list. The copayment or coinsurance levels are defined in the table below. If you do not know your copayment or coinsurance for each tier, please refer to your Summary of Benefits or other plan documents.

<i>Abbreviation</i>	<i>Description</i>
1	Preferred generic drugs.
2	Preferred brand name drugs.
3	Brand or generic drugs that are non-preferred or not on the drug list.
J/4	Covered injectable drugs. You may be required to obtain these drugs from a Specialty Pharmacy. Prior authorization may be required.
O	Oral or patient-administered cancer treatment drugs.
PV	Preventive benefit drugs. These drugs must be covered at no cost to members under the Affordable Care Act. A deductible does not apply. To get a brand drug that has a generic available, you pay the difference in cost between the brand and generic drugs.

How do I use the drug list?

Look for your drug in the index at the end of this booklet. The index lists all of the drugs on the drug list. Both brand name drugs and generic drugs are listed in the index. Next to your drug, you will see the page number where you can find your drug.

What if my drug is not on the drug list?

If your drug is not on the drug list, call us at the telephone number on your Health Net ID card and ask if your drug is covered. If your drug is not covered, you can ask your doctor to prescribe a similar drug that is covered. If your doctor feels you need to have the drug that is not covered, your doctor can ask us to make an exception.

What are generic drugs?

A generic drug contains the same active ingredient and works the same way as the brand name drug. Generic drugs are safe and effective, and generally cost less.

Generic drugs are available on the drug list at Tier 1. If you request a brand name drug that has an available generic version, you may pay a higher cost share.

Are there any limits on my drug coverage?

Some drugs have limits on coverage. The table below provides a description of abbreviations that may appear in the Limits column on the drug list:

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
PA	Prior Authorization	These drugs require prior authorization for coverage, effectiveness, or safety reasons. This means that your doctor must request approval from Health Net before the drug will be covered.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan with the exception of some insulins, insulin supplies and some covered preventive drugs.
ST	Step Therapy	You must first try another specific drug(s) before these drugs will be covered.

How can I get an exception to the rules for drug coverage?

Your doctor can ask for an exception to our rules for drug coverage.

- Your doctor can ask us to cover your drug even if it is not on the drug list. If we approve an exception request for a drug not on the drug list, the non-preferred brand tier (Tier 3) or Specialty copayment/coinsurance will apply.
- Your doctor can ask us to make an exception for limits on your drug. For example, if your drug has a quantity limit of 1 tablet per day, your doctor can ask us to cover more.

To request an exception, your doctor can fax a prior authorization form along with a written statement supporting the request to us at 1-800-977-4170.

Can I go to any pharmacy?

To get the best benefit, you should use pharmacies that are in the network. These pharmacies have a contract with Health Net. Most chain pharmacies and many independent pharmacies are in the network. To find a pharmacy near you, visit our website at www.healthnet.com or call us at the telephone number on your Health Net ID card.

If you fill your prescription at an out-of-network pharmacy, the pharmacy may not be able to bill Health Net online so you may have to pay the full cost of your drug. Unless it is an emergency, your out-of-network prescription drug may not be covered.

Some injectable and high cost drugs may be considered “specialty drugs”. Unless otherwise noted, these drugs must be obtained from one of Health Net’s Specialty Pharmacies.

Can I use a mail order pharmacy?

You can use the CVS Caremark Mail Order Pharmacy for the home delivery of most maintenance drugs. Maintenance drugs are those that you take daily and are needed for a long term condition. To use the mail order pharmacy, your doctor must provide new prescriptions that allow up to a 90-day supply of each drug. Mail order forms are available on our website at www.healthnet.com or you may call us at the telephone number on your Health Net ID card to request a form.

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at Health Net participating pharmacies.
- Be sure your doctor prescribes drugs on the drug list

Health Net of Arizona, Inc. and Health Net Life Insurance Company (“Health Net”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

Individual/Family Plans 1-888-926-5057 (TTY: 711)

Arizona Marketplace Small Group Plans 1-888-926-5122 (TTY: 711)

Small Business Group plans and Large Employer Group Plans 1-800-289-2818 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card. Individual & Family Plan members please call 1-888-926-5057 (TTY: 711); Small Business members please call 1-888-926-5122 (TTY: 711). Employer group members please call 1-800-289-2818 (TTY: 711).

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية. يرجى من أعضاء خطة الأفراد والعائلة الاتصال على الرقم 1-888-926-5057 (TTY: 711)؛ ويرجى من أعضاء الأعمال الصغيرة الاتصال على الرقم 1-888-926-5122 (TTY: 711). يرجى من أعضاء مجموعة أصحاب العمل الاتصال على الرقم 1-800-289-2818 (TTY: 711).

Chinese

免費語言服務。您可使用口譯員。您可請人將文件內容唸給您聽。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡。個人與家庭計畫的會員請致電 1-888-926-5057 (TTY: 711) 小型企業的會員請致電 1-888-926-5122 (TTY: 711)。雇主團體的會員請致電 1-800-289-2818 (TTY: 711)。

French

Aucun service linguistique avec coût. Vous pouvez obtenir un interprète. Les documents peuvent être lus pour vous. Pour obtenir de l'aide, appelez-nous au numéro figurant sur votre carte d'identité. Membres des programmes pour particuliers et familles, veuillez composer le 1-888-926-5057 (TTY: 711). Membres des programmes pour petites entreprises, veuillez composer le 1-888-926-5122 (TTY: 711). Membres du groupe d'employeurs, veuillez composer le 1-800-289-2818 (TTY: 711).

German

Kostenloser Sprachendienst. Dolmetscher sind verfügbar. Dokumente können Ihnen vorgelesen werden. Wenn Sie Hilfe benötigen, rufen Sie uns unter der Nummer auf Ihrer ID-Karte an. Mitglieder von Einzel- und Familienpolen rufen bitte unter 1-888-926-5057 (TTY: 711) an; Kleinunternehmen-Mitglieder rufen bitte unter 1-888-926-5122 (TTY: 711) an. Arbeitgeber-Gruppenmitglieder rufen bitte unter 1-800-289-2818 (TTY: 711) an.

Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話ください。個人および家族向けプランのメンバーの方は1-888-926-5057 (TTY: 711) まで、小規模企業メンバーの方は1-888-926-5122 (TTY: 711) までお電話ください。雇用主を通じた団体保険のメンバーの方は、1-800-289-2818 (TTY: 711) までお電話ください。

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움을 원하시면, 보험 ID에 수록된 번호로 전화해 주십시오. 개인 및 가족 계획가입자분은 1-888-926-5057 (TTY: 711)번으로 전화해 주시고, 소기업가입자분은 1-888-926-5122 (TTY: 711)번으로 전화해 주십시오. 고용주 그룹 가입자분은 1-800-289-2818 (TTY: 711)번으로 전화해 주십시오.

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ สมาชิกแผนบุคคลและครอบครัว กรุณาโทร 1-888-926-5057 (TTY: 711); สมาชิกธุรกิจขนาดเล็ก กรุณาโทร 1-888-926-5122 (TTY: 711) สมาชิกกลุ่มนายจ้าง กรุณาโทร 1-800-289-2818 (TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị. Các thành viên của Chương Trình Cá Nhân & Gia Đình vui lòng gọi số 1-888-926-5057 (TTY: 711); Các thành viên thuộc Doanh Nghiệp Nhỏ vui lòng gọi số 1-888-926-5122 (TTY: 711). Các thành viên thuộc chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi số 1-800-289-2818 (TTY: 711).

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AZ Commercial On and Off-Exchange Member Notice of Language Assistance

FLY007786EH00 (06/16)

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (Use Amphetamine-Dextroamphetamine)	3	
ADDERALL XR CP24 (Use Amphetamine-Dextroamphetamine)	3	
ADZENYS XR-ODT TBED	3	PA
amphetamine sulfate tabs	3	PA
amphetamine-dextroamphetamine cp24	1	
amphetamine-dextroamphetamine tabs	1	
DESOXYN TABS (Use Methamphetamine HCl)	3	
DEXEDRINE CP24 (Use Dextroamphetamine Sulfate)	3	
dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg	1	
dextroamphetamine sulfate soln 5 mg/5ml	3	
dextroamphetamine sulfate tabs 5 mg, 10 mg	1	
EVEKEO ODT TBDP	3	PA
EVEKEO TABS (Use Amphetamine Sulfate)	3	PA
methamphetamine hcl tabs	3	
PROCENTRA SOLN (Use Dextroamphetamine Sulfate)	3	
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	QL(1 ea daily)
ZENZEDI TABS	3	PA
Analeptics		

Drug Name	Drug Tier	Requirements/Limits
caffeine citrate soln	1	
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg	1	QL(2 ea daily)
atomoxetine hcl caps 60 mg, 80 mg, 100 mg	1	QL(1 ea daily)
clonidine hcl (adhd) tb12	1	QL(4 ea daily)
guanfacine hcl (adhd) tb24	1	QL(1 ea daily)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	3	QL(1 ea daily)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	3	QL(4 ea daily)
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use Atomoxetine HCl)	3	QL(2 ea daily)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (Use Atomoxetine HCl)	3	QL(1 ea daily)
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS	3	PA
Stimulants - Misc.		
ADHANSIA XR CP24	3	PA
APTENSIO XR CP24	3	PA; QL(1 ea daily)
armodafinil tabs	1	PA
CONCERTA TBCR (Use Methylphenidate HCl)	3	
DAYTRANA PTCH	3	
dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	3	
dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg	1	
FOCALIN TABS (Use Dexmethylphenidate HCl)	3	
FOCALIN XR CP24 (Use Dexmethylphenidate HCl)	3	
JORNAY PM CP24	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
METHYLIN SOLN (<i>Use Methylphenidate HCl</i>)	3	
<i>methylphenidate hcl chew 5 mg, 10 mg, 2.5 mg</i>	3	
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	3	QL(1 ea daily)
<i>methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg</i>	3	QL(1 ea daily)
<i>methylphenidate hcl cpcr 40 mg, 50 mg, 60 mg</i>	3	
<i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	
<i>methylphenidate hcl tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl tb24 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl tbcr 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HYDROCHLORIDE ER (LA) CP24	3	QL(1 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TB24	2	
<i>modafinil tabs</i>	3	ST
NUVIGIL TABS (<i>Use Armodafinil</i>)	3	PA
PROVIGIL TABS (<i>Use Modafinil</i>)	3	ST
QUILLICHEW ER CHER	3	PA
QUILLIVANT XR SUSR	3	PA; QL(12 ml daily)
RITALIN LA CP24 (<i>Use Methylphenidate HCl</i>)	3	QL(1 ea daily)
RITALIN TABS (<i>Use Methylphenidate HCl</i>)	3	
ALTERNATIVE MEDICINES		
Alternative Medicine - U		
COENZYME Q-10 SOLN	3	PA

Drug Name	Drug Tier	Requirements/Limits
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP	3	PA
BETHKIS NEBU	3	Specialty Tier 3 May Apply
KITABIS PAK NEBU	2	Specialty May Apply. Brand Tier 3, Generic Tier 1
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
TOBI NEBU (<i>Use Tobramycin</i>)	3	Specialty May Apply. Brand Tier 3, Generic Tier 1
TOBI PODHALER CAPS	3	
<i>tobramycin nebu</i>	1	Specialty May Apply. Brand Tier 3, Generic Tier 1
TOBRAMYCIN NEBU	2	Specialty May Apply. Brand Tier 3, Generic Tier 1
TOBRAMYCIN SULFATE SOLN 10 MG/ML, 40 MG/ML	J	PA; Specialty Tier 1 May Apply
<i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	J	PA; Specialty Tier 1 May Apply
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	J	PA; Specialty Tier 2 May Apply
HUMIRA PEN PNKT	J	PA; Specialty Tier 2 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT	J	PA; Specialty Tier 2 May Apply
HUMIRA PEN-PS/UV STARTER PNKT	J	PA; Specialty Tier 2 May Apply
HUMIRA PSKT	J	PA; Specialty Tier 2 May Apply
SIMPONI SOAJ	J	PA; Specialty Tier 2 May Apply
SIMPONI SOSY	J	PA; Specialty Tier 2 May Apply
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	3	PA
XELJANZ TABS	3	PA; Specialty Tier 2 May Apply
XELJANZ XR TB24	3	PA
Antirheumatic Antimetabolites		
METHOTREXATE TABS	AC	
OTREXUP SOAJ	J	PA; Specialty Tier 2 May Apply
RASUVO SOAJ	J	PA; Specialty Tier 2 May Apply
Gold Compounds		
RIDAURA CAPS	2	
Interleukin-1beta Blockers		
ILARIS SOLN	J	PA; Specialty Tier 3 May Apply
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	3	PA
ACTEMRA SOSY	J	PA; Specialty Tier 2 May Apply
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		

Drug Name	Drug Tier	Requirements/ Limits
ANAPROX DS TABS (<i>Use Naproxen Sodium</i>)	3	
ARTHROTEC 50 TBEC (<i>Use Diclofenac w/ Misoprostol</i>)	3	
ARTHROTEC 75 TBEC (<i>Use Diclofenac w/ Misoprostol</i>)	3	
CELEBREX CAPS (<i>Use Celecoxib</i>)	3	AL(At least 60 yrs old)
<i>celecoxib caps</i>	1	AL(At least 60 yrs old)
DAYPRO TABS (<i>Use Oxaprozin</i>)	3	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24</i>	1	
<i>diclofenac sodium tbec</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	3	
DUEXIS TABS	3	PA
EC-NAPROSYN TBEC (<i>Use Naproxen</i>)	3	
EC-NAPROXEN TBEC (<i>Use Naproxen</i>)	3	
<i>etodolac caps</i>	1	
<i>etodolac tabs</i>	1	
<i>etodolac tb24</i>	1	
FELDENE CAPS (<i>Use Piroxicam</i>)	3	
FENOPROFEN CALCIUM CAPS 200 MG, 400 MG	3	
<i>fenoprofen calcium tabs 600 mg</i>	1	
FENORTHO CAPS	3	
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen tabs</i>	1	
INDOCIN SUPP RE 50 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
INDOCIN SUSP OR 25 MG/5ML	2	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
INFLATHERM KIT	3	PA
KETOPROFEN CAPS 25 MG	3	PA
KETOPROFEN CAPS 50 MG, 75 MG	2	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketoprofen cp24 200 mg</i>	1	
<i>ketorolac tromethamine tabs</i>	1	QL(20 ea per fill retail,20 ea per 180 days retail,20 ea per 180 days mail)
LODINE TABS (Use <i>Etodolac</i>)	3	
MECLOFENAMATE SODIUM CAPS 100 MG	3	
<i>meclofenamate sodium caps 50 mg</i>	1	
<i>mefenamic acid caps</i>	3	
<i>meloxicam tabs 15 mg</i>	1	QL(1 ea daily)
<i>meloxicam tabs 7.5 mg</i>	1	QL(2 ea daily)
MOBIC TABS 15 MG (Use <i>Meloxicam</i>)	3	QL(1 ea daily)
MOBIC TABS 7.5 MG (Use <i>Meloxicam</i>)	3	QL(2 ea daily)
<i>nabumetone tabs</i>	1	
NALFON CAPS 400 MG	3	
NALFON TABS 600 MG (Use <i>Fenoprofen Calcium</i>)	3	PA
NAPRELAN TB24 375 MG, 500 MG (Use <i>Naproxen Sodium</i>)	3	
NAPRELAN TB24 750 MG	3	

Drug Name	Drug Tier	Requirements/Limits
NAPROSYN SUSP (Use <i>Naproxen</i>)	3	
NAPROSYN TABS (Use <i>Naproxen</i>)	3	
<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	
<i>naproxen sodium tb24 375 mg, 500 mg</i>	3	
<i>naproxen susp</i>	1	
<i>naproxen tabs</i>	1	
<i>naproxen tbec</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
PONSTEL CAPS (Use <i>Mefenamic Acid</i>)	3	
PREVIDOLRX ANALGESIC PAK THPK	3	PA
QMIIZ ODT TBDP	3	PA
SPRIX SOLN	3	QL(1 ea daily,5 day(s) limit)
<i>sulindac tabs</i>	1	
TOLMETIN SODIUM CAPS 400 MG	2	
<i>tolmetin sodium tabs 200 mg, 600 mg</i>	1	
VIMOVO TBEC	3	PA
VIVLODEX CAPS	3	PA
YBUPHEN TBPK	3	PA
ZIPSOR CAPS	3	ST; QL(4 ea daily,7 day(s) limit)
ZORVOLEX CAPS	3	ST; QL(3 ea daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	3	PA; Specialty Tier 2 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TBPK	3	PA; Specialty Tier 2 May Apply
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Use Leflunomide</i>)	3	
<i>leflunomide tabs</i>	1	
Selective Costimulation Modulators		
ORENCIA SOSY	J	PA; Specialty Tier 2 May Apply
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	J	PA; Specialty Tier 2 May Apply
ENBREL SOSY	J	PA; Specialty Tier 2 May Apply
ENBREL SURECLICK SOAJ	J	PA; Specialty Tier 2 May Apply
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
ALLZITAL TABS	3	PA
<i>butalbital-acetaminophen tabs 300mg-50mg</i>	3	
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps 300mg-50mg-40mg</i>	3	
<i>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
BUTALBITAL/ACETAMINOPHEN CAPS	3	PA

Drug Name	Drug Tier	Requirements/Limits
BUTALBITAL/ASPIRIN/CAFFEINE TABS	2	
DURAXIN CAPS	3	
ESGIC TABS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	3	
FIORICET CAPS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	3	
FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>)	3	
TENCON TABS	2	
VANATOL LQ SOLN	3	
VANATOL S SOLN	3	
Salicylates		
<i>choline & mag salicylate liqd</i>	1	
<i>diflunisal tabs</i>	1	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL	3	PA
ACTIQ LPOP (<i>Use Fentanyl Citrate</i>)	3	PA; QL(3 ea daily)
<i>codeine sulfate tabs 15 mg, 30 mg, 60 mg</i>	1	
CODEINE SULFATE TABS 30 MG (<i>Use Codeine Sulfate</i>)	3	
CONZIP CP24	3	
DEMEROL TABS (<i>Use Meperidine HCl</i>)	3	
DILAUDID LIQD (<i>Use Hydromorphone HCl</i>)	3	
DILAUDID TABS (<i>Use Hydromorphone HCl</i>)	3	
DOLOPHINE TABS (<i>Use Methadone HCl</i>)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
DSUVIA SUBL	3	PA
DURAGESIC PT72 (<i>Use Fentanyl</i>)	3	Limit 10 per month;QL(0.34 ea daily)
EMBEDA CPR	3	PA
EXALGO T24A 32 MG (<i>Use Hydromorphone HCl</i>)	3	QL(2 ea daily)
EXALGO T24A 8 MG, 12 MG, 16 MG (<i>Use Hydromorphone HCl</i>)	3	QL(4 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	1	PA; QL(3 ea daily)
FENTANYL CITRATE SOSY IJ 50 MCG/5ML	3	PA
FENTANYL CITRATE SOSY IV 1500 MCG/30ML, 2750 MCG/55ML	3	PA
FENTANYL CITRATE TABS BU 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA
FENTANYL CITRATE/SODIUM CHLORIDE SOSY	3	PA
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	Limit 10 per month;QL(0.34 ea daily)
<i>fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	3	Limit 10 per month;QL(0.34 ea daily)
FENTORA TABS 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA
<i>hydromorphone hcl liqd 1 mg/ml</i>	3	
<i>hydromorphone hcl t24a 32 mg</i>	3	QL(2 ea daily)
<i>hydromorphone hcl t24a 8 mg, 12 mg, 16 mg</i>	1	QL(4 ea daily)
<i>hydromorphone hcl tabs 2 mg, 4 mg, 8 mg</i>	1	
HYDROMORPHONE HYDROCHLORIDE SOLN	3	PA

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER T24A	3	PA
IONSYS PTCH	3	PA
KADIAN CP24 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG, 100 MG (<i>Use Morphine Sulfate</i>)	3	
KADIAN CP24 200 MG	3	
LAZANDA SOLN	3	PA
<i>levorphanol tartrate tabs 2 mg</i>	3	PA
LEVORPHANOL TARTRATE TABS 3 MG	3	PA
<i>meperidine hcl soln 50 mg/5ml</i>	1	
MEPERIDINE HCL TABS 50 MG, 100 MG	2	
<i>meperidine hcl tabs 50 mg, 100 mg</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl soln 5 mg/5ml</i>	3	
<i>methadone hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	
<i>methadone hcl tabs 5 mg, 10 mg</i>	1	
<i>methadone hcl tbso 40 mg</i>	1	
METHADOSE CONC (<i>Use Methadone HCl</i>)	3	
METHADOSE SUGAR-FREE CONC (<i>Use Methadone HCl</i>)	3	
<i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	
<i>morphine sulfate cp24 or 40 mg</i>	3	
MORPHINE SULFATE ER CP24	2	QL(1 ea daily)
<i>morphine sulfate soln or 20 mg/ml, 10 mg/5ml, 20 mg/5ml, 100 mg/5ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate supp re 20 mg</i>	1	
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 30 MG	2	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	
<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	
MORPHINE SULFATE/SODIUM CHLORIDE SOSY	3	PA
MS CONTIN TBCR (Use Morphine Sulfate)	3	
NUCYNTA ER TB12	2	QL(2 ea daily)
NUCYNTA TABS 100 MG	2	QL(6 ea daily)
NUCYNTA TABS 50 MG	2	QL(12 ea daily)
NUCYNTA TABS 75 MG	2	QL(8 ea daily)
OPANA ER (CRUSH RESISTANT) T12A	2	QL(2 ea daily)
OPANA TABS (Use Oxymorphone HCl)	3	
OXAYDO TABA	3	QL(4 ea daily)
<i>oxycodone hcl caps</i>	1	
<i>oxycodone hcl conc</i>	1	
OXYCODONE HCL ER T12A	3	PA; QL(3 ea daily)
<i>oxycodone hcl soln</i>	1	
<i>oxycodone hcl tabs</i>	1	
OXYCODONE HYDROCHLORIDE ER T12A	3	PA; QL(3 ea daily)
OXYCONTIN T12A	3	PA; QL(3 ea daily)
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	1	
<i>oxymorphone hcl tb12 15 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tb12 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 7.5 mg</i>	1	QL(2 ea daily)
ROXICODONE TABS (Use Oxycodone HCl)	3	
ROXYBOND TABA	3	QL(4 ea daily)
SUBSYS LIQD	3	PA
TRAMADOL HCL ER CP24	3	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	3	QL(1 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	3	
ULTRAM TABS (Use Tramadol HCl)	3	QL(8 ea daily)
XTAMPZA ER C12A	3	PA
ZOHYDRO ER C12A	3	PA
Opioid Combinations		
<i>acetaminophen w/ codeine soln</i>	1	
<i>acetaminophen w/ codeine tabs</i>	1	
APADAZ TABS	3	PA
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAPS	3	
BENZHYDROCODONE/A CETAMINOPHEN TABS	3	PA
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	3	
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	
FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/ Codeine)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	3	
HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLN	3	
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 2.5mg-325mg</i>	3	
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 5mg-325mg, 10mg-300mg, 10mg-325mg, 7.5mg-300mg, 7.5mg-325mg</i>	1	
<i>hydrocodone-ibuprofen tabs</i>	1	
LORTAB ELIX	3	
MEPERIDINE HCL/PROMETHAZINE HCL CAPS	2	
NALOCET TABS	3	
NORCO TABS (Use Hydrocodone-Acetaminophen)	3	
<i>oxycodone w/ acetaminophen tabs</i>	1	
OXYCODONE/ACETAMINOPHEN SOLN	3	
OXYCODONE/IBUPROFEN TABS	2	
PERCOCET TABS (Use Oxycodone w/ Acetaminophen)	3	
PRIMLEV TABS	3	
SYNALGOS-DC CAPS	3	
<i>tramadol-acetaminophen tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	3	
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	3	
ULTRACET TABS (Use Tramadol-Acetaminophen)	3	
XODOL TABS (Use Hydrocodone-Acetaminophen)	3	
ZAMICET SOLN	3	
Opioid Partial Agonists		
BELBUCA FILM	3	QL(2 ea daily)
BUNAVAIL FILM	3	PA
<i>buprenorphine hcl subl</i>	3	PA
<i>buprenorphine hcl-naloxone hcl dihydrate film</i>	3	PA
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	3	PA
<i>buprenorphine ptwk 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	3	Limit 4 per month;QL(0.15 ea daily)
BUPRENORPHINE PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 7.5 MCG/HR	3	Limit 4 per month;QL(0.15 ea daily)
<i>butorphanol tartrate soln</i>	3	QL(6 ml per fill retail, 18 ml per fill mail)
BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (Use Buprenorphine)	3	Limit 4 per month;QL(0.15 ea daily)
BUTRANS PTWK 7.5 MCG/HR	3	Limit 4 per month;QL(0.15 ea daily)
<i>pentazocine w/ naloxone tabs</i>	1	
SUBOXONE FILM (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	3	PA
ZUBSOLV SUBL	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
NANDROLONE DECANOATE OIL	3	PA
OXANDRIN TABS (<i>Use Oxandrolone</i>)	3	
<i>oxandrolone tabs</i>	3	
Androgens		
ANDRODERM PT24	3	ST; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 40.5 MG/2.5GM, 20.25 MG/1.25GM (<i>Use Testosterone</i>)	3	QL(10 gm daily)
ANDROGEL GEL 50 MG/5GM	2	QL(10 gm daily)
ANDROGEL PUMP GEL (<i>Use Testosterone</i>)	3	QL(10 gm daily)
ANDROID CAPS (<i>Use Methyltestosterone</i>)	3	
ANDROXY TABS	2	
AXIRON SOLN (<i>Use Testosterone</i>)	3	QL(6 ml daily)
<i>danazol caps</i>	1	
FIRST-TESTOSTERONE OINT	3	PA
FORTESTA GEL (<i>Use Testosterone</i>)	3	Limit 1 per month;QL(2 gm daily)
METHITEST TABS	3	
METHYLTESTOSTERONE CAPS	3	
NATESTO GEL	3	PA; Limit 21 grams per month;QL(0.74 gm daily)
STRIANT MISC	3	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TESTIM GEL (<i>Use Testosterone</i>)	3	PA; QL(10 gm daily)
TESTONE CIK KIT	J	PA; Specialty Tier 1 May Apply
<i>testosterone gel 1 %</i>	3	PA
<i>testosterone gel 1 %</i>	3	PA; QL(10 gm daily)
<i>testosterone gel 1 %, 1.62 %, 50 mg/5gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	1	QL(10 gm daily)
TESTOSTERONE GEL 1 %, 50 MG/5GM, 25 MG/2.5GM	3	PA; QL(10 gm daily)
<i>testosterone gel 10 mg/act</i>	1	Limit 1 per month;QL(2 gm daily)
TESTOSTERONE PUMP GEL	3	PA; QL(10 gm daily)
<i>testosterone soln 30 mg/act</i>	1	QL(6 ml daily)
TESTRED CAPS (<i>Use Methyltestosterone</i>)	3	
VOGELXO GEL	3	PA; QL(10 gm daily)
VOGELXO PUMP GEL	3	PA; QL(10 gm daily)
XYOSTED SOAJ	J	PA; Specialty Tier 1 May Apply
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	3	
CORTIFOAM FOAM	2	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	3	PA
Rectal Combinations		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
ANALPRAM HC CREA (Use Hydrocortisone Acetate w/ Pramoxine)	3	
ANALPRAM HC SINGLES CREA (Use Hydrocortisone Acetate w/ Pramoxine)	3	
ANALPRAM-HC CREA 1%-1% (Use Hydrocortisone Acetate w/ Pramoxine)	3	
ANALPRAM-HC LOTN 1%-2.5%	2	
hydrocortisone acetate w/ pramoxine crea	1	
lidocaine-hydrocortisone acetate (rectal) kit	3	
PROCORT CREA	3	
PROCTOFOAM HC FOAM	2	
Rectal Steroids		
ANUSOL-HC CREA (Use Hydrocortisone (Rectal))	3	
hydrocortisone (rectal) crea	1	
hydrocortisone acetate (rectal) supp	1	
PROCTOCORT SUPP (Use Hydrocortisone Acetate (Rectal))	3	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole tabs	1	
ALBENZA TABS (Use Albendazole)	3	
BENZNIDAZOLE TABS	3	PA; AL (At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE TABS (Use Praziquantel)	3	

Drug Name	Drug Tier	Requirements/ Limits
EGATEN TABS	3	PA
EMVERM CHEW	2	
ivermectin tabs	1	
praziquantel tabs	1	
STROMEKTOL TABS (Use Ivermectin)	3	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO TBEC	3	PA
FLAGYL CAPS (Use Metronidazole)	3	
FLAGYL TABS (Use Metronidazole)	3	
IMPAVIDO CAPS	3	
metronidazole caps	1	
metronidazole tabs	1	
NEBUPENT SOLR	2	
PRIMSOL SOLN	2	
TINDAMAX TABS (Use Tinidazole)	3	
tinidazole tabs	3	
trimethoprim tabs	1	
TRIMPEX SOLN	2	
XIFAXAN TABS	3	PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	3	
BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS	3	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use Atovaquone</i>)	3	
Glycopeptides		
VANCOMYCIN HYDROCHLORIDE SOLR	3	PA
VANCOMYCIN HYDROCHLORIDE/DEXT ROSE SOLN	3	PA
Leprostatics		
<i>dapsone tabs</i>	1	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use Clindamycin HCl</i>)	3	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use Clindamycin Palmitate Hydrochloride</i>)	3	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
Oxazolidinones		
<i>linezolid susr</i>	1	
<i>linezolid tabs</i>	1	
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR (<i>Use Linezolid</i>)	3	
ZYVOX TABS (<i>Use Linezolid</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
Pleuromutilins		
XENLETA SOLN	3	PA
XENLETA TABS	3	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 (<i>Use Ranolazine</i>)	3	
<i>ranolazine tb12</i>	3	
Nitrates		
DILATRATE SR CPCR	3	
ISORDIL TITRADOSE TABS 40 MG	2	
ISORDIL TITRADOSE TABS 5 MG (<i>Use Isosorbide Dinitrate</i>)	3	
ISOSORBIDE DINITRATE ER TBCR	2	
ISOSORBIDE DINITRATE TABS 30 MG	2	
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>Use Nitroglycerin</i>)	3	
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	2	
NITRO-TIME CPCR	2	
<i>nitroglycerin cpcr</i>	1	
NITROGLYCERIN LINGUAL AERS	3	
<i>nitroglycerin pt24</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin soln</i>	1	
<i>nitroglycerin subl</i>	1	
NITROLINGUAL PUMPSPRAY SOLN (Use Nitroglycerin)	3	
NITROMIST AERS	3	
NITROSTAT SUBL (Use Nitroglycerin)	3	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs</i>	1	
<i>hydroxyzine hcl syrp</i>	1	
<i>hydroxyzine hcl tabs</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	3	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	3	
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc 5 mg/ml</i>	3	
DIAZEPAM SOLN 5 MG/5ML	3	
<i>diazepam tabs 2 mg, 5 mg, 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>lorazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	1	
OXAZEPAM CAPS 10 MG, 30 MG	2	
TRANXENE T TABS (Use Clorazepate Dipotassium)	3	
VALIUM TABS (Use Diazepam)	3	
XANAX TABS (Use Alprazolam)	3	
XANAX XR TB24 (Use Alprazolam)	3	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use Disopyramide Phosphate)	3	
NORPACE CR CP12	2	
<i>quinidine gluconate tbc</i>	1	
QUINIDINE SULFATE TABS	2	
Antiarrhythmics Type I-B		
MEXILETINE HCL CAPS	2	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (Use Propafenone HCl)	3	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
TIKOSYN CAPS (<i>Use Dofetilide</i>)	3	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	
Antiasthmatic - Monoclonal Antibodies		
NUCALA SOLR	J	PA; Specialty Tier 2 May Apply
XOLAIR SOLR	J	PA; Specialty Tier 3 May Apply
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	
SEEBRI NEOHALER CAPS	3	QL(2 ea daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	Limited to 1 inhaler per month; QL(0.14 gm daily)
TUDORZA PRESSAIR AEPB	3	ST; Limit 1 per month; QL(0.04 ea daily)
YUPELRI SOLN	3	PA
Leukotriene Modulators		
ACCOLATE TABS (<i>Use Zafirlukast</i>)	3	
<i>montelukast sodium chew 4 mg</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
<i>montelukast sodium chew 5 mg</i>	1	QL(1 ea daily); AL(Up to 14 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>montelukast sodium pack 4 mg</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW 4 MG (<i>Use Montelukast Sodium</i>)	3	QL(1 ea daily); AL(Up to 12 yrs old)
SINGULAIR CHEW 5 MG (<i>Use Montelukast Sodium</i>)	3	QL(1 ea daily); AL(Up to 14 yrs old)
SINGULAIR PACK 4 MG (<i>Use Montelukast Sodium</i>)	3	QL(1 ea daily); AL(Up to 12 yrs old)
SINGULAIR TABS 10 MG (<i>Use Montelukast Sodium</i>)	3	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	
<i>zileuton tb12</i>	3	ST
ZYFLO CR TB12 (<i>Use Zileuton</i>)	3	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	3	QL(1 ea daily)
Steroid Inhalants		
AEROSPAN AERS	2	Limit 2 inhalers per month; QL(0.6 gm daily)
ALVESCO AERS	3	Limit 2 inhalers per month; QL(0.41 gm daily)
ARNUITY ELLIPTA AEPB	2	QL(1 ea daily)
ASMANEX HFA AERO	2	Limit 1 inhaler per month; QL(0.44 gm daily)
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	QL(1 ea per 30 days retail, 3 ea per 90 days mail)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	QL(1 ea per 30 days retail,3 ea per 90 days mail)
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	QL(1 ea per 30 days retail,3 ea per 90 days mail)
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	QL(1 ea per 30 days retail,3 ea per 90 days mail)
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	QL(1 ea per 30 days retail,3 ea per 90 days mail)
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	1	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml, 1 mg/2ml</i>	1	QL(4 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	QL(40 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month;QL(0.8 gm daily)
FLOVENT HFA AERO 44 MCG/ACT	2	Limit 1 inhaler per month;QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month;QL(0.07 ea daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 4 inhalers per month;QL(0.27 ea daily)
PULMICORT SUSP 0.25 MG/2ML (Use <i>Budesonide (Inhalation)</i>)	3	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML, 1 MG/2ML (Use <i>Budesonide (Inhalation)</i>)	3	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/Limits
QVAR AERS 40 MCG/ACT	2	Limit 3 Inhalers per Month-7.3g pkg; Limit 2 Inhalers per Month-8.7 pkg;QL(0.58 gm daily)
QVAR AERS 80 MCG/ACT	2	Limit 2 Inhalers per Month-7.3g pkg; 1 Inhaler per Month-8.7 pkg;QL(0.29 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (Use <i>Fluticasone-Salmeterol</i>)	3	QL(2 ea daily)
ADVAIR HFA AERO	2	Limit 1 inhaler per month;QL(0.4 gm daily)
<i>albuterol sulfate aers</i>	1	
ALBUTEROL SULFATE ER TB12	2	
<i>albuterol sulfate nebu</i>	1	
<i>albuterol sulfate syrp</i>	1	
<i>albuterol sulfate tabs</i>	1	
<i>albuterol sulfate tb12</i>	1	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	3	QL(1 ea daily)
BEVESPI AEROSPHERE AERO	3	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	QL(2 ea daily)
BROVANA NEBU	3	
COMBIVENT RESPIMAT AERS	3	Limit 2 inhalers per month;QL(0.2 gm daily)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
DULERA AERO	3	PA; Limit 1 inhaler per month;QL(0.45 gm daily)
<i>fluticasone-salmeterol aepb</i>	1	QL(2 ea daily)
<i>ipratropium-albuterol soln</i>	1	
<i>levalbuterol hcl nebu</i>	1	
<i>levalbuterol tartrate aero</i>	2	
<i>metaproterenol sulfate syrp</i>	1	
<i>metaproterenol sulfate tabs</i>	1	
PERFOROMIST NEBU	3	QL(4 ml daily)
PROAIR HFA AERS (<i>Use Albuterol Sulfate</i>)	3	PA
PROAIR RESPICLICK AEPB	3	
PROVENTIL HFA AERS (<i>Use Albuterol Sulfate</i>)	3	PA
SEREVENT DISKUS AEPB	2	QL(2 ea daily)
STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month;QL(0.14 gm daily)
STRIVERDI RESPIMAT AERS	2	Limit 1 inhaler per month;QL(0.14 gm daily)
SYMBICORT AERO	2	Limit 1 per month;QL(0.34 gm daily)
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	QL(2 ea daily)
VENTOLIN HFA AERS (<i>Use Albuterol Sulfate</i>)	3	PA
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
XOPENEX CONCENTRATE NEBU (<i>Use Levalbuterol HCl</i>)	3	
XOPENEX HFA AERO	2	
XOPENEX NEBU (<i>Use Levalbuterol HCl</i>)	3	
Xanthines		
ELIXOPHYLLIN ELIX	2	
THEO-24 CP24	2	
<i>theophylline soln 80 mg/15ml</i>	3	
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	3	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	2	
ELIQUIS TABS	2	
SAVAYSA TABS	3	
XARELTO STARTER PACK TBPK	2	
XARELTO TABS	2	
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 5 MG/0.4ML, 10 MG/0.8ML, 2.5 MG/0.5ML (<i>Use Fondaparinux Sodium</i>)	J	Specialty May Apply. Brand Tier 3, Generic Tier 1;QL(20 ml per 10 days retail)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA SOLN 7.5 MG/0.6ML (<i>Use Fondaparinux Sodium</i>)	J	Specialty Tier 1 May Apply;QL(20 ml per 10 days retail)
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	J	Specialty Tier 1 May Apply;QL(20 ml per 10 days retail)
<i>enoxaparin sodium soln sc 100 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 120 mg/0.8ml</i>	J	Specialty Tier 1 May Apply;QL(20 ml per 10 days retail)
<i>enoxaparin sodium soln sc 150 mg/ml</i>	J	Specialty May Apply. Brand Tier 3, Generic Tier 1;QL(20 ml per 10 days retail)
<i>fondaparinux sodium soln 5 mg/0.4ml, 10 mg/0.8ml, 2.5 mg/0.5ml</i>	J	Specialty May Apply. Brand Tier 3, Generic Tier 1;QL(20 ml per 10 days retail)
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	J	Specialty Tier 1 May Apply;QL(20 ml per 10 days retail)
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	J	Specialty Tier 1 May Apply;QL(20 ml per 10 days retail)
FRAGMIN SOLN 95000 UNIT/3.8ML	J	QL(20 ml per 10 days retail)
<i>heparin sodium (porcine) lock flush & nacl lock flush kit</i>	J	PA; Specialty Tier 1 May Apply
HEPARIN SODIUM SOSY	J	PA; Specialty Tier 1 May Apply

