

Arizona

4-Tier Drug List

The 4-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 4-Tier Drug List?

The 4-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	Low-cost, preferred generic or brand-name drugs
2	Moderate-cost, preferred generic or brand-name drugs, or preferred insulin in vials
3	Preferred generic or brand-name drugs not included in a lower level on the drug list
4	Non-preferred drugs; brand-name drugs with generics in a lower level; compounded prescription drugs; self-injectable drugs; drugs with preferred generic equivalents at lower tiers; and newly released drugs
J/5	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).

Health Net of Arizona, Inc. underwrites benefits for HMO plans, and Health Net Life Insurance Company underwrites benefits for PPO and indemnity plans and for life insurance coverage. Health Net of Arizona, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. All rights reserved.

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 (<i>Use Amphetamine-Dextroamphetamine</i>)	4	
ADDERALL XR CP24 (<i>Use Amphetamine-Dextroamphetamine</i>)	4	
ADZENYS XR-ODT TBED	4	PA
<i>amphetamine sulfate tabs</i>	4	PA
<i>amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg</i>	1	
<i>amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg</i>	2	
DESOXYN TABS (<i>Use Methamphetamine HCl</i>)	4	
DEXEDRINE CP24 (<i>Use Dextroamphetamine Sulfate</i>)	4	
<i>dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg</i>	2	
<i>dextroamphetamine sulfate soln 5 mg/5ml</i>	4	
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
DYANAVEL XR SUER	4	PA; QL(8 ml daily)
EVEKEO ODT TBDP	4	PA
EVEKEO TABS (<i>Use Amphetamine Sulfate</i>)	4	PA
<i>methamphetamine hcl tabs</i>	4	
PROCENTRA SOLN (<i>Use Dextroamphetamine Sulfate</i>)	4	
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	QL(1 ea daily)
ZENZEDI TABS	4	PA
Analeptics		
<i>caffeine citrate soln</i>	1	
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	3	QL(2 ea daily)
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	3	QL(1 ea daily)
<i>clonidine hcl (adhd) tb12</i>	2	QL(4 ea daily)
<i>guanfacine hcl (adhd) tb24</i>	2	QL(1 ea daily)
INTUNIV TB24 (<i>Use Guanfacine HCl (ADHD)</i>)	4	QL(1 ea daily)
KAPVAY TB12 (<i>Use Clonidine HCl (ADHD)</i>)	4	QL(4 ea daily)
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (<i>Use Atomoxetine HCl</i>)	4	QL(2 ea daily)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (<i>Use Atomoxetine HCl</i>)	4	QL(1 ea daily)
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS	4	PA
Stimulants - Misc.		

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
ADHANSIA XR CP24	4	PA
APTENSIO XR CP24	4	PA; QL(1 ea daily)
<i>armodafinil tabs</i>	3	PA
CONCERTA TBCR (Use Methylphenidate HCl)	4	
DAYTRANA PTCH	4	
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	
FOCALIN TABS (Use Dexmethylphenidate HCl)	4	
FOCALIN XR CP24 (Use Dexmethylphenidate HCl)	4	
JORNAY PM CP24	4	PA
METHYLIN SOLN (Use Methylphenidate HCl)	4	
<i>methylphenidate hcl chew 2.5 mg</i>	4	
<i>methylphenidate hcl chew 5 mg, 10 mg</i>	3	
<i>methylphenidate hcl cp24 10 mg</i>	4	QL(1 ea daily)
<i>methylphenidate hcl cp24 20 mg, 30 mg, 40 mg</i>	3	QL(1 ea daily)
<i>methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg</i>	4	QL(1 ea daily)
<i>methylphenidate hcl cpcr 40 mg, 50 mg, 60 mg</i>	4	
<i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i>	2	
<i>methylphenidate hcl tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl tb24 27 mg, 36 mg, 54 mg</i>	2	
<i>methylphenidate hcl tbcR 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl tbcR 18 mg, 27 mg, 36 mg, 54 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
METHYLPHENIDATE HYDROCHLORIDE ER (LA) CP24	4	QL(1 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TB24	4	
<i>modafinil tabs</i>	4	ST
NUVIGIL TABS (Use Armodafinil)	4	PA
PROVIGIL TABS (Use Modafinil)	4	ST
QUILLICHEW ER CHER	4	PA
QUILLIVANT XR SUSR	4	PA; QL(12 ml daily)
RITALIN LA CP24 (Use Methylphenidate HCl)	4	QL(1 ea daily)
RITALIN TABS (Use Methylphenidate HCl)	4	
ALTERNATIVE MEDICINES		
Alternative Medicine - U		
COENZYME Q-10 SOLN	4	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP	4	PA
BETHKIS NEBU	4	Specialty Tier 3 May Apply
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN	3	
KITABIS PAK NEBU	4	Specialty May Apply. Brand Tier 3, Generic Tier 1
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	2	
TOBI NEBU (Use Tobramycin)	4	Specialty May Apply. Brand Tier 3, Generic Tier 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
TOBI PODHALER CAPS	4	
TOBRAMYCIN NEBU	4	Specialty May Apply. Brand Tier 3, Generic Tier 1
<i>tobramycin nebu</i>	1	Specialty May Apply. Brand Tier 3, Generic Tier 1
TOBRAMYCIN SULFATE SOLN 40 MG/ML	J	PA
<i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	J	PA
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
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	4	PA
XELJANZ TABS	4	PA; Specialty Tier 2 May Apply

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24	4	PA
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	
OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 12.5 MG/0.4ML	J	PA; Specialty Tier 2 May Apply
OTREXUP SOAJ 17.5 MG/0.4ML, 22.5 MG/0.4ML	J	PA
RASUVO SOAJ	J	PA; Specialty Tier 2 May Apply
Gold Compounds		
RIDAURA CAPS	3	
Interleukin-1 Blockers		
ARCALYST SOLR	J	PA; Specialty Tier 4 May Apply
Interleukin-1beta Blockers		
ILARIS SOLN	J	PA; Specialty Tier 3 May Apply
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	4	PA
ACTEMRA SOSY	J	PA; Specialty Tier 2 May Apply
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Use Naproxen Sodium</i>)	4	
ARTHROTEC 50 TBEC (<i>Use Diclofenac w/ Misoprostol</i>)	4	
ARTHROTEC 75 TBEC (<i>Use Diclofenac w/ Misoprostol</i>)	4	
CELEBREX CAPS (<i>Use Celecoxib</i>)	4	AL(At least 60 yrs old)
<i>celecoxib caps</i>	3	AL(At least 60 yrs old)

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
DAYPRO TABS (<i>Use Oxaprozin</i>)	4	
<i>diclofenac potassium tabs</i>	2	
<i>diclofenac sodium tb24 100 mg</i>	1	
<i>diclofenac sodium tbec 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac w/ misoprostol tbec</i>	4	
DUEXIS TABS	4	PA
EC-NAPROSYN TBEC (<i>Use Naproxen</i>)	4	
EC-NAPROXEN TBEC (<i>Use Naproxen</i>)	4	
<i>etodolac caps</i>	2	
<i>etodolac tabs</i>	2	
<i>etodolac tb24</i>	2	
FELDENE CAPS (<i>Use Piroxicam</i>)	4	
FENOPROFEN CALCIUM CAPS 200 MG, 400 MG	4	
<i>fenoprofen calcium tabs 600 mg</i>	1	
FENORTHO CAPS	4	
<i>flurbiprofen tabs 100 mg</i>	1	
<i>flurbiprofen tabs 50 mg</i>	2	
<i>ibuprofen tabs</i>	1	
INDOCIN SUPP	4	
INDOCIN SUSP	4	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
INFLATHERM KIT	4	PA
KETOPROFEN CAPS 25 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
KETOPROFEN CAPS 50 MG, 75 MG	4	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketoprofen cp24 200 mg</i>	3	
<i>ketorolac tromethamine tabs</i>	1	QL(20 ea per 180 days retail, 20 ea per 180 days mail)
LODINE TABS (<i>Use Etodolac</i>)	4	
MECLOFENAMATE SODIUM CAPS	4	
<i>mefenamic acid caps</i>	4	
<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 (<i>Use Meloxicam</i>)	4	QL(1 ea daily)
MOBIC TABS 7.5 MG (<i>Use Meloxicam</i>)	4	QL(2 ea daily)
<i>nabumetone tabs</i>	2	
NALFON CAPS 400 MG	4	
NALFON TABS 600 MG (<i>Use Fenoprofen Calcium</i>)	4	PA
NAPRELAN TB24 375 MG, 500 MG (<i>Use Naproxen Sodium</i>)	4	
NAPRELAN TB24 750 MG	4	
NAPROSYN SUSP (<i>Use Naproxen</i>)	4	
NAPROSYN TABS (<i>Use Naproxen</i>)	4	
<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	
<i>naproxen sodium tb24 375 mg, 500 mg</i>	4	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg, 375 mg, 500 mg</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>naproxen tbec 375 mg, 500 mg</i>	2	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
PONSTEL CAPS (<i>Use Mefenamic Acid</i>)	4	
PREVIDOLRX ANALGESIC PAK THPK	4	PA
QMIIZ ODT TBDP	4	PA
SPRIX SOLN	4	QL(1 ea daily,5 day(s) limit)
<i>sulindac tabs</i>	1	
TIVORBEX CAPS	4	ST; QL(3 ea daily)
TOLMETIN SODIUM CAPS 400 MG	4	
<i>tolmetin sodium tabs 200 mg</i>	2	
TOLMETIN SODIUM TABS 600 MG	4	
VIMOVO TBEC	4	PA
VIVLODEX CAPS	4	PA
YBUPHEN TBPK	4	PA
ZIPSOR CAPS	4	ST; QL(4 ea daily,7 day(s) limit)
ZORVOLEX CAPS	4	ST; QL(3 ea daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA; Specialty Tier 2 May Apply
OTEZLA TBPK	4	PA; Specialty Tier 2 May Apply
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Use Leflunomide</i>)	4	
<i>leflunomide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	J	PA; Specialty Tier 2 May Apply
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	4	PA
<i>butalbital-acetaminophen tabs 300mg-50mg</i>	4	
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	2	
<i>butalbital-acetaminophen-caffeine caps 300mg-50mg-40mg</i>	4	
<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	4	PA
BUTALBITAL/ASPIRIN/CAFFEINE TABS	4	
DURAXIN CAPS	4	
ESGIC TABS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	4	

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
FIORICET CAPS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	4	
FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>)	4	
TENCON TABS	4	
VANATOL LQ SOLN	4	
VANATOL S SOLN	4	
Salicylates		
<i>choline & mag salicylate liqd</i>	2	
<i>diflunisal tabs</i>	2	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL	4	PA
ACTIQ LPOP (<i>Use Fentanyl Citrate</i>)	4	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>)	4	
CODEINE SULFATE TABS 60 MG	4	
CONZIP CP24	4	
DEMEROL TABS (<i>Use Meperidine HCl</i>)	4	
DILAUDID LIQD (<i>Use Hydromorphone HCl</i>)	4	
DILAUDID TABS (<i>Use Hydromorphone HCl</i>)	4	
DOLOPHINE TABS (<i>Use Methadone HCl</i>)	4	
DSUVIA SUBL	4	PA
DURAGESIC PT72 (<i>Use Fentanyl</i>)	4	Limit 10 per month;QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EMBEDA CPR	4	PA
EXALGO T24A 32 MG (<i>Use Hydromorphone HCl</i>)	4	QL(2 ea daily)
EXALGO T24A 8 MG, 12 MG, 16 MG (<i>Use Hydromorphone HCl</i>)	4	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	4	PA
FENTANYL CITRATE SOSY IV 1500 MCG/30ML, 2750 MCG/55ML	4	PA
FENTANYL CITRATE TABS BU 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA
FENTANYL CITRATE/SODIUM CHLORIDE SOSY	4	PA
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	2	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>	4	Limit 10 per month;QL(0.34 ea daily)
FENTORA TABS 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	
<i>hydromorphone hcl t24a 32 mg</i>	4	QL(2 ea daily)
<i>hydromorphone hcl t24a 8 mg, 12 mg, 16 mg</i>	2	QL(4 ea daily)
<i>hydromorphone hcl tabs 2 mg, 4 mg, 8 mg</i>	1	
HYDROMORPHONE HYDROCHLORIDE SOLN	4	PA
HYSINGLA ER T24A	4	PA
IONSYS PTCH	4	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
KADIAN CP24 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use Morphine Sulfate)	4	
KADIAN CP24 200 MG	4	
LAZANDA SOLN	4	PA
levorphanol tartrate tabs 2 mg	4	PA
LEVORPHANOL TARTRATE TABS 3 MG	4	PA
meperidine hcl soln 50 mg/5ml	2	
MEPERIDINE HCL TABS 50 MG, 100 MG	4	
meperidine hcl tabs 50 mg, 100 mg	2	
methadone hcl conc 10 mg/ml	2	
methadone hcl soln 10 mg/5ml	1	
methadone hcl soln 5 mg/5ml	4	
METHADONE HCL SOLN 5 MG/5ML (Use Methadone HCl)	4	
methadone hcl tabs 5 mg, 10 mg	1	
methadone hcl tbso 40 mg	2	
morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	3	
morphine sulfate cp24 or 40 mg	4	
MORPHINE SULFATE ER CP24	2	QL(1 ea daily)
morphine sulfate soln or 20 mg/ml, 10 mg/5ml, 20 mg/5ml, 100 mg/5ml	2	
morphine sulfate supp re 20 mg	1	
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 30 MG	4	

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tabs or 15 mg, 30 mg	2	
morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg	3	
MORPHINE SULFATE/SODIUM CHLORIDE SOSY	4	PA
MS CONTIN TBCR (Use Morphine Sulfate)	4	
NUCYNTA ER TB12	2	QL(2 ea daily)
NUCYNTA TABS	2	
OPANA ER (CRUSH RESISTANT) T12A	2	QL(2 ea daily)
OPANA TABS (Use Oxymorphone HCl)	4	
OXAYDO TABA	4	QL(4 ea daily)
oxycodone hcl caps 5 mg	1	
oxycodone hcl conc 100 mg/5ml	2	
OXYCODONE HCL ER T12A	4	PA; QL(3 ea daily)
oxycodone hcl soln 5 mg/5ml	2	
oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	1	
OXYCODONE HYDROCHLORIDE ER T12A	4	PA; QL(3 ea daily)
OXYCONTIN T12A	4	PA; QL(3 ea daily)
oxymorphone hcl tabs 5 mg, 10 mg	1	
oxymorphone hcl tb12 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 7.5 mg	1	QL(2 ea daily)
ROXICODONE TABS (Use Oxycodone HCl)	4	
ROXYBOND TABA	4	QL(4 ea daily)
SUBSYS LIQD	4	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
TRAMADOL HCL ER CP24	4	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	4	QL(1 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	4	
ULTRAM TABS (Use Tramadol HCl)	4	QL(8 ea daily)
XTAMPZA ER C12A	4	PA
ZOHYDRO ER C12A	4	PA
Opioid Combinations		
<i>acetaminophen w/ codeine soln</i>	1	
<i>acetaminophen w/ codeine tabs</i>	1	
APADAZ TABS	4	PA
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAPS	4	
BENZHYDROCODONE/A CETAMINOPHEN TABS	4	PA
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	4	
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	2	
<i>butalbital-aspirin-caffeine w/cod caps</i>	2	
FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/ Codeine)	4	
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	4	
HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLN	4	

Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg</i>	2	
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	
<i>hydrocodone-ibuprofen tabs 200mg-5mg, 200mg-10mg</i>	1	
<i>hydrocodone-ibuprofen tabs 200mg-7.5mg</i>	2	
LORTAB ELIX	4	
MEPERIDINE HCL/PROMETHAZINE HCL CAPS	4	
NALOCET TABS	3	
NORCO TABS (Use Hydrocodone-Acetaminophen)	4	
<i>oxycodone w/ acetaminophen tabs</i>	1	
OXYCODONE/ACETAMINOPHEN SOLN	4	
OXYCODONE/IBUPROFEN TABS	4	
PERCOCET TABS (Use Oxycodone w/ Acetaminophen)	4	
PRIMLEV TABS	3	
SYNALGOS-DC CAPS	4	
<i>tramadol-acetaminophen tabs</i>	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
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	4	
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	4	
ULTRACET TABS (Use Tramadol-Acetaminophen)	4	
XODOL TABS (Use Hydrocodone-Acetaminophen)	4	
ZAMICET SOLN	4	
Opioid Partial Agonists		
BELBUCA FILM	4	QL(2 ea daily)
BUNAVAIL FILM	4	PA
<i>buprenorphine hcl sublingual</i>	2	PA
<i>buprenorphine hcl-naloxone hcl dihydrate film</i>	4	PA
<i>buprenorphine hcl-naloxone hcl dihydrate sublingual</i>	4	PA
<i>buprenorphine patch 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	4	Limit 4 per month;QL(0.15 ea daily)
BUPRENORPHINE PATCH 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 7.5 MCG/HR	4	Limit 4 per month;QL(0.15 ea daily)
<i>butorphanol tartrate solution</i>	4	QL(6 ml per fill retail, 18 ml per fill mail)
BUTRANS PATCH 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (Use Buprenorphine)	4	Limit 4 per month;QL(0.15 ea daily)
BUTRANS PATCH 7.5 MCG/HR	4	Limit 4 per month;QL(0.15 ea daily)
<i>pentazocine w/ naloxone tablets</i>	2	
SUBOXONE FILM (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	4	PA
ZUBSOLV SUBLINGUAL	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	4	
NANDROLONE DECANOATE OIL	4	PA
OXANDRIN TABS (Use Oxandrolone)	4	
<i>oxandrolone tablets</i>	4	
Androgens		
ANDRODERM PATCH	4	ST; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 40.5 MG/2.5GM, 20.25 MG/1.25GM (Use Testosterone)	3	QL(10 gm daily)
ANDROGEL GEL 50 MG/5GM	3	QL(10 gm daily)
ANDROGEL PUMP GEL (Use Testosterone)	3	QL(10 gm daily)
ANDROID CAPS (Use Methyltestosterone)	4	
ANDROXY TABS	3	
AXIRON SOLUTION (Use Testosterone)	3	QL(6 ml daily)
<i>danazol capsules</i>	3	
FIRST-TESTOSTERONE OINT	4	PA
FORTESTA GEL (Use Testosterone)	3	Limit 1 per month;QL(3.5 gm daily)
METHITEST TABS	4	
METHYLTESTOSTERONE CAPS	4	
NATESTO GEL	4	PA; Limit 21 grams per month;QL(0.74 gm daily)
STRIANT MISC	4	QL(2 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
TESTIM GEL (<i>Use Testosterone</i>)	4	PA; QL(10 gm daily)
TESTONE CIK KIT	J	PA; Specialty Tier 1 May Apply
<i>testosterone gel 1 %</i>	4	PA
<i>testosterone gel 1 %</i>	4	PA; QL(10 gm daily)
<i>testosterone gel 1 %, 50 mg/5gm, 25 mg/2.5gm</i>	1	QL(10 gm daily)
TESTOSTERONE GEL 1 %, 50 MG/5GM, 25 MG/2.5GM	4	PA; QL(10 gm daily)
<i>testosterone gel 1.62 %, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	3	QL(10 gm daily)
<i>testosterone gel 10 mg/act</i>	1	Limit 1 per month; QL(3.5 gm daily)
TESTOSTERONE PUMP GEL	4	PA; QL(10 gm daily)
<i>testosterone soln 30 mg/act</i>	1	QL(6 ml daily)
TESTRED CAPS (<i>Use Methyltestosterone</i>)	4	
VOGELXO GEL	4	PA; QL(10 gm daily)
VOGELXO PUMP GEL	4	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>)	4	
CORTIFOAM FOAM	3	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Combinations		

Drug Name	Drug Tier	Requirements/Limits
ANALPRAM HC CREA (<i>Use Hydrocortisone Acetate w/ Pramoxine</i>)	4	
ANALPRAM HC SINGLES CREA (<i>Use Hydrocortisone Acetate w/ Pramoxine</i>)	4	
ANALPRAM-HC CREA 1%-1% (<i>Use Hydrocortisone Acetate w/ Pramoxine</i>)	4	
ANALPRAM-HC LOTN 1%-2.5%	3	
<i>hydrocortisone acetate w/ pramoxine crea 1%-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine crea 1%-2.5%</i>	2	
<i>lidocaine-hydrocortisone acetate (rectal) kit</i>	1	
PROCORT CREA	4	
PROCTOFOAM HC FOAM	3	
Rectal Steroids		
ANUSOL-HC CREA (<i>Use Hydrocortisone (Rectal)</i>)	4	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT SUPP (<i>Use Hydrocortisone Acetate (Rectal)</i>)	4	
Vasodilating Agents		
RECTIV OINT	4	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	
ALBENZA TABS (<i>Use Albendazole</i>)	3	
BILTRICIDE TABS (<i>Use Praziquantel</i>)	3	
EGATEN TABS	4	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
EMVERM CHEW	3	
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
STROMEKTOL TABS (<i>Use Ivermectin</i>)	4	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO TBEC	4	PA
FLAGYL CAPS (<i>Use Metronidazole</i>)	4	
FLAGYL TABS (<i>Use Metronidazole</i>)	4	
IMPAVIDO CAPS	4	
<i>metronidazole caps</i>	1	
<i>metronidazole in nacl soln</i>	3	
<i>metronidazole tabs</i>	1	
NEBUPENT SOLR	2	
PRIMSOL SOLN	3	
TINDAMAX TABS (<i>Use Tinidazole</i>)	4	
<i>tinidazole tabs</i>	4	
<i>trimethoprim tabs</i>	1	
TRIMPEX SOLN	3	
XIFAXAN TABS	4	PA
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	4	
BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	4	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	4	
ALINIA TABS	4	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use Atovaquone</i>)	4	
Carbapenems		
DORIBAX SOLR	3	
DORIPENEM SOLR	3	
<i>meropenem solr</i>	3	
MERREM SOLR (<i>Use Meropenem</i>)	3	
Glycopeptides		
VANCOMYCIN HYDROCHLORIDE SOLR	4	PA
VANCOMYCIN HYDROCHLORIDE/DEXT ROSE SOLN	4	PA
Leprostatics		
<i>dapsone tabs</i>	1	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use Clindamycin HCl</i>)	4	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use Clindamycin Palmitate Hydrochloride</i>)	4	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
Oxazolidinones		
<i>linezolid susr</i>	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>linezolid tabs</i>	2	
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR (<i>Use Linezolid</i>)	4	
ZYVOX TABS (<i>Use Linezolid</i>)	4	
Pleuromutilins		
XENLETA SOLN	4	PA
XENLETA TABS	4	PA
Streptogramins		
SYNERCID SOLR	3	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 (<i>Use Ranolazine</i>)	4	
<i>ranolazine tb12</i>	4	
Nitrates		
DILATRATE SR CPCR	4	
ISORDIL TITRADOSE TABS 40 MG	4	
ISORDIL TITRADOSE TABS 5 MG (<i>Use Isosorbide Dinitrate</i>)	4	
ISOSORBIDE DINITRATE ER TBCR	4	
ISOSORBIDE DINITRATE TABS 30 MG	4	
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	1	
NITRO-BID OINT	3	

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>Use Nitroglycerin</i>)	4	
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	2	
NITRO-TIME CPCR	4	
<i>nitroglycerin cpcr</i>	1	
NITROGLYCERIN LINGUAL AERS	4	
<i>nitroglycerin pt24</i>	1	
<i>nitroglycerin soln</i>	1	
<i>nitroglycerin subl</i>	1	
NITROLINGUAL PUMPSPRAY SOLN (<i>Use Nitroglycerin</i>)	4	
NITROMIST AERS	4	
NITROSTAT SUBL (<i>Use Nitroglycerin</i>)	3	
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 5 mg, 10 mg, 15 mg, 30 mg</i>	2	
<i>bupirone hcl tabs 7.5 mg</i>	3	
<i>hydroxyzine hcl syrp</i>	1	
<i>hydroxyzine hcl tabs</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	2	
VISTARIL CAPS (<i>Use Hydroxyzine Pamoate</i>)	4	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</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>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>	4	
ATIVAN TABS (Use Lorazepam)	4	PA
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	2	
<i>diazepam conc 5 mg/ml</i>	4	
DIAZEPAM SOLN 5 MG/5ML	4	
<i>diazepam tabs 2 mg, 5 mg, 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	4	
<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	4	
TRANXENE T TABS (Use Clorazepate Dipotassium)	4	
VALIUM TABS (Use Diazepam)	4	
XANAX TABS (Use Alprazolam)	4	
XANAX XR TB24 (Use Alprazolam)	4	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	2	
NORPACE CAPS (Use Disopyramide Phosphate)	4	
NORPACE CR CP12 100 MG	3	
NORPACE CR CP12 150 MG	4	
<i>quinidine gluconate tbc</i>	2	

Drug Name	Drug Tier	Requirements/Limits
QUINIDINE SULFATE TABS	4	
Antiarrhythmics Type I-B		
MEXILETINE HCL CAPS	4	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	2	
<i>propafenone hcl cp12 225 mg, 325 mg</i>	2	
<i>propafenone hcl cp12 425 mg</i>	3	
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	2	
RYTHMOL SR CP12 (Use Propafenone HCl)	4	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs</i>	1	
<i>dofetilide caps</i>	3	
MULTAQ TABS	3	
TIKOSYN CAPS (Use Dofetilide)	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	
Antiasthmatic - Monoclonal Antibodies		
NUCALA SOLR	J	PA
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	

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
SEEBRI NEOHALER CAPS	4	QL(2 ea daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	Limit 1 inhaler per month;QL(0.14 gm daily)
TUDORZA PRESSAIR AEPB	4	ST; Limit 1 inhaler per month;QL(0.04 ea daily)
YUPELRI SOLN	4	PA
Leukotriene Modulators		
ACCOLATE TABS (Use Zafirlukast)	4	
<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)
<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 (Use Montelukast Sodium)	4	QL(1 ea daily); AL(Up to 12 yrs old)
SINGULAIR CHEW 5 MG (Use Montelukast Sodium)	4	QL(1 ea daily); AL(Up to 14 yrs old)
SINGULAIR PACK 4 MG (Use Montelukast Sodium)	4	QL(1 ea daily); AL(Up to 12 yrs old)
SINGULAIR TABS 10 MG (Use Montelukast Sodium)	4	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	
<i>zileuton tb12</i>	4	ST
ZYFLO CR TB12 (Use Zileuton)	4	ST
ZYFLO TABS	4	ST

Drug Name	Drug Tier	Requirements/ Limits
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	4	QL(1 ea daily)
Steroid Inhalants		
AEROSPAN AERS	2	Limit 2 inhalers per month;QL(0.6 gm daily)
ALVESCO AERS	4	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)
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>	2	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml, 1 mg/2ml</i>	2	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)

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
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 Budesonide (Inhalation))	4	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML, 1 MG/2ML (Use Budesonide (Inhalation))	4	QL(4 ml daily)
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 Fluticasone-Salmeterol)	3	QL(2 ea daily)
ADVAIR HFA AERO	2	Limit 1 inhaler per month;QL(0.4 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ALBUTEROL SULFATE ER TB12	4	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 0.5 %, 1.25 mg/3ml</i>	1	
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	2	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	4	QL(1 ea daily)
BEVESPI AEROSPHERE AERO	4	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	QL(2 ea daily)
BROVANA NEBU	4	
COMBIVENT RESPIMAT AERS	4	Limit 1 inhaler per month;QL(0.2 gm daily)
DULERA AERO	4	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 (Use Albuterol Sulfate)	4	PA
PROAIR RESPICLICK AEPB	4	

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
PROVENTIL HFA AERS (Use Albuterol Sulfate)	4	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 inhaler per month;QL(0.34 gm daily)
<i>terbutaline sulfate tabs</i>	2	
UTIBRON NEOHALER CAPS	4	QL(2 ea daily)
VENTOLIN HFA AERS (Use Albuterol Sulfate)	4	PA
VOSPIRE ER TB12 (Use Albuterol Sulfate)	4	
XOPENEX CONCENTRATE NEBU (Use Levalbuterol HCl)	4	
XOPENEX HFA AERO	2	
XOPENEX NEBU (Use Levalbuterol HCl)	4	
Xanthines		
<i>aminophylline soln</i>	3	
ELIXOPHYLLIN ELIX	4	
THEO-24 CP24	3	
<i>theophylline soln 80 mg/15ml</i>	4	
<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		

Drug Name	Drug Tier	Requirements/ Limits
COUMADIN TABS (Use Warfarin Sodium)	4	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	2	
ELIQUIS TABS	2	
SAVAYSA TABS	4	
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 (Use Fondaparinux Sodium)	J	Specialty May Apply. Brand Tier 3, Generic Tier 1;QL(20 ml per 10 days retail)
ARIXTRA SOLN 7.5 MG/0.6ML (Use Fondaparinux Sodium)	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)

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>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)
HEPARIN LOCK FLUSH SOLN	J	PA; Specialty Tier 1 May Apply
<i>heparin sod (porcine) in d5w soln</i>	J	PA; Specialty Tier 1 May Apply
<i>heparin sodium (porcine) lock flush & nacl lock flush kit</i>	J	PA; Specialty Tier 1 May Apply
<i>heparin sodium (porcine) lock flush soln</i>	J	PA; Specialty Tier 1 May Apply
<i>heparin sodium (porcine) soln</i>	J	PA; Specialty Tier 1 May Apply
HEPARIN SODIUM SOSY	J	PA; Specialty Tier 1 May Apply
HEPARIN SODIUM/D5W SOLN	J	PA; Specialty Tier 1 May Apply
HEPARIN SODIUM/DEXTROSE SOLN	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		
IPRIVASK SOLR	J	Specialty Tier 1 May Apply;QL(24 ea per 12 days retail)
PRADAXA CAPS	4	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	4	
FYCOMPA TABS	4	
Anticonvulsants - Benzodiazepines		
<i>clobazam susp</i>	4	
<i>clobazam tabs</i>	4	
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
DIASTAT ACUDIAL GEL 10 MG	2	Limit 4 boxes (8 syringes) per 30 days

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 ACUDIAL GEL 20 MG	2	Limit 4 boxes (8 syringes) per 30 days;QL(4 ea per 30 days retail)
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)	4	
ONFI SUSP (Use Clobazam)	4	
ONFI TABS (Use Clobazam)	4	
SYMPAZAN FILM	4	PA
Anticonvulsants - Misc.		
APTIOM TABS 200 MG, 400 MG, 600 MG	4	QL(2 ea daily)
APTIOM TABS 800 MG	4	QL(1 ea daily)
BANZEL SUSP	3	
BANZEL TABS	3	
BRIVIACT SOLN	4	PA
BRIVIACT TABS	4	PA
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg</i>	1	
<i>carbamazepine tb12 200 mg, 400 mg</i>	2	
CARBATROL CP12 (Use Carbamazepine)	4	
DIACOMIT CAPS	4	PA
DIACOMIT PACK	4	PA
EPIDIOLEX SOLN	4	PA
<i>gabapentin caps</i>	2	
<i>gabapentin soln</i>	2	
<i>gabapentin tabs</i>	2	
KEPPRA SOLN (Use Levetiracetam)	4	
KEPPRA TABS (Use Levetiracetam)	4	
KEPPRA XR TB24 (Use Levetiracetam)	4	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	4	
LAMICTAL ODT KIT	4	PA
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (Use Lamotrigine)	4	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use Lamotrigine)	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use Lamotrigine)	4	
LAMICTAL STARTER/TAKING VALPROATE KIT (Use Lamotrigine)	4	

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
LAMICTAL TABS (<i>Use Lamotrigine</i>)	4	
LAMICTAL XR KIT	4	PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (<i>Use Lamotrigine</i>)	4	PA
<i>lamotrigine chew 5 mg, 25 mg</i>	3	
<i>lamotrigine kit</i>	4	PA
<i>lamotrigine kit 25 mg,</i>	4	
<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>	4	PA
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	4	PA
<i>levetiracetam soln 100 mg/ml, 500 mg/5ml</i>	2	
<i>levetiracetam tabs 250 mg, 500 mg, 750 mg, 1000 mg</i>	3	
<i>levetiracetam tb24 500 mg, 750 mg</i>	3	
LYRICA CAPS 150 MG, 225 MG, 300 MG (<i>Use Pregabalin</i>)	4	PA; QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 200 MG (<i>Use Pregabalin</i>)	4	PA; QL(3 ea daily)
LYRICA SOLN 20 MG/ML (<i>Use Pregabalin</i>)	4	PA; QL(30 ml daily)
MYSOLINE TABS (<i>Use Primidone</i>)	4	
NEURONTIN CAPS (<i>Use Gabapentin</i>)	4	
NEURONTIN SOLN (<i>Use Gabapentin</i>)	4	
NEURONTIN TABS (<i>Use Gabapentin</i>)	4	
<i>oxcarbazepine susp</i>	3	
<i>oxcarbazepine tabs</i>	3	

Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR TB24	4	ST
<i>pregabalin caps 150 mg, 225 mg, 300 mg</i>	4	PA; QL(2 ea daily)
<i>pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg, 200 mg</i>	4	PA; QL(3 ea daily)
<i>pregabalin soln 20 mg/ml</i>	4	PA; QL(30 ml daily)
<i>primidone tabs</i>	1	
QUDEXY XR CS24	4	PA
SPRITAM TB3D	4	PA
TEGRETOL SUSP (<i>Use Carbamazepine</i>)	4	
TEGRETOL TABS (<i>Use Carbamazepine</i>)	4	
TEGRETOL-XR TB12 100 MG (<i>Use Carbamazepine</i>)	3	
TEGRETOL-XR TB12 200 MG, 400 MG (<i>Use Carbamazepine</i>)	4	
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use Topiramate</i>)	4	
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use Topiramate</i>)	3	
TOPAMAX TABS (<i>Use Topiramate</i>)	4	
<i>topiramate cpsp 15 mg, 25 mg</i>	3	
TOPIRAMATE ER CS24	4	PA
<i>topiramate tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	2	
TRILEPTAL SUSP (<i>Use Oxcarbazepine</i>)	4	
TRILEPTAL TABS (<i>Use Oxcarbazepine</i>)	4	
TROKENDI XR CP24	4	PA
VIMPAT SOLN	2	
VIMPAT 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
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	4	
<i>zonisamide caps</i>	3	
Carbamates		
<i>felbamate susp</i>	3	
<i>felbamate tabs</i>	3	
FELBATOL SUSP (<i>Use Felbamate</i>)	4	
FELBATOL TABS (<i>Use Felbamate</i>)	4	
GABA Modulators		
GABITRIL TABS 12 MG, 16 MG (<i>Use Tiagabine HCl</i>)	3	
GABITRIL TABS 2 MG, 4 MG (<i>Use Tiagabine HCl</i>)	4	
SABRIL PACK (<i>Use Vigabatrin</i>)	3	
SABRIL TABS (<i>Use Vigabatrin</i>)	3	
<i>tiagabine hcl tabs 12 mg, 16 mg</i>	3	
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	3	
<i>vigabatrin tabs</i>	3	
Hydantoins		
DILANTIN CAPS 100 MG (<i>Use Phenytoin Sodium Extended</i>)	4	
DILANTIN CAPS 30 MG	4	
DILANTIN INFATABS CHEW (<i>Use Phenytoin</i>)	4	
DILANTIN-125 SUSP (<i>Use Phenytoin</i>)	4	
PEGANONE TABS	4	
PHENYTEK CAPS (<i>Use Phenytoin Sodium Extended</i>)	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps 100 mg</i>	1	
<i>phenytoin sodium extended caps 200 mg, 300 mg</i>	4	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS	3	
<i>ethosuximide caps</i>	2	
<i>ethosuximide soln</i>	2	
ZARONTIN CAPS (<i>Use Ethosuximide</i>)	4	
ZARONTIN SOLN (<i>Use Ethosuximide</i>)	4	
Valproic Acid		
DEPAKENE CAPS (<i>Use Valproic Acid</i>)	4	
DEPAKENE SOLN (<i>Use Valproate Sodium</i>)	4	
DEPAKOTE ER TB24 (<i>Use Divalproex Sodium</i>)	4	
DEPAKOTE SPRINKLES CSDR (<i>Use Divalproex Sodium</i>)	4	
DEPAKOTE TBEC (<i>Use Divalproex Sodium</i>)	4	
<i>divalproex sodium csdr 125 mg</i>	1	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	2	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</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>	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>mirtazapine tbdp</i>	2	
REMERON SOLTAB TBDP (Use <i>Mirtazapine</i>)	4	
REMERON TABS (Use <i>Mirtazapine</i>)	4	
Antidepressants - Misc.		
APLENZIN TB24	4	PA; QL(1 ea daily)
<i>bupropion hcl tabs</i>	2	
<i>bupropion hcl tb12</i>	2	
<i>bupropion hcl tb24</i>	2	
BUPROPION HYDROCHLORIDE ER (XL) TB24	4	ST; QL(1 ea daily)
FORFIVO XL TB24	4	ST; QL(1 ea daily)
<i>maprotiline hcl tabs 25 mg</i>	2	
MAPROTILINE HCL TABS 50 MG, 75 MG	4	
WELLBUTRIN SR TB12 (Use <i>Bupropion HCl</i>)	4	
WELLBUTRIN XL TB24 (Use <i>Bupropion HCl</i>)	4	PA
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO SOLN	4	PA
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	4	
MARPLAN TABS	3	
NARDIL TABS (Use <i>Phenelzine Sulfate</i>)	3	
PARNATE TABS (Use <i>Tranylcypromine Sulfate</i>)	4	
<i>phenelzine sulfate tabs</i>	3	
<i>tranylcypromine sulfate tabs</i>	2	
N-Methyl-D-aspartic acid (NMDA) Receptor		

