

Aon Active Health Exchange

Drug List

(Washington)

The Aon Active Health Exchange Drug List includes a list of drugs covered by Health Net. This drug list is for **Washington**. 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/aonhewitt or call us at 1-888-926-1692.



Health Net®

Welcome to Health Net

What is the Aon Active Health Exchange Drug List?

The Aon Active Health Exchange 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 formulary. The copayment or coinsurance level you will pay is shown in the Copayment/Coinsurance column. 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>Copayment/Coinsurance</i>	<i>Description</i>
1	Tier 1 copayment or coinsurance	Generic drugs
2	Tier 2 copayment or coinsurance	Preferred brand drugs
3	Tier 3 copayment or coinsurance	Non-preferred brand drugs and specialty/covered injectable drugs. You may be required to get some drugs from a Specialty pharmacy.
AC	Anticancer drug copayment or coinsurance	Self-administered anticancer drugs. You may be required to get these drugs from a Specialty pharmacy.
GP	You may pay your copayment or coinsurance <i>plus</i> the difference in cost between the brand and generic drugs.	Generics are preferred. A generic version of this brand drug is available. You can get the brand drug, but you may pay your copayment or coinsurance <i>plus</i> the difference in cost between the brand and generic drugs.
PV	\$0	Preventive benefit drugs. These drugs must be covered at no cost to members under the Affordable Care Act. A deductible does not apply.

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 1-888-926-1692 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. Your doctor can ask us to make an exception if he or she feels you need the drug that is not covered. If we approve an exception request for a drug not on the drug list, the non-preferred brand tier (Tier 3) copayment will apply.

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 be charged 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.
- 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 1-800-255-9198.

Are injectable drugs covered?

Injectable drugs are not covered, except for those listed on the drug list.

Are compounded prescriptions covered?

Compounded prescriptions require prior authorization for coverage. If prior authorization is granted, your Tier 3 copayment or coinsurance applies.

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/aonhewitt or call us at 1-888-926-1692.

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. However, you can send us your pharmacy receipt and ask for reimbursement, minus your copayment or coinsurance.

Some injectable and high cost drugs (including anticancer drugs) may be considered “specialty drugs”. These drugs must be obtained from one of Health Net’s approved 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 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/aonhewitt or you may call us at 1-888-926-1692 to request a form.

How often can I refill my prescription?

- For prescriptions written for 10-days or less, you may refill after 50 percent of the supply has been used as directed.
- For prescriptions written for more than 10-days, you may refill after 74 percent of the supply has been used as directed.

If your physician has increased your dose, your pharmacy must be notified of the change. If this change will result in an early refill request, your pharmacy can contact Health Net for an override.

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
- Fill your maintenance drugs through our mail order pharmacy program.

Health Net Health Plan of Oregon, Inc. (“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 1-888-802-7001 (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. Employer group members please call 1-888-802-7001 (TTY: 711).

Amharic

ከፍያ የሌለው የቋንቋ አገልግሎት። አስተርጓሚ ማግኘት ይቻላል። ሰነዶች እንዲዘጋጅልዎ ማድረግ ይቻላል። እርዳታ ለማግኘት በመታወቂያ ላይ ያለውን ቁጥር ይደውሉ። አመልካቾች 1-888-802-7001 (TTY: 711) ይደውሉ።

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 مجموعة أصحاب العمل الاتصال على الرقم (TTY: 711)1-888-802-7001.

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。雇主團體的會員請致電 1-888-802-7001 (TTY : 711)。

Cushite (Oromo)

Waa Lacag la'aan Adeegyada Luuqada. Waxaad heli kartaa turjubaan. Waxaad heli kartaa in waraaqaha lagu aqriyo. Wixii caawin ah, naga soo wac lambarka ku qoran kaarka Aqoonsigaaga. Xubnaha kooxda badrooniga fadlan soo wac 1-888-802-7001 (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. Arbeitgeber-Gruppenmitglieder rufen bitte unter 1-888-802-7001 (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。雇用主を通じた団体保険のメンバーの方は、1-888-802-7001 (TTY: 711) までお電話ください。

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스도 받으실 수 있습니다. 도움을 원하시면, 보험 ID에 수록된 번호로 전화해 주십시오. 고용주 그룹 가입자분은 1-888-802-7001 (TTY: 711) 번으로 전화해 주십시오.

Cambodian (Khmer)

សេវាកម្មភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរស័ព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ សមាជិកក្រុមនិយោជក សូមទាក់ទងទៅលេខ 1-888-802-7001 (TTY: 711)។

Laotian

ລິການພາສາບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານໄດ້. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ກະລຸນາໂທຫາພວກເຮົາໄດ້ຕາມເບີທີ່ມີຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. ສະມາຊິກກຸ່ມນາຍຈ້າງ ກະລຸນາໂທຫາເບີ 1-888-802-7001 (TTY: 711).

Punjabi

ਬਿਨਾਂ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਡੇ ਲਈ ਦਸਤਾਵੇਜ਼ਾਂ ਪੜ੍ਹੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਰੋਜ਼ਗਾਰਦਾਤਾ ਗਰੁੱਪ ਦੇ ਸਦੱਸ, ਕਿਰਪਾ ਕਰਕੇ 1-888-802-7001 (TTY: 711) 'ਤੇ ਫ਼ੋਨ ਕਰੋ।

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Если вы участник коллективного плана, предоставляемого работодателем, звоните по телефону 1-888-802-7001 (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación. Los afiliados del grupo del empleador deben llamar al 1-888-802-7001 (TTY: 711).

Tagalog

Walang Gastos na Mga Serbisyo sa Wika. Maaari kayong kumuha ng isang interpreter. Maaari ninyong ipabasa ang mga dokumento. Para sa tulong, tawagan kami sa numerong nakalista sa inyong ID card. Para sa mga miyembro ng grupo ng employer, mangyaring tumawag sa 1-888-802-7001 (TTY: 711).

Ukrainian

Безплатні послуги перекладу. Ви можете скористуватися послугами перекладача. Вам можуть прочитати ваші документи. Щоб отримати допомогу, телефонуйте нам за номером, який вказаний на вашій ідентифікаційній картці (ID). Учасників групового страхового плану від працедавця просимо телефонувати за номером 1-888-802-7001 (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 thuộc chương trình theo nhóm của chủ sử dụng lao động vui lòng gọi số 1-888-802-7001 (TTY: 711).

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OR WA Commercial Off-Exchange Member Notice of Language Assistance

FLY010308EH00 (09/16)

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (Use Amphetamine-Dextroamphetamine)	GP	
ADDERALL XR CP24 2.5MG-2.5MG-2.5MG-2.5MG (Use Amphetamine-Dextroamphetamine)	GP	QL(1 ea daily,90 day(s) limit)
ADDERALL XR CP24 5MG-5MG-5MG-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 (Use Amphetamine-Dextroamphetamine)	GP	QL(1 ea daily)
amphetamine-dextroamphetamine cp24 2.5mg-2.5mg-2.5mg-2.5mg	1	QL(1 ea daily,90 day(s) limit)
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-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	1	QL(1 ea daily)
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	1	
DESOXYN TABS (Use Methamphetamine HCl)	GP	PA;

Drug Name	Drug Tier	Requirements/ Limits
DEXEDRINE CP24 (Use Dextroamphetamine Sulfate)	GP	
dextroamphetamine sulfate cp24	1	
dextroamphetamine sulfate soln	1	
dextroamphetamine sulfate tabs	1	
methamphetamine hcl tabs	1	PA;
PROCENTRA SOLN (Use Dextroamphetamine Sulfate)	GP	
VYVANSE CAPS	2	QL(1 ea daily)
VYVANSE CHEW	2	QL(1 ea daily)
ZENZEDI TABS	3	
Analeptics		
caffeine citrate soln	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use Phentermine HCl)	GP	PA
ADIPEX-P TABS (Use Phentermine HCl)	GP	PA
DIETHYLPROPION HCL ER TB24	3	PA
diethylpropion hcl tb24	3	PA
LOMAIRA TABS	3	PA
phendimetrazine tartrate tabs	3	PA
PHENDIMETRAZINE TARTRATEER CP24	3	PA
phentermine hcl caps	3	PA
phentermine hcl tabs	3	PA
QSYMIA CP24	3	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
BELVIQ XR TB24	3	PA
CONTRACE TB12	3	PA
SAXENDA SOPN	3	PA
XENICAL CAPS	3	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) tb12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	GP	QL(1 ea daily)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	GP	QL(4 ea daily)
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use Atomoxetine HCl)	GP	QL(2 ea daily)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (Use Atomoxetine HCl)	GP	QL(1 ea daily)
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use Methylphenidate HCl)	GP	QL(1 ea daily)
CONCERTA TBCR 36 MG (Use Methylphenidate HCl)	GP	QL(2 ea daily)
DAYTRANA PTCH	3	
<i>dexmethylphenidate hcl cp24 25 mg, 35 mg</i>	1	
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
FOCALIN TABS (Use Dexmethylphenidate HCl)	GP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FOCALIN XR CP24 25 MG, 35 MG (Use Dexmethylphenidate HCl)	GP	
FOCALIN XR CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG (Use Dexmethylphenidate HCl)	GP	QL(1 ea daily)
METADATE CD CPR 10 MG, 20 MG, 30 MG (Use Methylphenidate HCl)	GP	QL(2 ea daily)
METADATE CD CPR 40 MG, 50 MG, 60 MG (Use Methylphenidate HCl)	GP	
METHYLIN SOLN (Use Methylphenidate HCl)	GP	
<i>methylphenidate hcl chew 5 mg, 10 mg, 2.5 mg</i>	1	
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl cpr 10 mg, 20 mg, 30 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl cpr 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	
<i>methylphenidate hcl tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl tbc 10 mg, 18 mg, 20 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl tbc 36 mg</i>	1	QL(2 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR	3	QL(1 ea daily)
<i>modafinil tabs</i>	1	ST; QL(1 ea daily)
NUVIGIL TABS (Use Armodafinil)	GP	PA
PROVIGIL TABS (Use Modafinil)	GP	ST; QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
QUILLIVANT XR SUSR	3	PA; QL(12 ml daily)
RELEXXII TBCR	3	QL(1 ea daily)
RITALIN LA CP24 (<i>Use Methylphenidate HCl</i>)	GP	QL(1 ea daily)
RITALIN TABS (<i>Use Methylphenidate HCl</i>)	GP	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
ODACTRA SUBL	3	PA
ORALAIR ADULT SAMPLE KIT SUBL	3	PA
ORALAIR ADULT STARTER PACK SUBL	3	PA
ORALAIR SUBL	3	PA
RAGWITEK SUBL	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP	3	PA
BETHKIS NEBU	3	PA
KITABIS PAK NEBU	3	
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
TOBI NEBU (<i>Use Tobramycin</i>)	GP	
TOBI PODHALER CAPS	3	PA
<i>tobramycin nebu</i>	3	
TOBRAMYCIN NEBU	3	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		

Drug Name	Drug Tier	Requirements/Limits
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	3	PA
HUMIRA PEN PNKT	3	PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	3	PA
HUMIRA PEN-PS/UV STARTER PNKT	3	PA
HUMIRA PSKT	3	PA
SIMPONI SOAJ	3	PA
SIMPONI SOSY	3	PA
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	3	PA
Antirheumatic Antimetabolites		
METHOTREXATE TABS	2	
OTREXUP SOAJ	3	PA
RASUVO SOAJ	3	PA
Gold Compounds		
RIDAURA CAPS	2	
Interleukin-1 Blockers		
ARCALYST SOLR	3	PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	3	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOSY	3	PA
KEVZARA SOAJ 150 MG/1.14ML, 200 MG/1.14ML	3	PA; SP
KEVZARA SOSY 150 MG/1.14ML, 200 MG/1.14ML	3	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		