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	J	Specialty Tier 1 May Apply;QL(20 ml per 10 days retail)
LOVENOX SOLN SC 100 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML, 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	J	Specialty Tier 1 May Apply;QL(20 ml per 10 days retail)
LOVENOX SOLN SC 150 MG/ML (<i>Use Enoxaparin Sodium</i>)	J	Specialty May Apply. Brand Tier 3, Generic Tier 1;QL(20 ml per 10 days retail)
SASH KIT FOR FLUSHING VASCULAR ACCESS DEVICES KIT	J	PA; Specialty Tier 1 May Apply
Thrombin Inhibitors		
I PRIVASK SOLR	J	Specialty Tier 1 May Apply;QL(24 ea per 12 days retail)
PRADAXA CAPS	3	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS	3	
Anticonvulsants - Benzodiazepines		
<i>clobazam susp</i>	3	
<i>clobazam tabs</i>	3	
<i>clonazepam tabs</i>	1	
<i>clonazepam tbdp</i>	1	
DIASTAT ACUDIAL GEL	2	Limit 4 boxes (8 syringes) per 30 days;QL(4 ea per 30 days retail)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT PEDIATRIC GEL	2	Limit 4 boxes (8 syringes) per 30 days;QL(4 ea per 30 days retail)
<i>diazepam (anticonvulsant) gel</i>	2	Limit 4 boxes (8 syringes) per 30 days;QL(4 ea per 30 days retail)
DIAZEPAM RECTAL GEL GEL	2	Limit 4 boxes (8 syringes) per 30 days;QL(4 ea per 30 days retail)
KLONOPIN TABS (Use Clonazepam)	3	
ONFI SUSP (Use Clobazam)	3	
ONFI TABS (Use Clobazam)	3	
SYMPAZAN FILM	3	PA
Anticonvulsants - Misc.		
APTIOM TABS 200 MG, 400 MG, 600 MG	3	QL(2 ea daily)
APTIOM TABS 800 MG	3	QL(1 ea daily)
BANZEL SUSP	2	
BANZEL TABS	2	
BRIVIACT SOLN	3	PA
BRIVIACT TABS	3	PA
<i>carbamazepine chew</i>	1	
<i>carbamazepine cp12</i>	1	
<i>carbamazepine susp</i>	1	
<i>carbamazepine tabs</i>	1	
<i>carbamazepine tb12</i>	1	
CARBATROL CP12 (Use Carbamazepine)	3	

Drug Name	Drug Tier	Requirements/ Limits
DIACOMIT CAPS	3	PA
DIACOMIT PACK	3	PA
EPIDIOLEX SOLN	3	PA
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	1	
<i>gabapentin tabs</i>	1	
KEPPRA SOLN (Use Levetiracetam)	3	
KEPPRA TABS (Use Levetiracetam)	3	
KEPPRA XR TB24 (Use Levetiracetam)	3	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	3	
LAMICTAL ODT KIT	3	PA
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (Use Lamotrigine)	3	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use Lamotrigine)	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use Lamotrigine)	3	
LAMICTAL STARTER/TAKING VALPROATE KIT (Use Lamotrigine)	3	
LAMICTAL TABS (Use Lamotrigine)	3	
LAMICTAL XR KIT	3	PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (Use Lamotrigine)	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine chew 5 mg, 25 mg</i>	1	
<i>lamotrigine kit</i>	3	PA
<i>lamotrigine kit 25 mg,</i>	3	
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	3	PA
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	3	PA
<i>levetiracetam soln</i>	1	
<i>levetiracetam tabs</i>	1	
<i>levetiracetam tb24</i>	1	
LYRICA CAPS 150 MG, 225 MG, 300 MG (<i>Use Pregabalin</i>)	3	PA; QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 200 MG (<i>Use Pregabalin</i>)	3	PA; QL(3 ea daily)
LYRICA SOLN 20 MG/ML (<i>Use Pregabalin</i>)	3	PA; QL(30 ml daily)
MYSOLINE TABS (<i>Use Primidone</i>)	3	
NEURONTIN CAPS (<i>Use Gabapentin</i>)	3	
NEURONTIN SOLN (<i>Use Gabapentin</i>)	3	
NEURONTIN TABS (<i>Use Gabapentin</i>)	3	
<i>oxcarbazepine susp</i>	1	
<i>oxcarbazepine tabs</i>	1	
OXTELLAR XR TB24	3	PA
<i>pregabalin caps 150 mg, 225 mg, 300 mg</i>	3	PA; QL(2 ea daily)
<i>pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg, 200 mg</i>	3	PA; QL(3 ea daily)
<i>pregabalin soln 20 mg/ml</i>	3	PA; QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>primidone tabs</i>	1	
QUDEXY XR CS24	3	PA
SPRITAM TB3D	3	PA
TEGRETOL SUSP (<i>Use Carbamazepine</i>)	3	
TEGRETOL TABS (<i>Use Carbamazepine</i>)	3	
TEGRETOL-XR TB12 (<i>Use Carbamazepine</i>)	3	
TOPAMAX SPRINKLE CPSP (<i>Use Topiramate</i>)	3	
TOPAMAX TABS (<i>Use Topiramate</i>)	3	
<i>topiramate cpsp</i>	1	
TOPIRAMATE ER CS24	3	PA
<i>topiramate tabs</i>	1	
TRILEPTAL SUSP (<i>Use Oxcarbazepine</i>)	3	
TRILEPTAL TABS (<i>Use Oxcarbazepine</i>)	3	
TROKENDI XR CP24	3	PA
VIMPAT SOLN	2	
VIMPAT TABS	2	
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	3	
<i>zonisamide caps</i>	1	
Carbamates		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP (<i>Use Felbamate</i>)	3	
FELBATOL TABS (<i>Use Felbamate</i>)	3	
GABA Modulators		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
GABITRIL TABS (<i>Use Tiagabine HCl</i>)	3	
SABRIL PACK (<i>Use Vigabatrin</i>)	3	
SABRIL TABS (<i>Use Vigabatrin</i>)	3	
<i>tiagabine hcl tabs</i>	1	
<i>vigabatrin pack</i>	1	
<i>vigabatrin tabs</i>	1	
Hydantoins		
DILANTIN CAPS 100 MG (<i>Use Phenytoin Sodium Extended</i>)	3	
DILANTIN CAPS 30 MG	3	
DILANTIN INFATABS CHEW (<i>Use Phenytoin</i>)	3	
DILANTIN-125 SUSP (<i>Use Phenytoin</i>)	3	
PEGANONE TABS	3	
PHENYTEK CAPS (<i>Use Phenytoin Sodium Extended</i>)	3	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps 100 mg</i>	1	
<i>phenytoin sodium extended caps 200 mg, 300 mg</i>	3	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS	2	
<i>ethosuximide caps</i>	1	
<i>ethosuximide soln</i>	1	
ZARONTIN CAPS (<i>Use Ethosuximide</i>)	3	
ZARONTIN SOLN (<i>Use Ethosuximide</i>)	3	
Valproic Acid		

Drug Name	Drug Tier	Requirements/ Limits
DEPAKENE CAPS (<i>Use Valproic Acid</i>)	3	
DEPAKENE SOLN (<i>Use Valproate Sodium</i>)	3	
DEPAKOTE ER TB24 (<i>Use Divalproex Sodium</i>)	3	
DEPAKOTE SPRINKLES CSDR (<i>Use Divalproex Sodium</i>)	3	
DEPAKOTE TBEC (<i>Use Divalproex Sodium</i>)	3	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	
<i>mirtazapine tbdp</i>	1	
REMERON SOLTAB TBDP (<i>Use Mirtazapine</i>)	3	
REMERON TABS (<i>Use Mirtazapine</i>)	3	
Antidepressants - Misc.		
APLENZIN TB24	3	PA; QL(1 ea daily)
<i>bupropion hcl tabs</i>	1	
<i>bupropion hcl tb12</i>	1	
<i>bupropion hcl tb24</i>	1	
BUPROPION HYDROCHLORIDE ER (XL) TB24	3	ST; QL(1 ea daily)
FORFIVO XL TB24	3	ST; QL(1 ea daily)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
MAPROTILINE HCL TABS 25 MG	2	
<i>maprotiline hcl tabs 50 mg, 75 mg</i>	1	
WELLBUTRIN SR TB12 (Use Bupropion HCl)	3	
WELLBUTRIN XL TB24 (Use Bupropion HCl)	3	PA
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO SOLN	3	PA
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	
MARPLAN TABS	2	
NARDIL TABS (Use Phenelzine Sulfate)	3	
PARNATE TABS (Use Tranylcypromine Sulfate)	3	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	3	PA
SPRAVATO 84MG DOSE SOPK	3	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (Use Citalopram Hydrobromide)	3	QL(4 ea daily)
CELEXA TABS 20 MG (Use Citalopram Hydrobromide)	3	QL(2 ea daily)
CELEXA TABS 40 MG (Use Citalopram Hydrobromide)	3	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln</i>	1	
<i>escitalopram oxalate tabs</i>	1	
FLUOXETINE DR CPDR	3	
<i>fluoxetine hcl caps 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	
<i>fluoxetine hcl tabs 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl tabs 60 mg</i>	3	ST; QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS	3	ST; QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	3	ST; QL(1 ea daily)
<i>fluvoxamine maleate cp24</i>	1	
<i>fluvoxamine maleate tabs</i>	1	
LEXAPRO TABS (Use Escitalopram Oxalate)	3	
<i>paroxetine hcl tabs</i>	1	
<i>paroxetine hcl tb24</i>	1	
PAXIL CR TB24 (Use Paroxetine HCl)	3	
PAXIL SUSP 10 MG/5ML	2	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use Paroxetine HCl)	3	
PEXEVA TABS	3	QL(1 ea daily)
PROZAC CAPS (Use Fluoxetine HCl)	3	
<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs</i>	1	
ZOLOFT CONC (Use Sertraline HCl)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS (<i>Use Sertraline HCl</i>)	3	
Serotonin Modulators		
<i>nefazodone hcl tabs</i>	1	
NEFAZODONE HYDROCHLORIDE TABS	2	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	ST; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS	3	ST
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Use Duloxetine HCl</i>)	3	
DESVENLAFAXINE ER TB24 50 MG, 100 MG	3	ST; QL(1 ea daily)
<i>desvenlafaxine succinate tb24</i>	1	
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	
<i>duloxetine hcl cpep 40 mg</i>	3	PA
EFFEXOR XR CP24 (<i>Use Venlafaxine HCl</i>)	3	QL(1 ea daily)
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily)
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	ST; QL(1 ea daily)
FETZIMA TITRATION PACK C4PK	3	ST
KHEDEZLA TB24	3	ST; QL(1 ea daily)
PRISTIQ TB24 (<i>Use Desvenlafaxine Succinate</i>)	3	
<i>venlafaxine hcl cp24 75 mg, 150 mg, 37.5 mg</i>	1	QL(1 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	
<i>venlafaxine hcl tb24 75 mg, 150 mg, 37.5 mg</i>	1	
Tricyclic Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS	3	
ANAFRANIL CAPS (<i>Use Clomipramine HCl</i>)	3	
<i>clomipramine hcl caps</i>	1	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg</i>	1	
DOXEPIN HCL CAPS 150 MG	2	
<i>doxepin hcl conc 10 mg/ml</i>	1	
ELAVIL TABS (<i>Use Amitriptyline HCl</i>)	3	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps 100 mg, 125 mg, 150 mg</i>	3	
<i>imipramine pamoate caps 75 mg</i>	1	
NORPRAMIN TABS (<i>Use Desipramine HCl</i>)	3	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
PAMELOR CAPS (<i>Use Nortriptyline HCl</i>)	3	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use Trimipramine Maleate</i>)	3	
TOFRANIL TABS (<i>Use Imipramine HCl</i>)	3	
<i>trimipramine maleate caps</i>	3	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	
GLYSET TABS (<i>Use Miglitol</i>)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
<i>miglitol tabs</i>	1	
PRECOSE TABS (<i>Use Acarbose</i>)	3	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	J	PA; Specialty Tier 1 May Apply
SYMLINPEN 60 SOPN	J	PA; Specialty Tier 1 May Apply
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use Pioglitazone HCl-Metformin HCl</i>)	3	
ACTOPLUS MET XR TB24 15MG-1000MG	3	QL(2 ea daily)
ACTOPLUS MET XR TB24 30MG-1000MG	3	QL(1 ea daily)
ALOGLIPTIN/METFORMIN HCL TABS	3	PA
ALOGLIPTIN/PIOGLITAZONE TABS	3	PA
DUETACT TABS (<i>Use Pioglitazone HCl-Glimepiride</i>)	3	
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS (<i>Use Glyburide-Metformin</i>)	3	
<i>glyburide-metformin tabs</i>	1	
GLYXAMBI TABS	2	
INVOKAMET TABS	2	
INVOKAMET XR TB24	2	
JANUMET TABS	2	
JANUMET XR TB24	2	
JENTADUETO TABS	3	PA
JENTADUETO XR TB24	3	PA

Drug Name	Drug Tier	Requirements/Limits
KAZANO TABS	3	PA
KOMBIGLYZE XR TB24	3	PA
OSENI TABS	3	PA
<i>pioglitazone hcl-glimepiride tabs</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	
QTERN TABS	3	PA
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	3	
SEGLUROMET TABS	3	
SYNJARDY TABS	2	
XIGDUO XR TB24	3	
Biguanides		
FORTAMET TB24 (<i>Use Metformin HCl</i>)	3	PA
GLUCOPHAGE TABS (<i>Use Metformin HCl</i>)	3	
GLUCOPHAGE XR TB24 (<i>Use Metformin HCl</i>)	3	
GLUMETZA TB24 (<i>Use Metformin HCl</i>)	3	PA
<i>metformin hcl tabs 500 mg, 850 mg, 1000 mg</i>	1	
<i>metformin hcl tb24 500 mg, 1000 mg</i>	3	PA
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
METFORMIN HYDROCHLORIDE SOLN	3	
RIOMET SOLN	3	
Diabetic Other		
BAQSIMI ONE PACK POWD	3	PA
BAQSIMI TWO PACK POWD	3	PA
GLUCAGEN HYPOKIT SOLR	J	Specialty Tier 1 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
GLUCAGON EMERGENCY KIT KIT	J	Specialty Tier 1 May Apply
KORLYM TABS	3	PA; Specialty Tier 3 May Apply
PROGLYCEM SUSP	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS	3	PA
JANUVIA TABS	2	
NESINA TABS	3	PA
ONGLYZA TABS	3	PA
TRADJENTA TABS	3	PA
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	
Incretin Mimetic Agents (GLP-1 Receptor)		
BYDUREON PEN PEN	J	PA; Specialty Tier 1 May Apply
BYDUREON SRER	J	PA; Specialty Tier 1 May Apply
BYETTA SOPN	J	PA; Specialty Tier 1 May Apply
TANZEUM PEN	J	PA; Specialty Tier 1 May Apply
TRULICITY SOPN	J	PA; Specialty Tier 1 May Apply
VICTOZA SOPN	J	PA; Specialty Tier 1 May Apply
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use Pioglitazone HCl</i>)	3	
AVANDIA TABS	2	
<i>pioglitazone hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Insulin		
ADMELOG SOLN	3	PA; QL(1.5 ml daily)
ADMELOG SOLN	3	PA
ADMELOG SOLOSTAR SOPN	3	PA
ADMELOG SOLOSTAR SOPN	3	PA; QL(1.5 ml daily)
AFREZZA POWD	3	PA
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT,	3	PA; QL(3 ea daily)
APIDRA SOLN	3	PA
APIDRA SOLOSTAR SOPN	3	PA
BASAGLAR KWIKPEN SOPN (<i>Use Insulin Glargine</i>)	3	PA
FIASP FLEXTOUCH SOPN	3	PA; Limit 45mls per month; QL(1.5 ml daily, 45 ml per fill retail)
FIASP SOLN	3	PA; Limit 45mls per month; QL(1.5 ml daily, 45 ml per fill retail)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per month; QL(0.8 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	2	
HUMULIN 70/30 SUSP	2	
HUMULIN 70/30 SUSP	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN N SUSP	2	
HUMULIN R SOLN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN	2	Limit 40mls per month;QL(1.34 ml daily)
INSULIN LISPRO KWIKPEN SOPN	3	PA
INSULIN LISPRO SOLN	3	PA
LANTUS SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR SOLN	2	Limit 45mls per month;QL(1.5 ml daily)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 RELION SUSP	3	PA; QL(1.34 ml daily)
NOVOLIN 70/30 SUSP	3	PA; QL(1.34 ml daily)
NOVOLIN N RELION SUSP	3	PA; QL(1.34 ml daily)
NOVOLIN N SUSP	3	PA; QL(1.34 ml daily)
NOVOLIN R RELION SOLN	3	PA; QL(1.34 ml daily)
NOVOLIN R SOLN	3	PA; QL(1.34 ml daily)
NOVOLOG FLEXPEN SOPN	3	PA; Limit 45mls per month;QL(1.5 ml daily,45 ml per fill retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	3	PA; Limit 45mls per month;QL(1.5 ml daily,45 ml per fill retail)
NOVOLOG MIX 70/30 SUSP	3	PA; Limit 45mls per month;QL(1.5 ml daily,45 ml per fill retail)
NOVOLOG PENFILL SOCT	3	PA; Limit 45mls per month;QL(1.5 ml daily,45 ml per fill retail)
NOVOLOG SOLN	3	PA; Limit 45mls per month;QL(1.5 ml daily,45 ml per fill retail)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 15mls per month;QL(0.5 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month;QL(0.9 ml daily)
TRESIBA SOLN	3	PA
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	
PRANDIN TABS (<i>Use Repaglinide</i>)	3	
<i>repaglinide tabs</i>	1	
STARLIX TABS (<i>Use Nateglinide</i>)	3	
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	
INVOKANA TABS	2	
JARDIANCE TABS	2	
STEGLATRO TABS	3	
Sulfonylureas		
AMARYL TABS (<i>Use Glimepiride</i>)	3	
<i>chlorpropamide tabs</i>	1	
<i>glimepiride tabs</i>	1	
<i>glipizide tabs</i>	1	
<i>glipizide tb24</i>	1	
GLUCOTROL TABS (<i>Use Glipizide</i>)	3	
GLUCOTROL XL TB24 (<i>Use Glipizide</i>)	3	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs</i>	1	
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	3	
TOLAZAMIDE TABS 250 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>tolazamide tabs 500 mg</i>	1	
TOLBUTAMIDE TABS	3	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC	3	PA; QL(2 ea daily)
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>)	3	
MOTOFEN TABS	2	
<i>opium tincture tinc</i>	3	
<i>paregoric tinc</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	2	
<i>deferasirox tbso</i>	1	PA; Specialty Tier 3 May Apply
EXJADE TBSO (<i>Use Deferasirox</i>)	3	PA; Specialty Tier 3 May Apply
FERRIPROX SOLN 100 MG/ML	3	Specialty Tier 3 May Apply
FERRIPROX TABS 1000 MG	3	PA
FERRIPROX TABS 500 MG	3	Specialty Tier 3 May Apply
JADENU TABS	2	PA; Specialty Tier 3 May Apply - Direct to Acaria Specialty
Antidotes and Specific Antagonists		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
RADIOGARDASE CAPS	3	PA
VISTOGARD PACK	3	
Opioid Antagonists		
EVZIO SOAJ	J	PA; Specialty Tier 3 May Apply
<i>naltrexone hcl tabs</i>	1	
NALTREXONE IMPL	3	PA
NARCAN LIQD	3	QL(4 ea per 30 days retail)
VIVITROL SUSR	J	PA; Specialty Tier 3 May Apply
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS	3	PA
<i>granisetron hcl tabs</i>	3	PA; QL(2 ea daily)
<i>ondansetron hcl soln 4 mg/5ml</i>	1	QL(5 ml daily)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	1	Limit 30 per month;QL(1 ea daily)
<i>ondansetron tbdp</i>	1	QL(31 ea per 30 days retail)
SANCUSO PTCH	3	QL(1 ea per 30 days retail,3 ea per 90 days mail)
ZOFRAN ODT TBDP (<i>Use Ondansetron</i>)	3	QL(31 ea per 30 days retail)
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	3	QL(5 ml daily)
ZOFRAN TABS 4 MG, 8 MG (<i>Use Ondansetron HCl</i>)	3	Limit 30 per month;QL(1 ea daily)
ZUPLENZ FILM	3	QL(10 ea per 30 days retail)
Antiemetics - Anticholinergic		

Drug Name	Drug Tier	Requirements/ Limits
<i>scopolamine pt72</i>	1	
TIGAN CAPS (<i>Use Trimethobenzamide HCl</i>)	3	
TRANSDERM SCOP PT72 (<i>Use Scopolamine</i>)	3	
TRANSDERM-SCOP PT72 (<i>Use Scopolamine</i>)	3	
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS	3	QL(2 ea per 28 days retail)
CESAMET CAPS	3	PA
DICLEGIS TBEC (<i>Use Doxylamine-Pyridoxine</i>)	3	QL(4 ea daily)
<i>doxylamine-pyridoxine tbec</i>	3	QL(4 ea daily)
<i>dronabinol caps</i>	3	
MARINOL CAPS (<i>Use Dronabinol</i>)	3	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	3	
EMEND CAPS (<i>Use Aprepitant</i>)	3	
EMEND TRIPACK CAPS (<i>Use Aprepitant</i>)	3	
VARUBI TABS	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON CAPS (<i>Use Flucytosine</i>)	3	
BIO-STATIN CAPS	3	
<i>flucytosine caps</i>	3	
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	3	
<i>griseofulvin microsize susp</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	3	QL(90 ea per 365 days retail)
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	3	
DIFLUCAN SUSR (<i>Use Fluconazole</i>)	3	
DIFLUCAN TABS (<i>Use Fluconazole</i>)	3	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps</i>	3	PA
<i>itraconazole soln</i>	3	PA
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP	3	
NOXAFIL TBEC	3	
ONMEL TABS	3	PA
SPORANOX CAPS (<i>Use Itraconazole</i>)	3	PA
SPORANOX PULSEPAK CAPS (<i>Use Itraconazole</i>)	3	PA
SPORANOX SOLN (<i>Use Itraconazole</i>)	3	PA
TOLSURA CAPS	3	PA
VFEND SUSR (<i>Use Voriconazole</i>)	3	
VFEND TABS (<i>Use Voriconazole</i>)	3	
<i>voriconazole susr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole tabs</i>	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
BROMPHENIRAMINE TANNATE CHEW	3	
DEXCHLORPHENIRAMINE MALEATE SOLN	3	
RYCLORA SOLN	3	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	3	
<i>diphenhydramine hcl caps</i>	1	
KARBINAL ER SUER	3	
Antihistamines - Phenothiazines		
<i>promethazine hcl soln</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrup</i>	1	
<i>promethazine hcl tabs</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	
VYTORIN TABS (<i>Use Ezetimibe-Simvastatin</i>)	3	
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	J	PA; Specialty Tier 2 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
LOVAZA CAPS (<i>Use Omega-3-acid Ethyl Esters</i>)	3	
<i>omega-3-acid ethyl esters caps</i>	1	
VASCEPA CAPS	3	ST
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	
<i>cholestyramine light powd</i>	1	
<i>cholestyramine pack</i>	1	
<i>cholestyramine powd</i>	1	
<i>colesevelam hcl pack</i>	3	
<i>colesevelam hcl tabs</i>	3	
COLESTID FLAVORED GRAN (<i>Use Colestipol HCl</i>)	3	
COLESTID FLAVORED PACK (<i>Use Colestipol HCl</i>)	3	
COLESTID GRAN (<i>Use Colestipol HCl</i>)	3	
COLESTID PACK (<i>Use Colestipol HCl</i>)	3	
COLESTID TABS (<i>Use Colestipol HCl</i>)	3	
<i>colestipol hcl gran</i>	1	
<i>colestipol hcl pack</i>	1	
<i>colestipol hcl tabs</i>	1	
QUESTRAN LIGHT POWD (<i>Use Cholestyramine Light</i>)	3	
QUESTRAN PACK (<i>Use Cholestyramine</i>)	3	
QUESTRAN POWD (<i>Use Cholestyramine</i>)	3	
WELCHOL PACK (<i>Use Colesevelam HCl</i>)	3	
WELCHOL TABS (<i>Use Colesevelam HCl</i>)	3	
Fibric Acid Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
ANTARA CAPS	3	
<i>choline fenofibrate cpdr</i>	1	
FENOFIBRATE CAPS 50 MG, 150 MG	3	
<i>fenofibrate micronized caps</i>	1	
FENOFIBRATE TABS 160 MG	2	
<i>fenofibrate tabs 40 mg, 120 mg</i>	3	PA
<i>fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg</i>	1	
FENOFIBRIC ACID TABS	3	
FENOGLIDE TABS (<i>Use Fenofibrate</i>)	3	PA
FIBRICOR TABS 35 MG, 105 MG	3	
<i>gemfibrozil tabs</i>	1	
LIPOFEN CAPS	3	
LOFIBRA CAPS (<i>Use Fenofibrate Micronized</i>)	3	
LOPID TABS (<i>Use Gemfibrozil</i>)	3	
TRICOR TABS (<i>Use Fenofibrate</i>)	3	
TRIGLIDE TABS	2	
TRILIPIX CPDR (<i>Use Choline Fenofibrate</i>)	3	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS 40 MG (<i>Use Rosuvastatin Calcium</i>)	3	
CRESTOR TABS 5 MG, 10 MG, 20 MG (<i>Use Rosuvastatin Calcium</i>)	3	QL(1 ea daily)
EZALLOR SPRINKLE CPSP	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
<i>fluvastatin sodium caps</i>	1	
<i>fluvastatin sodium tb24</i>	1	
LESCOL XL TB24 (<i>Use Fluvastatin Sodium</i>)	3	
LIPITOR TABS (<i>Use Atorvastatin Calcium</i>)	3	QL(1 ea daily)
LIVALO TABS	3	QL(1 ea daily)
<i>lovastatin tabs</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
PRAVACHOL TABS (<i>Use Pravastatin Sodium</i>)	3	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs 40 mg</i>	1	
<i>rosuvastatin calcium tabs 5 mg, 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>simvastatin tabs</i>	1	
ZOCOR TABS (<i>Use Simvastatin</i>)	3	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	
ZETIA TABS (<i>Use Ezetimibe</i>)	3	
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 30 MG, 40 MG, 60 MG	3	PA
JUXTAPID CAPS 5 MG, 10 MG, 20 MG	3	PA; Specialty Tier 4 May Apply
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbcr</i>	1	
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN	J	PA; Specialty Tier 3 May Apply
REPATHA SOSY	J	PA; Specialty Tier 3 May Apply
REPATHA SURECLICK SOAJ	J	PA; Specialty Tier 3 May Apply
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use Quinapril HCl</i>)	3	
ACEON TABS (<i>Use Perindopril Erbumine</i>)	3	
ALTACE CAPS (<i>Use Ramipril</i>)	3	
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (<i>Use Benazepril HCl</i>)	3	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (<i>Use Lisinopril</i>)	3	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (<i>Use Enalapril Maleate</i>)	3	
ZESTRIL TABS (<i>Use Lisinopril</i>)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
Agents for Pheochromocytoma		
DEMSEER CAPS	3	
DIBENZYLINE CAPS (Use Phenoxybenzamine HCl)	3	
phenoxybenzamine hcl caps	1	
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use Candesartan Cilexetil)	3	
AVAPRO TABS (Use Irbesartan)	3	
BENICAR TABS (Use Olmesartan Medoxomil)	3	
candesartan cilexetil tabs	1	
COZAAR TABS (Use Losartan Potassium)	3	
DIOVAN TABS (Use Valsartan)	3	
EDARBI TABS	3	
EPROSARTAN MESYLATE TABS	2	
irbesartan tabs	1	
losartan potassium tabs	1	
MICARDIS TABS (Use Telmisartan)	3	
olmesartan medoxomil tabs	1	
telmisartan tabs	1	
valsartan tabs	1	
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	3	
CATAPRES TABS (Use Clonidine HCl)	3	
clonidine hcl tabs	1	
doxazosin mesylate tabs	1	
guanfacine hcl tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
methyldopa tabs	1	
MINIPRESS CAPS (Use Prazosin HCl)	3	
prazosin hcl caps	1	
terazosin hcl caps	1	
Antihypertensive Combinations		
ACCURETIC TABS (Use Quinapril-Hydrochlorothiazide)	3	
amlodipine besylate-benazepril hcl caps	1	
amlodipine besylate-olmesartan medoxomil tabs	1	ST
amlodipine besylate-valsartan tabs	1	
amlodipine-valsartan-hydrochlorothiazide tabs	1	
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	3	
atenolol & chlorthalidone tabs	1	
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	3	
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	3	ST
benazepril & hydrochlorothiazide tabs	1	
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	3	
bisoprolol & hydrochlorothiazide tabs	1	
candesartan cilexetil-hydrochlorothiazide tabs	1	
captopril & hydrochlorothiazide tabs	1	
clonidine & chlorthalidone tabs	1	
CLORPRES TABS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
CORZIDE TABS 40MG-5MG (<i>Use Nadolol & Bendroflumethiazide</i>)	3	
CORZIDE TABS 80MG-5MG	3	
DIOVAN HCT TABS (<i>Use Valsartan-Hydrochlorothiazide</i>)	3	
DUTOPROL TB24	3	
EDARBYCLOR TABS	3	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS (<i>Use Amlodipine-Valsartan-Hydrochlorothiazide</i>)	3	
EXFORGE TABS (<i>Use Amlodipine Besylate-Valsartan</i>)	3	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS (<i>Use Losartan Potassium & Hydrochlorothiazide</i>)	3	
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (<i>Use Metoprolol & Hydrochlorothiazide</i>)	3	
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	
LOTENSIN HCT TABS (<i>Use Benazepril & Hydrochlorothiazide</i>)	3	
LOTREL CAPS (<i>Use Amlodipine Besylate-Benazepril HCl</i>)	3	
<i>methyldopa & hydrochlorothiazide tabs</i>	1	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	3	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	3	
MICARDIS HCT TABS (<i>Use Telmisartan-Hydrochlorothiazide</i>)	3	
<i>moexipril-hydrochlorothiazide tabs</i>	1	
<i>nadolol & bendroflumethiazide tabs</i>	3	
NADOLOL/BENDROFLUMETHIAZIDE TABS	3	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	
<i>propranolol & hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs</i>	1	
TARKA TBCR (<i>Use Trandolapril-Verapamil HCl</i>)	3	
TEKTURNA HCT TABS	3	ST
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (<i>Use Atenolol & Chlorthalidone</i>)	3	
TENORETIC 50 TABS (<i>Use Atenolol & Chlorthalidone</i>)	3	
<i>trandolapril-verapamil hcl tbc</i>	3	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	3	
TRIBENZOR TABS (<i>Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide</i>)	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
TWYNSTA TABS (<i>Use Telmisartan-Amlodipine</i>)	3	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (<i>Use Enalapril Maleate & Hydrochlorothiazide</i>)	3	
ZESTORETIC TABS (<i>Use Lisinopril & Hydrochlorothiazide</i>)	3	
ZIAC TABS (<i>Use Bisoprolol & Hydrochlorothiazide</i>)	3	
Antihypertensives - Misc.		
VECAMEYL TABS	3	
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	3	ST
TEKTURNA TABS 150 MG, 300 MG	3	ST
TEKTURNA TABS 150 MG, 300 MG (<i>Use Aliskiren Fumarate</i>)	3	ST
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	3	
INSPIRA TABS (<i>Use Eplerenone</i>)	3	
Vasodilators		
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs 250mg-100mg</i>	1	
<i>atovaquone-proguanil hcl tabs 62.5mg-25mg</i>	3	
COARTEM TABS	2	
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	3	
Antimalarials		

Drug Name	Drug Tier	Requirements/Limits
ARAKODA TABS	3	PA
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
<i>chloroquine phosphate tabs 500 mg</i>	1	
DARAPRIM TABS	2	PA
<i>hydroxychloroquine sulfate tabs</i>	1	
KRINTAFEL TABS	2	QL(2 ea per 30 days retail)
MEFLOQUINE HCL TABS	2	
<i>mefloquine hcl tabs</i>	1	
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	3	
<i>primaquine phosphate tabs</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>Use Primaquine Phosphate</i>)	3	
QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>)	3	QL(42 ea per 365 days retail,42 ea per 365 days mail)
<i>quinine sulfate caps</i>	3	QL(42 ea per 365 days retail,42 ea per 365 days mail)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	3	PA; Specialty Tier 4 May Apply
GUANIDINE HCL TABS	3	
MESTINON SYRP 60 MG/5ML (<i>Use Pyridostigmine Bromide</i>)	3	PA
MESTINON TABS 60 MG (<i>Use Pyridostigmine Bromide</i>)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	3	
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	PA
<i>pyridostigmine bromide syrp 60 mg/5ml</i>	1	PA
PYRIDOSTIGMINE BROMIDE TABS 30 MG	3	PA
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
RUZURGI TABS	3	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	2	
RIFATER TABS	2	
Antimycobacterial Agents		
<i>cycloserine caps</i>	3	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL TABS (Use Ethambutol HCl)	3	
MYCOBUTIN CAPS (Use Rifabutin)	3	
PASER PACK	3	
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	
RIFADIN CAPS (Use Rifampin)	3	
<i>rifampin caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SIRTURO TABS	3	
TRECATOR TABS	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS (Use Melphalan)	AC	
<i>carboplatin soln</i>	AC	PA
CISPLATIN SOLN 200 MG/200ML	AC	PA
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	AC	PA
<i>cyclophosphamide caps or 25 mg</i>	AC	PA
CYCLOPHOSPHAMIDE CAPS OR 25 MG (Use Cyclophosphamide)	AC	PA
<i>cyclophosphamide caps or 50 mg</i>	AC	
CYCLOPHOSPHAMIDE CAPS OR 50 MG (Use Cyclophosphamide)	AC	
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	AC	PA
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG (Use Lomustine)	AC	
GLEOSTINE CAPS 5 MG	3	
GLIADEL WAFER WAFR	AC	PA
HEXALEN CAPS	AC	
IFEX SOLR (Use Ifosfamide)	AC	PA
<i>ifosfamide soln</i>	AC	PA
<i>ifosfamide solr</i>	AC	PA
LEUKERAN TABS	AC	
<i>melphalan tabs</i>	AC	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
MUSTARGEN SOLR	AC	PA
MYLERAN TABS	AC	
<i>oxaliplatin soln</i>	AC	PA
TEMODAR CAPS OR 250 MG (Use Temozolomide)	AC	Specialty Tier 2 May Apply
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG (Use Temozolomide)	AC	Specialty May Apply. Brand Tier 4, Generic Tier 1
TEMODAR SOLR IV 100 MG	AC	PA
<i>temozolomide caps 250 mg</i>	AC	Specialty Tier 2 May Apply
<i>temozolomide caps 5 mg, 20 mg, 100 mg, 140 mg, 180 mg</i>	AC	Specialty May Apply. Brand Tier 4, Generic Tier 1
TEPADINA SOLR	AC	PA
<i>thiotepa solr</i>	AC	PA
TREANDA SOLR	AC	PA
Antimetabolites		
<i>azacitidine susr</i>	AC	PA
<i>capecitabine tabs</i>	AC	
<i>cladribine soln</i>	AC	PA
<i>cytarabine soln</i>	AC	PA
CYTARABINEAQUEOUS SOLN	AC	PA
DACOGEN SOLR (Use Decitabine)	AC	PA
<i>decitabine solr</i>	AC	PA
<i>floxuridine solr</i>	AC	PA
<i>fludarabine phosphate soln</i>	AC	PA
<i>fludarabine phosphate solr</i>	AC	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil soln iv 1 gm/20ml, 5 gm/100ml, 2.5 gm/50ml, 500 mg/10ml</i>	AC	PA
FOLOTYN SOLN	AC	PA
<i>gemcitabine hcl soln</i>	AC	PA
<i>gemcitabine hcl solr</i>	AC	PA
GEMCITABINE SOLN (Use Gemcitabine HCl)	AC	PA
GEMZAR SOLR (Use Gemcitabine HCl)	AC	PA
<i>mercaptopurine tabs</i>	AC	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	AC	PA; Specialty Tier 1 May Apply
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	AC	PA; Specialty Tier 1 May Apply
<i>methotrexate sodium solr ij 1 gm</i>	AC	PA; Specialty Tier 1 May Apply
<i>methotrexate sodium tabs or 2.5 mg</i>	AC	
PURIXAN SUSP	AC	AL(Up to 13 yrs old)
TABLOID TABS	AC	
TREXALL TABS	AC	
VIDAZA SUSR (Use Azacitidine)	AC	PA
XELODA TABS (Use Capecitabine)	AC	
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	AC	PA
CYRAMZA SOLN	AC	PA
ZALTRAP SOLN	AC	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	AC	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
ARZERRA CONC	AC	PA
BLINCYTO SOLR	AC	PA
ERBITUX SOLN	AC	PA
GAZYVA SOLN	AC	PA
KADCYLA SOLR	AC	PA
KEYTRUDA SOLN	AC	PA
OPDIVO SOLN	AC	PA
PERJETA SOLN	AC	PA
POTELIGEO SOLN	3	PA
RITUXAN SOLN	AC	PA
VECTIBIX SOLN	AC	PA
YERVOY SOLN	AC	PA
ZEVALIN Y-90 KIT	AC	PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	AC	PA
VENCLEXTA TABS	AC	PA
Antineoplastic - Cellular Immunotherapy		
PROVENGE SUSP	AC	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	AC	PA; Specialty Tier 4 May Apply
ERIVEDGE CAPS	AC	Specialty Tier 2 May Apply
ODOMZO CAPS	AC	Specialty Tier 2 May Apply
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	AC	PA; Specialty Tier 2 May Apply