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (Use <i>Citalopram Hydrobromide</i>)	4	QL(4 ea daily)
CELEXA TABS 20 MG (Use <i>Citalopram Hydrobromide</i>)	4	QL(2 ea daily)
CELEXA TABS 40 MG (Use <i>Citalopram Hydrobromide</i>)	4	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)
<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	4	
<i>fluoxetine hcl caps 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	2	
<i>fluoxetine hcl tabs 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl tabs 60 mg</i>	4	ST; QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS	4	ST; QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use <i>Fluoxetine HCl</i>)	4	ST; QL(1 ea daily)
<i>fluvoxamine maleate cp24 100 mg, 150 mg</i>	1	
<i>fluvoxamine maleate tabs 25 mg, 50 mg, 100 mg</i>	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
LEXAPRO TABS (Use Escitalopram Oxalate)	4	
paroxetine hcl tabs	1	
paroxetine hcl tb24	1	
PAXIL CR TB24 (Use Paroxetine HCl)	4	
PAXIL SUSP 10 MG/5ML	4	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use Paroxetine HCl)	4	
PEXEVA TABS 10 MG	4	
PEXEVA TABS 20 MG, 30 MG, 40 MG	4	QL(1 ea daily)
PROZAC CAPS (Use Fluoxetine HCl)	4	
sertraline hcl conc	1	
sertraline hcl tabs	1	
ZOLOFT CONC (Use Sertraline HCl)	4	
ZOLOFT TABS (Use Sertraline HCl)	4	
Serotonin Modulators		
nefazodone hcl tabs	2	
NEFAZODONE HYDROCHLORIDE TABS	4	
trazodone hcl tabs	1	
TRINTELLIX TABS	4	ST; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	4	PA
VIIBRYD TABS	4	ST
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use Duloxetine HCl)	4	
DESVENLAFAXINE ER TB24 50 MG, 100 MG	4	ST; QL(1 ea daily)
desvenlafaxine succinate tb24	2	

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	2	
duloxetine hcl cpep 40 mg	4	PA
EFFEXOR XR CP24 (Use Venlafaxine HCl)	4	QL(1 ea daily)
FETZIMA CP24 20 MG	4	ST; QL(2 ea daily)
FETZIMA CP24 40 MG, 80 MG, 120 MG	4	ST; QL(1 ea daily)
FETZIMA TITRATION PACK C4PK	4	ST
KHEDEZLA TB24	4	ST; QL(1 ea daily)
PRISTIQ TB24 (Use Desvenlafaxine Succinate)	4	
venlafaxine hcl cp24 75 mg, 150 mg, 37.5 mg	1	QL(1 ea daily)
venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg	2	
venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg	4	
Tricyclic Agents		
amitriptyline hcl tabs	1	
AMOXAPINE TABS	4	
ANAFRANIL CAPS (Use Clomipramine HCl)	4	
clomipramine hcl caps	1	
desipramine hcl tabs	1	
doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	1	
DOXEPIN HCL CAPS 150 MG	2	
doxepin hcl conc 10 mg/ml	1	
ELAVIL TABS (Use Amitriptyline HCl)	4	
imipramine hcl tabs	1	
imipramine pamoate caps 100 mg, 150 mg	4	

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>imipramine pamoate caps 125 mg</i>	3	
<i>imipramine pamoate caps 75 mg</i>	1	
NORPRAMIN TABS (<i>Use Desipramine HCl</i>)	4	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
PAMELOR CAPS (<i>Use Nortriptyline HCl</i>)	4	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use Trimipramine Maleate</i>)	4	
TOFRANIL TABS (<i>Use Imipramine HCl</i>)	4	
<i>trimipramine maleate caps</i>	4	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	2	
GLYSET TABS (<i>Use Miglitol</i>)	3	
<i>miglitol tabs</i>	3	
PRECOSE TABS (<i>Use Acarbose</i>)	4	
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>)	4	
ACTOPLUS MET XR TB24 15MG-1000MG	4	QL(2 ea daily)
ACTOPLUS MET XR TB24 30MG-1000MG	4	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ALOGLIPTIN/METFORMIN HCL TABS	4	PA
ALOGLIPTIN/PIOGLITAZONE TABS	4	PA
DUETACT TABS (<i>Use Pioglitazone HCl-Glimepiride</i>)	4	
<i>glipizide-metformin hcl tabs</i>	2	
GLUCOVANCE TABS (<i>Use Glyburide-Metformin</i>)	4	
<i>glyburide-metformin tabs</i>	2	
GLYXAMBI TABS	3	
INVOKAMET TABS	3	
INVOKAMET XR TB24	3	
JANUMET TABS	3	
JANUMET XR TB24	3	
JENTADUETO TABS	3	PA
JENTADUETO XR TB24	3	PA
KAZANO TABS	4	PA
KOMBIGLYZE XR TB24	4	PA
OSENI TABS	4	PA
<i>pioglitazone hcl-glimepiride tabs</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	2	
QTERN TABS	4	PA
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	4	
SEGLUROMET TABS	4	
SYNJARDY TABS	3	
XIGDUO XR TB24	4	

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
Biguanides		
FORTAMET TB24 (<i>Use Metformin HCl</i>)	4	
GLUCOPHAGE TABS (<i>Use Metformin HCl</i>)	4	
GLUCOPHAGE XR TB24 (<i>Use Metformin HCl</i>)	4	
GLUMETZA TB24 (<i>Use Metformin HCl</i>)	4	PA
<i>metformin hcl tabs 500 mg, 850 mg, 1000 mg</i>	1	
<i>metformin hcl tb24 500 mg, 1000 mg</i>	4	PA
<i>metformin hcl tb24 500 mg, 1000 mg</i>	2	
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
METFORMIN HYDROCHLORIDE SOLN	4	
RIOMET SOLN	4	
Diabetic Other		
BAQSIMI ONE PACK POWD	4	PA
BAQSIMI TWO PACK POWD	4	PA
GLUCAGEN HYPOKIT SOLR	J	Specialty Tier 1 May Apply
GLUCAGON EMERGENCY KIT KIT	J	Specialty Tier 1 May Apply
KORLYM TABS	4	PA; Specialty Tier 3 May Apply
PROGLYCEM SUSP	4	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS	4	PA
JANUVIA TABS	3	
NESINA TABS	4	PA
ONGLYZA TABS	4	PA
TRADJENTA TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	4	
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>)	4	
AVANDIA TABS	3	
<i>pioglitazone hcl tabs</i>	2	
Insulin		
ADMELOG SOLN	4	PA; Limit 45mls per month;QL(1.5 ml daily)
ADMELOG SOLN	4	PA
ADMELOG SOLOSTAR SOPN	4	PA
ADMELOG SOLOSTAR SOPN	4	PA; Limit 45mls per month;QL(1.5 ml daily)
AFREZZA POWD	4	PA
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT,	4	PA; QL(3 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
APIDRA SOLN	4	PA
APIDRA SOLOSTAR SOPN	4	PA
BASAGLAR KWIKPEN SOPN	4	PA
FIASP FLEXTOUCH SOPN	4	PA; Limit 45mls per month;QL(1.5 ml daily)
FIASP SOLN	4	PA; Limit 45mls per month;QL(1.5 ml daily)
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 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 45mls per month;QL(1.5 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	Limit 40mls per month;QL(1.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
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	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN N SUSP	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
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	4	PA
INSULIN LISPRO SOLN	4	PA
LANTUS SOLN	3	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	3	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR FLEXTOUCH SOPN	3	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR SOLN	3	Limit 45mls per month;QL(1.5 ml daily)
NOVOLIN 70/30 RELION SUSP	4	PA; Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN 70/30 SUSP	3	PA; 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
NOVOLIN N RELION SUSP	4	PA; Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N SUSP	4	PA; Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R RELION SOLN	4	PA; Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R SOLN	3	PA; Limit 40mls per month;QL(1.34 ml daily)
NOVOLOG FLEXPEN SOPN	4	PA; Limit 45mls per month;QL(1.5 ml daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	4	PA; Limit 45mls per month;QL(1.5 ml daily)
NOVOLOG MIX 70/30 SUSP	4	PA; Limit 45mls per month;QL(1.5 ml daily)
NOVOLOG PENFILL SOCT	4	PA; Limit 45mls per month;QL(1.5 ml daily)
NOVOLOG SOLN	4	PA; Limit 45mls per month;QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN	3	QL(0.5 ml daily)
TOUJEO SOLOSTAR SOPN	3	QL(0.5 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	3	Limit 45mls per month;QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	3	Limit 27mls per month;QL(0.9 ml daily)
TRESIBA SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
Meglitinide Analogues		
<i>nateglinide tabs</i>	2	
PRANDIN TABS (<i>Use Repaglinide</i>)	4	
<i>repaglinide tabs 0.5 mg</i>	3	
<i>repaglinide tabs 1 mg, 2 mg</i>	2	
STARLIX TABS (<i>Use Nateglinide</i>)	4	
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	4	
INVOKANA TABS	3	
JARDIANCE TABS	3	
STEGLATRO TABS	4	
Sulfonylureas		
AMARYL TABS (<i>Use Glimepiride</i>)	4	
<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>)	4	
GLUCOTROL XL TB24 (<i>Use Glipizide</i>)	4	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs</i>	1	
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	4	
TOLAZAMIDE TABS 250 MG	4	
<i>tolazamide tabs 500 mg</i>	1	
TOLBUTAMIDE TABS	4	

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
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC	4	PA; QL(2 ea daily)
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	4	
MOTOFEN TABS	2	
<i>opium tincture tinc</i>	4	
<i>paregoric tinc</i>	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	2	
<i>deferasirox tbso</i>	1	PA; Specialty Tier 3 May Apply
EXJADE TBDO (Use Deferasirox)	3	PA; Specialty Tier 3 May Apply
FERRIPROX SOLN 100 MG/ML	4	Specialty Tier 3 May Apply
FERRIPROX TABS 1000 MG	4	PA
FERRIPROX TABS 500 MG	4	Specialty Tier 3 May Apply
JADENU TABS	2	PA; Specialty Tier 3 May Apply - Direct to Acaria Specialty
Antidotes and Specific Antagonists		
CETYLEV TBEF	4	PA
RADIOGARDASE CAPS	4	PA

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD PACK	4	
Opioid Antagonists		
EVZIO SOAJ	J	PA; Specialty Tier 3 May Apply
<i>naltrexone hcl tabs</i>	2	
NALTREXONE IMPL	4	PA
NARCAN LIQD	4	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		
ALOXI SOLN (Use Palonosetron HCl)	3	
ANZEMET TABS	4	PA
<i>granisetron hcl tabs</i>	4	PA; QL(2 ea daily)
<i>ondansetron hcl soln 4 mg/5ml</i>	3	QL(5 ml daily)
<i>ondansetron hcl tabs 24 mg</i>	3	QL(31 ea per 30 days retail, 93 ea per 90 days mail)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	3	Limit 30 per month; QL(1 ea daily)
<i>ondansetron tbdp</i>	3	QL(31 ea per 30 days retail, 93 ea per 90 days mail)
<i>palonosetron hcl soln</i>	3	
PALONOSETRON HYDROCHLORIDE SOLN	3	
SANCUSO PTCH	4	QL(1 ea per 30 days retail)
SUSTOL PRSY	J	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
ZOFRAN ODT TBDP (<i>Use Ondansetron</i>)	4	QL(31 ea per 30 days retail, 93 ea per 90 days mail)
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	4	QL(5 ml daily)
ZOFRAN TABS 4 MG, 8 MG (<i>Use Ondansetron HCl</i>)	4	Limit 30 per month; QL(1 ea daily)
ZUPLENZ FILM	4	QL(10 ea per 30 days retail)
Antiemetics - Anticholinergic		
<i>scopolamine pt72</i>	1	
TIGAN CAPS (<i>Use Trimethobenzamide HCl</i>)	4	
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	4	QL(2 ea per 28 days retail)
CESAMET CAPS	4	PA
DICLEGIS TBEC (<i>Use Doxylamine-Pyridoxine</i>)	4	QL(4 ea daily)
<i>doxylamine-pyridoxine tbec</i>	4	QL(4 ea daily)
<i>dronabinol caps</i>	3	
MARINOL CAPS (<i>Use Dronabinol</i>)	4	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	4	
EMEND CAPS 40 MG, 80 MG, 125 MG (<i>Use Aprepitant</i>)	4	
EMEND SUSR 125 MG	4	PA
EMEND TRIPACK CAPS (<i>Use Aprepitant</i>)	4	

Drug Name	Drug Tier	Requirements/ Limits
VARUBI TABS	4	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON CAPS (<i>Use Flucytosine</i>)	4	
BIO-STATIN CAPS	4	
<i>flucytosine caps</i>	4	
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	4	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500 mg</i>	3	
<i>griseofulvin ultramicrosize tabs</i>	2	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	4	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	4	
DIFLUCAN SUSR (<i>Use Fluconazole</i>)	4	
DIFLUCAN TABS (<i>Use Fluconazole</i>)	4	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	3	PA
<i>itraconazole soln 10 mg/ml</i>	3	
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP	4	
NOXAFIL TBEC	4	

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
ONMEL TABS	4	PA
SPORANOX CAPS 100 MG (Use Itraconazole)	4	PA
SPORANOX PULSEPAK CAPS (Use Itraconazole)	4	PA
SPORANOX SOLN 10 MG/ML (Use Itraconazole)	3	
TOLSURA CAPS	4	PA
VFEND SUSR (Use Voriconazole)	4	
VFEND TABS (Use Voriconazole)	4	
<i>voriconazole susr</i>	1	
<i>voriconazole tabs</i>	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
BROMPHENIRAMINE TANNATE CHEW	4	
DEXCHLORPHENIRAMINE MALEATE SOLN	4	
RYCLORA SOLN	4	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	4	
<i>diphenhydramine hcl caps</i>	1	
KARBINAL ER SUER	4	
Antihistamines - Phenothiazines		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	4	
<i>promethazine hcl supp re 25 mg, 50 mg, 12.5 mg</i>	2	
<i>promethazine hcl syrup or 6.25 mg/5ml</i>	4	
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	1	
Antihistamines - Piperidines		

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	
VYTORIN TABS (Use Ezetimibe-Simvastatin)	3	
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	J	PA; Specialty Tier 2 May Apply
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	4	
<i>omega-3-acid ethyl esters caps</i>	1	
VASCEPA CAPS	4	ST
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	2	
<i>cholestyramine light powd</i>	2	
<i>cholestyramine pack</i>	2	
<i>cholestyramine powd</i>	2	
<i>colesevelam hcl pack</i>	4	
<i>colesevelam hcl tabs</i>	4	
COLESTID FLAVORED GRAN (Use Colestipol HCl)	4	
COLESTID FLAVORED PACK (Use Colestipol HCl)	4	
COLESTID GRAN (Use Colestipol HCl)	4	
COLESTID PACK (Use Colestipol HCl)	4	
COLESTID TABS (Use Colestipol HCl)	4	
<i>colestipol hcl gran</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>colestipol hcl pack</i>	1	
<i>colestipol hcl tabs</i>	1	
QUESTRAN LIGHT POWD (Use <i>Cholestyramine Light</i>)	4	
QUESTRAN PACK (Use <i>Cholestyramine</i>)	4	
QUESTRAN POWD (Use <i>Cholestyramine</i>)	4	
WELCHOL PACK (Use <i>Colesevelam HCl</i>)	4	
WELCHOL TABS (Use <i>Colesevelam HCl</i>)	4	
Fibric Acid Derivatives		
ANTARA CAPS	4	
<i>choline fenofibrate cpdr</i>	2	
FENOFIBRATE CAPS 150 MG	4	
FENOFIBRATE CAPS 50 MG	3	
<i>fenofibrate micronized caps</i>	1	
FENOFIBRATE TABS 160 MG	4	
<i>fenofibrate tabs 40 mg, 120 mg</i>	3	PA
<i>fenofibrate tabs 48 mg, 145 mg</i>	2	
<i>fenofibrate tabs 54 mg, 160 mg</i>	1	
FENOFIBRIC ACID TABS	4	
FENOGLIDE TABS (Use <i>Fenofibrate</i>)	3	PA
FIBRICOR TABS 35 MG, 105 MG	4	
<i>gemfibrozil tabs</i>	1	
LIPOFEN CAPS 150 MG	4	
LIPOFEN CAPS 50 MG	3	
LOFIBRA CAPS (Use <i>Fenofibrate Micronized</i>)	4	

Drug Name	Drug Tier	Requirements/ Limits
LOPID TABS (Use <i>Gemfibrozil</i>)	4	
TRICOR TABS (Use <i>Fenofibrate</i>)	4	
TRIGLIDE TABS	4	
TRILIPIX CPDR (Use <i>Choline Fenofibrate</i>)	4	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	4	
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS 40 MG (Use <i>Rosuvastatin Calcium</i>)	4	
CRESTOR TABS 5 MG, 10 MG, 20 MG (Use <i>Rosuvastatin Calcium</i>)	4	QL(1 ea daily)
EZALLOR SPRINKLE CPSP	4	PA
<i>fluvastatin sodium caps 20 mg, 40 mg</i>	1	
<i>fluvastatin sodium tb24 80 mg</i>	2	
LESCOL XL TB24 (Use <i>Fluvastatin Sodium</i>)	4	
LIPITOR TABS (Use <i>Atorvastatin Calcium</i>)	4	QL(1 ea daily)
LIVALO TABS	4	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 (Use <i>Pravastatin Sodium</i>)	4	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs 40 mg</i>	2	
<i>rosuvastatin calcium tabs 5 mg, 10 mg, 20 mg</i>	2	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
<i>simvastatin tabs</i>	1	
ZOCOR TABS (<i>Use Simvastatin</i>)	4	
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	4	PA
JUXTAPID CAPS 5 MG, 10 MG, 20 MG	4	PA; Specialty Tier 4 May Apply
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	4	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN	J	PA; Specialty Tier 3 May Apply
REPATHA PUSHTRONEX SYSTEM SOCT	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>)	4	
ACEON TABS (<i>Use Perindopril Erbumine</i>)	4	
ALTACE CAPS (<i>Use Ramipril</i>)	4	
<i>benazepril hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>)	4	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (<i>Use Lisinopril</i>)	4	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	2	
<i>trandolapril tabs</i>	2	
VASOTEC TABS (<i>Use Enalapril Maleate</i>)	4	
ZESTRIL TABS (<i>Use Lisinopril</i>)	4	
Agents for Pheochromocytoma		
DEMSER CAPS	4	
DIBENZYLINE CAPS (<i>Use Phenoxybenzamine HCl</i>)	3	
<i>phenoxybenzamine hcl caps</i>	3	
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use Candesartan Cilexetil</i>)	4	
AVAPRO TABS (<i>Use Irbesartan</i>)	4	
BENICAR TABS (<i>Use Olmesartan Medoxomil</i>)	3	
<i>candesartan cilexetil tabs</i>	1	
COZAAR TABS (<i>Use Losartan Potassium</i>)	4	
DIOVAN TABS (<i>Use Valsartan</i>)	4	

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
EDARBI TABS	4	
EPROSARTAN MESYLATE TABS	4	
<i>irbesartan tabs</i>	1	
<i>losartan potassium tabs</i>	1	
MICARDIS TABS (Use Telmisartan)	4	
<i>olmesartan medoxomil tabs</i>	3	
<i>telmisartan tabs</i>	1	
<i>valsartan tabs</i>	2	
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	4	
CATAPRES TABS (Use Clonidine HCl)	4	
<i>clonidine hcl tabs</i>	1	
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
MINIPRESS CAPS (Use Prazosin HCl)	4	
<i>prazosin hcl caps</i>	1	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS (Use Quinapril-Hydrochlorothiazide)	4	
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	3	ST
<i>amlodipine besylate-valsartan tabs</i>	3	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	3	

Drug Name	Drug Tier	Requirements/Limits
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	4	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	4	
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	3	ST
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	3	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	
BYVALSON TABS	4	
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
<i>captopril & hydrochlorothiazide tabs</i>	1	
CLOPRES TABS	3	
CORZIDE TABS 40MG-5MG (Use Nadolol & Bendroflumethiazide)	4	
CORZIDE TABS 80MG-5MG	4	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	4	
DUTOPROL TB24	4	
EDARBYCLOR TABS	4	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	3	
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	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>fosinopril sodium & hydrochlorothiazide tabs</i>	2	
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	4	
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	4	
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	4	
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	4	
<i>methyldopa & hydrochlorothiazide tabs</i>	1	
<i>metoprolol & hydrochlorothiazide tabs</i>	2	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	4	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	4	
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	4	
<i>moexipril-hydrochlorothiazide tabs</i>	2	
<i>nadolol & bendroflumethiazide tabs</i>	4	
NADOLOL/BENDROFLUMETHIAZIDE TABS	4	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	3	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	3	
PRESTALIA TABS	4	ST

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol & hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs</i>	2	
TARKA TBCR (Use Trandolapril-Verapamil HCl)	4	
TEKTURNA HCT TABS	4	ST
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	4	
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	4	
<i>trandolapril-verapamil hcl tbc</i>	4	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	4	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	3	ST
TWYNSTA TABS (Use Telmisartan-Amlodipine)	4	
<i>valsartan-hydrochlorothiazide tabs</i>	2	
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	4	
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	4	
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	4	
Antihypertensives - Misc.		
VECAMYL TABS	4	
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	4	ST
TEKTURNA TABS 150 MG, 300 MG	4	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
TEKTURNA TABS 150 MG, 300 MG (Use Aliskiren Fumarate)	4	ST
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	4	
INSPIRA TABS (Use Eplerenone)	4	
Vasodilators		
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	2	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	3	
COARTEM TABS	2	
MALARONE TABS (Use Atovaquone-Proguanil HCl)	4	
Antimalarials		
ARAKODA TABS	4	PA
CHLOROQUINE PHOSPHATE TABS 250 MG	4	
<i>chloroquine phosphate tabs 500 mg</i>	2	
DARAPRIM TABS	2	PA
<i>hydroxychloroquine sulfate tabs</i>	1	
KRINTAFEL TABS	2	QL(2 ea per 30 days retail)
MEFLOQUINE HCL TABS	4	
<i>mefloquine hcl tabs</i>	3	
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	4	
<i>primaquine phosphate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS (Use Primaquine Phosphate)	3	
QUALAQUIN CAPS (Use Quinine Sulfate)	4	QL(42 ea per 365 days retail,42 ea per 365 days mail)
<i>quinine sulfate caps</i>	4	QL(42 ea per 365 days retail,42 ea per 365 days mail)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA; Specialty Tier 4 May Apply
GUANIDINE HCL TABS	3	
MESTINON SYRP 60 MG/5ML (Use Pyridostigmine Bromide)	4	PA
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	4	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	4	
<i>pyridostigmine bromide soln 60 mg/5ml</i>	4	PA
<i>pyridostigmine bromide syrp 60 mg/5ml</i>	4	PA
PYRIDOSTIGMINE BROMIDE TABS 30 MG	4	PA
<i>pyridostigmine bromide tabs 60 mg</i>	2	
<i>pyridostigmine bromide tbcr 180 mg</i>	4	
RUZURGI TABS	4	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	4	
RIFATER 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
Antimycobacterial Agents		
<i>cycloserine caps</i>	4	
<i>ethambutol hcl tabs</i>	1	
ISONIAZID SYRP 50 MG/5ML	4	
<i>isoniazid tabs 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (Use <i>Ethambutol HCl</i>)	4	
MYCOBUTIN CAPS (Use <i>Rifabutin</i>)	3	
PASER PACK	4	
PRIFTIN TABS	4	
<i>pyrazinamide tabs</i>	2	
<i>rifabutin caps</i>	3	
RIFADIN CAPS (Use <i>Rifampin</i>)	4	
<i>rifampin caps</i>	2	
SIRTURO TABS	4	
TRECTOR TABS	4	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS (Use <i>Melphalan</i>)	3	
<i>carboplatin soln</i>	J	PA
CISPLATIN SOLN 200 MG/200ML	J	PA
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	J	PA
<i>cyclophosphamide caps or 25 mg</i>	4	PA
CYCLOPHOSPHAMIDE CAPS OR 25 MG (Use <i>Cyclophosphamide</i>)	4	PA
<i>cyclophosphamide caps or 50 mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
CYCLOPHOSPHAMIDE CAPS OR 50 MG (Use <i>Cyclophosphamide</i>)	4	
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	J	PA
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG (Use <i>Lomustine</i>)	4	
GLEOSTINE CAPS 5 MG	4	
HEXALEN CAPS	2	
IFEX SOLR (Use <i>Ifosfamide</i>)	J	PA
<i>ifosfamide soln</i>	J	PA
<i>ifosfamide solr</i>	J	PA
LEUKERAN TABS	2	
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	J	PA
MYLERAN TABS	2	
<i>oxaliplatin soln</i>	J	PA
TEMODAR CAPS OR 250 MG (Use <i>Temozolomide</i>)	4	Specialty Tier 2 May Apply
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG (Use <i>Temozolomide</i>)	4	Specialty May Apply. Brand Tier 4, Generic Tier 1
TEMODAR SOLR IV 100 MG	J	PA
<i>temozolomide caps 250 mg</i>	1	Specialty Tier 2 May Apply
<i>temozolomide caps 5 mg, 20 mg, 100 mg, 140 mg, 180 mg</i>	1	Specialty May Apply. Brand Tier 4, Generic Tier 1
TEPADINA SOLR	J	PA
<i>thiotepa solr</i>	J	PA
TREANDA SOLR	J	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
Antimetabolites		
<i>azacitidine susr</i>	J	PA
<i>capecitabine tabs</i>	2	
<i>cladribine soln</i>	J	PA
<i>cytarabine soln</i>	J	PA
CYTARABINEAQUEOUS SOLN	J	PA
DACOGEN SOLR (Use Decitabine)	J	PA
<i>decitabine solr</i>	J	PA
<i>floxuridine solr</i>	J	PA
<i>fludarabine phosphate soln</i>	J	PA
<i>fludarabine phosphate solr</i>	J	PA
<i>fluorouracil soln iv 1 gm/20ml, 5 gm/100ml, 2.5 gm/50ml, 500 mg/10ml</i>	J	PA
FOLOTYN SOLN	J	PA
<i>gemcitabine hcl soln</i>	J	PA
<i>gemcitabine hcl solr</i>	J	PA
GEMCITABINE SOLN (Use Gemcitabine HCl)	J	PA
GEMZAR SOLR (Use Gemcitabine HCl)	J	PA
<i>mercaptopurine tabs</i>	2	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	J	PA; Specialty Tier 1 May Apply
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	J	PA; Specialty Tier 1 May Apply
<i>methotrexate sodium solr ij 1 gm</i>	J	PA; Specialty Tier 1 May Apply
<i>methotrexate sodium tabs or 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PURIXAN SUSP	4	AL(Up to 13 yrs old)
TABLOID TABS	2	
TREXALL TABS	4	
VIDAZA SUSR (Use Azacitidine)	J	PA
XELODA TABS (Use Capecitabine)	4	
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	J	PA
CYRAMZA SOLN	J	PA
ZALTRAP SOLN	J	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	J	PA
ARZERRA CONC	J	PA
BLINCYTO SOLR	J	PA
ERBITUX SOLN	J	PA
GAZYVA SOLN	J	PA
KADCYLA SOLR	J	PA
KEYTRUDA SOLN	J	PA; Specialty Tier 3 May Apply
OPDIVO SOLN	J	PA
PERJETA SOLN	J	PA
POTELIGEO SOLN	4	PA
RITUXAN SOLN	J	PA
VECTIBIX SOLN	J	PA
YERVOY SOLN	J	PA
ZEVALIN Y-90 KIT	J	PA
Antineoplastic - BCL-2 Inhibitors		

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
VENCLEXTA STARTING PACK TBPK	2	PA; Specialty Tier 3 May Apply
VENCLEXTA TABS	2	PA; Specialty Tier 3 May Apply
Antineoplastic - Cellular Immunotherapy		
PROVENGE SUSP	J	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	2	PA; Specialty Tier 4 May Apply
ERIVEDGE CAPS	2	Specialty Tier 2 May Apply
ODOMZO CAPS	2	Specialty Tier 2 May Apply
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	1	PA; Specialty Tier 2 May Apply
<i>anastrozole tabs</i>	2	AL(At least 40 yrs old)
ARIMIDEX TABS (<i>Use Anastrozole</i>)	4	AL(At least 40 yrs old)
AROMASIN TABS (<i>Use Exemestane</i>)	4	AL(At least 40 yrs old)
<i>bicalutamide tabs</i>	1	
CASODEX TABS (<i>Use Bicalutamide</i>)	4	
DEPO-PROVERA SUSP	J	PA
EMCYT CAPS	2	
<i>exemestane tabs</i>	2	AL(At least 40 yrs old)
FARESTON TABS (<i>Use Toremifene Citrate</i>)	3	
FASLODEX SOLN (<i>Use Fulvestrant</i>)	J	PA
FEMARA TABS (<i>Use Letrozole</i>)	4	AL(At least 40 yrs old)
FIRMAGON SOLR	J	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>flutamide caps</i>	3	
FULVESTRANT SOLN	J	PA
<i>fulvestrant soln</i>	J	PA
<i>letrozole tabs</i>	2	AL(At least 40 yrs old)
<i>leuprolide acetate kit</i>	J	PA
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE SOLN	4	PA
LUPRON DEPOT (1-MONTH) KIT	J	PA; Specialty Tier 3 May Apply
LUPRON DEPOT (3-MONTH) KIT	J	PA; Specialty Tier 3 May Apply;
LUPRON DEPOT (4-MONTH) KIT	J	PA; Specialty Tier 3 May Apply
LYSODREN TABS	2	
<i>megestrol acetate susp 40 mg/ml, 400 mg/10ml</i>	2	
<i>megestrol acetate tabs 20 mg, 40 mg</i>	1	
NILANDRON TABS (<i>Use Nilutamide</i>)	3	
<i>nilutamide tabs</i>	1	
NUBEQA TABS	4	PA
SOLTAMOX SOLN	4	
<i>tamoxifen citrate tabs</i>	1	PV
<i>toremifene citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	J	PA
VANTAS KIT	J	PA
XTANDI CAPS	4	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
ZOLADEX IMPL	J	PA
ZYTIGA TABS (<i>Use Abiraterone Acetate</i>)	3	PA; Specialty Tier 2 May Apply
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	Specialty Tier 2 May Apply
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr</i>	J	PA
ELLENCES SOLN (<i>Use Epirubicin HCl</i>)	J	PA
<i>epirubicin hcl soln</i>	J	PA
IDAMYCIN PFS SOLN (<i>Use Idarubicin HCl</i>)	J	PA
<i>idarubicin hcl soln</i>	J	PA
<i>mitomycin solr</i>	J	PA
<i>mitoxantrone hcl conc</i>	J	PA
<i>valrubicin soln</i>	J	PA
VALSTAR SOLN (<i>Use Valrubicin</i>)	J	PA
Antineoplastic Combinations		
LONSURF TABS	2	PA; Specialty Tier 2 May Apply
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	4	PA
AFINITOR TABS	4	PA; Specialty Tier 2 May Apply
ALECENSA CAPS	2	PA; Specialty Tier 2 May Apply
BELEODAQ SOLR	J	PA
BOSULIF TABS	4	PA; Specialty Tier 2 May Apply
BRAFTOVI CAPS	2	PA

Drug Name	Drug Tier	Requirements/ Limits
CABOMETYX TABS	2	PA
CAPRELSA TABS	2	Specialty Tier 4 May Apply
COMETRIQ KIT	4	Specialty Tier 2 May Apply
COPIKTRA CAPS	4	PA
COTELLIC TABS	2	PA; Specialty Tier 2 May Apply
<i>erlotinib hcl tabs</i>	1	PA; Specialty Tier 2 May Apply
FARYDAK CAPS	2	PA; Specialty Tier 2 May Apply
GILOTRIF TABS 20 MG, 30 MG	2	PA; Specialty Tier 3 May Apply
GILOTRIF TABS 40 MG	2	PA
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	4	PA; Specialty Tier 2 May Apply - Direct to Acaria Specialty
IBRANCE CAPS	2	PA; Specialty Tier 2 May Apply - Direct to Acaria Specialty
ICLUSIG TABS	4	PA; Specialty Tier 2 May Apply
IDHIFA TABS	4	PA
<i>imatinib mesylate tabs 100 mg</i>	1	Specialty Tier 1 May Apply
<i>imatinib mesylate tabs 100 mg, 400 mg</i>	1	
<i>imatinib mesylate tabs 400 mg</i>	1	Specialty Tier 2 May Apply
IMBRUVICA CAPS 70 MG, 140 MG	2	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
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	2	PA; Specialty Tier 2 May Apply; QL(1 ea daily)
INLYTA TABS	4	PA; Specialty Tier 2 May Apply
INREBIC CAPS	4	PA
IRESSA TABS	2	Specialty Tier 2 May Apply
ISTODAX (OVERFILL) SOLR	J	PA
JAKAFI TABS	2	Specialty Tier 3 May Apply
KYPROLIS SOLR	J	PA
LENVIMA 10 MG DAILY DOSE CPPK	2	PA; Specialty Tier 2 May Apply
LENVIMA 12MG DAILY DOSE CPPK	4	PA
LENVIMA 14 MG DAILY DOSE CPPK	2	PA; Specialty Tier 2 May Apply
LENVIMA 18 MG DAILY DOSE CPPK	2	PA; Specialty Tier 2 May Apply
LENVIMA 20 MG DAILY DOSE CPPK	2	PA; Specialty Tier 2 May Apply
LENVIMA 24 MG DAILY DOSE CPPK	2	PA; Specialty Tier 2 May Apply
LENVIMA 4 MG DAILY DOSE CPPK	4	PA
LENVIMA 8 MG DAILY DOSE CPPK	2	PA; Specialty Tier 2 May Apply
LORBRENA TABS	2	PA
LYNPARZA CAPS 50 MG	2	PA; Specialty Tier 2 May Apply
LYNPARZA TABS 100 MG, 150 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST TABS	2	PA; Specialty Tier 3 May Apply
MEKTOVI TABS	2	PA
NEXAVAR TABS	2	PA; Specialty Tier 2 May Apply - Direct to Acaria Specialty
NINLARO CAPS	2	PA
ROMIDEPSIN SOLR	J	PA
ROZLYTREK CAPS	4	PA
RUBRACA TABS	2	PA; Specialty Tier 3 May Apply
SPRYCEL TABS	3	PA; Specialty Tier 2 May Apply
STIVARGA TABS	4	PA; Specialty Tier 2 May Apply
SUTENT CAPS 25 MG, 50 MG, 12.5 MG	2	Specialty Tier 2 May Apply
SUTENT CAPS 37.5 MG	2	
TAFINLAR CAPS	2	PA; Specialty Tier 3 May Apply
TAGRISSE TABS	2	PA; Specialty Tier 3 May Apply
TALZENNA CAPS	2	PA
TARCEVA TABS (Use Erlotinib HCl)	3	PA; Specialty Tier 2 May Apply
TASIGNA CAPS	2	PA; Specialty Tier 2 May Apply
<i>temsirolimus soln</i>	J	PA
TIBSOVO TABS	4	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
TORISEL SOLN (<i>Use Temsirolimus</i>)	J	PA
TURALIO CAPS	4	PA
TYKERB TABS	2	Specialty Tier 2 May Apply
VELCADE SOLR	J	PA
VITRAKVI CAPS	2	PA; Specialty Tier 4 May Apply
VITRAKVI SOLN	2	PA; Specialty Tier 4 May Apply
VIZIMPRO TABS	2	PA
VOTRIENT TABS	2	Specialty Tier 2 May Apply
XALKORI CAPS	2	PA; Specialty Tier 2 May Apply
XOSPATA TABS	2	PA; Specialty Tier 4 May Apply
ZELBORAF TABS	2	PA; Specialty Tier 2 May Apply
ZOLINZA CAPS	4	PA; Specialty Tier 2 May Apply
ZYDELIG TABS	2	PA; Specialty Tier 2 May Apply
ZYKADIA CAPS	4	PA; Specialty Tier 2 May Apply
ZYKADIA TABS	4	PA
Antineoplastic Enzymes		
ERWINAZE SOLR	J	PA
ONCASPAR SOLN	J	PA
Antineoplastic Radiopharmaceuticals		
METASTRON SOLN	J	PA

Drug Name	Drug Tier	Requirements/Limits
XOFIGO SOLN	J	PA
Antineoplastics Misc.		
ACTIMMUNE SOLN	J	PA; Specialty Tier 3 May Apply
ALFERON N SOLN	J	PA; Specialty Tier 3 May Apply
<i>bexarotene caps</i>	1	
<i>dacarbazine solr</i>	J	PA
HYDREA CAPS (<i>Use Hydroxyurea</i>)	4	
<i>hydroxyurea caps</i>	1	
INTRON A SOLN	J	PA; Specialty Tier 3 May Apply
INTRON A SOLR	J	PA; Specialty Tier 3 May Apply
INTRON A W/DILUENT SOLR	J	PA; Specialty Tier 3 May Apply
MATULANE CAPS	2	Specialty Tier 1 May Apply
NIPENT SOLR	J	PA
SYLATRON KIT	J	PA; Specialty Tier 3 May Apply
SYNRIBO SOLR	J	PA; Specialty Tier 2 May Apply
TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	4	
<i>tretinoin (chemotherapy) caps</i>	2	
Chemotherapy Rescue/Antidote Agents		
<i>dexrazoxane hcl solr</i>	J	PA
FUSILEV SOLR (<i>Use Levoleucovorin Calcium</i>)	J	PA
KHAPZORY SOLR	4	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>leucovorin calcium soln ij 500 mg/50ml</i>	4	PA
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	J	PA
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	4	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	2	
<i>levoleucovorin calcium soln</i>	J	PA
<i>levoleucovorin calcium solr</i>	J	PA
<i>mesna soln</i>	J	PA
MESNEX SOLN IV 100 MG/ML (<i>Use Mesna</i>)	J	PA
MESNEX TABS OR 400 MG	2	
TOTECT SOLR	J	PA
VORAXAZE SOLR	J	PA
ZINECARD SOLR (<i>Use Dexrazoxane HCl</i>)	J	PA
Mitotic Inhibitors		
DOCETAXEL CONC 160 MG/8ML (<i>Use Docetaxel</i>)	J	PA
DOCETAXEL CONC 20 MG/ML, 80 MG/2ML, 80 MG/4ML, 160 MG/8ML	J	PA
<i>docetaxel conc 20 mg/ml, 80 mg/4ml, 160 mg/8ml</i>	J	PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	J	PA
<i>docetaxel soln 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	J	PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML (<i>Use Docetaxel</i>)	J	PA
<i>etoposide caps or 50 mg</i>	2	
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	J	PA