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
ANAPROX DS TABS (Use Naproxen Sodium)	GP	
ARTHROTEC 50 TBEC (Use Diclofenac w/ Misoprostol)	GP	
ARTHROTEC 75 TBEC (Use Diclofenac w/ Misoprostol)	GP	
CELEBREX CAPS 400 MG (Use Celecoxib)	GP	ST; QL(2 ea daily); AL(At least 60 yrs old)
CELEBREX CAPS 50 MG, 100 MG, 200 MG (Use Celecoxib)	GP	ST; QL(2 ea daily)
celecoxib caps 400 mg	1	ST; QL(2 ea daily); AL(At least 60 yrs old)
celecoxib caps 50 mg, 100 mg, 200 mg	1	ST; QL(2 ea daily)
DAYPRO TABS (Use Oxaprozin)	GP	
diclofenac potassium tabs	1	
diclofenac sodium tb24 or 100 mg	1	
diclofenac sodium tbec or 25 mg, 50 mg, 75 mg	1	
diclofenac w/ misoprostol tbec	1	
DUEXIS TABS	3	PA
EC-NAPROSYN TBEC (Use Naproxen)	GP	
EC-NAPROXEN TBEC (Use Naproxen)	GP	
etodolac caps 200 mg, 300 mg	1	
etodolac tabs 400 mg, 500 mg	1	
etodolac tb24 400 mg, 500 mg, 600 mg	1	QL(2 ea daily)
FELDENE CAPS (Use Piroxicam)	GP	
FENOPROFEN CALCIUM CAPS 200 MG, 400 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
fenopropfen calcium tabs 600 mg	1	
FENORTHO CAPS	3	
flurbiprofen tabs	1	
ibuprofen tabs	1	
INDOCIN SUPP RE 50 MG	3	
INDOCIN SUSP OR 25 MG/5ML	2	
indomethacin caps	1	
indomethacin cpcr	1	
KETOPROFEN CAPS 25 MG, 50 MG, 75 MG	2	
ketoprofen caps 50 mg, 75 mg	1	
KETOPROFEN ER CP24	3	
ketorolac tromethamine tabs or 10 mg	1	QL(0.67 ea daily)
LODINE TABS (Use Etodolac)	GP	
meclofenamate sodium caps	1	
mefenamic acid caps	1	
meloxicam tabs 15 mg	1	QL(1 ea daily)
meloxicam tabs 7.5 mg	1	QL(2 ea daily)
MOBIC TABS 15 MG (Use Meloxicam)	GP	QL(1 ea daily)
MOBIC TABS 7.5 MG (Use Meloxicam)	GP	QL(2 ea daily)
nabumetone tabs 500 mg	1	QL(4 ea daily)
nabumetone tabs 750 mg	1	QL(3 ea daily)
NALFON CAPS 400 MG	3	
NALFON TABS 600 MG (Use Fenopropfen Calcium)	GP	
NAPRELAN TB24 500 MG (Use Naproxen Sodium)	GP	

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
NAPRELAN TB24 750 MG	3	
NAPROSYN SUSP (Use Naproxen)	GP	
NAPROSYN TABS (Use Naproxen)	GP	
<i>naproxen sodium tabs</i>	1	
<i>naproxen sodium tb24</i>	1	
<i>naproxen susp</i>	1	
<i>naproxen tabs</i>	1	
<i>naproxen tbec</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
PONSTEL CAPS (Use Mefenamic Acid)	GP	
SPRIX SOLN	3	QL(1 ea daily,5 day(s) limit)
<i>sulindac tabs</i>	1	
TIVORBEX CAPS	3	ST; QL(3 ea daily)
TOLMETIN SODIUM CAPS 400 MG	2	
<i>tolmetin sodium tabs 200 mg, 600 mg</i>	1	
VIMOVO TBEC	3	PA
ZIPSOR CAPS	3	ST
ZORVOLEX CAPS	3	ST; QL(3 ea daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	3	PA
OTEZLA TBPK	3	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS 10 MG (Use Leflunomide)	GP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ARAVA TABS 20 MG (Use Leflunomide)	GP	QL(1 ea daily)
<i>leflunomide tabs 10 mg</i>	1	QL(2 ea daily)
<i>leflunomide tabs 20 mg</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	3	PA
ORENCIA SOLR	3	PA
ORENCIA SOSY	3	PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	3	PA
ENBREL SOLR	3	PA
ENBREL SOSY	3	PA
ENBREL SURECLICK SOAJ	3	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs</i>	1	
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
DURAXIN CAPS	3	
ESGIC TABS (Use Butalbital-Acetaminophen-Caffeine)	GP	
FIORICET CAPS (Use Butalbital-Acetaminophen-Caffeine)	GP	
FIORINAL CAPS (Use Butalbital-Aspirin-Caffeine)	GP	
TENCON 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
VANATOL LQ SOLN	3	
VANATOL S SOLN	3	
Salicylates		
ASCRIPITIN TABS	PV	PV
<i>aspirin chew</i>	PV	PV
<i>aspirin tabs</i>	PV	PV
<i>aspirin tbec</i>	PV	PV
<i>choline & mag salicylate liqd</i>	1	
<i>diflunisal tabs</i>	1	
ECOTRIN REGULAR STRENGTH TBEC (Use Aspirin)	GP	PV
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL	3	PA
ACTIQ LPOP (Use Fentanyl Citrate)	GP	PA
ARYMO ER TBEA	3	PA
<i>codeine sulfate tabs</i>	1	
CONZIP CP24	3	
DEMEROL TABS (Use Meperidine HCl)	GP	
DILAUDID LIQD (Use Hydromorphone HCl)	GP	
DILAUDID TABS (Use Hydromorphone HCl)	GP	
DOLOPHINE TABS (Use Methadone HCl)	GP	QL(12 ea daily)
DURAGESIC PT72 (Use Fentanyl)	GP	Limit 15 patches per month;QL(0.5 ea daily)
EMBEDA CPCR	3	PA

Drug Name	Drug Tier	Requirements/ Limits
EXALGO T24A (Use Hydromorphone HCl)	GP	QL(4 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	1	PA
FENTANYL CITRATE TABS BU 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL(3 ea daily)
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	Limit 15 patches per month;QL(0.5 ea daily)
FENTORA TABS	3	PA; QL(3 ea daily)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl t24a 8 mg, 12 mg, 16 mg</i>	1	QL(4 ea daily)
<i>hydromorphone hcl tabs 2 mg, 4 mg, 8 mg</i>	1	
HYSINGLA ER T24A	3	PA
KADIAN CP24 10 MG (Use Morphine Sulfate)	GP	QL(1 ea daily)
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use Morphine Sulfate)	GP	QL(2 ea daily)
KADIAN CP24 200 MG	3	
KADIAN CP24 40 MG (Use Morphine Sulfate)	GP	
LAZANDA SOLN 100 MCG/ACT, 400 MCG/ACT	3	PA
MEPERIDINE HCL SOLN 50 MG/5ML	2	
<i>meperidine hcl tabs 50 mg, 100 mg</i>	1	
MEPERIDINE HCL TABS 50 MG, 100 MG	2	
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tabs 5 mg, 10 mg</i>	1	QL(12 ea daily)
<i>methadone hcl tbso 40 mg</i>	1	
METHADOSE CONC (Use Methadone HCl)	GP	
METHADOSE SUGAR-FREE CONC (Use Methadone HCl)	GP	
<i>morphine sulfate cp24 or 10 mg</i>	1	QL(1 ea daily)
<i>morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	QL(2 ea daily)
<i>morphine sulfate cp24 or 40 mg</i>	1	
MORPHINE SULFATE ER CP24	2	QL(1 ea daily)
<i>morphine sulfate soln or 20 mg/ml, 10 mg/5ml, 20 mg/5ml, 100 mg/5ml</i>	1	
<i>morphine sulfate supp re 5 mg, 10 mg, 20 mg, 30 mg</i>	1	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	
<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(3 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	GP	QL(3 ea daily)
NUCYNTA ER TB12	2	QL(2 ea daily)
NUCYNTA TABS	2	QL(6 ea daily)
OPANA ER (CRUSH RESISTANT) T12A	2	QL(2 ea daily)
OPANA TABS (Use Oxymorphone HCl)	GP	
OXAYDO TABA	3	QL(4 ea daily)
<i>oxycodone hcl caps</i>	1	
<i>oxycodone hcl conc</i>	1	
<i>oxycodone hcl soln</i>	1	
<i>oxycodone hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	1	
<i>oxymorphone hcl tb12 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 7.5 mg</i>	1	QL(2 ea daily)
ROXICODONE TABS (Use Oxycodone HCl)	GP	
ROXYBOND TABA 5 MG	3	QL(4 ea daily)
SUBSYS LIQD	3	PA
TRAMADOL HCL ER CP24	3	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	
ULTRAM TABS (Use Tramadol HCl)	GP	QL(8 ea daily)
XTAMPZA ER C12A	3	PA
ZOHYDRO ER C12A	3	PA
Opioid Combinations		
<i>acetaminophen w/ codeine soln</i>	1	
<i>acetaminophen w/ codeine tabs</i>	1	
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAPS	3	
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	1	
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	
FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/Codeine)	GP	
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	GP	
HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLN	2	
<i>hydrocodone-acetaminophen 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>hydrocodone-acetaminophen tabs</i>	1	
<i>hydrocodone-ibuprofen tabs</i>	1	
LORTAB ELIX	3	
MEPERIDINE HCL/PROMETHAZINE HCL CAPS	3	
NALOCET TABS	3	
NORCO TABS (<i>Use Hydrocodone-Acetaminophen</i>)	GP	
<i>oxycodone w/ acetaminophen tabs</i>	1	
OXYCODONE/ACETAMINOPHEN SOLN	2	
OXYCODONE/IBUPROFEN TABS	3	QL(4 ea daily)
PERCOCET TABS (<i>Use Oxycodone w/ Acetaminophen</i>)	GP	
PRIMLEV TABS	3	
REPREXAIN TABS (<i>Use Hydrocodone-Ibuprofen</i>)	GP	
SYNALGOS-DC CAPS	3	
<i>tramadol-acetaminophen tabs</i>	1	
TYLENOL/CODEINE #3 TABS (<i>Use Acetaminophen w/ Codeine</i>)	GP	
TYLENOL/CODEINE #4 TABS (<i>Use Acetaminophen w/ Codeine</i>)	GP	
ULTRACET TABS (<i>Use Tramadol-Acetaminophen</i>)	GP	
XODOL TABS (<i>Use Hydrocodone-Acetaminophen</i>)	GP	
ZAMICET SOLN	2	
Opioid Partial Agonists		
BELBUCA FILM	3	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BUNAVAIL FILM	3	PA
<i>buprenorphine hcl subl 2 mg</i>	1	PA; QL(3 ea daily)
<i>buprenorphine hcl subl 8 mg</i>	1	PA; QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 4mg-1mg, 8mg-2mg, 12mg-3mg, 2mg-0.5mg</i>	1	PA
<i>buprenorphine hcl-naloxone hcl dihydrate subl 2mg-0.5mg</i>	1	PA; QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg</i>	1	PA; QL(4 ea daily)
<i>buprenorphine ptwk td 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	1	Limit 4 per month;QL(0.15 ea daily)
BUPRENORPHINE PTWK TD 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	3	Limit 4 per month;QL(0.15 ea daily)
<i>butorphanol tartrate soln</i>	1	Limit 7.5mls per month;QL(0.25 ml daily)
BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (<i>Use Buprenorphine</i>)	GP	Limit 4 per month;QL(0.15 ea daily)
BUTRANS PTWK 7.5 MCG/HR	3	Limit 4 per month;QL(0.15 ea daily)
<i>pentazocine w/ naloxone tabs</i>	1	
SUBOXONE FILM (<i>Use Buprenorphine HCl-Naloxone HCl Dihydrate</i>)	GP	PA
ZUBSOLV SUBL	3	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 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
OXANDRIN TABS (<i>Use Oxandrolone</i>)	GP	
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	3	ST; QL(1 ea daily)
ANDROGEL GEL 40.5 MG/2.5GM, 20.25 MG/1.25GM (<i>Use Testosterone</i>)	GP	QL(10 gm daily)
ANDROGEL GEL 50 MG/5GM, 25 MG/2.5GM	2	QL(10 gm daily)
ANDROGEL PUMP GEL (<i>Use Testosterone</i>)	GP	QL(10 gm daily)
ANDROXY TABS	2	
AXIRON SOLN (<i>Use Testosterone</i>)	GP	QL(6 ml daily)
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (<i>Use Testosterone Cypionate</i>)	GP	
FORTESTA GEL (<i>Use Testosterone</i>)	GP	QL(4 gm daily)
METHITEST TABS	2	
METHYLTESTOSTERONE CAPS	1	
<i>methyltestosterone caps</i>	1	
STRIANT MISC	3	QL(2 ea daily)
TESTIM GEL (<i>Use Testosterone</i>)	3	PA; QL(10 gm daily)
TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	3	
<i>testosterone cypionate soln im 200 mg/ml</i>	1	
<i>testosterone gel td 1 %, 1.62 %, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	1	QL(10 gm daily)
<i>testosterone gel td 10 mg/act</i>	1	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone soln td 30 mg/act</i>	1	QL(6 ml daily)
TESTRED CAPS (<i>Use Methyltestosterone</i>)	GP	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	GP	
CORTIFOAM FOAM	2	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	3	PA
Rectal Combinations		
ANALPRAM HC CREA (<i>Use Hydrocortisone Acetate w/ Pramoxine</i>)	GP	
ANALPRAM HC SINGLES CREA (<i>Use Hydrocortisone Acetate w/ Pramoxine</i>)	GP	
ANALPRAM-HC LOTN	3	
<i>hydrocortisone acetate w/ pramoxine crea</i>	1	
<i>lidocaine-hydrocortisone acetate (rectal) kit</i>	1	
PROCORT CREA	3	
PROCTOFOAM HC FOAM	2	
Rectal Steroids		
ANUSOL-HC CREA (<i>Use Hydrocortisone (Rectal)</i>)	GP	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT SUPP (<i>Use Hydrocortisone Acetate (Rectal)</i>)	GP	
Vasodilating Agents		
RECTIV OINT	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
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	
ALBENZA TABS (<i>Use Albendazole</i>)	GP	
BENZNIDAZOLE TABS	3	AL (At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE TABS (<i>Use Praziquantel</i>)	GP	
EMVERM CHEW	3	QL (6 ea per fill retail, 6 ea per fill mail)
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
STROMEKTOL TABS (<i>Use Ivermectin</i>)	GP	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>Use Metronidazole</i>)	GP	
FLAGYL TABS (<i>Use Metronidazole</i>)	GP	
IMPAVIDO CAPS	3	
<i>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
NEBUPENT SOLR	2	
PRIMSOL SOLN	3	
TINDAMAX TABS (<i>Use Tinidazole</i>)	GP	
<i>tinidazole tabs</i>	1	
<i>trimethoprim tabs</i>	1	
TRIMPEX SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
XIFAXAN TABS 200 MG	3	PA; QL (9 ea per fill retail, 9 ea per fill mail)
XIFAXAN TABS 550 MG	3	PA; QL (2 ea daily)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	GP	
BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	GP	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS	3	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use Atovaquone</i>)	GP	
Glycopeptides		
VANCOCIN HCL CAPS (<i>Use Vancomycin HCl</i>)	GP	PA
<i>vancomycin hcl caps</i>	1	PA
Leprostatics		
<i>dapsone tabs</i>	1	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use Clindamycin HCl</i>)	GP	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use Clindamycin Palmitate Hydrochloride</i>)	GP	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</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
Oxazolidinones		
<i>linezolid susr 100 mg/5ml</i>	1	
<i>linezolid tabs 600 mg</i>	1	QL(20 ea per 90 days retail, 20 ea per 90 days mail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR 100 MG/5ML (Use Linezolid)	GP	
ZYVOX TABS 600 MG (Use Linezolid)	GP	QL(20 ea per 90 days retail, 20 ea per 90 days mail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (Use Ranolazine)	GP	
RANEXA TB12 500 MG (Use Ranolazine)	GP	QL(4 ea daily)
<i>ranolazine tb12 1000 mg</i>	1	
<i>ranolazine tb12 500 mg</i>	1	QL(4 ea daily)
Nitrates		
DILATRATE SR CPCR	3	
GONITRO PACK	3	PA
ISORDIL TITRADOSE TABS 40 MG	2	
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	GP	
ISOSORBIDE DINITRATE ER TBCR	2	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	2	