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tabs</i>	AC	AL(At least 40 yrs old)
ARIMIDEX TABS (<i>Use Anastrozole</i>)	AC	AL(At least 40 yrs old)
AROMASIN TABS (<i>Use Exemestane</i>)	AC	AL(At least 40 yrs old)
<i>bicalutamide tabs</i>	AC	
CASODEX TABS (<i>Use Bicalutamide</i>)	AC	
DEPO-PROVERA SUSP	AC	PA
EMCYT CAPS	AC	
<i>exemestane tabs</i>	AC	AL(At least 40 yrs old)
FARESTON TABS (<i>Use Toremifene Citrate</i>)	AC	
FASLODEX SOLN (<i>Use Fulvestrant</i>)	AC	PA
FEMARA TABS (<i>Use Letrozole</i>)	AC	AL(At least 40 yrs old)
FIRMAGON SOLR	AC	PA
<i>flutamide caps</i>	AC	
FULVESTRANT SOLN	AC	PA
<i>fulvestrant soln</i>	AC	PA
<i>letrozole tabs</i>	AC	AL(At least 40 yrs old)
<i>leuprolide acetate kit</i>	AC	PA
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE SOLN	3	PA
LUPRON DEPOT (1-MONTH) KIT	AC	PA; Specialty Tier 3 May Apply
LUPRON DEPOT (3-MONTH) KIT	AC	PA; Specialty Tier 3 May Apply;
LUPRON DEPOT (4-MONTH) KIT	AC	PA; Specialty Tier 3 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) KIT	AC	PA; Specialty Tier 3 May Apply
LYSODREN TABS	AC	
<i>megestrol acetate susp</i>	AC	
<i>megestrol acetate tabs</i>	AC	
NILANDRON TABS (Use Nilutamide)	AC	
<i>nilutamide tabs</i>	AC	
NUBEQA TABS	3	PA
SOLTAMOX SOLN	AC	
<i>tamoxifen citrate tabs</i>	AC	PV
<i>toremifene citrate tabs</i>	AC	
TRELSTAR MIXJECT SUSR	AC	PA
VANTAS KIT	AC	PA
XTANDI CAPS	AC	PA; Specialty Tier 2 May Apply
ZOLADEX IMPL	AC	PA
ZYTIGA TABS (Use Abiraterone Acetate)	AC	PA; Specialty Tier 2 May Apply
Antineoplastic - Immunomodulators		
POMALYST CAPS	AC	Specialty Tier 2 May Apply
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr</i>	AC	PA
ELLENCES SOLN (Use Epirubicin HCl)	AC	PA
<i>epirubicin hcl soln</i>	AC	PA
IDAMYCIN PFS SOLN (Use Idarubicin HCl)	AC	PA
<i>idarubicin hcl soln</i>	AC	PA

Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin solr</i>	AC	PA
<i>mitoxantrone hcl conc</i>	AC	PA
<i>valrubicin soln</i>	AC	PA
VALSTAR SOLN (Use Valrubicin)	AC	PA
Antineoplastic Combinations		
LONSURF TABS	AC	PA; Specialty Tier 2 May Apply
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	AC	PA
AFINITOR TABS	AC	PA; Specialty Tier 2 May Apply
BELEODAQ SOLR	AC	PA
BOSULIF TABS	AC	PA; Specialty Tier 2 May Apply
BRAFTOVI CAPS	AC	PA
CABOMETYX TABS	AC	PA
CAPRELSA TABS	AC	Specialty Tier 4 May Apply
COMETRIQ KIT	AC	Specialty Tier 2 May Apply
COPIKTRA CAPS	AC	PA
COTELLIC TABS	AC	PA; Specialty Tier 2 May Apply
<i>erlotinib hcl tabs</i>	AC	PA; Specialty Tier 2 May Apply
FARYDAK CAPS	AC	PA; Specialty Tier 2 May Apply
GILOTRIF TABS 20 MG, 30 MG	AC	PA; Specialty Tier 3 May Apply
GILOTRIF TABS 40 MG	AC	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	AC	PA
IBRANCE CAPS	AC	PA; Specialty Tier 2 May Apply - Direct to Acaria Specialty
ICLUSIG TABS	AC	PA; Specialty Tier 2 May Apply
<i>imatinib mesylate tabs 100 mg</i>	AC	Specialty Tier 1 May Apply
<i>imatinib mesylate tabs 100 mg, 400 mg</i>	AC	
<i>imatinib mesylate tabs 400 mg</i>	3	PA
IMBRUVICA CAPS 70 MG, 140 MG	AC	PA; Specialty Tier 2 May Apply
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	AC	PA; Specialty Tier 2 May Apply; QL(1 ea daily)
INLYTA TABS	AC	PA; Specialty Tier 2 May Apply
INREBIC CAPS	3	PA
IRESSA TABS	AC	Specialty Tier 2 May Apply
ISTODAX (<i>OVERFILL</i>) SOLR	AC	PA
JAKAFI TABS	AC	Specialty Tier 3 May Apply
KYPROLIS SOLR	AC	PA
LENVIMA 10 MG DAILY DOSE CPPK	AC	PA; Specialty Tier 2 May Apply
LENVIMA 12MG DAILY DOSE CPPK	3	PA
LENVIMA 14 MG DAILY DOSE CPPK	AC	PA; Specialty Tier 2 May Apply
LENVIMA 18 MG DAILY DOSE CPPK	AC	PA; Specialty Tier 2 May Apply

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 20 MG DAILY DOSE CPPK	AC	PA; Specialty Tier 2 May Apply
LENVIMA 24 MG DAILY DOSE CPPK	AC	PA; Specialty Tier 2 May Apply
LENVIMA 4 MG DAILY DOSE CPPK	3	PA
LENVIMA 8 MG DAILY DOSE CPPK	AC	PA; Specialty Tier 2 May Apply
LORBRENA TABS	AC	PA
LYNPARZA CAPS 50 MG	AC	PA; Specialty Tier 2 May Apply
LYNPARZA TABS 100 MG, 150 MG	AC	PA
MEKINIST TABS	AC	PA; Specialty Tier 3 May Apply
MEKTOVI TABS	AC	PA
NEXAVAR TABS	AC	PA; Specialty Tier 2 May Apply - Direct to Acaria Specialty
ROMIDEPSIN SOLR	AC	PA
ROZLYTREK CAPS	3	PA
RUBRACA TABS	AC	PA
SPRYCEL TABS	AC	PA; Specialty Tier 2 May Apply
STIVARGA TABS	AC	PA; Specialty Tier 2 May Apply
SUTENT CAPS 25 MG, 50 MG, 12.5 MG	AC	Specialty Tier 2 May Apply
SUTENT CAPS 37.5 MG	AC	
TAFINLAR CAPS	AC	PA; Specialty Tier 3 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
TAGRISSO TABS	AC	PA; Specialty Tier 3 May Apply
TALZENNA CAPS	AC	PA
TARCEVA TABS (<i>Use Erlotinib HCl</i>)	AC	PA; Specialty Tier 2 May Apply
TASIGNA CAPS	AC	PA; Specialty Tier 2 May Apply
<i>temsirolimus soln</i>	AC	PA
TIBSOVO TABS	AC	PA
TORISEL SOLN (<i>Use Temsirolimus</i>)	AC	PA
TURALIO CAPS	3	PA
TYKERB TABS	AC	Specialty Tier 2 May Apply
VELCADE SOLR	AC	PA
VITRAKVI CAPS 25 MG, 100 MG	AC	PA; Specialty Tier 4 May Apply
VITRAKVI SOLN 20 MG/ML	AC	PA
VIZIMPRO TABS	AC	PA
VOTRIENT TABS	AC	Specialty Tier 2 May Apply
XALKORI CAPS	AC	PA; Specialty Tier 2 May Apply
XOSPATA TABS	AC	PA; Specialty Tier 4 May Apply
ZELBORAF TABS	AC	PA; Specialty Tier 2 May Apply
ZOLINZA CAPS	AC	PA; Specialty Tier 2 May Apply
ZYDELIG TABS	AC	PA; Specialty Tier 2 May Apply

Drug Name	Drug Tier	Requirements/ Limits
ZYKADIA CAPS	AC	PA; Specialty Tier 2 May Apply
ZYKADIA TABS	3	PA
Antineoplastic Enzymes		
ERWINAZE SOLR	AC	PA
ONCASPAR SOLN	AC	PA
Antineoplastic Radiopharmaceuticals		
METASTRON SOLN	AC	PA
XOFIGO SOLN	AC	PA
Antineoplastics Misc.		
ACTIMMUNE SOLN	AC	PA; Specialty Tier 3 May Apply
ALFERON N SOLN	AC	PA; Specialty Tier 3 May Apply
<i>bexarotene caps</i>	AC	
<i>dacarbazine solr</i>	AC	PA
HYDREA CAPS (<i>Use Hydroxyurea</i>)	AC	
<i>hydroxyurea caps</i>	AC	
INTRON A SOLN	AC	PA; Specialty Tier 3 May Apply
INTRON A SOLR	AC	PA; Specialty Tier 3 May Apply
INTRON A W/DILUENT SOLR	AC	PA; Specialty Tier 3 May Apply
MATULANE CAPS	AC	Specialty Tier 1 May Apply
NIPENT SOLR	AC	PA
SYLATRON KIT	AC	PA; Specialty Tier 3 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO SOLR	AC	PA; Specialty Tier 2 May Apply
TARGRETIN CAPS OR 75 MG (Use Bexarotene)	AC	
<i>tretinoin (chemotherapy) caps</i>	AC	
Chemotherapy Rescue/Antidote Agents		
<i>dexrazoxane hcl solr</i>	AC	PA
FUSILEV SOLR (Use Levoleucovorin Calcium)	AC	PA
KHAPZORY SOLR	3	PA
<i>leucovorin calcium soln ij 500 mg/50ml</i>	3	PA
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	AC	PA
LEUCOVORIN CALCIUM TABS OR 15 MG	AC	
<i>leucovorin calcium tabs or 5 mg, 10 mg, 25 mg</i>	AC	
<i>levoleucovorin calcium soln</i>	AC	PA
<i>levoleucovorin calcium solr</i>	AC	PA
<i>mesna soln</i>	AC	PA
MESNEX SOLN IV 100 MG/ML (Use Mesna)	AC	PA
MESNEX TABS OR 400 MG	AC	
TOTECT SOLR	AC	PA
VORAXAZE SOLR	AC	PA
ZINECARD SOLR (Use Dexrazoxane HCl)	AC	PA
Mitotic Inhibitors		
DOCETAXEL CONC 160 MG/8ML (Use Docetaxel)	AC	PA
DOCETAXEL CONC 20 MG/ML, 80 MG/2ML, 80 MG/4ML, 160 MG/8ML	AC	PA
<i>docetaxel conc 20 mg/ml, 80 mg/4ml, 160 mg/8ml</i>	AC	PA

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel soln 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	AC	PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	AC	PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML (Use Docetaxel)	AC	PA
<i>etoposide caps or 50 mg</i>	AC	
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	AC	PA
HALAVEN SOLN	AC	PA
JEVTANA SOLN	AC	PA
MARQIBO SUSP	AC	PA
NAVELBINE SOLN (Use Vinorelbine Tartrate)	AC	PA
PACLITAXEL CONC 150 MG/25ML	AC	PA
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml, 100 mg/16.7ml</i>	AC	PA
TAXOL CONC (Use Paclitaxel)	AC	PA
TAXOTERE CONC (Use Docetaxel)	AC	PA
<i>vinorelbine tartrate soln</i>	AC	PA
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML	AC	PA
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use Irinotecan HCl)	AC	PA
HYCAMTIN CAPS OR 0.25 MG, 1 MG	AC	
HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl)	AC	PA
<i>irinotecan hcl soln</i>	AC	PA
IRINOTECAN SOLN	AC	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
TOPOTECAN HCL SOLN 4 MG/4ML	AC	PA
<i>topotecan hcl soln 4 mg/4ml</i>	AC	PA
TOPOTECAN HCL SOLN 4 MG/4ML (Use Topotecan HCl)	AC	PA
<i>topotecan hcl soln 4 mg</i>	AC	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuncts		
<i>carbidopa tabs</i>	3	
LODOSYN TABS (Use Carbidopa)	3	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use Entacapone)	3	
<i>entacapone tabs</i>	3	
TASMAR TABS (Use Tolcapone)	3	
<i>tolcapone tabs</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa tbc 25mg-100mg, 50mg-200mg</i>	1	
<i>carbidopa-levodopa tbdp 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
DUOPA SUSP	3	Specialty Tier 3 May Apply
INBRIJA CAPS	3	PA
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 3 MG, 1.5 MG, 4.5 MG, 2.25 MG (Use Pramipexole Dihydrochloride)	3	
MIRAPEX ER TB24 3.75 MG (Use Pramipexole Dihydrochloride)	3	PA
MIRAPEX TABS 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 1.5 MG (Use Pramipexole Dihydrochloride)	3	
MIRAPEX TABS 0.75 MG	3	
NEUPRO PT24	3	
PARLODEL CAPS (Use Bromocriptine Mesylate)	3	
PARLODEL TABS (Use Bromocriptine Mesylate)	3	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 3 mg, 1.5 mg, 4.5 mg, 2.25 mg</i>	3	
<i>pramipexole dihydrochloride tb24 3.75 mg</i>	3	PA
REQUIP TABS (Use Ropinirole Hydrochloride)	3	
REQUIP XL TB24 (Use Ropinirole Hydrochloride)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride tabs</i>	1	
<i>ropinirole hydrochloride tb24</i>	1	
RYTARY CPR	3	PA
SINEMET CR TBCR (<i>Use Carbidopa-Levodopa</i>)	3	
SINEMET TABS (<i>Use Carbidopa-Levodopa</i>)	3	
STALEVO 100 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	3	
STALEVO 125 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	3	
STALEVO 150 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	3	
STALEVO 200 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	3	
STALEVO 50 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	3	
STALEVO 75 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	3	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use Rasagiline Mesylate</i>)	3	
ELDEPRYL CAPS (<i>Use Selegiline HCl</i>)	3	
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps</i>	1	
SELEGILINE HCL TABS	2	
<i>selegiline hcl tabs</i>	1	
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHIUM SOLN	2	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	3	
Antipsychotics - Misc.		
EQUETRO CP12	3	
GEODON CAPS (<i>Use Ziprasidone HCl</i>)	3	
LATUDA TABS 120 MG	3	PA; QL(1 ea daily)
LATUDA TABS 20 MG	3	PA
LATUDA TABS 40 MG, 60 MG, 80 MG	3	PA; QL(2 ea daily)
NUPLAZID CAPS	3	PA; QL(1 ea daily)
NUPLAZID TABS	3	PA; QL(1 ea daily)
VRAYLAR CAPS	3	PA
VRAYLAR CPPK	3	PA
<i>ziprasidone hcl caps</i>	1	
Benzisoxazoles		
FANAPT TABS	3	PA
FANAPT TITRATION PACK TABS	3	PA
INVEGA SUSTENNA SUSY	J	PA; Specialty Tier 2 May Apply
INVEGA TB24 (<i>Use Paliperidone</i>)	3	PA
INVEGA TRINZA SUSY	J	PA; Specialty Tier 2 May Apply
<i>paliperidone tb24</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
PERSERIS PRSY	J	PA; Specialty Tier 2 May Apply
RISPERDAL M-TAB TBDP (Use Risperidone)	3	
RISPERDAL SOLN (Use Risperidone)	3	
RISPERDAL TABS (Use Risperidone)	3	
RISPERIDONE ODT TBDP	3	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone tbdp 0.25 mg</i>	3	
<i>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
Butyrophenones		
<i>haloperidol lactate conc</i>	1	
<i>haloperidol tabs</i>	1	
Dibenzapines		
CLOZAPINE ODT TBDP	3	
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
CLOZAPINE TABS 50 MG, 200 MG (Use Clozapine)	3	
<i>clozapine tbdp 25 mg, 100 mg, 12.5 mg</i>	3	
CLOZARIL TABS (Use Clozapine)	3	
FAZACLO TBDP 150 MG, 200 MG	3	
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (Use Clozapine)	3	
<i>loxapine succinate caps</i>	1	
<i>olanzapine tabs 5 mg, 10 mg, 15 mg, 20 mg, 2.5 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tbdp 5 mg, 10 mg, 15 mg, 20 mg</i>	3	
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	3	PA
SAPHRIS SUBL	3	PA
SEROQUEL TABS (Use Quetiapine Fumarate)	3	
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	3	PA
VERSACLOZ SUSP	3	QL(18 ml daily)
ZYPREXA TABS (Use Olanzapine)	3	
ZYPREXA ZYDIS TBDP (Use Olanzapine)	3	
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	2	
Phenothiazines		
<i>chlorpromazine hcl tabs</i>	1	
<i>fluphenazine hcl conc 5 mg/ml</i>	1	
<i>fluphenazine hcl elix 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl tabs 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	
FLUPHENAZINE HCL TABS 1 MG, 5 MG, 10 MG, 2.5 MG	2	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE TABS	3	PA
ABILIFY TABS (<i>Use Aripiprazole</i>)	3	
<i>aripiprazole soln 1 mg/ml</i>	1	
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	
<i>aripiprazole tbdp 10 mg, 15 mg</i>	3	
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTISEPTICS & DISINFECTANTS		
Chlorine Antiseptics		
CHLORHEXIDINE GLUCONATE SOLN	3	
Iodine Antiseptics		
IODOFLEX PADS	3	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine tabs</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	
APTIVUS CAPS	2	
APTIVUS SOLN	2	
<i>atazanavir sulfate caps</i>	1	
ATRIPLA TABS	2	ST
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	3	
COMPLERA TABS	2	ST

Drug Name	Drug Tier	Requirements/Limits
CRIXIVAN CAPS	2	
DELSTRIGO TABS	3	ST
DESCOVY TABS	2	
<i>didanosine cpdr</i>	1	
DOVATO TABS	3	PA
EDURANT TABS	2	
<i>efavirenz caps</i>	1	
<i>efavirenz tabs</i>	1	
EMTRIVA CAPS	2	
EMTRIVA SOLN	2	
EPIVIR SOLN (<i>Use Lamivudine</i>)	3	
EPIVIR TABS (<i>Use Lamivudine</i>)	3	
EPZICOM TABS (<i>Use Abacavir Sulfate-Lamivudine</i>)	3	
EVOTAZ TABS	2	
<i>fosamprenavir calcium tabs</i>	1	
FUZEON SOLR	J	PA; Specialty Tier 2 May Apply
GENVOYA TABS	2	
INTELENCE TABS	2	
INVIRASE CAPS	2	
INVIRASE TABS	2	
ISENTRESS CHEW	2	
ISENTRESS PACK	2	
ISENTRESS TABS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	3	
KALETRA TABS 100MG- 25MG, 200MG-50MG	2	
<i>lamivudine soln</i>	1	
<i>lamivudine tabs</i>	1	
<i>lamivudine-zidovudine tabs</i>	1	
LEXIVA SUSP 50 MG/ML	2	
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	3	
<i>lopinavir-ritonavir soln</i>	1	
<i>nevirapine tabs</i>	1	
<i>nevirapine tb24</i>	1	
NORVIR CAPS 100 MG	2	
NORVIR PACK 100 MG	3	
NORVIR SOLN 80 MG/ML	2	
NORVIR TABS 100 MG (Use Ritonavir)	3	
PIFELTRO TABS	2	
PREZCOBIX TABS	2	
PREZISTA SUSP	2	
PREZISTA TABS	2	
RESCRIPTOR TABS	2	
RETROVIR CAPS (Use <i>Zidovudine</i>)	3	
RETROVIR SYRP (Use <i>Zidovudine</i>)	3	
REYATAZ CAPS 150 MG, 200 MG, 300 MG (Use <i>Atazanavir Sulfate</i>)	3	
REYATAZ PACK 50 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>ritonavir tabs</i>	1	
SELZENTRY TABS	2	
<i>stavudine caps</i>	1	
STRIBILD TABS	2	
SUSTIVA CAPS (Use <i>Efavirenz</i>)	3	
SUSTIVA TABS (Use <i>Efavirenz</i>)	3	
SYMFI LO TABS	2	
SYMTUZA TABS	3	ST
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	2	
TRIUMEQ TABS	2	
TRIZIVIR TABS (Use <i>Abacavir Sulfate- Lamivudine-Zidovudine</i>)	3	
TRUVADA TABS	2	
TYBOST TABS	2	
VIDEX EC CPDR 125 MG	2	
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use <i>Didanosine</i>)	3	
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS	2	
VIRAMUNE TABS (Use <i>Nevirapine</i>)	3	
VIRAMUNE XR TB24 (Use <i>Nevirapine</i>)	3	
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	3	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	3	
ZERIT SOLR 1 MG/ML	2	
ZIAGEN SOLN (Use Abacavir Sulfate)	3	
ZIAGEN TABS (Use Abacavir Sulfate)	3	
zidovudine caps	1	
zidovudine syrp	1	
zidovudine tabs	1	
CMV Agents		
VALCYTE SOLR 50 MG/ML (Use Valganciclovir HCl)	3	QL(21 ml daily)
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	3	
valganciclovir hcl solr 50 mg/ml	1	QL(21 ml daily)
valganciclovir hcl tabs 450 mg	1	
Hepatitis Agents		
adefovir dipivoxil tabs	1	
BARACLUDE SOLN 0.05 MG/ML	2	
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	3	PA
COPEGUS TABS (Use Ribavirin (Hepatitis C))	3	PA
DAKLINZA TABS	3	PA; Specialty Tier 3 May Apply
entecavir tabs	1	
EPCLUSA TABS	3	PA; Specialty Tier 3 May Apply
EPIVIR HBV SOLN 5 MG/ML	3	

Drug Name	Drug Tier	Requirements/ Limits
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	3	
HARVONI TABS	3	PA; Specialty Tier 3 May Apply
HEPSERA TABS (Use Adefovir Dipivoxil)	3	
lamivudine (hbv) tabs	3	
LEDIPASVIR/SOFOSBUVIR TABS	3	PA; Specialty Tier 3 May Apply
MODERIBA 1200 DOSE PACK TABS	3	PA
MODERIBA 800 DOSE PACK TABS	3	PA
OLYSIO CAPS	3	PA; Specialty Tier 3 May Apply
PEGASYS PROCLICK SOLN	J	PA; Specialty Tier 2 May Apply
PEGASYS SOLN	J	PA; Specialty Tier 2 May Apply
PEGINTRON KIT	J	PA; Specialty Tier 2 May Apply
REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C))	3	PA
REBETOL SOLN 40 MG/ML	2	PA
RIBASPHERE RIBAPAK TABS	3	PA
RIBASPHERE TABS	3	PA
ribavirin (hepatitis c) caps	1	PA
ribavirin (hepatitis c) tabs	1	PA
SOFOSBUVIR/VELPATASVIR TABS	3	PA; Specialty Tier 3 May Apply
SOVALDI TABS	3	PA; Specialty Tier 3 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
TECHNIVIE TABS	3	PA; Specialty Tier 3 May Apply
VIEKIRA PAK TBPB	3	PA; Specialty Tier 3 May Apply
VIEKIRA XR TB24	3	PA; Specialty Tier 3 May Apply
ZEPATIER TABS	3	PA; Specialty Tier 3 May Apply
Herpes Agents		
<i>acyclovir caps</i>	1	
<i>acyclovir susp</i>	1	
<i>acyclovir tabs</i>	1	
<i>famciclovir tabs</i>	1	
SITAVIG TABS	3	PA
<i>valacyclovir hcl tabs</i>	1	
VALTREX TABS (<i>Use Valacyclovir HCl</i>)	3	
ZOVIRAX CAPS OR 200 MG (<i>Use Acyclovir</i>)	3	
ZOVIRAX SUSP OR 200 MG/5ML (<i>Use Acyclovir</i>)	3	
ZOVIRAX TABS OR 400 MG, 800 MG (<i>Use Acyclovir</i>)	3	
Influenza Agents		
FLUMADINE TABS (<i>Use Rimantadine Hydrochloride</i>)	3	
<i>oseltamivir phosphate caps 30 mg, 45 mg</i>	3	QL(10 ea per fill retail, 10 ea per fill mail)
<i>oseltamivir phosphate caps 75 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate susr 6 mg/ml</i>	3	QL(120 ml per 30 days retail); AL(At least 1 yrs old - Up to 12 yrs old)
RELENZA DISKHALER AEPB	3	QL(20 ea per fill retail, 20 ea per fill mail)
<i>rimantadine hydrochloride tabs</i>	1	
TAMIFLU CAPS 30 MG, 45 MG (<i>Use Oseltamivir Phosphate</i>)	3	QL(10 ea per fill retail, 10 ea per fill mail)
TAMIFLU CAPS 75 MG (<i>Use Oseltamivir Phosphate</i>)	3	
TAMIFLU SUSR 6 MG/ML (<i>Use Oseltamivir Phosphate</i>)	3	QL(120 ml per 30 days retail); AL(At least 1 yrs old - Up to 12 yrs old)
XOFLUZA TBPB	3	PA; QL(2 ea per fill retail)
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr</i>	3	
VIRAZOLE SOLR (<i>Use Ribavirin</i>)	3	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	3	
<i>carvedilol tabs</i>	1	
COREG CR CP24 (<i>Use Carvedilol Phosphate</i>)	3	
COREG TABS (<i>Use Carvedilol</i>)	3	
<i>labetalol hcl tabs</i>	1	
LABELALOL HYDROCHLORIDE/SODIUM CHLORIDE SOLN	3	PA
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	
BYSTOLIC TABS	3	
FIRST - METOPROLOL SOLN	3	PA
FIRST-ATENOLOL SOLN	3	PA
KAPSPARGO SPRINKLE CS24	3	PA
LOPRESSOR TABS (<i>Use Metoprolol Tartrate</i>)	3	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate tabs 25 mg</i>	1	QL(2 ea daily)
<i>metoprolol tartrate tabs 50 mg, 100 mg</i>	1	
METOPROLOL TARTRATE TABS 75 MG, 37.5 MG	3	PA
TENORMIN TABS (<i>Use Atenolol</i>)	3	
TOPROL XL TB24 (<i>Use Metoprolol Succinate</i>)	3	
Beta Blockers Non-Selective		
BETAPACE AF TABS (<i>Use Sotalol HCl (AFIB/AFL)</i>)	3	
BETAPACE TABS (<i>Use Sotalol HCl</i>)	3	
CORGARD TABS (<i>Use Nadolol</i>)	3	
HEMANGEOL SOLN	3	AL(Up to 1 yrs old)
INDERAL LA CP24 (<i>Use Propranolol HCl</i>)	3	
INDERAL XL CP24	3	
INNOPRAN XL CP24	3	
<i>nadolol tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
PROPRANOLOL HCL SOLN 20 MG/5ML, 40 MG/5ML	3	
<i>propranolol hcl tabs 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	
<i>sotalol hcl tabs</i>	1	
SOTYLIZE SOLN	3	
<i>timolol maleate tabs</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (<i>Use Nifedipine</i>)	3	
<i>amlodipine besylate tabs</i>	1	QL(1 ea daily)
CALAN SR TBCR (<i>Use Verapamil HCl</i>)	3	
CALAN TABS (<i>Use Verapamil HCl</i>)	3	
CARDIZEM CD CP24 (<i>Use Diltiazem HCl Coated Beads</i>)	3	
CARDIZEM LA TB24 120 MG	3	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use Diltiazem HCl Coated Beads</i>)	3	
CARDIZEM TABS (<i>Use Diltiazem HCl</i>)	3	
DILT-XR CP24	2	
<i>diltiazem hcl coated beads cp24</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads tb24</i>	1	
<i>diltiazem hcl cp12</i>	1	
<i>diltiazem hcl cp24</i>	1	
<i>diltiazem hcl extended release beads cp24</i>	1	
<i>diltiazem hcl tabs</i>	1	
DILTIAZEM HYDROCHLORIDE SOSY	3	PA
<i>felodipine tb24</i>	1	
<i>isradipine caps</i>	3	
KATERZIA SUSP	3	PA
<i>nicardipine hcl caps</i>	1	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY	3	PA
<i>nifedipine caps</i>	1	
<i>nifedipine tb24</i>	1	
<i>nimodipine caps</i>	1	QL(12 ea daily,21 day(s) limit)
NISOLDIPINE ER TB24 20 MG, 40 MG	3	QL(1 ea daily)
NISOLDIPINE ER TB24 30 MG	3	
<i>nisoldipine tb24</i>	1	
NORVASC TABS (<i>Use Amlodipine Besylate</i>)	3	QL(1 ea daily)
NYMALIZE SOLN	3	
PROCARDIA CAPS (<i>Use Nifedipine</i>)	3	
PROCARDIA XL TB24 (<i>Use Nifedipine</i>)	3	
SULAR TB24 (<i>Use Nisoldipine</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
TIAZAC CP24 (<i>Use Diltiazem HCl Extended Release Beads</i>)	3	
<i>verapamil hcl cp24</i>	1	
VERAPAMIL HCL ER CP24	2	
VERAPAMIL HCL SR CP24	2	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use Verapamil HCl</i>)	3	
VERELAN CP24 360 MG	2	
VERELAN PM CP24 100 MG, 300 MG	2	
VERELAN PM CP24 200 MG (<i>Use Verapamil HCl</i>)	3	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN 0.05 MG/ML	3	
<i>digoxin tabs 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (<i>Use Digoxin</i>)	3	
LANOXIN TABS 62.5 MCG, 187.5 MCG	3	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	
BIDIL TABS	3	
CADUET TABS (<i>Use Amlodipine Besylate-Atorvastatin Calcium</i>)	3	
ENTRESTO TABS	3	PA
Impotence Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
BI-MIX SOLR	3	PA
CIALIS TABS (<i>Use Tadalafil</i>)	3	PA; QL(6 ea per 30 days retail, 18 ea per 90 days mail)
LEVITRA TABS (<i>Use Vardenafil HCl</i>)	3	PA; QL(6 ea per 30 days retail, 18 ea per 90 days mail)
PHENYLEPHRINE HYDROCHLORIDE SOLN	3	PA
QUAD-MIX SOLR	3	PA
<i>sildenafil citrate tabs</i>	1	PA; QL(6 ea per fill retail, 18 ea per fill mail, 6 ea per 30 days retail, 18 ea per 90 days mail)
SUPER BI-MIX SOLR	3	PA
SUPER QUAD-MIX SOLR	3	PA
SUPER TRI-MIX SOLR	3	PA
<i>tadalafil tabs</i>	1	PA; QL(6 ea per 30 days retail, 18 ea per 90 days mail)
<i>vardenafil hcl tabs</i>	1	PA; QL(6 ea per 30 days retail, 18 ea per 90 days mail)
VIAGRA TABS (<i>Use Sildenafil Citrate</i>)	3	PA; QL(6 ea per fill retail, 18 ea per fill mail, 6 ea per 30 days retail, 18 ea per 90 days mail)
Peripheral Vasodilators		
<i>isoxsuprine hcl tabs</i>	1	
Prostaglandin Vasodilators		
ORENITRAM TBCR	3	PA

Drug Name	Drug Tier	Requirements/ Limits
TYVASO REFILL SOLN	3	PA; Specialty Tier 4 May Apply
TYVASO SOLN	3	PA; Specialty Tier 4 May Apply
TYVASO STARTER SOLN	3	PA; Specialty Tier 4 May Apply
VENTAVIS SOLN 10 MCG/ML	3	PA; Specialty Tier 4 May Apply
VENTAVIS SOLN 20 MCG/ML	3	PA
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	1	PA; Specialty Tier 2 May Apply
<i>bosentan tabs</i>	1	PA; PA Required to direct to Caremark Specialty - Specialty Tier 2 May Apply
LETAIRIS TABS (<i>Use Ambrisentan</i>)	3	PA; Specialty Tier 2 May Apply
OPSUMIT TABS	3	PA; Specialty Tier 3 May Apply
TRACLEER TABS (<i>Use Bosentan</i>)	3	PA; PA Required to direct to Caremark Specialty - Specialty Tier 2 May Apply
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Use Tadalafil (Pulmonary Hypertension)</i>)	3	PA; Specialty Tier 1 May Apply
REVATIO SUSR (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	3	PA; Specialty Tier 1 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
REVATIO TABS (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	3	PA; Specialty Tier 1 May Apply
<i>sildenafil citrate (pulmonary hypertension) susr</i>	3	PA; Specialty Tier 1 May Apply
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	3	PA; Specialty Tier 1 May Apply
<i>tadalafil (pulmonary hypertension) tabs</i>	1	PA; Specialty Tier 1 May Apply
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	3	PA
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	3	PA
CORLANOR TABS 5 MG, 7.5 MG	3	ST
Transthyretin Stabilizers		
VYNDAQEL CAPS	3	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cephalexin caps 250 mg, 500 mg</i>	1	
<i>cephalexin caps 750 mg</i>	3	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin tabs 250 mg, 500 mg</i>	1	
KEFLEX CAPS (<i>Use Cephalexin</i>)	3	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
CEFACLOR ER TB12	2	
<i>cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	1	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
CEFTIN SUSR	2	
<i>cefuroxime axetil tabs</i>	1	
Cephalosporins - 3rd Generation		
CEDAX CAPS	3	
CEDAX SUSR	3	
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	3	
<i>cefixime caps 400 mg</i>	3	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
CEFTIBUTEN CAPS	3	
CEFTIBUTEN SUSR	3	
SPECTRACEF TABS	3	
SUPRAX CAPS 400 MG (<i>Use Cefixime</i>)	3	
SUPRAX CHEW 100 MG, 200 MG	3	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (<i>Use Cefixime</i>)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
SUPRAX SUSR 500 MG/5ML	3	
CHEMICALS		
Acids, Bases, & Buffers		
POTASSIUM HYDROXIDE SOLN	3	
SODIUM HYDROXIDE SOLN	3	
Bulk Chemicals - C's		
CROSCARMELLOSE SODIUM POWD	3	PA
Bulk Chemicals - N's		
N-ACETYL-L-CARNOSINE POWD	3	PA
Bulk Chemicals - T's		
TRICHLOROACETIC ACID SOLN	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (<i>Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>)	3	PV
BREVICON-28 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	3	PV
CYCLESSA TABS (<i>Use Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	3	PV
DESOGEN TABS (<i>Use Desogestrel & Ethinyl Estradiol</i>)	3	PV
<i>desogestrel & ethinyl estradiol tabs</i>	1	PV
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	1	PV
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	1	PV
<i>drospirenone-ethinyl estradiol tabs</i>	1	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
ESTROSTEP FE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol-Fe</i>)	3	PV
<i>ethynodiol diacet & eth estrad tabs</i>	1	PV
GENERESS FE CHEW (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>)	3	QL(1 ea daily); PV
<i>levonorgestrel & eth estradiol tabs 0.15mg-0.03mg, 0.15mg-30mcg</i>	1	PV
<i>levonorgestrel & eth estradiol tabs 0.1mg-20mcg</i>	1	QL(1 ea daily); PV
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	QL(1 ea daily); PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	QL(91 ea per fill retail,91 ea per fill mail); PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	3	QL(90 ea per fill retail,90 ea per fill mail); PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	QL(90 ea per fill retail,90 ea per fill mail); PV
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	3	PV
LO LOESTRIN FE TABS	3	PV
LOESTRIN 1.5/30-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	3	PV
LOESTRIN 1/20-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	3	PV
LOESTRIN FE 1.5/30 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	3	PV
LOESTRIN FE 1/20 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	3	PV
LOSEASONIQUE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	3	QL(90 ea per fill retail,90 ea per fill mail); PV
MINASTRIN 24 FE CHEW (<i>Use Norethin Acet & Estrad-Fe</i>)	3	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
MIRCETTE TABS (<i>Use Desogestrel-Ethinyl Estradiol (Biphasic)</i>)	3	PV
NATAZIA TABS	2	QL(1 ea daily); PV
<i>norethin acet & estrad-fe chew</i>	1	PV
<i>norethin acet & estrad-fe tabs</i>	1	PV
<i>norethindrone & eth estradiol tabs</i>	1	PV
<i>norethindrone & ethinyl estradiol-fe chew 0.4mg-35mcg</i>	1	PV
<i>norethindrone & ethinyl estradiol-fe chew 75mg-0.8mg-25mcg</i>	1	QL(1 ea daily); PV
<i>norethindrone & mestranol tabs</i>	1	PV
<i>norethindrone acet & eth estra tabs</i>	1	PV
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	3	PV
<i>norethindrone-eth estradiol (triphasic) tabs</i>	1	PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	PV
<i>norgestimate-ethinyl estradiol tabs</i>	1	PV
<i>norgestrel & ethinyl estradiol tabs</i>	1	PV
ORTHO TRI-CYCLEN LO TABS (<i>Use Norgestimate-Ethinyl Estradiol (Triphasic)</i>)	3	PV
ORTHO TRI-CYCLEN TABS (<i>Use Norgestimate-Ethinyl Estradiol (Triphasic)</i>)	3	PV
ORTHO-CYCLEN TABS (<i>Use Norgestimate-Ethinyl Estradiol</i>)	3	PV
ORTHO-NOVUM 1/35 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	3	PV