Drug Name	Drug Tier	Requirements/Limits
HALAVEN SOLN	J	PA
JEVTANA SOLN	J	PA
MARQIBO SUSP	J	PA
NAVELBINE SOLN (<i>Use Vinorelbine Tartrate</i>)	J	PA
PACLITAXEL CONC 150 MG/25ML	J	PA
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml, 100 mg/16.7ml</i>	J	PA
TAXOL CONC (<i>Use Paclitaxel</i>)	J	PA
TAXOTERE CONC (<i>Use Docetaxel</i>)	J	PA
<i>vinorelbine tartrate soln</i>	J	PA
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML	J	PA
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (<i>Use Irinotecan HCl</i>)	J	PA
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	
HYCAMTIN SOLR IV 4 MG (<i>Use Topotecan HCl</i>)	J	PA
<i>irinotecan hcl soln</i>	J	PA
IRINOTECAN SOLN	J	PA
TOPOTECAN HCL SOLN 4 MG/4ML	J	PA
<i>topotecan hcl soln 4 mg/4ml</i>	J	PA
TOPOTECAN HCL SOLN 4 MG/4ML (<i>Use Topotecan HCl</i>)	J	PA
<i>topotecan hcl solr 4 mg</i>	J	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	4	

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
LODOSYN TABS (Use Carbidopa)	4	
Antiparkinson Anticholinergics		
benztropine mesylate tabs	1	
trihexyphenidyl hcl soln	1	
trihexyphenidyl hcl tabs	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use Entacapone)	4	
entacapone tabs	4	
TASMAR TABS (Use Tolcapone)	4	
tolcapone tabs	4	
Antiparkinson Dopaminergics		
amantadine hcl caps	1	
amantadine hcl syrp	1	
amantadine hcl tabs	1	
bromocriptine mesylate caps	3	
bromocriptine mesylate tabs	3	
carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg	2	
carbidopa-levodopa tbcr 25mg-100mg, 50mg-200mg	2	
carbidopa-levodopa tbdp 10mg-100mg, 25mg-100mg, 25mg-250mg	4	
carbidopa-levodopa-entacapone tabs	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	3	
DUOPA SUSP	4	Specialty Tier 3 May Apply
INBRIJA CAPS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 3 MG, 1.5 MG, 4.5 MG, 2.25 MG (Use Pramipexole Dihydrochloride)	4	
MIRAPEX ER TB24 3.75 MG (Use Pramipexole Dihydrochloride)	4	PA
MIRAPEX TABS (Use Pramipexole Dihydrochloride)	4	
NEUPRO PT24	4	
PARLODEL CAPS (Use Bromocriptine Mesylate)	4	
PARLODEL TABS (Use Bromocriptine Mesylate)	4	
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg	3	
pramipexole dihydrochloride tabs 0.75 mg	2	
pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 3 mg, 1.5 mg, 4.5 mg, 2.25 mg	4	
pramipexole dihydrochloride tb24 3.75 mg	4	PA
REQUIP TABS (Use Ropinirole Hydrochloride)	4	
REQUIP XL TB24 (Use Ropinirole Hydrochloride)	4	
ropinirole hydrochloride tabs	2	
ropinirole hydrochloride tb24	2	
RYTARY CPCR	4	PA
SINEMET CR TBCR (Use Carbidopa-Levodopa)	4	
SINEMET TABS (Use Carbidopa-Levodopa)	4	

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
STALEVO 100 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	4	
STALEVO 125 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	4	
STALEVO 150 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	4	
STALEVO 200 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	4	
STALEVO 50 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	4	
STALEVO 75 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	4	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use Rasagiline Mesylate</i>)	3	
ELDEPRYL CAPS (<i>Use Selegiline HCl</i>)	4	
<i>rasagiline mesylate tabs</i>	3	
<i>selegiline hcl caps</i>	2	
SELEGILINE HCL TABS	4	
<i>selegiline hcl tabs</i>	2	
ZELAPAR TBDP	4	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHIUM SOLN	4	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	4	
Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
EQUETRO CP12	4	
GEODON CAPS (<i>Use Ziprasidone HCl</i>)	4	
LATUDA TABS 120 MG	4	PA; QL(1 ea daily)
LATUDA TABS 20 MG	4	PA
LATUDA TABS 40 MG, 60 MG, 80 MG	4	PA; QL(2 ea daily)
NUPLAZID CAPS 34 MG	4	PA; QL(1 ea daily)
NUPLAZID TABS 10 MG	4	PA; QL(1 ea daily)
NUPLAZID TABS 17 MG	4	PA
VRAYLAR CAPS	4	PA
VRAYLAR CPPK	4	PA
<i>ziprasidone hcl caps</i>	1	
Benzisoxazoles		
FANAPT TABS	4	PA
FANAPT TITRATION PACK TABS	4	PA
INVEGA SUSTENNA SUSY	J	PA; Specialty Tier 2 May Apply
INVEGA TB24 (<i>Use Paliperidone</i>)	4	
INVEGA TRINZA SUSY	J	PA; Specialty Tier 2 May Apply
<i>paliperidone tb24</i>	4	
PERSERIS PRSY	J	PA; Specialty Tier 2 May Apply
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	4	
RISPERDAL SOLN (<i>Use Risperidone</i>)	4	
RISPERDAL TABS (<i>Use Risperidone</i>)	4	

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
RISPERIDONE ODT TBDP	4	
<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>	4	
<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	4	
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	2	
CLOZAPINE TABS 50 MG, 200 MG (Use Clozapine)	4	
<i>clozapine tbdp 25 mg, 100 mg, 12.5 mg</i>	4	
CLOZARIL TABS (Use Clozapine)	4	
FAZACLO TBDP 150 MG, 200 MG	4	
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (Use Clozapine)	4	
<i>loxapine succinate caps</i>	2	
<i>olanzapine tabs 5 mg, 10 mg, 15 mg, 20 mg, 2.5 mg, 7.5 mg</i>	1	
<i>olanzapine tbdp 5 mg, 10 mg, 15 mg, 20 mg</i>	4	
<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>	4	PA
SAPHRIS SUBL	4	PA

Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL TABS (Use Quetiapine Fumarate)	4	
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	4	PA
VERSACLOZ SUSP	4	QL(18 ml daily)
ZYPREXA TABS (Use Olanzapine)	4	
ZYPREXA ZYDIS TBDP (Use Olanzapine)	4	
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	3	
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	
FLUPHENAZINE HCL TABS 1 MG	2	
<i>fluphenazine hcl tabs 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	
FLUPHENAZINE HCL TABS 5 MG, 10 MG, 2.5 MG	4	
<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		
ABILIFY MYCITE TABS	4	PA
ABILIFY TABS (Use Aripiprazole)	4	
<i>aripiprazole soln 1 mg/ml</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>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	
<i>aripiprazole tbdp 10 mg, 15 mg</i>	4	
REXULTI TABS	4	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>)	4	
COMPLERA TABS	2	ST
CRIXIVAN CAPS	2	
DELSTRIGO TABS	4	ST
DESCOVY TABS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine cpdr</i>	2	
DOVATO TABS	4	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>)	4	
EPIVIR TABS (<i>Use Lamivudine</i>)	4	
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	
KALETRA SOLN 400MG/5ML-100MG/5ML (<i>Use Lopinavir-Ritonavir</i>)	3	
KALETRA TABS 100MG-25MG, 200MG-50MG	2	
<i>lamivudine 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>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 200 mg</i>	1	
<i>nevirapine tb24 100 mg, 400 mg</i>	2	
NORVIR CAPS 100 MG	2	
NORVIR PACK 100 MG	4	
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 Zidovudine)	4	
RETROVIR SYRP (Use Zidovudine)	4	
REYATAZ CAPS 150 MG, 200 MG, 300 MG (Use Atazanavir Sulfate)	3	
REYATAZ PACK 50 MG	2	
<i>ritonavir tabs</i>	1	
SELZENTRY TABS	2	
<i>stavudine caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
STRIBILD TABS	2	
SUSTIVA CAPS (Use Efavirenz)	3	
SUSTIVA TABS (Use Efavirenz)	3	
SYMTUZA TABS	4	ST
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	2	
TRIUMEQ TABS	2	
TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)	4	
TRUVADA TABS	2	
TYBOST TABS	2	
VIDEX EC CPDR 125 MG	4	
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use Didanosine)	4	
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS	2	
VIRAMUNE TABS (Use Nevirapine)	4	
VIRAMUNE XR TB24 (Use Nevirapine)	4	
VIREAD POWD 40 MG/GM	3	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	3	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	4	
ZERIT SOLR 1 MG/ML	4	
ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate)	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
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	4	
<i>zidovudine caps 100 mg</i>	2	
<i>zidovudine syrp 50 mg/5ml</i>	2	
<i>zidovudine tabs 300 mg</i>	1	
CMV Agents		
VALCYTE SOLR 50 MG/ML (Use Valganciclovir HCl)	3	QL(21 ml daily)
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	4	
<i>valganciclovir hcl solr 50 mg/ml</i>	1	QL(21 ml daily)
<i>valganciclovir hcl tabs 450 mg</i>	2	
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	1	
BARACLUDE SOLN 0.05 MG/ML	2	
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	4	PA
COPEGUS TABS (Use Ribavirin (Hepatitis C))	4	PA
DAKLINZA TABS	4	PA; Specialty Tier 3 May Apply
<i>entecavir tabs</i>	1	
EPCLUSA TABS	4	PA; Specialty Tier 3 May Apply
EPIVIR HBV SOLN 5 MG/ML	4	
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	4	
HARVONI TABS	4	PA; Specialty Tier 3 May Apply
HEPSERA TABS	2	
<i>lamivudine (hbv) tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
LEDIPASVIR/SOFOSBUVI R TABS	4	PA; Specialty Tier 3 May Apply
MODERIBA 1200 DOSE PACK TABS	4	PA
MODERIBA 800 DOSE PACK TABS	3	PA
OLYSIO CAPS	4	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))	4	PA
REBETOL SOLN 40 MG/ML	3	PA
RIBASPHERE RIBAPAK TABS 400 MG	3	PA
RIBASPHERE RIBAPAK TABS 600 MG	4	PA
RIBASPHERE TABS	3	PA
<i>ribavirin (hepatitis c) caps</i>	3	PA
<i>ribavirin (hepatitis c) tabs</i>	3	PA
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; Specialty Tier 3 May Apply
SOVALDI TABS	4	PA; Specialty Tier 3 May Apply
TECHNIVIE TABS	4	PA; Specialty Tier 3 May Apply
VIEKIRA PAK TBPK	4	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
VIEKIRA XR TB24	4	PA; Specialty Tier 3 May Apply
ZEPATIER TABS	4	PA; Specialty Tier 3 May Apply
Herpes Agents		
<i>acyclovir caps</i>	1	
<i>acyclovir sodium soln</i>	3	
<i>acyclovir susp</i>	1	
<i>acyclovir tabs</i>	1	
<i>famciclovir tabs</i>	3	
SITAVIG TABS	4	PA
<i>valacyclovir hcl tabs</i>	2	
VALTREX TABS (<i>Use Valacyclovir HCl</i>)	4	
ZOVIRAX CAPS OR 200 MG (<i>Use Acyclovir</i>)	4	
ZOVIRAX SUSP OR 200 MG/5ML (<i>Use Acyclovir</i>)	4	
ZOVIRAX TABS OR 400 MG, 800 MG (<i>Use Acyclovir</i>)	4	
Influenza Agents		
FLUMADINE TABS (<i>Use Rimantadine Hydrochloride</i>)	4	
<i>oseltamivir phosphate caps 30 mg, 45 mg</i>	4	QL(10 ea per fill retail, 10 ea per fill mail)
<i>oseltamivir phosphate caps 75 mg</i>	4	
<i>oseltamivir phosphate susr 6 mg/ml</i>	4	QL(120 ml per 30 days retail); AL(At least 1 yrs old - Up to 12 yrs old)
RELENZA DISKHALER AEPB	4	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine hydrochloride tabs</i>	2	
TAMIFLU CAPS 30 MG, 45 MG (<i>Use Oseltamivir Phosphate</i>)	4	QL(10 ea per fill retail, 10 ea per fill mail)
TAMIFLU CAPS 75 MG (<i>Use Oseltamivir Phosphate</i>)	4	
TAMIFLU SUSR 6 MG/ML (<i>Use Oseltamivir Phosphate</i>)	4	QL(120 ml per 30 days retail); AL(At least 1 yrs old - Up to 12 yrs old)
XOFLUZA TBPK	4	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>	4	
<i>carvedilol tabs</i>	1	
COREG CR CP24 (<i>Use Carvedilol Phosphate</i>)	4	
COREG TABS (<i>Use Carvedilol</i>)	4	
<i>labetalol hcl tabs</i>	1	
LABELTALOL HYDROCHLORIDE/SODIUM CHLORIDE SOLN	4	PA
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	2	
<i>bisoprolol fumarate tabs</i>	2	
BYSTOLIC TABS	4	

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
FIRST - METOPROLOL SOLN	4	PA
FIRST-ATENOLOL SOLN	4	PA
KAPSPARGO SPRINKLE CS24	4	PA
LOPRESSOR TABS (Use Metoprolol Tartrate)	4	
<i>metoprolol succinate tb24</i>	2	
<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	4	PA
TENORMIN TABS (Use Atenolol)	4	
TOPROL XL TB24 (Use Metoprolol Succinate)	4	
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	4	
BETAPACE TABS (Use Sotalol HCl)	4	
CORGARD TABS (Use Nadolol)	4	
HEMANGEOL SOLN	4	AL(Up to 1 yrs old)
INDERAL LA CP24 (Use Propranolol HCl)	4	
INDERAL XL CP24	4	
INNOPRAN XL CP24	4	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 60 mg</i>	2	
<i>propranolol hcl cp24 80 mg, 120 mg, 160 mg</i>	1	
PROPRANOLOL HCL SOLN 20 MG/5ML, 40 MG/5ML	4	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tabs 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	2	
<i>sotalol hcl tabs</i>	2	
SOTYLIZE SOLN	4	
<i>timolol maleate tabs</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (Use Nifedipine)	4	
<i>amlodipine besylate tabs</i>	1	QL(1 ea daily)
CALAN SR TBCR (Use Verapamil HCl)	4	
CALAN TABS (Use Verapamil HCl)	4	
CARDIZEM CD CP24 (Use Diltiazem HCl Coated Beads)	4	
CARDIZEM LA TB24 120 MG	4	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Coated Beads)	4	
CARDIZEM TABS (Use Diltiazem HCl)	4	
DILT-XR CP24	4	
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl cp12</i>	1	
<i>diltiazem hcl 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 extended release beads cp24</i>	2	
<i>diltiazem hcl tabs</i>	1	
DILTIAZEM HYDROCHLORIDE SOSY	4	PA
<i>felodipine tb24</i>	2	
<i>isradipine caps 2.5 mg</i>	1	
<i>isradipine caps 5 mg</i>	3	
KATERZIA SUSP	4	PA
<i>nicardipine hcl caps</i>	2	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY	4	PA
<i>nifedipine caps</i>	1	
<i>nifedipine tb24</i>	1	
<i>nimodipine caps</i>	2	QL(12 ea daily,21 day(s) limit)
NISOLDIPINE ER TB24	4	
<i>nisoldipine tb24 17 mg, 34 mg, 8.5 mg, 25.5 mg</i>	2	
<i>nisoldipine tb24 20 mg, 40 mg</i>	1	QL(1 ea daily)
NORVASC TABS (Use Amlodipine Besylate)	4	QL(1 ea daily)
NYMALIZE SOLN	4	
PROCARDIA CAPS (Use Nifedipine)	4	
PROCARDIA XL TB24 (Use Nifedipine)	4	
SULAR TB24 (Use Nisoldipine)	4	
TIAZAC CP24 (Use Diltiazem HCl Extended Release Beads)	4	
<i>verapamil hcl cp24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VERAPAMIL HCL ER CP24	4	
VERAPAMIL HCL SR CP24	4	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	4	
VERELAN CP24 360 MG	4	
VERELAN PM CP24 100 MG, 300 MG	4	
VERELAN PM CP24 200 MG (Use Verapamil HCl)	4	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln</i>	1	
<i>digoxin tabs</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (Use Digoxin)	4	
LANOXIN TABS 62.5 MCG, 187.5 MCG	4	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	3	
BIDIL TABS	4	
CADUET TABS (Use Amlodipine Besylate-Atorvastatin Calcium)	4	
ENTRESTO TABS	4	PA
Impotence Agents		
BI-MIX SOLR	4	PA
PHENYLEPHRINE HYDROCHLORIDE SOLN	4	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
QUAD-MIX SOLR	4	PA
SUPER BI-MIX SOLR	4	PA
SUPER QUAD-MIX SOLR	4	PA
SUPER TRI-MIX SOLR	4	PA
Peripheral Vasodilators		
<i>isoxsuprine hcl tabs</i>	1	
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	J	PA; Specialty Tier 4 May Apply
FLOLAN SOLR (<i>Use Epoprostenol Sodium</i>)	J	PA; Specialty Tier 4 May Apply
ORENITRAM TBCR	4	PA
TYVASO REFILL SOLN	4	PA; Specialty Tier 4 May Apply
TYVASO SOLN	4	PA; Specialty Tier 4 May Apply
TYVASO STARTER SOLN	4	PA; Specialty Tier 4 May Apply
VELETRI SOLR	J	PA; Specialty Tier 4 May Apply
VENTAVIS SOLN 10 MCG/ML	4	PA; Specialty Tier 4 May Apply
VENTAVIS SOLN 20 MCG/ML	4	PA
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	3	PA; Specialty Tier 2 May Apply

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tabs</i>	3	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	4	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>)	4	PA; Specialty Tier 1 May Apply
REVATIO TABS (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	4	PA; Specialty Tier 1 May Apply
<i>sildenafil citrate (pulmonary hypertension) susr</i>	4	PA; Specialty Tier 1 May Apply
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	4	PA; Specialty Tier 1 May Apply
<i>tadalafil (pulmonary hypertension) tabs</i>	3	PA; Specialty Tier 1 May Apply
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	4	PA; Specialty Tier 3 May Apply
UPTRAVI TBPK	4	PA; Specialty Tier 3 May Apply
Pulmonary Hypertension - Sol Guanylate Cyclase		

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
ADEMPAS TABS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	4	PA
CORLANOR TABS 5 MG, 7.5 MG	4	ST
Transthyretin Stabilizers		
VYNDAQEL CAPS	4	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps 500 mg</i>	1	
<i>cefadroxil susr 250 mg/5ml</i>	2	
<i>cefadroxil susr 500 mg/5ml</i>	1	
<i>cefadroxil tabs 1 gm</i>	2	
<i>cephalexin caps 250 mg, 500 mg</i>	1	
<i>cephalexin caps 750 mg</i>	4	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CEPHALEXIN TABS 250 MG, 500 MG	4	
KEFLEX CAPS (<i>Use Cephalexin</i>)	4	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACLOR ER TB12	4	
<i>cefaclor susr 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	1	
CEFACLOR SUSR 250 MG/5ML, 375 MG/5ML	4	
<i>cefprozil susr</i>	2	
<i>cefprozil tabs</i>	2	
CEFTIN SUSR	4	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil tabs</i>	1	
Cephalosporins - 3rd Generation		
CEDAX CAPS	4	
CEDAX SUSR	4	
<i>cefdinir caps 300 mg</i>	2	
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	1	
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	4	
<i>cefixime caps</i>	3	
<i>cefixime susr</i>	3	
<i>cefpodoxime proxetil susr</i>	2	
<i>cefpodoxime proxetil tabs</i>	2	
CEFTIBUTEN CAPS	4	
CEFTIBUTEN SUSR	4	
SPECTRACEF TABS	4	
SUPRAX CAPS 400 MG (<i>Use Cefixime</i>)	3	
SUPRAX CHEW 100 MG, 200 MG	4	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (<i>Use Cefixime</i>)	4	
SUPRAX SUSR 500 MG/5ML	4	
TAZICEF SOLN	3	
CHEMICALS		
Acids, Bases, & Buffers		
POTASSIUM HYDROXIDE SOLN	3	
SODIUM HYDROXIDE SOLN	3	
Bulk Chemicals - C's		

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
CROSCARMELLOSE SODIUM POWD	4	PA
Bulk Chemicals - H's		
HEPARIN SODIUM POWD	J	PA; Specialty Tier 1 May Apply
Bulk Chemicals - N's		
N-ACETYL-L-CARNOSINE POWD	4	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>)	4	PV
CYCLESSA TABS (<i>Use Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	4	PV
DESOGEN TABS (<i>Use Desogestrel & Ethinyl Estradiol</i>)	4	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
ESTROSTEP FE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol-Fe</i>)	4	PV
<i>ethynodiol diacet & eth estrad tabs</i>	1	PV

Drug Name	Drug Tier	Requirements/Limits
GENERESS FE CHEW (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>)	4	QL(1 ea daily); PV
<i>levonorgestrel & eth estradiol tabs</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>	4	QL(90 ea per fill retail,90 ea per fill mail); 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>	1	QL(90 ea per fill retail,90 ea per fill mail); PV
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	4	PV
LO LOESTRIN FE TABS	4	PV
LOESTRIN 1.5/30-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	4	PV
LOESTRIN 1/20-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	4	PV
LOESTRIN FE 1.5/30 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	4	PV
LOESTRIN FE 1/20 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	4	PV
LOSEASONIQUE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	4	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
MIRCETTE TABS (<i>Use Desogestrel-Ethinyl Estradiol (Biphasic)</i>)	4	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

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
norethindrone & eth estradiol tabs	1	PV
norethindrone & ethinyl estradiol-fe chew 0.4mg-35mcg	1	PV
norethindrone & ethinyl estradiol-fe chew 75mg-0.8mg-25mcg	1	QL(1 ea daily); PV
norethindrone & mestranol tabs	1	PV
norethindrone acet & eth estra tabs	1	PV
norethindrone acetate-ethinyl estradiol-fe tabs	4	PV
norethindrone-eth estradiol (triphasic) tabs	1	PV
norgestimate-ethinyl estradiol (triphasic) tabs	1	PV
norgestimate-ethinyl estradiol tabs	1	PV
norgestrel & ethinyl estradiol tabs	1	PV
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	3	PV
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	4	PV
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	4	PV
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	4	PV
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	4	PV
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	4	QL(90 ea per fill retail,90 ea per fill mail); PV
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	3	PV

Drug Name	Drug Tier	Requirements/Limits
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	4	QL(91 ea per fill retail,91 ea per fill mail); PV
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	4	PV
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	4	PV
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	4	PV
Combination Contraceptives - Transdermal		
XULANE PTWK	2	PV
Combination Contraceptives - Vaginal		
ANNOVERA RING	4	PA
NUVARING RING	2	PV
Emergency Contraceptives		
ELLA TABS	4	PV
levonorgestrel (emergency oc) tabs	1	PV
PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))	4	PV
Progestin Contraceptives - IUD		
LILETTA IUD	4	QL(1 ea per 365 days retail); PV
MIRENA IUD	4	PV
SKYLA IUD	4	PV
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

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 - Oral		
<i>norethindrone (contraceptive) tabs</i>	1	PV
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	4	PV
SLYND TABS	4	PA
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	2	
<i>budesonide tb24 9 mg</i>	4	PA
CORTEF TABS (Use Hydrocortisone)	4	
<i>cortisone acetate tabs</i>	1	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	4	
DEXAMETHASONE SOLN 0.5 MG/5ML	4	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
DEXAMETHASONE TABS 1 MG, 2 MG	4	
<i>dexamethasone tbpk 1.5 mg</i>	4	
DEXAMETHASONE/SODIUM PHOSPHATE SOSY	4	PA
DEXOPIN KIT	4	PA
DXEVO 11-DAY TBPk	4	PA
ENTOCORT EC CPEP (Use Budesonide)	4	
<i>hydrocortisone tabs</i>	1	
MEDROL DOSEPAK TBPk (Use Methylprednisolone)	4	
MEDROL TABS 2 MG	4	

Drug Name	Drug Tier	Requirements/ Limits
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (Use Methylprednisolone)	4	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPk	4	
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	4	
MILLIPRED TABS 5 MG	4	
ORAPRED ODT TBPk (Use Prednisolone Sodium Phosphate)	4	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	4	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 20 mg/5ml</i>	4	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	4	
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	4	
<i>prednisolone soln</i>	1	
PREDNISOLONE SOLN	4	
<i>prednisolone syrp</i>	1	
PREDNISON INTENSOL CONC	2	
PREDNISON SOLN 5 MG/5ML	4	
<i>prednison tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISON TABS 50 MG	4	

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>prednisone tbpk 5 mg, 10 mg</i>	1	
RAYOS TBEC	4	PA
ROPIDEX KIT	4	PA
TAPERDEX 12-DAY TBPB	4	
UCERIS TB24 OR 9 MG (Use <i>Budesonide</i>)	4	PA
VERIPRED 20 SOLN (Use <i>Prednisolone Sodium Phosphate</i>)	4	
ZODEX 12-DAY TBPB	4	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	2	
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>	4	
<i>hydrocodone w/ homatropine syrup</i>	1	
<i>hydrocodone w/ homatropine tabs</i>	1	
TESSALON PERLES CAPS (Use <i>Benzonatate</i>)	4	
Cough/Cold/Allergy Combinations		
ACTIDOM DMX LIQD	4	
AP-HIST DM LIQD	4	
CLARINEX-D 12 HOUR TB12	3	
CODITUSSIN AC LIQD	3	
DALLERGY LIQD	4	
DECON-G LIQD	3	
DOMETUSS-DMX LIQD	4	

Drug Name	Drug Tier	Requirements/Limits
FLOWTUSS SOLN	4	
<i>guaifenesin-codeine soln</i>	1	
<i>guaifenesin-codeine syrup</i>	1	
HYCOFENIX SOLN	4	PA
HYDROCODONE BITARTRATE/CHLORPHE NIRAMINE MALEATE/PSE SOLN	4	PA
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	4	
<i>hydrocodone polistirex- chlorpheniramine polistirex suer</i>	4	QL(300 ml per 31 days retail, 900 ml per 93 days mail)
LOHIST-DM SYRP	4	
M-CLEAR WC SOLN	4	
NORTUSS-EX LIQD	4	
OBREDON SOLN	4	
<i>phenylephrine w/ dm-gg liqd</i>	1	RX/OTC
<i>phenylephrine-brompheniramine-dm liqd</i>	1	
PHENYLEPHRINE/GUAIF ENESIN LIQD	4	
<i>promethazine & phenylephrine soln</i>	1	
<i>promethazine w/codeine soln</i>	1	
<i>promethazine w/codeine syrup</i>	1	
<i>promethazine-phenylephrine-codeine syrup</i>	1	
PROMETHAZINE/DEXTR OMETHORPHAN SOLN	4	
PROMETHAZINE/DEXTR OMETHORPHAN SYRP	4	
PROMETHAZINE/PHENYL EPHRINE SYRP	4	

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
PROMETHAZINE/PHENYL EPHRINE/CODEINE SYRP	4	
<i>pseudoephed-bromphen-dm syr</i>	1	
<i>pseudoephed-cpm w/ hydrocod soln</i>	4	PA
REZIRA SOLN	4	
SEMPREX-D CAPS	4	
TUSNEL TABS	3	
TUSSICAPS CP12	4	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (Use Hydrocodone Polistirex-Chlorpheniramine Polistirex)	4	QL(300 ml per 31 days retail,900 ml per 93 days mail)
TUXARIN ER TB12	4	PA
TUZISTRA XR SUER	4	PA
VITUZ SOLN	4	PA
ZUTRIPRO SOLN (Use Pseudoephed-CPM w/ Hydrocod)	4	PA
Expectorants		
<i>guaifenesin tabs</i>	1	
Misc. Respiratory Inhalants		
HYPERSAL NEBU (Use Sodium Chloride (Inhalant))	4	
HYPERSAL NEBU 3.5 %	4	
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	4	
NEBUSAL NEBU	4	
<i>sodium chloride (inhalant) nebu</i>	1	
Mucolytics		

Drug Name	Drug Tier	Requirements/ Limits
<i>acetylcysteine soln</i>	2	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 10 MG, 20 MG, 30 MG, 40 MG	4	PA
ABSORICA CAPS 25 MG, 35 MG	4	
ACANYA GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	4	PA
ACZONE GEL 5 % (Use Dapsone (Topical))	4	PA
ACZONE GEL 7.5 %	4	PA; QL(2 gm daily)
<i>adapalene crea 0.1 %</i>	3	
<i>adapalene gel 0.1 %</i>	3	RX/OTC
<i>adapalene gel 0.3 %</i>	3	
ADAPALENE LOTN 0.1 %	4	Limit 59mls per month;QL(1.97 ml daily)
<i>adapalene-benzoyl peroxide gel</i>	4	Limit 45gms per month;QL(1.5 gm daily)
ALTRENO LOTN	4	PA
ATRALIN GEL (Use Tretinoin)	4	Limit 45gms per month;QL(1.5 gm daily); AL(Up to 46 yrs old)
AZELEX CREA	3	
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	4	
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	4	

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
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	4	
benzoyl peroxide bar 10 %	3	
BENZOYL PEROXIDE CLEANSER LIQD	4	
BENZOYL PEROXIDE CLEANSER LOTN	4	
benzoyl peroxide crea 10 %	4	
benzoyl peroxide liqd 4 %, 6 %, 7 %	4	
benzoyl peroxide misc 6 %	4	RX/OTC
benzoyl peroxide-erythromycin gel	2	
CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical))	4	
CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical))	4	
CLEOCIN-T SOLN (Use Clindamycin Phosphate (Topical))	4	
CLEOCIN-T SWAB (Use Clindamycin Phosphate (Topical))	4	
CLINDACIN ETZ PLEDGETS SWAB	4	
CLINDACIN-P SWAB	4	
CLINDAGEL GEL (Use Clindamycin Phosphate (Topical))	4	PA
clindamycin phosphate (topical) foam	4	
clindamycin phosphate (topical) gel	1	
clindamycin phosphate (topical) lotn	1	
clindamycin phosphate (topical) soln	1	
clindamycin phosphate (topical) swab	1	

Drug Name	Drug Tier	Requirements/ Limits
CLINDAMYCIN PHOSPHATE SWAB	4	
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	3	
clindamycin phosphate-benzoyl peroxide gel 1%-5%	4	
clindamycin phosphate-benzoyl peroxide gel 1.2%-2.5%	4	PA
clindamycin phosphate-tretinoin gel	4	QL(1 gm daily)
dapsone (topical) gel	4	PA
DIFFERIN CREA 0.1 % (Use Adapalene)	4	
DIFFERIN GEL 0.1 % (Use Adapalene)	4	RX/OTC
DIFFERIN GEL 0.3 % (Use Adapalene)	4	
DIFFERIN LOTN 0.1 %	4	Limit 59mls per month;QL(1.97 ml daily)
DUAC GEL (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	4	
EPIDUO FORTE GEL	4	PA; Limit 45gms per month;QL(1.5 gm daily)
EPIDUO GEL (Use Adapalene-Benzoyl Peroxide)	4	Limit 45gms per month;QL(1.5 gm daily)
ERYGEL GEL (Use Erythromycin (Acne Aid))	4	
erythromycin (acne aid) gel	1	
erythromycin (acne aid) pads	1	
erythromycin (acne aid) soln	1	
EVOCLIN FOAM (Use Clindamycin Phosphate (Topical))	4	

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	4	Limit 50gms per month; QL(1.67 gm daily); AL(Up to 46 yrs old)
<i>isotretinoin caps 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>isotretinoin caps 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>isotretinoin caps 30 mg</i>	4	
<i>isotretinoin caps 30 mg, 40 mg</i>	1	Limited to 5 months of treatment;
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	4	
ONEXTON GEL	4	PA
PANOXYL-4 CREAMY WASH LIQD (Use Benzoyl Peroxide)	4	
RETIN-A CREA (Use Tretinoin)	4	AL(Up to 46 yrs old)
RETIN-A GEL (Use Tretinoin)	4	AL(Up to 46 yrs old)
RETIN-A MICRO GEL 0.04 % (Use Tretinoin Microsphere)	3	QL(0.67 gm daily); AL(Up to 46 yrs old)
RETIN-A MICRO GEL 0.04 % (Use Tretinoin Microsphere)	4	QL(0.67 gm daily); AL(Up to 46 yrs old)
RETIN-A MICRO GEL 0.1 % (Use Tretinoin Microsphere)	4	Limit 20gms per month; QL(0.67 gm daily); AL(Up to 46 yrs old)
RETIN-A MICRO PUMP GEL 0.04 % (Use Tretinoin Microsphere)	4	QL(0.67 gm daily); AL(Up to 46 yrs old)
RETIN-A MICRO PUMP GEL 0.08 %	4	PA; Limit 50gms per month; QL(1.7 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A MICRO PUMP GEL 0.1 % (Use Tretinoin Microsphere)	2	Limit 50gms per month; QL(1.7 gm daily); AL(Up to 46 yrs old)
RIAX FOAM	4	
SODIUM SULFACETAMIDE/SULFUR LOTN	4	QL(25 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	4	
<i>sulfacetamide sodium (acne) lotn</i>	1	
<i>sulfacetamide sodium w/ sulfur liqd 4%-9%</i>	1	
<i>sulfacetamide sodium w/ sulfur pads 4%-10%, 4%-4%-10%-10%</i>	4	
<i>sulfacetamide sodium w/ sulfur susp 4%-8%</i>	1	
SUMAXIN PADS (Use Sulfacetamide Sodium w/ Sulfur)	4	
SUMAXIN TS SUSP (Use Sulfacetamide Sodium w/ Sulfur)	4	
SUMAXIN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	4	
TRETIN-X CREA	4	PA
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	2	AL(Up to 46 yrs old)
<i>tretinoin gel 0.025 %, 0.01 %</i>	2	AL(Up to 46 yrs old)
<i>tretinoin gel 0.05 %</i>	4	Limit 45gms per month; QL(1.5 gm daily); AL(Up to 46 yrs old)
<i>tretinoin microsphere gel 0.04 %</i>	2	QL(0.67 gm daily); AL(Up to 46 yrs old)

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>	4	PA
<i>tretinoin microsphere gel 0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily); AL(Up to 46 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	Limit 20gms per month; QL(0.67 gm daily); AL(Up to 46 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	Limit 20gms per month; QL(0.67 49 gm daily); AL(Up to 46 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	Limit 50gms per month; QL(1.7 gm daily); AL(Up to 46 yrs old)
VELTIN GEL	4	QL(1 gm daily)
ZIANA GEL (<i>Use Clindamycin Phosphate-Tretinoin</i>)	4	QL(1 gm daily)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	4	
Anti-inflammatory Agents - Topical		
DFS/MS/MENTH/CAP PAK KIT	4	PA
DICLOFENAC EPOLAMINE PTCH	4	
<i>diclofenac sodium (topical) gel 1 %</i>	1	
<i>diclofenac sodium (topical) soln 1.5 %</i>	2	QL(5 ml daily)
FLECTOR PTCH	4	
PENNSAID SOLN	4	PA; QL(4 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
VAROPHEN KIT	4	PA
VOLTAREN GEL (<i>Use Diclofenac Sodium (Topical)</i>)	3	
VOPAC MDS KIT	4	PA
Antibiotics - Topical		
ALTABAX OINT	4	
BACTROBAN CREA (<i>Use Mupirocin Calcium (Topical)</i>)	4	
CORTISPORIN CREA	3	
CORTISPORIN OINT	3	
<i>gentamicin sulfate (topical) crea</i>	1	
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin calcium (topical) crea</i>	1	
MUPIROCIN CREA	4	
<i>mupirocin oint</i>	1	
NEO-SYNALAR CREA	4	PA
XEPI CREA	4	PA; QL(1 gm daily)
Antifungals - Topical		
<i>ciclopirox gel 0.77 %</i>	2	
<i>ciclopirox olamine crea</i>	2	
<i>ciclopirox olamine susp</i>	2	
<i>ciclopirox sham 1 %</i>	2	
<i>ciclopirox soln 8 %</i>	1	
<i>clotrimazole w/ betamethasone crea</i>	2	
<i>clotrimazole w/ betamethasone lotn</i>	2	QL(1 ml daily)
<i>econazole nitrate crea</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
ECOZA FOAM	4	Limit 70gms per month;QL(2.5 gm daily)
ERTACZO CREA	4	PA
EXELDERM CREA	4	
EXELDERM SOLN	4	
EXTINA FOAM (Use Ketoconazole (Topical))	4	
<i>iodoquinol-hc crea</i>	2	
JUBLIA SOLN	4	PA
KERYDIN SOLN	4	PA
<i>ketoconazole (topical) crea</i>	2	
<i>ketoconazole (topical) foam</i>	4	
<i>ketoconazole (topical) sham</i>	1	
LOPROX CREA (Use Ciclopirox Olamine)	4	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	4	
LOPROX SUSP (Use Ciclopirox Olamine)	4	
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	4	
LULICONAZOLE CREA	4	
LUZU CREA	4	
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM OINT	4	
<i>naftifine hcl crea</i>	4	
<i>naftifine hcl gel</i>	4	
NAFTIN CREA 2 % (Use Naftifine HCl)	4	

Drug Name	Drug Tier	Requirements/ Limits
NAFTIN GEL 1 %, 2 %	4	
NIZORAL SHAM (Use Ketoconazole (Topical))	4	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	2	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	4	
OXISTAT CREA (Use Oxiconazole Nitrate)	4	
OXISTAT LOTN	4	
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	4	
VUSION OINT	4	
XOLEGEL GEL	4	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	4	
<i>diclofenac sodium (actinic keratoses) gel</i>	4	PA
EFUDEX CREA (Use Fluorouracil (Topical))	4	
FLUOROPLEX CREA	4	
<i>fluorouracil (topical) crea</i>	1	
FLUOROURACIL CREA EX 0.5 %	4	
FLUOROURACIL SOLN EX 2 %, 5 %	4	
LEVULAN KERASTICK SOLR	4	PA
PANRETIN GEL	4	PA
PICATO GEL	4	

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
TARGRETIN GEL EX 1 %	4	
TOLAK CREA	4	PA
VALCHLOR GEL	4	PA; Specialty Tier 2 May Apply
Antipsoriatics		
<i>acitretin caps</i>	2	
<i>calcipotriene crea</i>	3	
<i>calcipotriene oint</i>	3	
<i>calcipotriene soln</i>	3	
<i>calcitriol (topical) oint</i>	3	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 (Use Calcipotriene)	4	
ILUMYA SOSY	J	PA; Specialty Tier 3 May Apply
<i>methoxsalen rapid caps</i>	3	
OXSORALEN ULTRA CAPS (Use Methoxsalen Rapid)	3	
SORIATANE CAPS (Use Acitretin)	4	
SORILUX FOAM	4	QL(4 gm daily)
STELARA SOLN	J	PA; Specialty Tier 2 May Apply
STELARA SOSY	J	PA; Specialty Tier 2 May Apply