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 (Use Nitroglycerin)	GP	QL(1 ea daily)
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	2	QL(1 ea daily)
<i>nitroglycerin cpcr or 9 mg, 2.5 mg</i>	1	
NITROGLYCERIN LINGUAL AERS	3	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	QL(1 ea daily)
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROLINGUAL PUMPSPRAY SOLN (Use Nitroglycerin)	GP	
NITROMIST AERS	3	
NITROSTAT SUBL (Use Nitroglycerin)	GP	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs</i>	1	
<i>hydroxyzine hcl syrp</i>	1	
<i>hydroxyzine hcl tabs</i>	1	
HYDROXYZINE PAMOATE CAPS 100 MG	2	
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	GP	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam tb24</i>	1	
<i>alprazolam tbdp</i>	1	
ATIVAN TABS (Use Lorazepam)	GP	
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc</i>	1	
<i>diazepam soln</i>	1	
<i>diazepam tabs</i>	1	
<i>lorazepam conc</i>	1	
<i>lorazepam tabs</i>	1	
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	1	
OXAZEPAM CAPS 10 MG, 30 MG	2	
TRANXENE T TABS (Use Clorazepate Dipotassium)	GP	
VALIUM TABS (Use Diazepam)	GP	
XANAX TABS (Use Alprazolam)	GP	
XANAX XR TB24 (Use Alprazolam)	GP	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use Disopyramide Phosphate)	GP	
NORPACE CR CP12 100 MG	2	
NORPACE CR CP12 150 MG (Use Disopyramide Phosphate)	GP	
<i>quinidine gluconate tbcr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>quinidine sulfate tabs 200 mg</i>	1	
QUINIDINE SULFATE TABS 300 MG	2	
Antiarrhythmics Type I-B		
MEXILETINE HCL CAPS 150 MG, 200 MG, 250 MG	2	
<i>mexiletine hcl caps 200 mg, 250 mg</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)
<i>propafenone hcl tabs 225 mg, 300 mg</i>	1	QL(3 ea daily)
RYTHMOL SR CP12 (Use Propafenone HCl)	GP	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS	2	
TIKOSYN CAPS (Use Dofetilide)	GP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT SOSY	3	PA
XOLAIR SOSY	3	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	2	Limit 2 inhalers per month;QL(0.86 gm daily)

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

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA AEPB	2	Limit 1 inhaler per month;QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	
SEEBRI NEOHALER CAPS	3	QL(2 ea daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	Limit 1 inhaler per month;QL(0.14 gm daily)
TUDORZA PRESSAIR AEPB	3	ST; Limit 1 per month;QL(0.04 ea daily)
Leukotriene Modulators		
ACCOLATE TABS (<i>Use Zafirlukast</i>)	GP	
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
SINGULAIR CHEW (<i>Use Montelukast Sodium</i>)	GP	QL(1 ea daily)
SINGULAIR PACK (<i>Use Montelukast Sodium</i>)	GP	QL(1 ea daily)
SINGULAIR TABS (<i>Use Montelukast Sodium</i>)	GP	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	
<i>zileuton tb12</i>	1	ST
ZYFLO CR TB12 (<i>Use Zileuton</i>)	GP	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	3	QL(1 ea daily)
Steroid Inhalants		
AEROSPAN AERS	2	Limit 2 inhalers per month;QL(0.6 gm daily)

Drug Name	Drug Tier	Requirements/Limits
ALVESCO AERS	3	Limit 2 inhalers per month;QL(0.41 gm daily)
ARMONAIR RESPICLICK 113 AEPB	3	QL(0.04 ea daily)
ARMONAIR RESPICLICK 232 AEPB	3	QL(0.04 ea daily)
ARMONAIR RESPICLICK 55 AEPB	3	QL(0.04 ea 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	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	Limit 1 inhaler per month;QL(0.04 ea daily)
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	1	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	1	QL(4 ml daily)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	QL(2 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	QL(40 ea daily)

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 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 8 inhalers per month;QL(0.27 ea daily)
PULMICORT SUSP 0.25 MG/2ML (Use Budesonide (Inhalation))	GP	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML (Use Budesonide (Inhalation))	GP	QL(4 ml daily)
PULMICORT SUSP 1 MG/2ML (Use Budesonide (Inhalation))	GP	QL(2 ml daily)
QVAR AERS 40 MCG/ACT	2	Limit 2 inhalers per month;QL(0.58 gm daily)
QVAR AERS 80 MCG/ACT	2	Limit 1 inhaler per month;QL(0.29 gm daily)
QVAR REDIHALER AERB 40 MCG/ACT	2	Limit 1 inhaler per month;QL(0.36 gm daily)
QVAR REDIHALER AERB 80 MCG/ACT	2	Limit 2 Inhalers per month;QL(0.72 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (Use Fluticasone-Salmeterol)	GP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AERO	2	Limit 1 inhaler per month;QL(0.4 gm daily)
AIRDUO RESPICLICK 113/14 AEPB	3	QL(0.04 ea daily)
AIRDUO RESPICLICK 232/14 AEPB	3	QL(0.04 ea daily)
AIRDUO RESPICLICK 55/14 AEPB	3	QL(0.04 ea daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(1.2 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(0.45 gm daily)
ALBUTEROL SULFATE ER TB12	2	QL(2 ea daily)
<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>	1	QL(2 ea daily)
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	3	QL(1 ea daily)
BEVESPI AEROSPHERE AERO	3	Limit 1 inhaler per month;QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	QL(2 ea daily)
BROVANA NEBU	3	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month;QL(0.2 gm daily)
DULERA AERO	2	Limit 1 inhaler per month;QL(0.45 gm daily)

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

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPRIONATE/SALMETEROL AEPB	2	QL(0.04 ea 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	QL(1 gm daily)
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
METAPROTERENOL SULFATE TABS 10 MG, 20 MG	2	
PERFOROMIST NEBU	3	QL(4 ml daily)
PROAIR HFA AERS (<i>Use Albuterol Sulfate</i>)	GP	Limit 2 inhalers per month;QL(0.57 gm daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month;QL(0.07 ea daily)
PROVENTIL HFA AERS (<i>Use Albuterol Sulfate</i>)	GP	Limit 2 inhalers per month;QL(0.45 gm daily)
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>	1	
TRELEGY ELLIPTA AEPB	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
UTIBRON NEOHALER CAPS	3	QL(2 ea daily)
VENTOLIN HFA AERS (<i>Use Albuterol Sulfate</i>)	GP	Limit 2 inhalers per month;QL(0.54 gm daily)
VENTOLIN HFA AERS (<i>Use Albuterol Sulfate</i>)	GP	Limit 1 inhaler per month;QL(1.2 gm daily)
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	GP	QL(2 ea daily)
XOPENEX CONCENTRATE NEBU (<i>Use Levalbuterol HCl</i>)	GP	
XOPENEX HFA AERO	2	QL(1 gm daily)
XOPENEX NEBU (<i>Use Levalbuterol HCl</i>)	GP	
Xanthines		
ELIXOPHYLLIN ELIX	3	
THEO-24 CP24	2	
<i>theophylline soln</i>	1	
<i>theophylline tb12</i>	1	
<i>theophylline tb24</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	GP	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TABS	2	
ELIQUIS TABS	2	
SAVAYSA 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
XARELTO STARTER PACK TBPK	2	
XARELTO TABS 10 MG, 15 MG, 20 MG	2	
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN (<i>Use Fondaparinux Sodium</i>)	GP	
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	3	QL(3 ml per 10 days retail)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	3	QL(20 ml per 10 days retail)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	3	QL(6 ml per 10 days retail)
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	3	QL(8 ml per 10 days retail)
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	3	QL(12 ml per 10 days retail)
<i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	3	QL(16 ml per 10 days retail)
<i>fondaparinux sodium soln</i>	3	
FRAGMIN SOLN 10000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	3	
FRAGMIN SOLN 2500 UNIT/0.2ML	3	QL(4 ml per 365 days retail)
FRAGMIN SOLN 95000 UNIT/3.8ML	3	PA
<i>heparin sodium (porcine) soln</i>	3	PA
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	GP	QL(3 ml per 10 days retail)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use Enoxaparin Sodium</i>)	GP	QL(20 ml per 10 days retail)
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use Enoxaparin Sodium</i>)	GP	QL(6 ml per 10 days retail)
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use Enoxaparin Sodium</i>)	GP	QL(8 ml per 10 days retail)

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use Enoxaparin Sodium</i>)	GP	QL(12 ml per 10 days retail)
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	GP	QL(16 ml per 10 days retail)
Thrombin Inhibitors		
PRADAXA CAPS	3	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	
FYCOMPA TABS	3	
Anticonvulsants - Benzodiazepines		
<i>clobazam susp</i>	1	
<i>clobazam tabs</i>	1	
<i>clonazepam tabs</i>	1	
<i>clonazepam tbdp</i>	1	
DIASTAT ACUDIAL GEL	3	Limit 4 per month;QL(0.14 ea daily)
DIASTAT PEDIATRIC GEL	3	Limit 4 per month;QL(0.14 ea daily)
<i>diazepam (anticonvulsant) gel</i>	3	Limit 4 per month;QL(0.14 ea daily)
DIAZEPAM RECTAL GEL GEL	3	Limit 4 per month;QL(0.14 ea daily)
KLONOPIN TABS (<i>Use Clonazepam</i>)	GP	
ONFI SUSP (<i>Use Clobazam</i>)	GP	
ONFI TABS (<i>Use Clobazam</i>)	GP	
Anticonvulsants - Misc.		
APTIOM TABS 200 MG, 400 MG, 600 MG	3	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
APTIOM TABS 800 MG	3	QL(1 ea daily)
BANZEL SUSP	2	
BANZEL TABS	2	
<i>carbamazepine chew</i>	1	
<i>carbamazepine cp12</i>	1	
<i>carbamazepine susp</i>	1	
<i>carbamazepine tabs</i>	1	
<i>carbamazepine tb12</i>	1	
CARBATROL CP12 (Use Carbamazepine)	GP	
EPIDIOLEX SOLN	3	PA
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	1	
<i>gabapentin tabs</i>	1	
KEPPRA SOLN (Use Levetiracetam)	GP	
KEPPRA TABS (Use Levetiracetam)	GP	
KEPPRA XR TB24 (Use Levetiracetam)	GP	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	GP	
LAMICTAL ODT KIT	3	PA
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (Use Lamotrigine)	GP	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use Lamotrigine)	GP	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use Lamotrigine)	GP	