Drug Name	Drug Tier	Requirements/Limits
ORTHO-NOVUM 7/7/7 TABS (<i>Use Norethindrone-Eth Estradiol (Triphasic)</i>)	3	PV
QUARTETTE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	3	QL(90 ea per fill retail, 90 ea per fill mail); PV
SAFYRAL TABS (<i>Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>)	3	PV
SEASONIQUE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	3	QL(91 ea per fill retail, 91 ea per fill mail); PV
TRI-NORINYL 28 TABS (<i>Use Norethindrone-Eth Estradiol (Triphasic)</i>)	3	PV
YASMIN 28 TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	3	PV
YAZ TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	3	PV
Combination Contraceptives - Transdermal		
XULANE PTWK	2	PV
Combination Contraceptives - Vaginal		
ANNOVERA RING	3	PA
NUVARING RING	2	PV
Emergency Contraceptives		
ELLA TABS	3	PV
<i>levonorgestrel (emergency oc) tabs</i>	1	PV
PLAN B ONE-STEP TABS (<i>Use Levonorgestrel (Emergency OC)</i>)	3	PV
Progestin Contraceptives - IUD		
LILETTA IUD	3	QL(1 ea per 365 days retail); PV
MIRENA IUD	3	PV
SKYLA IUD	3	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive))	3	PV
DEPO-SUBQ PROVERA 104 SUSY	3	PV
medroxyprogesterone acetate (contraceptive) susy	1	PV
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	1	PV
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	3	PV
SLYND TABS	3	PA
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep 3 mg	1	
budesonide tb24 9 mg	3	PA
CORTEF TABS (Use Hydrocortisone)	3	
cortisone acetate tabs	1	
dexamethasone elix 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL CONC	2	
DEXAMETHASONE SOLN 0.5 MG/5ML	3	
dexamethasone tabs 0.75 mg, 0.5 mg, 2 mg, 4 mg, 6 mg, 1.5 mg	1	
DEXAMETHASONE TABS 1 MG	3	
dexamethasone tbpk 1.5 mg	3	
DEXAMETHASONE/SODIUM PHOSPHATE SOSY	3	PA
DEXOPIN KIT	3	PA

Drug Name	Drug Tier	Requirements/Limits
DXEVO 11-DAY TBPk	3	PA
ENTOCORT EC CPEP (Use Budesonide)	3	
hydrocortisone tabs	1	
MEDROL DOSEPAK TBPk (Use Methylprednisolone)	3	
MEDROL TABS 2 MG	2	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (Use Methylprednisolone)	3	
methylprednisolone tabs	1	
methylprednisolone tbpk	1	
MILLIPRED DP TBPk	3	
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	3	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	3	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	3	
prednisolone sodium phosphate soln or 10 mg/5ml, 20 mg/5ml	3	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	3	
prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml	1	
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	3	
prednisolone soln	1	
PREDNISOLONE SOLN	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone syrp</i>	1	
PREDNISON INTENSOL CONC	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISON TABS 50 MG	3	
<i>prednisone tbpk 5 mg, 10 mg</i>	1	
RAYOS TBEC	3	PA
ROPIDEX KIT	3	PA
TAPERDEX 12-DAY TBP	3	
UCERIS TB24 OR 9 MG (Use Budesonide)	3	PA
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	3	
ZODEX 12-DAY TBP	3	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg, 200 mg</i>	1	
<i>benzonatate caps 150 mg</i>	3	
<i>hydrocodone w/ homatropine syrp</i>	1	
<i>hydrocodone w/ homatropine tabs</i>	1	
TESSALON PERLES CAPS (Use Benzonatate)	3	
Cough/Cold/Allergy Combinations		
CODITUSSIN AC LIQD	3	
DECON-G LIQD	3	

Drug Name	Drug Tier	Requirements/Limits
FLOWTUSS SOLN	3	
HYCOFENIX SOLN	3	PA
HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE SOLN	3	PA
HYDROCODONE BITARTRATE/GUAIFENESIN SOLN	3	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	3	QL(300 ml per 31 days retail,900 ml per 93 days mail)
NEOTUSS PLUS LIQD	3	
NORTUSS-EX LIQD	2	
OBREDON SOLN	3	
<i>phenylephrine w/ dm-gg liqd 15mg/5ml-300mg/5ml-10mg/5ml, 7.5mg/2.5ml-150mg/2.5ml-5mg/2.5ml</i>	1	RX/OTC
<i>phenylephrine w/ dm-gg liqd 5mg/ml-50mg/ml-2.5mg/ml</i>	3	RX/OTC
PHENYLEPHRINE/GUAIFENESIN LIQD	3	
<i>promethazine & phenylephrine soln</i>	1	
<i>promethazine w/codeine soln</i>	1	
<i>promethazine w/codeine syrp</i>	1	
<i>promethazine-phenylephrine-codeine syrp</i>	1	
PROMETHAZINE/DEXTR OMEPHORPHAN SOLN	2	
PROMETHAZINE/DEXTR OMEPHORPHAN SYRP	2	
PROMETHAZINE/PHENYLEPHRINE SYRP	2	
PROMETHAZINE/PHENYLEPHRINE/CODEINE SYRP	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephed-bromphen-dm syr</i>	1	
<i>pseudoephed-cpm w/ hydrocod soln</i>	3	PA
REZIRA SOLN	3	
SEMPREX-D CAPS	3	
TUSNEL C SYRP	3	
TUSNEL TABS	3	
TUSSICAPS CP12	3	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (Use Hydrocodone Polistirex-Chlorpheniramine Polistirex)	3	QL(300 ml per 31 days retail,900 ml per 93 days mail)
TUXARIN ER TB12	3	PA
TUZISTRA XR SUER	3	PA
VITUZ SOLN	3	PA
ZUTRIPRO SOLN (Use Pseudoephed-CPM w/ Hydrocod)	3	PA
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use Sodium Chloride (Inhalant))	3	
HYPERSAL NEBU 3.5 %	3	
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	3	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) nebu</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		

Drug Name	Drug Tier	Requirements/Limits
Acne Products		
ABSORICA CAPS 10 MG, 20 MG, 30 MG, 40 MG	3	PA
ABSORICA CAPS 25 MG, 35 MG	3	
ACANYA GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	3	PA
ACZONE GEL 5 % (Use Dapsone (Topical))	3	PA
ACZONE GEL 7.5 %	3	PA; QL(2 gm daily)
<i>adapalene crea 0.1 %</i>	1	
<i>adapalene gel 0.1 %</i>	1	RX/OTC
<i>adapalene gel 0.3 %</i>	1	
ADAPALENE LOTN 0.1 %	3	Limit 59mls per month;QL(1.97 ml daily)
<i>adapalene-benzoyl peroxide gel</i>	3	Limit 45gms per month;QL(1.5 gm daily)
ALTRENO LOTN	3	PA
ATRALIN GEL (Use Tretinoin)	3	Limit 45gms per month;QL(1.5 gm daily); AL(Up to 46 yrs old)
AZELEX CREA	2	
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	3	
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	3	
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	3	
BENZEFOAM FOAM (Use Benzoyl Peroxide)	3	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
BENZEFOAM ULTRA FOAM (Use Benzoyl Peroxide)	3	
BENZOYL PEROXIDE CLEANSER LIQD	3	
benzoyl peroxide foam 5.3 %	3	RX/OTC
benzoyl peroxide foam 9.8 %	3	
benzoyl peroxide liqd 6 %, 7 %	3	
benzoyl peroxide misc 6 %	3	RX/OTC
benzoyl peroxide-erythromycin gel	1	
BP CLEANSING WASH EMUL	2	
CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical))	3	
CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical))	3	
CLEOCIN-T SOLN (Use Clindamycin Phosphate (Topical))	3	
CLEOCIN-T SWAB (Use Clindamycin Phosphate (Topical))	3	
CLINDACIN ETZ PLEDGETS SWAB	2	
CLINDACIN-P SWAB	2	
clindamycin phosphate (topical) foam	3	
clindamycin phosphate (topical) gel	1	
clindamycin phosphate (topical) lotn	1	
clindamycin phosphate (topical) soln	1	
clindamycin phosphate (topical) swab	1	
CLINDAMYCIN PHOSPHATE SWAB	2	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1	
clindamycin phosphate-benzoyl peroxide gel 1%-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2%-2.5%	3	PA
clindamycin phosphate-tretinoin gel	3	QL(1 gm daily)
dapsone (topical) gel	3	PA
DIFFERIN CREA 0.1 % (Use Adapalene)	3	
DIFFERIN GEL 0.1 % (Use Adapalene)	3	RX/OTC
DIFFERIN GEL 0.3 % (Use Adapalene)	3	
DIFFERIN LOTN 0.1 %	3	Limit 59mls per month;QL(1.97 ml daily)
DUAC GEL (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	3	
EPIDUO FORTE GEL	3	PA; Limit 45gms per month;QL(1.5 gm daily)
EPIDUO GEL (Use Adapalene-Benzoyl Peroxide)	3	Limit 45gms per month;QL(1.5 gm daily)
ERYGEL GEL (Use Erythromycin (Acne Aid))	3	
erythromycin (acne aid) gel	1	
erythromycin (acne aid) pads	1	
erythromycin (acne aid) soln	1	
EVOCLIN FOAM (Use Clindamycin Phosphate (Topical))	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily); AL(Up to 46 yrs old)
<i>isotretinoin caps 10 mg, 20 mg</i>	1	Limited to 5 months of treatment;
<i>isotretinoin caps 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>isotretinoin caps 30 mg</i>	3	
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	3	
ONEXTON GEL	3	PA
RETIN-A CREA (Use Tretinoin)	3	AL(Up to 46 yrs old)
RETIN-A GEL (Use Tretinoin)	3	AL(Up to 46 yrs old)
RETIN-A MICRO GEL 0.04 % (Use Tretinoin Microsphere)	3	Limit 50gms per month; QL(1.7 gm daily); AL(Up to 46 yrs old)
RETIN-A MICRO GEL 0.04 %, 0.1 % (Use Tretinoin Microsphere)	3	Limit 20gms per month; QL(0.67 gm daily); AL(Up to 46 yrs old)
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % (Use Tretinoin Microsphere)	3	Limit 50gms per month; QL(1.7 gm daily); AL(Up to 46 yrs old)
RETIN-A MICRO PUMP GEL 0.08 %	3	PA; Limit 50gms per month; QL(1.7 gm daily)
RIAX FOAM	3	
SODIUM SULFACETAMIDE/SULFUR LOTN	2	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM SULFACETAMIDE/SULFUR SUSP	2	
SSS 10-5 FOAM	2	
<i>sulfacetamide sodium (acne) lotn</i>	1	
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	1	
<i>sulfacetamide sodium w/ sulfur emul 5%-10%</i>	1	
<i>sulfacetamide sodium w/ sulfur liqd 4%-9%</i>	1	
<i>sulfacetamide sodium w/ sulfur liqd 4.5%-9%</i>	3	
<i>sulfacetamide sodium w/ sulfur pads 4%-10%, 4%-4%-10%-10%</i>	3	
<i>sulfacetamide sodium w/ sulfur susp 4%-8%</i>	1	
SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	3	
SUMAXIN PADS (Use Sulfacetamide Sodium w/ Sulfur)	3	
SUMAXIN TS SUSP (Use Sulfacetamide Sodium w/ Sulfur)	3	
SUMAXIN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	3	
TRETIN-X CREA	3	PA
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	1	AL(Up to 46 yrs old)
<i>tretinoin gel 0.025 %, 0.01 %</i>	1	AL(Up to 46 yrs old)
<i>tretinoin gel 0.05 %</i>	3	Limit 45gms per month; QL(1.5 gm daily); AL(Up to 46 yrs old)
<i>tretinoin microsphere gel 0.04 %, 0.1 %</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin microsphere gel 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 gm daily); AL(Up to 46 yrs old)
<i>tretinoin microsphere gel 0.04 %, 0.1 %</i>	1	Limit 50gms per month; QL(1.7 gm daily); AL(Up to 46 yrs old)
<i>tretinoin microsphere gel 0.04 %, 0.1 %</i>	1	AL(Up to 46 yrs old)
VELTIN GEL	3	QL(1 gm daily)
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	3	QL(1 gm daily)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
DFS/MS/MENTH/CAP PAK KIT	3	PA
DICLOFENAC EPOLAMINE PTCH	3	
<i>diclofenac sodium (topical) gel 1 %</i>	1	
<i>diclofenac sodium (topical) soln 1.5 %</i>	1	QL(5 ml daily)
ENOVARX-IBUPROFEN CREA	3	PA
FLECTOR PTCH	3	
PENNSAID SOLN	3	PA; QL(4 gm daily)
REXAPHENAC CREA	3	PA
VAROPHEN KIT	3	PA
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	3	
VOPAC MDS KIT	3	PA
Antibiotics - Topical		

Drug Name	Drug Tier	Requirements/ Limits
ALTABAX OINT	3	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	3	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
<i>gentamicin sulfate (topical) crea</i>	1	
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin calcium (topical) crea</i>	1	
MUPIROCIN CREA	2	
<i>mupirocin oint</i>	1	
NEO-SYNALAR CREA	3	PA
XEPI CREA	3	PA; QL(1 gm daily)
Antifungals - Topical		
ALA-QUIN CREA	2	
<i>ciclopirox gel</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham</i>	1	
<i>ciclopirox soln</i>	1	
<i>clotrimazole (topical) soln</i>	3	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(1 ml daily)
<i>econazole nitrate crea</i>	1	
ECOZA FOAM	3	Limit 70gms per month; QL(2.5 gm daily)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
ERTACZO CREA	3	PA
EXELDERM CREA	3	
EXELDERM SOLN	3	
EXODERM LOTN	3	
EXTINA FOAM (Use Ketoconazole (Topical))	3	
HALOTIN CREA	3	
<i>iodoquinol-hc crea</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle crea</i>	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN	3	PA
<i>ketoconazole (topical) crea</i>	1	
<i>ketoconazole (topical) foam</i>	3	
<i>ketoconazole (topical) sham</i>	1	
LOPROX CREA (Use Ciclopirox Olamine)	3	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	3	
LOPROX SUSP (Use Ciclopirox Olamine)	3	
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	3	
LULICONAZOLE CREA	3	
LUZU CREA	3	
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM OINT	3	
<i>naftifine hcl crea</i>	3	
<i>naftifine hcl gel</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
NAFTIN CREA 2 % (Use Naftifine HCl)	3	
NAFTIN GEL 1 %, 2 %	3	
NIZORAL SHAM (Use Ketoconazole (Topical))	3	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	3	
OXISTAT CREA (Use Oxiconazole Nitrate)	3	
OXISTAT LOTN	3	
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	3	
VUSION OINT	3	
VYTONNE CREA (Use Iodoquinol-Hydrocortisone in Aloe Vehicle)	3	
XOLEGEL GEL	3	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	AC	
<i>diclofenac sodium (actinic keratoses) gel</i>	AC	PA
EFUDEX CREA (Use Fluorouracil (Topical))	AC	
FLUOROPLEX CREA	AC	
<i>fluorouracil (topical) crea</i>	AC	
FLUOROURACIL CREA EX 0.5 %	AC	
FLUOROURACIL SOLN EX 2 %, 5 %	AC	
LEVULAN KERASTICK SOLR	AC	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
PANRETIN GEL	AC	PA
PICATO GEL	AC	
TARGRETIN GEL EX 1 %	AC	
TOLAK CREA	3	PA
VALCHLOR GEL	AC	PA; Specialty Tier 2 May Apply
Antipsoriatics		
<i>acitretin caps</i>	1	
<i>calcipotriene crea</i>	1	
<i>calcipotriene oint</i>	1	
<i>calcipotriene soln</i>	1	
<i>calcitriol (topical) oint</i>	1	Limit 100gms per month; QL(3.4 gm daily)
COSENTYX SENSOREADY PEN SOAJ	J	PA; Specialty Tier 2 May Apply
COSENTYX SOSY	J	PA; Specialty Tier 2 May Apply
DOVONEX CREA (<i>Use Calcipotriene</i>)	3	
ILUMYA SOSY	J	PA; Specialty Tier 3 May Apply
<i>methoxsalen rapid caps</i>	3	
OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>)	3	
SORIATANE CAPS (<i>Use Acitretin</i>)	3	
SORILUX FOAM	3	QL(4 gm daily)
STELARA SOLN	J	PA; Specialty Tier 2 May Apply

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY	J	PA; Specialty Tier 2 May Apply
TALTZ SOAJ	J	PA; Specialty Tier 3 May Apply
TALTZ SOSY	J	PA; Specialty Tier 3 May Apply
<i>tazarotene crea</i>	1	QL(1 gm daily); AL(Up to 46 yrs old)
TAZORAC CREA 0.05 %	2	QL(1 gm daily); AL(Up to 46 yrs old)
TAZORAC CREA 0.1 % (<i>Use Tazarotene</i>)	3	QL(1 gm daily); AL(Up to 46 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	2	QL(1 gm daily); AL(Up to 46 yrs old)
TREMFYA SOPN	3	PA
VECTICAL OINT (<i>Use Calcitriol (Topical)</i>)	3	Limit 100gms per month; QL(3.4 gm daily)
ZITHRANOL SHAM	3	PA
Antiseborrheic Products		
GLYCOLIC ACID 70% HIGH PURITY SOLN	3	RX/OTC
GLYCOLIC ACID SOLN	3	RX/OTC
<i>selenium sulfide lotn 2.5 %</i>	1	
<i>selenium sulfide sham 2.25 %</i>	2	MO
SODIUM SULFACETAMIDE WASH LIQD	3	
Antivirals - Topical		
<i>acyclovir topical crea</i>	3	PA; QL(5 gm per 30 days retail)
<i>acyclovir topical oint</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
DENAVIR CREA	3	Limit 5gms per month;QL(0.17 gm daily)
XERESE CREA	3	PA; Limit 5gms per month;QL(0.17 gm daily)
ZOVIRAX CREA EX 5 % (Use Acyclovir Topical)	3	PA; QL(5 gm per 30 days retail)
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	3	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use Silver Sulfadiazine)	3	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	3	
Cauterizing Agents		
SILVER NITRATE OINT	3	
SILVER NITRATE SOLN	3	
<i>silver nitrate-potassium nitrate misc</i>	3	
TRI-CHLOR LIQD	3	
Corticosteroids - Topical		
ALA SCALP LOTN	3	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA	2	
<i>amcinonide lotn</i>	1	
AMCINONIDE OINT	2	
APEXICON E CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTED BETAMETHASONE DIPROPIONATE GEL	2	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented gel</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea 0.1 %</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	3	
<i>betamethasone valerate lotn 0.1 %</i>	1	
<i>betamethasone valerate oint 0.1 %</i>	1	
BRYHALI LOTN	3	PA
<i>calcipotriene-betamethasone dipropionate oint</i>	3	ST; QL(2 gm daily)
CAPEX SHAM	3	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate emulsion foam</i>	3	
<i>clobetasol propionate foam</i>	3	
<i>clobetasol propionate gel</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate liqd</i>	3	
<i>clobetasol propionate lotn</i>	3	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate soln</i>	1	
CLOBEX LIQD (Use Clobetasol Propionate)	3	
CLOBEX LOTN (Use Clobetasol Propionate)	3	
CLOBEX SHAM (Use Clobetasol Propionate)	3	
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.025 %	3	PA
CORDRAN CREA 0.05 % (Use Flurandrenolide)	3	
CORDRAN LOTN 0.05 % (Use Flurandrenolide)	3	PA
CORDRAN OINT 0.05 % (Use Flurandrenolide)	3	PA
CORDRAN TAPE 4 MCG/SQCM	3	
CORTANE-B LOTN	3	
CUTIVATE LOTN (Use Fluticasone Propionate)	3	
DERMA-SMOOTH/FS BODY OIL (Use Fluocinolone Acetonide)	3	
DERMA-SMOOTH/FS SCALP OIL (Use Fluocinolone Acetonide)	3	
DERMATOP OINT (Use Prednicarbate)	3	
DESONATE GEL	3	

Drug Name	Drug Tier	Requirements/Limits
<i>desonide crea</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
DESOWEN CREA (Use Desonide)	3	
DESOWEN LOTN (Use Desonide)	3	
<i>desoximetasone crea 0.05 %, 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone liqd 0.25 %</i>	3	PA
<i>desoximetasone oint 0.05 %</i>	3	
<i>desoximetasone oint 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	
<i>diflorasone diacetate oint</i>	1	
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	3	
DIPROLENE OINT (Use Betamethasone Dipropionate Augmented)	3	
DUOBRII LOTN	3	PA
ELOCON CREA (Use Mometasone Furoate)	3	
ELOCON OINT (Use Mometasone Furoate)	3	
ENSTILAR FOAM	3	PA
EPIFOAM FOAM	3	
<i>fluocinolone acetonide crea</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>fluocinolone acetonide oint</i>	1	
<i>fluocinolone acetonide soln</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide crea 0.05 %</i>	1	
<i>fluocinonide crea 0.1 %</i>	3	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>flurandrenolide crea</i>	3	
<i>flurandrenolide lotn</i>	3	PA
<i>flurandrenolide oint</i>	3	PA
<i>fluticasone propionate crea 0.05 %</i>	1	QL(30 gm per fill retail,90 gm per fill mail)
<i>fluticasone propionate lotn 0.05 %</i>	3	
<i>fluticasone propionate oint 0.005 %</i>	1	QL(30 gm per fill retail,90 gm per fill mail)
<i>halcinonide crea</i>	3	
<i>halobetasol propionate crea</i>	1	
HALOBETASOL PROPIONATE FOAM	3	PA
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use Halcinonide)	3	
HALOG OINT	3	
<i>hydrocortisone (topical) crea</i>	1	
<i>hydrocortisone (topical) lotn</i>	1	
<i>hydrocortisone (topical) oint</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone butyrate lotn</i>	3	PA
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
KENALOG AERS (Use Triamcinolone Acetonide (Topical))	3	
LEXETTE FOAM	3	PA
LOCOID CREA (Use Hydrocortisone Butyrate)	3	
LOCOID LIPOCREAM CREA (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	3	
LOCOID LOTN (Use Hydrocortisone Butyrate)	3	PA
LOCOID OINT (Use Hydrocortisone Butyrate)	3	
LOCOID SOLN (Use Hydrocortisone Butyrate)	3	
LUXIQ FOAM (Use Betamethasone Valerate)	3	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
NUCORT LOTN	3	
OLUX FOAM (Use Clobetasol Propionate)	3	
OLUX-E FOAM (Use Clobetasol Propionate Emulsion)	3	
PANDEL CREA	3	
PRAMOSONE CREA 1%-1%	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
PRAMOSONE CREA 1%-2.5% (Use Pramoxine-HC)	3	
PRAMOSONE E CREA	3	
PRAMOSONE LOTN 1%-1%, 1%-2.5%	2	
PRAMOSONE OINT 1%-1%, 1%-2.5%	2	
<i>pramoxine-hc crea</i>	1	
PREDNICARBATE CREA	2	
<i>prednicarbate crea</i>	1	
PREDNICARBATE OINT	2	
PSORCON CREA	3	
QUINOSONE KIT	3	PA
SERNIVO EMUL	3	PA
SYNALAR CREA (Use Fluocinolone Acetonide)	3	
SYNALAR OINT (Use Fluocinolone Acetonide)	3	
SYNALAR SOLN (Use Fluocinolone Acetonide)	3	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	3	ST; QL(2 gm daily)
TACLONEX SUSP	3	ST; QL(2 gm daily)
TEMOVATE CREA (Use Clobetasol Propionate)	3	
TEMOVATE OINT (Use Clobetasol Propionate)	3	
TEXACORT SOLN	3	
TOPICORT CREA 0.05 %, 0.25 % (Use Desoximetasone)	3	
TOPICORT GEL 0.05 % (Use Desoximetasone)	3	
TOPICORT LIQD 0.25 % (Use Desoximetasone)	3	PA

Drug Name	Drug Tier	Requirements/Limits
TOPICORT OINT 0.05 %, 0.25 % (Use Desoximetasone)	3	
<i>triamcinolone acetonide (topical) aers</i>	1	
<i>triamcinolone acetonide (topical) crea</i>	1	
<i>triamcinolone acetonide (topical) lotn</i>	1	
<i>triamcinolone acetonide (topical) oint</i>	1	
TRIANEX OINT	3	
TRIDESILON CREA (Use Desonide)	3	
ULTRAVATE CREA (Use Halobetasol Propionate)	3	
ULTRAVATE LOTN	3	PA
ULTRAVATE OINT (Use Halobetasol Propionate)	3	
VANOS CREA (Use Fluocinonide)	3	
VERDESO FOAM	3	
WESTCORT OINT (Use Hydrocortisone Valerate)	3	
Emollient/Keratolytic Agents		
GORDONS UREA OINT	3	
KERALAC CREA (Use Urea)	3	PA
<i>urea crea 39 %, 41 %</i>	3	
<i>urea crea 40 %</i>	1	RX/OTC
<i>urea crea 47 %</i>	3	PA
<i>urea lotn 40 %</i>	1	
UTOPIC CREA (Use Urea)	3	
Emollients		
<i>hyaluronate sodium (emollient) gel</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
HYLIRA GEL 0.2 % (<i>Use Hyaluronate Sodium (Emollient)</i>)	3	
HYLIRA LOTN 0.1 %	3	
<i>lactic acid (ammonium lactate) lotn</i>	3	
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	3	
<i>imiquimod crea</i>	1	
IMIQUIMOD PUMP CREA	3	PA; QL(28 gm per 28 days retail)
ZYCLARA CREA	3	PA; QL(28 gm per 28 days retail)
ZYCLARA PUMP CREA 2.5 %	3	PA; Limit 15gms per month;QL(0.6 gm daily)
ZYCLARA PUMP CREA 3.75 %	3	PA; QL(28 gm per 28 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA (<i>Use Pimecrolimus</i>)	3	PA
<i>pimecrolimus crea</i>	3	PA
PROTOPIC OINT (<i>Use Tacrolimus (Topical)</i>)	3	
<i>tacrolimus (topical) oint</i>	1	
Keratolytic/Antimitotic Agents		
BENSAL HP OINT	3	
CANTHARIDIN SOLN	3	PA
CONDYLOX GEL	2	
GORDOFILM SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
KERALYT GEL (<i>Use Salicylic Acid</i>)	3	
PODOCON 25 IN BENZOIN TINCTURE SOLN	3	
<i>podofilox soln</i>	1	
PYROGALLIC ACID OINT	3	
SALEX SHAM (<i>Use Salicylic Acid</i>)	3	
<i>salicylic acid crea 6 %</i>	1	
<i>salicylic acid gel 6 %</i>	3	
<i>salicylic acid liqd 26 %, 27.5 %</i>	3	
<i>salicylic acid lotn 6 %</i>	1	
<i>salicylic acid sham 6 %</i>	1	
<i>salicylic acid soln 26 %</i>	3	
SALICYLIC ACID SOLN 26 %	3	
<i>salicylic acid soln 28.5 %</i>	3	PA
ULTRASAL-ER SOLN (<i>Use Salicylic Acid</i>)	3	PA
VIRASAL LIQD (<i>Use Salicylic Acid</i>)	3	
Liniments		
MEDROX-RX OINT	3	PA
Local Anesthetics - Topical		
ADAZIN CREA	3	PA
AFTERTEST TOPICAL PAIN RELIEF STCK	3	QL(1 ml per 365 days retail)
ANACAINE OINT	3	
CETACAINE AERO 2%-2%-14%, 2%-2%-2%-2%-14%-14%	2	
CETACAINE LIQD 2%-2%-14%	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
COCAINE HCL SOLN	3	
ETHYL CHLORIDE AERO	3	
ETHYL CHLORIDE/FINE PINPOINT AERO	3	
ETHYL CHLORIDE/FINE STREAM AERO	3	
ETHYL CHLORIDE/MEDIUM JET STREAM AERO	3	
ETHYL CHLORIDE/MEDIUM STREAM AERO	3	
ETHYL CHLORIDE/MIST AERO	3	
GEBAUERS INSTANT ICE AERO	3	RX/OTC
GEBAUERS PAIN EASE AERO	3	RX/OTC
GEBAUERS SPRAY AND STRETCH AERO	3	RX/OTC
L.E.T. GEL	3	PA
<i>lidocaine hcl crea ex 3 %</i>	1	RX/OTC
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC
<i>lidocaine hcl gel ex 2 %</i>	1	
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine oint</i>	1	
<i>lidocaine ptch</i>	1	QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	1	
<i>lidocaine-prilocaine kit</i>	3	
LIDODERM PTCH (Use Lidocaine)	3	QL(3 ea daily)
LIDOPIN CREA	3	PA
LIDOTHOL GEL	3	PA
LIDOVEX CREA	3	PA

Drug Name	Drug Tier	Requirements/Limits
LMR PLUS KIT	3	PA
<i>pramoxine hcl gel</i>	3	RX/OTC
SYNERA PTCH	3	
ZTLIDO PTCH	3	PA; QL(3 ea daily)
Misc. Topical		
<i>benzoin compound tinc</i>	3	RX/OTC
BENZOIN TINCTURE PLAIN TINC	3	RX/OTC
BENZOIN TINCTURE TINC	3	RX/OTC
DRYSOL SOLN	2	
QBREXZA PADS	3	PA; QL(1 ea daily)
SM BENZOIN TINCTURE TINC	3	RX/OTC
XERAC AC SOLN	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA
Rosacea Agents		
<i>azelaic acid gel</i>	1	QL(50 gm per 30 days retail, 150 gm per 90 days mail)
DOXYCYCLINE CPDR	3	PA
FINACEA FOAM	3	
FINACEA GEL (Use Azelaic Acid)	3	QL(50 gm per 30 days retail, 150 gm per 90 days mail)
METROCREAM CREA (Use Metronidazole (Topical))	3	
METROGEL GEL (Use Metronidazole (Topical))	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
METROLOTION LOTN (Use Metronidazole (Topical))	3	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
MIRVASO GEL	3	PA
NORITATE CREA	3	PA
ORACEA CPDR	3	PA
SOOLANTRA CREA	3	PA; QL(1 gm daily)
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	
ELIMITE CREA (Use <i>Permethrin</i>)	3	
EURAX CREA	2	
EURAX LOTN (Use <i>Crotamiton</i>)	3	
LINDANE SHAM	2	
<i>malathion lotn</i>	1	QL(59 ml per fill retail)
NATROBA SUSP	3	
OVIDE LOTN (Use <i>Malathion</i>)	3	QL(59 ml per fill retail)
<i>permethrin crea</i>	1	
SKLICE LOTN	3	
SPINOSAD SUSP	3	
SULFURATED LIME SOLN	3	
ULESFIA LOTN	3	
Tar Products		
COAL TAR SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
Wound Care Products		
BIONECT CREA	3	
BIONECT GEL	3	
LIDOTREX GEL	3	
LURADROX GEL	3	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM SHEE	3	
MIRODERM FENESTRATED PLUSBIOLOGIC WOUND MATRIX 7X10CM/MESHED SHEE	3	
REGENECARE GEL	3	
REGRANEX GEL	3	
TRANSCYTE SHEE	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	Specialty Tier 1 May Apply
GLUCAGON HCL DIAGNOSTIC SOLR	J	Specialty Tier 1 May Apply
GLUCAGON SOLR	J	Specialty Tier 1 May Apply
METOPIRONE CAPS	3	
PROVOCHOLINE SOLR	3	
Diagnostic Radiopharmaceuticals		
AXUMIN SOLN	3	PA
Diagnostic Tests		
ACCU-CHEK GUIDE STRP	3	PA; RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month;QL(6.67 ea daily); RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	2	Limit 200 per month;QL(6.67 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month;QL(6.67 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month;QL(6.67 ea daily); RX/OTC
ONETOUGH ULTRA BLUE STRP	2	Limit 200 per month;QL(6.67 ea daily); RX/OTC
ONETOUGH VERIO TEST STRIPS STRP	2	Limit 200 per month;QL(6.67 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month;QL(6.67 ea daily); RX/OTC
PREFERRED GLUCOMETER SUPPLIES AND STRIPS	2	Limit 200 per month
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS STRP	3	PA; RX/OTC
Radiographic Contrast Media		
<i>diatrizoate meglumine & sodium soln</i>	3	
E-Z-CAT DRY PACK	3	
E-Z-HD SUSR	3	
E-Z-PAQUE SUSR	3	
ENTERO VU SUSP	3	
GASTROGRAFIN SOLN (Use <i>Diatrizoate Meglumine & Sodium</i>)	3	
LIQUID E-Z-PAQUE SUSP	3	
READI-CAT 2 BANANA SMOOTHIE SUSP	3	

Drug Name	Drug Tier	Requirements/ Limits
READI-CAT 2 BERRY SMOOTHIE SUSP	3	
READI-CAT 2 CREAMY VANILLA SMOOTHIE SUSP	3	
READI-CAT 2 MOCHACCINO SMOOTHIE SUSP	3	
READI-CAT 2 SUSP	3	
TAGITOL V SUSP	3	
VARIBAR HONEY SUSP	3	
VARIBAR NECTAR SUSP	3	
VARIBAR THIN HONEY SUSP	3	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
VASCAZEN CAPS	3	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP	3	
PERTZYE CPEP	3	
SUCRAID SOLN	2	Specialty Tier 3 May Apply
VIOKACE TABS	3	
ZENPEP CPEP	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	1	
<i>acetazolamide tabs</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
DIAMOX CP12 (<i>Use Acetazolamide</i>)	3	
KEVEYIS TABS	3	PA; Specialty Tier 3 May Apply
<i>methazolamide tabs</i>	1	
NEPTAZANE TABS (<i>Use Methazolamide</i>)	3	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (<i>Use Spironolactone & Hydrochlorothiazide</i>)	3	
ALDACTAZIDE TABS 50MG-50MG	2	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (<i>Use Triamterene & Hydrochlorothiazide</i>)	3	
MAXZIDE TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	3	
MAXZIDE-25 TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	3	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		
<i>bumetanide tabs</i>	1	
BUMEX TABS (<i>Use Bumetanide</i>)	3	
DEMADEX TABS (<i>Use Torsemide</i>)	3	
EDECIN TABS (<i>Use Ethacrynic Acid</i>)	3	ST
<i>ethacrynic acid tabs</i>	1	ST
<i>furosemide soln 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
FUROSEMIDE SOLN 8 MG/ML	3	
<i>furosemide tabs 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (<i>Use Furosemide</i>)	3	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	3	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (<i>Use Triamterene</i>)	3	
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	2	
<i>chlorothiazide tabs 500 mg</i>	1	
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	1	
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	3	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
ACTONEL TABS 150 MG (Use Risedronate Sodium)	3	QL(1 ea per 28 days retail,3 ea per 84 days mail)
ACTONEL TABS 35 MG (Use Risedronate Sodium)	3	QL(4 ea per 30 days retail,12 ea per 90 days mail)
ACTONEL TABS 5 MG, 30 MG (Use Risedronate Sodium)	3	
ALENDRONATE SODIUM SOLN 70 MG/75ML	3	
ALENDRONATE SODIUM TABS 5 MG	2	
<i>alendronate sodium tabs 5 mg, 10 mg, 35 mg, 40 mg</i>	1	
<i>alendronate sodium tabs 70 mg</i>	1	QL(4 ea per fill retail,12 ea per fill mail)
AELVIA TBEC (Use Risedronate Sodium)	3	
BINOSTO TBEF	3	
BONIVA SOLN IV 3 MG/3ML (Use Ibandronate Sodium)	J	PA; Specialty Tier 3 May Apply
BONIVA TABS OR 150 MG (Use Ibandronate Sodium)	3	QL(1 ea per 30 days retail)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS	3	
FORTEO SOLN	J	PA; Specialty Tier 2 May Apply
FOSAMAX PLUS D TABS	3	
FOSAMAX TABS (Use Alendronate Sodium)	3	QL(4 ea per fill retail,12 ea per fill mail)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	J	PA; Specialty Tier 3 May Apply
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(1 ea per 30 days retail)
MIACALCIN SOLN	J	PA