Drug Name	Drug Tier	Requirements/ Limits
TALTZ SOAJ	J	PA; Specialty Tier 3 May Apply
TALTZ SOSY	J	PA; Specialty Tier 3 May Apply
<i>tazarotene crea</i>	3	QL(1 gm daily); AL(Up to 46 yrs old)
TAZORAC CREA 0.05 %	3	QL(1 gm daily); AL(Up to 46 yrs old)
TAZORAC CREA 0.1 % (Use Tazarotene)	3	QL(1 gm daily); AL(Up to 46 yrs old)
TAZORAC GEL 0.05 %, 0.1 %	3	QL(1 gm daily); AL(Up to 46 yrs old)
TREMFYA SOPN	4	PA
VECTICAL OINT (Use Calcitriol (Topical))	3	Limit 100gms per month; QL(3.4 gm daily)
ZITHRANOL SHAM	4	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>	4	MO
SODIUM SULFACETAMIDE WASH LIQD	4	
Antivirals - Topical		
<i>acyclovir topical crea</i>	4	PA; QL(5 gm per 30 days retail)
<i>acyclovir topical oint</i>	4	

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	4	Limited to 5 gms per month;QL(0.17 gm daily)
XERESE CREA	4	PA; Limit 5gms per month;QL(0.17 gm daily)
ZOVIRAX CREA EX 5 % (Use Acyclovir Topical)	4	PA; QL(5 gm per 30 days retail)
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	4	
Burn Products		
<i>mafenide acetate pack</i>	4	
SILVADENE CREA (Use Silver Sulfadiazine)	4	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	4	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	4	
Cauterizing Agents		
SILVER NITRATE OINT	4	
SILVER NITRATE SOLN	4	
Corticosteroids - Topical		
ALA SCALP LOTN	3	
<i>alclometasone dipropionate crea</i>	2	
<i>alclometasone dipropionate oint</i>	2	
AMCINONIDE CREA	4	
AMCINONIDE LOTN	3	
AMCINONIDE OINT	3	
APEXICON E CREA	3	
AUGMENTED BETAMETHASONE DIPROPIONATE GEL	4	

Drug Name	Drug Tier	Requirements/ Limits
<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>	2	
<i>betamethasone valerate crea 0.1 %</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	4	
<i>betamethasone valerate lotn 0.1 %</i>	1	
<i>betamethasone valerate oint 0.1 %</i>	1	
BRYHALI LOTN	4	PA
<i>calcipotriene-betamethasone dipropionate oint</i>	3	ST; QL(2 gm daily)
CAPEX SHAM	4	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate emulsion foam</i>	4	
<i>clobetasol propionate foam</i>	4	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate liqd</i>	4	
<i>clobetasol propionate lotn</i>	4	

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 oint</i>	1	
<i>clobetasol propionate sham</i>	2	
<i>clobetasol propionate soln</i>	1	
CLOBEX LIQD (Use <i>Clobetasol Propionate</i>)	4	
CLOBEX LOTN (Use <i>Clobetasol Propionate</i>)	4	
CLOBEX SHAM (Use <i>Clobetasol Propionate</i>)	4	
CLOCORTOLONE PIVALATE CREA	4	
CLOCORTOLONE PIVALATE PUMP CREA	4	
CLODERM CREA	4	
CLODERM PUMP CREA	4	
CORDRAN CREA 0.025 %	4	PA
CORDRAN CREA 0.05 % (Use <i>Flurandrenolide</i>)	4	
CORDRAN LOTN 0.05 % (Use <i>Flurandrenolide</i>)	4	PA
CORDRAN OINT 0.05 % (Use <i>Flurandrenolide</i>)	4	PA
CORDRAN TAPE 4 MCG/SQCM	4	
CUTIVATE LOTN (Use <i>Fluticasone Propionate</i>)	4	
DERMA-SMOOTH/FS BODY OIL (Use <i>Fluocinolone Acetonide</i>)	4	
DERMA-SMOOTH/FS SCALP OIL (Use <i>Fluocinolone Acetonide</i>)	4	
DERMATOP OINT (Use <i>Prednicarbate</i>)	4	
DESONATE GEL	4	
<i>desonide crea</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DESOWEN CREA (Use <i>Desonide</i>)	4	
DESOWEN LOTN (Use <i>Desonide</i>)	4	
<i>desoximetasone crea 0.05 %, 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone liqd 0.25 %</i>	4	ST
<i>desoximetasone oint 0.05 %</i>	4	
<i>desoximetasone oint 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	3	
<i>diflorasone diacetate oint</i>	3	
DIPROLENE AF CREA (Use <i>Betamethasone Dipropionate Augmented</i>)	4	
DIPROLENE OINT (Use <i>Betamethasone Dipropionate Augmented</i>)	4	
DUOBRII LOTN	4	PA
ELOCON CREA (Use <i>Mometasone Furoate</i>)	4	
ELOCON OINT (Use <i>Mometasone Furoate</i>)	4	
ENSTILAR FOAM	4	PA
EPIFOAM FOAM	4	
<i>fluocinolone acetonide crea 0.025 %, 0.01 %</i>	1	
<i>fluocinolone acetonide oil 0.01 %</i>	2	
<i>fluocinolone acetonide oint 0.025 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	
<i>fluocinonide crea 0.1 %</i>	4	

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 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>	4	
<i>flurandrenolide lotn</i>	4	PA
<i>flurandrenolide oint</i>	4	PA
<i>fluticasone propionate crea 0.05 %</i>	1	QL(30 gm per fill retail)
<i>fluticasone propionate lotn 0.05 %</i>	4	
<i>fluticasone propionate oint 0.005 %</i>	1	QL(30 gm per fill retail)
<i>halcinonide crea</i>	4	
<i>halobetasol propionate crea</i>	1	
HALOBETASOL PROPIONATE FOAM	4	PA
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use Halcinonide)	4	
HALOG OINT	4	
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<i>hydrocortisone (topical) soln 1 %</i>	3	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	1	
<i>hydrocortisone butyrate lotn</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<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))	4	
LEXETTE FOAM	4	PA
LOCOID CREA (Use Hydrocortisone Butyrate)	4	
LOCOID LIPOCREAM CREA (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	4	
LOCOID LOTN (Use Hydrocortisone Butyrate)	4	PA
LOCOID OINT (Use Hydrocortisone Butyrate)	4	
LOCOID SOLN (Use Hydrocortisone Butyrate)	4	
LUXIQ FOAM (Use Betamethasone Valerate)	4	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
OLUX FOAM (Use Clobetasol Propionate)	4	
OLUX-E FOAM (Use Clobetasol Propionate Emulsion)	4	
PANDEL CREA	4	
PRAMOSONE CREA 1%-1%	4	
PRAMOSONE CREA 1%-2.5% (Use Pramoxine-HC)	4	
PRAMOSONE E CREA	4	

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 LOTN 1%-1%, 1%-2.5%	2	
PRAMOSONE OINT 1%-1%	2	
PRAMOSONE OINT 1%-2.5%	4	
<i>pramoxine-hc crea</i>	1	
<i>prednicarbate crea</i>	1	
PREDNICARBATE CREA	4	
PREDNICARBATE OINT	4	
PSORCON CREA	4	
QUINOSONE KIT	4	PA
SERNIVO EMUL	4	PA
SYNALAR CREA (<i>Use Fluocinolone Acetonide</i>)	4	
SYNALAR OINT (<i>Use Fluocinolone Acetonide</i>)	4	
SYNALAR SOLN (<i>Use Fluocinolone Acetonide</i>)	4	
TACLONEX OINT (<i>Use Calcipotriene-Betamethasone Dipropionate</i>)	3	ST; QL(2 gm daily)
TACLONEX SUSP	4	ST; QL(2 gm daily)
TEMOVATE CREA (<i>Use Clobetasol Propionate</i>)	4	
TEMOVATE OINT (<i>Use Clobetasol Propionate</i>)	4	
TEXACORT SOLN	4	
TOPICORT CREA 0.05 %, 0.25 % (<i>Use Desoximetasone</i>)	4	
TOPICORT GEL 0.05 % (<i>Use Desoximetasone</i>)	4	
TOPICORT LIQD 0.25 % (<i>Use Desoximetasone</i>)	4	ST
TOPICORT OINT 0.05 %, 0.25 % (<i>Use Desoximetasone</i>)	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	3	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIANEX OINT	3	
TRIDESILON CREA (<i>Use Desonide</i>)	4	
ULTRAVATE CREA (<i>Use Halobetasol Propionate</i>)	4	
ULTRAVATE LOTN	4	PA
ULTRAVATE OINT (<i>Use Halobetasol Propionate</i>)	4	
VANOS CREA (<i>Use Fluocinonide</i>)	4	
VERDESO FOAM	3	
WESTCORT OINT (<i>Use Hydrocortisone Valerate</i>)	4	
Emollient/Keratolytic Agents		
<i>urea crea 40 %</i>	1	RX/OTC
<i>urea crea 41 %</i>	4	
<i>urea lotn 40 %</i>	1	
UTOPIC CREA (<i>Use Urea</i>)	4	
Emollients		
<i>lactic acid (ammonium lactate) lotn</i>	4	
Enzymes - Topical		
SANTYL OINT	4	
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	4	

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>imiquimod crea</i>	1	
IMIQUIMOD PUMP CREA	4	PA; Limit 2 bottles per 28 days; QL(28 gm per 28 days retail)
ZYCLARA CREA	4	PA; Limit 2 bottles per 28 days; QL(28 gm per 28 days retail)
ZYCLARA PUMP CREA 2.5 %	4	PA; Limit 2 bottles per 28 days; QL(0.6 gm daily)
ZYCLARA PUMP CREA 3.75 %	4	PA; Limit 2 bottles per 28 days; QL(28 gm per 28 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA (<i>Use Pimecrolimus</i>)	4	PA
<i>pimecrolimus crea</i>	4	PA
PROTOPIC OINT (<i>Use Tacrolimus (Topical)</i>)	4	
<i>tacrolimus (topical) oint</i>	3	
Keratolytic/Antimitotic Agents		
CANTHARIDIN SOLN	4	PA
CONDYLOX GEL	3	
<i>podofilox soln</i>	3	
SALEX SHAM (<i>Use Salicylic Acid</i>)	4	
<i>salicylic acid crea 6 %</i>	1	
<i>salicylic acid liqd 26 %</i>	4	
<i>salicylic acid lotn 6 %</i>	1	
<i>salicylic acid sham 6 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>salicylic acid soln 26 %</i>	4	
SALICYLIC ACID SOLN 26 %	4	
Local Anesthetics - Topical		
AFTERTEST TOPICAL PAIN RELIEF STCK	3	QL(1 ml per 365 days retail)
CETACAINE AERO	4	
CETACAINE LIQD	4	
L.E.T. GEL	4	PA
<i>lidocaine hcl crea ex 3 %</i>	2	RX/OTC
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine oint</i>	2	
<i>lidocaine ptch</i>	2	QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	2	
<i>lidocaine-prilocaine kit</i>	4	
LIDODERM PTCH (<i>Use Lidocaine</i>)	4	QL(3 ea daily)
LIDOPIN CREA	4	PA
LIDOTHOL GEL	4	PA
LIDOVEX CREA	4	PA
LMR PLUS KIT	4	PA
<i>pramoxine hcl gel</i>	3	RX/OTC
SYNERA PTCH	4	
ZTLIDO PTCH	4	PA; QL(3 ea daily)
Misc. Topical		
DRYSOL SOLN	4	
QBREXZA PADS	4	PA; QL(1 ea daily)
Rosacea 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
<i>azelaic acid gel</i>	3	QL(50 gm per 30 days retail, 150 gm per 90 days mail)
DOXYCYCLINE CPDR	4	PA
FINACEA FOAM	4	
FINACEA GEL (<i>Use Azelaic Acid</i>)	3	QL(50 gm per 30 days retail, 150 gm per 90 days mail)
METROCREAM CREA (<i>Use Metronidazole (Topical)</i>)	4	
METROGEL GEL (<i>Use Metronidazole (Topical)</i>)	4	
METROLOTION LOTN (<i>Use Metronidazole (Topical)</i>)	4	
<i>metronidazole (topical) crea 0.75 %</i>	2	
<i>metronidazole (topical) gel 0.75 %</i>	2	
<i>metronidazole (topical) gel 1 %</i>	1	
<i>metronidazole (topical) lotn 0.75 %</i>	2	
MIRVASO GEL	4	PA
NORITATE CREA	4	PA
ORACEA CPDR	4	PA
SOOLANTRA CREA	4	PA; QL(1 gm daily)
Scabicides & Pediculicides		
ELIMITE CREA (<i>Use Permethrin</i>)	4	
LINDANE SHAM	4	
<i>malathion lotn</i>	3	QL(59 ml per fill retail)
NATROBA SUSP	4	

Drug Name	Drug Tier	Requirements/Limits
OVIDE LOTN (<i>Use Malathion</i>)	4	QL(59 ml per fill retail)
<i>permethrin crea</i>	1	
SKLICE LOTN	4	
SPINOSAD SUSP	4	
SULFURATED LIME SOLN	3	
ULESFIA LOTN	4	
Wound Care Products		
LURADROX GEL	4	PA
REGRANEX GEL	4	
TRANSCYTE SHEE	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Radiopharmaceuticals		
AXUMIN SOLN	4	PA
Diagnostic Tests		
ACCU-CHEK GUIDE STRP	4	PA; RX/OTC
ASSURE PLATINUM TEST STRIPS STRP	4	PA; RX/OTC
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	2	
CHEK-STIX CONTROL STRP	2	
CHEMSTRIP-K STRP	2	
DIATHRIVE BLOOD GLUCOSE TEST STRIPS STRP	4	PA; RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST 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 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
KETONE STRP	2	
KETONE TEST STRIPS STRP	2	
KETOSTIX STRP	2	
ONETOUCH ULTRA BLUE STRP	2	Limit 200 per month;QL(6.67 ea daily); RX/OTC
ONETOUCH 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	4	PA; RX/OTC
RELION KETONE STRP	2	
RELION KETONE TEST STRIPS STRP	2	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	3	
PANCREAZE CPEP	4	
PERTZYE CPEP	4	
SUCRAID SOLN	2	Specialty Tier 3 May Apply

Drug Name	Drug Tier	Requirements/ Limits
VIOKACE TABS	4	
ZENPEP CPEP	3	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	1	
<i>acetazolamide tabs</i>	1	
DIAMOX CP12 (<i>Use Acetazolamide</i>)	4	
KEVEYIS TABS	4	PA; Specialty Tier 3 May Apply
<i>methazolamide tabs</i>	2	
NEPTAZANE TABS (<i>Use Methazolamide</i>)	4	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (<i>Use Spironolactone & Hydrochlorothiazide</i>)	4	
ALDACTAZIDE TABS 50MG-50MG	4	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (<i>Use Triamterene & Hydrochlorothiazide</i>)	4	
MAXZIDE TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	4	
MAXZIDE-25 TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	4	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		

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>bumetanide tabs</i>	1	
BUMEX TABS (<i>Use Bumetanide</i>)	4	
DEMADEX TABS (<i>Use Torsemide</i>)	4	
EDECRIN TABS (<i>Use Ethacrynic Acid</i>)	3	ST
<i>ethacrynic acid tabs</i>	3	ST
<i>furosemide soln 10 mg/ml</i>	1	
FUROSEMIDE SOLN 8 MG/ML	4	
<i>furosemide tabs 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (<i>Use Furosemide</i>)	4	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	4	
<i>amiloride hcl tabs</i>	2	
DYRENIUM CAPS (<i>Use Triamterene</i>)	3	
<i>spironolactone tabs</i>	2	
<i>triamterene caps</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	4	
<i>chlorothiazide tabs 500 mg</i>	1	
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP	4	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>indapamide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	2	
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	4	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Use Risedronate Sodium</i>)	4	QL(1 ea per 28 days retail,3 ea per 84 days mail)
ACTONEL TABS 35 MG (<i>Use Risedronate Sodium</i>)	4	QL(4 ea per 30 days retail)
ACTONEL TABS 5 MG, 30 MG (<i>Use Risedronate Sodium</i>)	4	
ALENDRONATE SODIUM SOLN 70 MG/75ML	4	
ALENDRONATE SODIUM TABS 5 MG	4	
<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 (<i>Use Risedronate Sodium</i>)	4	
BINOSTO TBEF	4	
BONIVA SOLN IV 3 MG/3ML (<i>Use Ibandronate Sodium</i>)	J	PA; Specialty Tier 3 May Apply
BONIVA TABS OR 150 MG (<i>Use Ibandronate Sodium</i>)	4	QL(1 ea per 30 days retail)
<i>calcitonin (salmon) soln</i>	2	
<i>etidronate disodium tabs</i>	3	
FORTEO SOLN	J	PA; Specialty Tier 2 May Apply
FOSAMAX PLUS D TABS	4	

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
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	4	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
NATPARA CART	J	PA; Specialty Tier 3 May Apply
PROLIA SOSY	J	PA; Specialty Tier 3 May Apply
RECLAST SOLN (<i>Use Zoledronic Acid</i>)	J	PA; Specialty Tier 3 May Apply
<i>risedronate sodium tabs 150 mg</i>	4	QL(1 ea per 28 days retail, 3 ea per 84 days mail)
<i>risedronate sodium tabs 35 mg</i>	4	QL(4 ea per 30 days retail)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	4	
<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	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG, 25 MG	J	PA; Specialty Tier 3 May Apply

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SOLR 30 MG	J	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3
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 FLEXPRO SOLN 10 MG/1.5ML	J	PA; Specialty May Apply. Humatrope Tier 2, Omnitrope Tier 2, Nutropin Tier 3, Genotropin Tier 3
NORDITROPIN FLEXPRO SOLN 30 MG/3ML, 15 MG/1.5ML	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3
NORDITROPIN FLEXPRO SOLN 5 MG/1.5ML	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
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
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

Drug Name	Drug Tier	Requirements/Limits
ZOMACTON SOLR	J	PA; Specialty May Apply. Humaptrop Tier 2, Nutropin Tier 3, Genotropin Tier 3
ZORBTIVE SOLR	J	PA; Specialty Tier 3 May Apply
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	4	PV
OSPHENA TABS	4	
<i>raloxifene hcl tabs</i>	1	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	J	PA; Specialty Tier 3 May Apply
LHRH/GnRH Agonist Analog Pituitary		
LUPANETA PACK KIT	J	PA; Specialty Tier 2 May Apply
LUPRON DEPOT-PED (1-MONTH) KIT	J	PA; Specialty Tier 3 May Apply
LUPRON DEPOT-PED (3-MONTH) KIT	J	PA; Specialty Tier 3 May Apply
SYNAREL SOLN	3	
Metabolic Modifiers		
BUPHENYL POWD 3 GM/TSP (<i>Use Sodium Phenylbutyrate</i>)	4	Specialty Tier 4 May Apply
BUPHENYL TABS 500 MG (<i>Use Sodium Phenylbutyrate</i>)	4	
<i>calcitriol caps</i>	1	
CARBAGLU TABS	3	Specialty Tier 2 May Apply
CARNITOR SF SOLN (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	4	

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
CARNITOR SOLN 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	4	
CARNITOR TABS 330 MG (Use Levocarnitine (Metabolic Modifiers))	4	RX/OTC
<i>cinacalcet hcl tabs</i>	4	
<i>doxercalciferol caps</i>	4	
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL CAPS (Use Doxercalciferol)	4	
KUVAN PACK	2	Specialty Tier 2 May Apply
KUVAN TBSO	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	4	Specialty Tier 4 May Apply
ORFADIN SUSP 4 MG/ML	4	PA; Specialty Tier 4 May Apply
<i>paricalcitol caps</i>	2	
RAVICTI LIQD	4	PA; Specialty Tier 4 May Apply
REVCovi SOLN	J	PA; Specialty Tier 3 May Apply
ROCALtrol CAPS (Use Calcitriol)	4	
SENSIPAR TABS (Use Cinacalcet HCl)	4	
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	4	Specialty Tier 4 May Apply
<i>sodium phenylbutyrate tabs 500 mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
STRENSIQ SOLN	J	PA; Specialty Tier 3 May Apply
XURIDEN PACK	4	
ZEMPLAR CAPS (Use Paricalcitol)	4	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use Desmopressin Acetate)	4	
DDAVP SOLN NA 0.01 %	4	
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	4	
DDAVP TABS OR 0.1 MG, 0.2 MG (Use Desmopressin Acetate)	4	
<i>desmopressin acetate soln ij 4 mcg/ml</i>	3	
<i>desmopressin acetate spray refrigerated soln</i>	3	
<i>desmopressin acetate spray soln</i>	3	
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	2	
NOCDURNA SUBL	4	PA
STIMATE SOLN	4	
VASOPRESSIN/DEXTROSE SOLN	4	PA
VASOPRESSIN/SODIUM CHLORIDE SOLN	4	PA
Prolactin Inhibitors		
<i>cabergoline tabs</i>	2	
Somatostatic Agents		
<i>octreotide acetate soln</i>	J	PA; Specialty May Apply. Brand Tier 2, Generic Tier 1
SANDOSTATIN SOLN (Use Octreotide Acetate)	J	PA; Specialty May Apply. Brand Tier 2, Generic Tier 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
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	3	Specialty Tier 2 May Apply; QL(1 ea daily)
SAMSCA TABS	3	Specialty Tier 2 May Apply; QL(1 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Use Estradiol & Norethindrone Acetate</i>)	4	
ANGELIQ TABS	4	
BIJUVA CAPS	4	PA
CLIMARA PRO PTWK	2	QL(4 ea per 30 days retail, 12 ea per 90 days mail)
COMBIPATCH PTTW	4	
DUAVEE TABS	4	
<i>esterified estrogens & methyltestosterone tabs 0.625mg-1.25mg</i>	1	
<i>esterified estrogens & methyltestosterone tabs 1.25mg-2.5mg</i>	2	
<i>estradiol & norethindrone acetate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FEMHRT LOW DOSE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol</i>)	4	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREFEST TABS	4	
PREMPHASE TABS	2	QL(1 ea daily)
PREMPRO TABS	2	QL(1 ea daily)
Estrogens		
ALORA PTTW	4	QL(8 ea per 28 days retail, 24 ea per 84 days mail)
CLIMARA PTWK (<i>Use Estradiol</i>)	4	QL(8 ea per 28 days retail, 24 ea per 84 days mail)
DIVIGEL GEL	4	
ELESTRIN GEL	4	
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (<i>Use Estradiol</i>)	4	
<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	4	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	4	
<i>estropipate tabs 3 mg</i>	1	
EVAMIST SOLN	4	
MENEST TABS	4	

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
MENOSTAR PTWK	4	QL(8 ea per 28 days retail,24 ea per 84 days mail)
MINIVELLE PTTW (<i>Use Estradiol</i>)	4	QL(8 ea per 28 days retail,24 ea per 84 days mail)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	2	
VIVELLE-DOT PTTW (<i>Use Estradiol</i>)	4	QL(8 ea per 28 days retail,24 ea per 84 days mail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX TABS (<i>Use Moxifloxacin HCl</i>)	4	
CIPRO SUSR 5 GM/100ML	4	
CIPRO SUSR 500 MG/5ML (<i>Use Ciprofloxacin</i>)	4	
CIPRO TABS 250 MG, 500 MG (<i>Use Ciprofloxacin HCl</i>)	4	
CIPROFLOXACIN ER TB24	4	QL(14 ea per 30 days retail,42 ea per 90 days mail)
CIPROFLOXACIN HCL TABS 100 MG	4	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin susr</i>	4	
LEVAQUIN TABS (<i>Use Levofloxacin</i>)	4	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>	2	

Drug Name	Drug Tier	Requirements/ Limits
OFLOXACIN TABS 300 MG	2	
<i>ofloxacin tabs 400 mg</i>	3	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY TABS	4	PA
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE TABS	4	PA
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; Specialty Tier 3 May Apply
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	4	PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use Ursodiol</i>)	4	
CHENODAL TABS	4	PA
URSO 250 TABS (<i>Use Ursodiol</i>)	4	
URSO FORTE TABS (<i>Use Ursodiol</i>)	4	
<i>ursodiol caps</i>	3	
<i>ursodiol tabs</i>	3	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) conc</i>	1	
GASTROCROM CONC (<i>Use Cromolyn Sodium (Mastocytosis)</i>)	4	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	3	
Gastrointestinal Stimulants		
<i>metoclopramide hcl 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>metoclopramide hcl tabs</i>	1	
METOCLOPRAMIDE ODT TBDP	4	
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	4	
Inflammatory Bowel Agents		
APRISO CP24	4	PA
ASACOL HD TBEC (<i>Use Mesalamine</i>)	4	PA
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	4	
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	4	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (<i>Use Mesalamine</i>)	3	
CIMZIA KIT	J	PA; Specialty Tier 3 May Apply
CIMZIA STARTER KIT KIT	J	PA; Specialty Tier 3 May Apply
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	4	
DELZICOL CPDR (<i>Use Mesalamine</i>)	4	PA
DIPENTUM CAPS	4	
GIAZO TABS	4	PA; QL(6 ea daily)
LIALDA TBEC (<i>Use Mesalamine</i>)	3	
<i>mesalamine cpdr or 400 mg</i>	4	PA
<i>mesalamine enem re 4 gm</i>	3	
<i>mesalamine supp re 1000 mg</i>	3	
<i>mesalamine tbec or 1.2 gm, 800 mg</i>	3	
PENTASA CPCR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
REMICADE SOLR	J	PA; Specialty Tier 2 May Apply
SFROWASA ENEM	4	
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	4	
LINZESS CAPS	3	
LOTRONEX TABS (<i>Use Alosetron HCl</i>)	4	
VIBERZI TABS	4	PA; Specialty Tier 3 May Apply
ZELNORM TABS	3	ST
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
MOVANTIK TABS	4	
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	J	PA; Specialty Tier 3 May Apply
RELISTOR TABS OR 150 MG	4	PA; Specialty Tier 3 May Apply
Phosphate Binder Agents		
AURYXIA TABS	4	PA
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS (<i>Use Calcium Acetate (Phosphate Binder)</i>)	4	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
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Use Lanthanum Carbonate)	4	
FOSRENOL PACK 750 MG, 1000 MG	4	
<i>lanthanum carbonate chew</i>	4	
PHOSLYRA SOLN	4	
RENAGEL TABS 400 MG	4	PA
RENAGEL TABS 800 MG (Use Sevelamer HCl)	4	PA
RENVELA PACK (Use Sevelamer Carbonate)	4	
RENVELA TABS (Use Sevelamer Carbonate)	4	
<i>sevelamer carbonate pack</i>	4	
<i>sevelamer carbonate tabs</i>	4	
<i>sevelamer hcl tabs</i>	4	PA
SEVELAMER HYDROCHLORIDE TABS	4	PA
VELPHORO CHEW	4	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	J	PA; Specialty Tier 4 May Apply
GENERAL ANESTHETICS		
Anesthetics - Misc.		
KETAMINE HYDROCHLORIDE SOLN	4	PA
KETAMINE HYDROCHLORIDE SOSY	4	PA
KETAMINE HYDROCHLORIDE TROC	4	PA
PROPOFOL PRSY	4	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		

Drug Name	Drug Tier	Requirements/ Limits
Acidifiers		
K-PHOS NO 2 TABS	4	
Alkalinizers		
ORACIT SOLN	2	
<i>pot & sod citrates w/citric ac soln</i>	1	
<i>pot & sod citrates w/citric ac syr</i>	1	
<i>potassium citrate (alkalinizer) tbc</i> 15 meq	4	
<i>potassium citrate (alkalinizer) tbc</i> 540 mg, 1080 mg	1	
<i>potassium citrate-citric acid pack</i> 3300mg-1002mg	2	
<i>potassium citrate-citric acid soln</i> 1100mg/5ml-334mg/5ml, 1100mg/5ml-1100mg/5ml-334mg/5ml-334mg/5ml	1	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROCIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	4	
UROCIT-K 15 TBCR (Use Potassium Citrate (Alkalinizer))	4	
UROCIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))	4	
Cystinosis Agents		
CYSTAGON CAPS	4	
PROCYSBI CPDR	4	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) soln</i>	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	4	QL(3 ea daily)
Prostatic Hypertrophy 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
<i>alfuzosin hcl tb24</i>	1	
AVODART CAPS (Use Dutasteride)	4	AL(At least 40 yrs old)
CARDURA XL TB24	4	
<i>dutasteride caps</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl caps</i>	2	
<i>finasteride tabs</i>	2	AL(At least 40 yrs old)
FLOMAX CAPS (Use Tamsulosin HCl)	4	
JALYN CAPS (Use Dutasteride-Tamsulosin HCl)	4	
PROSCAR TABS (Use Finasteride)	4	AL(At least 40 yrs old)
RAPAFLO CAPS 4 MG	4	
RAPAFLO CAPS 4 MG, 8 MG (Use Silodosin)	4	
<i>silodosin caps</i>	4	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (Use Alfuzosin HCl)	4	
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIUM TABS (Use Phenazopyridine HCl)	4	
Urinary Stone Agents		
LITHOSTAT TABS	4	
THIOLA EC TBEC	4	PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	2	
Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol tabs</i>	1	
COLCHICINE CAPS	4	
COLCHICINE TABS	4	PA
<i>colchicine tabs</i>	4	
COLCRYS TABS	4	
<i>febuxostat tabs</i>	3	
MITIGARE CAPS	4	
ULORIC TABS (Use Febuxostat)	3	
ZURAMPIC TABS	4	PA
ZYLOPRIM TABS (Use Allopurinol)	4	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	J	PA; Specialty Tier 4 May Apply
ADVATE SOLR 4000 UNIT	J	PA
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR 2000 UNIT	J	PA
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	J	PA; Specialty Tier 4 May Apply
ALPHANINE SD SOLR	J	PA; Specialty Tier 4 May Apply
ALPROLIX SOLR	J	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
BEBULIN SOLR	J	PA; Specialty Tier 4 May Apply
BENEFIX KIT	J	PA; Specialty Tier 4 May Apply
CORIFACT KIT	J	PA
ELOCTATE SOLR	J	PA; Specialty Tier 4 May Apply
FEIBA SOLR	J	PA; Specialty Tier 4 May Apply
HELIXATE FS KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	J	PA; Specialty Tier 4 May Apply
HELIXATE FS KIT 3000 UNIT	J	PA
HEMOFIL M SOLR	J	PA; Specialty Tier 4 May Apply
HUMATE-P SOLR	J	PA; Specialty Tier 4 May Apply
IDELVION SOLR	J	PA
IXINITY SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	J	PA; Specialty Tier 4 May Apply
IXINITY SOLR 3000 UNIT	J	PA
KOATE SOLR	J	PA; Specialty Tier 4 May Apply
KOATE-DVI SOLR	J	PA; Specialty Tier 4 May Apply
KOGENATE FS BIO-SET KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	J	PA; Specialty Tier 4 May Apply
KOGENATE FS BIO-SET KIT 3000 UNIT	J	PA
KOGENATE FS KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	J	PA; Specialty Tier 4 May Apply
KOGENATE FS KIT 3000 UNIT	J	PA

Drug Name	Drug Tier	Requirements/ Limits
KOVALTRY SOLR 2000 UNIT, 3000 UNIT	J	PA
KOVALTRY SOLR 250 UNIT, 500 UNIT, 1000 UNIT	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 1500 UNIT, 2000 UNIT, 3000 UNIT	J	PA
NOVOEIGHT SOLR 250 UNIT, 500 UNIT, 1000 UNIT	J	PA; Specialty Tier 4 May Apply
NOVOSEVEN RT SOLR	J	PA
OBIZUR SOLR	J	PA; Specialty Tier 4 May Apply
PROFILNINE SD SOLR 1000 UNIT	J	PA
PROFILNINE SD SOLR 500 UNIT, 1500 UNIT	J	PA; Specialty Tier 4 May Apply
PROFILNINE SOLR 1000 UNIT	J	PA
PROFILNINE SOLR 500 UNIT, 1500 UNIT	J	PA; Specialty Tier 4 May Apply
RECOMBINATE SOLR	J	PA; Specialty Tier 4 May Apply
RIXUBIS SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	J	PA; Specialty Tier 4 May Apply
RIXUBIS SOLR 3000 UNIT	J	PA
WILATE KIT	J	PA; Specialty Tier 4 May Apply
XYNTHA KIT	J	PA
XYNTHA SOLOFUSE KIT	J	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
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
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	2	
Plasma Proteins		
ALBUMINEX SOLN	4	PA
Platelet Aggregation Inhibitors		
AGGRENEX CP12 (<i>Use Aspirin-Dipyridamole</i>)	4	
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	4	
<i>anagrelide hcl caps</i>	3	
<i>aspirin-dipyridamole cp12</i>	4	
BRILINTA TABS	3	
<i>cilostazol tabs 100 mg</i>	2	
<i>cilostazol tabs 50 mg</i>	1	
<i>clopidogrel bisulfate tabs 300 mg</i>	2	
<i>clopidogrel bisulfate tabs 75 mg</i>	2	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	4	
PLAVIX TABS 300 MG (<i>Use Clopidogrel Bisulfate</i>)	4	
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	4	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY TABS	3	
Protamine		
PROTAMINE SULFATE SOLN	3	
Thrombolytic Enzymes		
ACTIVASE SOLR	3	
RETAVASE HALF-KIT KIT	4	PA
RETAVASE KIT	4	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	4	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	4	PA
Cobalamins		
<i>cyanocobalamin soln 1000 mcg/ml</i>	J	PA; Specialty Tier 1 May Apply
CYANOCOBALAMIN SOLN 2000 MCG/ML	4	PA
METHYLCOBALAMIN SOLR	4	PA
NASCOBAL SOLN	4	
Folic Acid/Folates		
<i>folic acid tabs</i>	1	RX/OTC
Hematopoietic Growth Factors		

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
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
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	4	PA
GRANIX SOSY	J	PA; Specialty Tier 3 May Apply
LEUKINE SOLR	J	PA; Specialty Tier 3 List May Apply
MIRCERA SOSY	J	PA; Specialty Tier 3 May Apply
MULPLETA TABS	4	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	4	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	4	PA
PROMACTA TABS 25 MG, 50 MG, 12.5 MG	4	PA
PROMACTA TABS 75 MG	4	PA; Specialty Tier 2 May Apply
UDENYCA SOSY	4	PA
ZARXIO SOSY	J	PA; Specialty Tier 3 May Apply
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	
Stem Cell Mobilizers		
MOZOBIL SOLN	J	PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	4	
AMICAR TABS 500 MG, 1000 MG (<i>Use Aminocaproic Acid</i>)	4	
<i>aminocaproic acid tabs</i>	3	
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	4	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)
TRANEXAMIC ACID/SODIUM CHLORIDE SOLN	4	PA
HYPNOTICS/SEDATIVES/SLEEP DISORDER 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
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) caps</i>	1	
UNISOM SLEEPGELS CAPS (Use <i>Diphenhydramine HCl (Sleep)</i>)	3	
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	4	
<i>phenobarbital elix</i>	1	
<i>phenobarbital soln</i>	1	
<i>phenobarbital tabs</i>	1	
SECONAL SODIUM CAPS	4	
Hypnotics - Tricyclic Agents		
SILENOR TABS	4	ST; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use <i>Zolpidem Tartrate</i>)	4	QL(1 ea daily)
AMBIEN TABS (Use <i>Zolpidem Tartrate</i>)	4	QL(1 ea daily)
DORAL TABS	4	
EDLUAR SUBL	4	PA
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	4	QL(1 ea daily)
FLURAZEPAM HCL CAPS 15 MG	4	
<i>flurazepam hcl caps 30 mg</i>	1	
HALCION TABS (Use <i>Triazolam</i>)	4	
INTERMEZZO SUBL (Use <i>Zolpidem Tartrate</i>)	4	PA
LUNESTA TABS (Use <i>Eszopiclone</i>)	4	QL(1 ea daily)
<i>midazolam hcl syrp</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
MIDAZOLAM HYDROCHLORIDE SOLN	4	PA
MIDAZOLAM/SODIUM CHLORIDE SOLN	4	PA
QUAZEPAM TABS	4	
RESTORIL CAPS (Use <i>Temazepam</i>)	4	
SONATA CAPS (Use <i>Zaleplon</i>)	4	QL(1 ea daily)
<i>temazepam caps</i>	1	
<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>	4	PA
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbcr or 12.5 mg, 6.25 mg</i>	4	QL(1 ea daily)
ZOLPIMIST SOLN	4	ST; Limit 1 bottle per month; QL(0.26 ml daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	ST; QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	4	PA; Specialty Tier 3 May Apply
<i>ramelteon tabs</i>	4	ST; QL(1 ea daily)
ROZEREM TABS (Use <i>Ramelteon</i>)	4	ST; QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	4	AL(At least 50 yrs old - Up to 74 yrs old); 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
COLYTE-FLAVOR PACKS SOLR (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	4	AL(At least 50 yrs old - Up to 74 yrs old); PV
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	4	PA; AL(At least 50 yrs old - Up to 74 yrs old); PV
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	4	AL(At least 50 yrs old - Up to 74 yrs old); PV
MOVIPREP SOLR	4	PA; AL(At least 50 yrs old - Up to 74 yrs old); PV
NULYTELY/FLAVOR PACKS SOLR (Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)	4	AL(At least 50 yrs old - Up to 74 yrs old); PV
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236gm-22.74gm-5.86gm-2.97gm-6.74gm	2	AL(At least 50 yrs old - Up to 74 yrs old); PV
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 240gm-22.72gm-5.84gm-2.98gm-6.72gm	1	AL(At least 50 yrs old - Up to 74 yrs old); PV
peg 3350-potassium chloride-sod bicarbonate-sod chloride solr	1	AL(At least 50 yrs old - Up to 74 yrs old); PV
PLENVU SOLR	4	PA; AL(At least 50 yrs old - Up to 74 yrs old)
PREPOPIK PACK	4	PA; AL(At least 50 yrs old - Up to 74 yrs old); PV
SUPREP BOWEL PREP KIT SOLN	4	AL(At least 50 yrs old - Up to 74 yrs old); PV
Laxatives - Miscellaneous		
KRISTALOSE PACK 10 GM, 20 GM	2	
LACTULOSE PACK 10 GM	2	