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

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>oxcarbazepine susp</i>	1	
<i>oxcarbazepine tabs</i>	1	
OXTELLAR XR TB24	3	ST
POTIGA TABS	3	
<i>primidone tabs</i>	1	
QUDEXY XR CS24	3	PA
TEGRETOL SUSP (<i>Use Carbamazepine</i>)	GP	
TEGRETOL TABS (<i>Use Carbamazepine</i>)	GP	
TEGRETOL-XR TB12 (<i>Use Carbamazepine</i>)	GP	
TOPAMAX SPRINKLE CPSP (<i>Use Topiramate</i>)	GP	
TOPAMAX TABS (<i>Use Topiramate</i>)	GP	
<i>topiramate cpsp</i>	1	
TOPIRAMATE ER CS24	3	PA
<i>topiramate tabs</i>	1	
TRILEPTAL SUSP (<i>Use Oxcarbazepine</i>)	GP	
TRILEPTAL TABS (<i>Use Oxcarbazepine</i>)	GP	
TROKENDI XR CP24	3	PA
VIMPAT SOLN	2	
VIMPAT TABS	2	
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	GP	
<i>zonisamide caps</i>	1	
Carbamates		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	

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

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
ZARONTIN SOLN (<i>Use Ethosuximide</i>)	GP	
Valproic Acid		
DEPAKENE CAPS 250 MG (<i>Use Valproic Acid</i>)	GP	
DEPAKOTE ER TB24 (<i>Use Divalproex Sodium</i>)	GP	
DEPAKOTE SPRINKLES CSDR (<i>Use Divalproex Sodium</i>)	GP	
DEPAKOTE TBEC (<i>Use Divalproex Sodium</i>)	GP	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproic acid caps or</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	
<i>mirtazapine tbdp</i>	1	
REMERON SOLTAB TBDP (<i>Use Mirtazapine</i>)	GP	
REMERON TABS (<i>Use Mirtazapine</i>)	GP	
Antidepressants - Misc.		
APLENZIN TB24	3	ST; QL(1 ea daily)
<i>bupropion hcl tabs 75 mg, 100 mg</i>	1	
<i>bupropion hcl tb12 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily)
BUPROPION HYDROCHLORIDE ER (XL) TB24	3	ST; QL(1 ea daily)
FORFIVO XL TB24	3	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 (<i>Use Bupropion HCl</i>)	GP	
WELLBUTRIN XL TB24 (<i>Use Bupropion HCl</i>)	GP	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	3	
NARDIL TABS (<i>Use Phenelzine Sulfate</i>)	GP	
PARNATE TABS (<i>Use Tranylcypromine Sulfate</i>)	GP	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Use Citalopram Hydrobromide</i>)	GP	QL(4 ea daily)
CELEXA TABS 20 MG (<i>Use Citalopram Hydrobromide</i>)	GP	QL(2 ea daily)
CELEXA TABS 40 MG (<i>Use Citalopram Hydrobromide</i>)	GP	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	3	
<i>fluoxetine hcl caps 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl tabs 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl tabs 60 mg</i>	1	ST; QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS	3	ST; QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use <i>Fluoxetine HCl</i>)	GP	ST; QL(1 ea daily)
<i>fluvoxamine maleate cp24</i>	1	
<i>fluvoxamine maleate tabs</i>	1	
LEXAPRO TABS (Use <i>Escitalopram Oxalate</i>)	GP	
<i>paroxetine hcl tabs</i>	1	
<i>paroxetine hcl tb24</i>	1	
PAXIL CR TB24 (Use <i>Paroxetine HCl</i>)	GP	
PAXIL SUSP 10 MG/5ML	2	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use <i>Paroxetine HCl</i>)	GP	
PEXEVA TABS	3	
PROZAC CAPS (Use <i>Fluoxetine HCl</i>)	GP	
<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs</i>	1	
ZOLOFT CONC (Use <i>Sertraline HCl</i>)	GP	
ZOLOFT TABS (Use <i>Sertraline HCl</i>)	GP	
Serotonin Modulators		
<i>nefazodone hcl tabs</i>	1	
NEFAZODONE HYDROCHLORIDE TABS	3	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD STARTER PACK KIT	3	ST
VIIBRYD TABS	3	ST
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use <i>Duloxetine HCl</i>)	GP	QL(2 ea daily)
DESVENLAFAXINE ER TB24 50 MG, 100 MG	3	ST; QL(1 ea daily)
<i>desvenlafaxine succinate tb24</i>	1	
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
EFFEXOR XR CP24 150 MG (Use <i>Venlafaxine HCl</i>)	GP	QL(2 ea daily)
EFFEXOR XR CP24 75 MG, 37.5 MG (Use <i>Venlafaxine HCl</i>)	GP	QL(1 ea daily)
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily)
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	ST; QL(1 ea daily)
KHEDEZLA TB24	3	ST; QL(1 ea daily)
PRISTIQ TB24 (Use <i>Desvenlafaxine Succinate</i>)	GP	
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	
<i>venlafaxine hcl tb24 75 mg, 150 mg, 225 mg, 37.5 mg</i>	1	
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS	2	
ANAFRANIL CAPS (Use <i>Clomipramine HCl</i>)	GP	
<i>clomipramine hcl caps</i>	1	
<i>desipramine hcl tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
DOXEPIN HCL CAPS 150 MG	2	
<i>doxepin hcl conc 10 mg/ml</i>	1	
ELAVIL TABS (Use Amitriptyline HCl)	GP	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (Use Desipramine HCl)	GP	
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAPS (Use Nortriptyline HCl)	GP	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (Use Trimipramine Maleate)	GP	
TOFRANIL TABS (Use Imipramine HCl)	GP	
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	
GLYSET TABS (Use Miglitol)	GP	
<i>miglitol tabs</i>	1	
PRECOSE TABS (Use Acarbose)	GP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	3	PA

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 SOPN	3	PA
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use Pioglitazone HCl-Metformin HCl)	GP	
ACTOPLUS MET XR TB24	3	
DUETACT TABS (Use Pioglitazone HCl-Glimepiride)	GP	
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS (Use Glyburide-Metformin)	GP	
<i>glyburide-metformin tabs</i>	1	
GLYXAMBI TABS	2	
INVOKAMET TABS	2	
INVOKAMET XR TB24	2	
JANUMET TABS	2	
JANUMET XR TB24	2	
JENTADUETO TABS	2	
JENTADUETO XR TB24	2	
<i>pioglitazone hcl-glimepiride tabs</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	3	
SEGLUROMET TABS	3	
SOLIQUA 100/33 SOPN	3	PA
SYNJARDY TABS	2	
SYNJARDY XR TB24	2	
XULTOPHY 100/3.6 SOPN	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Biguanides		
GLUCOPHAGE TABS (Use Metformin HCl)	GP	
GLUCOPHAGE XR TB24 (Use Metformin HCl)	GP	
GLUMETZA TB24 (Use Metformin HCl)	GP	PA
metformin hcl tabs 500 mg, 850 mg, 1000 mg	1	
metformin hcl tb24 500 mg, 1000 mg	3	PA
metformin hcl tb24 500 mg, 750 mg	1	
METFORMIN HYDROCHLORIDE SOLN	3	
RIOMET SOLN	3	
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	3	
GLUCAGON EMERGENCY KIT KIT	3	
KORLYM TABS	3	PA
PROGLYCEM SUSP	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA TABS	2	
TRADJENTA TABS	2	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	
Incretin Mimetic Agents (GLP-1 Receptor)		
ADLYXIN SOPN	3	PA
ADLYXIN STARTER PACK PNKT	3	PA
BYDUREON BCISE AUIJ	3	PA
BYDUREON PEN PEN	3	PA
BYDUREON SRER	3	PA

Drug Name	Drug Tier	Requirements/Limits
BYETTA SOPN	3	PA
OZEMPIC SOPN	3	PA
TANZEUM PEN	3	PA
TRULICITY SOPN	3	PA
VICTOZA SOPN	3	PA
Insulin Sensitizing Agents		
ACTOS TABS (Use Pioglitazone HCl)	GP	
AVANDIA TABS	2	
pioglitazone hcl tabs	1	
Insulin		
insulin lispro protamine & lispro supn 50unit/ml-50unit/ml, 75unit/ml-25unit/ml	1	Limit 3 boxes per month;QL(1.5 ml daily)
insulin lispro protamine & lispro susp 50unit/ml-50unit/ml, 75unit/ml-25unit/ml	1	Limit 4 vials per month;QL(1.5 ml daily)
insulin lispro soct 100 unit/ml	1	Limit 3 boxes per month;QL(1.5 ml daily)
insulin lispro soln 100 unit/ml	1	Limit 4 vials per month;QL(1.5 ml daily)
insulin lispro sopn 100 unit/ml	1	Limit 3 boxes per month;QL(1.5 ml daily)
insulin lispro sopn 200 unit/ml	1	Limit 4 boxes per month;QL(0.8 ml daily)
insulin nph (human) (isophane) supn	1	Limit 3 boxes per month;QL(1.5 ml daily)
insulin nph (human) (isophane) susp	1	Limit 4 vials per month;QL(1.5 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>insulin nph isophane & reg (human) supn</i>	1	Limit 45mls per month;QL(1.5 ml daily)
<i>insulin nph isophane & reg (human) susp</i>	1	Limit 4 vials per month;QL(1.5 ml daily)
<i>insulin regular (human) soln ij 100 unit/ml</i>	1	Limit 4 vials per month;QL(1.5 ml daily)
<i>insulin regular (human) soln sc 500 unit/ml</i>	1	Limit 2 vials per month;QL(1.5 ml daily)
<i>insulin regular (human) sopn sc 500 unit/ml</i>	1	Limit 3 boxes per month;QL(1.5 ml daily)
LANTUS SOLN	2	Limit 4 vials per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR FLEXTOUCH SOPN	2	Limit 3 boxes per month;QL(1.5 ml daily)
LEVEMIR SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 3 boxes per month;QL(0.5 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 boxes per month;QL(0.5 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 3 boxes per month;QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 3 boxes per month;QL(0.9 ml daily)
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PRANDIN TABS (<i>Use Repaglinide</i>)	GP	
<i>repaglinide tabs</i>	1	
STARLIX TABS (<i>Use Nateglinide</i>)	GP	
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA TABS	2	
JARDIANCE TABS	2	
STEGLATRO TABS	3	
Sulfonylureas		
AMARYL TABS (<i>Use Glimepiride</i>)	GP	
CHLORPROPAMIDE TABS	2	
<i>glimepiride tabs</i>	1	
<i>glipizide tabs</i>	1	
<i>glipizide tb24</i>	1	
GLUCOTROL TABS (<i>Use Glipizide</i>)	GP	
GLUCOTROL XL TB24 (<i>Use Glipizide</i>)	GP	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs</i>	1	
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	GP	
<i>tolazamide tabs</i>	1	
<i>tolbutamide tabs</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC	3	PA; QL(2 ea daily)
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	

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>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS (Use Loperamide HCl)	GP	RX/OTC
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	GP	
<i>loperamide hcl caps</i>	1	RX/OTC
MOTOFEN TABS	2	
<i>opium tincture tinc</i>	1	
PAREGORIC TINC	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents

CHEMET CAPS	3	
<i>deferasirox tbso</i>	3	PA
EXJADE TBSO (Use Deferasirox)	GP	PA
FERRIPROX TABS 500 MG	3	
JADENU SPRINKLE PACK	3	PA
JADENU TABS	3	PA

Antidotes and Specific Antagonists

RADIOGARDASE CAPS	3	
VISTOGARD PACK	3	

Opioid Antagonists

EVZIO SOAJ	3	PA
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	3	Limit 2 boxes per month; QL(4 ea per 30 days retail)

ANTIEMETICS - Drugs to Treat Nausea and Vomiting

5-HT3 Receptor Antagonists

Drug Name	Drug Tier	Requirements/Limits
ANZEMET TABS	3	PA; QL(0.07 ea daily)
<i>granisetron hcl tabs</i>	1	QL(2 ea daily)
<i>ondansetron hcl soln 4 mg/5ml</i>	1	QL(100 ml per fill retail)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	1	QL(20 ea per fill retail)
<i>ondansetron tbdp</i>	1	QL(20 ea per fill retail)
SANCUSO PTCH	3	PA
ZOFRAN ODT TBDP (Use Ondansetron)	GP	QL(20 ea per fill retail)
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	GP	QL(100 ml per fill retail)
ZOFRAN TABS 4 MG, 8 MG (Use Ondansetron HCl)	GP	QL(20 ea per fill retail)
ZUPLENZ FILM	3	QL(20 ea per fill retail)

Antiemetics - Anticholinergic

<i>scopolamine pt72</i>	1	
TIGAN CAPS (Use Trimethobenzamide HCl)	GP	
TRANSDERM SCOP PT72 (Use Scopolamine)	GP	
TRANSDERM-SCOP PT72 (Use Scopolamine)	GP	
<i>trimethobenzamide hcl caps</i>	1	

Antiemetics - Miscellaneous

AKYNZEO CAPS	3	QL(2 ea per 28 days retail)
BONJESTA TBCR	3	QL(2 ea daily)
CESAMET CAPS	3	PA; QL(2 ea daily)
DICLEGIS TBEC	3	QL(4 ea daily)
DOXYLAMINE SUCCINATE/PYRIDOXINE HYDROCHLORIDE TBEC	3	QL(4 ea daily)
<i>dronabinol caps</i>	1	PA