Drug Name	Drug Tier	Requirements/ Limits
NATPARA CART	J	PA; Specialty Tier 3 May Apply
PROLIA SOSY	J	PA; Specialty Tier 3 May Apply
RECLAST SOLN (Use Zoledronic Acid)	J	PA; Specialty Tier 3 May Apply
<i>risedronate sodium tabs 150 mg</i>	3	QL(1 ea per 28 days retail,3 ea per 84 days mail)
<i>risedronate sodium tabs 35 mg</i>	3	QL(4 ea per 30 days retail,12 ea per 90 days mail)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	3	
<i>risedronate sodium tbec 35 mg</i>	1	
XGEVA SOLN	J	PA; Specialty Tier 3 May Apply
<i>zoledronic acid soln</i>	J	PA; Specialty Tier 3 May Apply
Corticotropin		
ACTHAR GEL	J	PA; Specialty Tier 4 May Apply
GnRH/LHRH Antagonists		
ORLISSA TABS	3	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	J	PA; Specialty Tier 3 May Apply
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN SOLR	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3
HUMATROPE COMBO PACK SOLR	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3
HUMATROPE SOLR	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3
NORDITROPIN FLEXPLO SOLN 10 MG/1.5ML	J	PA; Specialty May Apply. Humatrope Tier 2, Omnitrope Tier 2, Nutropin Tier 3, Genotropin Tier 3
NORDITROPIN FLEXPLO SOLN 30 MG/3ML, 15 MG/1.5ML	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3
NORDITROPIN FLEXPLO SOLN 5 MG/1.5ML	J	PA; Specialty Tier 2 May Apply
NUTROPIN AQ NUSPIN 10 SOLN	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3
NUTROPIN AQ NUSPIN 20 SOLN	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3
NUTROPIN AQ NUSPIN 5 SOLN	J	PA; Specialty Tier 3 May Apply

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SOLN 10 MG/1.5ML	J	PA; Specialty May Apply. Humatrope Tier 2, Omnitrope Tier 2, Nutropin Tier 3, Genotropin Tier 3
OMNITROPE SOLN 5 MG/1.5ML	J	PA; Specialty Tier 2 May Apply
OMNITROPE SOLR 5.8 MG	J	PA; Specialty May Apply. Humatrope Tier 2, Omnitrope Tier 2, Nutropin Tier 3, Genotropin Tier 3
SAIZEN CLICK.EASY SOLR	J	PA; Specialty Tier 3 May Apply
SAIZEN SOLR	J	PA; Specialty Tier 3 May Apply
SAIZENPREP RECONSTITUTIONKIT SOLR	J	PA; Specialty Tier 3 May Apply
SEROSTIM SOLR	J	PA; Specialty Tier 3 May Apply
ZOMACTON SOLR	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3
ZORBITIVE SOLR	J	PA; Specialty Tier 3 May Apply
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	3	PV
OSPHENA TABS	3	
<i>raloxifene hcl tabs</i>	1	PV
Insulin-Like Growth Factors (Somatomedins)		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
INCRELEX SOLN	J	PA; Specialty Tier 3 May Apply
LHRH/GnRH Agonist Analog Pituitary		
LUPANETA PACK KIT	3	PA
LUPRON DEPOT-PED (1-MONTH) KIT	AC	PA; Specialty Tier 3 May Apply
LUPRON DEPOT-PED (3-MONTH) KIT	AC	PA; Specialty Tier 3 May Apply
SYNAREL SOLN	2	
Metabolic Modifiers		
BUPHENYL POWD 3 GM/TSP (Use Sodium Phenylbutyrate)	3	Specialty Tier 4 May Apply
BUPHENYL TABS 500 MG (Use Sodium Phenylbutyrate)	3	
<i>calcitriol caps</i>	1	
<i>calcitriol soln</i>	1	
CARBAGLU TABS	2	Specialty Tier 2 May Apply
CARNITOR SF SOLN (Use Levocarnitine (Metabolic Modifiers))	3	
CARNITOR SOLN 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	3	
CARNITOR TABS 330 MG (Use Levocarnitine (Metabolic Modifiers))	3	RX/OTC
<i>cinacalcet hcl tabs</i>	3	
CYSTADANE POWD	3	Specialty Tier 1 May Apply
<i>doxercalciferol caps</i>	3	
GALAFOLD CAPS	3	PA; QL(0.5 ea daily)
HECTOROL CAPS (Use Doxercalciferol)	3	

Drug Name	Drug Tier	Requirements/ Limits
KUVAN PACK 100 MG	2	
KUVAN PACK 500 MG	2	Specialty Tier 2 May Apply
KUVAN TBSO 100 MG	2	Specialty Tier 2 May Apply
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	1	
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	RX/OTC
MYALEPT SOLR	J	PA; Specialty Tier 3 May Apply
ORFADIN CAPS 2 MG, 5 MG, 10 MG, 20 MG	3	Specialty Tier 4 May Apply
ORFADIN SUSP 4 MG/ML	3	PA; Specialty Tier 4 May Apply
<i>paricalcitol caps</i>	1	
RAVICTI LIQD	3	PA; Specialty Tier 4 May Apply
ROCALTRON CAPS (Use Calcitriol)	3	
ROCALTRON SOLN (Use Calcitriol)	3	
SENSIPAR TABS (Use Cinacalcet HCl)	3	
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	3	Specialty Tier 4 May Apply
<i>sodium phenylbutyrate tabs 500 mg</i>	3	
STRENSIQ SOLN	J	PA; Specialty Tier 3 May Apply
ZEMPLAR CAPS (Use Paricalcitol)	3	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use Desmopressin Acetate)	J	PA; Specialty Tier 1 May Apply
DDAVP SOLN NA 0.01 %	2	
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
DDAVP TABS OR 0.1 MG, 0.2 MG (<i>Use Desmopressin Acetate</i>)	3	
<i>desmopressin acetate soln ij 4 mcg/ml</i>	J	PA; Specialty Tier 1 May Apply
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	1	
NOCDURNA SUBL	3	PA
STIMATE SOLN	3	
VASOPRESSIN/DEXTROSE SOLN	3	PA
VASOPRESSIN/SODIUM CHLORIDE SOLN	3	PA
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	J	PA; Specialty May Apply. Brand Tier 2, Generic Tier 1
SANDOSTATIN SOLN (<i>Use Octreotide Acetate</i>)	J	PA; Specialty May Apply. Brand Tier 2, Generic Tier 1
SIGNIFOR SOLN	J	PA; Specialty Tier 4 May Apply
SOMATULINE DEPOT SOLN 120 MG/0.5ML	J	PA; Specialty May Apply. Brand Tier 4, Generic Tier 1
SOMATULINE DEPOT SOLN 60 MG/0.2ML, 90 MG/0.3ML	J	PA; Specialty Tier 2 May Apply
Vasopressin Receptor Antagonists		
JYNARQUE TABS	2	Specialty Tier 2 May Apply;QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SAMSCA TABS	2	Specialty Tier 2 May Apply;QL(1 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Use Estradiol & Norethindrone Acetate</i>)	3	
ANGELIQ TABS	3	
BIJUVA CAPS	3	PA
CLIMARA PRO PTWK	2	QL(4 ea per 30 days retail, 12 ea per 90 days mail)
COMBIPATCH PTTW	3	
DUAVEE TABS	3	
<i>esterified estrogens & methyltestosterone tabs</i>	1	
<i>estradiol & norethindrone acetate tabs</i>	1	
FEMHRT LOW DOSE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol</i>)	3	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREFEST TABS	3	
PREMPHASE TABS	2	QL(1 ea daily)
PREMPRO TABS	2	QL(1 ea daily)
Estrogens		
ALORA PTTW	2	QL(8 ea per 28 days retail, 24 ea per 84 days mail)
CLIMARA PTWK (<i>Use Estradiol</i>)	3	QL(8 ea per 28 days retail, 24 ea per 84 days mail)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use Estradiol)	3	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	1	QL(8 ea per 28 days retail,24 ea per 84 days mail)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	QL(8 ea per 28 days retail,24 ea per 84 days mail)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
ESTROGEL GEL	3	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	2	
<i>estropipate tabs 3 mg</i>	1	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (Use Estradiol)	3	QL(8 ea per 28 days retail,24 ea per 84 days mail)
PREMARIN SOLR IJ 25 MG	J	
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	2	
VIVELLE-DOT PTTW (Use Estradiol)	3	QL(8 ea per 28 days retail,24 ea per 84 days mail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX TABS (Use Moxifloxacin HCl)	3	

Drug Name	Drug Tier	Requirements/Limits
CIPRO SUSR 5 GM/100ML	2	
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	3	
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	3	
CIPROFLOXACIN ER TB24	2	QL(14 ea per 30 days retail,42 ea per 90 days mail)
CIPROFLOXACIN HCL TABS 100 MG	2	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin susr</i>	1	
LEVAQUIN TABS (Use Levofloxacin)	3	QL(14 ea per fill retail)
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg, 500 mg, 750 mg</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl tabs</i>	1	
OFLOXACIN TABS 300 MG	2	
<i>ofloxacin tabs 400 mg</i>	3	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY TABS	3	PA
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE TABS	3	PA
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	3	PA; Specialty Tier 3 May Apply
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	3	PA
Gallstone Solubilizing Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
ACTIGALL CAPS (<i>Use Ursodiol</i>)	3	
CHENODAL TABS	3	PA
URSO 250 TABS (<i>Use Ursodiol</i>)	3	
URSO FORTE TABS (<i>Use Ursodiol</i>)	3	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) conc</i>	1	
GASTROCROM CONC (<i>Use Cromolyn Sodium (Mastocytosis)</i>)	3	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln</i>	1	
<i>metoclopramide hcl tabs</i>	1	
METOCLOPRAMIDE ODT TBDP	3	
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	3	
Inflammatory Bowel Agents		
APRISO CP24	3	PA
ASACOL HD TBEC (<i>Use Mesalamine</i>)	3	PA
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	3	
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	3	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (<i>Use Mesalamine</i>)	3	
CIMZIA KIT	J	PA; Specialty Tier 3 May Apply

Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT KIT	J	PA; Specialty Tier 3 May Apply
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	3	
DELZICOL CPDR (<i>Use Mesalamine</i>)	3	PA
DIPENTUM CAPS	3	
GIAZO TABS	3	PA; QL(6 ea daily)
LIALDA TBEC (<i>Use Mesalamine</i>)	3	
<i>mesalamine cpdr or 400 mg</i>	3	PA
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm, 800 mg</i>	1	
PENTASA CPCR	3	PA
REMICADE SOLR	J	PA; Specialty Tier 2 May Apply
SFROWASA ENEM	2	
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosectron hcl tabs</i>	3	
LINZESS CAPS	2	
LOTRONEX TABS (<i>Use Alosetron HCl</i>)	3	
VIBERZI TABS	3	PA; Specialty Tier 3 May Apply
ZELNORM TABS	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
MOVANTIK TABS	3	
RELISTOR SOLN	J	PA; Specialty Tier 3 May Apply
Phosphate Binder Agents		
AURYXIA TABS	3	PA
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS (Use Calcium Acetate (Phosphate Binder))	3	RX/OTC
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Use Lanthanum Carbonate)	3	
FOSRENOL PACK 750 MG, 1000 MG	3	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	3	
RENAGEL TABS 400 MG	3	PA
RENAGEL TABS 800 MG (Use Sevelamer HCl)	3	PA
RENVELA PACK (Use Sevelamer Carbonate)	3	
RENVELA TABS (Use Sevelamer Carbonate)	3	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	
<i>sevelamer hcl tabs</i>	3	PA
SEVELAMER HYDROCHLORIDE TABS	3	PA
VELPHORO CHEW	3	PA
Short Bowel Syndrome (SBS) Agents		

Drug Name	Drug Tier	Requirements/ Limits
GATTEX KIT	J	PA; Specialty Tier 4 May Apply
GENERAL ANESTHETICS		
Anesthetics - Misc.		
KETAMINE HYDROCHLORIDE SOLN	3	PA
KETAMINE HYDROCHLORIDE SOSY	3	PA
KETAMINE HYDROCHLORIDE TROC	3	PA
PROPOFOL PRSY	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 TABS	3	
Alkalinizers		
ORACIT SOLN	2	
<i>pot & sod citrates w/citric ac soln</i>	1	
<i>pot & sod citrates w/citric ac syrp</i>	1	
<i>potassium citrate (alkalinizer) tbc 15 meq</i>	3	
<i>potassium citrate (alkalinizer) tbc 540 mg, 1080 mg</i>	1	
<i>potassium citrate-citric acid pack 3300mg-1002mg</i>	1	
<i>potassium citrate-citric acid soln 1100mg/5ml-334mg/5ml, 1100mg/5ml-1100mg/5ml-334mg/5ml-334mg/5ml</i>	1	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 15 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>)	3	
UROCIT-K 5 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>)	3	
Cystinosis Agents		
CYSTAGON CAPS	3	
PROCYSBI CPDR	3	
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	3	
<i>neomycin/polymyxin b gu soln</i>	1	
NEOMYCIN/POLYMYXIN B SULFATES SOLN	2	
NEOSPORIN GU IRRIGANT SOLN (<i>Use Neomycin/Polymyxin B GU</i>)	3	
RENACIDIN SOLN	3	
RESECTISOL SOLN	3	
<i>sodium chloride (gu irrigant) soln</i>	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	
AVODART CAPS (<i>Use Dutasteride</i>)	3	AL(At least 40 yrs old)
CARDURA XL TB24	3	
<i>dutasteride caps</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs</i>	1	AL(At least 40 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FLOMAX CAPS (<i>Use Tamsulosin HCl</i>)	3	
JALYN CAPS (<i>Use Dutasteride-Tamsulosin HCl</i>)	3	
PROSCAR TABS (<i>Use Finasteride</i>)	3	AL(At least 40 yrs old)
RAPAFLO CAPS 4 MG	3	
RAPAFLO CAPS 4 MG, 8 MG (<i>Use Silodosin</i>)	3	
<i>silodosin caps</i>	3	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (<i>Use Alfuzosin HCl</i>)	3	
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIDIUM TABS (<i>Use Phenazopyridine HCl</i>)	3	
Urinary Stone Agents		
LITHOSTAT TABS	3	
THIOLA EC TBEC	3	PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs</i>	1	
COLCHICINE CAPS	3	
COLCHICINE TABS	3	PA
<i>colchicine tabs</i>	2	
COLCRYS TABS	2	
<i>febuxostat tabs</i>	1	
MITIGARE CAPS	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
ULORIC TABS (<i>Use Febuxostat</i>)	3	
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	3	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR	J	PA; Specialty Tier 4 May Apply
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	J	PA; Specialty Tier 4 May Apply
ALPHANINE SD SOLR	J	PA; Specialty Tier 4 May Apply
ALPROLIX SOLR	J	PA; Specialty Tier 4 May Apply
BEBULIN SOLR	J	PA; Specialty Tier 4 May Apply
BENEFIX KIT	J	PA; Specialty Tier 4 May Apply
CORIFACT KIT	J	PA; Specialty Tier 4 May Apply
ELOCTATE SOLR	J	PA; Specialty Tier 4 May Apply
FEIBA SOLR	J	PA; Specialty Tier 4 May Apply
HELIXATE FS KIT	J	PA; Specialty Tier 4 May Apply
HEMOFIL M SOLR	J	PA; Specialty Tier 4 May Apply
HUMATE-P SOLR	J	PA; Specialty Tier 4 May Apply

Drug Name	Drug Tier	Requirements/ Limits
IDELVION SOLR	J	PA; Specialty Tier 4 May Apply
IXINITY SOLR	J	PA; Specialty Tier 4 May Apply
KOATE SOLR	J	PA; Specialty Tier 4 May Apply
KOATE-DVI SOLR	J	PA; Specialty Tier 4 May Apply
KOGENATE FS BIO-SET KIT	J	PA; Specialty Tier 4 May Apply
KOGENATE FS KIT	J	PA; Specialty Tier 4 May Apply
KOVALTRY SOLR	J	PA; Specialty Tier 4 May Apply
MONOCLATE-P KIT	J	PA; Specialty Tier 4 May Apply
MONONINE SOLR	J	PA; Specialty Tier 4 May Apply
NOVOEIGHT SOLR	J	PA; Specialty Tier 4 May Apply
NOVOSEVEN RT SOLR	J	PA; Specialty Tier 4 May Apply
OBIZUR SOLR	J	PA; Specialty Tier 4 May Apply
PROFILNINE SD SOLR	J	PA; Specialty Tier 4 May Apply
PROFILNINE SOLR	J	PA; Specialty Tier 4 May Apply
RECOMBINATE SOLR	J	PA; Specialty Tier 4 May Apply
RIXUBIS SOLR	J	PA; Specialty Tier 4 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
WILATE KIT	J	PA; Specialty Tier 4 May Apply
XYNTHA KIT	J	PA; Specialty Tier 4 May Apply
XYNTHA SOLOFUSE KIT	J	PA; Specialty Tier 4 May Apply
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use Icatibant Acetate</i>)	J	Specialty Tier 2 May Apply
<i>icatibant acetate soln</i>	J	Specialty Tier 2 May Apply
Complement Inhibitors		
CINRYZE SOLR	J	PA; Specialty Tier 3 May Apply
RUCONEST SOLR	J	PA; Specialty Tier 4 May Apply
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	1	
Plasma Proteins		
ALBUMINEX SOLN	3	PA
Platelet Aggregation Inhibitors		
AGGRENEX CP12 (<i>Use Aspirin-Dipyridamole</i>)	3	
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	3	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	3	
BRILINTA TABS	2	
<i>cilostazol tabs</i>	1	
<i>clopidogrel bisulfate tabs 300 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	3	
PLAVIX TABS 300 MG (<i>Use Clopidogrel Bisulfate</i>)	3	
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	3	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	
ZONTIVITY TABS	2	
Thrombolytic Enzymes		
RETAVASE HALF-KIT KIT	3	PA
RETAVASE KIT	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	3	PA; Specialty Tier 3 May Apply
<i>miglustat caps</i>	3	PA; Specialty Tier 4 May Apply
ZAVESCA CAPS (<i>Use Miglustat</i>)	3	PA; Specialty Tier 4 May Apply
Agents for Sickle Cell Anemia		
DROXIA CAPS	2	
SIKLOS TABS	3	PA
Cobalamins		
<i>cyanocobalamin soln 1000 mcg/ml</i>	J	PA; Specialty Tier 1 May Apply
CYANOCOBALAMIN SOLN 2000 MCG/ML	3	PA
METHYLCOBALAMIN SOLR	3	PA
NASCOBAL SOLN	3	
Folic Acid/Folates		
<i>folic acid tabs</i>	1	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	J	PA; Specialty Tier 3 May Apply
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML	J	PA; Specialty Tier 4 May Apply
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 40 MCG/0.4ML, 60 MCG/0.3ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML	J	PA; Specialty Tier 3 May Apply
EPOGEN SOLN	J	PA; Specialty May Apply. Procrit Tier 2, Epogen Tier 3
FULPHILA SOSY	3	PA
GRANIX SOSY	J	PA; Specialty Tier 3 May Apply
MIRCERA SOSY	J	PA; Specialty Tier 3 May Apply
MULPLETA TABS	3	PA
NEULASTA ONPRO KIT PSKT	J	PA; Specialty Tier 3 May Apply
NEULASTA SOSY	J	PA; Specialty Tier 3 May Apply
NEUPOGEN SOLN	J	PA; Specialty Tier 3 May Apply
NEUPOGEN SOSY	J	PA; Specialty Tier 3 May Apply
NIVESTYM SOSY	3	PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	J	PA; Specialty May Apply. Procrit Tier 2, Epogen Tier 3
PROMACTA PACK 12.5 MG	3	PA
PROMACTA TABS 25 MG, 50 MG, 12.5 MG	3	PA
PROMACTA TABS 75 MG	3	PA; Specialty Tier 2 May Apply
UDENYCA SOSY	3	PA
ZARXIO SOSY	J	PA; Specialty Tier 3 May Apply
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	
PROFERRIN-FORTE TABS	3	
TANDEM F CAPS	3	
Stem Cell Mobilizers		
MOZOBIL SOLN	J	PA; Specialty Tier 4 May Apply
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	3	
AMICAR TABS 500 MG, 1000 MG (<i>Use Aminocaproic Acid</i>)	3	
<i>aminocaproic acid tabs</i>	1	
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	3	QL(30 ea per 30 days retail, 90 ea per 90 days mail)
<i>tranexamic acid tabs</i>	1	QL(30 ea per 30 days retail, 90 ea per 90 days mail)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
TRANEXAMIC ACID/SODIUM CHLORIDE SOLN	3	PA
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) caps</i>	1	
UNISOM SLEEPGELS CAPS (Use <i>Diphenhydramine HCl (Sleep)</i>)	3	
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	3	
<i>phenobarbital elix</i>	1	
<i>phenobarbital soln</i>	1	
<i>phenobarbital tabs</i>	1	
SECONAL SODIUM CAPS	3	
Hypnotics - Tricyclic Agents		
SILENOR TABS	3	ST; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use <i>Zolpidem Tartrate</i>)	3	QL(1 ea daily)
AMBIEN TABS (Use <i>Zolpidem Tartrate</i>)	3	QL(1 ea daily)
DORAL TABS	3	
EDLUAR SUBL	3	PA
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	3	QL(1 ea daily)
FLURAZEPAM HCL CAPS 15 MG	2	
<i>flurazepam hcl caps 30 mg</i>	1	
HALCION TABS (Use <i>Triazolam</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
INTERMEZZO SUBL (Use <i>Zolpidem Tartrate</i>)	3	PA
LUNESTA TABS (Use <i>Eszopiclone</i>)	3	QL(1 ea daily)
<i>midazolam hcl syrp</i>	1	
MIDAZOLAM HYDROCHLORIDE SOLN	3	PA
MIDAZOLAM/SODIUM CHLORIDE SOLN	3	PA
QUAZEPAM TABS	3	
RESTORIL CAPS (Use <i>Temazepam</i>)	3	
SONATA CAPS (Use <i>Zaleplon</i>)	3	QL(1 ea daily)
<i>temazepam caps 15 mg, 30 mg, 22.5 mg</i>	1	
<i>temazepam caps 7.5 mg</i>	3	
<i>triazolam tabs</i>	1	
<i>zaleplon caps</i>	1	QL(1 ea daily)
<i>zolpidem tartrate subl sl 3.5 mg, 1.75 mg</i>	3	PA
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbcrr or 12.5 mg, 6.25 mg</i>	3	QL(1 ea daily)
ZOLPIMIST SOLN	3	ST; Limit 1 bottle per month; QL(0.26 ml daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	2	ST; QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA; Specialty Tier 3 May Apply
<i>ramelteon tabs</i>	3	ST; QL(1 ea daily)
ROZEREM TABS (Use <i>Ramelteon</i>)	3	ST; QL(1 ea daily)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	3	AL(At least 50 yrs old - Up to 74 yrs old); PV
COLYTE-FLAVOR PACKS SOLR (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	3	AL(At least 50 yrs old - Up to 74 yrs old); PV
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	2	PA; AL(At least 50 yrs old - Up to 74 yrs old); PV
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	3	AL(At least 50 yrs old - Up to 74 yrs old); PV
MOVIPREP SOLR	3	PA; AL(At least 50 yrs old - Up to 74 yrs old); PV
NULYTELY/FLAVOR PACKS SOLR (<i>Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride</i>)	3	AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	1	AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	1	AL(At least 50 yrs old - Up to 74 yrs old); PV
PLENVU SOLR	3	PA; AL(At least 50 yrs old - Up to 74 yrs old)
PREPOPIK PACK	3	PA; AL(At least 50 yrs old - Up to 74 yrs old); PV
SUPREP BOWEL PREP KIT SOLN	3	AL(At least 50 yrs old - Up to 74 yrs old); PV
Laxatives - Miscellaneous		
KRISTALOSE PACK 10 GM, 20 GM	2	

Drug Name	Drug Tier	Requirements/Limits
LACTULOSE PACK 10 GM	2	
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
BUPIVACAINE HYDROCHLORIDE/DEXT ROSE SOSY	3	PA
BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	3	PA
ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	3	PA
ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY	3	PA
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack</i>	1	
<i>azithromycin susr</i>	1	
<i>azithromycin tabs</i>	1	
ZITHROMAX PACK (<i>Use Azithromycin</i>)	3	
ZITHROMAX SUSR (<i>Use Azithromycin</i>)	3	
ZITHROMAX TABS (<i>Use Azithromycin</i>)	3	
ZITHROMAX TRI-PAK TABS (<i>Use Azithromycin</i>)	3	
ZITHROMAX Z-PAK TABS (<i>Use Azithromycin</i>)	3	
ZMAX SUSR	3	PA; QL(1 ea per fill retail, 1 ea per fill mail)
Clarithromycin		
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML	2	
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	3	
ERYPED 200 SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	3	
ERYPED 400 SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	3	
ERYTHROCIN STEARATE TABS	3	
<i>erythromycin base cpep</i>	1	
<i>erythromycin base tabs</i>	1	
<i>erythromycin base tbec</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate susr 400 mg/5ml</i>	3	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	1	
PCE TBEC	2	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH	2	PV
FEMCAP DEVI	3	PV
OMNIFLEX DIAPHRAGM DPRH	2	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	2	PV

Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	2	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	2	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	2	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	2	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	2	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	2	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	2	PV
Diabetic Supplies		
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	3	PA
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	3	PA; RX/OTC
FREESTYLE FREEDOM LITE KIT	2	QL(1 ea per 365 days retail); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM DEVI	3	PA
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	2	QL(1 ea per 365 days retail)
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC DEVI	3	QL(0.002 ea daily); B; NT
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	3	PA
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	3	PA
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	3	PA; RX/OTC
LANCETS AND LANCET DEVICES	2	
LDR BLOOD GLUCOSE TRUETEST KIT KIT	3	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRA MINI KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
PRECISION XTRA DEVI	2	QL(1 ea per 365 days retail)
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	3	PA
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	3	PA

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	3	QL(1 ea per 365 days retail); RX/OTC
Parenteral Therapy Supplies		
AUTOPEN DEVI	3	RX/OTC
BD PEN MINI MISC	3	RX/OTC
BD PEN MISC	3	RX/OTC
HUMAPEN LUXURA HD DEVI	3	RX/OTC
INPEN 100/BLUE/LILLY DEVI	3	RX/OTC
INPEN 100/BLUE/NOVO DEVI	3	RX/OTC
INPEN 100/GRAY/LILLY DEVI	3	RX/OTC
INPEN 100/GREY/NOVO DEVI	3	RX/OTC
INPEN 100/PINK/LILLY DEVI	3	RX/OTC
INPEN 100/PINK/NOVO DEVI	3	RX/OTC
INSULIN SYRINGES AND PEN NEEDLES	2	
NOVOPEN ECHO DEVI	3	RX/OTC
Respiratory Therapy Supplies		
NASONEB NASAL NEBULIZER REPLACEMENT MISC	3	RX/OTC
NASONEB NASAL NEBULIZER STARTER KIT MISC	3	RX/OTC
NASONEB SINUS THERAPY SYSTEM MISC	3	RX/OTC
NASONEB SINUS THERAPY SYSTEM SUPPLY KIT MISC	3	RX/OTC
PARI SINUSTAR NASAL AEROSOL DELIVERY SYSTEM MISC	3	RX/OTC
PARI SINUSTAR NASAL NEBULIZER MISC	3	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
SPACER/AEROSOL-HOLDING CHAMBER	2	
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	3	
<i>ergotamine w/ caffeine tabs</i>	1	
ISOMETHEPTENE MUCATE/CAFFEINE/ACE TAMINOPHEN TABS	2	
<i>isometheptene-dichloralphenazone-acetaminophen caps</i>	1	
ISOMETHEPTENE/DICHL ORALPHENAZONE/ACET AMINOPHEN CAPS	2	
MIGERGOT SUPP	2	QL(12 ea per 30 days retail,36 ea per 90 days mail)
PRODRIN TABS (<i>Use Isometheptene-Caffeine-Acetaminophen</i>)	3	
<i>sumatriptan-naproxen sodium tabs</i>	3	PA; QL(9 ea per 30 days retail,27 ea per 79 days mail)
TREXIMET TABS (<i>Use Sumatriptan-Naproxen Sodium</i>)	3	PA; QL(9 ea per 30 days retail,27 ea per 79 days mail)
Migraine Products - Monoclonal Antibodies		
AJOVY SOSY	J	PA; Specialty Tier 1 May Apply
EMGALITY SOSY	3	PA
Migraine Products - NSAIDs		
CAMBIA PACK	3	PA; Limit 9 per month;QL(0.3 ea daily)
Migraine Products		

Drug Name	Drug Tier	Requirements/Limits
D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	J	PA; Specialty Tier 1 May Apply
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	J	PA; Specialty Tier 1 May Apply
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	3	
ERGOMAR SUBL	3	
MIGRANAL SOLN	3	
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	QL(6 ea per 30 days retail,18 ea per 90 days mail)
AMERGE TABS (<i>Use Naratriptan HCl</i>)	3	QL(9 ea per 30 days retail,27 ea per 90 days mail)
AXERT TABS (<i>Use Almotriptan Malate</i>)	3	QL(6 ea per 30 days retail,18 ea per 90 days mail)
<i>eletriptan hydrobromide tabs</i>	3	QL(6 ea per fill retail,18 ea per fill mail,6 ea per 30 days retail,18 ea per 90 days mail)
FROVA TABS (<i>Use Frovatriptan Succinate</i>)	3	QL(9 ea per 30 days retail,18 ea per 90 days mail)
<i>frovatriptan succinate tabs</i>	3	QL(9 ea per 30 days retail,18 ea per 90 days mail)
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>)	3	Limit 6 sprays per month;QL(0.23 ea daily)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	J	PA; Specialty Tier 1 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SOCT (<i>Use Sumatriptan Succinate</i>)	J	PA; Specialty Tier 1 May Apply
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	J	PA; Specialty Tier 1 May Apply
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	J	PA; Specialty Tier 1 May Apply; QL(3 ml per 30 days retail)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (<i>Use Sumatriptan Succinate</i>)	3	QL(0.35 ea daily)
MAXALT TABS (<i>Use Rizatriptan Benzoate</i>)	3	QL(9 ea per 30 days retail, 27 ea per 90 days mail)
MAXALT-MLT TBDP (<i>Use Rizatriptan Benzoate</i>)	3	QL(9 ea per 30 days retail, 27 ea per 90 days mail)
<i>naratriptan hcl tabs</i>	1	QL(9 ea per 30 days retail, 27 ea per 90 days mail)
ONZETRA XSAIL EXHP	3	PA
RELPAK TABS (<i>Use Eletriptan Hydrobromide</i>)	3	QL(6 ea per fill retail, 18 ea per fill mail, 6 ea per 30 days retail, 18 ea per 90 days mail)
<i>rizatriptan benzoate tabs</i>	1	QL(9 ea per 30 days retail, 27 ea per 90 days mail)
<i>rizatriptan benzoate tbdp</i>	1	QL(9 ea per 30 days retail, 27 ea per 90 days mail)
<i>sumatriptan soln</i>	1	Limit 6 sprays per month; QL(0.23 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	J	PA; Specialty Tier 1 May Apply
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	J	PA; Specialty Tier 1 May Apply; QL(3 ml per 30 days retail)
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	J	PA; Specialty Tier 1 May Apply
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	J	PA; Specialty Tier 1 May Apply
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	J	PA; Specialty Tier 1 May Apply
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(0.35 ea daily)
SUMAVEL DOSEPRO SOTJ	J	PA; Specialty Tier 3 May Apply
ZEMBRACE SYMTOUCH SOAJ	J	PA; Specialty Tier 1 May Apply
<i>zolmitriptan tabs</i>	3	QL(6 ea per 30 days retail, 18 ea per 90 days mail)
<i>zolmitriptan tbdp</i>	3	QL(6 ea per 30 days retail, 18 ea per 90 days mail)
ZOMIG SOLN NA 5 MG, 2.5 MG	3	QL(6 ea per 30 days retail, 18 ea per 90 days mail)
ZOMIG TABS OR 5 MG, 2.5 MG (<i>Use Zolmitriptan</i>)	3	QL(6 ea per 30 days retail, 18 ea per 90 days mail)
ZOMIG ZMT TBDP (<i>Use Zolmitriptan</i>)	3	QL(6 ea per 30 days retail, 18 ea per 90 days mail)

MINERALS & ELECTROLYTES

Calcium

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM GLUCONATE SOSY	3	PA
Fluoride		
FLUORABON SOLN	3	PV
LOZI-FLUR LOZG	2	
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	1	PV
<i>sodium fluoride soln 0.125 mg/drop</i>	3	PV
<i>sodium fluoride soln 0.25 mg/drop, 0.5 mg/ml</i>	1	PV
SODIUM FLUORIDE TABS 0.5 MG	2	PV
<i>sodium fluoride tabs 1 mg</i>	1	
Iodine Products		
IODINE STRONG SOLN	3	
Magnesium		
MAGNEBIND 400 TABS	3	
Phosphate		
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	3	
K-PHOS TABS	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	1	
POTASSIUM PHOSPHATES/SODIUM CHLORIDE SOLN	3	PA
SODIUM PHOSPHATE/SODIUM CHLORIDE SOLN	3	PA
Potassium		
EFFER-K TBEF	3	
EFFERVESCENT POTASSIUM/CHLORIDE TBEF	2	

Drug Name	Drug Tier	Requirements/ Limits
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	3	
K-TAB TBCR 20 MEQ	3	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	3	
<i>potassium bicarb & chloride tbeF</i>	1	
<i>potassium bicarbonate tbeF</i>	1	
<i>potassium chloride cpr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 20 MEQ	3	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
<i>potassium chloride microencapsulated crystals er tbcR</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
POTASSIUM CHLORIDE SOSY IV 10 MEQ/5ML	3	PA
<i>potassium chloride tbcR or 8 meq, 10 meq</i>	1	
Trace Minerals		
THE LIQUILIFT TRACE KIT KIT	3	PA
Zinc		
GALZIN CAPS	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use Penicillamine)	3	PA
D-PENAMINE TABS	3	PA
DEPEN TITRATABS TABS	2	
<i>penicillamine caps</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
SYPRINE CAPS (Use Trientine HCl)	3	PA; Specialty Tier 1 May Apply
<i>trientine hcl caps</i>	3	PA; Specialty Tier 1 May Apply
Enzymes		
XIAFLEX SOLR	J	PA; Specialty Tier 3 May Apply
Immunomodulators		
REVLIMID CAPS 20 MG, 2.5 MG	AC	PA
REVLIMID CAPS 5 MG, 10 MG, 15 MG, 25 MG	AC	PA; Specialty Tier 2 May Apply
THALOMID CAPS	3	Specialty Tier 2 May Apply
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	PA
AZASAN TABS	3	
<i>azathioprine tabs</i>	1	
CELLCEPT CAPS (Use Mycophenolate Mofetil)	3	
CELLCEPT SUSR (Use Mycophenolate Mofetil)	3	
CELLCEPT TABS (Use Mycophenolate Mofetil)	3	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
ENVARUSUS XR TB24	3	PA
IMURAN TABS (Use Azathioprine)	3	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil susr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (Use Mycophenolate Sodium)	3	
NEORAL CAPS (Use Cyclosporine Modified (For Microemulsion))	3	
NEORAL SOLN (Use Cyclosporine Modified (For Microemulsion))	3	
PROGRAF CAPS 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	3	
PROGRAF PACK 0.2 MG, 1 MG	3	PA
RAPAMUNE SOLN (Use Sirolimus)	3	
RAPAMUNE TABS (Use Sirolimus)	3	
SANDIMMUNE CAPS 25 MG, 100 MG (Use Cyclosporine)	3	
SANDIMMUNE SOLN 100 MG/ML	2	
<i>sirolimus soln</i>	1	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
ZORTRESS TABS	2	
Lymphatic Agents		
SYLVANT SOLR	AC	PA
Potassium Removing Agents		
LOKELMA PACK	3	ST
<i>sodium polystyrene sulfonate susp</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM SUSP	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl (mouth-throat) soln</i>	1	
LIDOCAINE HCL SOLN MT 4 %	3	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	1	
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
ORAVIG TABS	3	
Dental Products		
NAFRINSE DAILY/ACIDULATED SOLR	3	
NAFRINSE DAILY/NEUTRAL SOLR	3	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	3	
EVOXAC CAPS (<i>Use Cevimeline HCl</i>)	3	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (<i>Use Pilocarpine HCl (Oral)</i>)	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (<i>Use Cyclobenzaprine HCl</i>)	3	
<i>baclofen tabs</i>	1	
<i>carisoprodol tabs</i>	1	
CHLORZOXAZONE TABS 250 MG, 500 MG	2	
CHLORZOXAZONE TABS 375 MG, 750 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine hcl cp24 15 mg, 30 mg</i>	3	
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg, 7.5 mg</i>	1	
FEXMID TABS (<i>Use Cyclobenzaprine HCl</i>)	3	
LORZONE TABS	3	
METAXALONE TABS 400 MG	3	
<i>metaxalone tabs 800 mg</i>	3	
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate tb12</i>	1	
PARAFON FORTE DSC TABS (<i>Use Chlorzoxazone</i>)	3	
ROBAXIN TABS (<i>Use Methocarbamol</i>)	3	
ROBAXIN-750 TABS (<i>Use Methocarbamol</i>)	3	
SKELAXIN TABS (<i>Use Metaxalone</i>)	3	
SOMA TABS (<i>Use Carisoprodol</i>)	3	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX TABS (<i>Use Tizanidine HCl</i>)	3	
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>Use Dantrolene Sodium</i>)	3	
<i>dantrolene sodium caps</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	
<i>carisoprodol w/ aspirin tabs</i>	1	
NORGESIC FORTE TABS	3	PA
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE TABS	3	PA
ORPHENGESIC FORTE TABS	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	3	Limit 1 bottle per month; QL(0.77 gm daily)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	2	
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	3	
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	3	
PATANASE SOLN (Use Olopatadine HCl (Nasal))	3	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	1	
Nasal Steroids		
BECONASE AQ SUSP	3	
<i>budesonide (nasal) susp</i>	1	QL(9 ml per 30 days retail, 26 ml per 90 days mail); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	3	RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	3	RX/OTC
FLONASE SENSIMIST SUSP	3	
FLUNISOLIDE SOLN	2	
<i>fluticasone propionate (nasal) susp</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate (nasal) susp</i>	1	QL(34 gm per fill retail, 34 gm per 30 days retail)
NASONEX SUSP (Use Mometasone Furoate (Nasal))	3	QL(34 gm per fill retail, 34 gm per 30 days retail)
OMNARIS SUSP	3	Limit 1 inhaler per month; QL(0.42 gm daily)
QNASL AERS	3	Limit 1 inhaler per month; QL(0.3 gm daily)
QNASL CHILDRENS AERS	3	Limit 1 inhaler per month; QL(0.23 gm daily)
ZETONNA AERS	3	Limit 1 per month; QL(0.3 gm daily)
Sympathomimetic Decongestants		
ADRENALIN SOLN	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use Riluzole)	3	
<i>riluzole tabs</i>	1	
TIGLUTIK SUSP	3	PA
Depolarizing Muscle Relaxants		
SUCCINYLBCHOLINE CHLORIDE SOSY	3	PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	J	PA; Specialty Tier 3 May Apply
NUTRIENTS		
Lipids		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
OMEGAVEN EMUL	3	PA
Misc. Nutritional Substances		
CARDIOVID PLUS CAPS	3	
Proteins		
GABA SOLN	3	PA
L-TRYPTOPHAN CAPS	3	RX/OTC
TAURINE SOLN	3	PA
TRYPTOPHAN CAPS	3	RX/OTC
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use Levobunolol HCl)	3	
<i>betaxolol hcl (ophth) soln</i>	1	
BETIMOL SOLN	2	
BETOPTIC-S SUSP	2	
<i>carteolol hcl (ophth) soln</i>	1	
CARTEOLOL HCL SOLN	2	
COMBIGAN SOLN	3	
COSOPT PF SOLN (Use Dorzolamide HCl-Timolol Maleate)	3	
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	3	
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%</i>	3	
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	
ISTALOL SOLN (Use Timolol Maleate (Ophth))	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl soln</i>	1	
METIPRANOLOL SOLN	2	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.5 %</i>	3	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG	2	
TIMOLOL/BRIMONIDE/DORZOLAMIDE SOLN	3	PA
TIMOLOL/BRIMONIDINE/DORZOLAMIDE/LATANOPROST SOLN	3	PA
TIMOLOL/DORZOLAMIDE/LATANOPROST SOLN	3	PA
TIMOLOL/LATANOPROST SOLN	3	PA
TIMOPTIC OCUDOSE SOLN	3	
TIMOPTIC SOLN (Use Timolol Maleate (Ophth))	3	
TIMOPTIC-XE SOLG 0.25 % (Use Timolol Maleate (Ophth))	3	
TIMOPTIC-XE SOLG 0.25 %, 0.5 %	2	
Cycloplegic Mydriatics		
ATROPINE SULFATE MONOHYDRATE EMUL	3	PA
ATROPINE SULFATE OINT OP 1 %	2	
ATROPINE SULFATE SOLN OP 1 %	2	
ATROPINE SULFATE/SODIUM CHLORIDE SOLN	2	
CYCLOGYL SOLN (Use Cyclopentolate HCl)	3	
CYCLOMYDRIL SOLN	3	
<i>cyclopentolate hcl soln</i>	1	
<i>homatropine hbr soln</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	3	
<i>tropicamide soln</i>	1	
TROPICAMIDE/PHENYLEPHRINE SOLN	3	PA
TROPICAMIDE/PROPARGICAMINE/PHENYLEPHRINE/KETOROLAC SOLN	3	PA
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	3	
PHOSPHOLINE IODIDE SOLN	2	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB SOLN	3	PA
LUCENTIS SOLN	J	PA; Specialty Tier 4 May Apply
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	2	
ALPHAGAN P SOLN 0.15 % (<i>Use Brimonidine Tartrate</i>)	3	
<i>apraclonidine hcl soln</i>	1	
BRIMONIDE/DORZOLAMIDE P-F SOLN	3	PA
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (<i>Use Apraclonidine HCl</i>)	3	
IOPIDINE SOLN 1 %	2	
SIMBRINZA SUSP	3	
Ophthalmic Anti-infectives		