Drug Name	Drug Tier	Requirements/ Limits
<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	4	PA
BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	4	PA
EXPAREL SUSP	4	PA
ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	4	PA
ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY	4	PA
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack 1 gm</i>	1	
<i>azithromycin susr 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin tabs 250 mg, 500 mg, 600 mg</i>	2	
ZITHROMAX PACK (Use Azithromycin)	4	
ZITHROMAX SUSR (Use Azithromycin)	4	
ZITHROMAX TABS (Use Azithromycin)	4	
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	4	
ZITHROMAX Z-PAK TABS (Use Azithromycin)	4	
ZMAX SUSR	4	PA; QL(1 ea daily)
Clarithromycin		
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML	4	
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	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>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	2	
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	4	
ERYPED 200 SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	4	
ERYPED 400 SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	4	
ERYTHROCIN STEARATE TABS	4	
<i>erythromycin base cpep 250 mg</i>	1	
<i>erythromycin base tabs 250 mg, 500 mg</i>	1	
<i>erythromycin base tbec 250 mg, 333 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	4	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	1	
PCE TBEC	3	
Fidaxomicin		
DIFICID TABS	4	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH	2	PV
FEMCAP DEVI	3	PV
FEMCAP DEVI	4	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	4	PA
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	4	PA; RX/OTC
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM DEVI	4	PA
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	RX/OTC
GUARDIAN LINK 3 MISC	4	PA
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC DEVI	3	QL(0.002 ea daily); B; NT
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	4	PA
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	4	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
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	4	PA; RX/OTC
LANCETS AND LANCET DEVICES	2	
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	4	PA
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	4	PA
Parenteral Therapy Supplies		
AUTOPEN DEVI	4	RX/OTC
BD PEN MINI MISC	4	RX/OTC
BD PEN MISC	4	RX/OTC
HUMAPEN LUXURA HD DEVI	4	RX/OTC
INPEN 100/BLUE/LILLY DEVI	4	RX/OTC
INPEN 100/BLUE/NOVO DEVI	4	RX/OTC
INPEN 100/GRAY/LILLY DEVI	4	RX/OTC
INPEN 100/GREY/NOVO DEVI	4	RX/OTC
INPEN 100/PINK/LILLY DEVI	4	RX/OTC
INPEN 100/PINK/NOVO DEVI	4	RX/OTC
INSULIN SYRINGES AND PEN NEEDLES	2	
KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G MISC	2	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G MISC	2	
KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G MISC	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOPEN ECHO DEVI	4	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
SPACER/AEROSOL-HOLDING CHAMBER	2	
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	4	
<i>ergotamine w/ caffeine tabs</i>	2	
ISOMETHEPTENE MUCATE/CAFFEINE/ACE TAMINOPHEN TABS	4	
<i>isometheptene-dichloralphenazone-acetaminophen caps</i>	1	
ISOMETHEPTENE/DICHL ORALPHENAZONE/ACET AMINOPHEN CAPS	4	
MIGERGOT SUPP	2	QL(12 ea per 30 days retail,36 ea per 90 days mail)
PRODRIN TABS (<i>Use Isometheptene-Caffeine-Acetaminophen</i>)	4	

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>sumatriptan-naproxen sodium tabs</i>	4	PA; QL(9 ea per fill retail,27 ea per fill mail,9 ea per 30 days retail,27 ea per 90 days mail)
TREXIMET TABS (<i>Use Sumatriptan-Naproxen Sodium</i>)	4	PA; QL(9 ea per fill retail,27 ea per fill mail,9 ea per 30 days retail,27 ea per 90 days mail)
Migraine Products - Monoclonal Antibodies		
AJOVY SOSY	J	PA; Specialty Tier 1 May Apply
EMGALITY SOSY	4	PA
Migraine Products - NSAIDs		
CAMBIA PACK	4	PA; Limit 9 per month;QL(0.3 ea daily)
Migraine Products		
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>	4	
ERGOMAR SUBL	4	
MIGRANAL SOLN	4	
Serotonin Agonists		
<i>almotriptan malate tabs</i>	3	QL(6 ea per 30 days retail,18 ea per 90 days mail)
AMERGE TABS (<i>Use Naratriptan HCl</i>)	4	QL(9 ea per 30 days retail,27 ea per 90 days mail)

Drug Name	Drug Tier	Requirements/Limits
AXERT TABS (<i>Use Almotriptan Malate</i>)	4	QL(6 ea per 30 days retail,18 ea per 90 days mail)
<i>eletriptan hydrobromide tabs</i>	4	QL(6 ea per fill retail,6 ea per 30 days retail,18 ea per 90 days mail)
FROVA TABS (<i>Use Frovatriptan Succinate</i>)	4	QL(9 ea per 30 days retail,18 ea per 90 days mail)
<i>frovatriptan succinate tabs</i>	4	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>)	4	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;QL(3 ml per fill retail,3 ml per 30 days retail)
IMITREX STATDOSE REFILL SOCT (<i>Use Sumatriptan Succinate</i>)	J	PA; Specialty Tier 1 May Apply;QL(3 ml per fill retail,3 ml per 30 days retail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	J	PA; Specialty Tier 1 May Apply;QL(3 ml per fill retail,3 ml per 30 days retail)
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>)	4	QL(0.35 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
MAXALT TABS (<i>Use Rizatriptan Benzoate</i>)	4	QL(9 ea per 30 days retail,27 ea per 90 days mail)
MAXALT-MLT TBDP (<i>Use Rizatriptan Benzoate</i>)	4	QL(9 ea per 30 days retail,27 ea per 90 days mail)
<i>naratriptan hcl tabs</i>	3	QL(9 ea per 30 days retail,27 ea per 90 days mail)
ONZETRA XSAIL EXHP	4	PA
RELPAK TABS (<i>Use Eletriptan Hydrobromide</i>)	4	QL(6 ea per fill retail,6 ea per 30 days retail,18 ea per 90 days mail)
<i>rizatriptan benzoate tabs</i>	2	QL(9 ea per 30 days retail,27 ea per 90 days mail)
<i>rizatriptan benzoate tbdp</i>	2	QL(9 ea per 30 days retail,27 ea per 90 days mail)
<i>sumatriptan soln</i>	2	Limit 6 sprays per month;QL(0.23 ea daily)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	J	PA; Specialty Tier 1 May Apply;QL(3 ml per fill retail,3 ml per 30 days retail)
<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;QL(3 ml per fill retail,3 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	J	PA; Specialty Tier 1 May Apply;QL(3 ml per fill retail,3 ml per 30 days retail)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	J	PA; Specialty Tier 1 May Apply;QL(3 ml per fill retail,3 ml per 30 days retail)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	2	QL(0.35 ea daily)
SUMAVEL DOSEPRO SOTJ	J	PA; Specialty Tier 3 May Apply
ZEMBRACE SYMTOUCH SOAJ	J	PA
<i>zolmitriptan tabs</i>	4	QL(6 ea per 30 days retail,18 ea per 90 days mail)
<i>zolmitriptan tbdp</i>	4	QL(6 ea per 30 days retail,18 ea per 90 days mail)
ZOMIG SOLN NA 5 MG, 2.5 MG	4	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>)	4	QL(6 ea per 30 days retail,18 ea per 90 days mail)
ZOMIG ZMT TBDP (<i>Use Zolmitriptan</i>)	4	QL(6 ea per 30 days retail,18 ea per 90 days mail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIUM GLUCONATE SOSY	4	PA
Electrolyte Mixtures		
IONOSOL-B/DEXTROSE 5% SOLN	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
IONOSOL-MB/DEXTROSE 5% SOLN	3	
ISOLYTE-P/DEXTROSE 5% SOLN	3	
ISOLYTE-S PH 7.4 SOLN	3	
ISOLYTE-S SOLN	3	
KCL 0.3%/D5W/NACL 0.9% SOLN	3	
NORMOSOL -R SOLN	3	
NORMOSOL-M IN D5W SOLN	3	
NORMOSOL-R IN D5W SOLN	3	
NORMOSOL-R SOLN	3	
PLASMA-LYTE A SOLN	3	
PLASMA-LYTE-148 SOLN	3	
<i>potassium chloride in dextrose & sodium chloride soln</i>	3	
POTASSIUM CHLORIDE/DEXTROSE SOLN	4	PA
Fluoride		
FLUORABON SOLN	4	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	4	PV
<i>sodium fluoride tabs 1 mg</i>	1	
Iodine Products		
IODINE STRONG SOLN	3	
Magnesium		

Drug Name	Drug Tier	Requirements/Limits
MAGNEBIND 400 TABS	3	
Phosphate		
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	4	
K-PHOS TABS	3	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	2	
POTASSIUM PHOSPHATES/SODIUM CHLORIDE SOLN	4	PA
SODIUM PHOSPHATE/SODIUM CHLORIDE SOLN	4	PA
Potassium		
EFFER-K TBEF	3	
EFFERVESCENT POTASSIUM/CHLORIDE TBEF	4	
K-BICARB CAPS	4	
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	4	
K-TAB TBCR 20 MEQ	4	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	4	
<i>potassium bicarb & chloride tbeF</i>	2	
<i>potassium bicarbonate tbeF</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 20 MEQ	4	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	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>potassium chloride microencapsulated crystals er tbc</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
POTASSIUM CHLORIDE SOSY IV 10 MEQ/5ML	4	PA
<i>potassium chloride tbc or 8 meq, 10 meq</i>	1	
Trace Minerals		
THE LIQUILIFT TRACE KIT KIT	4	PA
Zinc		
GALZIN CAPS	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use Penicillamine)	3	PA
D-PENAMINE TABS	4	PA
DEPEN TITRATABS TABS	4	
<i>penicillamine caps</i>	3	PA
SYPRINE CAPS (Use Trientine HCl)	4	PA; Specialty Tier 1 May Apply
<i>trientine hcl caps</i>	4	PA; Specialty Tier 1 May Apply
Enzymes		
XIAFLEX SOLR	J	PA; Specialty Tier 3 May Apply
Immunomodulators		
REVLIMID CAPS 20 MG, 2.5 MG	4	PA
REVLIMID CAPS 5 MG, 10 MG, 15 MG, 25 MG	4	PA; Specialty Tier 2 May Apply
THALOMID CAPS	4	Specialty Tier 2 May Apply
Immunosuppressive Agents		

Drug Name	Drug Tier	Requirements/ Limits
ASTAGRAF XL CP24	4	PA
AZASAN TABS	4	
<i>azathioprine tabs</i>	2	
CELLCEPT CAPS (Use Mycophenolate Mofetil)	4	
CELLCEPT SUSR (Use Mycophenolate Mofetil)	4	
CELLCEPT TABS (Use Mycophenolate Mofetil)	4	
<i>cyclosporine caps</i>	2	
<i>cyclosporine modified (for microemulsion) caps 25 mg, 100 mg</i>	2	
<i>cyclosporine modified (for microemulsion) caps 50 mg</i>	1	
<i>cyclosporine modified (for microemulsion) soln 100 mg/ml</i>	2	
ENVARUSUS XR TB24	4	ST
IMURAN TABS (Use Azathioprine)	4	
<i>mycophenolate mofetil caps</i>	2	
<i>mycophenolate mofetil susr</i>	2	
<i>mycophenolate mofetil tabs</i>	2	
<i>mycophenolate sodium tbc</i>	1	
MYFORTIC TBEC (Use Mycophenolate Sodium)	4	
NEORAL CAPS (Use Cyclosporine Modified (For Microemulsion))	4	
NEORAL SOLN (Use Cyclosporine Modified (For Microemulsion))	4	
PROGRAF CAPS 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	4	
PROGRAF PACK 0.2 MG, 1 MG	4	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
RAPAMUNE SOLN 1 MG/ML (<i>Use Sirolimus</i>)	3	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (<i>Use Sirolimus</i>)	4	
SANDIMMUNE CAPS 25 MG, 100 MG (<i>Use Cyclosporine</i>)	4	
SANDIMMUNE SOLN 100 MG/ML	4	
<i>sirolimus soln</i>	1	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	2	
ZORTRESS TABS	2	
Potassium Removing Agents		
LOKELMA PACK	4	ST
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate susp re 30 gm/120ml, 50 gm/200ml</i>	1	
VELTASSA PACK	4	ST
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM SUSP	4	
<i>lidocaine hcl (mouth-throat) soln</i>	1	
LIDOCAINE HCL SOLN MT 4 %	3	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	3	
<i>clotrimazole troc</i>	3	
<i>nystatin (mouth-throat) susp</i>	1	
ORAVIG TABS	4	

Drug Name	Drug Tier	Requirements/Limits
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>	4	
EVOXAC CAPS (<i>Use Cevimeline HCl</i>)	4	
<i>pilocarpine hcl (oral) tabs</i>	2	
SALAGEN TABS (<i>Use Pilocarpine HCl (Oral)</i>)	4	
MULTIVITAMINS		
Prenatal Vitamins		
<i>prenatal w/ calcium carbonate-vit b6-vit b12-folic acid tabs</i>	1	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (<i>Use Cyclobenzaprine HCl</i>)	4	
<i>baclofen tabs 10 mg, 20 mg</i>	1	
BACLOFEN TABS 5 MG	4	
<i>carisoprodol tabs 250 mg</i>	2	
<i>carisoprodol tabs 350 mg</i>	1	
CHLORZOXAZONE TABS 250 MG	2	
CHLORZOXAZONE TABS 375 MG, 500 MG, 750 MG	4	
<i>cyclobenzaprine hcl cp24 15 mg, 30 mg</i>	4	
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg, 7.5 mg</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
FEXMID TABS (<i>Use Cyclobenzaprine HCl</i>)	3	
LORZONE TABS	4	
METAXALONE TABS 400 MG	4	
<i>metaxalone tabs 800 mg</i>	4	
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate tb12</i>	2	
PARAFON FORTE DSC TABS (<i>Use Chlorzoxazone</i>)	4	
ROBAXIN TABS (<i>Use Methocarbamol</i>)	4	
ROBAXIN-750 TABS (<i>Use Methocarbamol</i>)	4	
SKELAXIN TABS (<i>Use Metaxalone</i>)	4	
SOMA TABS (<i>Use Carisoprodol</i>)	4	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX TABS (<i>Use Tizanidine HCl</i>)	4	
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>Use Dantrolene Sodium</i>)	4	
<i>dantrolene sodium caps</i>	3	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	2	
<i>carisoprodol w/ aspirin tabs</i>	2	
CYCLO/GABA10/300 PACK THPK	4	PA
NORGESIC FORTE TABS	4	PA
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE TABS	4	PA
ORPHENGESIC FORTE TABS	4	PA

Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	4	Limit 1 bottle per month; QL(0.77 gm daily)
Nasal Agents - Misc.		
TICASPRAY THPK	4	PA
Nasal Anti-infectives		
BACTROBAN NASAL OINT	2	
Nasal Antiallergy		
ASTEPRO SOLN (<i>Use Azelastine HCl</i>)	4	
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	4	
PATANASE SOLN (<i>Use Olopatadine HCl (Nasal)</i>)	4	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	1	
Nasal Steroids		
BECONASE AQ SUSP	4	
<i>budesonide (nasal) susp</i>	2	QL(9 ml per 30 days retail, 26 ml per 90 days mail); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>Use Fluticasone Propionate (Nasal)</i>)	4	RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>Use Fluticasone Propionate (Nasal)</i>)	4	RX/OTC
FLONASE SENSIMIST SUSP	4	
FLUNISOLIDE SOLN	4	

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>fluticasone propionate (nasal) susp</i>	1	RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	QL(34 gm per fill retail,34 gm per 30 days retail)
NASONEX SUSP (<i>Use Mometasone Furoate (Nasal)</i>)	3	QL(34 gm per fill retail,34 gm per 30 days retail)
OMNARIS SUSP	4	Limit 1 per month;QL(0.42 gm daily)
QNASL AERS	4	Limit 1 inhaler per month;QL(0.3 gm daily)
QNASL CHILDRENS AERS	4	Limit 1 inhaler per month;QL(0.23 gm daily)
ZETONNA AERS	4	Limit 1 inhaler per month;QL(0.3 gm daily)
Sympathomimetic Decongestants		
ADRENALIN SOLN	4	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (<i>Use Riluzole</i>)	4	
<i>riluzole tabs</i>	3	
TIGLUTIK SUSP	4	PA
Depolarizing Muscle Relaxants		
SUCCINYLBCHOLINE CHLORIDE SOSY	4	PA
Nondepolarizing Muscle Relaxants		
CISATRACURIUM BESYLATE SOLN	3	
Spinal Muscular Atrophy Agents (SMA)		
ZOLGENSMA 10.1-10.5 KG KIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 10.6-11.0 KG KIT	4	PA
ZOLGENSMA 11.1-11.5 KG KIT	4	PA
ZOLGENSMA 11.6-12.0 KG KIT	4	PA
ZOLGENSMA 12.1-12.5 KG KIT	4	PA
ZOLGENSMA 12.6-13.0 KG KIT	4	PA
ZOLGENSMA 13.1-13.5 KG KIT	4	PA
ZOLGENSMA 2.6-3.0 KG KIT	4	PA
ZOLGENSMA 3.1-3.5 KG KIT	4	PA
ZOLGENSMA 3.6-4.0 KG KIT	4	PA
ZOLGENSMA 4.1-4.5 KG KIT	4	PA
ZOLGENSMA 4.6-5.0 KG KIT	4	PA
ZOLGENSMA 5.1-5.5 KG KIT	4	PA
ZOLGENSMA 5.6-6.0 KG KIT	4	PA
ZOLGENSMA 6.1-6.5 KG KIT	4	PA
ZOLGENSMA 6.6-7.0 KG KIT	4	PA
ZOLGENSMA 7.1-7.5 KG KIT	4	PA
ZOLGENSMA 7.6-8.0 KG KIT	4	PA
ZOLGENSMA 8.1-8.5 KG KIT	4	PA
ZOLGENSMA 8.6-9.0 KG KIT	4	PA
ZOLGENSMA 9.1-9.5 KG KIT	4	PA
ZOLGENSMA 9.6-10.0 KG KIT	4	PA
NUTRIENTS		
Carbohydrates		

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>alcohol soln</i>	3	
Lipids		
OMEGAVEN EMUL	4	PA
Proteins		
AMINO ACID SOLN	3	
AMINOPROTECT SOLN	3	
FREAMINE HBC 6.9% SOLN	3	
GABA SOLN	4	PA
L-TRYPTOPHAN CAPS	3	RX/OTC
NEPHRAMINE SOLN	3	
PROCALAMINE SOLN	3	
PROSOL SOLN	3	
TAURINE SOLN	4	PA
TRYPTOPHAN CAPS	3	RX/OTC
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Use Levobunolol HCl</i>)	4	
<i>betaxolol hcl (ophth) soln</i>	2	
BETIMOL SOLN	2	
BETOPTIC-S SUSP	3	
<i>carteolol hcl (ophth) soln</i>	2	
CARTEOLOL HCL SOLN	4	
COMBIGAN SOLN	4	
COSOPT PF SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	4	

Drug Name	Drug Tier	Requirements/Limits
COSOPT SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	4	
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%</i>	4	
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	2	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	4	
ISTALOL SOLN (<i>Use Timolol Maleate (Ophth)</i>)	4	
<i>levobunolol hcl soln</i>	1	
METIPRANOLOL SOLN	4	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.5 %</i>	4	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG	4	
TIMOLOL/BRIMONIDE/DORZOLAMIDE SOLN	4	PA
TIMOLOL/BRIMONIDINE/DORZOLAMIDE/LATANOPROST SOLN	4	PA
TIMOLOL/DORZOLAMIDE/LATANOPROST SOLN	4	PA
TIMOLOL/LATANOPROST SOLN	4	PA
TIMOPTIC OCUDOSE SOLN	4	
TIMOPTIC SOLN (<i>Use Timolol Maleate (Ophth)</i>)	4	
TIMOPTIC-XE SOLG 0.25 % (<i>Use Timolol Maleate (Ophth)</i>)	4	
TIMOPTIC-XE SOLG 0.25 %, 0.5 %	4	
Cycloplegic Mydriatics		
ATROPINE SULFATE MONOHYDRATE EMUL	4	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
ATROPINE SULFATE OINT OP 1 %	2	
ATROPINE SULFATE SOLN OP 1 %	4	
ATROPINE SULFATE/SODIUM CHLORIDE SOLN	2	
CYCLOGYL SOLN (<i>Use Cyclopentolate HCl</i>)	4	
CYCLOMYDRIL SOLN	4	
<i>cyclopentolate hcl soln 0.5 %, 2 %</i>	4	
<i>cyclopentolate hcl soln 1 %</i>	1	
<i>homatropine hbr soln</i>	1	
ISOPTO ATROPINE SOLN	4	
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	4	
<i>tropicamide soln</i>	2	
TROPICAMIDE/PHENYLEPHRINE SOLN	4	PA
TROPICAMIDE/PROPARGICAMINE/PHENYLEPHRINE/KETOROLAC SOLN	4	PA
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	4	
PHOSPHOLINE IODIDE SOLN	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic - Angiogenesis Inhibitors		
BEVACIZUMAB SOSY	4	PA
LUCENTIS SOSY	J	PA; Specialty Tier 4 May Apply
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	3	
ALPHAGAN P SOLN 0.15 % (<i>Use Brimonidine Tartrate</i>)	4	

Drug Name	Drug Tier	Requirements/Limits
<i>apraclonidine hcl soln</i>	3	
BRIMONIDE/DORZOLAMIDE P-F SOLN	4	PA
<i>brimonidine tartrate soln</i>	2	
IOPIDINE SOLN 0.5 % (<i>Use Apraclonidine HCl</i>)	4	
IOPIDINE SOLN 1 %	4	
SIMBRINZA SUSP	4	
Ophthalmic Anti-infectives		
AZASITE SOLN	4	Limit 2.5mls per month; QL(0.18 ml daily, 14 day(s) limit)
BACITRACIN OINT	4	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	
BESIVANCE SUSP	4	
BETADINE OPHTHALMIC PREP SOLN	4	
BLEPH-10 SOLN (<i>Use Sulfacetamide Sodium (Ophth)</i>)	4	
CILOXAN OINT	4	
CILOXAN SOLN (<i>Use Ciprofloxacin HCl (Ophth)</i>)	4	
<i>ciprofloxacin hcl (ophth) soln</i>	2	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
GENTAK OINT	4	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN	4	Limit 2.5mls per month; QL(0.18 ml daily, 14 day(s) limit)

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>levofloxacin (ophth) soln</i>	4	
MOXEZA SOLN	2	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	4	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN	4	
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	4	
OCUFLOX SOLN (Use Ofloxacin (Ophth))	4	QL(5 ml per fill retail)
<i>ofloxacin (ophth) soln</i>	2	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	4	
POVIDONE IODINE SOLN	4	
<i>sulfacetamide sodium (ophth) soln</i>	1	
SULFACETAMIDE SODIUM OINT	3	
<i>tobramycin (ophth) soln</i>	1	
TOBREX OINT	4	
TOBREX SOLN (Use Tobramycin (Ophth))	4	
TRIFLURIDINE SOLN	4	
<i>trifluridine soln</i>	3	
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	3	
VIROPTIC SOLN (Use Trifluridine)	4	
ZIRGAN GEL	4	
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	4	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Decongestants		
<i>phenylephrine hcl (ophth) soln</i>	1	
Ophthalmic Immunomodulators		
CEQUA SOLN	4	PA
RESTASIS EMUL	4	
RESTASIS MULTIDOSE EMUL	4	
Ophthalmic Kinase Inhibitors		
ROCKLATAN SOLN	4	PA
Ophthalmic Local Anesthetics		
AKTEN GEL	4	
ALCAINE SOLN (Use Proparacaine HCl)	4	
<i>proparacaine hcl soln</i>	2	
<i>tetracaine hcl (ophth) soln</i>	4	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	4	PA; Specialty Tier 3 May Apply
Ophthalmic Steroids		
ALREX SUSP	4	
<i>bacitracin-poly-neomycin-hc oint</i>	1	
BLEPHAMIDE S.O.P. OINT	4	
BLEPHAMIDE SUSP	4	
DEXAMETHASONE SODIUM PHOSPHATE SOLN	4	
DUREZOL EMUL	4	
FLAREX SUSP	2	
<i>fluorometholone (ophth) 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
FML FORTE SUSP	4	Limit 5mls per month;QL(0.17 ml daily)
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	4	
FML OINT	4	
INVELTYS SUSP	4	PA
KLARITY-B SOLN	4	PA
KLARITY-L EMUL	4	PA
LOTEMAX GEL	4	
LOTEMAX OINT	4	
LOTEMAX SM GEL	4	PA
LOTEMAX SUSP (Use Loteprednol Etabonate)	4	
<i>loteprednol etabonate susp</i>	4	
MAXIDEX SUSP	4	
MAXITROL OINT (Use Neomycin-Polymyxin-Dexameth)	4	
MAXITROL SUSP (Use Neomycin-Polymyxin-Dexameth)	4	
<i>neomycin-polymyxin-dexameth oint</i>	1	
<i>neomycin-polymyxin-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	4	
PRED FORTE SUSP	4	
PRED MILD SUSP	4	
PRED-G S.O.P. OINT	4	

Drug Name	Drug Tier	Requirements/Limits
PRED-G SUSP	3	
PREDNISOLONE ACETATE P-F SUSP	4	
PREDNISOLONE ACETATE SUSP	4	
PREDNISOLONE ACETATE/MOXIFLOXACIN SUSP	4	PA
PREDNISOLONE ACETATE/MOXIFLOXACIN/BROMFENAC SUSP	4	PA
PREDNISOLONE ACETATE/MOXIFLOXACIN/NEPAFENAC SUSP	4	PA
PREDNISOLONE ACETATE/NEPAFENAC SUSP	4	PA
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	4	
PREDNISOLONE SODIUM PHOSPHATE/BROMFENAC SOLN	4	PA
PREDNISOLONE SODIUM PHOSPHATE/GATIFLOXACIN SOLN	4	PA
PREDNISOLONE SODIUM PHOSPHATE/GATIFLOXACIN/BROMFENAC SOLN	4	PA
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	4	PA
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN/BROMFENAC SOLN	4	PA
PREDNISOLONE/MOXIFLOXACIN SOLN	4	PA
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC SOLN	4	PA
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC SOLN	4	PA
<i>sulfacetamide sodium-prednisolone 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
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN	4	
TOBRADEX OINT	4	
TOBRADEX ST SUSP	4	
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	4	QL(5 ml per fill retail,5 ml per 30 days retail)
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail,5 ml per 30 days retail)
YUTIQ IMPL	4	PA
ZYLET SUSP	4	Limit 5mls per month;QL(0.17 ml daily)
Ophthalmics - Misc.		
ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth))	4	
ACULAR SOLN (Use Ketorolac Tromethamine (Ophth))	4	
ACUVAIL SOLN	4	
ALOCRIAL SOLN	4	
ALOMIDE SOLN	3	
<i>azelastine hcl (ophth) soln</i>	2	
AZOPT SUSP	2	
BEPREVE SOLN	4	ST; Limit 10 per month;QL(0.34 ml daily)
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	4	
CHONDROITIN SULFATE SOLN	4	PA
<i>cromolyn sodium (ophth) soln</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
CYSTARAN SOLN	4	Limit 30mls per month;QL(1.33 ml daily)
<i>diclofenac sodium (ophth) soln</i>	2	
<i>dorzolamide hcl soln</i>	1	
DORZOLAMIDE HCL SOLN	4	
ELESTAT SOLN (Use Epinastine HCl (Ophth))	4	
EMADINE SOLN	4	
<i>epinastine hcl (ophth) soln</i>	2	
<i>fluorescein sodium topical strp</i>	3	
<i>fluorescein w/ benoxinate soln</i>	3	
<i>fluorescein w/ proparacaine soln</i>	3	
<i>flurbiprofen sodium soln</i>	2	
FLURBIPROFEN SODIUM SOLN	4	
FUL-GLO STRP	3	
ILEVRO SUSP	4	
<i>ketorolac tromethamine (ophth) soln</i>	3	
LASTACFT SOLN	4	ST
NEVANAC SUSP	4	
<i>olopatadine hcl soln 0.1 %</i>	2	
<i>olopatadine hcl soln 0.2 %</i>	2	Limit 2.5mls per month;QL(0.09 ml daily)
PAREMYD SOLN	3	
PATADAY SOLN (Use Olopatadine HCl)	4	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
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	4	
PAZEO SOLN	4	ST; Limit 1 bottle per month; QL(0.08 4 ml daily)
PROLENSA SOLN	4	
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	4	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	QL(5 ml per 30 days retail, 15 ml per 90 days mail)
<i>latanoprost soln</i>	2	Limit 2.5mls per month; QL(0.09 ml daily)
LATANOPROST SOLN	4	Limit 2.5mls per month; QL(0.09 ml daily)
LUMIGAN SOLN	3	Limit 2.5mls per month; QL(0.09 ml daily)
RESCULA SOLN	4	Limit 1 bottle per month; QL(0.17 ml daily)
TRAVATAN Z SOLN	3	QL(3 ml per 30 days retail, 8 ml per 90 days mail)
XALATAN SOLN (<i>Use Latanoprost</i>)	4	Limit 2.5mls per month; QL(0.09 ml daily)
XELPROS EMUL	4	PA
ZIOPTAN SOLN	4	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Otic Anti-infectives		
CETRAXAL SOLN (<i>Use Ciprofloxacin HCl (Otic)</i>)	4	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	4	
<i>ofloxacin (otic) soln</i>	2	
OTIPRIO SUSP	4	PA
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	3	
COLY-MYCIN S SUSP	4	
CORTISPORIN-TC SUSP	4	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN	4	Limit 14mls per month; QL(0.5 ea daily)
PRAMOTIC LIQD	4	
Otic Steroids		
DERMOTIC OIL (<i>Use Fluocinolone Acetonide (Otic)</i>)	4	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	4	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
PROSTIN E2 SUPP	3	
Oxytocics		
<i>methylergonovine maleate soln ij 0.2 mg/ml</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>methylergonovine maleate tabs or 0.2 mg</i>	2	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Antitoxins-Antivenins		
ANAVIP SOLR	4	PA
Passive Immunizing Agents - Combinations		
HYQVIA KIT	J	PA
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	4	
Natural Penicillins		
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium tabs 250 mg</i>	4	
<i>penicillin v potassium tabs 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	4	
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12	4	

Drug Name	Drug Tier	Requirements/Limits
AMPICILLIN-SULBACTAM SOLR	3	
AUGMENTIN ES-600 SUSR (<i>Use Amoxicillin & Pot Clavulanate</i>)	4	
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	2	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (<i>Use Amoxicillin & Pot Clavulanate</i>)	4	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (<i>Use Amoxicillin & Pot Clavulanate</i>)	4	
AUGMENTIN XR TB12 (<i>Use Amoxicillin & Pot Clavulanate</i>)	4	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
PEG TROCHE BASE PLLT	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>Use Norethindrone Acetate</i>)	4	
MAKENA SOAJ	J	PA; Specialty Tier 2 May Apply
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (<i>Use Megestrol Acetate (Appetite)</i>)	4	
<i>megestrol acetate (appetite) susp</i>	4	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone micronized caps</i>	4	QL(2 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
PROMETRIUM CAPS (<i>Use Progesterone Micronized</i>)	4	QL(2 ea daily)
PROVERA TABS (<i>Use Medroxyprogesterone Acetate</i>)	4	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	2	
ANTABUSE TABS (<i>Use Disulfiram</i>)	4	
<i>disulfiram tabs</i>	1	
Anti-Cataleptic Agents		
XYREM SOLN	4	PA; Specialty Tier 3 May Apply
Antidementia Agents		
ARICEPT TABS (<i>Use Donepezil Hydrochloride</i>)	4	QL(1 ea daily)
<i>donepezil hydrochloride tabs 23 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	2	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 5 mg, 10 mg</i>	2	QL(1 ea daily)
EXELON PT24 (<i>Use Rivastigmine</i>)	4	
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	4	
<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>	4	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>)	4	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TITRATION PAK TABS (<i>Use Memantine HCl</i>)	4	
NAMENDA XR CP24 (<i>Use Memantine HCl</i>)	4	PA
NAMENDA XR TITRATION PACK CP24	4	PA
NAMZARIC CP24	4	PA
RAZADYNE ER CP24 (<i>Use Galantamine Hydrobromide</i>)	4	
RAZADYNE TABS (<i>Use Galantamine Hydrobromide</i>)	4	
<i>rivastigmine pt24</i>	3	
<i>rivastigmine tartrate caps</i>	3	
Combination Psychotherapeutics		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS	4	
<i>olanzapine-fluoxetine hcl caps</i>	4	
<i>perphenazine-amitriptyline tabs</i>	1	
PERPHENAZINE/AMITRIPTYLINE TABS	4	
SYMBYAX CAPS (<i>Use Olanzapine-Fluoxetine HCl</i>)	4	
Fibromyalgia Agents		
SAVELLA TABS	4	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	4	PA
Hypoactive Sexual Desire Disorder (HSDD)		
VYLEESI SOAJ	4	PA
Movement Disorder Drug Therapy		
INGREZZA CAPS	4	PA; Specialty Tier 3 May Apply
INGREZZA CPPK	4	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
<i>tetrabenazine tabs</i>	4	Specialty Tier 2 May Apply
XENAZINE TABS (<i>Use Tetrabenazine</i>)	4	Specialty Tier 2 May Apply
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use Dalfampridine</i>)	3	PA; Specialty Tier 1 May Apply
AUBAGIO TABS	4	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	4	PA; Specialty Tier 2 May Apply
<i>glatiramer acetate sosy</i>	J	PA; Specialty Tier 2 May Apply
MAVENCLAD TBPK	4	PA
MAYZENT STARTER PACK TBPK	4	PA
MAYZENT TABS	4	PA
PLEGRIDY SOPN	J	PA; Specialty Tier 2 May Apply

Drug Name	Drug Tier	Requirements/ Limits
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
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	4	PA; Specialty Tier 2 May Apply
TECFIDERA STARTER PACK MISC	4	PA; Specialty Tier 2 May Apply
ZINBRYTA SOSY	J	PA; Specialty Tier 3 May Apply
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE STARTER MISC	4	PA
GRALISE TABS	4	PA
LYRICA CR TB24 165 MG, 82.5 MG	4	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG	4	PA; QL(2 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS 10 MG	4	QL(1 ea daily)
FLUOXETINE CAPS 20 MG	3	
<i>fluoxetine hcl (pmdd) tabs</i>	4	

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
SARAFEM TABS (<i>Use Fluoxetine HCl (PMDD)</i>)	4	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA CAPS	4	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	4	
ORAP TABS (<i>Use Pimozide</i>)	3	
PIMOZIDE TABS	3	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	4	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>)	4	PV
<i>nicotine pt24</i>	1	PV
NICOTROL INHALER INHA	4	PV
NICOTROL NS SOLN	4	PV
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	4	PV
Vasomotor Symptom Agents		
BRISDELLE CAPS (<i>Use Paroxetine Mesylate (Vasomotor)</i>)	4	
<i>paroxetine mesylate (vasomotor) caps</i>	4	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		

Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACK 25 MG	4	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	4	Specialty Tier 3 May Apply
SYMDEKO TBPk	4	PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS	4	PA; Specialty Tier 3 May Apply
ESBRIET TABS	4	PA; Specialty Tier 3 May Apply
OFEV CAPS	4	PA; Specialty Tier 3 May Apply
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	4	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR IV 100 MG	4	PA
NUZYRA TABS OR 150 MG	4	PA; Specialty Tier 3 May Apply
Glycylcyclines		
<i>tigecycline solr</i>	3	
TIGECYCLINE SOLR	3	
TYGACIL SOLR (<i>Use Tigecycline</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
Tetracyclines		
ACTICLATE TABS (<i>Use Doxycycline Hyclate</i>)	4	PA
<i>demeclocycline hcl tabs</i>	4	
DORYX MPC TBEC	4	PA
DORYX TBEC (<i>Use Doxycycline Hyclate</i>)	4	PA
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	
<i>doxycycline (monohydrate) caps 75 mg, 150 mg</i>	3	
<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	4	PA
<i>doxycycline hyclate tabs 20 mg, 100 mg</i>	1	
DOXYCYCLINE HYCLATE TABS 50 MG	4	PA
<i>doxycycline hyclate tabs 75 mg, 150 mg</i>	4	PA
<i>doxycycline hyclate tbec 50 mg, 200 mg</i>	4	PA
<i>doxycycline hyclate tbec 75 mg, 100 mg, 150 mg</i>	4	ST
MINOCIN CAPS (<i>Use Minocycline HCl</i>)	4	PA
<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>	4	PA
MINOLIRA TB24	4	PA
MONODOX CAPS 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
MONODOX CAPS 75 MG (<i>Use Doxycycline (Monohydrate)</i>)	4	
SEYSARA TABS	4	PA
SOLODYN TB24 (<i>Use Minocycline HCl</i>)	4	PA
TARGADOX TABS	4	PA
<i>tetracycline hcl caps</i>	1	
VIBRAMYCIN CAPS 100 MG (<i>Use Doxycycline Hyclate</i>)	4	
VIBRAMYCIN SUSR 25 MG/5ML (<i>Use Doxycycline (Monohydrate)</i>)	4	
VIBRAMYCIN SYRP 50 MG/5ML	4	
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>)	4	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (<i>Use Thyroid</i>)	4	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	4	
CYTOMEL TABS (<i>Use Liothyronine Sodium</i>)	4	
<i>levothyroxine sodium tabs</i>	1	
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID NT-2.5 TABS	4	
NATURE-THROID TABS 16.25 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
NATURE-THROID TABS 65 MG, 130 MG, 195 MG, 260 MG, 325 MG, 32.5 MG, 97.5 MG, 48.75 MG, 81.25 MG, 113.75 MG, 146.25 MG	4	
SYNTHROID TABS (Use Levothyroxine Sodium)	4	
<i>thyroid tabs</i>	1	
THYROLAR-1 TABS	2	
THYROLAR-1/2 TABS	2	
THYROLAR-1/4 TABS	2	
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	4	
TIROSINT CAPS 175 MCG, 200 MCG	4	PA
TIROSINT-SOL SOLN	4	PA
WESTHROID TABS	4	
WP THYROID TABS 16.25 MG	3	
WP THYROID TABS 65 MG, 130 MG, 32.5 MG, 97.5 MG, 48.75 MG, 81.25 MG, 113.75 MG	4	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use Hyoscyamine Sulfate)	4	
ATROPINE SULFATE SOSY IV 1.2 MG/3ML	4	PA
BELLADONNA/OPIUM SUPP	4	
BENTYL CAPS (Use Dicyclomine HCl)	4	