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

Drug Name	Drug Tier	Requirements/ Limits
MARINOL CAPS (<i>Use Dronabinol</i>)	GP	PA
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	1	QL(0.1 ea daily)
<i>aprepitant caps 40 mg</i>	1	QL(0.07 ea daily)
<i>aprepitant caps 80 mg, 125 mg</i>	1	QL(0.04 ea daily)
EMEND CAPS 40 MG (<i>Use Aprepitant</i>)	GP	QL(0.07 ea daily)
EMEND CAPS 80 MG, 125 MG (<i>Use Aprepitant</i>)	GP	QL(0.04 ea daily)
EMEND TRIPACK CAPS (<i>Use Aprepitant</i>)	GP	QL(0.1 ea daily)
VARUBI TABS	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON CAPS (<i>Use Flucytosine</i>)	GP	
BIO-STATIN CAPS	3	
<i>flucytosine caps</i>	1	
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	GP	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	GP	QL(90 ea per 365 days retail, 90 ea per 365 days mail)
<i>nystatin powd</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(90 ea per 365 days retail, 90 ea per 365 days mail)

Drug Name	Drug Tier	Requirements/ Limits
Imidazole-Related Antifungals		
CRESEMBA CAPS	3	
DIFLUCAN SUSR (<i>Use Fluconazole</i>)	GP	
DIFLUCAN TABS (<i>Use Fluconazole</i>)	GP	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps</i>	1	PA
<i>itraconazole soln</i>	1	PA
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP	3	
NOXAFIL TBEC	3	
SPORANOX CAPS (<i>Use Itraconazole</i>)	GP	PA
SPORANOX PULSEPAK CAPS (<i>Use Itraconazole</i>)	GP	PA
SPORANOX SOLN (<i>Use Itraconazole</i>)	GP	PA
VFEND SUSR (<i>Use Voriconazole</i>)	GP	
VFEND TABS (<i>Use Voriconazole</i>)	GP	
<i>voriconazole susr</i>	1	
<i>voriconazole tabs</i>	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
BROMPHENIRAMINE TANNATE CHEW	3	
DEXCHLORPHENIRAMINE MALEATE SOLN	2	
RYCLORA SOLN	2	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE TABS	2	
KARBINAL ER SUER	3	
Antihistamines - Non-Sedating		
CLARINEX SYRP 0.5 MG/ML	3	
CLARINEX TABS 5 MG (Use Desloratadine)	GP	PA; QL(1 ea daily)
DESLORATADINE ODT TBDP	3	
<i>desloratadine tabs</i>	1	PA; QL(1 ea daily)
Antihistamines - Phenothiazines		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	
<i>promethazine hcl supp re 25 mg, 12.5 mg</i>	1	
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	1	
PROMETHEGAN SUPP (Use Promethazine HCl)	GP	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
VYTORIN TABS (Use Ezetimibe-Simvastatin)	GP	QL(1 ea daily)
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	3	PA
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	GP	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>choline fenofibrate cpdr</i>	1	
FENOFIBRATE CAPS 50 MG, 150 MG	3	
<i>fenofibrate micronized caps</i>	1	
FENOFIBRATE TABS 160 MG	3	
<i>fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg</i>	1	
FENOFIBRIC ACID TABS	3	
FIBRICOR TABS	3	
<i>gemfibrozil tabs</i>	1	
LIPOFEN CAPS	3	
LOFIBRA CAPS (<i>Use Fenofibrate Micronized</i>)	GP	
LOPID TABS (<i>Use Gemfibrozil</i>)	GP	
TRICOR TABS (<i>Use Fenofibrate</i>)	GP	
TRIGLIDE TABS	3	
TRILIPIX CPDR (<i>Use Choline Fenofibrate</i>)	GP	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>Use Rosuvastatin Calcium</i>)	GP	QL(1 ea daily)
<i>fluvastatin sodium caps</i>	1	QL(1 ea daily)
<i>fluvastatin sodium tb24</i>	1	QL(1 ea daily)
LESCOL XL TB24 (<i>Use Fluvastatin Sodium</i>)	GP	QL(1 ea daily)
LIPITOR TABS (<i>Use Atorvastatin Calcium</i>)	GP	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs</i>	1	\$0 copay for Generic only, age 40 to 76;PV
PRAVACHOL TABS 20 MG, 80 MG (<i>Use Pravastatin Sodium</i>)	GP	QL(1 ea daily)
PRAVACHOL TABS 40 MG (<i>Use Pravastatin Sodium</i>)	GP	QL(2 ea daily)
<i>pravastatin sodium tabs 10 mg, 20 mg, 80 mg</i>	1	QL(1 ea daily)
<i>pravastatin sodium tabs 40 mg</i>	1	QL(2 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
ZOCOR TABS (<i>Use Simvastatin</i>)	GP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	
ZETIA TABS (<i>Use Ezetimibe</i>)	GP	
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	3	PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	GP	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN	3	PA
REPATHA PUSHTRONEX SYSTEM SOCT	3	PA
REPATHA SOSY	3	PA
REPATHA SURECLICK SOAJ	3	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE 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
ACCUPRIL TABS (Use Quinapril HCl)	GP	
ACEON TABS (Use Perindopril Erbumine)	GP	
ALTACE CAPS 10 MG (Use Ramipril)	GP	QL(2 ea daily)
ALTACE CAPS 5 MG, 2.5 MG, 1.25 MG (Use Ramipril)	GP	QL(1 ea daily)
benazepril hcl tabs	1	
captopril tabs	1	
enalapril maleate tabs	1	QL(2 ea daily)
EPANED SOLN	3	QL(5 ml daily)
fosinopril sodium tabs	1	
lisinopril tabs	1	
LOTENSIN TABS (Use Benazepril HCl)	GP	
moexipril hcl tabs	1	
perindopril erbumine tabs	1	
PRINIVIL TABS (Use Lisinopril)	GP	
QBRELIS SOLN	3	Limited to 1 bottle per month.;QL(5 ml daily)
quinapril hcl tabs	1	
ramipril caps 10 mg	1	QL(2 ea daily)
ramipril caps 5 mg, 2.5 mg, 1.25 mg	1	QL(1 ea daily)
trandolapril tabs	1	
VASOTEC TABS (Use Enalapril Maleate)	GP	QL(2 ea daily)
ZESTRIL TABS (Use Lisinopril)	GP	
Agents for Pheochromocytoma		
DEMSEER CAPS	3	

Drug Name	Drug Tier	Requirements/ Limits
DIBENZYLIN CAPS (Use Phenoxybenzamine HCl)	GP	
phenoxybenzamine hcl caps	1	
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use Candesartan Cilexetil)	GP	
AVAPRO TABS (Use Irbesartan)	GP	
BENICAR TABS (Use Olmesartan Medoxomil)	GP	
candesartan cilexetil tabs	1	
COZAAR TABS (Use Losartan Potassium)	GP	
DIOVAN TABS (Use Valsartan)	GP	
EDARBI TABS	3	
EPROSARTAN MESYLATE TABS	3	
irbesartan tabs	1	
losartan potassium tabs	1	
MICARDIS TABS (Use Telmisartan)	GP	
olmesartan medoxomil tabs	1	
telmisartan tabs	1	
valsartan tabs	1	
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	GP	
CATAPRES TABS (Use Clonidine HCl)	GP	
clonidine hcl tabs	1	
doxazosin mesylate tabs	1	
guanfacine hcl tabs	1	
methyldopa tabs	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
MINIPRESS CAPS (Use Prazosin HCl)	GP	
<i>prazosin hcl caps</i>	1	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS (Use Quinapril-Hydrochlorothiazide)	GP	
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	GP	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	GP	
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	GP	
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	GP	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	
BYVALSON TABS	3	
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
<i>captopril & hydrochlorothiazide tabs</i>	1	
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS	2	
CLORPRES TABS	3	

Drug Name	Drug Tier	Requirements/Limits
CORZIDE TABS 40MG-5MG (Use Nadolol & Bendroflumethiazide)	GP	
CORZIDE TABS 80MG-5MG	3	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	GP	
DUTOPROL TB24	3	
EDARBYCLOR TABS	3	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	GP	
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	GP	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	GP	
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	GP	
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	GP	
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	GP	
<i>methyldopa & hydrochlorothiazide tabs</i>	1	
METHYLDOPA/HYDROCH LOROTHIAZIDE TABS	2	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	3	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	2	
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	GP	
moexipril-hydrochlorothiazide tabs	1	
nadolol & bendroflumethiazide tabs	1	
NADOLOL/BENDROFLUMETHIAZIDE TABS	3	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	1	ST
olmesartan medoxomil-hydrochlorothiazide tabs	1	
propranolol & hydrochlorothiazide tabs	1	
quinapril-hydrochlorothiazide tabs	1	
TARKA TBCR (Use Trandolapril-Verapamil HCl)	GP	
TEKTURNA HCT TABS	3	
telmisartan-amlodipine tabs	1	
telmisartan-hydrochlorothiazide tabs	1	
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	GP	
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	GP	
trandolapril-verapamil hcl tbc	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	3	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	GP	ST

Drug Name	Drug Tier	Requirements/ Limits
TWYNSTA TABS (Use Telmisartan-Amlodipine)	GP	
valsartan-hydrochlorothiazide tabs	1	
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	GP	
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	GP	
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	GP	
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		
aliskiren fumarate tabs	1	
TEKTURNA TABS 150 MG, 300 MG	3	
TEKTURNA TABS 150 MG, 300 MG (Use Aliskiren Fumarate)	GP	
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	1	
INSPRA TABS (Use Eplerenone)	GP	
Vasodilators		
hydralazine hcl tabs	1	
minoxidil tabs	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	1	
COARTEM TABS	2	QL(0.8 ea daily)
MALARONE TABS (Use Atovaquone-Proguanil HCl)	GP	
Antimalarials		

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
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
<i>chloroquine phosphate tabs 500 mg</i>	1	
DARAPRIM TABS	3	PA
<i>hydroxychloroquine sulfate tabs</i>	1	
KRINTAFEL TABS	2	QL(2 ea per 30 days retail)
MEFLOQUINE HCL TABS	2	QL(6 ea per fill retail, 6 ea per fill mail)
<i>mefloquine hcl tabs</i>	1	QL(6 ea per fill retail, 6 ea per fill mail)
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	GP	
<i>primaquine phosphate tabs</i>	1	
PRIMAQUINE PHOSPHATE TABS (Use Primaquine Phosphate)	GP	
QUALAQUIN CAPS (Use Quinine Sulfate)	GP	PA; QL(2 ea daily)
<i>quinine sulfate caps</i>	1	PA; QL(2 ea daily)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	3	PA
GUANIDINE HCL TABS	2	
MESTINON SYRP 60 MG/5ML (Use Pyridostigmine Bromide)	GP	PA
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	GP	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	GP	
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	2	
RIFATER TABS	3	
Antimycobacterial Agents		
<i>cycloserine caps</i>	1	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL TABS (Use Ethambutol HCl)	GP	
MYCOBUTIN CAPS (Use Rifabutin)	GP	
PASER PACK	3	
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	
RIFADIN CAPS (Use Rifampin)	GP	
<i>rifampin caps</i>	1	
SIRTURO TABS	3	
TRECTOR TABS	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS (Use Melphalan)	AC	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclophosphamide caps 25 mg, 50 mg</i>	AC	
CYCLOPHOSPHAMIDE CAPS 25 MG, 50 MG (<i>Use Cyclophosphamide</i>)	AC	
GLEOSTINE CAPS	AC	PA
HEXALEN CAPS	AC	
LEUKERAN TABS	AC	
<i>melphalan tabs</i>	AC	
MYLERAN TABS	AC	
TEMODAR CAPS (<i>Use Temozolomide</i>)	AC	
<i>temozolomide caps</i>	AC	
Antimetabolites		
<i>capecitabine tabs</i>	AC	
<i>mercaptopurine tabs</i>	AC	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	3	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	3	
<i>methotrexate sodium tabs or 2.5 mg</i>	1	
PURIXAN SUSP	AC	AL(Up to 13 yrs old)
TABLOID TABS	AC	
TREXALL TABS	3	
XATMEP SOLN	AC	PA
XELODA TABS (<i>Use Capecitabine</i>)	AC	
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	AC	PA
VENCLEXTA TABS	AC	PA

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	AC	PA
ERIVEDGE CAPS	AC	
ODOMZO CAPS	AC	PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	AC	PA
<i>anastrozole tabs</i>	AC	
ARIMIDEX TABS (<i>Use Anastrozole</i>)	AC	
AROMASIN TABS (<i>Use Exemestane</i>)	AC	
<i>bicalutamide tabs</i>	AC	
CASODEX TABS (<i>Use Bicalutamide</i>)	AC	
EMCYT CAPS	AC	
ERLEADA TABS	AC	PA
<i>exemestane tabs</i>	AC	
FARESTON TABS (<i>Use Toremifene Citrate</i>)	AC	
FEMARA TABS (<i>Use Letrozole</i>)	AC	
<i>flutamide caps</i>	AC	
<i>letrozole tabs</i>	AC	
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE SOLN	AC	PA
LYSODREN TABS	AC	
<i>megestrol acetate susp</i>	AC	
<i>megestrol acetate tabs</i>	AC	
NILANDRON TABS (<i>Use Nilutamide</i>)	AC	
<i>nilutamide tabs</i>	AC	