Drug Name	Drug Tier	Requirements/Limits
AZASITE SOLN	3	Limit 2.5mls per month;QL(0.18 ml daily, 14 day(s) limit)
BACITRACIN OINT	2	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	
BESIVANCE SUSP	3	
BETADINE OPHTHALMIC PREP SOLN	3	
BLEPH-10 SOLN (<i>Use Sulfacetamide Sodium (Ophth)</i>)	3	
CILOXAN OINT	3	
CILOXAN SOLN (<i>Use Ciprofloxacin HCl (Ophth)</i>)	3	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
GENTAK OINT	2	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN	3	Limit 2.5mls per month;QL(0.18 ml daily, 14 day(s) limit)
<i>levofloxacin (ophth) soln</i>	3	
MOXEZA SOLN	2	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	3	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
NEOSPORIN SOLN (<i>Use Neomycin-Polymyxin-Gramicidin</i>)	3	
OCUFLOX SOLN (<i>Use Ofloxacin (Ophth)</i>)	3	QL(5 ml per fill retail)
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (<i>Use Polymyxin B-Trimethoprim</i>)	3	
POVIDONE IODINE SOLN	3	
<i>sulfacetamide sodium (ophth) soln</i>	1	
SULFACETAMIDE SODIUM OINT	3	
<i>tobramycin (ophth) soln</i>	1	
TOBREX OINT	2	
TOBREX SOLN (<i>Use Tobramycin (Ophth)</i>)	3	
<i>trifluridine soln</i>	1	
TRIFLURIDINE SOLN	2	
VIGAMOX SOLN (<i>Use Moxifloxacin HCl (Ophth)</i>)	3	
VIROPTIC SOLN (<i>Use Trifluridine</i>)	3	
ZIRGAN GEL	3	
ZYMAXID SOLN (<i>Use Gatifloxacin (Ophth)</i>)	3	
Ophthalmic Decongestants		
<i>phenylephrine hcl (ophth) soln</i>	1	
Ophthalmic Immunomodulators		
CEQUA SOLN	3	PA
RESTASIS EMUL	3	
RESTASIS MULTIDOSE EMUL	3	
Ophthalmic Kinase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ROCKLATAN SOLN	3	PA
Ophthalmic Local Anesthetics		
AKTEN GEL	3	
ALCAINE SOLN (<i>Use Proparacaine HCl</i>)	3	
<i>proparacaine hcl soln</i>	1	
<i>tetracaine hcl (ophth) soln</i>	3	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	3	PA; Specialty Tier 3 May Apply
Ophthalmic Steroids		
ALREX SUSP	3	
<i>bacitracin-poly-neomycin-hc oint</i>	1	
BLEPHAMIDE S.O.P. OINT	3	
BLEPHAMIDE SUSP	3	
DEXAMETHASONE SODIUM PHOSPHATE SOLN	2	
DUREZOL EMUL	3	
FLAREX SUSP	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	Limit 5mls per month;QL(0.17 ml daily)
FML LIQUIFILM SUSP (<i>Use Fluorometholone (Ophth)</i>)	3	
FML OINT	3	
INVELTYS SUSP	3	PA
KLARITY-B SOLN	3	PA
KLARITY-L EMUL	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX GEL	3	
LOTEMAX OINT	3	
LOTEMAX SM GEL	3	PA
LOTEMAX SUSP (<i>Use Loteprednol Etabonate</i>)	3	
<i>loteprednol etabonate susp</i>	3	
MAXIDEX SUSP	3	
MAXITROL OINT (<i>Use Neomycin-Polymyxin-Dexameth</i>)	3	
MAXITROL SUSP (<i>Use Neomycin-Polymyxin-Dexameth</i>)	3	
<i>neomycin-polymyxin-dexameth oint</i>	1	
<i>neomycin-polymyxin-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
OMNIPRED SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	3	
PRED FORTE SUSP	2	
PRED MILD SUSP	3	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	2	
PREDNISOLONE ACETATE P-F SUSP	2	
PREDNISOLONE ACETATE SUSP	2	
PREDNISOLONE ACETATE/MOXIFLOXACIN SUSP	3	PA
PREDNISOLONE ACETATE/MOXIFLOXACIN/BROMFENAC SUSP	3	PA
PREDNISOLONE ACETATE/MOXIFLOXACIN/NEPAFENAC SUSP	3	PA

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE ACETATE/NEPAFENAC SUSP	3	PA
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	2	
PREDNISOLONE SODIUM PHOSPHATE/BROMFENAC SOLN	3	PA
PREDNISOLONE SODIUM PHOSPHATE/GATIFLOXACIN SOLN	3	PA
PREDNISOLONE SODIUM PHOSPHATE/GATIFLOXACIN/BROMFENAC SOLN	3	PA
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN/BROMFENAC SOLN	3	PA
<i>sulfacetamide sod-prednisolone soln</i>	1	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN	2	
TOBRADEX OINT	3	PA
TOBRADEX ST SUSP	3	
TOBRADEX SUSP (<i>Use Tobramycin-Dexamethasone</i>)	3	QL(5 ml per fill retail, 5 ml per 30 days retail, 15 ml per 90 days mail)
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail, 5 ml per 30 days retail, 15 ml per 90 days mail)
YUTIQ IMPL	3	PA
ZYLET SUSP	3	Limit 5mls per month;QL(0.17 ml daily)
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	3	
ACUVAIL SOLN	3	
ALOCRIAL SOLN	3	
ALOMIDE SOLN	2	
<i>azelastine hcl (ophth) soln</i>	1	
AZOPT SUSP	2	
BEPREVE SOLN	3	ST; Limit 10mls per month;QL(0.34 ml daily)
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	2	
BROMFENAC SOLN	3	
CHONDROITIN SULFATE SOLN	3	PA
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	3	Limit 30mls per month;QL(1.33 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
DORZOLAMIDE HCL SOLN	2	
<i>dorzolamide hcl soln</i>	1	
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	3	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>fluorescein sodium topical strp</i>	3	
<i>fluorescein w/ benoxinate soln</i>	3	
<i>fluorescein w/ proparacaine soln</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
FLURBIPROFEN SODIUM SOLN	2	
<i>flurbiprofen sodium soln</i>	1	
FUL-GLO STRP	3	
ILEVRO SUSP	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	
LASTACAFT SOLN	3	ST
NEVANAC SUSP	3	
<i>olopatadine hcl soln 0.1 %</i>	1	
<i>olopatadine hcl soln 0.2 %</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
PAREMYD SOLN	3	
PATADAY SOLN (<i>Use Olopatadine HCl</i>)	3	Limit 2.5mls per month;QL(0.09 ml daily)
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	3	
PROLENSA SOLN	3	
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	3	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	1	QL(5 ml per fill retail, 5 ml per 30 days retail, 15 ml per 90 days mail)
<i>latanoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
LATANOPROST SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
LUMIGAN SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)
RESCULA SOLN	3	Limit 1 bottle per month;QL(0.17 ml daily)
TRAVATAN Z SOLN	2	QL(3 ml per 30 days retail,8 ml per 90 days mail)
XALATAN SOLN (Use Latanoprost)	3	Limit 2.5mls per month;QL(0.09 ml daily)
XELPROS EMUL	3	PA
ZIOPTAN SOLN	3	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (Use Ciprofloxacin HCl (Otic))	3	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN (Use Ofloxacin (Otic))	3	
<i>ofloxacin (otic) soln</i>	1	
OTIPRIO SUSP	3	PA
Otic Combinations		
CIPRO HC SUSP	2	
CIPRODEX SUSP	2	
COLY-MYCIN S SUSP	3	
CORTANE-B AQUEOUS SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
CORTANE-B-OTIC SOLN (Use Pramoxine-HC-Chloroxylenol)	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTICIN HC NR SOLN (Use Pramoxine-HC-Chloroxylenol)	3	
PRAMOTIC LIQD	2	
<i>pramoxine-hc-chloroxylenol soln</i>	1	
Otic Steroids		
DERMOTIC OIL (Use Fluocinolone Acetonide (Otic))	3	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	3	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
PREPIDIL GEL	3	
PROSTIN E2 SUPP	3	
Oxytocics		
<i>methylergonovine maleate soln ij 0.2 mg/ml</i>	J	PA; Specialty Tier 1 May Apply
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Antitoxins-Antivenins		
ANAVIP SOLR	3	PA
Passive Immunizing Agents - Combinations		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
HYQVIA KIT	J	PA; Specialty Tier 4 May Apply
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
AMPICILLIN CAPS	2	
MOXATAG TB24	3	
Natural Penicillins		
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12	2	
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	3	
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	2	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	3	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	3	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	3	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
PEG TROCHE BASE PLLT	3	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	3	
MAKENA SOAJ	J	PA; Specialty Tier 2 May Apply
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	3	
<i>megestrol acetate (appetite) susp</i>	3	
<i>norethindrone acetate tabs</i>	1	
<i>progesterone micronized caps</i>	3	QL(2 ea daily)
PROMETRIUM CAPS (Use Progesterone Micronized)	3	QL(2 ea daily)
PROVERA TABS (Use Medroxyprogesterone Acetate)	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
ANTABUSE TABS (<i>Use Disulfiram</i>)	3	
<i>disulfiram tabs</i>	1	
Anti-Cataplectic Agents		
XYREM SOLN	3	PA; Specialty Tier 3 May Apply
Antidementia Agents		
ARICEPT TABS (<i>Use Donepezil Hydrochloride</i>)	3	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 mg, 10 mg, 23 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 5 mg, 10 mg</i>	1	
EXELON PT24 (<i>Use Rivastigmine</i>)	3	
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	
<i>memantine hcl cp24 7 mg, 14 mg, 21 mg, 28 mg</i>	3	PA
<i>memantine hcl soln 2 mg/ml</i>	1	
<i>memantine hcl tabs 5 mg, 10 mg,</i>	1	
NAMENDA TABS (<i>Use Memantine HCl</i>)	3	
NAMENDA TITRATION PAK TABS (<i>Use Memantine HCl</i>)	3	
NAMENDA XR CP24 (<i>Use Memantine HCl</i>)	3	PA
NAMENDA XR TITRATION PAK CP24	3	PA
NAMZARIC CP24	3	PA
RAZADYNE ER CP24 (<i>Use Galantamine Hydrobromide</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
RAZADYNE TABS (<i>Use Galantamine Hydrobromide</i>)	3	
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	
<i>olanzapine-fluoxetine hcl caps</i>	3	
<i>perphenazine-amitriptyline tabs</i>	1	
PERPHENAZINE/AMITRIP TYLINE TABS	3	
SYMBYAX CAPS (<i>Use Olanzapine-Fluoxetine HCl</i>)	3	
Fibromyalgia Agents		
SAVELLA TABS	3	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	3	PA
Hypoactive Sexual Desire Disorder (HSDD)		
VYLEESI SOAJ	3	PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	3	PA; Specialty Tier 3 May Apply
INGREZZA CAPS	3	PA; Specialty Tier 3 May Apply
INGREZZA CPPK	3	PA; Specialty Tier 3 May Apply
<i>tetrabenazine tabs</i>	3	Specialty Tier 2 May Apply
XENAZINE TABS (<i>Use Tetrabenazine</i>)	3	Specialty Tier 2 May Apply
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use Dalfampridine</i>)	3	PA; Specialty Tier 1 May Apply

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
AUBAGIO TABS	3	PA; Specialty Tier 2 May Apply
AVONEX KIT	J	PA; Specialty Tier 2 May Apply
AVONEX PEN AJKT	J	PA; Specialty Tier 2 May Apply
AVONEX PSKT	J	PA; Specialty Tier 2 May Apply
BETASERON KIT	J	PA; Specialty Tier 2 May Apply
COPAXONE SOSY (<i>Use Glatiramer Acetate</i>)	J	PA; Specialty Tier 2 May Apply
<i>dalfampridine tb12</i>	1	PA; Specialty Tier 1 May Apply
EXTAVIA KIT	J	PA; Specialty Tier 2 May Apply
GILENYA CAPS	3	PA; Specialty Tier 2 May Apply
<i>glatiramer acetate sosy</i>	J	PA; Specialty Tier 2 May Apply
MAVENCLAD TBPK	3	PA
MAYZENT STARTER PACK TBPK	3	PA
MAYZENT TABS	3	PA
PLEGRIDY SOPN	J	PA; Specialty Tier 2 May Apply
PLEGRIDY SOSY	J	PA; Specialty Tier 2 May Apply
PLEGRIDY STARTER PACK SOPN	J	PA; Specialty Tier 2 May Apply
PLEGRIDY STARTER PACK SOSY	J	PA; Specialty Tier 2 May Apply

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SOAJ	J	PA; Specialty Tier 2 May Apply
REBIF REBIDOSE TITRATIONPACK SOAJ	J	PA; Specialty Tier 2 May Apply
REBIF SOSY	J	PA; Specialty Tier 2 May Apply
REBIF TITRATION PACK SOSY	J	PA; Specialty Tier 2 May Apply
TECFIDERA CPDR	3	PA; Specialty Tier 2 May Apply
TECFIDERA STARTER PACK MISC	3	PA; Specialty Tier 2 May Apply
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE STARTER MISC	3	PA
GRALISE TABS	3	PA
LYRICA CR TB24 165 MG, 82.5 MG	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG	3	PA; QL(2 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS 10 MG	3	QL(1 ea daily)
FLUOXETINE CAPS 20 MG	3	
<i>fluoxetine hcl (pmdd) tabs</i>	3	
SARAFEM TABS (<i>Use Fluoxetine HCl (PMDD)</i>)	3	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	2	
ORAP TABS (<i>Use Pimozide</i>)	3	
PIMOZIDE TABS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	QL(1 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	1	PV
CHANTIX CONTINUING MONTHPAK TABS	2	PV
CHANTIX STARTING MONTH PAK TABS	2	PV
CHANTIX TABS	2	PV
NICODERM CQ PT24 (<i>Use Nicotine</i>)	3	PV
<i>nicotine pt24</i>	1	PV
NICOTROL INHALER INHA	2	PV
NICOTROL NS SOLN	2	PV
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	3	PV
Vasomotor Symptom Agents		
BRISDELLE CAPS (<i>Use Paroxetine Mesylate (Vasomotor)</i>)	3	
<i>paroxetine mesylate (vasomotor) caps</i>	3	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK 25 MG	3	PA
KALYDECO PACK 50 MG, 75 MG	2	PA
KALYDECO TABS 150 MG	2	PA; Specialty Tier 3 May Apply
ORKAMBI PACK 100MG-125MG, 150MG-188MG	2	PA
ORKAMBI TABS 100MG-125MG, 200MG-125MG	2	PA; Specialty Tier 3 May Apply
PULMOZYME SOLN	3	Specialty Tier 3 May Apply

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TBPB	3	PA
Pleural Sclerosing Agents		
SCLEROSOL INTRAPLEURAL AERP	AC	PA
STERILE TALC POWDER SUSR	AC	PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS	3	PA; Specialty Tier 3 May Apply
ESBRIET TABS	3	PA; Specialty Tier 3 May Apply
OFEV CAPS	3	PA; Specialty Tier 3 May Apply
Respiratory Agents - Misc.		
INFASURF SUSP	3	
SURVANTA INTRATRACHEAL SUSP	3	
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR IV 100 MG	3	PA
NUZYRA TABS OR 150 MG	3	PA; Specialty Tier 3 May Apply
Tetracyclines		
ACTICLATE TABS (<i>Use Doxycycline Hyclate</i>)	3	PA
<i>demeclocycline hcl tabs 150 mg</i>	3	
<i>demeclocycline hcl tabs 300 mg</i>	1	
DORYX TBEC (<i>Use Doxycycline Hyclate</i>)	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) caps 150 mg</i>	3	
<i>doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg</i>	1	
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	
<i>doxycycline (monohydrate) tabs 50 mg, 75 mg, 100 mg, 150 mg</i>	3	
<i>doxycycline hyclate caps 50 mg, 100 mg</i>	1	
DOXYCYCLINE HYCLATE DR TBEC	3	PA
<i>doxycycline hyclate tabs 20 mg, 100 mg</i>	1	
DOXYCYCLINE HYCLATE TABS 50 MG	3	PA
<i>doxycycline hyclate tabs 75 mg, 150 mg</i>	3	PA
<i>doxycycline hyclate tbec 50 mg, 200 mg</i>	3	PA
<i>doxycycline hyclate tbec 75 mg, 100 mg, 150 mg</i>	3	ST
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	
<i>minocycline hcl tb24 45 mg, 55 mg, 65 mg, 80 mg, 90 mg, 105 mg, 115 mg, 135 mg</i>	3	PA
MINOLIRA TB24	3	PA
MONODOX CAPS (<i>Use Doxycycline (Monohydrate)</i>)	3	
SEYSARA TABS	3	PA
SOLODYN TB24 (<i>Use Minocycline HCl</i>)	3	PA
TARGADOX TABS	3	PA
<i>tetracycline hcl caps</i>	1	
VIBRAMYCIN CAPS 100 MG (<i>Use Doxycycline Hyclate</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
VIBRAMYCIN SUSR 25 MG/5ML (<i>Use Doxycycline (Monohydrate)</i>)	3	
VIBRAMYCIN SYRP 50 MG/5ML	3	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (<i>Use Methimazole</i>)	3	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (<i>Use Thyroid</i>)	3	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	
CYTOMEL TABS (<i>Use Liothyronine Sodium</i>)	3	
<i>levothyroxine sodium tabs</i>	1	
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID NT-2.5 TABS	3	
NATURE-THROID TABS 32.5 MG	2	
NATURE-THROID TABS 65 MG, 130 MG, 195 MG, 260 MG, 325 MG, 97.5 MG, 16.25 MG, 48.75 MG, 81.25 MG, 113.75 MG, 146.25 MG	3	
SYNTHROID TABS (<i>Use Levothyroxine Sodium</i>)	3	
<i>thyroid tabs</i>	1	
THYROLAR-1 TABS	2	
THYROLAR-1/2 TABS	2	
THYROLAR-1/4 TABS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
THYROLAR-2 TABS	2	
THYROLAR-3 TABS	2	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	3	
TIROSINT CAPS 175 MCG, 200 MCG	3	PA
TIROSINT-SOL SOLN	3	PA
WESTHROID TABS 32.5 MG	2	
WESTHROID TABS 65 MG, 130 MG, 195 MG, 97.5 MG	3	
WP THYROID TABS 32.5 MG	2	
WP THYROID TABS 65 MG, 130 MG, 97.5 MG, 16.25 MG, 48.75 MG, 81.25 MG, 113.75 MG	3	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (<i>Use Hyoscyamine Sulfate</i>)	3	
ATROPINE SULFATE SOSY IV 1.2 MG/3ML	3	PA
BELLADONNA/OPIUM SUPP	3	
BENTYL CAPS (<i>Use Dicyclomine HCl</i>)	3	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
CUVPOSA SOLN	2	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DONNATAL ELIX (<i>Use Phenobarbital-Hyoscyamine-Atropine-Scopolamine</i>)	3	
DONNATAL TABS (<i>Use Phenobarbital-Hyoscyamine-Atropine-Scopolamine</i>)	3	
GLYCATE TABS	3	PA
GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML, 0.2 MG/ML, 1 MG/5ML	3	PA
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE TABS OR 1.5 MG	3	PA
<i>hyoscyamine sulfate elix</i>	1	
<i>hyoscyamine sulfate soln</i>	1	
<i>hyoscyamine sulfate subl</i>	1	
<i>hyoscyamine sulfate tabs</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
LEVSIN TABS (<i>Use Hyoscyamine Sulfate</i>)	3	
LEVSIN/SL SUBL (<i>Use Hyoscyamine Sulfate</i>)	3	
<i>methscopolamine bromide tabs</i>	1	
<i>phenobarbital-hyoscyamine-atropine-scopolamine elix 0.1037mg/5ml-0.0065mg/5ml-0.0194mg/5ml-16.2mg/5ml</i>	1	
<i>phenobarbital-hyoscyamine-atropine-scopolamine tabs 0.1037mg-0.0065mg-0.0194mg-16.2mg</i>	3	
<i>propantheline bromide tabs</i>	1	
ROBINUL FORTE TABS (<i>Use Glycopyrrolate</i>)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
ROBINUL TABS (<i>Use Glycopyrrolate</i>)	3	
H-2 Antagonists		
CIMETIDINE HCL SOLN	2	
<i>cimetidine tabs 200 mg</i>	3	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine susr 40 mg/5ml</i>	3	
<i>famotidine tabs 20 mg</i>	1	RX/OTC
<i>famotidine tabs 40 mg</i>	1	QL(2 ea daily)
<i>nizatidine caps 150 mg, 300 mg</i>	1	
NIZATIDINE SOLN 15 MG/ML	2	
PEPCID AC MAXIMUM STRENGTH TABS (<i>Use Famotidine</i>)	3	RX/OTC
PEPCID SUSR 40 MG/5ML (<i>Use Famotidine</i>)	3	
PEPCID TABS 20 MG (<i>Use Famotidine</i>)	3	RX/OTC
PEPCID TABS 40 MG (<i>Use Famotidine</i>)	3	QL(2 ea daily)
<i>ranitidine hcl caps 150 mg, 300 mg</i>	1	
<i>ranitidine hcl syrp 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	
<i>ranitidine hcl tabs 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs 300 mg</i>	1	
TAGAMET HB TABS (<i>Use Cimetidine</i>)	3	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (<i>Use Ranitidine HCl</i>)	3	RX/OTC
ZANTAC TABS (<i>Use Ranitidine HCl</i>)	3	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	

Drug Name	Drug Tier	Requirements/ Limits
CARAFATE TABS 1 GM (<i>Use Sucralfate</i>)	3	
<i>sucralfate tabs</i>	1	
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP 5 MG, 10 MG	3	PA
ACIPHEX TBEC (<i>Use Rabeprazole Sodium</i>)	3	PA
DEXILANT CPDR	3	PA
<i>esomeprazole magnesium cpdr 20 mg</i>	3	PA; RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	PA
ESOMEPRAZOLE STRONTIUM CPDR 49.3 MG, 24.65 MG	3	PA; QL(1 ea daily)
FIRST-LANSOPRAZOLE SUSP	3	
FIRST-OMEPRAZOLE SUSP	3	
<i>lansoprazole cpdr 15 mg</i>	1	RX/OTC
<i>lansoprazole cpdr 15 mg</i>	3	PA; RX/OTC
<i>lansoprazole cpdr 15 mg</i>	1	QL(1 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
<i>lansoprazole tbdp 15 mg, 30 mg</i>	3	QL(1 ea daily); AL(Up to 12 yrs old)
NEXIUM 24HR CLEAR MINIS CPDR (<i>Use Esomeprazole Magnesium</i>)	3	PA; RX/OTC
NEXIUM 24HR CPDR (<i>Use Esomeprazole Magnesium</i>)	3	PA; RX/OTC
NEXIUM CPDR 20 MG (<i>Use Esomeprazole Magnesium</i>)	3	PA; RX/OTC
NEXIUM CPDR 40 MG (<i>Use Esomeprazole Magnesium</i>)	3	PA
NEXIUM PACK 5 MG, 10 MG, 20 MG, 40 MG, 2.5 MG	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	RX/OTC
<i>pantoprazole sodium tbec</i>	1	
PREVACID CPDR 15 MG (Use Lansoprazole)	3	RX/OTC
PREVACID CPDR 30 MG (Use Lansoprazole)	3	
PREVACID SOLUTAB TBDP (Use Lansoprazole)	3	QL(1 ea daily); AL(Up to 12 yrs old)
PROTONIX PACK 40 MG	3	PA
PROTONIX TBEC 20 MG, 40 MG (Use Pantoprazole Sodium)	3	
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>rabeprazole sodium tbec</i>	3	PA
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use Misoprostol)	3	
<i>misoprostol tabs</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1	QL(112 ea per 365 days retail, 112 ea per 365 days mail)
OMECLAMOX-PAK MISC	3	
<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	3	PA; RX/OTC
<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	3	PA
<i>omeprazole-sodium bicarbonate pack 20mg-1680mg, 40mg-1680mg</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
PREVPAC MISC (Use Amoxicillin-Clarithromycin w/ Lansoprazole)	3	QL(112 ea per 365 days retail, 112 ea per 365 days mail)
PYLERA CAPS	3	QL(120 ea per 10 days retail)
ZEGERID CAPS 20MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	3	PA; RX/OTC
ZEGERID CAPS 40MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	3	PA
ZEGERID PACK 20MG-1680MG, 40MG-1680MG (Use Omeprazole-Sodium Bicarbonate)	3	PA
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
HYOPHEN TABS	3	
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal tabs</i>	3	
Urinary Anti-infectives		
FURADANTIN SUSP (Use Nitrofurantoin)	3	
HIPREX TABS (Use Methenamine Hippurate)	3	
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	3	
MACRODANTIN CAPS (Use Nitrofurantoin Macrocrystal)	3	
<i>methenamine hippurate tabs</i>	1	
<i>methenamine mandelate tabs 0.5 gm, 1 gm</i>	1	
<i>methenamine mandelate tabs 500 mg</i>	3	PA
MONUROL PACK	3	
<i>nitrofurantoin macrocrystal caps</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	3	
DETROL LA CP24 (<i>Use Tolterodine Tartrate</i>)	3	QL(1 ea daily)
DETROL TABS (<i>Use Tolterodine Tartrate</i>)	3	
DITROPAN XL TB24 (<i>Use Oxybutynin Chloride</i>)	3	
ENABLEX TB24 (<i>Use Darifenacin Hydrobromide</i>)	3	
GELNIQUE GEL	3	
GELNIQUE PUMP GEL	3	
<i>oxybutynin chloride syrpf</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<i>solifenacin succinate tabs</i>	3	
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
TOVIAZ TB24	2	
<i>trospium chloride cp24</i>	1	
<i>trospium chloride tabs</i>	1	
VESICARE TABS (<i>Use Solifenacin Succinate</i>)	3	
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	3	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
BCG VACCINE INJ	AC	PA
VIVOTIF BERNA CPDR	3	
VIVOTIF CPDR	3	
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Miscellaneous Vaginal Products		
FEM PH GEL	3	
RELAGARD GEL	3	
Vaginal Anti-infectives		
AVC CREA	3	
CLEOCIN CREA VA 2 % (<i>Use Clindamycin Phosphate Vaginal</i>)	3	
CLEOCIN SUPP VA 100 MG	2	
<i>clindamycin phosphate vaginal crea</i>	1	
CLINDESSE CREA	3	
GYNAZOLE-1 CREA	3	
METROGEL-VAGINAL GEL (<i>Use Metronidazole Vaginal</i>)	3	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
NUVESSA GEL	3	PA
TERAZOL 7 CREA (<i>Use Terconazole Vaginal</i>)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

Drug Name	Drug Tier	Requirements/ Limits
TERCONAZOLE CREA	2	
<i>terconazole vaginal crea 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal supp 80 mg</i>	3	
Vaginal Estrogens		
ESTRACE CREA (Use Estradiol Vaginal)	3	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
ESTRING RING	3	QL(1 ea per 83 days retail)
FEMRING RING	3	
PREMARIN CREA VA 0.625 MG/GM	2	
VAGIFEM TABS (Use Estradiol Vaginal)	3	
Vaginal Progestins		
CRINONE GEL	3	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	4	Specialty Tier 1 May Apply;QL(2 ea per fill retail,4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	PA
EPIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	4	PA; Specialty Tier 1 May Apply;QL(2 ea per fill retail,4 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
EPIPEN-JR 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	4	PA; Specialty Tier 1 May Apply;QL(2 ea per fill retail,4 ea per 30 days retail)
SYMJEPI SOSY 0.15 MG/0.3ML	3	PA
SYMJEPI SOSY 0.3 MG/0.3ML	J	PA; Specialty Tier 1 May Apply;QL(2 ea per fill retail)
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS	3	PA
Vasopressors		
EPHEDRINE SULFATE SOSY	3	PA
EPINEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	3	PA
EPINEPHRINE SOSY	3	PA
<i>midodrine hcl tabs</i>	3	
PHENYLEPHRINE HYDROCHLORIDE SOSY	3	PA
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (Use Ergocalciferol)	3	
<i>ergocalciferol caps</i>	1	
MEPHYTON TABS (Use Phytonadione)	3	
<i>phytonadione tabs</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

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ACTIQ	5	ALBENZA	10	amcinonide	61
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ACTONEL	70	albuterol sulfate	14	AMICAR	80
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darifenacin hydrobromide	105	DETROL LA	105	DIFICID	83
DAURISMO	35	dexamethasone	53	diflorasone diacetate	62
DAYPRO	3	DEXAMETHASONE	53	DIFLUCAN	27
DAYTRANA	1	dexamethasone	53	diflunisal	5
DDAVP	72,73	DEXAMETHASONE	53	DIGOXIN	48
decitabine	34	dexamethasone	53	digoxin	48
DECON-G	54	DEXAMETHASONE	53	dihydroergotamine mesylate	85
deferasirox	25	dexamethasone	53	DILANTIN	19
DELSTRIGO	43	DEXAMETHASONE	53	DILANTIN INFATABS	19
DELZICOL	75	DEXAMETHASONE INTENSOL	53	DILANTIN-125	19
DEMADEX	69	DEXAMETHASONE SODIUM PHOSPHATE	93	DILATRATE SR	11
demeclocycline hcl	100	DEXAMETHASONE/SODIUM PHOSPHATE	53	DILAUDID	5
DEMEROL	5	DEXCHLORPHENIRAMINE MALEATE	27	DILT-XR	47
DEMSER	30	DEXEDRINE	1	diltiazem hcl	48
DENAVIR	61	DEXILANT	103	diltiazem hcl coated beads	47
DEPAKENE	19	dexmethylphenidate hcl	1	diltiazem hcl extended release beads	48
DEPAKOTE	19	DEXOPIN	53	DILTIAZEM	
DEPAKOTE ER	19	dextrazoxane hcl	39	HYDROCHLORIDE	48
DEPAKOTE SPRINKLES	19			DIOVAN	30
DEPEN TITRATABS	87			DIOVAN HCT	31

DIPENTUM	75	drosiprenone-ethinyl estradiol-levomefolate calcium	51	ELESTRIN	74
diphenhydramine hcl	27	DROXIA	79	eletriptan hydrobromide	85
diphenhydramine hcl (sleep)	81	DRYSOL	66	ELIDEL	65
diphenoxylate w/ atropine	25	DSUVIA	6	ELIMITE	67
DIPROLENE	62	DUAC	56	ELIPHOS	76
DIPROLENE AF	62	DUAVEE	73	ELIQUIS	15
dipyridamole	79	DUETACT	22	ELIQUIS STARTER PACK	15
disopyramide phosphate	12	DUEXIS	3	ELIXOPHYLLIN	15
disulfiram	98	DULERA	15	ELLA	52
DITROPAN XL	105	duloxetine hcl	21	ELLECE	36
DIURIL	69	DUOBRII	62	ELMIRON	77
divalproex sodium	19	DUOPA	40	ELOCON	62
DIVIGEL	74	DURAGESIC	6	ELOCTATE	78
DOCETAXEL	39	DURAXIN	5	EMADINE	95
docetaxel	39	DUREZOL	93	EMBEDA	6
DOCETAXEL	39	dutasteride	77	EMBRACE TALK BLOOD GLUCOSE MONITOR	83
dofetilide	12	dutasteride-tamsulosin hcl	77	EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM	83
DOLOPHINE	5	DUTOPROL	31	EMCYT	35
donepezil hydrochloride	98	DXEVO 11-DAY	53	EMEND	26
DONNATAL	102	DYAZIDE	69	EMEND TRIPACK	26
DORAL	81	DYMISTA	90	EMGALITY	85
DORYX	100	DYRENIUM	69	EMSAM	20
DORZOLAMIDE HCL	95	E-Z-CAT DRY	68	EMTRIVA	43
dorzolamide hcl	95	E-Z-HD	68	EMVERM	10
dorzolamide hcl-timolol maleate	91	E-Z-PAQUE	68	ENABLEX	105
DORZOLAMIDE HCL/TIMOLOL MALEATE	91	E.E.S. GRANULES	83	enalapril maleate	29
DOVATO	43	EC-NAPROSYN	3	enalapril maleate & hydrochlorothiazide	31
DOVONEX	60	EC-NAPROXEN	3	ENBREL	5
doxazosin mesylate	30	econazole nitrate	58	ENBREL SURECLICK	5
doxepin hcl	21	ECOZA	58	ENOVARX-IBUPROFEN	58
DOXEPIN HCL	21	EDARBI	30	enoxaparin sodium	16
doxepin hcl	21	EDARBYCLOR	31	ENSTILAR	62
doxercalciferol	72	EDECIN	69	entacapone	40
DOXYCYCLINE	66	EDLUAR	81	entecavir	45
doxycycline (monohydrate)	101	EDURANT	43	ENTEREG	76
doxycycline hyclate	101	efavirenz	43	ENTERO VU	68
DOXYCYCLINE HYCLATE	101	EFFER-K	87	ENTOCORT EC	53
doxycycline hyclate	101	EFFERVESCENT POTASSIUM/CHLORIDE	87	ENTRESTO	48
DOXYCYCLINE HYCLATE	101	EFFEXOR XR	21	ENVARUSUS XR	88
DR	101	EFFIENT	79	EPCLUSA	45
doxylamine-pyridoxine	26	EFUDEX	59	EPHEDRINE SULFATE	106
DRISDOL	106	EGATEN	10	EPIDIOLEX	17
dronabinol	26	ELAVIL	21	EPIDUO	56
drosiprenone-ethinyl estradiol	51	ELDEPRYL	41	EPIDUO FORTE	56
		ELESTAT	95		