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl- clidinium bromide caps</i>	1	
CUVPOSA SOLN	3	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
DONNATAL ELIX (Use Phenobarbital- Hyoscyamine-Atropine- Scopolamine)	4	
DONNATAL TABS (Use Phenobarbital- Hyoscyamine-Atropine- Scopolamine)	4	
GLYCATE TABS	4	PA
GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML, 0.2 MG/ML, 1 MG/5ML	4	PA
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE TABS OR 1.5 MG	4	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 (Use Hyoscyamine Sulfate)	4	
LEVSIN/SL SUBL (Use Hyoscyamine Sulfate)	4	
LIBRAX CAPS (Use Chlordiazepoxide HCl- Clidinium Bromide)	4	PA
<i>methscopolamine bromide tabs</i>	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>phenobarbital-hyoscyamine-atropine-scopolamine elix</i> 0.1037mg/5ml- 0.0065mg/5ml- 0.0194mg/5ml-16.2mg/5ml	1	
<i>phenobarbital-hyoscyamine-atropine-scopolamine tabs</i> 0.1037mg-0.0065mg- 0.0194mg-16.2mg	4	
PROPANTHELINE BROMIDE TABS	4	
ROBINUL FORTE TABS (Use <i>Glycopyrrolate</i>)	4	
ROBINUL TABS (Use <i>Glycopyrrolate</i>)	4	
H-2 Antagonists		
CIMETIDINE HCL SOLN	4	
<i>cimetidine tabs</i>	1	
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 20 mg</i>	1	RX/OTC
<i>famotidine tabs 40 mg</i>	1	
<i>nizatidine caps 150 mg, 300 mg</i>	1	
NIZATIDINE SOLN 15 MG/ML	4	
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>Famotidine</i>)	4	RX/OTC
PEPCID SUSR 40 MG/5ML (Use <i>Famotidine</i>)	4	
PEPCID TABS 20 MG (Use <i>Famotidine</i>)	4	RX/OTC
PEPCID TABS 40 MG (Use <i>Famotidine</i>)	4	
<i>ranitidine hcl caps 150 mg, 300 mg</i>	1	
<i>ranitidine hcl syr 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl tabs 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs 300 mg</i>	1	
ZANTAC 150 MAXIMUM STRENGTH TABS (Use <i>Ranitidine HCl</i>)	4	RX/OTC
ZANTAC TABS (Use <i>Ranitidine HCl</i>)	4	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	4	
CARAFATE TABS 1 GM (Use <i>Sucralfate</i>)	4	
<i>sucralfate tabs</i>	1	
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP 5 MG, 10 MG	4	PA
ACIPHEX TBEC (Use <i>Rabeprazole Sodium</i>)	4	PA
DEXILANT CPDR	4	PA
<i>esomeprazole magnesium cpdr 20 mg</i>	4	PA; RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	4	PA
ESOMEPRAZOLE STRONTIUM CPDR 49.3 MG, 24.65 MG	4	PA; QL(1 ea daily)
FIRST-LANSOPRAZOLE SUSP	4	
FIRST-OMEPRAZOLE SUSP	4	
<i>lansoprazole cpdr 15 mg</i>	1	QL(1 ea daily); RX/OTC
<i>lansoprazole cpdr 15 mg</i>	1	RX/OTC
<i>lansoprazole cpdr 15 mg</i>	4	PA; RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
<i>lansoprazole tbdp 15 mg, 30 mg</i>	4	QL(1 ea daily); AL(Up to 12 yrs old)

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
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>Esomeprazole Magnesium</i>)	4	PA; RX/OTC
NEXIUM 24HR CPDR (Use <i>Esomeprazole Magnesium</i>)	4	PA; RX/OTC
NEXIUM CPDR 20 MG (Use <i>Esomeprazole Magnesium</i>)	4	PA; RX/OTC
NEXIUM CPDR 40 MG (Use <i>Esomeprazole Magnesium</i>)	4	PA
NEXIUM PACK 5 MG, 10 MG, 20 MG, 40 MG, 2.5 MG	4	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	4	
<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 <i>Lansoprazole</i>)	4	RX/OTC
PREVACID CPDR 30 MG (Use <i>Lansoprazole</i>)	4	
PREVACID SOLUTAB TBDP (Use <i>Lansoprazole</i>)	4	QL(1 ea daily); AL(Up to 12 yrs old)
PROTONIX PACK 40 MG	4	QL(1 ea daily)
PROTONIX TBEC 20 MG, 40 MG (Use <i>Pantoprazole Sodium</i>)	4	
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	4	PA
<i>rabeprazole sodium tbec</i>	4	PA
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use <i>Misoprostol</i>)	4	
<i>misoprostol tabs</i>	2	
Ulcer Therapy Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1	QL(112 ea per 365 days retail, 112 ea per 365 days mail)
OMECLAMOX-PAK MISC	4	
<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	4	PA; RX/OTC
<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	4	PA
<i>omeprazole-sodium bicarbonate pack 20mg-1680mg, 40mg-1680mg</i>	4	PA
PREVPAC MISC (Use <i>Amoxicillin-Clarithromycin w/ Lansoprazole</i>)	4	QL(112 ea per 365 days retail, 112 ea per 365 days mail)
PYLERA CAPS	4	QL(120 ea per 10 days retail)
ZEGERID CAPS 20MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i>)	4	PA; RX/OTC
ZEGERID CAPS 40MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i>)	4	PA
ZEGERID PACK 20MG-1680MG, 40MG-1680MG (Use <i>Omeprazole-Sodium Bicarbonate</i>)	4	PA
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
HYOPHEN TABS	4	
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal tabs</i>	4	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal caps</i>	3	
Urinary Anti-infectives		
FURADANTIN SUSP (Use <i>Nitrofurantoin</i>)	4	

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
HIPREX TABS (Use Methenamine Hippurate)	4	
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	4	
MACRODANTIN CAPS (Use Nitrofurantoin Macrocrystal)	4	
methenamine hippurate tabs	2	
methenamine mandelate tabs 0.5 gm, 1 gm	2	
methenamine mandelate tabs 500 mg	4	PA
MONUROL PACK	4	
nitrofurantoin macrocrystal caps	1	
nitrofurantoin monohyd macro caps	2	
nitrofurantoin susp	2	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	4	
DETROL LA CP24 (Use Tolterodine Tartrate)	4	QL(1 ea daily)
DETROL TABS (Use Tolterodine Tartrate)	4	
DITROPAN XL TB24 (Use Oxybutynin Chloride)	4	
ENABLEX TB24 (Use Darifenacin Hydrobromide)	4	
GELNIQUE GEL	4	
GELNIQUE PUMP GEL	4	
oxybutynin chloride syrpf 5 mg/5ml	1	
oxybutynin chloride tabs 5 mg	1	
oxybutynin chloride tb24 5 mg, 10 mg, 15 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
OXYTROL FOR WOMEN PTTW	4	RX/OTC
OXYTROL PTTW	4	RX/OTC
solifenacin succinate tabs	4	
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1	
TOVIAZ TB24	3	
tropium chloride cp24 60 mg	2	
tropium chloride tabs 20 mg	1	
VESICARE TABS (Use Solifenacin Succinate)	4	
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	4	QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs 5 mg, 10 mg, 25 mg	4	
bethanechol chloride tabs 50 mg	1	
URECHOLINE TABS (Use Bethanechol Chloride)	4	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	2	
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Miscellaneous Vaginal Products		
FEM PH GEL	4	
RELAGARD GEL	4	
Vaginal Anti-infectives		
AVC CREA	4	
CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	4	

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
CLEOCIN SUPP VA 100 MG	4	
<i>clindamycin phosphate vaginal crea</i>	2	
CLINDESSE CREA	3	
GYNAZOLE-1 CREA	4	
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	4	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
NUVESSA GEL	4	PA
TERAZOL 7 CREA (Use Terconazole Vaginal)	4	
TERCONAZOLE CREA	4	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (Use Estradiol Vaginal)	3	
<i>estradiol vaginal crea 0.1 mg/gm</i>	3	
<i>estradiol vaginal tabs 10 mcg</i>	3	QL(90 ea per fill retail)
ESTRING RING	4	QL(1 ea per 83 days retail)
FEMRING RING	4	QL(90 ea per fill retail)
PREMARIN CREA VA 0.625 MG/GM	2	GL
VAGIFEM TABS (Use Estradiol Vaginal)	3	QL(90 ea per fill retail)
Vaginal Progestins		
CRINONE GEL	4	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		

Drug Name	Drug Tier	Requirements/Limits
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	J	PA; Specialty Tier 1 May Apply;QL(4 ea per 30 days retail)2 rtl pack lmt per fill,
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	5	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>	4	PA
EPIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	5	PA; Specialty Tier 1 May Apply;QL(2 ea per fill retail,4 ea per 30 days retail)
EPIPEN-JR 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	5	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	4	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	4	PA
Vasopressors		
<i>dobutamine hcl soln</i>	3	
<i>dobutamine in d5w soln</i>	3	
<i>dopamine hcl soln 40 mg/ml</i>	3	
DOPAMINE HCL SOLN 80 MG/ML, 160 MG/ML	3	
<i>dopamine in d5w soln</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
EPHEDRINE SULFATE SOSY	4	PA
EPINEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	4	PA
EPINEPHRINE SOSY	4	PA
<i>midodrine hcl tabs</i>	3	
PHENYLEPHRINE HYDROCHLORIDE SOSY	4	PA
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>Use Ergocalciferol</i>)	4	
<i>ergocalciferol caps</i>	1	
MEPHYTON TABS (<i>Use Phytonadione</i>)	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.

Index

abacavir sulfate	45	ADALAT CC	49	ALFERON N	40
abacavir sulfate-lamivudine	45	adapalene	57	alfuzosin hcl	78
abacavir sulfate-lamivudine-zidovudine	45	ADAPALENE	57	ALINIA	11
ABILIFY	44	adapalene-benzoyl peroxide	57	aliskiren fumarate	33
ABILIFY MYCITE	44	ADCETRIS	36	ALKERAN	35
abiraterone acetate	37	ADCIRCA	51	allopurinol	78
ABSORICA	57	ADDERALL	1	ALLZITAL	5
ABSTRAL	6	ADDERALL XR	1	almotriptan malate	86
acamprosate calcium	100	adefovir dipivoxil	47	ALOCRIAL	97
ACANYA	57	ADEMPAS	52	ALOGLIPTIN	24
acarbose	23	ADHANSIA XR	2	ALOGLIPTIN/METFORMIN HCL	23
ACCOLATE	14	ADMELOG	24	ALOGLIPTIN/PIOGLITAZONE	23
ACCU-CHEK GUIDE	68	ADMELOG SOLOSTAR	24	ALOMIDE	97
ACCUPRIL	31	ADRENALIN	92	ALORA	74
ACCURETIC	32	ADVAIR DISKUS	15	alosepron hcl	76
acebutolol hcl	48	ADVAIR HFA	15	ALOXI	27
ACEON	31	ADVATE	78	ALPHAGAN P	94
acetaminophen w/ codeine	8	ADZENYS XR-ODT	1	ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN	78
acetazolamide	69	AEMCOLO	11	ALPHANINE SD	78
acetic acid (otic)	98	AEROSPAN	14	alprazolam	12,13
acetylcysteine	57	AFINITOR	38	ALPRAZOLAM INTENSOL	12
ACIPHEX	105	AFINITOR DISPERZ	38	ALPROLIX	78
ACIPHEX SPRINKLE	105	AFREZZA	24	ALREX	95
acitretin	62	AFTERTEST TOPICAL PAIN RELIEF	67	ALTABAX	60
ACTEMRA	3	AGGRENOX	80	ALTACE	31
ACTEMRA ACTPEN	3	AGRYLIN	80	ALTOPREV	30
ACTHAR	71	AJOVY	86	ALTRENO	57
ACTICLATE	103	AKTEN	95	ALVESCO	14
ACTIDOM DMX	56	AKYNZEO	28	amantadine hcl	42
ACTIGALL	75	ALA SCALP	63	AMARYL	26
ACTIMMUNE	40	albendazole	10	AMBIEN	82
ACTIQ	6	ALBENZA	10	AMBIEN CR	82
ACTIVASE	80	ALBUMINEX	80	ambrisentan	51
ACTIVELLA	74	albuterol sulfate	15	AMCINONIDE	63
ACTONEL	70	ALBUTEROL SULFATE ER	15	AMERGE	86
ACTOPLUS MET	23	ALCAINE	95	AMICAR	81
ACTOPLUS MET XR	23	alclometasone dipropionate	63	amiloride & hydrochlorothiazide	69
ACTOS	24	alcohol	93	amiloride hcl	70
ACULAR	97	ALDACTAZIDE	69	AMINO ACID	93
ACULAR LS	97	ALDACTONE	70	aminocaproic acid	81
ACUVAIL	97	ALDARA	66	aminophylline	16
acyclovir	48	ALECENSA	38	AMINOPROTECT	93
acyclovir sodium	48	ALENDRONATE SODIUM	70	amiodarone hcl	13
acyclovir topical	62	alendronate sodium	70		
ACZONE	57				

AMITIZA.....	75	ANUSOL-HC.....	10	ASTEPRO.....	91
amitriptyline hcl.....	22	ANZEMET.....	27	ATACAND.....	31
amlodipine besylate.....	49	AP-HIST DM.....	56	ATACAND HCT.....	32
amlodipine besylate-atorvastatin calcium.....	50	APADAZ.....	8	atazanavir sulfate.....	45
amlodipine besylate-benazepril hcl.....	32	APEXICON E.....	63	ATELVIA.....	70
amlodipine besylate-olmesartan medoxomil.....	32	APIDRA.....	25	atenolol.....	48
amlodipine besylate- valsartan.....	32	APIDRA SOLOSTAR.....	25	atenolol & chlorthalidone.....	32
amlodipine-valsartan- hydrochlorothiazide.....	32	APLENZIN.....	21	ATIVAN.....	13
AMOXAPINE.....	22	apraclonidine hcl.....	94	atomoxetine hcl.....	1
amoxicillin.....	99	aprepitant.....	28	atorvastatin calcium.....	30
amoxicillin & pot clavulanate.....	99	APRISO.....	76	atovaquone.....	11
amoxicillin-clarithromycin w/ lansoprazole.....	106	APTENSIO XR.....	2	atovaquone-proguanil hcl.....	34
AMOXICILLIN/CLAVULANATE POTASSIUM.....	99	APTIOM.....	18	ATRALIN.....	57
AMOXICILLIN/CLAVULANATE POTASSIUM ER.....	99	APTIVUS.....	45	ATRIPLA.....	45
amphetamine sulfate.....	1	ARAKODA.....	34	ATROPINE SULFATE ..	94,104
amphetamine- dextroamphetamine.....	1	ARANESP ALBUMIN FREE.....	81	ATROPINE SULFATE MONOHYDRATE.....	93
AMPICILLIN.....	99	ARAVA.....	5	ATROPINE SULFATE/SODIUM CHLORIDE.....	94
AMPICILLIN-SULBACTAM.....	99	ARCALYST.....	3	ATROVENT HFA.....	13
AMPYRA.....	101	ARCAPTA NEOHALER.....	15	AUBAGIO.....	101
AMRIX.....	90	ARICEPT.....	100	AUGMENTED BETAMETHASONE DIPROPIONATE.....	63
ANADROL-50.....	9	ARIKAYCE.....	2	AUGMENTIN.....	99
ANAFRANIL.....	22	ARIMIDEX.....	37	AUGMENTIN ES-600.....	99
anagrelide hcl.....	80	aripiprazole.....	44,45	AUGMENTIN XR.....	99
ANALPRAM HC.....	10	ARIXTRA.....	16	AURYXIA.....	76
ANALPRAM HC SINGLES.....	10	armodafinil.....	2	AUTOPEN.....	85
ANALPRAM-HC.....	10	ARMOUR THYROID.....	103	AUVI-Q.....	108
ANAPROX DS.....	3	ARNUITY ELLIPTA.....	14	AVALIDE.....	32
ANASPAZ.....	104	AROMASIN.....	37	AVANDIA.....	24
anastrozole.....	37	ARTHROTEC 50.....	3	AVAPRO.....	31
ANAVIP.....	99	ARTHROTEC 75.....	3	AVASTIN.....	36
ANCOBON.....	28	ARZERRA.....	36	AVC.....	107
ANDRODERM.....	9	ASACOL HD.....	76	AVELOX.....	75
ANDROGEL.....	9	ASMANEX HFA.....	14	AVODART.....	78
ANDROGEL PUMP.....	9	ASMANEX TWISTHALER 120 METERED DOSES.....	14	AVONEX.....	101
ANDROID.....	9	ASMANEX TWISTHALER 14 METERED DOSES.....	14	AVONEX PEN.....	101
ANDROXY.....	9	ASMANEX TWISTHALER 30 METERED DOSES.....	14	AXERT.....	86
ANGELIQ.....	74	ASMANEX TWISTHALER 60 METERED DOSES.....	14	AXIRON.....	9
ANNOVERA.....	54	ASMANEX TWISTHALER 7 METERED DOSES.....	14	AXUMIN.....	68
ANORO ELLIPTA.....	15	ASPIRIN-CAFFEINE- DIHYDROCODEINE.....	8	AYGESTIN.....	99
ANTABUSE.....	100	aspirin-dipyridamole.....	80	azacitidine.....	36
ANTARA.....	30	ASSURE PLATINUM TEST STRIPS.....	68	AZASAN.....	89
		ASTAGRAF XL.....	89	AZASITE.....	94
				azathioprine.....	89
				azelaic acid.....	68

azelastine hcl.....	91	BENZOYL PEROXIDE		BOSULIF.....	38
azelastine hcl (ophth).....	97	CLEANSER.....	58	BRAFTOVI.....	38
AZELEX.....	57	benzoyl peroxide-		BREO ELLIPTA.....	15
AZILECT.....	43	erythromycin.....	58	BREVICON-28.....	53
azithromycin.....	83	benztropine mesylate.....	42	BRILINTA.....	80
AZOPT.....	97	BEPREVE.....	97	BRIMONIDE/DORZOLAMIDE P-	
AZOR.....	32	BESIVANCE.....	94	F.....	94
AZULFIDINE.....	76	BETADINE OPHTHALMIC		brimonidine tartrate.....	94
AZULFIDINE EN-TABS.....	76	PREP.....	94	BRISDELLE.....	102
BACITRACIN.....	94	BETAGAN.....	93	BRIVIACT.....	18
bacitracin-poly-neomycin-hc	95	betamethasone dipropionate		BROMFENAC.....	97
bacitracin-polymyxin b		(topical).....	63	bromfenac sodium (ophth)...	97
(ophth).....	94	betamethasone dipropionate		bromocriptine mesylate.....	42
baclofen.....	90	augmented.....	63	BROMPHENIRAMINE	
BACLOFEN.....	90	betamethasone valerate... 63		TANNATE.....	29
BACTRIM.....	11	BETAPACE.....	49	BROVANA.....	15
BACTRIM DS.....	11	BETAPACE AF.....	49	BRYHALI.....	63
BACTROBAN.....	60	BETASERON.....	101	budesonide.....	55
BACTROBAN NASAL.....	91	betaxolol hcl.....	48	budesonide (inhalation).....	14
balsalazide disodium.....	76	betaxolol hcl (ophth).....	93	budesonide (nasal).....	91
BANZEL.....	18	bethanechol chloride.....	107	bumetanide.....	70
BAQSIMI ONE PACK.....	24	BETHKIS.....	2	BUMEX.....	70
BAQSIMI TWO PACK.....	24	BETIMOL.....	93	BUNAVAIL.....	9
BARACLUDE.....	47	BETOPTIC-S.....	93	BUPHENYL.....	72
BASAGLAR KWIKPEN.....	25	BEVACIZUMAB.....	94	BUPIVACAINE	
BD PEN.....	85	BEVESPI AEROSPHERE.....	15	HYDROCHLORIDE/DEXTROSE	
BD PEN MINI.....	85	bexarotene.....	40	.....	83
BEBULIN.....	79	BEYAZ.....	53	BUPIVACAINE	
BECONASE AQ.....	91	BI-MIX.....	50	HYDROCHLORIDE/SODIUM	
BELBUCA.....	9	bicalutamide.....	37	CHLORIDE.....	83
BELEODAQ.....	38	BIDIL.....	50	buprenorphine.....	9
BELLADONNA/OPIUM.....	104	BIJUVA.....	74	BUPRENORPHINE.....	9
BELSOMRA.....	82	BILTRICIDE.....	10	buprenorphine hcl.....	9
benazepril &		bimatoprost.....	98	buprenorphine hcl-naloxone hcl	
hydrochlorothiazide.....	32	BINOSTO.....	70	dihydrate.....	9
benazepril hcl.....	31	BIO-STATIN.....	28	bupropion hcl.....	21
BENEFIX.....	79	bisacodyl-peg 3350-pot		bupropion hcl (smoking	
BENICAR.....	31	chloride-sod bicarb-sod		deterrent).....	102
BENICAR HCT.....	32	chloride.....	82	BUPROPION	
BENTYL.....	104	bisoprolol &		HYDROCHLORIDE ER (XL).....	21
BENZAACLIN.....	57	hydrochlorothiazide.....	32	bupirone hcl.....	12
BENZAACLIN WITH PUMP.....	57	bisoprolol fumarate.....	48	butalbital-acetaminophen.....	5
BENZAMYCIN.....	58	bleomycin sulfate.....	38	butalbital-acetaminophen-	
BENZHYDROCODONE/ACETA		BLEPH-10.....	94	caffeine.....	5
MINOPHEN.....	8	BLEPHAMIDE.....	95	butalbital-acetaminophen-	
benzonatate.....	56	BLEPHAMIDE S.O.P.....	95	caffeine w/ codeine.....	8
benzoyl peroxide.....	58	BLINCYTO.....	36	butalbital-aspirin-caffeine.....	5
		BONIVA.....	70	butalbital-aspirin-caffeine	
		bosentan.....	51	w/cod.....	8
				BUTALBITAL/ACETAMINOPHEN	
				.....	5

BUTALBITAL/ASPIRIN/CAFFEIN E.....	5	CARBIDOPA/LEVODOPA/ENT ACAPONE.....	42	CETYLEV.....	27
BUTISOL SODIUM.....	82	carbinoxamine maleate.....	29	cevimeline hcl.....	90
butorphanol tartrate.....	9	carboplatin.....	35	CHANTIX.....	102
BUTRANS.....	9	CARDIZEM.....	49	CHANTIX CONTINUING MONTHPAK.....	102
BYDUREON.....	24	CARDIZEM CD.....	49	CHANTIX STARTING MONTH PAK.....	102
BYDUREON PEN.....	24	CARDIZEM LA.....	49	CHEK-STIX COMBO PAK URINALYSIS CONTROL.....	68
BYETTA.....	24	CARDURA.....	32	CHEK-STIX CONTROL.....	68
BYSTOLIC.....	48	CARDURA XL.....	78	CHEMET.....	27
BYVALSON.....	32	carisoprodol.....	90	CHEMSTRIP-K.....	68
cabergoline.....	73	carisoprodol w/ aspirin.....	91	CHENODAL.....	75
CABOMETYX.....	38	carisoprodol w/ aspirin & codeine.....	91	chlordiazepoxide hcl.....	13
CADUET.....	50	CARNITOR.....	73	chlordiazepoxide hcl-clidinium bromide.....	104
CAFERGOT.....	85	CARNITOR SF.....	72	CHLORDIAZEPOXIDE/AMITRIP TYLINE.....	100
caffeine citrate.....	1	CARTEOLOL HCL.....	93	CHLORHEXIDINE GLUCONATE.....	45
CALAN.....	49	carteolol hcl (ophth).....	93	CHLOROQUINE PHOSPHATE.....	34
CALAN SR.....	49	carvedilol.....	48	chloroquine phosphate.....	34
calcipotriene.....	62	carvedilol phosphate.....	48	CHLOROTHIAZIDE.....	70
calcipotriene-betamethasone dipropionate.....	63	CASODEX.....	37	chlorothiazide.....	70
calcitonin (salmon).....	70	CATAPRES.....	32	chlorpromazine hcl.....	44
calcitriol.....	72	CAYA.....	84	chlorpropamide.....	26
calcitriol (topical).....	62	CEDAX.....	52	chlorthalidone.....	70
calcium acetate (phosphate binder).....	76	cefaclor.....	52	CHLORZOXAZONE.....	90
CALCIUM GLUCONATE.....	87	CEFACLOR.....	52	CHOLBAM.....	75
CAMBIA.....	86	CEFACLOR ER.....	52	cholestyramine.....	29
CAMPTOSAR.....	41	cefadroxil.....	52	cholestyramine light.....	29
CANASA.....	76	cefdinir.....	52	choline & mag salicylate.....	6
candesartan cilexetil.....	31	CEFDITOREN PIVOXIL.....	52	choline fenofibrate.....	30
candesartan cilexetil- hydrochlorothiazide.....	32	cefixime.....	52	CHONDROITIN SULFATE.....	97
CANTHARIDIN.....	67	cefpodoxime proxetil.....	52	ciclopirox.....	60
capecitabine.....	36	cefprozil.....	52	ciclopirox olamine.....	60
CAPEX.....	63	CEFTIBUTEN.....	52	cilostazol.....	80
CAPRELSA.....	38	CEFTIN.....	52	CILOXAN.....	94
captopril.....	31	cefuroxime axetil.....	52	cimetidine.....	105
captopril & hydrochlorothiazide.....	32	CELEBREX.....	3	CIMETIDINE HCL.....	105
CARAC.....	61	celecoxib.....	3	CIMZIA.....	76
CARAFATE.....	105	CELEXA.....	21	CIMZIA STARTER KIT.....	76
CARBAGLU.....	72	CELLCEPT.....	89	cinacalcet hcl.....	73
carbamazepine.....	18	CELONTIN.....	20	CINRYZE.....	80
CARBATROL.....	18	cephalexin.....	52	CIPRO.....	75
carbidopa.....	41	CEPHALEXIN.....	52	CIPRO HC.....	98
carbidopa-levodopa.....	42	CEQUA.....	95	CIPRODEX.....	98
carbidopa-levodopa-entacapone	42	CERDELGA.....	80	ciprofloxacin.....	75
		CESAMET.....	28		
		CETACAINE.....	67		
		CETRAXAL.....	98		

CIPROFLOXACIN ER.....	75	CLODERM PUMP.....	64	COREG.....	48
CIPROFLOXACIN HCL.....	75	clomipramine hcl.....	22	COREG CR.....	48
ciprofloxacin hcl.....	75	clonazepam.....	17	CORGARD.....	49
ciprofloxacin hcl (ophth).....	94	clonidine hcl.....	32	CORIFACT.....	79
ciprofloxacin hcl (otic).....	98	clonidine hcl (adhd).....	1	CORLANOR.....	52
CISATRACURIUM		clodogrel bisulfate.....	80	CORTEF.....	55
BESYLATE.....	92	clorazepate dipotassium.....	13	CORTENEMA.....	10
CISPLATIN.....	35	CLORPRES.....	32	CORTIFOAM.....	10
cisplatin.....	35	clotrimazole.....	90	cortisone acetate.....	55
citalopram hydrobromide.....	21	clotrimazole w/ betamethasone.....	60	CORTISPORIN.....	60
cladribine.....	36	clozapine.....	44	CORTISPORIN-TC.....	98
CLARINEX-D 12 HOUR.....	56	CLOZAPINE.....	44	CORZIDE.....	32
CLARITHROMYCIN.....	83	clozapine.....	44	COSENTYX.....	62
clarithromycin.....	83,84	CLOZAPINE ODT.....	44	COSENTYX SENSOREADY PEN.....	62
CLEOCIN.....	107,108	CLOZARIL.....	44	COSOFT.....	93
CLEOCIN PEDIATRIC GRANULES.....	11	COARTEM.....	34	COSOFT PF.....	93
CLEOCIN-T.....	58	codeine sulfate.....	6	COTELLIC.....	38
CLIMARA.....	74	CODEINE SULFATE.....	6	COUMADIN.....	16
CLIMARA PRO.....	74	CODITUSSIN AC.....	56	COZAAR.....	31
CLINDACIN ETZ PLEDGETS.....	58	COENZYME Q-10.....	2	CREON.....	69
CLINDACIN-P.....	58	COLAZAL.....	76	CRESEMBA.....	28
CLINDAGEL.....	58	COLCHICINE.....	78	CRESTOR.....	30
clindamycin hcl.....	11	colchicine.....	78	CRINONE.....	108
clindamycin palmitate hydrochloride.....	11	colchicine w/ probenecid.....	78	CRIVIVAN.....	45
CLINDAMYCIN PHOSPHATE.....	58	COLCRYS.....	78	cromolyn sodium.....	13
clindamycin phosphate (topical).....	58	colesevelam hcl.....	29	cromolyn sodium (mastocytosis).....	75
clindamycin phosphate vaginal.....	108	COLESTID.....	29	cromolyn sodium (ophth).....	97
clindamycin phosphate-benzoyl peroxide.....	58	COLESTID FLAVORED.....	29	CROSCARMELLOSE SODIUM.....	53
clindamycin phosphate-benzoyl peroxide (refrigerate).....	58	colestipol hcl.....	29	CUPRIMINE.....	89
clindamycin phosphate- tretinoin.....	58	COLY-MYCIN S.....	98	CUTIVATE.....	64
CLINDESSE.....	108	COLYTE-FLAVOR PACKS.....	83	CUVPOSA.....	104
clobazam.....	17	COMBIGAN.....	93	cyanocobalamin.....	80
clobetasol propionate.....	63	COMBIPATCH.....	74	CYANOCOBALAMIN.....	80
clobetasol propionate emollient base.....	63	COMBIVENT RESPIMAT.....	15	CYCLESSA.....	53
clobetasol propionate emulsion.....	63	COMBIVIR.....	45	CYCLO/GABA10/300 PACK.....	91
CLOBEX.....	64	COMETRIQ.....	38	cyclobenzaprine hcl.....	90
CLOCORTOLONE PIVALATE.....	64	COMPLERA.....	45	CYCLOGYL.....	94
CLOCORTOLONE PIVALATE PUMP.....	64	COMTAN.....	42	CYCLOMYDRIL.....	94
CLODERM.....	64	CONCERTA.....	2	cyclopentolate hcl.....	94
		CONDYLOX.....	67	cyclophosphamide.....	35
		CONZIP.....	6	CYCLOPHOSPHAMIDE.....	35
		COPAXONE.....	101	cyclophosphamide.....	35
		COPEGUS.....	47	CYCLOPHOSPHAMIDE.....	35
		COPIKTRA.....	38	cyclophosphamide.....	35
		CORDRAN.....	64		

cycloserine	35	DEPAKOTE SPRINKLES	20	DEXOPIN	55
CYCLOSET	24	DEPEN TITRATABS	89	dexrazoxane hcl	40
cyclosporine	89	DEPO-PROVERA	37	dextroamphetamine sulfate	1
cyclosporine modified (for microemulsion)	89	DEPO-PROVERA CONTRACEPTIVE	54	DFS/MS/MENTH/CAP PAK	60
CYMBALTA	22	DEPO-SUBQ PROVERA 104	54	DIACOMIT	18
cyproheptadine hcl	29	DERMA-SMOOTH/FS BODY	64	DIAMOX	69
CYRAMZA	36	DERMA-SMOOTH/FS SCALP	64	DIASTAT ACUDIAL	17,18
CYSTAGON	77	DERMATOP	64	DIASTAT PEDIATRIC	18
CYSTARAN	97	DERMOTIC	98	DIATHRIVE BLOOD GLUCOSE TEST STRIPS	68
cytarabine	36	DESCOVY	45	diazepam	13
CYTARABINEAQUEOUS	36	desipramine hcl	22	DIAZEPAM	13
CYTOMEL	103	desmopressin acetate	73	diazepam	13
CYTOTEC	106	desmopressin acetate spray	73	diazepam (anticonvulsant)	18
D-PENAMINE	89	desmopressin acetate spray refrigerated	73	DIAZEPAM RECTAL GEL	18
D.H.E. 45	86	DESOGEN	53	DIBENZYLINE	31
dacarbazine	40	desogestrel & ethinyl estradiol	53	DICLEGIS	28
DACOGEN	36	desogestrel-ethinyl estradiol (biphasic)	53	DICLOFENAC EPOLAMINE	60
DAKLINZA	47	desogestrel-ethinyl estradiol (triphasic)	53	diclofenac potassium	4
dalfampridine	101	DESONATE	64	diclofenac sodium	4
DALIRESP	14	desonide	64	diclofenac sodium (actinic keratoses)	61
DALLERGY	56	DESOWEN	64	diclofenac sodium (ophth)	97
danazol	9	desoximetasone	64	diclofenac sodium (topical)	60
DANTRIUM	91	DESOXYN	1	diclofenac w/ misoprostol	4
dantrolene sodium	91	DESVENLAFAXINE ER	22	dicloxacillin sodium	99
dapsone	11	desvenlafaxine succinate	22	dicyclomine hcl	104
dapsone (topical)	58	DETROL	107	didanosine	45
DARAPRIM	34	DETROL LA	107	DIFFERIN	58
darifenacin hydrobromide	107	dexamethasone	55	DIFICID	84
DAURISMO	37	DEXAMETHASONE	55	diflorasone diacetate	64
DAYPRO	4	dexamethasone	55	DIFLUCAN	28
DAYTRANA	2	DEXAMETHASONE	55	diflunisal	6
DDAVP	73	dexamethasone	55	digoxin	50
decitabine	36	DEXAMETHASONE	55	dihydroergotamine mesylate	86
DECON-G	56	DEXAMETHASONE	55	DILANTIN	20
deferasirox	27	DEXAMETHASONE	55	DILANTIN INFATABS	20
DELSTRIGO	45	DEXAMETHASONE	55	DILANTIN-125	20
DELZICOL	76	DEXAMETHASONE INTENSOL	55	DILATRATE SR	12
DEMADEX	70	DEXAMETHASONE SODIUM PHOSPHATE	95	DILAUDID	6
demeclocycline hcl	103	DEXAMETHASONE/SODIUM PHOSPHATE	55	DILT-XR	49
DEMEROL	6	DEXCHLORPHENIRAMINE MALEATE	29	diltiazem hcl	49
DEMSEK	31	DEXEDRINE	1	diltiazem hcl coated beads	49
DENAVIR	63	DEXILANT	105	diltiazem hcl extended release beads	50
DEPAKENE	20	dexmethylphenidate hcl	2	DILTIAZEM HYDROCHLORIDE	50
DEPAKOTE	20			DIOVAN	31
DEPAKOTE ER	20				

DIOVAN HCT	32	doxycycline		EFFER-K	88
DIPENTUM	76	(monohydrate)	103	EFFERVESCENT	
diphenhydramine hcl	29	doxycycline hyclate	103	POTASSIUM/CHLORIDE	88
diphenhydramine hcl (sleep)	82	DOXYCYCLINE		EFFEXOR XR	22
diphenoxylate w/ atropine	27	HYCLATE	103	EFFIENT	80
DIPROLENE	64	doxycycline hyclate	103	EFUDEX	61
DIPROLENE AF	64	DOXYCYCLINE HYCLATE		EGATEN	10
dipyridamole	80	DR	103	ELAVIL	22
disopyramide phosphate	13	doxylamine-pyridoxine	28	ELDEPRYL	43
disulfiram	100	DRISDOL	109	ELESTAT	97
DITROPAN XL	107	dronabinol	28	ELESTRIN	74
DIURIL	70	drosiprenone-ethinyl		eletriptan hydrobromide	86
divalproex sodium	20	estradiol	53	ELIDEL	67
DIVIGEL	74	drosiprenone-ethinyl estradiol-		ELIMITE	68
dobutamine hcl	108	levomefolate calcium	53	ELIPHOS	76
dobutamine in d5w	108	DROXIA	80	ELIQUIS	16
DOCETAXEL	41	DRYSOL	67	ELIQUIS STARTER PACK	16
docetaxel	41	DSUVIA	6	ELIXOPHYLLIN	16
DOCETAXEL	41	DUAC	58	ELLA	54
docetaxel	41	DUAVEE	74	ELLEENCE	38
dofetilide	13	DUETACT	23	ELMIRON	77
DOLOPHINE	6	DUEXIS	4	ELOCON	64
DOMETUSS-DMX	56	DULERA	15	ELOCTATE	79
donepezil hydrochloride	100	duloxetine hcl	22	EMADINE	97
DONNATAL	104	DUOBRII	64	EMBEDA	6
dopamine hcl	108	DUOPA	42	EMBRACE TALK BLOOD	
DOPAMINE HCL	108	DURAGESIC	6	GLUCOSE MONITOR	84
dopamine in d5w	108	DURAXIN	5	EMBRACE TALK BLOOD	
DORAL	82	DUREZOL	95	GLUCOSE MONITORING	
DORIBAX	11	dutasteride	78	SYSTEM	84
DORIPENEM	11	dutasteride-tamsulosin hcl	78	EMCYT	37
DORYX	103	DUTOPROL	32	EMEND	28
DORYX MPC	103	DXEVO 11-DAY	55	EMEND TRIPACK	28
dorzolamide hcl	97	DYANAVEL XR	1	EMGALITY	86
DORZOLAMIDE HCL	97	DYAZIDE	69	EMSAM	21
dorzolamide hcl-timolol		DYMISTA	91	EMTRIVA	45
maleate	93	DYRENIUM	70	EMVERM	11
DORZOLAMIDE HCL/TIMOLOL		E.E.S. GRANULES	84	ENABLEX	107
MALEATE	93	EC-NAPROSYN	4	enalapril maleate	31
DOVATO	45	EC-NAPROXEN	4	enalapril maleate &	
DOVONEX	62	econazole nitrate	60	hydrochlorothiazide	32
doxazosin mesylate	32	ECOZA	61	ENBREL	5
doxepin hcl	22	EDARBI	32	ENBREL SURECLICK	5
DOXEPIN HCL	22	EDARBYCLOR	32	enoxaparin sodium	16
doxepin hcl	22	EDECIN	70	ENSTILAR	64
doxercalciferol	73	EDLUAR	82	entacapone	42
DOXYCYCLINE	68	EDURANT	45	entecavir	47
		efavirenz	45	ENTEREG	76