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

Drug Name	Drug Tier	Requirements/ Limits
SOLTAMOX SOLN	AC	
<i>tamoxifen citrate tabs</i>	PV	PV
<i>toremifene citrate tabs</i>	AC	
XTANDI CAPS	AC	PA
YONSA TABS	AC	PA
ZYTIGA TABS 250 MG (Use <i>Abiraterone Acetate</i>)	AC	PA
ZYTIGA TABS 500 MG	AC	PA
Antineoplastic - Immunomodulators		
POMALYST CAPS	AC	PA
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPK	AC	PA
KISQALI FEMARA 400 DOSE TBPK	AC	PA
KISQALI FEMARA 600 DOSE TBPK	AC	PA
LONSURF TABS	AC	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	AC	PA
AFINITOR TABS	AC	PA; QL(1 ea daily)
ALECENSA CAPS	AC	PA
ALUNBRIG TABS	AC	PA
ALUNBRIG TBPK	AC	PA
BALVERSA TABS	AC	PA
BOSULIF TABS	AC	PA
BRAFTOVI CAPS	AC	PA
CABOMETYX TABS	AC	PA
CALQUENCE CAPS	AC	PA

Drug Name	Drug Tier	Requirements/ Limits
CAPRELSA TABS	AC	
COMETRIQ KIT	AC	
COPIKTRA CAPS	AC	PA
COTELLIC TABS	AC	PA
<i>erlotinib hcl tabs</i>	AC	PA
FARYDAK CAPS	AC	PA
GILOTRIF TABS	AC	PA
GLEEVEC TABS (Use <i>Imatinib Mesylate</i>)	AC	PA
IBRANCE CAPS	AC	PA
ICLUSIG TABS	AC	PA
IDHIFA TABS	AC	PA
<i>imatinib mesylate tabs</i>	AC	PA
IMBRUVICA CAPS	AC	PA
IMBRUVICA TABS	AC	PA
INLYTA TABS	AC	PA
IRESSA TABS	AC	PA
JAKAFI TABS	AC	PA
KISQALI TBPK	AC	PA
LENVIMA 10 MG DAILY DOSE CPPK	AC	PA
LENVIMA 12MG DAILY DOSE CPPK	AC	PA
LENVIMA 14 MG DAILY DOSE CPPK	AC	PA
LENVIMA 18 MG DAILY DOSE CPPK	AC	PA
LENVIMA 20 MG DAILY DOSE CPPK	AC	PA
LENVIMA 24 MG DAILY DOSE CPPK	AC	PA

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE CPPK	AC	PA
LENVIMA 8 MG DAILY DOSE CPPK	AC	PA
LORBRENA TABS	AC	PA
LYNPARZA CAPS	AC	PA
LYNPARZA TABS	AC	PA
MEKINIST TABS	AC	PA
MEKTOVI TABS	AC	PA
NERLYNX TABS	AC	PA
NEXAVAR TABS	AC	PA
NINLARO CAPS	AC	PA
PIQRAY 200MG DAILY DOSE TBPk	AC	PA
PIQRAY 250MG DAILY DOSE TBPk	AC	PA
PIQRAY 300MG DAILY DOSE TBPk	AC	PA
RUBRACA TABS	AC	PA
RYDAPT CAPS	AC	PA
SPRYCEL TABS	AC	PA
STIVARGA TABS	AC	PA; SP
SUTENT CAPS	AC	PA
TAFINLAR CAPS	AC	PA
TAGRISSE TABS	AC	PA
TALZENNA CAPS	AC	PA
TARCEVA TABS (Use Erlotinib HCl)	AC	PA
TASIGNA CAPS	AC	PA
TIBSOVO TABS	AC	PA

Drug Name	Drug Tier	Requirements/Limits
TYKERB TABS	AC	PA
VERZENIO TABS	AC	PA
VITRAKVI CAPS	AC	PA
VITRAKVI SOLN	AC	PA
VIZIMPRO TABS	AC	PA
VOTRIENT TABS	AC	PA
XALKORI CAPS	AC	PA
XOSPATA TABS	AC	PA
ZEJULA CAPS	AC	PA
ZELBORAF TABS	AC	PA
ZOLINZA CAPS	AC	PA
ZYDELIG TABS	AC	PA
ZYKADIA CAPS	AC	PA
ZYKADIA TABS	AC	PA
Antineoplastics Misc.		
ALFERON N SOLN	3	PA
<i>bexarotene caps</i>	AC	PA
HYDREA CAPS (Use Hydroxyurea)	AC	
<i>hydroxyurea caps</i>	AC	
INTRON A SOLN	3	PA
INTRON A SOLR	3	PA
INTRON A W/DILUENT SOLR	3	PA
MATULANE CAPS	AC	
TARGRETIN CAPS OR 75 MG (Use Bexarotene)	AC	PA
<i>tretinoin (chemotherapy) caps</i>	AC	

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

Drug Name	Drug Tier	Requirements/Limits
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium soln ij 500 mg/50ml</i>	AC	PA
LEUCOVORIN CALCIUM TABS OR 15 MG	AC	
<i>leucovorin calcium tabs or 5 mg, 10 mg, 25 mg</i>	AC	
MESNEX TABS	AC	
Mitotic Inhibitors		
ETOPOSIDE CAPS	AC	
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	AC	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	1	
LODOSYN TABS (<i>Use Carbidopa</i>)	GP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hcl elix</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Use Entacapone</i>)	GP	
<i>entacapone tabs</i>	1	
TASMAR TABS (<i>Use Tolcapone</i>)	GP	
<i>tolcapone tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrup</i>	1	
<i>amantadine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbcr</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	2	
DUOPA SUSP	3	
GOCOVRI CP24	3	PA
MIRAPEX ER TB24 (<i>Use Pramipexole Dihydrochloride</i>)	GP	
MIRAPEX TABS (<i>Use Pramipexole Dihydrochloride</i>)	GP	
NEUPRO PT24 1 MG/24HR, 3 MG/24HR, 8 MG/24HR	3	
NEUPRO PT24 2 MG/24HR	3	QL(3 ea daily)
NEUPRO PT24 4 MG/24HR, 6 MG/24HR	3	QL(1 ea daily)
OSMOLEX ER TB24	3	PA
PARLODEL CAPS (<i>Use Bromocriptine Mesylate</i>)	GP	
PARLODEL TABS (<i>Use Bromocriptine Mesylate</i>)	GP	
<i>pramipexole dihydrochloride tabs</i>	1	
<i>pramipexole dihydrochloride tb24</i>	1	
REQUIP TABS (<i>Use Ropinirole Hydrochloride</i>)	GP	
REQUIP XL TB24 (<i>Use Ropinirole Hydrochloride</i>)	GP	
<i>ropinirole hydrochloride tabs</i>	1	
<i>ropinirole hydrochloride tb24</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
RYTARY CPR	3	PA
SINEMET CR TBCR (<i>Use Carbidopa-Levodopa</i>)	GP	
SINEMET TABS (<i>Use Carbidopa-Levodopa</i>)	GP	
STALEVO 100 TABS	2	
STALEVO 125 TABS	2	
STALEVO 150 TABS	2	
STALEVO 200 TABS	2	
STALEVO 50 TABS	2	
STALEVO 75 TABS	2	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use Rasagiline Mesylate</i>)	GP	
ELDEPRYL CAPS (<i>Use Selegiline HCl</i>)	GP	
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	
ZELAPAR TBDP	3	
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	2	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	GP	
Antipsychotics - Misc.		
EQUETRO CP12	3	

Drug Name	Drug Tier	Requirements/Limits
GEODON CAPS (<i>Use Ziprasidone HCl</i>)	GP	
LATUDA TABS	3	PA
NUPLAZID CAPS 34 MG	3	PA; QL(1 ea daily)
NUPLAZID TABS 10 MG	3	PA; QL(1 ea daily)
NUPLAZID TABS 17 MG	3	PA
VRAYLAR CAPS	3	PA
VRAYLAR CPPK	3	PA
<i>ziprasidone hcl caps</i>	1	
Benzisoxazoles		
FANAPT TABS	3	PA
INVEGA SUSTENNA SUSY	3	PA
INVEGA TB24 (<i>Use Paliperidone</i>)	GP	
INVEGA TRINZA SUSY	3	PA
<i>paliperidone tb24</i>	1	
PERSERIS PRSY	3	PA
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	GP	
RISPERDAL SOLN (<i>Use Risperidone</i>)	GP	
RISPERDAL TABS (<i>Use Risperidone</i>)	GP	
RISPERIDONE ODT TBDP	3	
<i>risperidone soln</i>	1	
<i>risperidone tabs</i>	1	
<i>risperidone tbdp</i>	1	
Butyrophenones		
<i>haloperidol lactate conc</i>	1	
<i>haloperidol tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Dibenzapines		
CLOZAPINE ODT TBDP	3	
<i>clozapine tabs</i>	1	
<i>clozapine tbdp</i>	1	
CLOZARIL TABS (Use Clozapine)	GP	
FAZACLO TBDP 150 MG, 200 MG	3	
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (Use Clozapine)	GP	
<i>loxapine succinate caps</i>	1	
<i>olanzapine tabs</i>	1	
<i>olanzapine tbdp</i>	1	
<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>	1	PA
SAPHRIS SUBL	3	PA
SEROQUEL TABS (Use Quetiapine Fumarate)	GP	
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	GP	PA
VERSACLOZ SUSP	3	QL(18 ml daily)
ZYPREXA TABS (Use Olanzapine)	GP	
ZYPREXA ZYDIS TBDP (Use Olanzapine)	GP	
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	3	
Phenothiazines		
<i>chlorpromazine hcl tabs</i>	1	
FLUPHENAZINE HCL CONC 5 MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
FLUPHENAZINE HCL ELIX 2.5 MG/5ML	2	
<i>fluphenazine hcl tabs 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	
FLUPHENAZINE HCL TABS 1 MG, 5 MG, 10 MG, 2.5 MG	2	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY TABS (Use Aripiprazole)	GP	
<i>aripiprazole soln 1 mg/ml</i>	1	
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	
<i>aripiprazole tbdp 10 mg, 15 mg</i>	1	PA
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde soln</i>	1	
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	

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>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 (Use Lamivudine-Zidovudine)	GP	
COMPLERA TABS	2	ST
CRIXIVAN CAPS	2	
DELSTRIGO TABS	3	ST
DESCOVY TABS	2	
<i>didanosine cpdr</i>	1	
EDURANT TABS	2	
<i>efavirenz caps</i>	1	
<i>efavirenz tabs</i>	1	
EMTRIVA CAPS	2	
EMTRIVA SOLN	2	
EPIVIR SOLN (Use Lamivudine)	GP	
EPIVIR TABS (Use Lamivudine)	GP	
EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)	GP	
EVOTAZ TABS	2	
<i>fosamprenavir calcium tabs</i>	1	
FUZEON SOLR	3	PA
GENVOYA TABS	2	
INTELENCE TABS	2	

Drug Name	Drug Tier	Requirements/Limits
INVIRASE CAPS	2	
INVIRASE TABS	2	
ISENTRESS CHEW 25 MG, 100 MG	3	PA
ISENTRESS HD TABS	2	
ISENTRESS PACK 100 MG	2	
ISENTRESS TABS 400 MG	3	PA
JULUCA TABS	2	
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	GP	
KALETRA TABS 100MG-25MG, 200MG-50MG	2	
<i>lamivudine soln</i>	1	
<i>lamivudine tabs</i>	1	
<i>lamivudine-zidovudine tabs</i>	1	
LEXIVA SUSP 50 MG/ML	2	
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	GP	
<i>lopinavir-ritonavir soln</i>	1	
<i>nevirapine susp</i>	1	
<i>nevirapine tabs</i>	1	
<i>nevirapine tb24</i>	1	
NORVIR CAPS 100 MG	2	
NORVIR SOLN 80 MG/ML	2	
NORVIR TABS 100 MG (Use Ritonavir)	GP	
ODEFSEY TABS	2	ST
PIFELTRO 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
PREZCOBIX TABS	2	
PREZISTA SUSP	2	
PREZISTA TABS	2	
RESCRIPTOR TABS	2	
RETROVIR CAPS (Use Zidovudine)	GP	
RETROVIR SYRP (Use Zidovudine)	GP	
REYATAZ CAPS 150 MG, 200 MG, 300 MG (Use Atazanavir Sulfate)	GP	
REYATAZ PACK 50 MG	2	
<i>ritonavir tabs</i>	1	
SELZENTRY SOLN	2	
SELZENTRY TABS	2	
<i>stavudine caps</i>	1	
STRIBILD TABS	2	
SUSTIVA CAPS (Use Efavirenz)	GP	
SUSTIVA TABS (Use Efavirenz)	GP	
SYMTUZA TABS	3	ST
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS 50 MG	2	
TRIUMEQ TABS	2	
TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)	GP	
TRUVADA TABS	2	
TYBOST TABS	2	
VIDEX EC CPDR 125 MG	2	