EPIFOAM.....	62	ESTRING.....	106	famciclovir.....	46
epinastine hcl (ophth).....	95	ESTROGEL.....	74	famotidine.....	103
EPINEPHRINE.....	106	ESTROPIPATE.....	74	FANAPT.....	41
epinephrine (anaphylaxis).....	106	estropipate.....	74	FANAPT TITRATION PACK.....	41
EPINEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE.....	106	ESTROSTEP FE.....	51	FARESTON.....	35
EPIPEN 2-PAK.....	106	eszopiclone.....	81	FARXIGA.....	25
EPIPEN-JR 2-PAK.....	106	ethacrynic acid.....	69	FARYDAK.....	36
epirubicin hcl.....	36	ethambutol hcl.....	33	FASLODEX.....	35
EPIVIR.....	43	ethosuximide.....	19	FAZACLO.....	42
EPIVIR HBV.....	45	ETHYL CHLORIDE.....	66	febuxostat.....	77
eplerenone.....	32	ETHYL CHLORIDE/FINE PINPOINT.....	66	FEIBA.....	78
EPOGEN.....	80	ETHYL CHLORIDE/FINE STREAM.....	66	felbamate.....	18
EPROSARTAN MESYLATE.....	30	ETHYL CHLORIDE/MEDIUM JET STREAM.....	66	FELBATOL.....	18
EPZICOM.....	43	ETHYL CHLORIDE/MEDIUM STREAM.....	66	FELDENE.....	3
EQUETRO.....	41	ETHYL CHLORIDE/MIST.....	66	felodipine.....	48
ERBITUX.....	35	ethynodiol diacet & eth estradiol.....	51	FEM PH.....	105
ergocalciferol.....	106	ETIDRONATE DISODIUM.....	70	FEMARA.....	35
ERGOLOID MESYLATES.....	99	etodolac.....	3	FEMCAP.....	83
ERGOMAR.....	85	etoposide.....	39	FEMHRT LOW DOSE.....	73
ergotamine w/ caffeine.....	85	EUCRISA.....	66	FEMRING.....	106
ERIVEDGE.....	35	EURAX.....	67	FENOFIBRATE.....	28
erlotinib hcl.....	36	EVAMIST.....	74	fenofibrate.....	28
ERTACZO.....	59	EVEKEO.....	1	fenofibrate micronized.....	28
ERWINAZE.....	38	EVEKEO ODT.....	1	FENOFIBRIC ACID.....	28
ERYGEL.....	56	EVISTA.....	71	FENOGLIDE.....	28
ERYPED 200.....	83	EVOCLIN.....	56	FENOPROFEN CALCIUM.....	3
ERYPED 400.....	83	EVOTAZ.....	43	fenoprofen calcium.....	3
ERYTHROCIN STEARATE.....	83	EVOXAC.....	89	FENORTHO.....	3
erythromycin (acne aid).....	56	EVZIO.....	26	fentanyl.....	6
erythromycin (ophth).....	92	EXALGO.....	6	fentanyl citrate.....	6
erythromycin base.....	83	EXELDERM.....	59	FENTANYL CITRATE.....	6
erythromycin ethylsuccinate.....	83	EXELON.....	98	FENTANYL CITRATE/SODIUM CHLORIDE.....	6
ESBRIET.....	100	exemestane.....	35	FENTORA.....	6
escitalopram oxalate.....	20	EXFORGE.....	31	FERRIPROX.....	25
ESGIC.....	5	EXFORGE HCT.....	31	ferrous fumarate-folic acid.....	80
esomeprazole magnesium.....	103	EXJADE.....	25	FETZIMA.....	21
ESOMEPRAZOLE STRONTIUM.....	103	EXODERM.....	59	FETZIMA TITRATION PACK.....	21
estazolam.....	81	EXTAVIA.....	99	FEXMID.....	89
esterified estrogens & methyltestosterone.....	73	EXTINA.....	59	FIASP.....	23
ESTRACE.....	74	EZALLOR SPRINKLE.....	28	FIASP FLEXTOUCH.....	23
estradiol.....	74	ezetimibe.....	29	FIBRICOR.....	28
estradiol & norethindrone acetate.....	73	ezetimibe-simvastatin.....	27	FINACEA.....	66
estradiol vaginal.....	106	FABIOR.....	57	finasteride.....	77
				FIORICET.....	5
				FIORICET/CODEINE.....	7

FIORINAL.....	5	FLUOXETINE DR.....	20	FREESTYLE LIBRE 14	
FIORINAL/CODEINE #3.....	8	fluoxetine hcl.....	20	DAY/READER/FLASH	
FIRAZYR.....	79	fluoxetine hcl (pmdd).....	99	MONITORING SYSTEM.....	83
FIRDAPSE.....	32	FLUOXETINE		FREESTYLE LITE BLOOD	
FIRMAGON.....	35	HYDROCHLORIDE.....	20	GLUCOSE MONITORING	
FIRST - METOPROLOL.....	47	fluphenazine hcl.....	42	SYSTEM.....	83
FIRST-ATENOLOL.....	47	FLUPHENAZINE HCL.....	42	FREESTYLE LITE TEST	
FIRST-LANSOPRAZOLE..	103	flurandrenolide.....	63	STRIPS.....	68
FIRST-MOUTHWASH BLM	88	FLURAZEPAM HCL.....	81	FREESTYLE PRECISION NEO	
FIRST-OMEPRAZOLE.....	103	flurazepam hcl.....	81	BLOOD GLUCOSE	
FIRST-TESTOSTERONE.....	9	flurbiprofen.....	3	MONITORING SYSTEM.....	83
FLAGYL.....	10	FLURBIPROFEN SODIUM	95	FREESTYLE TEST STRIPS	68
FLAREX.....	93	flurbiprofen sodium.....	95	FROVA.....	85
flavoxate hcl.....	105	flutamide.....	35	frovatriptan succinate.....	85
flecainide acetate.....	12	fluticasone propionate.....	63	FUL-GLO.....	95
FLECTOR.....	58	fluticasone propionate		FULPHILA.....	80
FLOMAX.....	77	(nasal).....	90	FULVESTRANT.....	35
FLONASE ALLERGY		fluticasone-salmeterol.....	15	fulvestrant.....	35
RELIEF.....	90	fluvastatin sodium.....	29	FURADANTIN.....	104
FLONASE ALLERGY RELIEF		fluvoxamine maleate.....	20	furosemide.....	69
CHILDRENS.....	90	FML.....	93	FUROSEMIDE.....	69
FLONASE SENSIMIST.....	90	FML FORTE.....	93	furosemide.....	69
FLOVENT DISKUS.....	14	FML LIQUIFILM.....	93	FUSILEV.....	39
FLOVENT HFA.....	14	FOCALIN.....	1	FUZEON.....	43
FLOWTUSS.....	54	FOCALIN XR.....	1	FYCOMPA.....	16
FLOXIN OTIC.....	96	folic acid.....	79	GABA.....	91
floxuridine.....	34	FOLOTYN.....	34	gabapentin.....	17
fluconazole.....	27	fondaparinux sodium.....	16	GABITRIL.....	19
flucytosine.....	26	FORFIVO XL.....	19	GALAFOLD.....	72
fludarabine phosphate.....	34	FORTAMET.....	22	galantamine hydrobromide..	98
fludrocortisone acetate.....	54	FORTEO.....	70	GALANTAMINE	
FLUMADINE.....	46	FORTESTA.....	9	HYDROBROMIDE.....	98
FLUNISOLIDE.....	90	FOSAMAX.....	70	galantamine hydrobromide..	98
fluocinolone acetonide.....	62	FOSAMAX PLUS D.....	70	GALZIN.....	87
fluocinolone acetonide (otic)	96	fosamprenavir calcium.....	43	GASTROCROM.....	75
fluocinonide.....	63	fosinopril sodium.....	29	GASTROGRAFIN.....	68
fluocinonide emulsified base	63	fosinopril sodium &		gatifloxacin (ophth).....	92
FLUORABON.....	87	hydrochlorothiazide.....	31	GATTEX.....	76
fluorescein sodium topical...	95	FOSRENOL.....	76	GAZYVA.....	35
fluorescein w/ benoxinate...	95	FRAGMIN.....	16	GEBAUERS INSTANT ICE..	66
fluorescein w/ proparacaine	95	FREESTYLE FREEDOM		GEBAUERS PAIN EASE...	66
fluorometholone (ophth).....	93	LITE.....	83	GEBAUERS SPRAY AND	
FLUOROPLEX.....	59	FREESTYLE INSULINX		STRETCH.....	66
fluorouracil.....	34	BLOODGLUCOSE		GELNIQUE.....	105
FLUOROURACIL.....	59	MONITORING SYSTEM.....	83	GELNIQUE PUMP.....	105
fluorouracil (topical).....	59	FREESTYLE INSULINX		GEMCITABINE.....	34
FLUOXETINE.....	99	BLOODGLUCOSE TEST..	68	gemcitabine hcl.....	34
		FREESTYLE INSULINX		gemfibrozil.....	28
		BLOODGLUCOSE TEST		GEMZAR.....	34
		STRIPS.....	67		

GENERESS FE.....	51	GORDONS UREA.....	64	HUMAPEN LUXURA HD....	84
GENOTROPIN.....	71	GRALISE.....	99	HUMATE-P.....	78
GENOTROPIN MINIQUICK.	70	GRALISE STARTER.....	99	HUMATROPE.....	71
GENTAK.....	92	granisetron hcl.....	26	HUMATROPE COMBO	
gentamicin sulfate (ophth)...	92	GRANIX.....	80	PACK.....	71
gentamicin sulfate (topical)...	58	GRIS-PEG.....	26	HUMIRA.....	3
GENVOYA.....	43	griseofulvin microsize.....	26	HUMIRA PEDIATRIC CROHNS	
GEODON.....	41	griseofulvin ultramicrosize.	27	DISEASE STARTER PACK...2	
GIAZO.....	75	guanfacine hcl.....	30	HUMIRA PEN.....	2
GILENYA.....	99	guanfacine hcl (adhd).....	1	HUMIRA PEN-CD/UC/HS	
GILOTRIF.....	36	GUANIDINE HCL.....	32	STARTER.....	3
glatiramer acetate.....	99	GUARDIAN REAL-TIME		HUMIRA PEN-PS/UV	
GLEEVEC.....	37	REPLACEMENT MONITOR		STARTER.....	3
GLEOSTINE.....	33	PEDIATRIC.....	84	HUMULIN 70/30.....	24
GLIADEL WAFER.....	33	GYNAZOLE-1.....	105	HUMULIN 70/30 KWIKPEN.	24
glimepiride.....	25	HALAVEN.....	39	HUMULIN N.....	24
glipizide.....	25	halcinonide.....	63	HUMULIN N KWIKPEN.....	24
glipizide-metformin hcl.....	22	HALCION.....	81	HUMULIN R.....	24
GLUCAGEN DIAGNOSTIC.....	67	halobetasol propionate....	63	HUMULIN R U-500	
GLUCAGEN HYPOKIT.....	22	HALOBETASOL		(CONCENTRATED).....	24
GLUCAGON.....	67	PROPIONATE.....	63	HUMULIN R U-500	
GLUCAGON EMERGENCY		HALOG.....	63	KWIKPEN.....	24
KIT.....	23	haloperidol.....	42	HW EMBRACE PRO BLOOD	
GLUCAGON HCL		haloperidol lactate.....	42	GLUCOSE METER.....	84
DIAGNOSTIC.....	67	HALOTIN.....	59	HW EMBRACE TALK BLOOD	
GLUCOPHAGE.....	22	HARVONI.....	45	GLUCOSE MONITOR.....	84
GLUCOPHAGE XR.....	22	HECTOROL.....	72	HW EMBRACE TALK BLOOD	
GLUCOTROL.....	25	HELIXATE FS.....	78	GLUCOSE MONITORING	
GLUCOTROL XL.....	25	HEMANGEOL.....	47	SYSTEM.....	84
GLUCOVANCE.....	22	HEMOPIL M.....	78	hyaluronate sodium	
GLUMETZA.....	22	HEPARIN SODIUM.....	16	(emollient).....	64
glyburide.....	25	heparin sodium (porcine) lock		HYCAMTIN.....	39
glyburide micronized.....	25	flush & nacl lock flush.....	16	HYCOFENIX.....	54
glyburide-metformin.....	22	HEPSERA.....	45	hydralazine hcl.....	32
GLYCATE.....	102	HETLIOZ.....	81	HYDREA.....	38
glycine (gu irrigant).....	77	HEXALEN.....	33	hydrochlorothiazide.....	69
GLYCOLIC ACID.....	60	HIPREX.....	104	HYDROCODONE	
GLYCOLIC ACID 70% HIGH		homatropine hbr.....	91	BITARTRATE/ACETAMINOPHE	
PURITY.....	60	HORIZANT.....	100	N.....	8
GLYCOPYRROLATE.....	102	HUMALOG.....	24	HYDROCODONE	
glycopyrrolate.....	102	HUMALOG JUNIOR		BITARTRATE/CHLORPHENIRA	
GLYCOPYRROLATE.....	102	KWIKPEN.....	23	MINE MALEATE/PSE.....	54
GLYNASE.....	25	HUMALOG KWIKPEN.....	23	HYDROCODONE	
GLYSET.....	21	HUMALOG MIX 50/50.....	23	BITARTRATE/GUAIFENESIN	
GLYXAMBI.....	22	HUMALOG MIX 50/50		54
GOLYTELY.....	82	KWIKPEN.....	23	hydrocodone polistirex-	
GORDOFILM.....	65	HUMALOG MIX 75/25.....	24	chlorpheniramine polistirex..	54
		HUMALOG MIX 75/25		hydrocodone w/	
		KWIKPEN.....	24	homatropine.....	54
				hydrocodone-acetaminophen.	8
				hydrocodone-ibuprofen.....	8
				hydrocortisone.....	53
				hydrocortisone (intrarectal)...	9
				hydrocortisone (rectal).....	10

hydrocortisone (topical).....	63	IMPAVIDO.....	10	IOPIDINE.....	92
hydrocortisone acetate (rectal).....	10	IMURAN.....	88	ipratropium bromide.....	13
hydrocortisone acetate w/ pramoxine.....	10	INBRIJA.....	40	ipratropium bromide (nasal).....	90
hydrocortisone butyrate.....	63	INCRELEX.....	72	ipratropium-albuterol.....	15
hydrocortisone butyrate hydrophilic lipo base.....	63	INCRUSE ELLIPTA.....	13	IPRIVASK.....	16
hydrocortisone valerate.....	63	indapamide.....	69	irbesartan.....	30
hydrocortisone w/acetic acid.....	96	INDERAL LA.....	47	irbesartan-hydrochlorothiazide	31
hydromorphone hcl.....	6	INDERAL XL.....	47	IRESSA.....	37
HYDROMORPHONE HYDROCHLORIDE.....	6	INDOCIN.....	3,4	IRINOTECAN.....	39
hydroxychloroquine sulfate.....	32	indomethacin.....	4	irinotecan hcl.....	39
hydroxyurea.....	38	INFASURF.....	100	ISENTRESS.....	43
hydroxyzine hcl.....	12	INFLATHERM.....	4	ISOMETHEPTENE MUCATE/CAFFEINE/ACETAMIN OPHEN.....	85
hydroxyzine pamoate.....	12	INGREZZA.....	98	isometheptene- dichloralphenazone- acetaminophen.....	85
HYLIRA.....	65	INLYTA.....	37	ISOMETHEPTENE/DICHLORAL PHENAZONE/ACETAMINOPHE N.....	85
HYOPHEN.....	104	INNOPRAN XL.....	47	isoniazid.....	33
hyoscyamine sulfate.....	102	INPEN 100/BLUE/LILLY.....	84	ISOPTO ATROPINE.....	92
HYPER-SAL.....	55	INPEN 100/BLUE/NOVO.....	84	ISOPTO CARPINE.....	92
HYPERSAL.....	55	INPEN 100/GRAY/LILLY.....	84	ISORDIL TITRADOSE.....	11
HYQVIA.....	97	INPEN 100/GREY/NOVO.....	84	ISOSORBIDE DINITRATE.....	11
HYSINGLA ER.....	6	INPEN 100/PINK/LILLY.....	84	isosorbide dinitrate.....	11
HYZAAR.....	31	INPEN 100/PINK/NOVO.....	84	ISOSORBIDE DINITRATE ER.....	11
ibandronate sodium.....	70	INREBIC.....	37	isosorbide mononitrate.....	11
IBRANCE.....	37	INSPRA.....	32	isotretinoin.....	57
ibuprofen.....	3	INSULIN LISPRO.....	24	isoxsuprine hcl.....	49
icatibant acetate.....	79	INSULIN LISPRO KWIKPEN.....	24	isradipine.....	48
ICLUSIG.....	37	INSULIN SYRINGES AND PEN NEEDLES.....	84	ISTALOL.....	91
IDAMYCIN PFS.....	36	INTELENCE.....	43	ISTODAX (OVERFILL).....	37
idarubicin hcl.....	36	INTERMEZZO.....	81	itraconazole.....	27
IDELVION.....	78	INTRON A.....	38	ivermectin.....	10
IFEX.....	33	INTRON A W/DILUENT.....	38	IXINITY.....	78
ifosfamide.....	33	INTUNIV.....	1	JADENU.....	25
ILARIS.....	3	INVEGA.....	41	JAKAFI.....	37
ILEVRO.....	95	INVEGA SUSTENNA.....	41	JALYN.....	77
ILUMYA.....	60	INVEGA TRINZA.....	41	JANUMET.....	22
imatinib mesylate.....	37	INVELTYS.....	93	JANUMET XR.....	22
IMBRUVICA.....	37	INVIRASE.....	43	JANUVIA.....	23
imipramine hcl.....	21	INVOKAMET.....	22	JARDIANCE.....	25
imipramine pamoate.....	21	INVOKAMET XR.....	22	JENTADUETO.....	22
imiquimod.....	65	INVOKANA.....	25	JENTADUETO XR.....	22
IMIQUIMOD PUMP.....	65	IODINE STRONG.....	87	JEVTANA.....	39
IMITREX.....	85,86	IODOFLEX.....	43	JORNAY PM.....	1
IMITREX STATDOSE REFILL.....	86	iodoquinol-hc.....	59		
IMITREX STATDOSE SYSTEM.....	86	iodoquinol-hydrocortisone in aloe vehicle.....	59		
		IONSYS.....	6		

JUBLIA.....	59	KOMBIGLYZE XR.....	22	LDR BLOOD GLUCOSE	
JUXTAPID.....	29	KORLYM.....	23	TRUETEST KIT.....	84
JYNARQUE.....	73	KOVALTRY.....	78	LEDIPASVIR/SOFOSBUVIR	
K-PHOS.....	87	KRINTAFEL.....	32	45
K-PHOS NEUTRAL.....	87	KRISTALOSE.....	82	leflunomide.....	5
K-PHOS NO 2.....	76	KUVAN.....	72	LENVIMA 10 MG DAILY	
K-TAB.....	87	KYNAMRO.....	27	DOSE.....	37
KADCYLA.....	35	KYPROLIS.....	37	LENVIMA 12MG DAILY	
KADIAN.....	6	L-TRYPTOPHAN.....	91	DOSE.....	37
KALETRA.....	44	L.E.T.....	66	LENVIMA 14 MG DAILY	
KALYDECO.....	100	labetalol hcl.....	46	DOSE.....	37
KAPSPARGO SPRINKLE.....	47	LABETALOL		LENVIMA 18 MG DAILY	
KAPVAY.....	1	HYDROCHLORIDE/SODIUM		DOSE.....	37
KARBINAL ER.....	27	CHLORIDE.....	46	LENVIMA 20 MG DAILY	
KATERZIA.....	48	lactic acid (ammonium		DOSE.....	37
KAZANO.....	22	lactate).....	65	LENVIMA 24 MG DAILY	
KEFLEX.....	50	LACTULOSE.....	82	DOSE.....	37
KENALOG.....	63	lactulose.....	82	LENVIMA 8 MG DAILY	
KEPPRA.....	17	lactulose (encephalopathy).....	75	DOSE.....	37
KEPPRA XR.....	17	LAMICTAL.....	17	LESCOL XL.....	29
KERALAC.....	64	LAMICTAL CHEWABLE		LETAIRIS.....	49
KERALYT.....	65	DISPERSIBLE.....	17	letrozole.....	35
KERYDIN.....	59	LAMICTAL ODT.....	17	leucovorin calcium.....	39
KETAMINE		LAMICTAL STARTER/NOT		LEUCOVORIN CALCIUM.....	39
HYDROCHLORIDE.....	76	TAKING		leucovorin calcium.....	39
ketoconazole.....	27	CARBAMAZEPINE.....	17	LEUKERAN.....	33
ketoconazole (topical).....	59	LAMICTAL STARTER/TAKING		leuprolide acetate.....	35
KETOPROFEN.....	4	CARBAMAZEPINE/NOT		LEUPROLIDE	
ketoprofen.....	4	TAKING VALPROATE.....	17	ACETATE/BUPIVACAINE	
ketorolac tromethamine.....	4	LAMICTAL STARTER/TAKING		HYDROCHLORIDE.....	35
ketorolac tromethamine		VALPROATE.....	17	levabuterol hcl.....	15
(ophth).....	95	LAMICTAL XR.....	17	levabuterol tartrate.....	15
KEVEYIS.....	69	LAMISIL.....	27	LEVAQUIN.....	74
KEYTRUDA.....	35	lamivudine.....	44	LEVEMIR.....	24
KHAPZORY.....	39	lamivudine (hbv).....	45	LEVEMIR FLEXTOUCH.....	24
KHEDEZLA.....	21	lamivudine-zidovudine.....	44	levetiracetam.....	18
KITABIS PAK.....	2	lamotrigine.....	18	LEVITRA.....	49
KLARITY-A.....	92	LANCETS AND LANCET		levobunolol hcl.....	91
KLARITY-B.....	93	DEVICES.....	84	levocarnitine (metabolic	
KLARITY-L.....	93	LANOXIN.....	48	modifiers).....	72
KLARON.....	57	lansoprazole.....	103	levofloxacin.....	74
KLONOPIN.....	17	lanthanum carbonate.....	76	levofloxacin (ophth).....	92
KLOR-CON M15.....	87	LANTUS.....	24	levoleucovorin calcium.....	39
KOATE.....	78	LANTUS SOLOSTAR.....	24	levonorgestrel & eth	
KOATE-DVI.....	78	LASIX.....	69	estradiol.....	51
KOGENATE FS.....	78	LASTACAFT.....	95	levonorgestrel (emergency	
KOGENATE FS BIO-SET.....	78	latanoprost.....	95	oc).....	52
		LATANOPROST.....	95	levonorgestrel-eth estradiol	
		LATUDA.....	41	(triphasic).....	51
		LAZANDA.....	6	levonorgestrel-ethinyl estradiol	
				(91-day).....	51

levonorgestrel-ethinyl estradiol (continuous).....	51	LOESTRIN 1/20-21.....	51	LUPRON DEPOT-PED (3-MONTH).....	72
levorphanol tartrate.....	6	LOESTRIN FE 1.5/30.....	51	LURADROX.....	67
LEVORPHANOL TARTRATE.....	6	LOESTRIN FE 1/20.....	51	LUXIQ.....	63
levothyroxine sodium.....	101	LOFIBRA.....	28	LUZU.....	59
LEVSIN.....	102	LOKELMA.....	88	LYNPARZA.....	37
LEVSIN/SL.....	102	LOMOTIL.....	25	LYRICA.....	18
LEVULAN KERASTICK.....	59	LONSURF.....	36	LYRICA CR.....	99
LEXAPRO.....	20	LOPID.....	28	LYSODREN.....	36
LEXETTE.....	63	lopinavir-ritonavir.....	44	LYSTEDA.....	80
LEXIVA.....	44	LOPRESSOR.....	47	MACROBID.....	104
LIALDA.....	75	LOPRESSOR HCT.....	31	MACRODANTIN.....	104
lidocaine.....	66	LOPROX.....	59	mafenide acetate.....	61
lidocaine hcl.....	66	LOPROX SHAMPOO.....	59	MAGNEBIND 400.....	87
LIDOCAINE HCL.....	89	lorazepam.....	12	MAKENA.....	97
lidocaine hcl (mouth-throat).....	89	LORBRENA.....	37	MALARONE.....	32
lidocaine-hydrocortisone acetate (rectal).....	10	LORTAB.....	8	malathion.....	67
lidocaine-prilocaine.....	66	LORZONE.....	89	MAPROTILINE HCL.....	20
LIDODERM.....	66	losartan potassium.....	30	maprotiline hcl.....	20
LIDOPIN.....	66	losartan potassium & hydrochlorothiazide.....	31	MARINOL.....	26
LIDOTHOL.....	66	LOSEASONIQUE.....	51	MARPLAN.....	20
LIDOTREX.....	67	LOTEMAX.....	94	MARQIBO.....	39
LIDOVEX.....	66	LOTEMAX SM.....	94	MATULANE.....	38
LILETTA.....	52	LOTENSIN.....	29	MAVENCLAD.....	99
LINDANE.....	67	LOTENSIN HCT.....	31	MAXALT.....	86
linezolid.....	11	loteprednol etabonate.....	94	MAXALT-MLT.....	86
LINZESS.....	75	LOTREL.....	31	MAXIDEX.....	94
liothyronine sodium.....	101	LOTRISONE.....	59	MAXITROL.....	94
LIPITOR.....	29	LOTRONEX.....	75	MAXZIDE.....	69
LIPOFEN.....	28	lovastatin.....	29	MAXZIDE-25.....	69
LIQUID E-Z-PAQUE.....	68	LOVAZA.....	28	MAYZENT.....	99
lisinopril.....	29	LOVENOX.....	16	MAYZENT STARTER PACK.....	99
lisinopril & hydrochlorothiazide.....	31	loxapine succinate.....	42	MECLOFENAMATE SODIUM 4.....	4
LITHIUM.....	41	LOZI-FLUR.....	87	meclofenamate sodium.....	4
lithium carbonate.....	41	LUCENTIS.....	92	MEDROL.....	53
LITHOBID.....	41	LULICONAZOLE.....	59	MEDROL DOSEPAK.....	53
LITHOSTAT.....	77	LUMIGAN.....	96	MEDROX-RX.....	65
LIVALO.....	29	LUNESTA.....	81	medroxyprogesterone acetate.....	97
LMR PLUS.....	66	LUPANETA PACK.....	72	medroxyprogesterone acetate (contraceptive).....	53
LO LOESTRIN FE.....	51	LUPRON DEPOT (1-MONTH).....	35	mefenamic acid.....	4
LOCOID.....	63	LUPRON DEPOT (3-MONTH).....	35	MEFLOQUINE HCL.....	32
LOCOID LIPOCREAM.....	63	LUPRON DEPOT (4-MONTH).....	35	mefloquine hcl.....	32
LODINE.....	4	LUPRON DEPOT (6-MONTH).....	36	MEGACE ES.....	97
LODOSYN.....	40	LUPRON DEPOT-PED (1-MONTH).....	72	megestrol acetate.....	36
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MEKINIST	37	METHYLCOBALAMIN	79	MIGERGOT	85
MEKTOVI	37	methyl dopa	30	miglitol	22
meloxicam	4	methyl dopa &		miglustat	79
mephalan	33	hydrochlorothiazide	31	MIGRANAL	85
memantine hcl	98	methylergonovine maleate	96	MILLIPRED	53
MENEST	74	METHYLIN	2	MILLIPRED DP	53
MENOSTAR	74	methylphenidate hcl	2	MINASTRIN 24 FE	51
meperidine hcl	6	METHYLPHENIDATE		MINIPRESS	30
MEPERIDINE HCL	6	HYDROCHLORIDE ER	2	MINIVELLE	74
meperidine hcl	6	METHYLPHENIDATE		minocycline hcl	101
MEPERIDINE		HYDROCHLORIDE ER (LA)	2	MINOLIRA	101
HCL/PROMETHAZINE HCL	8	methylprednisolone	53	minoxidil	32
MEPHYTON	106	METHYLTESTOSTERONE	9	MIRAPEX	40
meprobamate	12	METIPRANOLOL	91	MIRAPEX ER	40
MEPRON	11	metoclopramide hcl	75	MIRCERA	80
mercaptapurine	34	METOCLOPRAMIDE ODT	75	MIRCETTE	52
mesalamine	75	metolazone	69	MIRENA	52
mesna	39	METOPIRONE	67	MIRODERM FENESTRATED	
MESNEX	39	metoprolol &		BIOLOGIC WOUND MATRIX	
MESTINON	32	hydrochlorothiazide	31	7X10CM	67
MESTINON TIMESPAN	33	metoprolol succinate	47	MIRODERM FENESTRATED	
metaproterenol sulfate	15	METOPROLOL SUCCINATE		PLUSBIOLOGIC WOUND	
METASTRON	38	ER/HYDROCHLOROTHIAZIDE	31	MATRIX 7X10CM/MESHED	67
METAXALONE	89	metoprolol tartrate	47	mirtazapine	19
metaxalone	89	METOPROLOL		MIRVASO	67
metformin hcl	22	TARTRATE	47	misoprostol	104
METFORMIN		METOPROLOL/HYDROCHLO		MITIGARE	77
HYDROCHLORIDE	22	ROTHIAZIDE	31	mitomycin	36
methadone hcl	6	METROCREAM	66	mitoxantrone hcl	36
METHADOSE	6	METROGEL	66	MOBIC	4
METHADOSE SUGAR-FREE	6	METROGEL-VAGINAL	105	modafinil	2
methamphetamine hcl	1	METROLOTION	67	MODERIBA 1200 DOSE	
methazolamide	69	metronidazole	10	PACK	45
methenamine hippurate	104	metronidazole (topical)	67	MODERIBA 800 DOSE	
methenamine mandelate	104	metronidazole vaginal	105	PACK	45
methenamine-hyosc-methylene		MEXILETINE HCL	12	moexipril hcl	29
blue-benzoic acid-phenyl		MIACALCIN	70	moexipril-hydrochlorothiazide	
sal	104	MICARDIS	30		31
methimazole	101	MICARDIS HCT	31	MOLINDONE	
METHITEST	9	MICONAZOLE 3	105	HYDROCHLORIDE	42
methocarbamol	89	MICONAZOLE NITRATE/ZINC		mometasone furoate	63
METHOTREXATE	3	OXIDE/WHITE		mometasone furoate (nasal)	90
methotrexate sodium	34	PETROLATUM	59	MONOCLATE-P	78
METHOTREXATE SODIUM	34	MICROZIDE	69	MONODOX	101
methotrexate sodium	34	midazolam hcl	81	MONONINE	78
methoxsalen rapid	60	MIDAZOLAM		montelukast sodium	13
methscopolamine bromide	102	HYDROCHLORIDE	81	MONUROL	104
methylclothiazide	69	MIDAZOLAM/SODIUM		morphine sulfate	6,7
		CHLORIDE	81	MORPHINE SULFATE	7
		midodrine hcl	106		

morphine sulfate.....	7	NAMENDA.....	98	neomycin-polymyxin-hc (otic).....	96
MORPHINE SULFATE ER....	6	NAMENDA TITRATION PAK.....	98	neomycin/polymyxin b gu....	77
MORPHINE SULFATE/SODIUM CHLORIDE.....	7	NAMENDA XR.....	98	NEOMYCIN/POLYMYXIN B SULFATES.....	77
MOTEGRITY.....	74	NAMENDA XR TITRATION PACK.....	98	NEOMYCIN/POLYMYXIN/GRAM ICIDIN.....	92
MOTOFEN.....	25	NAMZARIC.....	98	NEORAL.....	88
MOVANTIK.....	76	NANDROLONE DECANOATE.....	9	NEOSPORIN.....	93
MOVIPREP.....	82	NAPRELAN.....	4	NEOSPORIN GU IRRIGANT	77
MOXATAG.....	97	NAPROSYN.....	4	NEOTUSS PLUS.....	54
MOXEZA.....	92	naproxen.....	4	NEPTAZANE.....	69
moxifloxacin hcl.....	74	naproxen sodium.....	4	NESINA.....	23
moxifloxacin hcl (ophth)....	92	naratriptan hcl.....	86	NEULASTA.....	80
MOZOBIL.....	80	NARCAN.....	26	NEULASTA ONPRO KIT....	80
MS CONTIN.....	7	NARDIL.....	20	NEUPOGEN.....	80
MULPLETA.....	80	NASCOBAL.....	79	NEUPRO.....	40
MULTAQ.....	12	NASONEB NASAL NEBULIZER REPLACEMENT.....	84	NEURONTIN.....	18
MUPIROCIN.....	58	NASONEB NASAL NEBULIZER STARTER KIT.....	84	NEVANAC.....	95
mupirocin.....	58	NASONEB SINUS THERAPY SYSTEM.....	84	nevirapine.....	44
mupirocin calcium (topical)..	58	NASONEB SINUS THERAPY SYSTEM SUPPLY KIT....	84	NEXAVAR.....	37
MUSTARGEN.....	34	NASONEX.....	90	NEXIUM.....	103
MYALEPT.....	72	NATAACYN.....	92	NEXIUM 24HR.....	103
MYAMBUTOL.....	33	NATAZIA.....	52	NEXIUM 24HR CLEAR	
MYCOBUTIN.....	33	nateglinide.....	25	MINIS.....	103
mycophenolate mofetil.....	88	NATESTO.....	9	niacin (antihyperlipidemic)..	29
mycophenolate sodium.....	88	NATPARA.....	70	NIASPAN.....	29
MYDRIACYL.....	92	NATROBA.....	67	nicardipine hcl.....	48
MYFORTIC.....	88	NATURE-THROID.....	101	NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE.....	48
MYLERAN.....	34	NATURE-THROID NT- 2.5.....	101	NICODERM CQ.....	100
MYRBETRIQ.....	105	NAVELBINE.....	39	nicotine.....	100
MYSOLINE.....	18	NEBUPENT.....	10	NICOTROL INHALER.....	100
MYTESI.....	25	NEBUSAL.....	55	NICOTROL NS.....	100
N-ACETYL-L-CARNOSINE .	51	nefazodone hcl.....	21	nifedipine.....	48
nabumetone.....	4	NEFAZODONE HYDROCHLORIDE.....	21	NILANDRON.....	36
nadolol.....	47	NEO-SYNALAR.....	58	nilutamide.....	36
nadolol & bendroflumethiazide.....	31	neomycin sulfate.....	2	nimodipine.....	48
NADOLOL/BENDROFLUMETHIA ZIDE.....	31	neomycin-bacitracin zn- polymyxin.....	92	NIPENT.....	38
NAFRINSE DAILY/ACIDULATED.....	89	neomycin-polymy- dexameth.....	94	nisoldipine.....	48
NAFRINSE DAILY/NEUTRAL.....	89	neomycin-polymyxin-hc (ophth).....	94	NISOLDIPINE ER.....	48
naftifine hcl.....	59			NITRO-BID.....	11
NAFTIN.....	59			NITRO-DUR.....	11
NALFON.....	4			NITRO-TIME.....	11
NALOCET.....	8			nitrofurantoin.....	105
NALTREXONE.....	26			nitrofurantoin macrocrystal.	104
naltrexone hcl.....	26			nitrofurantoin monohyd macro.....	105

nitroglycerin.....	11	NOVOLIN R RELION.....	24	olmesartan medoxomil- amlodipine-hydrochlorothiazide	31
NITROGLYCERIN LINGUAL	11	NOVOLOG.....	24	olmesartan medoxomil- hydrochlorothiazide.....	31
NITROLINGUAL		NOVOLOG FLEXPEN.....	24	olopatadine hcl.....	95
PUMPSPRAY.....	12	NOVOLOG MIX 70/30.....	24	olopatadine hcl (nasal).....	90
NITROMIST.....	12	NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	24	OLUX.....	63
NITROSTAT.....	12	NOVOLOG PENFILL.....	24	OLUX-E.....	63
NIVESTYM.....	80	NOVOPEN ECHO.....	84	OLYSIO.....	45
nizatidine.....	103	NOVOSEVEN RT.....	78	OMECLAMOX-PAK.....	104
NIZATIDINE.....	103	NOXAFIL.....	27	omega-3-acid ethyl esters.....	28
NIZORAL.....	59	NUBEQA.....	36	OMEGAVEN.....	91
NOCDURNA.....	73	NUCALA.....	13	omeprazole.....	104
NORCO.....	8	NUCORT.....	63	OMEPRAZOLE + SYRSPEND SFALKA.....	104
NORDITROPIN FLEXPRO.....	71	NUCYNTA.....	7	omeprazole-sodium bicarbonate.....	104
norethin acet & estrad-fe.....	52	NUCYNTA ER.....	7	OMNARIS.....	90
norethindrone & eth estradiol	52	NUDEXTA.....	99	OMNIFLEX DIAPHRAGM.....	83
norethindrone & ethinyl estradiol- fe.....	52	NULYTELY/FLAVOR PACKS.....	82	OMNIPRED.....	94
norethindrone & mestranol.....	52	NUPLAZID.....	41	OMNITROPE.....	71
norethindrone (contraceptive).....	53	NUTROPIN AQ NUSPIN 10.....	71	ONCASPAR.....	38
norethindrone acet & eth estra.....	52	NUTROPIN AQ NUSPIN 20.....	71	ondansetron.....	26
norethindrone acetate.....	97	NUTROPIN AQ NUSPIN 5	71	ondansetron hcl.....	26
norethindrone acetate-ethinyl estradiol.....	73	NUVARING.....	52	ONETOUCH ULTRA 2.....	84
norethindrone acetate-ethinyl estradiol-fe.....	52	NUVESSA.....	105	ONETOUCH ULTRA BLUE.....	68
norethindrone-eth estradiol (triphasic).....	52	NUVIGIL.....	2	ONETOUCH ULTRA MINI.....	84
NORGESIC FORTE.....	89	NUZYRA.....	100	ONETOUCH VERIO.....	84
norgestimate-ethinyl estradiol.....	52	NYMALIZE.....	48	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM.....	84
norgestimate-ethinyl estradiol (triphasic).....	52	nystatin.....	27	ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM.....	84
norgestrel & ethinyl estradiol	52	nystatin (mouth-throat).....	89	ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM.....	84
NORITATE.....	67	nystatin (topical).....	59	ONETOUCH VERIO TEST STRIPS.....	68
NORPACE.....	12	nystatin-triamcinolone.....	59	ONEXTON.....	57
NORPACE CR.....	12	OBIZUR.....	78	ONFI.....	17
NORPRAMIN.....	21	OBREDON.....	54	ONGLYZA.....	23
NORTHERA.....	106	OICALIVA.....	74	ONMEL.....	27
nortriptyline hcl.....	21	octreotide acetate.....	73	ONZETRA XSAIL.....	86
NORTUSS-EX.....	54	OCUFLOX.....	93	OPANA.....	7
NORVASC.....	48	ODOMZO.....	35	OPANA ER (CRUSH RESISTANT).....	7
NORVIR.....	44	OFEV.....	100	OPDIVO.....	35
NOVOEIGHT.....	78	OFLOXACIN.....	74	opium tincture.....	25
NOVOLIN 70/30.....	24	ofloxacin.....	74	OPSUMIT.....	49
NOVOLIN 70/30 RELION.....	24	ofloxacin (ophth).....	93		
NOVOLIN N.....	24	ofloxacin (otic).....	96		
NOVOLIN N RELION.....	24	olanzapine.....	42		
NOVOLIN R.....	24	olanzapine-fluoxetine hcl.....	98		
		olmesartan medoxomil.....	30		