ENTOCORT EC.....	55	ESOMEPRAZOLE		FANAPT.....	43
ENTRESTO.....	50	STRONTIUM.....	105	FANAPT TITRATION PACK	43
ENVARUSUS XR.....	89	estazolam.....	82	FARESTON.....	37
EPCLUSA.....	47	esterified estrogens & methyltestosterone.....	74	FARXIGA.....	26
EPHEDRINE SULFATE.....	109	ESTRACE.....	74,108	FARYDAK.....	38
EPIDIOLEX.....	18	estradiol.....	74	FASLODEX.....	37
EPIDUO.....	58	estradiol & norethindrone acetate.....	74	FAZACLO.....	44
EPIDUO FORTE.....	58	estradiol vaginal.....	108	febuxostat.....	78
EPIFOAM.....	64	ESTRING.....	108	FEIBA.....	79
epinastine hcl (ophth).....	97	ESTROGEL.....	74	felbamate.....	20
EPINEPHRINE.....	109	ESTROPIPATE.....	74	FELBATOL.....	20
epinephrine (anaphylaxis).....	108	estropipate.....	74	FELDENE.....	4
EPINEPHRINE HYDROCHLORIDE/SODIUM		ESTROSTEP FE.....	53	felodipine.....	50
CHLORIDE.....	109	eszopiclone.....	82	FEM PH.....	107
EPIPEN 2-PAK.....	108	ethacrynic acid.....	70	FEMARA.....	37
EPIPEN-JR 2-PAK.....	108	ethambutol hcl.....	35	FEMCAP.....	84
epirubicin hcl.....	38	ethosuximide.....	20	FEMHRT LOW DOSE.....	74
EPIVIR.....	45	ethynodiol diacet & eth estradiol.....	53	FEMRING.....	108
EPIVIR HBV.....	47	etidronate disodium.....	70	FENOFIBRATE.....	30
eplerenone.....	34	etodolac.....	4	fenofibrate.....	30
EPOGEN.....	81	etoposide.....	41	fenofibrate micronized.....	30
epoprostenol sodium.....	51	EVAMIST.....	74	FENOFIBRIC ACID.....	30
EPROSARTAN MESYLATE.....	32	EVEKEO.....	1	FENOGLIDE.....	30
EPZICOM.....	45	EVEKEO ODT.....	1	FENOPROFEN CALCIUM.....	4
EQUETRO.....	43	EVISTA.....	72	fenoprofen calcium.....	4
ERBITUX.....	36	EVOCLIN.....	58	FENORTHO.....	4
ergocalciferol.....	109	EVOTAZ.....	45	fentanyl.....	6
ERGOLOID MESYLATES.....	102	EVOXAC.....	90	fentanyl citrate.....	6
ERGOMAR.....	86	EVZIO.....	27	FENTANYL CITRATE.....	6
ergotamine w/ caffeine.....	85	EXALGO.....	6	FENTANYL CITRATE/SODIUM CHLORIDE.....	6
ERIVEDGE.....	37	EXELDERM.....	61	FENTORA.....	6
erlotinib hcl.....	38	EXELON.....	100	FERRIPROX.....	27
ERTACZO.....	61	exemestane.....	37	ferrous fumarate-folic acid.....	81
ERWINAZE.....	40	EXFORGE.....	32	FETZIMA.....	22
ERYGEL.....	58	EXFORGE HCT.....	32	FETZIMA TITRATION PACK	22
ERYPED 200.....	84	EXJADE.....	27	FEXMID.....	91
ERYPED 400.....	84	EXPAREL.....	83	FIASP.....	25
ERYTHROCIN STEARATE.....	84	EXTAVIA.....	101	FIASP FLEXTOUCH.....	25
erythromycin (acne aid).....	58	EXTINA.....	61	FIBRICOR.....	30
erythromycin (ophth).....	94	EZALLOR SPRINKLE.....	30	FINACEA.....	68
erythromycin base.....	84	ezetimibe.....	31	finasteride.....	78
erythromycin ethylsuccinate.....	84	ezetimibe-simvastatin.....	29	FIORICET.....	6
ESBRIET.....	102	FABIOR.....	59	FIORICET/CODEINE.....	8
escitalopram oxalate.....	21	famciclovir.....	48	FIORINAL.....	6
ESGIC.....	5	famotidine.....	105	FIORINAL/CODEINE #3.....	8
esomeprazole magnesium.....	105				

FIRAZYR.....	80	fluoxetine hcl.....	21	FREESTYLE LIBRE 14	
FIRDAPSE.....	34	fluoxetine hcl (pmdd).....	101	DAY/READER/FLASH	
FIRMAGON.....	37	FLUOXETINE		MONITORING SYSTEM.....	84
FIRST - METOPROLOL.....	49	HYDROCHLORIDE.....	21	FREESTYLE LITE TEST	
FIRST-ATENOLOL.....	49	fluphenazine hcl.....	44	STRIPS.....	69
FIRST-LANSOPRAZOLE..	105	FLUPHENAZINE HCL.....	44	FREESTYLE PRECISION NEO	
FIRST-MOUTHWASH BLM	90	fluphenazine hcl.....	44	BLOOD GLUCOSE	
FIRST-OMEPRAZOLE.....	105	FLUPHENAZINE HCL.....	44	MONITORING SYSTEM.....	84
FIRST-TESTOSTERONE.....	9	flurandrenolide.....	65	FREESTYLE TEST STRIPS	69
FLAGYL.....	11	FLURAZEPAM HCL.....	82	FROVA.....	86
FLAREX.....	95	flurazepam hcl.....	82	frovatriptan succinate.....	86
flavoxate hcl.....	107	flurbiprofen.....	4	FUL-GLO.....	97
flecainide acetate.....	13	flurbiprofen sodium.....	97	FULPHILA.....	81
FLECTOR.....	60	FLURBIPROFEN SODIUM	97	FULVESTRANT.....	37
FLOLAN.....	51	flutamide.....	37	fulvestrant.....	37
FLOMAX.....	78	fluticasone propionate.....	65	FURADANTIN.....	106
FLONASE ALLERGY		fluticasone propionate		furosemide.....	70
RELIEF.....	91	(nasal).....	92	FUROSEMIDE.....	70
FLONASE ALLERGY RELIEF		fluticasone-salmeterol.....	15	furosemide.....	70
CHILDRENS.....	91	fluvastatin sodium.....	30	FUSILEV.....	40
FLONASE SENSIMIST.....	91	fluvoxamine maleate.....	21	FUZEON.....	45
FLOVENT DISKUS.....	14,15	FML.....	96	FYCOMPA.....	17
FLOVENT HFA.....	15	FML FORTE.....	96	GABA.....	93
FLOWTUSS.....	56	FML LIQUIFILM.....	96	gabapentin.....	18
FLOXIN OTIC.....	98	FOCALIN.....	2	GABITRIL.....	20
floxuridine.....	36	FOCALIN XR.....	2	GALAFOLD.....	73
fluconazole.....	28	folic acid.....	80	galantamine hydrobromide	100
flucytosine.....	28	FOLOTYN.....	36	GALANTAMINE	
fludarabine phosphate.....	36	fondaparinux sodium.....	17	HYDROBROMIDE.....	100
fludrocortisone acetate.....	56	FORFIVO XL.....	21	galantamine hydrobromide	100
FLUMADINE.....	48	FORTAMET.....	24	GALZIN.....	89
FLUNISOLIDE.....	91	FORTEO.....	70	GASTROCROM.....	75
fluocinolone acetonide.....	64	FORTESTA.....	9	gatifloxacin (ophth).....	94
fluocinolone acetonide (otic)	98	FOSAMAX.....	71	GATTEX.....	77
fluocinonide.....	64	FOSAMAX PLUS D.....	70	GAZYVA.....	36
fluocinonide emulsified base	65	fosamprenavir calcium.....	45	GELNIQUE.....	107
FLUORABON.....	88	fosinopril sodium.....	31	GELNIQUE PUMP.....	107
fluorescein sodium topical...	97	fosinopril sodium &		GEMCITABINE.....	36
fluorescein w/ benoxinate.....	97	hydrochlorothiazide.....	33	gemcitabine hcl.....	36
fluorescein w/ proparacaine.....	97	FOSRENOL.....	77	gemfibrozil.....	30
fluorometholone (ophth).....	95	FRAGMIN.....	17	GEMZAR.....	36
FLUOROPLEX.....	61	FREAMINE HBC 6.9%.....	93	GENERESS FE.....	53
fluorouracil.....	36	FREESTYLE INSULINX		GENOTROPIN.....	71
FLUOROURACIL.....	61	BLOODGLUCOSE TEST..	68	GENOTROPIN MINIQUICK..	71
fluorouracil (topical).....	61	FREESTYLE INSULINX		GENTAK.....	94
FLUOXETINE.....	101	BLOODGLUCOSE TEST		gentamicin sulfate (ophth)...	94
FLUOXETINE DR.....	21	STRIPS.....	68	gentamicin sulfate (topical)..	60
				GENTAMICIN SULFATE/0.9%	
				SODIUM CHLORIDE.....	2

GENVOYA.....	45	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC.....	84	HUMIRA.....	3
GEODON.....	43	GYNAZOLE-1.....	108	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK...	3
GIAZO.....	76	HALAVEN.....	41	HUMIRA PEN.....	3
GILENYA.....	101	halcinonide.....	65	HUMIRA PEN-CD/UC/HS STARTER.....	3
GILOTRIF.....	38	HALCION.....	82	HUMIRA PEN-PS/UV STARTER.....	3
glatiramer acetate.....	101	halobetasol propionate.....	65	HUMULIN 70/30.....	25
GLEEVEC.....	38	HALOBETASOL PROPIONATE.....	65	HUMULIN 70/30 KWIKPEN..	25
GLEOSTINE.....	35	HALOG.....	65	HUMULIN N.....	25
glimepiride.....	26	haloperidol.....	44	HUMULIN N KWIKPEN.....	25
glipizide.....	26	haloperidol lactate.....	44	HUMULIN R.....	25
glipizide-metformin hcl.....	23	HARVONI.....	47	HUMULIN R U-500 (CONCENTRATED).....	25
GLUCAGEN HYPOKIT.....	24	HECTOROL.....	73	HUMULIN R U-500 KWIKPEN.....	25
GLUCAGON EMERGENCY KIT.....	24	HELIXATE FS.....	79	HW EMBRACE PRO BLOOD GLUCOSE METER.....	84
GLUCOPHAGE.....	24	HEMANGEOL.....	49	HW EMBRACE TALK BLOOD GLUCOSE MONITOR.....	84
GLUCOPHAGE XR.....	24	HEMOPIL M.....	79	HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM.....	85
GLUCOTROL.....	26	HEPARIN LOCK FLUSH..	17	HYCAMTIN.....	41
GLUCOTROL XL.....	26	heparin sod (porcine) in d5w.....	17	HYCOFENIX.....	56
GLUCOVANCE.....	23	HEPARIN SODIUM.....	17	hydralazine hcl.....	34
GLUMETZA.....	24	heparin sodium (porcine)..	17	HYDREA.....	40
glyburide.....	26	heparin sodium (porcine) lock flush.....	17	hydrochlorothiazide.....	70
glyburide micronized.....	26	heparin sodium (porcine) lock flush & nacl lock flush.....	17	HYDROCODONE BITARTRATE/ACETAMINOPHE N.....	8
glyburide-metformin.....	23	HEPARIN SODIUM/D5W..	17	HYDROCODONE BITARTRATE/CHLORPHENIRA MINE MALEATE/PSE.....	56
GLYCATE.....	104	HEPARIN.....	17	HYDROCODONE BITARTRATE/GUAIFENESIN	56
GLYCOLIC ACID.....	62	SODIUM/DEXTROSE.....	17	hydrocodone polistirex- chlorpheniramine polistirex..	56
GLYCOLIC ACID 70% HIGH PURITY.....	62	HEPSERA.....	47	hydrocodone w/ homatropine.....	56
GLYCOPYRROLATE.....	104	HETLIOZ.....	82	hydrocodone-acetaminophen..	8
glycopyrrolate.....	104	HEXALEN.....	35	hydrocodone-ibuprofen.....	8
GLYCOPYRROLATE.....	104	HIPREX.....	107	hydrocortisone.....	55
GLYNASE.....	26	homatropine hbr.....	94	hydrocortisone (intrarectal)..	10
GLYSET.....	23	HORIZANT.....	102	hydrocortisone (rectal).....	10
GLYXAMBI.....	23	HUMALOG.....	25	hydrocortisone (topical).....	65
GOLYTELY.....	83	HUMALOG JUNIOR KWIKPEN.....	25	hydrocortisone acetate (rectal).....	10
GRALISE.....	101	HUMALOG KWIKPEN.....	25	hydrocortisone acetate w/ pramoxine.....	10
GRALISE STARTER.....	101	HUMALOG MIX 50/50.....	25	hydrocortisone butyrate.....	65
granisetron hcl.....	27	HUMALOG MIX 50/50 KWIKPEN.....	25		
GRANIX.....	81	HUMALOG MIX 75/25.....	25		
GRIS-PEG.....	28	HUMALOG MIX 75/25 KWIKPEN.....	25		
griseofulvin microsize.....	28	HUMALOG MIX 75/25 KWIKPEN.....	25		
griseofulvin ultramicrosize..	28	HUMAPEN LUXURA HD..	85		
guaifenesin.....	57	HUMATE-P.....	79		
guaifenesin-codeine.....	56	HUMATROPE.....	71		
guanfacine hcl.....	32	HUMATROPE COMBO PACK.....	71		
guanfacine hcl (adhd).....	1				
GUANIDINE HCL.....	34				
GUARDIAN LINK 3.....	84				

hydrocortisone butyrate		indapamide	70	IPRIVASK	17
hydrophilic lipo base	65	INDERAL LA	49	irbesartan	32
hydrocortisone valerate	65	INDERAL XL	49	irbesartan-hydrochlorothiazide	33
hydrocortisone w/acetic acid	98	INDOCIN	4	IRESSA	39
hydromorphone hcl	6	indomethacin	4	IRINOTECAN	41
HYDROMORPHONE		INFLATHERM	4	irinotecan hcl	41
HYDROCHLORIDE	6	INGREZZA	100	ISENTRESS	45
hydroxychloroquine sulfate	34	INLYTA	39	ISOLYTE-P/DEXTROSE 5%	88
hydroxyurea	40	INNOPRAN XL	49	ISOLYTE-S	88
hydroxyzine hcl	12	INPEN 100/BLUE/LILLY	85	ISOLYTE-S PH 7.4	88
hydroxyzine pamoate	12	INPEN 100/BLUE/NOVO	85	ISOMETHEPTENE	
HYOPHEN	106	INPEN 100/GRAY/LILLY	85	MUCATE/CAFFEINE/ACETAMIN	
hyoscyamine sulfate	104	INPEN 100/GREY/NOVO	85	OPHEN	85
HYPER-SAL	57	INPEN 100/PINK/LILLY	85	isometheptene-	
HYPERSAL	57	INPEN 100/PINK/NOVO	85	dichloralphenazone-	
HYQVIA	99	INREBIC	39	acetaminophen	85
HYSINGLA ER	6	INSPIRA	34	ISOMETHEPTENE/DICHLORAL	
HYZAAR	33	INSULIN LISPRO	25	PHENAZONE/ACETAMINOPHE	
ibandronate sodium	71	INSULIN LISPRO		N	85
IBRANCE	38	KWIKPEN	25	ISONIAZID	35
ibuprofen	4	INSULIN SYRINGES AND PEN		isoniazid	35
icatibant acetate	80	NEEDLES	85	ISOPTO ATROPINE	94
ICLUSIG	38	INTELENCE	45	ISOPTO CARPINE	94
IDAMYCIN PFS	38	INTERMEZZO	82	ISORDIL TITRADOSE	12
idarubicin hcl	38	INTRON A	40	ISOSORBIDE DINITRATE	12
IDELVION	79	INTRON A W/DILUENT	40	isosorbide dinitrate	12
IDHIFA	38	INTUNIV	1	ISOSORBIDE DINITRATE	
IFEX	35	INVEGA	43	ER	12
ifosfamide	35	INVEGA SUSTENNA	43	isosorbide mononitrate	12
ILARIS	3	INVEGA TRINZA	43	isotretinoin	59
ILEVRO	97	INVELTYS	96	isoxsuprine hcl	51
ILUMYA	62	INVIRASE	45	isradipine	50
imatinib mesylate	38	INVOKAMET	23	ISTALOL	93
IMBRUVICA	38,39	INVOKAMET XR	23	ISTODAX (OVERFILL)	39
imipramine hcl	22	INVOKANA	26	itraconazole	28
imipramine pamoate	22,23	IODINE STRONG	88	ivermectin	11
imiquimod	67	IODOFLEX	45	IXINITY	79
IMIQUIMOD PUMP	67	iodoquinol-hc	61	JADENU	27
IMITREX	86	IONOSOL-B/DEXTROSE		JAKAFI	39
IMITREX STATDOSE		5%	87	JALYN	78
REFILL	86	IONOSOL-MB/DEXTROSE		JANUMET	23
IMITREX STATDOSE		5%	88	JANUMET XR	23
SYSTEM	86	IONSYS	6	JANUVIA	24
IMPAVIDO	11	IOPIDINE	94	JARDIANCE	26
IMURAN	89	ipratropium bromide	13	JENTADUETO	23
INBRIJA	42	ipratropium bromide		JENTADUETO XR	23
INCRELEX	72	(nasal)	91	JEVTANA	41
INCRUSE ELLIPTA	13	ipratropium-albuterol	15	JORNAY PM	2

JUBLIA.....	61	KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G.....	85	lanthanum carbonate.....	77
JUXTAPID.....	31	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G.....	85	LANTUS.....	25
JYNARQUE.....	74	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G.....	85	LANTUS SOLOSTAR.....	25
K-BICARB.....	88	KOATE.....	79	LASIX.....	70
K-PHOS.....	88	KOATE-DVI.....	79	LASTACAPT.....	97
K-PHOS NEUTRAL.....	88	KOGENATE FS.....	79	latanoprost.....	98
K-PHOS NO 2.....	77	KOGENATE FS BIO-SET.....	79	LATANOPROST.....	98
K-TAB.....	88	KOMBIGLYZE XR.....	23	LATUDA.....	43
KADCYLA.....	36	KORLYM.....	24	LAZANDA.....	7
KADIAN.....	7	KOVALTRY.....	79	LEDIPASVIR/SOFOSBUVIR.....	47
KALETRA.....	45	KRINTAFEL.....	34	leflunomide.....	5
KALYDECO.....	102	KRISTALOSE.....	83	LENVIMA 10 MG DAILY DOSE.....	39
KAPSPARGO SPRINKLE.....	49	KUVAN.....	73	LENVIMA 12MG DAILY DOSE.....	39
KAPVAY.....	1	KYNAMRO.....	29	LENVIMA 14 MG DAILY DOSE.....	39
KARBINAL ER.....	29	KYPROLIS.....	39	LENVIMA 18 MG DAILY DOSE.....	39
KATERZIA.....	50	L-TRYPTOPHAN.....	93	LENVIMA 20 MG DAILY DOSE.....	39
KAZANO.....	23	L.E.T.....	67	LENVIMA 24 MG DAILY DOSE.....	39
KCL 0.3%/D5W/NACL 0.9%.....	88	labetalol hcl.....	48	LENVIMA 4 MG DAILY DOSE.....	39
KEFLEX.....	52	LABELTALOL HYDROCHLORIDE/SODIUM CHLORIDE.....	48	LENVIMA 8 MG DAILY DOSE.....	39
KENALOG.....	65	lactic acid (ammonium lactate).....	66	LESCOL XL.....	30
KEPPRA.....	18	LACTULOSE.....	83	LETAIRIS.....	51
KEPPRA XR.....	18	lactulose.....	83	letrozole.....	37
KERYDIN.....	61	lactulose (encephalopathy).....	76	leucovorin calcium.....	41
KETAMINE HYDROCHLORIDE.....	77	LAMICTAL.....	19	LEUCOVORIN CALCIUM.....	41
ketoconazole.....	28	LAMICTAL CHEWABLE DISPERSIBLE.....	18	leucovorin calcium.....	41
ketoconazole (topical).....	61	LAMICTAL ODT.....	18	LEUKERAN.....	35
KETONE.....	69	LAMICTAL STARTER/NOT TAKING.....		LEUKINE.....	81
KETONE TEST STRIPS.....	69	CARBAMAZEPINE.....	18	leuprolide acetate.....	37
KETOPROFEN.....	4	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE.....	18	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE.....	37
ketoprofen.....	4	LAMICTAL STARTER/TAKING VALPROATE.....	18	levabuterol hcl.....	15
ketorolac tromethamine.....	4	LAMICTAL XR.....	19	levabuterol tartrate.....	15
ketorolac tromethamine (ophth).....	97	LAMISIL.....	28	LEVAQUIN.....	75
KETOSTIX.....	69	lamivudine.....	45	LEVEMIR.....	25
KEVEYIS.....	69	lamivudine (hbv).....	47	LEVEMIR FLEXTOUCH.....	25
KEYTRUDA.....	36	lamivudine-zidovudine.....	46	levetiracetam.....	19
KHAPZORY.....	40	lamotrigine.....	19	levobunolol hcl.....	93
KHEDEZLA.....	22	LANCETS AND LANCET DEVICES.....	85	levocarnitine (metabolic modifiers).....	73
KITABIS PAK.....	2	LANOXIN.....	50	levofloxacin.....	75
KLARITY-A.....	94	lansoprazole.....	105	levofloxacin (ophth).....	95
KLARITY-B.....	96				
KLARITY-L.....	96				
KLARON.....	59				
KLONOPIN.....	18				
KLOR-CON M15.....	88				

levoleucovorin calcium	41	LO LOESTRIN FE	53	LUPRON DEPOT (1-MONTH)	37
levonorgestrel & eth estradiol	53	LOCOID	65	LUPRON DEPOT (3-MONTH)	37
levonorgestrel (emergency oc)	54	LOCOID LIPOCREAM	65	LUPRON DEPOT (4-MONTH)	37
levonorgestrel-eth estradiol (triphasic)	53	LODINE	4	LUPRON DEPOT-PED (1-MONTH)	72
levonorgestrel-ethinyl estradiol (91-day)	53	LODOSYN	42	LUPRON DEPOT-PED (3-MONTH)	72
levonorgestrel-ethinyl estradiol (continuous)	53	LOESTRIN 1.5/30-21	53	LURADROX	68
levorphanol tartrate	7	LOESTRIN 1/20-21	53	LUXIQ	65
LEVORPHANOL TARTRATE	7	LOESTRIN FE 1.5/30	53	LUZU	61
levothyroxine sodium	103	LOESTRIN FE 1/20	53	LYNPARZA	39
LEVSIN	104	LOFIBRA	30	LYRICA	19
LEVSIN/SL	104	LOHIST-DM	56	LYRICA CR	101
LEVULAN KERASTICK	61	LOKELMA	90	LYSODREN	37
LEXAPRO	22	LOMOTIL	27	LYSTEDA	81
LEXETTE	65	LONSURF	38	M-CLEAR WC	56
LEXIVA	46	LOPID	30	MACROBID	107
LIALDA	76	lopinavir-ritonavir	46	MACRODANTIN	107
LIBRAX	104	LOPRESSOR	49	mafenide acetate	63
lidocaine	67	LOPRESSOR HCT	33	MAGNEBIND 400	88
lidocaine hcl	67	LOPROX	61	MAKENA	99
LIDOCAINE HCL	90	LOPROX SHAMPOO	61	MALARONE	34
lidocaine hcl (mouth-throat)	90	lorazepam	13	malathion	68
lidocaine-hydrocortisone acetate (rectal)	10	LORBRENA	39	maprotiline hcl	21
lidocaine-prilocaine	67	LORTAB	8	MAPROTILINE HCL	21
LIDODERM	67	LORZONE	91	MARINOL	28
LIDOPIN	67	losartan potassium	32	MARPLAN	21
LIDOTHOL	67	losartan potassium & hydrochlorothiazide	33	MARQIBO	41
LIDOVEX	67	LOSEASONIQUE	53	MATULANE	40
LILETTA	54	LOTEMAX	96	MAVENCLAD	101
LINDANE	68	LOTEMAX SM	96	MAXALT	87
linezolid	11	LOTENSIN	31	MAXALT-MLT	87
LINZESS	76	LOTENSIN HCT	33	MAXIDEX	96
liothyronine sodium	103	loteprednol etabonate	96	MAXITROL	96
LIPITOR	30	LOTREL	33	MAXZIDE	69
LIPOFEN	30	LOTRISONE	61	MAXZIDE-25	69
lisinopril	31	LOTRONEX	76	MAYZENT	101
lisinopril & hydrochlorothiazide	33	lovastatin	30	MAYZENT STARTER PACK	101
LITHIUM	43	LOVAZA	29	MECLOFENAMATE SODIUM 4	
lithium carbonate	43	LOVENOX	17	MEDROL	55
LITHOBID	43	loxapine succinate	44	MEDROL DOSEPAK	55
LITHOSTAT	78	LOZI-FLUR	88	medroxyprogesterone acetate	99
LIVALO	30	LUCENTIS	94	medroxyprogesterone acetate (contraceptive)	54
LMR PLUS	67	LULICONAZOLE	61	mefenamic acid	4
		LUMIGAN	98		
		LUNESTA	82		
		LUPANETA PACK	72		

MEFLOQUINE HCL.....	34	METHITEST.....	9	MICARDIS HCT.....	33
mefloquine hcl.....	34	methocarbamol.....	91	MICONAZOLE 3.....	108
MEGACE ES.....	99	METHOTREXATE.....	3	MICONAZOLE NITRATE/ZINC OXIDE/WHITE	
megestrol acetate.....	37	methotrexate sodium.....	36	PETROLATUM.....	61
megestrol acetate (appetite).....	99	METHOTREXATE SODIUM.....	36	MICROZIDE.....	70
MEKINIST.....	39	methotrexate sodium.....	36	midazolam hcl.....	82
MEKTOVI.....	39	methoxsalen rapid.....	62	MIDAZOLAM HYDROCHLORIDE.....	82
meloxicam.....	4	methscopolamine bromide.....	104	MIDAZOLAM/SODIUM CHLORIDE.....	82
melphalan.....	35	methyclothiazide.....	70	midodrine hcl.....	109
memantine hcl.....	100	METHYLCOBALAMIN.....	80	MIGERGOT.....	85
MENEST.....	74	methyldopa.....	32	miglitol.....	23
MENOSTAR.....	75	methyldopa & hydrochlorothiazide.....	33	miglustat.....	80
meperidine hcl.....	7	methylergonovine maleate.....	98,99	MIGRANAL.....	86
MEPERIDINE HCL.....	7	METHYLIN.....	2	MILLIPRED.....	55
meperidine hcl.....	7	methylphenidate hcl.....	2	MILLIPRED DP.....	55
MEPERIDINE HCL/PROMETHAZINE HCL.....	8	METHYLPHENIDATE HYDROCHLORIDE ER.....	2	MINASTRIN 24 FE.....	53
MEPHYTON.....	109	METHYLPHENIDATE HYDROCHLORIDE ER (LA)2		MINIPRESS.....	32
meprobamate.....	12	methylprednisolone.....	55	MINIVELLE.....	75
MEPRON.....	11	METHYLTESTOSTERONE.....	9	MINOCIN.....	103
mercaptapurine.....	36	METIPRANOLOL.....	93	minocycline hcl.....	103
meropenem.....	11	metoclopramide hcl.....	75	MINOLIRA.....	103
MERREM.....	11	METOCLOPRAMIDE ODT.....	76	minoxidil.....	34
mesalamine.....	76	metolazone.....	70	MIRAPEX.....	42
mesna.....	41	metoprolol & hydrochlorothiazide.....	33	MIRAPEX ER.....	42
MESNEX.....	41	metoprolol succinate.....	49	MIRCERA.....	81
MESTINON.....	34	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE		MIRCETTE.....	53
MESTINON TIMESPAN.....	34	.....	33	MIRENA.....	54
metaproterenol sulfate.....	15	metoprolol tartrate.....	49	mirtazapine.....	20
METASTRON.....	40	METOPROLOL TARTRATE.....	49	MIRVASO.....	68
METAXALONE.....	91	METOPROLOL/HYDROCHLO ROTHIAZIDE.....	33	misoprostol.....	106
metaxalone.....	91	METROCREAM.....	68	MITIGARE.....	78
metformin hcl.....	24	METROGEL.....	68	mitomycin.....	38
METFORMIN HYDROCHLORIDE.....	24	METROGEL-VAGINAL.....	108	mitoxantrone hcl.....	38
methadone hcl.....	7	METROLOTION.....	68	MOBIC.....	4
METHADONE HCL.....	7	metronidazole.....	11	modafinil.....	2
methadone hcl.....	7	metronidazole (topical).....	68	MODERIBA 1200 DOSE PACK.....	47
methamphetamine hcl.....	1	metronidazole in nacl.....	11	MODERIBA 800 DOSE PACK.....	47
methazolamide.....	69	metronidazole vaginal.....	108	moexipril hcl.....	31
methenamine hippurate.....	107	MEXILETINE HCL.....	13	moexipril-hydrochlorothiazide	
methenamine mandelate.....	107	MIACALCIN.....	71	.....	33
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal.....	106	MICARDIS.....	32	MOLINDONE HYDROCHLORIDE.....	44
methenamine-hyosc-methylene blue-sod phos-phenyl sal.....	106			mometasone furoate.....	65
methimazole.....	103			mometasone furoate (nasal).....	92

MONOCLATE-P	79	NAFRINSE		NEO-SYNALAR	60
MONODOX	103	DAILY/NEUTRAL	90	neomycin sulfate	2
MONONINE	79	naftifine hcl	61	neomycin-bacitracin zn-	
montelukast sodium	14	NAFTIN	61	polymyxin	95
MONUROL	107	NALFON	4	neomycin-polymy-dexameth	96
morphine sulfate	7	NALOCET	8	neomycin-polymyxin-hc	
MORPHINE SULFATE	7	NALTREXONE	27	(ophth)	96
morphine sulfate	7	naltrexone hcl	27	neomycin-polymyxin-hc	
MORPHINE SULFATE ER	7	NAMENDA	100	(otic)	98
MORPHINE SULFATE/SODIUM		NAMENDA TITRATION		NEOMYCIN/POLYMYXIN/GRAM	
CHLORIDE	7	PAK	100	ICIDIN	95
MOTEGRITY	75	NAMENDA XR	100	NEORAL	89
MOTOFEN	27	NAMENDA XR TITRATION		NEOSPORIN	95
MOVANTIK	76	PACK	100	NEPHRAMINE	93
MOVIPREP	83	NAMZARIC	100	NEPTAZANE	69
MOXATAG	99	NANDROLONE		NESINA	24
MOXEZA	95	DECANOATE	9	NEULASTA	81
moxifloxacin hcl	75	NAPRELAN	4	NEULASTA ONPRO KIT	81
moxifloxacin hcl (ophth)	95	NAPROSYN	4	NEUPOGEN	81
MOZOBIL	81	naproxen	4,5	NEUPRO	42
MS CONTIN	7	naproxen sodium	4	NEURONTIN	19
MULPLETA	81	naratriptan hcl	87	NEVANAC	97
MULTAQ	13	NARCAN	27	nevirapine	46
MUPIROCIN	60	NARDIL	21	NEXAVAR	39
mupirocin	60	NASCOBAL	80	NEXIUM	106
mupirocin calcium (topical)	60	NASONEB NASAL		NEXIUM 24HR	106
MUSTARGEN	35	NEBULIZER		NEXIUM 24HR CLEAR	
MYALEPT	73	REPLACEMENT	85	MINIS	106
MYAMBUTOL	35	NASONEB NASAL		niacin (antihyperlipidemic)	31
MYCOBUTIN	35	NEBULIZER STARTER		NIASPAN	31
mycophenolate mofetil	89	KIT	85	nicardipine hcl	50
mycophenolate sodium	89	NASONEB SINUS THERAPY		NICARDIPINE	
MYDRIACYL	94	SYSTEM	85	HYDROCHLORIDE/SODIUM	
MYFORTIC	89	NASONEB SINUS THERAPY		CHLORIDE	50
MYLERAN	35	SYSTEM SUPPLY KIT	85	NICODERM CQ	102
MYRBETRIQ	107	NASONEX	92	nicotine	102
MYSOLINE	19	NATACYN	95	NICOTROL INHALER	102
MYTESI	27	NATAZIA	53	NICOTROL NS	102
N-ACETYL-L-CARNOSINE	53	nateglinide	26	nifedipine	50
nabumetone	4	NATESTO	9	NILANDRON	37
nadolol	49	NATPARA	71	nilutamide	37
nadolol &		NATROBA	68	nimodipine	50
bendroflumethiazide	33	NATURE-THROID	103,104	NINLARO	39
NADOLOL/BENDROFLUMETHIA		NATURE-THROID NT-		NIPENT	40
ZIDE	33	2.5	103	nisoldipine	50
NAFRINSE		NAVELBINE	41	NISOLDIPINE ER	50
DAILY/ACIDULATED	90	NEBUPENT	11	NITRO-BID	12
		NEBUSAL	57	NITRO-DUR	12
		nefazodone hcl	22	NITRO-TIME	12
		NEFAZODONE			
		HYDROCHLORIDE	22		

nitrofurantoin.....	107	NORVASC.....	50	ofloxacin.....	75
nitrofurantoin macrocrystal.	107	NORVIR.....	46	ofloxacin (ophth).....	95
nitrofurantoin monohyd		NOVOEIGHT.....	79	ofloxacin (otic).....	98
macro.....	107	NOVOLIN 70/30.....	25	olanzapine.....	44
nitroglycerin.....	12	NOVOLIN 70/30 RELION.....	25	olanzapine-fluoxetine hcl...	100
NITROGLYCERIN LINGUAL	12	NOVOLIN N.....	26	olmesartan medoxomil.....	32
NITROLINGUAL		NOVOLIN N RELION.....	26	olmesartan medoxomil-	
PUMPSPRAY.....	12	NOVOLIN R.....	26	amlodipine-hydrochlorothiazide	
NITROMIST.....	12	NOVOLIN R RELION.....	26	.....	33
NITROSTAT.....	12	NOVOLOG.....	26	olmesartan medoxomil-	
NIVESTYM.....	81	NOVOLOG FLEXPEN.....	26	hydrochlorothiazide.....	33
nizatidine.....	105	NOVOLOG MIX 70/30.....	26	olopatadine hcl.....	97
NIZATIDINE.....	105	NOVOLOG MIX 70/30		olopatadine hcl (nasal).....	91
NIZORAL.....	61	PREFILLED FLEXPEN.....	26	OLUX.....	65
NOCDURNA.....	73	NOVOLOG PENFILL.....	26	OLUX-E.....	65
NORCO.....	8	NOVOLOG ECHO.....	85	OLYSIO.....	47
NORDITROPIN FLEXPRO..	71	NOVOSEVEN RT.....	79	OMECLAMOX-PAK.....	106
norethin acet & estrad-fe....	53	NOXAFIL.....	28	omega-3-acid ethyl esters...	29
norethindrone & eth estradiol	54	NUBEQA.....	37	OMEGAVEN.....	93
norethindrone & ethinyl estradiol-	54	NUCALA.....	13	omeprazole.....	106
fe.....	54	NUCYNTA.....	7	OMEPRAZOLE + SYRSPEND	
norethindrone & mestranol..	54	NUCYNTA ER.....	7	SFALKA.....	106
norethindrone		NUDEXTA.....	102	omeprazole-sodium	
(contraceptive).....	55	NULYTELY/FLAVOR		bicarbonate.....	106
norethindrone acet & eth		PACKS.....	83	OMNARIS.....	92
estra.....	54	NUPLAZID.....	43	OMNIFLEX DIAPHRAGM...	84
norethindrone acetate.....	99	NUTROPIN AQ NUSPIN		OMNIPRED.....	96
norethindrone acetate-ethinyl		10.....	72	OMNITROPE.....	72
estradiol.....	74	NUTROPIN AQ NUSPIN		ONCASPAR.....	40
norethindrone acetate-ethinyl		20.....	72	ondansetron.....	27
estradiol-fe.....	54	NUTROPIN AQ NUSPIN 5	72	ondansetron hcl.....	27
norethindrone-eth estradiol		72		ONETOUCH ULTRA BLUE..	69
(triphasic).....	54	NUVARING.....	54	ONETOUCH VERIO TEST	
NORGESIC FORTE.....	91	NUVESSA.....	108	STRIPS.....	69
norgestimate-ethinyl		NUVIGIL.....	2	ONEXTON.....	59
estradiol.....	54	NUZYRA.....	102	ONFI.....	18
norgestimate-ethinyl estradiol		NYMALIZE.....	50	ONGLYZA.....	24
(triphasic).....	54	nystatin.....	28	ONMEL.....	29
norgestrel & ethinyl estradiol	54	nystatin (mouth-throat)....	90	ONZETRA XSAIL.....	87
NORITATE.....	68	nystatin (topical).....	61	OPANA.....	7
NORMOSOL -R.....	88	nystatin-triamcinolone....	61	OPANA ER (CRUSH	
NORMOSOL-M IN D5W.....	88	OBIZUR.....	79	RESISTANT).....	7
NORMOSOL-R.....	88	OBREDON.....	56	OPDIVO.....	36
NORMOSOL-R IN D5W.....	88	OCALIVA.....	75	opium tincture.....	27
NORPACE.....	13	octreotide acetate.....	73	OPSUMIT.....	51
NORPACE CR.....	13	OCUFLOX.....	95	ORACEA.....	68
NORPRAMIN.....	23	ODOMZO.....	37	ORACIT.....	77
NORTHERA.....	108	OFEV.....	102	ORAP.....	102
nortriptyline hcl.....	23	OFLOXACIN.....	75	ORAPRED ODT.....	55
NORTUSS-EX.....	56				