Drug Name	Drug Tier	Requirements/Limits
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use Didanosine)	GP	
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS	2	
VIRAMUNE SUSP (Use Nevirapine)	GP	
VIRAMUNE TABS (Use Nevirapine)	GP	
VIRAMUNE XR TB24 (Use Nevirapine)	GP	
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	GP	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	GP	
ZERIT SOLR 1 MG/ML	2	
ZIAGEN SOLN (Use Abacavir Sulfate)	GP	
ZIAGEN TABS (Use Abacavir Sulfate)	GP	
<i>zidovudine caps</i>	1	
<i>zidovudine syrp</i>	1	
<i>zidovudine tabs</i>	1	
CMV Agents		
PREVYMIS TABS	3	PA; SP
VALCYTE SOLR 50 MG/ML (Use Valganciclovir HCl)	GP	QL(21 ml daily)
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	GP	
<i>valganciclovir hcl solr 50 mg/ml</i>	1	QL(21 ml daily)
<i>valganciclovir hcl tabs 450 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
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	1	
BARACLUDGE SOLN 0.05 MG/ML	2	
BARACLUDGE TABS 0.5 MG, 1 MG (<i>Use Entecavir</i>)	GP	
COPEGUS TABS (<i>Use Ribavirin (Hepatitis C)</i>)	GP	PA
DAKLINZA TABS	3	PA
<i>entecavir tabs</i>	1	
EPCLUSA TABS	3	PA
EPIVIR HBV SOLN 5 MG/ML	3	
EPIVIR HBV TABS 100 MG (<i>Use Lamivudine (HBV)</i>)	GP	
HARVONI TABS	3	PA
HEPSERA TABS (<i>Use Adefovir Dipivoxil</i>)	GP	
<i>lamivudine (hbv) tabs</i>	1	
LEDIPASVIR/SOFOSBUVIR TABS	3	PA
MAVYRET TABS	3	PA
MODERIBA 1200 DOSE PACK TABS	3	PA
MODERIBA 800 DOSE PACK TABS	3	PA
MODERIBA TBPK	3	PA
OLYSIO CAPS	3	PA
PEGASYS PROCLICK SOLN	3	PA
PEGASYS SOLN	3	PA
PEGINTRON KIT	3	PA
REBETOL CAPS 200 MG (<i>Use Ribavirin (Hepatitis C)</i>)	GP	PA

Drug Name	Drug Tier	Requirements/ Limits
REBETOL SOLN 40 MG/ML	2	PA
RIBASPHERE RIBAPAK TBPK	3	PA
<i>ribavirin (hepatitis c) caps</i>	1	PA
<i>ribavirin (hepatitis c) tabs</i>	1	PA
SOFOSBUVIR/VELPATASVIR TABS	3	PA
SOVALDI TABS	3	PA
TECHNIVIE TABS	3	PA
VEMLIDY TABS	3	PA
VIEKIRA PAK TBPK	3	PA
VIEKIRA XR TB24	3	PA
VOSEVI TABS	3	PA
ZEPATIER TABS	3	PA
Herpes Agents		
<i>acyclovir caps</i>	1	
<i>acyclovir susp</i>	1	
<i>acyclovir tabs</i>	1	
<i>famciclovir tabs</i>	1	
SITAVIG TABS	3	PA
<i>valacyclovir hcl tabs</i>	1	
VALTREX TABS (<i>Use Valacyclovir HCl</i>)	GP	
ZOVIRAX CAPS OR 200 MG (<i>Use Acyclovir</i>)	GP	
ZOVIRAX SUSP OR 200 MG/5ML (<i>Use Acyclovir</i>)	GP	
ZOVIRAX TABS OR 400 MG, 800 MG (<i>Use Acyclovir</i>)	GP	
Influenza 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
FLUMADINE TABS (Use Rimantadine Hydrochloride)	GP	
oseltamivir phosphate caps or 30 mg, 45 mg	1	QL(10 ea per fill retail); AL(At least 1 yrs old)
oseltamivir phosphate caps or 75 mg	1	
oseltamivir phosphate susr or 6 mg/ml	1	QL(75 ml daily,5 day(s) limit); AL(At least 1 yrs old)
RELENZA DISKHALER AEPB	3	Limit 1 inhaler per month;QL(0.67 ea daily)
rimantadine hydrochloride tabs	1	
TAMIFLU CAPS 30 MG, 45 MG (Use Oseltamivir Phosphate)	GP	QL(10 ea per fill retail); AL(At least 1 yrs old)
TAMIFLU CAPS 75 MG (Use Oseltamivir Phosphate)	GP	
TAMIFLU SUSR 6 MG/ML (Use Oseltamivir Phosphate)	GP	QL(75 ml daily,5 day(s) limit); AL(At least 1 yrs old)
Respiratory Syncytial Virus (RSV) Agents		
ribavirin solr	1	
VIRAZOLE SOLR (Use Ribavirin)	GP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	1	
carvedilol tabs 25 mg, 12.5 mg, 6.25 mg	1	
carvedilol tabs 3.125 mg	1	QL(2 ea daily)
COREG CR CP24 (Use Carvedilol Phosphate)	GP	
COREG TABS 25 MG, 12.5 MG, 6.25 MG (Use Carvedilol)	GP	

Drug Name	Drug Tier	Requirements/ Limits
COREG TABS 3.125 MG (Use Carvedilol)	GP	QL(2 ea daily)
labetalol hcl tabs	1	
Beta Blockers Cardio-Selective		
acebutolol hcl caps	1	
atenolol tabs	1	
betaxolol hcl tabs	1	
bisoprolol fumarate tabs	1	QL(1 ea daily)
BYSTOLIC TABS	3	
LOPRESSOR TABS (Use Metoprolol Tartrate)	GP	
metoprolol succinate tb24	1	
metoprolol tartrate tabs 25 mg, 50 mg, 100 mg	1	
METOPROLOL TARTRATE TABS 75 MG, 37.5 MG	3	
TENORMIN TABS (Use Atenolol)	GP	
TOPROL XL TB24 (Use Metoprolol Succinate)	GP	
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	GP	
BETAPACE TABS (Use Sotalol HCl)	GP	
CORGARD TABS (Use Nadolol)	GP	
HEMANGEOL SOLN	3	AL(Up to 1 yrs old)
INDERAL LA CP24 (Use Propranolol HCl)	GP	
INDERAL XL CP24	3	
INNOPRAN XL CP24	3	
nadolol tabs	1	
pindolol tabs	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>propranolol hcl cp24 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
<i>propranolol hcl soln 20 mg/5ml</i>	1	
PROPRANOLOL HCL SOLN 40 MG/5ML	2	
<i>propranolol hcl tabs 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tabs</i>	1	
<i>sotalol hcl tabs</i>	1	
SOTYLIZE SOLN	3	
<i>timolol maleate tabs 5 mg, 10 mg, 20 mg</i>	1	QL(2 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 60 MG (<i>Use Nifedipine</i>)	GP	
ADALAT CC TB24 90 MG (<i>Use Nifedipine</i>)	GP	QL(1 ea daily)
<i>amlodipine besylate tabs</i>	1	QL(2 ea daily)
CALAN SR TBCR (<i>Use Verapamil HCl</i>)	GP	
CALAN TABS (<i>Use Verapamil HCl</i>)	GP	
CARDIZEM CD CP24 (<i>Use Diltiazem HCl Coated Beads</i>)	GP	
CARDIZEM LA TB24 120 MG	2	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use Diltiazem HCl Coated Beads</i>)	GP	
CARDIZEM TABS (<i>Use Diltiazem HCl</i>)	GP	
DILT-XR CP24	2	
<i>diltiazem hcl coated beads cp24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads tb24</i>	1	
<i>diltiazem hcl cp12</i>	1	
<i>diltiazem hcl cp24</i>	1	
<i>diltiazem hcl extended release beads cp24</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>felodipine tb24</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nifedipine caps 10 mg, 20 mg</i>	1	
<i>nifedipine tb24 30 mg, 60 mg</i>	1	
<i>nifedipine tb24 30 mg, 60 mg, 90 mg</i>	1	QL(1 ea daily)
<i>nimodipine caps</i>	1	
<i>nisoldipine tb24</i>	1	
NORVASC TABS (<i>Use Amlodipine Besylate</i>)	GP	QL(2 ea daily)
NYMALIZE SOLN	3	
PROCARDIA CAPS (<i>Use Nifedipine</i>)	GP	
PROCARDIA XL TB24 (<i>Use Nifedipine</i>)	GP	QL(1 ea daily)
SULAR TB24 (<i>Use Nisoldipine</i>)	GP	
TIAZAC CP24 (<i>Use Diltiazem HCl Extended Release Beads</i>)	GP	
<i>verapamil hcl cp24</i>	1	
VERAPAMIL HCL ER CP24	3	
VERAPAMIL HCL SR CP24	2	
<i>verapamil hcl tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use <i>Verapamil HCl</i>)	GP	
VERELAN CP24 360 MG	2	
VERELAN PM CP24 100 MG, 300 MG	3	
VERELAN PM CP24 200 MG (Use <i>Verapamil HCl</i>)	GP	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
DIGOXIN SOLN 0.05 MG/ML	2	
<i>digoxin tabs 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (Use <i>Digoxin</i>)	GP	
LANOXIN TABS 62.5 MCG, 187.5 MCG	3	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	
BIDIL TABS	3	
CADUET TABS (Use <i>Amlodipine Besylate-Atorvastatin Calcium</i>)	GP	
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 10 MG, 20 MG (Use <i>Tadalafil</i>)	GP	PA; Limit 8 per month;QL(0.27 ea daily)
CIALIS TABS 5 MG, 2.5 MG (Use <i>Tadalafil</i>)	GP	PA; QL(1 ea daily)
<i>sildenafil citrate tabs 25 mg, 50 mg, 100 mg</i>	1	PA; Limit 8 per month;QL(0.27 ea daily)

Drug Name	Drug Tier	Requirements/Limits
STAXYN TBDP (Use <i>Vardenafil HCl</i>)	GP	PA; Limit 8 per month;QL(0.27 ea daily)
<i>tadalafil tabs 10 mg, 20 mg</i>	1	PA; Limit 8 per month;QL(0.27 ea daily)
<i>tadalafil tabs 5 mg, 2.5 mg</i>	1	PA; QL(1 ea daily)
<i>vardenafil hcl tbdp</i>	1	PA; Limit 8 per month;QL(0.27 ea daily)
VIAGRA TABS (Use <i>Sildenafil Citrate</i>)	GP	PA; Limit 8 per month;QL(0.27 ea daily)
Peripheral Vasodilators		
<i>isoxsuprine hcl tabs</i>	1	
Prostaglandin Vasodilators		
ORENITRAM TBCR	3	PA
VENTAVIS SOLN	3	PA
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	3	PA;
<i>bosentan tabs</i>	3	PA
LETAIRIS TABS (Use <i>Ambrisentan</i>)	GP	PA;
OPSUMIT TABS	3	PA
TRACLEER TABS 125 MG, 62.5 MG (Use <i>Bosentan</i>)	GP	PA
TRACLEER TBSO 32 MG	3	PA; SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (Use <i>Tadalafil (Pulmonary Hypertension)</i>)	GP	PA
REVATIO SUSR (Use <i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	GP	PA
REVATIO TABS (Use <i>Sildenafil Citrate (Pulmonary Hypertension)</i>)	GP	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>sildenafil citrate (pulmonary hypertension) susr 10 mg/ml</i>	3	PA
SILDENAFIL CITRATE TABS 20 MG	2	PA
<i>tadalafil (pulmonary hypertension) tabs</i>	3	PA
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	3	PA
UPTRAVI TBPk	3	PA
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	3	PA
Sinus Node Inhibitors		
CORLANOR TABS	3	ST
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cephalexin caps 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CEPHALEXIN TABS 250 MG, 500 MG	3	
KEFLEX CAPS (<i>Use Cephalexin</i>)	GP	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACLOR ER TB12	3	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
<i>cefprozil susr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil tabs</i>	1	
CEFTIN SUSR 125 MG/5ML	2	
CEFTIN SUSR 250 MG/5ML (<i>Use Cefuroxime Axetil</i>)	GP	
<i>cefuroxime axetil tabs</i>	1	
Cephalosporins - 3rd Generation		
CEDAX CAPS	3	
CEDAX SUSR	3	
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	3	
<i>cefixime caps</i>	1	
<i>cefixime susr</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
CEFTIBUTEN CAPS	3	
CEFTIBUTEN SUSR	3	
SPECTRACEF TABS	3	
SUPRAX CAPS 400 MG (<i>Use Cefixime</i>)	GP	
SUPRAX CHEW 100 MG, 200 MG	3	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (<i>Use Cefixime</i>)	GP	
SUPRAX SUSR 500 MG/5ML	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

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
BALCOLTRA TABS	PV	QL(1 ea daily); PV
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	GP	PV
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	GP	PV
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	GP	PV
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	GP	PV
desogestrel & ethinyl estradiol tabs	PV	PV
desogestrel-ethinyl estradiol (biphasic) tabs	PV	PV
desogestrel-ethinyl estradiol (triphasic) tabs	PV	PV
drospirenone-ethinyl estradiol tabs	PV	PV
drospirenone-ethinyl estradiol-levomefolate calcium tabs	PV	PV
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	GP	PV
ethynodiol diacet & eth estrad tabs	PV	PV
FALESSA KIT	PV	PA; PV
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	GP	PV
levonorgestrel & eth estradiol tabs	PV	PV
levonorgestrel-eth estradiol (triphasic) tabs	PV	PV
levonorgestrel-ethinyl estradiol (91-day) tabs	PV	PV
levonorgestrel-ethinyl estradiol (continuous) tabs	PV	PV
LO LOESTRIN FE TABS	PV	PV