ORACEA.....	67	oxycodone w/ acetaminophen.....	8	PENICILLIN V POTASSIUM.....	97
ORACIT.....	76	OXYCODONE/ACETAMINOPH EN.....	8	penicillin v potassium.....	97
ORAP.....	99	OXYCODONE/IBUPROFEN.....	8	PENLAC NAIL LACQUER.....	59
ORAPRED ODT.....	53	OXYCONTIN.....	7	PENNSAID.....	58
ORAVIG.....	89	oxymorphone hcl.....	7	PENTASA.....	75
ORENCIA.....	5	PACLITAXEL.....	39	pentazocine w/ naloxone.....	8
ORENITRAM.....	49	paclitaxel.....	39	pentoxifylline.....	79
ORFADIN.....	72	paliperidone.....	41	PEPCID.....	103
ORILISSA.....	70	PAMELOR.....	21	PEPCID AC MAXIMUM STRENGTH.....	103
ORKAMBI.....	100	PANCREAZE.....	68	PERCOCET.....	8
orphenadrine citrate.....	89	PANDEL.....	63	PERFOROMIST.....	15
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE	89	PANRETIN.....	60	perindopril erbumine.....	29
ORPHENGESIC FORTE.....	89	pantoprazole sodium.....	104	PERJETA.....	35
ORTHO MICRONOR.....	53	PARAFON FORTE DSC.....	89	permethrin.....	67
ORTHO TRI-CYCLEN.....	52	paregoric.....	25	perphenazine.....	42
ORTHO TRI-CYCLEN LO.....	52	PAREMYD.....	95	perphenazine-amitriptyline.....	98
ORTHO-CYCLEN.....	52	PARI SINUSTAR NASAL AEROSOL DELIVERY SYSTEM.....	84	PERPHENAZINE/AMITRIPTYLIN E.....	98
ORTHO-NOVUM 1/35.....	52	PARI SINUSTAR NASAL NEBULIZER.....	84	PERSERIS.....	42
ORTHO-NOVUM 7/7/7.....	52	paricalcitol.....	72	PERTZYE.....	68
oseltamivir phosphate.....	46	PARLODEL.....	40	PEXEVA.....	20
OSENI.....	22	PARNATE.....	20	phenazopyridine hcl.....	77
OSPHENA.....	71	paromomycin sulfate.....	2	phenelzine sulfate.....	20
OTEZLA.....	4	paroxetine hcl.....	20	phenobarbital.....	81
OTICIN HC NR.....	96	paroxetine mesylate (vasomotor).....	100	phenobarbital-hyoscyamine- atropine-scopolamine.....	102
OTIPRIO.....	96	PASER.....	33	phenoxybenzamine hcl.....	30
OTREXUP.....	3	PATADAY.....	95	phenylephrine hcl (ophth).....	93
OVIDE.....	67	PATANASE.....	90	PHENYLEPHRINE HYDROCHLORIDE.....	49
oxaliplatin.....	34	PATANOL.....	95	phenylephrine w/ dm-gg.....	54
OXANDRIN.....	9	PAXIL.....	20	PHENYLEPHRINE/GUAIFENES IN.....	54
oxandrolone.....	9	PAXIL CR.....	20	PHENYTEK.....	19
oxaprozin.....	4	PCE.....	83	phenytoin.....	19
OXAYDO.....	7	PEDIAPRED.....	53	phenytoin sodium extended.....	19
oxazepam.....	12	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	82	PHOSLYRA.....	76
OXAZEPAM.....	12	peg 3350-potassium chloride- sod bicarbonate-sod chloride.....	82	PHOSPHOLINE IODIDE.....	92
oxcarbazepine.....	18	PEG TROCHE BASE.....	97	phytonadione.....	106
OXERVATE.....	93	PEGANONE.....	19	PICATO.....	60
oxiconazole nitrate.....	59	PEGASYS.....	45	PIFELTRO.....	44
OXISTAT.....	59	PEGASYS PROCLICK.....	45	pilocarpine hcl.....	92
OXSORALEN ULTRA.....	60	PEGINTRON.....	45	pilocarpine hcl (oral).....	89
OXTELLAR XR.....	18	penicillamine.....	87	pimecrolimus.....	65
oxybutynin chloride.....	105			PIMOZIDE.....	99
oxycodone hcl.....	7			pindolol.....	47
OXYCODONE HCL ER.....	7			pioglitazone hcl.....	23
OXYCODONE HYDROCHLORIDE ER.....	7				

pioglitazone hcl-glimepiride .	22	prasugrel hcl .	79	prednisone .	54
pioglitazone hcl-metformin		PRAVACHOL .	29	PREDNISONE INTENSOL .	54
hcl .	22	pravastatin sodium .	29	PREFERRED GLUCOMETER	
piroxicam .	4	praziquantel .	10	SUPPLIES AND STRIPS .	68
PLAN B ONE-STEP .	52	prazosin hcl .	30	PREFEST .	73
PLAQUENIL .	32	PRECISION XTRA .	84	pregabalin .	18
PLAVIX .	79	PRECISION XTRA BLOOD		PREMARIN .	74,106
PLEGRIDY .	99	GLUCOSE TEST STRIPS .	68	PREMPHASE .	73
PLEGRIDY STARTER		PRECOSE .	22	PREMPRO .	73
PACK .	99	PRED FORTE .	94	PREPIDIL .	96
PLENVU .	82	PRED MILD .	94	PREPOPIK .	82
PODOCON 25 IN BENZOIN		PRED-G .	94	PREVACID .	104
TINCTURE .	65	PRED-G S.O.P .	94	PREVACID SOLUTAB .	104
podofilox .	65	PREDNICARBATE .	64	PREVIDOLRX ANALGESIC	
polymyxin b-trimethoprim .	93	prednicarbate .	64	PAK .	4
POLYTRIM .	93	prednisolone .	53	PREVPAC .	104
POMALYST .	36	PREDNISOLONE .	53	PREZCOBIX .	44
PONSTEL .	4	PREDNISOLONE		PREZISTA .	44
pot & sod citrates w/citric ac .	76	ACETATE .	94	PRIFTIN .	33
pot phosphate monobasic w/ sod		PREDNISOLONE ACETATE P-		primaquine phosphate .	32
phosphate dibasic &		F .	94	PRIMAQUINE PHOSPHATE	32
monobasic .	87	PREDNISOLONE		primidone .	18
potassium bicarb & chloride .	87	ACETATE/MOXIFLOXACIN		PRIMLEV .	8
potassium bicarbonate .	87		94	PRIMSOL .	10
potassium chloride .	87	PREDNISOLONE		PRINIVIL .	29
POTASSIUM CHLORIDE .	87	ACETATE/MOXIFLOXACIN/BR		PRISTIQ .	21
POTASSIUM CHLORIDE		OMFENAC .	94	PRO VOICE V8 BLOOD	
ER .	87	PREDNISOLONE		GLUCOSE MONITORING	
potassium chloride		ACETATE/MOXIFLOXACIN/NE		SYSTEM .	84
microencapsulated crystals		PAFENAC .	94	PRO VOICE V8/V9 BLOOD	
er .	87	PREDNISOLONE		GLUCOSE TEST STRIPS .	68
potassium citrate		ACETATE/NEPAFENAC .	94	PRO VOICE V9 BLOOD	
(alkalinizer) .	76	prednisolone sodium		GLUCOSE MONITORING	
potassium citrate-citric acid .	76	phosphate .	53	SYSTEM .	84
POTASSIUM HYDROXIDE .	51	PREDNISOLONE SODIUM		PROAIR HFA .	15
POTASSIUM		PHOSPHATE .	53	PROAIR RESPICLICK .	15
PHOSPHATES/SODIUM		prednisolone sodium		probenecid .	78
CHLORIDE .	87	phosphate .	53	PROCARDIA .	48
POTELIGEO .	35	PREDNISOLONE SODIUM		PROCARDIA XL .	48
POVIDONE IODINE .	93	PHOSPHATE .	94	PROCENTRA .	1
PRADAXA .	16	PREDNISOLONE SODIUM		prochlorperazine .	42
PRALUENT .	29	PHOSPHATE/BROMFENAC		prochlorperazine maleate .	42
pramipexole dihydrochloride .	40		94	PROCORT .	10
PRAMOSONE .	63,64	PREDNISOLONE SODIUM		PROCRIT .	80
PRAMOSONE E .	64	PHOSPHATE/GATIFLOXACIN/		PROCTOCORT .	10
PRAMOTIC .	96	BROMFENAC .	94	PROCTOFOAM HC .	10
pramoxine hcl .	66	PREDNISOLONE SODIUM		PROCYSBI .	77
pramoxine-hc .	64	PHOSPHATE/MOXIFLOXACIN		PRODRIN .	85
pramoxine-hc-chloroxylenol .	96	/BROMFENAC .	94	PROFERRIN-FORTE .	80
PRANDIN .	25	prednisone .	54		
		PREDNISONE .	54		

PROFILNINE.....	78	PURIXAN.....	34	RAYOS.....	54
PROFILNINE SD.....	78	PYLERA.....	104	RAZADYNE.....	98
progesterone micronized....	97	pyrazinamide.....	33	RAZADYNE ER.....	98
PROGLYCEM.....	23	PYRIDIUM.....	77	READI-CAT 2.....	68
PROGRAF.....	88	pyridostigmine bromide....	33	READI-CAT 2 BANANA	
PROLENSA.....	95	PYRIDOSTIGMINE		SMOOTHIE.....	68
PROLIA.....	70	BROMIDE.....	33	READI-CAT 2 BERRY	
PROMACTA.....	80	pyridostigmine bromide....	33	SMOOTHIE.....	68
promethazine &		PYROGALLIC ACID.....	65	READI-CAT 2 CREAMY	
phenylephrine.....	54	QBREXZA.....	66	VANILLA SMOOTHIE.....	68
promethazine hcl.....	27	QMIIZ ODT.....	4	READI-CAT 2 MOCHACCINO	
promethazine w/codeine....	54	QNASL.....	90	SMOOTHIE.....	68
promethazine-phenylephrine-		QNASL CHILDRENS.....	90	REBETOL.....	45
codeine.....	54	QTERN.....	22	REBIF.....	99
PROMETHAZINE/DEXTROMET		QUAD-MIX.....	49	REBIF REBIDOSE.....	99
HORPHAN.....	54	QUALAQUIN.....	32	REBIF REBIDOSE	
PROMETHAZINE/PHENYLEPHR		QUARTETTE.....	52	TITRATIONPACK.....	99
INE.....	54	QUAZEPAM.....	81	REBIF TITRATION PACK....	99
PROMETHAZINE/PHENYLEPHR		QUDEXY XR.....	18	RECLAST.....	70
INE/CODEINE.....	54	QUESTRAN.....	28	RECOMBINATE.....	78
PROMETRIUM.....	97	QUESTRAN LIGHT.....	28	RECTIV.....	10
propafenone hcl.....	12	quetiapine fumarate.....	42	REGENECARE.....	67
propranethine bromide....	102	QUILLICHEW ER.....	2	REGLAN.....	75
proparacaine hcl.....	93	QUILLIVANT XR.....	2	REGRANEX.....	67
PROPOFOL.....	76	quinapril hcl.....	29	RELAGARD.....	105
propranolol &		quinapril-hydrochlorothiazide		RELENZA DISKHALER....	46
hydrochlorothiazide.....	31	31	RELISTOR.....	76
propranolol hcl.....	47	quinidine gluconate.....	12	RELPAK.....	86
PROPRANOLOL HCL.....	47	QUINIDINE SULFATE.....	12	REMERON.....	19
propranolol hcl.....	47	quinine sulfate.....	32	REMERON SOLTAB.....	19
propylthiouracil.....	101	QUINOSONE.....	64	REMICADE.....	75
PROSCAR.....	77	QVAR.....	14	RENACIDIN.....	77
PROSTIN E2.....	96	rabeprazole sodium.....	104	RENAGEL.....	76
PROTONIX.....	104	RABEPRAZOLE SODIUM DR		REVELA.....	76
PROTOPIC.....	65	SPRINKLE.....	104	repaglinide.....	25
protriptyline hcl.....	21	RADIOGARDASE.....	26	REPAGLINIDE/METFORMIN	
PROVENGE.....	35	raloxifene hcl.....	71	HYDROCHLORIDE.....	22
PROVENTIL HFA.....	15	ramelteon.....	81	REPATHA.....	29
PROVERA.....	97	ramipril.....	29	REPATHA SURECLICK....	29
PROVIGIL.....	2	RANEXA.....	11	REQUIP.....	40
PROVOCHOLINE.....	67	ranitidine hcl.....	103	REQUIP XL.....	40
PROZAC.....	20	ranolazine.....	11	RESCRIPTOR.....	44
pseudoephed-bromphen-dm		RAPAFLO.....	77	RESCULA.....	96
55		RAPAMUNE.....	88	RESECTISOL.....	77
pseudoephed-cpm w/		rasagiline mesylate.....	41	RESTASIS.....	93
hydrocod.....	55	RASUVO.....	3	RESTASIS MULTIDOSE....	93
PSORCON.....	64	RAVICTI.....	72	RESTORIL.....	81
PULMICORT.....	14			RETAVASE.....	79
PULMICORT FLEXHALER....	14			RETAVASE HALF-KIT....	79
PULMOZYME.....	100				

RETIN-A.....	57	ROPIDEX.....	54	selegiline hcl.....	41
RETIN-A MICRO.....	57	ropinirole hydrochloride.....	41	SELEGILINE HCL.....	41
RETIN-A MICRO PUMP.....	57	ROPIVACAINE		selenium sulfide.....	60
RETROVIR.....	44	HYDROCHLORIDE/SODIUM		SELZENTRY.....	44
REVATIO.....	49	CHLORIDE.....	82	SEMPREX-D.....	55
REVLIMID.....	88	rosuvastatin calcium.....	29	SENSIPAR.....	72
REXAPHENAC.....	58	ROXICODONE.....	7	SEREVENT DISKUS.....	15
REXULTI.....	43	ROXYBOND.....	7	SERNIVO.....	64
REYATAZ.....	44	ROZEREM.....	81	SEROQUEL.....	42
REZIRA.....	55	ROZLYTREK.....	37	SEROQUEL XR.....	42
RIAX.....	57	RUBRACA.....	37	SEROSTIM.....	71
RIBASPHERE.....	45	RUCONEST.....	79	sertraline hcl.....	20
RIBASPHERE RIBAPAK.....	45	RUZURGI.....	33	sevelamer carbonate.....	76
ribavirin.....	46	RYCLORA.....	27	sevelamer hcl.....	76
ribavirin (hepatitis c).....	45	RYTARY.....	41	SEVELAMER	
RIDAURA.....	3	RYTHMOL SR.....	12	HYDROCHLORIDE.....	76
rifabutin.....	33	SABRIL.....	19	SEYSARA.....	101
RIFADIN.....	33	SAFYRAL.....	52	SFROWASA.....	75
RIFAMATE.....	33	SAIZEN.....	71	SIGNIFOR.....	73
rifampin.....	33	SAIZEN CLICK.EASY.....	71	SIKLOS.....	79
RIFATER.....	33	SAIZENPREP		sildenafil citrate.....	49
RILUTEK.....	90	RECONSTITUTIONKIT.....	71	sildenafil citrate (pulmonary	
riluzole.....	90	SALAGEN.....	89	hypertension).....	50
rimantadine hydrochloride.....	46	SALEX.....	65	SILENOR.....	81
RINVOQ.....	3	salicylic acid.....	65	silodosin.....	77
RIOMET.....	22	SALICYLIC ACID.....	65	SILVADENE.....	61
risedronate sodium.....	70	salicylic acid.....	65	SILVER NITRATE.....	61
RISPERDAL.....	42	salsalate.....	5	silver nitrate-potassium	
RISPERDAL M-TAB.....	42	SAMSCA.....	73	nitrate.....	61
risperidone.....	42	SANCUSO.....	26	silver sulfadiazine.....	61
RISPERIDONE ODT.....	42	SANDIMMUNE.....	88	SIMBRINZA.....	92
RITALIN.....	2	SANDOSTATIN.....	73	SIMPONI.....	3
RITALIN LA.....	2	SANTYL.....	65	simvastatin.....	29
ritonavir.....	44	SAPHRIS.....	42	SINEMET.....	41
RITUXAN.....	35	SARAFEM.....	99	SINEMET CR.....	41
rivastigmine.....	98	SASH KIT FOR FLUSHING		SINGULAIR.....	13
rivastigmine tartrate.....	98	VASCULAR ACCESS		sirolimus.....	88
RIXUBIS.....	78	DEVICES.....	16	SIRTURO.....	33
rizatriptan benzoate.....	86	SAVAYSA.....	15	SITAVIG.....	46
ROBAXIN.....	89	SAVELLA.....	98	SIVEXTRO.....	11
ROBAXIN-750.....	89	SAVELLA TITRATION		SKELAXIN.....	89
ROBINUL.....	103	PACK.....	98	SKLICE.....	67
ROBINUL FORTE.....	102	SCLEROSOL		SKYLA.....	52
ROCALTROL.....	72	INTRAPLEURAL.....	100	SLYND.....	53
ROCKLATAN.....	93	scopolamine.....	26	SM BENZOIN TINCTURE.....	66
ROMIDEPSIN.....	37	SEASONIQUE.....	52	sodium chloride (gu irrigant).....	77
		SECONAL SODIUM.....	81	sodium chloride (inhalant).....	55
		SEEBRI NEOHALER.....	13		
		SEGLUROMET.....	22		

sodium citrate & citric acid	76	STALEVO 125	41	SUMATRIPTAN	
sodium fluoride	87	STALEVO 150	41	SUCCINATE	86
SODIUM FLUORIDE	87	STALEVO 200	41	sumatriptan succinate	86
sodium fluoride	87	STALEVO 50	41	sumatriptan-naproxen	
SODIUM HYDROXIDE	51	STALEVO 75	41	sodium	85
sodium phenylbutyrate	72	STARLIX	25	SUMAVEL DOSEPRO	86
SODIUM PHOSPHATE/SODIUM		stavudine	44	SUMAXIN	57
CHLORIDE	87	STEGLATRO	25	SUMAXIN TS	57
sodium polystyrene		STELARA	60	SUMAXIN WASH	57
sulfonate	88	STERILE TALC		SUNOSI	1
SODIUM SULFACETAMIDE		POWDER	100	SUPER BI-MIX	49
WASH	60	STIMATE	73	SUPER QUAD-MIX	49
SODIUM		STIOLTO RESPIMAT	15	SUPER TRI-MIX	49
SULFACETAMIDE/SULFUR	57	STIVARGA	37	SUPRAX	50,51
SOFOSBUVIR/VELPATASVIR	45	STRATTERA	1	SUPREP BOWEL PREP KIT	82
solifenacin succinate	105	STRENSIQ	72	SURMONTIL	21
SOLODYN	101	STRIANT	9	SURVANTA	
SOLTAMOX	36	STRIBILD	44	INTRATRACHEAL	100
SOMA	89	STRIVERDI RESPIMAT	15	SUSTIVA	44
SOMATULINE DEPOT	73	STROMECTOL	10	SUTENT	37
SOMAVERT	70	SUBOXONE	8	SYLATRON	38
SONATA	81	SUBSYS	7	SYLVANT	88
SOOLANTRA	67	SUCCINYLMCHOLINE		SYMBICORT	15
SORIATANE	60	CHLORIDE	90	SYMBYAX	98
SORILUX	60	SUCRAID	68	SYMDEKO	100
sotalol hcl	47	sucralfate	103	SYMFI LO	44
sotalol hcl (afib/afib)	47	SULAR	48	SYMJEPI	106
SOTYLIZE	47	sulfacetamide sod-		SYMLINPEN 120	22
SOVALDI	45	prednisolone	94	SYMLINPEN 60	22
SPACER/AEROSOL-HOLDING		SULFACETAMIDE		SYMPAZAN	17
CHAMBER	85	SODIUM	93	SYMTUZA	44
SPECTRACEF	50	sulfacetamide sodium		SYNALAR	64
SPINOSAD	67	(acne)	57	SYNALGOS-DC	8
SPIRIVA HANDIHALER	13	sulfacetamide sodium		SYNAREL	72
SPIRIVA RESPIMAT	13	(ophth)	93	SYNERA	66
spironolactone	69	sulfacetamide sodium w/		SYNJARDY	22
spironolactone &		sulfur	57	SYNRIBO	39
hydrochlorothiazide	69	SULFACETAMIDE		SYNTHROID	101
SPORANOX	27	SODIUM/PREDNISOLONE		SYPRINE	88
SPORANOX PULSEPAK	27	SODIUM PHOSPHATE	94	TABLOID	34
SPRAVATO 56MG DOSE	20	SULFADIAZINE	100	TACLONEX	64
SPRAVATO 84MG DOSE	20	sulfamethoxazole-trimethoprim		tacrolimus	88
SPRITAM	18		11	tacrolimus (topical)	65
SPRIX	4	SULFAMYLON	61	tadalafil	49
SPRYCEL	37	sulfasalazine	75	tadalafil (pulmonary	
SSS 10-5	57	SULFURATED LIME	67	hypertension)	50
STALEVO 100	41	sulindac	4	TAFINLAR	37
		SUMADAN WASH	57	TAGAMET HB	103
		sumatriptan	86		
		sumatriptan succinate	86		

TAGITOL V	68	terbinafine hcl	27	TIMOLOL/LATANOPROST	91
TAGRISSE	38	terbutaline sulfate	15	TIMOPTIC	91
TALTZ	60	TERCONAZOLE	106	TIMOPTIC OCUDOSE	91
TALZENNA	38	terconazole vaginal	106	TIMOPTIC-XE	91
TAMIFLU	46	TESSALON PERLES	54	TINDAMAX	10
tamoxifen citrate	36	TESTIM	9	tinidazole	10
tamsulosin hcl	77	TESTONE CIK	9	TIROSINT	102
TANDEM F	80	testosterone	9	TIROSINT-SOL	102
TANZEUM	23	TESTOSTERONE	9	TIVICAY	44
TAPAZOLE	101	testosterone	9	tizanidine hcl	89
TAPERDEX 12-DAY	54	TESTOSTERONE PUMP	9	TOBI	2
TARCEVA	38	TESTRED	9	TOBI PODHALER	2
TARGADOX	101	tetrabenazine	98	TOBRADEX	94
TARGRETIN	39,60	tetracaine hcl (ophth)	93	TOBRADEX ST	94
TARKA	31	tetracycline hcl	101	tobramycin	2
TASIGNA	38	TEXACORT	64	TOBRAMYCIN	2
TASMAR	40	THALOMID	88	tobramycin (ophth)	93
TAURINE	91	THE LIQUILIFT TRACE KIT	87	TOBRAMYCIN SULFATE	2
TAXOL	39	THEO-24	15	tobramycin sulfate	2
TAXOTERE	39	theophylline	15	tobramycin-dexamethasone	94
tazarotene	60	THIOLA EC	77	TOBREX	93
TAZORAC	60	thioridazine hcl	42	TOFRANIL	21
TECFIDERA	99	thiotepa	34	TOLAK	60
TECFIDERA STARTER PACK	99	thiothixene	43	TOLAZAMIDE	25
TECHNIVIE	46	thyroid	101	tolazamide	25
TEGRETOL	18	THYROLAR-1	101	TOLBUTAMIDE	25
TEGRETOL-XR	18	THYROLAR-1/2	101	tolcapone	40
TEKTURNA	32	THYROLAR-1/4	101	TOLMETIN SODIUM	4
TEKTURNA HCT	31	THYROLAR-2	102	tolmetin sodium	4
telmisartan	30	THYROLAR-3	102	TOLSURA	27
telmisartan-amlodipine	31	tiagabine hcl	19	tolterodine tartrate	105
telmisartan-hydrochlorothiazide	31	TIAZAC	48	TOPAMAX	18
temazepam	81	TIBSOVO	38	TOPAMAX SPRINKLE	18
TEMODAR	34	TIGAN	26	TOPICORT	64
TEMOVATE	64	TIGLUTIK	90	topiramate	18
temozolomide	34	TIKOSYN	13	TOPIRAMATE ER	18
temsirolimus	38	timolol maleate	47	TOPOTECAN HCL	40
TENCON	5	timolol maleate (ophth)	91	topotecan hcl	40
tenofovir disoproxil fumarate	44	TIMOLOL MALEATE OPHTHALMIC GEL	91	TOPROL XL	47
TENORETIC 100	31	FORMING	91	toremifene citrate	36
TENORETIC 50	31	TIMOLOL/BRIMONIDE/DORZ OLAMIDE	91	TORISEL	38
TENORMIN	47	TIMOLOL/BRIMONIDINE/DOR ZOLAMIDE/LATANOPROST	91	torsemide	69
TEPADINA	34		91	TOTECT	39
TERAZOL 7	105	TIMOLOL/DORZOLAMIDE/LAT ANOPROST	91	TOUJEO MAX SOLOSTAR	24
terazosin hcl	30		91	TOUJEO SOLOSTAR	24
				TOVIAZ	105

TRACLEER.....	49	trifluoperazine hcl.....	42	UCERIS.....	9,54
TRADJENTA.....	23	trifluridine.....	93	UDENYCA.....	80
tramadol hcl.....	7	TRIFLURIDINE.....	93	ULESFIA.....	67
TRAMADOL HCL ER.....	7	TRIGLIDE.....	28	ULORIC.....	78
tramadol-acetaminophen.....	8	trihexyphenidyl hcl.....	40	ULTRACET.....	8
trandolapril.....	29	TRILEPTAL.....	18	ULTRAM.....	7
trandolapril-verapamil hcl.....	31	TRILIPIX.....	28	ULTRASAL-ER.....	65
TRANDOLAPRIL/VERAPAMIL HCL ER.....	31	trimethobenzamide hcl.....	26	ULTRAVATE.....	64
tranexamic acid.....	80	trimethoprim.....	10	UNISOM SLEEPGELS.....	81
TRANEXAMIC ACID/SODIUM CHLORIDE.....	81	trimipramine maleate.....	21	urea.....	64
TRANSCYTE.....	67	TRIMPEX.....	10	URECHOLINE.....	105
TRANSDERM SCOP.....	26	TRINTELLIX.....	21	UROCIT-K 10.....	76
TRANSDERM-SCOP.....	26	TRIUMEQ.....	44	UROCIT-K 15.....	77
TRANXENE T.....	12	TRIZIVIR.....	44	UROCIT-K 5.....	77
tranylcypromine sulfate.....	20	TROKENDI XR.....	18	UROXATRAL.....	77
TRAVATAN Z.....	96	tropicamide.....	92	URSO 250.....	75
trazodone hcl.....	21	TROPICAMIDE/PHENYLEPHR INE.....	92	URSO FORTE.....	75
TREANDA.....	34	TROPICAMIDE/PROPARACA INE/PHENYLEPHRINE/KETOR OLAC.....	92	ursodiol.....	75
TRECATOR.....	33	trospium chloride.....	105	UTIBRON NEOHALER.....	15
TRELEGY ELLIPTA.....	15	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART.....	84	UTOPIC.....	64
TRELSTAR MIXJECT.....	36	TRULANCE.....	74	VAGIFEM.....	106
TREMFYA.....	60	TRULICITY.....	23	valacyclovir hcl.....	46
TRESIBA.....	25	TRUSOPT.....	95	VALCHLOR.....	60
TRESIBA FLEXTOUCH.....	24,25	TRUVADA.....	44	VALCYTE.....	45
TRETIN-X.....	57	TRYPTOPHAN.....	91	valganciclovir hcl.....	45
tretinoin.....	57	TUDORZA PRESSAIR.....	13	VALIUM.....	12
tretinoin (chemotherapy).....	39	TURALIO.....	38	valproate sodium.....	19
tretinoin microsphere.....	57	TUSNEL.....	55	valproic acid.....	19
TREXALL.....	34	TUSNEL C.....	55	valrubicin.....	36
TREXIMET.....	85	TUSSICAPS.....	55	valsartan.....	30
TRI-CHLOR.....	61	TUSSIONEX PENNKINETIC EXTENDED RELEASE.....	55	valsartan-hydrochlorothiazide	32
TRI-NORINYL 28.....	52	TUXARIN ER.....	55	VALSTAR.....	36
triamcinolone acetonide (mouth).....	89	TUZISTRA XR.....	55	VALTREX.....	46
triamcinolone acetonide (topical).....	64	TWYNSTA.....	32	VANATOL LQ.....	5
triamterene.....	69	TYBOST.....	44	VANATOL S.....	5
triamterene & hydrochlorothiazide.....	69	TYKERB.....	38	VANCOMYCIN HYDROCHLORIDE.....	11
TRIANEX.....	64	TYLENOL/CODEINE #3.....	8	VANCOMYCIN HYDROCHLORIDE/DEXTROSE	11
triazolam.....	81	TYLENOL/CODEINE #4.....	8	VANOS.....	64
TRIBENZOR.....	31	TYVASO.....	49	VANTAS.....	36
TRICHLOROACETIC ACID.....	51	TYVASO REFILL.....	49	vardenafil hcl.....	49
TRICOR.....	28	TYVASO STARTER.....	49	VARIBAR HONEY.....	68
TRIDESILON.....	64			VARIBAR NECTAR.....	68
trientine hcl.....	88			VARIBAR THIN HONEY.....	68
				VAROPHEN.....	58

VARUBI	26	vinorelbine tartrate	39	WIDE-SEAL SILICONE	
VASCAZEN	68	VIOKACE	68	DIAPHRAGM KIT 80	83
VASCEPA	28	VIRACEPT	44	WIDE-SEAL SILICONE	
VASERETIC	32	VIRAMUNE	44	DIAPHRAGM KIT 85	83
VASOPRESSIN/DEXTROSE		VIRAMUNE XR	44	WIDE-SEAL SILICONE	
	73	VIRASAL	65	DIAPHRAGM KIT 90	83
VASOPRESSIN/SODIUM		VIRAZOLE	46	WIDE-SEAL SILICONE	
CHLORIDE	73	VIREAD	44,45	DIAPHRAGM KIT 95	83
VASOTEC	29	VIROPTIC	93	WILATE	79
VECAMYL	32	VISTARIL	12	WP THYROID	102
VECTIBIX	35	VISTOGARD	26	XALATAN	96
VECTICAL	60	VITRAKVI	38	XALKORI	38
VELCADE	38	VITUZ	55	XANAX	12
VELPHORO	76	VIVELLE-DOT	74	XANAX XR	12
VELTIN	58	VIVITROL	26	XARELTO	15
VENCLEXTA	35	VIVLODEX	4	XARELTO STARTER PACK	15
VENCLEXTA STARTING		VIVOTIF	105	XELJANZ	3
PACK	35	VIVOTIF BERNA	105	XELJANZ XR	3
venlafaxine hcl	21	VIZIMPRO	38	XELODA	34
VENTAVIS	49	VOGELXO	9	XELPROS	96
VENTOLIN HFA	15	VOGELXO PUMP	9	XENAZINE	98
verapamil hcl	48	VOLTAREN	58	XENLETA	11
VERAPAMIL HCL ER	48	VOPAC MDS	58	XEPI	58
VERAPAMIL HCL SR	48	VORAXAZE	39	XERAC AC	66
VERDESO	64	voriconazole	27	XERESE	61
VEREGEN	58	VOSPIRE ER	15	XGEVA	70
VERELAN	48	VOTRIENT	38	XIAFLEX	88
VERELAN PM	48	VRAYLAR	41	XIFAXAN	10
VERIPRED 20	54	VUSION	59	XIGDUO XR	22
VERSACLOZ	42	VYLEESI	98	XODOL	8
VESICARE	105	VYNDAQEL	50	XOFIGO	38
VFEND	27	VYTORIN	59	XOFLUZA	46
VIAGRA	49	VYVANSE	1	XOLAIR	13
VIBERZI	75	warfarin sodium	15	XOLEGEL	59
VIBRAMYCIN	101	WELCHOL	28	XOPENEX	15
VICTOZA	23	WELLBUTRIN SR	20	XOPENEX CONCENTRATE	15
VIDAZA	34	WELLBUTRIN XL	20	XOPENEX HFA	15
VIDEX EC	44	WESTCORT	64	XOSPATA	38
VIDEXPEDIATRIC	44	WESTHROID	102	XTAMPZA ER	7
VIEKIRA PAK	46	WIDE-SEAL SILICONE		XTANDI	36
VIEKIRA XR	46	DIAPHRAGM KIT 60	83	XULANE	52
vigabatrin	19	WIDE-SEAL SILICONE		XYNTHA	79
VIGAMOX	93	DIAPHRAGM KIT 65	83	XYNTHA SOLOFUSE	79
VIIBRYD	21	WIDE-SEAL SILICONE		XYOSTED	9
VIIBRYD STARTER PACK	21	DIAPHRAGM KIT 70	83	XYREM	98
VIMOVO	4	WIDE-SEAL SILICONE		YASMIN 28	52
VIMPAT	18	DIAPHRAGM KIT 75	83	YAZ	52
				YBUPHEN	4

YERVOY	35	ZOFRAN	26
YUPELRI	13	ZOFRAN ODT	26
YUTIQ	94	ZOHYDRO ER	7
zafirlukast	13	ZOLADEX	36
zaleplon	81	zoledronic acid	70
ZALTRAP	34	ZOLINZA	38
ZAMICET	8	zolmitriptan	86
ZANAFLEX	89	ZOLOFT	20
ZANTAC	103	zolpidem tartrate	81
ZANTAC 150 MAXIMUM STRENGTH	103	ZOLPIMIST	81
ZARONTIN	19	ZOMACTON	71
ZARXIO	80	ZOMIG	86
ZAVESCA	79	ZOMIG ZMT	86
ZEGERID	104	ZONEGRAN	18
ZELAPAR	41	zonisamide	18
ZELBORAF	38	ZONTIVITY	79
ZELNORM	75	ZORBTIVE	71
ZEMBRACE SYMTOUCH	86	ZORTRESS	88
ZEMPLAR	72	ZORVOLEX	4
ZENPEP	68	ZOVIRAX	46,61
ZENZEDI	1	ZTLIDO	66
ZEPATIER	46	ZUBSOLV	8
ZERIT	45	ZULRESSO	20
ZESTORETIC	32	ZUPLENZ	26
ZESTRIL	29	ZUTRIPRO	55
ZETIA	29	ZYBAN	100
ZETONNA	90	ZYCLARA	65
ZEVALIN Y-90	35	ZYCLARA PUMP	65
ZIAC	32	ZYDELIG	38
ZIAGEN	45	ZYFLO	13
ZIANA	58	ZYFLO CR	13
zidovudine	45	ZYKADIA	38
zileuton	13	ZYLET	94
ZINECARD	39	ZYLOPRIM	78
ZIOPTAN	96	ZYMAXID	93
ziprasidone hcl	41	ZYPREXA	42
ZIPSOR	4	ZYPREXA ZYDIS	42
ZIRGAN	93	ZYTIGA	36
ZITHRANOL	60	ZYVOX	11
ZITHROMAX	82		
ZITHROMAX TRI-PAK	82		
ZITHROMAX Z-PAK	82		
ZMAX	82		
ZOCOR	29		
ZODEX 12-DAY	54		