ORAVIG.....	90	OXYCONTIN.....	7	PEGINTRON.....	47
ORENCIA.....	5	oxymorphone hcl.....	7	penicillamine.....	89
ORENCIA CLICKJECT.....	5	OXYTROL.....	107	PENICILLIN V POTASSIUM.....	99
ORENITRAM.....	51	OXYTROL FOR WOMEN.....	107	penicillin v potassium.....	99
ORFADIN.....	73	PACLITAXEL.....	41	PENLAC NAIL LACQUER.....	61
ORLISSA.....	71	paclitaxel.....	41	PENNSAID.....	60
ORKAMBI.....	102	paliperidone.....	43	PENTASA.....	76
orphenadrine citrate.....	91	palonosetron hcl.....	27	pentazocine w/ naloxone.....	9
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE	91	PALONOSETRON HYDROCHLORIDE.....	27	pentoxifylline.....	80
ORPHENGESIC FORTE.....	91	PAMELOR.....	23	PEPCID.....	105
ORTHO MICRONOR.....	55	PANCREAZE.....	69	PEPCID AC MAXIMUM STRENGTH.....	105
ORTHO TRI-CYCLEN.....	54	PANDEL.....	65	PERCOCET.....	8
ORTHO TRI-CYCLEN LO.....	54	PANOXYL-4 CREAMY WASH.....	59	PERFOROMIST.....	15
ORTHO-CYCLEN.....	54	PANRETIN.....	61	perindopril erbumine.....	31
ORTHO-NOVUM 1/35.....	54	pantoprazole sodium.....	106	PERJETA.....	36
ORTHO-NOVUM 7/7/7.....	54	PARAFON FORTE DSC.....	91	permethrin.....	68
oseltamivir phosphate.....	48	paregoric.....	27	perphenazine.....	44
OSENI.....	23	PAREMYD.....	97	perphenazine-amitriptyline.....	100
OSPHENA.....	72	PARI SINUSTAR NASAL AEROSOL DELIVERY SYSTEM.....	85	PERPHENAZINE/AMITRIPTYLIN E.....	100
OTEZLA.....	5	PARI SINUSTAR NASAL NEBULIZER.....	85	PERSERIS.....	43
OTIPRIO.....	98	paricalcitol.....	73	PERTZYE.....	69
OTOVEL.....	98	PARLODEL.....	42	PEXEVA.....	22
OTREXUP.....	3	PARNATE.....	21	phenazopyridine hcl.....	78
OVIDE.....	68	paromomycin sulfate.....	2	phenelzine sulfate.....	21
oxaliplatin.....	35	paroxetine hcl.....	22	phenobarbital.....	82
OXANDRIN.....	9	paroxetine mesylate (vasomotor).....	102	phenobarbital-hyoscyamine- atropine-scopolamine.....	105
oxandrolone.....	9	PASER.....	35	phenoxybenzamine hcl.....	31
oxaprozin.....	5	PATADAY.....	97	phenylephrine hcl (ophth).....	95
OXAYDO.....	7	PATANASE.....	91	PHENYLEPHRINE HYDROCHLORIDE.....	50
oxazepam.....	13	PATANOL.....	98	phenylephrine w/ dm-gg.....	56
OXAZEPAM.....	13	PAXIL.....	22	phenylephrine-brompheniramine- dm.....	56
oxcarbazepine.....	19	PAXIL CR.....	22	PHENYLEPHRINE/GUAIFENESI N.....	56
OXERVATE.....	95	PAZEO.....	98	PHENYTEK.....	20
oxiconazole nitrate.....	61	PCE.....	84	phenytoin.....	20
OXISTAT.....	61	PEDIAPRED.....	55	phenytoin sodium extended.....	20
OXSORALEN ULTRA.....	62	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	83	PHOSLYRA.....	77
OXTELLAR XR.....	19	peg 3350-potassium chloride- sod bicarbonate-sod chloride.....	83	PHOSPHOLINE IODIDE.....	94
oxybutynin chloride.....	107	PEG TROCHE BASE.....	99	phytonadione.....	109
oxycodone hcl.....	7	PEGANONE.....	20	PICATO.....	61
OXYCODONE HCL ER.....	7	PEGASYS.....	47	PIFELTRO.....	46
OXYCODONE HYDROCHLORIDE ER.....	7	PEGASYS PROCLICK.....	47	pilocarpine hcl.....	94
oxycodone w/ acetaminophen.....	8			pilocarpine hcl (oral).....	90
OXYCODONE/ACETAMINOPHE N.....	8			pimecrolimus.....	67
OXYCODONE/IBUPROFEN.....	8				

PIMOZIDE.....	102	PRAMOSONE E.....	65	PREDNISOLONE SODIUM	
pindolol.....	49	PRAMOTIC.....	98	PHOSPHATE/MOXIFLOXACIN	96
pioglitazone hcl.....	24	pramoxine hcl.....	67	.....
pioglitazone hcl-glimepiride ..	23	pramoxine-hc.....	66	PREDNISOLONE SODIUM	
pioglitazone hcl-metformin		PRANDIN.....	26	PHOSPHATE/MOXIFLOXACIN/B	
hcl.....	23	prasugrel hcl.....	80	ROMFENAC.....	96
piroxicam.....	5	PRAVACHOL.....	30	PREDNISOLONE/MOXIFLOXAC	
PLAN B ONE-STEP.....	54	pravastatin sodium.....	30	IN.....	96
PLAQUENIL.....	34	praziquantel.....	11	PREDNISOLONE/MOXIFLOXAC	
PLASMA-LYTE A.....	88	prazosin hcl.....	32	IN/BROMFENAC.....	96
PLASMA-LYTE-148.....	88	PRECISION XTRA BLOOD		PREDNISOLONE/MOXIFLOXAC	
PLAVIX.....	80	GLUCOSE TEST STRIPS.....	69	IN/KETOROLAC.....	96
PLEGRIDY.....	101	PRECOSE.....	23	PREDNISON.....	55
PLEGRIDY STARTER		PRED FORTE.....	96	prednisone.....	55
PACK.....	101	PRED MILD.....	96	PREDNISON.....	55
PLENVU.....	83	PRED-G.....	96	prednisone.....	56
podofilox.....	67	PRED-G S.O.P.....	96	PREDNISON INTENSOL.....	55
polymyxin b-trimethoprim.....	95	prednicarbate.....	66	PREFERRED GLUCOMETER	
POLYTRIM.....	95	PREDNICARBATE.....	66	SUPPLIES AND STRIPS.....	69
POMALYST.....	38	prednisolone.....	55	PREFEST.....	74
PONSTEL.....	5	PREDNISOLONE.....	55	pregabalin.....	19
pot & sod citrates w/citric ac.....	77	PREDNISOLONE		PREMARIN.....	75,108
pot phosphate monobasic w/ sod		ACETATE.....	96	PREMPHASE.....	74
phosphate dibasic &		PREDNISOLONE ACETATE P-		PREMPRO.....	74
monobasic.....	88	F.....	96	prenatal w/ calcium carbonate-vit	
potassium bicarb & chloride.....	88	PREDNISOLONE		b6-vit b12-folic acid.....	90
potassium bicarbonate.....	88	ACETATE/MOXIFLOXACIN		PREPOPIK.....	83
potassium chloride.....	88,89	.....	96	PRESTALIA.....	33
POTASSIUM CHLORIDE.....	89	PREDNISOLONE		PREVACID.....	106
POTASSIUM CHLORIDE		ACETATE/MOXIFLOXACIN/BR		PREVACID SOLUTAB.....	106
ER.....	88	OMFENAC.....	96	PREVIDOLRX ANALGESIC	
potassium chloride in dextrose &		PREDNISOLONE		PAK.....	5
sodium chloride.....	88	ACETATE/MOXIFLOXACIN/NE		PREVPAC.....	106
potassium chloride		PAFENAC.....	96	PREZCOBIX.....	46
microencapsulated crystals		PREDNISOLONE		PREZISTA.....	46
er.....	89	ACETATE/NEPAFENAC.....	96	PRIFTIN.....	35
POTASSIUM		prednisolone sodium		primaquine phosphate.....	34
CHLORIDE/DEXTROSE.....	88	phosphate.....	55	PRIMAQUINE PHOSPHATE.....	34
potassium citrate		PREDNISOLONE SODIUM		primidone.....	19
(alkalinizer).....	77	PHOSPHATE.....	55	PRIMLEV.....	8
potassium citrate-citric acid.....	77	prednisolone sodium		PRIMSOL.....	11
POTASSIUM HYDROXIDE.....	52	phosphate.....	55	PRINIVIL.....	31
POTASSIUM		PREDNISOLONE SODIUM		PRISTIQ.....	22
PHOSPHATES/SODIUM		PHOSPHATE.....	96	PRO VOICE V8 BLOOD	
CHLORIDE.....	88	PREDNISOLONE SODIUM		GLUCOSE MONITORING	
POTELIGEO.....	36	PHOSPHATE/BROMFENAC		SYSTEM.....	85
POVIDONE IODINE.....	95	.....	96	PRO VOICE V8/V9 BLOOD	
PRADAXA.....	17	PREDNISOLONE SODIUM		GLUCOSE TEST STRIPS.....	69
PRALUENT.....	31	PHOSPHATE/GATIFLOXACIN		PRO VOICE V9 BLOOD	
pramipexole dihydrochloride.....	42	.....	96	GLUCOSE MONITORING	
PRAMOSONE.....	65,66	PREDNISOLONE SODIUM		SYSTEM.....	85
		PHOSPHATE/GATIFLOXACIN/		PROAIR HFA.....	15
		BROMFENAC.....	96		

PROAIR RESPICLICK.....	15	PROTAMINE SULFATE... 80	rabeprazole sodium.....	106
probenecid.....	78	PROTONIX.....	RABEPRAZOLE SODIUM DR	
PROCALAMINE.....	93	PROTOPIC.....	SPRINKLE.....	106
PROCARDIA.....	50	protriptyline hcl.....	RADIOGARDASE.....	27
PROCARDIA XL.....	50	PROVENGE.....	raloxifene hcl.....	72
PROCENTRA.....	1	PROVENTIL HFA.....	ramelteon.....	82
prochlorperazine.....	44	PROVERA.....	ramipril.....	31
prochlorperazine maleate.....	44	PROVIGIL.....	RANEXA.....	12
PROCORT.....	10	PROZAC.....	ranitidine hcl.....	105
PROCRIPT.....	81	pseudoephed-bromphen-	ranolazine.....	12
PROCTOCORT.....	10	dm.....	RAPAFLO.....	78
PROCTOFOAM HC.....	10	pseudoephed-cpm w/	RAPAMUNE.....	90
PROCYSBI.....	77	hydrocod.....	rasagiline mesylate.....	43
PRODRIN.....	85	PSORCON.....	RASUVO.....	3
PROFILNINE.....	79	PULMICORT.....	RAVICTI.....	73
PROFILNINE SD.....	79	PULMICORT FLEXHALER	RAYOS.....	56
progesterone micronized.....	99	15	RAZADYNE.....	100
PROGLYCEM.....	24	PULMOZYME.....	RAZADYNE ER.....	100
PROGRAF.....	89	PURIXAN.....	REBETOL.....	47
PROLENSA.....	98	PYLERA.....	REBIF.....	101
PROLIA.....	71	pyrazinamide.....	REBIF REBIDOSE.....	101
PROMACTA.....	81	PYRIDIDIUM.....	REBIF REBIDOSE	
promethazine &		pyridostigmine bromide.....	TITRATIONPACK.....	101
phenylephrine.....	56	34	REBIF TITRATION PACK..	101
promethazine hcl.....	29	pyridostigmine bromide.....	RECLAST.....	71
promethazine w/codeine.....	56	34	RECOMBINATE.....	79
promethazine-phenylephrine-		QBREXZA.....	RECTIV.....	10
codeine.....	56	67	REGLAN.....	76
PROMETHAZINE/DEXTROMET		QMIIZ ODT.....	REGRANEX.....	68
HORPHAN.....	56	5	RELAGARD.....	107
PROMETHAZINE/PHENYLEPHR		QNASL.....	RELENZA DISKHALER.....	48
INE.....	56	92	RELION KETONE.....	69
PROMETHAZINE/PHENYLEPHR		QNASL CHILDRENS.....	RELION KETONE TEST	
INE/CODEINE.....	57	92	STRIPS.....	69
PROMETRIUM.....	100	QTERN.....	RELISTOR.....	76
propafenone hcl.....	13	23	RELPAK.....	87
PROPANTHELINE		QUAD-MIX.....	REMERON.....	21
BROMIDE.....	105	51	REMERON SOLTAB.....	21
proparacaine hcl.....	95	QUALAQUIN.....	REMICADE.....	76
PROPOFOL.....	77	34	RENAGEL.....	77
propranolol &		QUARTETTE.....	REVELA.....	77
hydrochlorothiazide.....	33	54	repaglinide.....	26
propranolol hcl.....	49	QUAZEPAM.....	REPAGLINIDE/METFORMIN	
PROPRANOLOL HCL.....	49	82	HYDROCHLORIDE.....	23
propranolol hcl.....	49	QUDEXY XR.....	REPATHA.....	31
propylthiouracil.....	103	19	REPATHA PUSHTRONEX	
PROSCAR.....	78	QUESTRAN.....	SYSTEM.....	31
PROSOL.....	93	30	REPATHA SURECLICK.....	31
PROSTIN E2.....	98	QUESTRAN LIGHT.....		
		30		
		quetiapine fumarate.....		
		44		
		QUILLICHEW ER.....		
		2		
		QUILLIVANT XR.....		
		2		
		quinapril hcl.....		
		31		
		quinapril-hydrochlorothiazide		
			
		33		
		quinidine gluconate.....		
		13		
		QUINIDINE SULFATE.....		
		13		
		quinine sulfate.....		
		34		
		QUINOSONE.....		
		66		
		QVAR.....		
		15		

REQUIP.....	42	RIXUBIS.....	79	SAVELLA TITRATION	
REQUIP XL.....	42	rizatriptan benzoate.....	87	PACK.....	100
RESCRIPTOR.....	46	ROBAXIN.....	91	scopolamine.....	28
RESCULA.....	98	ROBAXIN-750.....	91	SEASONIQUE.....	54
RESTASIS.....	95	ROBINUL.....	105	SECONAL SODIUM.....	82
RESTASIS MULTIDOSE.....	95	ROBINUL FORTE.....	105	SEEBRI NEOHALER.....	14
RESTORIL.....	82	ROCALTROL.....	73	SEGLUROMET.....	23
RETAVASE.....	80	ROCKLATAN.....	95	selegiline hcl.....	43
RETAVASE HALF-KIT.....	80	ROMIDEPSIN.....	39	SELEGILINE HCL.....	43
RETIN-A.....	59	ROPIDEX.....	56	selenium sulfide.....	62
RETIN-A MICRO.....	59	ropinirole hydrochloride.....	42	SELZENTRY.....	46
RETIN-A MICRO PUMP.....	59	ROPIVACAINE		SEMPREX-D.....	57
RETROVIR.....	46	HYDROCHLORIDE/SODIUM		SENSIPAR.....	73
REVATIO.....	51	CHLORIDE.....	83	SEREVENT DISKUS.....	16
REVCOVI.....	73	rosuvastatin calcium.....	30	SERNIVO.....	66
REVLIMID.....	89	ROXICODONE.....	7	SEROQUEL.....	44
REXULTI.....	45	ROXYBOND.....	7	SEROQUEL XR.....	44
REYATAZ.....	46	ROZEREM.....	82	SEROSTIM.....	72
REZIRA.....	57	ROZLYTREK.....	39	sertraline hcl.....	22
RIAX.....	59	RUBRACA.....	39	sevelamer carbonate.....	77
RIBASPHERE.....	47	RUCONEST.....	80	sevelamer hcl.....	77
RIBASPHERE RIBAPAK.....	47	RUZURGI.....	34	SEVELAMER	
ribavirin.....	48	RYCLORA.....	29	HYDROCHLORIDE.....	77
ribavirin (hepatitis c).....	47	RYTARY.....	42	SEYSARA.....	103
RIDAURA.....	3	RYTHMOL SR.....	13	SFROWASA.....	76
rifabutin.....	35	SABRIL.....	20	SIGNIFOR.....	74
RIFADIN.....	35	SAFYRAL.....	54	SIKLOS.....	80
RIFAMATE.....	34	SAIZEN.....	72	sildenafil citrate (pulmonary	
rifampin.....	35	SAIZEN CLICK.EASY.....	72	hypertension).....	51
RIFATER.....	34	SAIZENPREP		SILENOR.....	82
RILUTEK.....	92	RECONSTITUTIONKIT.....	72	silodosin.....	78
riluzole.....	92	SALAGEN.....	90	SILVADENE.....	63
rimantadine hydrochloride.....	48	SALEX.....	67	SILVER NITRATE.....	63
RINVOQ.....	3	salicylic acid.....	67	silver sulfadiazine.....	63
RIOMET.....	24	SALICYLIC ACID.....	67	SIMBRINZA.....	94
risedronate sodium.....	71	salsalate.....	6	SIMPONI.....	3
RISPERDAL.....	43	SAMSCA.....	74	simvastatin.....	31
RISPERDAL M-TAB.....	43	SANCUSO.....	27	SINEMET.....	42
risperidone.....	44	SANDIMMUNE.....	90	SINEMET CR.....	42
RISPERIDONE ODT.....	44	SANDOSTATIN.....	73	SINGULAIR.....	14
RITALIN.....	2	SANTYL.....	66	sirolimus.....	90
RITALIN LA.....	2	SAPHRIS.....	44	SIRTURO.....	35
ritonavir.....	46	SARAFEM.....	102	SITAVIG.....	48
RITUXAN.....	36	SASH KIT FOR FLUSHING		SIVEXTRO.....	12
rivastigmine.....	100	VASCULAR ACCESS		SKELAXIN.....	91
rivastigmine tartrate.....	100	DEVICES.....	17	SKLICE.....	68
		SAVAYSA.....	16	SKYLA.....	54
		SAVELLA.....	100		

SLYND.....	55	SPRYCEL.....	39	SUMATRIPTAN	
sodium chloride (gu irrigant).....	77	STALEVO 100.....	43	SUCCINATE.....	87
sodium chloride (inhalant).....	57	STALEVO 125.....	43	sumatriptan succinate.....	87
sodium citrate & citric acid.....	77	STALEVO 150.....	43	sumatriptan-naproxen	
sodium fluoride.....	88	STALEVO 200.....	43	sodium.....	86
SODIUM FLUORIDE.....	88	STALEVO 50.....	43	SUMAVEL DOSEPRO.....	87
sodium fluoride.....	88	STALEVO 75.....	43	SUMAXIN.....	59
SODIUM HYDROXIDE.....	52	STARLIX.....	26	SUMAXIN TS.....	59
sodium phenylbutyrate.....	73	stavudine.....	46	SUMAXIN WASH.....	59
SODIUM PHOSPHATE/SODIUM		STEGLATRO.....	26	SUNOSI.....	1
CHLORIDE.....	88	STELARA.....	62	SUPER BI-MIX.....	51
sodium polystyrene		STIMATE.....	73	SUPER QUAD-MIX.....	51
sulfonate.....	90	STIOLTO RESPIMAT.....	16	SUPER TRI-MIX.....	51
SODIUM SULFACETAMIDE		STIVARGA.....	39	SUPRAX.....	52
WASH.....	62	STRATTERA.....	1	SUPREP BOWEL PREP KIT.....	83
SODIUM		STRENSIQ.....	73	SURMONTIL.....	23
SULFACETAMIDE/SULFUR		STRIANT.....	9	SUSTIVA.....	46
.....	59	STRIBILD.....	46	SUSTOL.....	27
SOFOSBUVIR/VELPATASVIR		STRIVERDI RESPIMAT.....	16	SUTENT.....	39
.....	47	STROMECTOL.....	11	SYLATRON.....	40
solifenacin succinate.....	107	SUBOXONE.....	9	SYMBICORT.....	16
SOLODYN.....	103	SUBSYS.....	7	SYMBYAX.....	100
SOLTAMOX.....	37	SUCCINYLCHOLINE		SYMDEKO.....	102
SOMA.....	91	CHLORIDE.....	92	SYMJEPI.....	108
SOMATULINE DEPOT.....	74	SUCRAID.....	69	SYMLINPEN 120.....	23
SOMAVERT.....	71	sucralfate.....	105	SYMLINPEN 60.....	23
SONATA.....	82	SULAR.....	50	SYMPAZAN.....	18
SOOLANTRA.....	68	sulfacetamide sod-		SYMTUZA.....	46
SORIATANE.....	62	prednisolone.....	96	SYNALAR.....	66
SORILUX.....	62	SULFACETAMIDE		SYNALGOS-DC.....	8
sotalol hcl.....	49	SODIUM.....	95	SYNAREL.....	72
sotalol hcl (afib/afib).....	49	sulfacetamide sodium		SYNERA.....	67
SOTYLIZE.....	49	(acne).....	59	SYNERCID.....	12
SOVALDI.....	47	sulfacetamide sodium		SYNJARDY.....	23
SPACER/AEROSOL-HOLDING		(ophth).....	95	SYNRIBO.....	40
CHAMBER.....	85	sulfacetamide sodium w/		SYNTHROID.....	104
SPECTRACEF.....	52	sulfur.....	59	SYPRINE.....	89
SPINOSAD.....	68	SULFACETAMIDE		TABLOID.....	36
SPIRIVA HANDIHALER.....	14	SODIUM/PREDNISOLONE		TACLONEX.....	66
SPIRIVA RESPIMAT.....	14	SODIUM PHOSPHATE.....	97	tacrolimus.....	90
spironolactone.....	70	SULFADIAZINE.....	102	tacrolimus (topical).....	67
spironolactone &		sulfamethoxazole-trimethoprim		tadalafil (pulmonary	
hydrochlorothiazide.....	69	.....	11	hypertension).....	51
SPORANOX.....	29	SULFAMYLON.....	63	TAFINLAR.....	39
SPORANOX PULSEPAK.....	29	sulfasalazine.....	76	TAGRISSO.....	39
SPRAVATO 56MG DOSE.....	21	SULFURATED LIME.....	68	TALTZ.....	62
SPRAVATO 84MG DOSE.....	21	sulindac.....	5	TALZENNA.....	39
SPRITAM.....	19	sumatriptan.....	87		
SPRIX.....	5	sumatriptan succinate.....	87		

TAMIFLU.....	48	TESSALON PERLES.....	56	TIMOLOL/LATANOPROST .	93
tamoxifen citrate.....	37	TESTIM.....	10	TIMOPTIC.....	93
tamsulosin hcl.....	78	TESTONE CIK.....	10	TIMOPTIC OCUDOSE.....	93
TANZEUM.....	24	testosterone.....	10	TIMOPTIC-XE.....	93
TAPAZOLE.....	103	TESTOSTERONE.....	10	TINDAMAX.....	11
TAPERDEX 12-DAY.....	56	testosterone.....	10	tinidazole.....	11
TARCEVA.....	39	TESTOSTERONE PUMP .	10	TIROSINT.....	104
TARGADOX.....	103	TESTRED.....	10	TIROSINT-SOL.....	104
TARGRETIN.....	40,62	tetrabenazine.....	101	TIVICAY.....	46
TARKA.....	33	tetracaine hcl (ophth).....	95	TIVORBEX.....	5
TASIGNA.....	39	tetracycline hcl.....	103	tizanidine hcl.....	91
TASMAR.....	42	TEXACORT.....	66	TOBI.....	2
TAURINE.....	93	THALOMID.....	89	TOBI PODHALER.....	3
TAXOL.....	41	THE LIQUILIFT TRACE		TOBRADEX.....	97
TAXOTERE.....	41	KIT.....	89	TOBRADEX ST.....	97
tazarotene.....	62	THEO-24.....	16	TOBRAMYCIN.....	3
TAZICEF.....	52	theophylline.....	16	tobramycin.....	3
TAZORAC.....	62	THIOLA EC.....	78	tobramycin (ophth).....	95
TECFIDERA.....	101	thioridazine hcl.....	44	TOBRAMYCIN SULFATE.....	3
TECFIDERA STARTER		thiotepa.....	35	tobramycin sulfate.....	3
PACK.....	101	thiothixene.....	45	tobramycin-dexamethasone .	97
TECHNIVIE.....	47	thyroid.....	104	TOBREX.....	95
TEGRETOL.....	19	THYROLAR-1.....	104	TOFRANIL.....	23
TEGRETOL-XR.....	19	THYROLAR-1/2.....	104	TOLAK.....	62
TEKTURNA.....	33	THYROLAR-1/4.....	104	TOLAZAMIDE.....	26
TEKTURNA HCT.....	33	THYROLAR-2.....	104	tolazamide.....	26
telmisartan.....	32	THYROLAR-3.....	104	TOLBUTAMIDE.....	26
telmisartan-amlodipine.....	33	tiagabine hcl.....	20	tolcapone.....	42
telmisartan-hydrochlorothiazide		TIAZAC.....	50	TOLMETIN SODIUM.....	5
.....	33	TIBSOVO.....	39	tolmetin sodium.....	5
temazepam.....	82	TICASPRAY.....	91	TOLMETIN SODIUM.....	5
TEMODAR.....	35	TIGAN.....	28	TOLSURA.....	29
TEMOVATE.....	66	tigecycline.....	102	tolterodine tartrate.....	107
temozolomide.....	35	TIGECYCLINE.....	102	TOPAMAX.....	19
temsirolimus.....	39	TIGLUTIK.....	92	TOPAMAX SPRINKLE.....	19
TENCON.....	6	TIKOSYN.....	13	TOPICORT.....	66
tenofovir disoproxil fumarate .	46	timolol maleate.....	49	topiramate.....	19
TENORETIC 100.....	33	timolol maleate (ophth).....	93	TOPIRAMATE ER.....	19
TENORETIC 50.....	33	TIMOLOL MALEATE		TOPOTECAN HCL.....	41
TENORMIN.....	49	OPHTHALMIC GEL		topotecan hcl.....	41
TEPADINA.....	35	FORMING.....	93	TOPROL XL.....	49
TERAZOL 7.....	108	TIMOLOL/BRIMONIDE/DORZ		toremifene citrate.....	37
terazosin hcl.....	32	OLAMIDE.....	93	TORISEL.....	40
terbinafine hcl.....	28	TIMOLOL/BRIMONIDINE/DOR		torsemide.....	70
terbutaline sulfate.....	16	ZOLAMIDE/LATANOPROST		TOTECT.....	41
TERCONAZOLE.....	108	.....	93	TOUJEO MAX SOLOSTAR .	26
terconazole vaginal.....	108	TIMOLOL/DORZOLAMIDE/LAT			
		ANOPROST.....	93		

TOUJEO SOLOSTAR.....	26	trifluoperazine hcl.....	44	ULTRACET.....	9
TOVIAZ.....	107	TRIFLURIDINE.....	95	ULTRAM.....	8
TRACLEER.....	51	trifluridine.....	95	ULTRAVATE.....	66
TRADJENTA.....	24	TRIGLIDE.....	30	UNISOM SLEEPGELS.....	82
tramadol hcl.....	8	trihexyphenidyl hcl.....	42	UPTRAVI.....	51
TRAMADOL HCL ER.....	8	TRILEPTAL.....	19	urea.....	66
tramadol-acetaminophen.....	8	TRILIPIX.....	30	URECHOLINE.....	107
trandolapril.....	31	trimethobenzamide hcl.....	28	UROCIT-K 10.....	77
trandolapril-verapamil hcl.....	33	trimethoprim.....	11	UROCIT-K 15.....	77
TRANDOLAPRIL/VERAPAMIL HCL ER.....	33	trimipramine maleate.....	23	UROCIT-K 5.....	77
tranexamic acid.....	81	TRIMPEX.....	11	UROXATRAL.....	78
TRANEXAMIC ACID/SODIUM CHLORIDE.....	81	TRINTELLIX.....	22	URSO 250.....	75
TRANSCYTE.....	68	TRIUMEQ.....	46	URSO FORTE.....	75
TRANSDERM SCOP.....	28	TRIZIVIR.....	46	ursodiol.....	75
TRANSDERM-SCOP.....	28	TROKENDI XR.....	19	UTIBRON NEOHALER.....	16
TRANXENE T.....	13	tropicamide.....	94	UTOPIC.....	66
tranylcypromine sulfate.....	21	TROPICAMIDE/PHENYLEPHR INE.....	94	VAGIFEM.....	108
TRAVATAN Z.....	98	TROPICAMIDE/PROPARACA INE/PHENYLEPHRINE/KETOR OLAC.....	94	valacyclovir hcl.....	48
trazodone hcl.....	22	trospium chloride.....	107	VALCHLOR.....	62
TREANDA.....	35	TRULANCE.....	75	VALCYTE.....	47
TRECATOR.....	35	TRULICITY.....	24	valganciclovir hcl.....	47
TRELSTAR MIXJECT.....	37	TRUSOPT.....	98	VALIUM.....	13
TREMFYA.....	62	TRUVADA.....	46	valproate sodium.....	20
TRESIBA.....	26	TRYPTOPHAN.....	93	valproic acid.....	20
TRESIBA FLEXTOUCH.....	26	TUDORZA PRESSAIR.....	14	valrubicin.....	38
TRETIN-X.....	59	TURALIO.....	40	valsartan.....	32
tretinoin.....	59	TUSNEL.....	57	valsartan-hydrochlorothiazide	33
tretinoin (chemotherapy).....	40	TUSSICAPS.....	57	VALSTAR.....	38
tretinoin microsphere.....	59,60	TUSSIONEX PENNKINETIC EXTENDED RELEASE.....	57	VALTRESX.....	48
TREXALL.....	36	TUXARIN ER.....	57	VANATOL LQ.....	6
TREXIMET.....	86	TUZISTRA XR.....	57	VANATOL S.....	6
TRI-NORINYL 28.....	54	TWYNSTA.....	33	VANCOMYCIN HYDROCHLORIDE.....	11
triamcinolone acetonide (mouth).....	90	TYBOST.....	46	VANCOMYCIN HYDROCHLORIDE/DEXTROSE	11
triamcinolone acetonide (topical).....	66	TYGACIL.....	102	VANOS.....	66
triamterene.....	70	TYKERB.....	40	VANTAS.....	37
triamterene & hydrochlorothiazide.....	69	TYLENOL/CODEINE #3.....	9	VAROPHEN.....	60
TRIANEX.....	66	TYLENOL/CODEINE #4.....	9	VARUBI.....	28
triazolam.....	82	TYVASO.....	51	VASCEPA.....	29
TRIBENZOR.....	33	TYVASO REFILL.....	51	VASERETIC.....	33
TRICHLOROACETIC ACID.....	53	TYVASO STARTER.....	51	VASOPRESSIN/DEXTROSE	73
TRICOR.....	30	UCERIS.....	10,56	VASOPRESSIN/SODIUM CHLORIDE.....	73
TRIDESILON.....	66	UDENYCA.....	81	VASOTEC.....	31
trientine hcl.....	89	ULESFIA.....	68		
		ULORIC.....	78		

VECAMYL.....	33	VIROPTIC.....	95	XANAX XR.....	13
VECTIBIX.....	36	VISTARIL.....	12	XARELTO.....	16
VECTICAL.....	62	VISTOGARD.....	27	XARELTO STARTER PACK.....	16
VELCADE.....	40	VITRAKVI.....	40	XELJANZ.....	3
VELETRI.....	51	VITUZ.....	57	XELJANZ XR.....	3
VELPHORO.....	77	VIVELLE-DOT.....	75	XELODA.....	36
VELTASSA.....	90	VIVITROL.....	27	XELPROS.....	98
VELTIN.....	60	VIVLODEX.....	5	XENAZINE.....	101
VENCLEXTA.....	37	VIZIMPRO.....	40	XENLETA.....	12
VENCLEXTA STARTING PACK.....	37	VOGELXO.....	10	XEPI.....	60
venlafaxine hcl.....	22	VOGELXO PUMP.....	10	XERESE.....	63
VENTAVIS.....	51	VOLTAREN.....	60	XGEVA.....	71
VENTOLIN HFA.....	16	VOPAC MDS.....	60	XIAFLEX.....	89
verapamil hcl.....	50	VORAXAZE.....	41	XIFAXAN.....	11
VERAPAMIL HCL ER.....	50	voriconazole.....	29	XIGDUO XR.....	23
VERAPAMIL HCL SR.....	50	VOSPIRE ER.....	16	XODOL.....	9
VERDESO.....	66	VOTRIENT.....	40	XOFIGO.....	40
VEREGEN.....	60	VRAYLAR.....	43	XOFLUZA.....	48
VERELAN.....	50	VUSION.....	61	XOLAIR.....	13
VERELAN PM.....	50	VYLEESI.....	100	XOLEGEL.....	61
VERIPRED 20.....	56	VYNDAQEL.....	52	XOPENEX.....	16
VERSACLOZ.....	44	VYTORIN.....	29	XOPENEX CONCENTRATE.....	16
VESICARE.....	107	VYVANSE.....	1	XOPENEX HFA.....	16
VFEND.....	29	warfarin sodium.....	16	XOSPATA.....	40
VIBERZI.....	76	WELCHOL.....	30	XTAMPZA ER.....	8
VIBRAMYCIN.....	103	WELLBUTRIN SR.....	21	XTANDI.....	37
VICTOZA.....	24	WELLBUTRIN XL.....	21	XULANE.....	54
VIDAZA.....	36	WESTCORT.....	66	XURIDEN.....	73
VIDEX EC.....	46	WESTHROID.....	104	XYNTHA.....	79
VIDEXPEDIATRIC.....	46	WIDE-SEAL SILICONE DIAPHRAGM KIT 60.....	84	XYNTHA SOLOFUSE.....	79
VIEKIRA PAK.....	47	WIDE-SEAL SILICONE DIAPHRAGM KIT 65.....	84	XYOSTED.....	10
VIEKIRA XR.....	48	WIDE-SEAL SILICONE DIAPHRAGM KIT 70.....	84	XYREM.....	100
vigabatrin.....	20	WIDE-SEAL SILICONE DIAPHRAGM KIT 75.....	84	YASMIN 28.....	54
VIGAMOX.....	95	WIDE-SEAL SILICONE DIAPHRAGM KIT 80.....	84	YAZ.....	54
VIIBRYD.....	22	WIDE-SEAL SILICONE DIAPHRAGM KIT 85.....	84	YBUPHEN.....	5
VIIBRYD STARTER PACK.....	22	WIDE-SEAL SILICONE DIAPHRAGM KIT 90.....	84	YERVOY.....	36
VIMOVO.....	5	WIDE-SEAL SILICONE DIAPHRAGM KIT 95.....	84	YUPELRI.....	14
VIMPAT.....	19	WILATE.....	79	YUTIQ.....	97
vinorelbine tartrate.....	41	WP THYROID.....	104	zafirlukast.....	14
VIOKACE.....	69	XALATAN.....	98	zaleplon.....	82
VIRACEPT.....	46	XALKORI.....	40	ZALTRAP.....	36
VIRAMUNE.....	46	XANAX.....	13	ZAMICET.....	9
VIRAMUNE XR.....	46			ZANAFLEX.....	91
VIRAZOLE.....	48			ZANTAC.....	105
VIREAD.....	46			ZANTAC 150 MAXIMUM STRENGTH.....	105

ZARONTIN.....	20	ZOLGENSMA 12.6-13.0 KG.....	92	ZYLET.....	97
ZARXIO.....	81	ZOLGENSMA 13.1-13.5 KG.....	92	ZYLOPRIM.....	78
ZAVESCA.....	80	ZOLGENSMA 2.6-3.0 KG.....	92	ZYMAXID.....	95
ZEGERID.....	106	ZOLGENSMA 3.1-3.5 KG.....	92	ZYPREXA.....	44
ZELAPAR.....	43	ZOLGENSMA 3.6-4.0 KG.....	92	ZYPREXA ZYDIS.....	44
ZELBORAF.....	40	ZOLGENSMA 4.1-4.5 KG.....	92	ZYTIGA.....	38
ZELNORM.....	76	ZOLGENSMA 4.6-5.0 KG.....	92	ZYVOX.....	12
ZEMBRACE SYMTOUCH...	87	ZOLGENSMA 5.1-5.5 KG.....	92		
ZEMPLAR.....	73	ZOLGENSMA 5.6-6.0 KG.....	92		
ZENPEP.....	69	ZOLGENSMA 6.1-6.5 KG.....	92		
ZENZEDI.....	1	ZOLGENSMA 6.6-7.0 KG.....	92		
ZEPATIER.....	48	ZOLGENSMA 7.1-7.5 KG.....	92		
ZERIT.....	46	ZOLGENSMA 7.6-8.0 KG.....	92		
ZESTORETIC.....	33	ZOLGENSMA 8.1-8.5 KG.....	92		
ZESTRIL.....	31	ZOLGENSMA 8.6-9.0 KG.....	92		
ZETIA.....	31	ZOLGENSMA 9.1-9.5 KG.....	92		
ZETONNA.....	92	ZOLGENSMA 9.6-10.0 KG.....	92		
ZEVALIN Y-90.....	36	ZOLINZA.....	40		
ZIAC.....	33	zolmitriptan.....	87		
ZIAGEN.....	46,47	ZOLOFT.....	22		
ZIANA.....	60	zolpidem tartrate.....	82		
zidovudine.....	47	ZOLPIMIST.....	82		
zileuton.....	14	ZOMACTON.....	72		
ZINBRYTA.....	101	ZOMIG.....	87		
ZINECARD.....	41	ZOMIG ZMT.....	87		
ZIOPTAN.....	98	ZONEGRAN.....	20		
ziprasidone hcl.....	43	zonisamide.....	20		
ZIPSOR.....	5	ZONTIVITY.....	80		
ZIRGAN.....	95	ZORBTIVE.....	72		
ZITHRANOL.....	62	ZORTRESS.....	90		
ZITHROMAX.....	83	ZORVOLEX.....	5		
ZITHROMAX TRI-PAK.....	83	ZOVIRAX.....	48,63		
ZITHROMAX Z-PAK.....	83	ZTLIDO.....	67		
ZMAX.....	83	ZUBSOLV.....	9		
ZOCOR.....	31	ZULRESSO.....	21		
ZODEX 12-DAY.....	56	ZUPLENZ.....	28		
ZOFRAN.....	28	ZURAMPIC.....	78		
ZOFRAN ODT.....	28	ZUTRIPRO.....	57		
ZOHYDRO ER.....	8	ZYBAN.....	102		
ZOLADEX.....	38	ZYCLARA.....	67		
zoledronic acid.....	71	ZYCLARA PUMP.....	67		
ZOLGENSMA 10.1-10.5 KG.....	92	ZYDELIG.....	40		
ZOLGENSMA 10.6-11.0 KG.....	92	ZYFLO.....	14		
ZOLGENSMA 11.1-11.5 KG.....	92	ZYFLO CR.....	14		
ZOLGENSMA 11.6-12.0 KG.....	92	ZYKADIA.....	40		
ZOLGENSMA 12.1-12.5 KG.....	92				