Drug Name	Drug Tier	Requirements/Limits
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	GP	PV
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	GP	PV
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	GP	PV
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	GP	PV
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	GP	PV
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	GP	PV
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	GP	PV
NATAZIA TABS	PV	PV
NECON 1/50-28 TABS	PV	PV
NECON 10/11-28 TABS	PV	PV
norethin acet & estrad-fe chew	PV	PV
norethin acet & estrad-fe tabs	PV	PV
norethindrone & eth estradiol tabs	PV	PV
norethindrone & ethinyl estradiol-fe chew	PV	PV
norethindrone acet & eth estra tabs	PV	PV
norethindrone acetate-ethinyl estradiol-fe tabs	PV	PV
norethindrone-eth estradiol (triphasic) tabs	PV	PV
norgestimate-ethinyl estradiol (triphasic) tabs	PV	PV
norgestimate-ethinyl estradiol tabs	PV	PV
norgestrel & ethinyl estradiol tabs	PV	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
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	GP	PV
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	GP	PV
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	GP	PV
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	GP	PV
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	GP	PV
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	GP	PV
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	GP	PV
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	GP	PV
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	GP	PV
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	GP	PV
TAYTULLA CAPS	PV	PA; PV
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	GP	PV
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	GP	PV
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	GP	PV
Combination Contraceptives - Transdermal		
XULANE PTWK	PV	PV

Drug Name	Drug Tier	Requirements/Limits
Combination Contraceptives - Vaginal		
NUVARING RING	PV	Limit 1 per month; PV
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	PV	PV
Emergency Contraceptives		
ELLA TABS	PV	PV
levonorgestrel (emergency oc) tabs	PV	PV
PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))	GP	PV
Progestin Contraceptives - IUD		
KYLEENA IUD	PV	PV
LILETTA IUD	PV	PV
MIRENA IUD	PV	PV
SKYLA IUD	PV	PV
Progestin Contraceptives - Implants		
NEXPLANON IMPL	PV	PV
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	PV	PV
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	GP	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep 3 mg	1	
budesonide tb24 9 mg	1	PA
CORTEF TABS (Use Hydrocortisone)	GP	
cortisone acetate tabs	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>dexamethasone elix</i>	1	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone soln</i>	1	
<i>dexamethasone tabs</i>	1	
<i>dexamethasone tbpk</i>	1	
ENTOCORT EC CPEP (Use Budesonide)	GP	
<i>hydrocortisone tabs</i>	1	
MEDROL DOSEPAK TBPK (Use Methylprednisolone)	GP	
MEDROL TABS 2 MG	2	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (Use Methylprednisolone)	GP	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPK	3	
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	GP	
MILLIPRED TABS 5 MG	2	
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	GP	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	3	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	1	
PREDNISOLONE SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone soln</i>	1	
<i>prednisolone syrp</i>	1	
PREDNISONE INTENSOL CONC	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</i>	1	
PREDNISONE TBPK 10 MG	2	
PREDNISONE TBPK 5 MG	3	
RAYOS TBEC	3	PA
UCERIS TB24 OR 9 MG (Use Budesonide)	GP	PA
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	GP	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps</i>	1	
<i>hydrocodone w/ homatropine syrp</i>	1	
<i>hydrocodone w/ homatropine tabs</i>	1	
TESSALON PERLES CAPS (Use Benzonatate)	GP	
Cough/Cold/Allergy Combinations		
ACTIDOM DMX LIQD	3	
CARBAPHEN 12 LIQD	3	
CARBAPHEN 12 PED SUSP	3	
CLARINEX-D 12 HOUR TB12	3	PA

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

Drug Name	Drug Tier	Requirements/ Limits
CODITUSSIN AC LIQD	3	
DECON-G LIQD	3	
DOMETUSS-DMX LIQD	3	
EXACTUSS LIQD (<i>Use Phenylephrine w/ DM-GG</i>)	GP	RX/OTC
EXACTUSS TR TABS	3	RX/OTC
EXAPHEX TR TABS	3	RX/OTC
GILPHEX TR TABS	3	RX/OTC
GILTUSS COUGH & COLD TABS	3	RX/OTC
GILTUSS LIQD (<i>Use Phenylephrine w/ DM-GG</i>)	GP	RX/OTC
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
GILTUSS TR TABS	3	RX/OTC
<i>guaifenesin-codeine soln</i>	1	
<i>guaifenesin-codeine syrup</i>	1	
HISTEX-PE SYRP	3	
HYDROCODONE BITARTRATE/CHLORPHE NIRAMINE MALEATE/PSE SOLN	3	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
NEOTUSS PLUS LIQD	3	
<i>phenylephrine w/ dm-gg liqd</i>	1	RX/OTC
<i>promethazine & phenylephrine soln</i>	1	
<i>promethazine w/codeine soln</i>	1	
<i>promethazine w/codeine syrup</i>	1	
<i>promethazine-dm soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine-phenylephrine-codeine syrup</i>	1	
PROMETHAZINE/DEXTR OMETHORPHAN SYRP	2	
PROMETHAZINE/PHENYL EPHRINE/CODEINE SYRP	2	
<i>pseudoephed-cpm w/ hydrocod soln</i>	1	
<i>pseudoephedrine w/ codeine-gg soln</i>	1	
REZIRA SOLN	3	
SEMPREX-D CAPS	3	
TUSSICAPS CP12	3	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (<i>Use Hydrocodone Polistirex-Chlorpheniramine Polistirex</i>)	GP	
TUSSLIN LIQD	3	RX/OTC
TUSSLIN PEDIATRIC LIQD	3	RX/OTC
VITUZ SOLN	3	
ZUTRIPRO SOLN (<i>Use Pseudoephed-CPM w/ Hydrocod</i>)	GP	
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (<i>Use Sodium Chloride (Inhalant)</i>)	GP	
HYPERSAL NEBU 3.5 %	3	
HYPERSAL NEBU 7 % (<i>Use Sodium Chloride (Inhalant)</i>)	GP	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) nebu</i>	1	
Mucolytics		
<i>acetylcysteine 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
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS	3	PA; Limited to 5 months of treatment; QL(2 ea daily)
ACZONE GEL 5 % (Use Dapsone (Topical))	GP	PA
ACZONE GEL 7.5 %	3	PA; QL(2 gm daily)
<i>adapalene crea 0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>adapalene gel 0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
<i>adapalene gel 0.3 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
ADAPALENE LOTN 0.1 %	3	Limit 59mls per month; QL(1.97 ml daily)
<i>adapalene-benzoyl peroxide gel</i>	1	Limit 45gms per month; QL(1.5 gm daily)
ATRALIN GEL (Use Tretinoin)	GP	Limit 45gms per month; QL(1.5 gm daily)
AVAR LS CLEANSER LIQD (Use Sulfacetamide Sodium w/ Sulfur)	GP	
AVAR LS PADS	3	
AVAR PADS	3	
AVAR-E LS CREA (Use Sulfacetamide Sodium w/ Sulfur)	GP	
AZELEX CREA	3	

Drug Name	Drug Tier	Requirements/ Limits
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	GP	
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	GP	
BP CLEANSING WASH EMUL	2	
CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical))	GP	
CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical))	GP	
CLEOCIN-T SOLN (Use Clindamycin Phosphate (Topical))	GP	
CLEOCIN-T SWAB (Use Clindamycin Phosphate (Topical))	GP	
<i>clindamycin phosphate (topical) foam</i>	1	
<i>clindamycin phosphate (topical) gel</i>	1	
<i>clindamycin phosphate (topical) lotn</i>	1	
<i>clindamycin phosphate (topical) soln</i>	1	
<i>clindamycin phosphate (topical) swab</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1%-5%</i>	1	
<i>clindamycin phosphate-tretinoin gel</i>	1	QL(1 gm daily)
<i>dapsone (topical) gel</i>	1	PA
DIFFERIN CREA 0.1 % (Use Adapalene)	GP	Limit 45gms per month; QL(1.5 gm daily)

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

Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN GEL 0.1 % (Use Adapalene)	GP	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
DIFFERIN GEL 0.3 % (Use Adapalene)	GP	Limit 45gms per month;QL(1.5 gm daily)
DIFFERIN LOTN 0.1 %	3	Limit 59mls per month;QL(1.97 ml daily)
DUAC GEL (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	GP	
EPIDUO GEL (Use Adapalene-Benzoyl Peroxide)	GP	Limit 45gms per month;QL(1.5 gm daily)
ERYGEL GEL (Use Erythromycin (Acne Aid))	GP	
<i>erythromycin (acne aid) gel</i>	1	
<i>erythromycin (acne aid) pads</i>	1	
<i>erythromycin (acne aid) soln</i>	1	
EVOCLIN FOAM (Use Clindamycin Phosphate (Topical))	GP	
FABIOR FOAM	3	Limit 50gms per month;QL(1.67 gm daily)
<i>isotretinoin caps 10 mg, 20 mg, 30 mg, 40 mg</i>	1	Greater than 5 months requires PA;QL(2 ea daily)
<i>isotretinoin caps 10 mg, 20 mg, 30 mg, 40 mg</i>	1	Greater than 5 months requires PA;QL(2 ea daily)150 rtl MAX day(s) supply,365 rtl lmt day(s),

Drug Name	Drug Tier	Requirements/ Limits
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	GP	
PLEXION CLEANSER LIQD (Use Sulfacetamide Sodium w/ Sulfur)	GP	
PLEXION CLEANSING CLOTHS PADS	3	
PLEXION CREA (Use Sulfacetamide Sodium w/ Sulfur)	GP	
PLEXION LOTN (Use Sulfacetamide Sodium w/ Sulfur)	GP	
RETIN-A CREA (Use Tretinoin)	GP	
RETIN-A GEL (Use Tretinoin)	GP	
RETIN-A MICRO GEL 0.04 %, 0.1 % (Use Tretinoin Microsphere)	GP	Limit 20gms per month;QL(0.67 gm daily)
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % (Use Tretinoin Microsphere)	GP	Limit 50gms per month;QL(1.7 gm daily)
RIAX FOAM	3	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
SODIUM SULFACETAMIDE/SULFUR IN UREA GEL	3	
SODIUM SULFACETAMIDE/SULFUR LOTN	2	QL(1 gm daily)
SODIUM SULFACETAMIDE/SULFUR SUSP	3	
SSS 10-5 FOAM	2	
<i>sulfacetamide sodium (acne) lotn</i>	1	
<i>sulfacetamide sodium w/ sulfur 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
<i>sulfacetamide sodium w/ sulfur emul</i>	1	
<i>sulfacetamide sodium w/ sulfur liqd</i>	1	
<i>sulfacetamide sodium w/ sulfur lotn</i>	1	
<i>sulfacetamide sodium w/ sulfur susp</i>	1	
SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	GP	
SUMAXIN TS SUSP (Use Sulfacetamide Sodium w/ Sulfur)	GP	
SUMAXIN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	GP	
TRETIN-X CREA	3	Limit 35gms per month;QL(1.2 gm daily)
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin gel 0.025 %, 0.01 %</i>	1	
<i>tretinoin gel 0.05 %</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>tretinoin microsphere gel 0.04 %, 0.1 %</i>	1	Limit 50gms per month;QL(1.7 gm daily)
<i>tretinoin microsphere gel 0.04 %, 0.1 %</i>	1	Limit 20gms per month;QL(0.67 gm daily)
VELTIN GEL	3	QL(1 gm daily)
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	GP	QL(1 gm daily)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	Limit 30gms per month;QL(1 gm daily)
Anti-inflammatory Agents - Topical		

Drug Name	Drug Tier	Requirements/ Limits
DICLOFENAC EPOLAMINE PTCH	3	
<i>diclofenac sodium (topical) gel 1 %</i>	1	
<i>diclofenac sodium (topical) soln 1.5 %</i>	1	QL(5 ml daily)
FLECTOR PTCH	3	
PENNSAID SOLN	3	PA; Limit 1 bottle per month;QL(4 gm daily)
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	GP	
Antibiotics - Topical		
ALTABAX OINT	3	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	GP	
CENTANY AT KIT	3	
CENTANY OINT	2	
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	2	
<i>mupirocin oint</i>	1	
Antifungals - Topical		
ALA-QUIN CREA	3	
ALCORTIN A GEL (Use Iodoquinol-Hydrocortisone-Aloe Polysaccharide)	GP	
ALOQUIN GEL	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
CICLODAN SOLUTION KIT KIT (Use <i>Ciclopirox</i>)	GP	
<i>ciclopirox gel</i>	1	
<i>ciclopirox kit</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham</i>	1	
<i>clotrimazole w/ betamethasone crea</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(2 ml daily)
<i>econazole nitrate crea</i>	1	
ERTACZO CREA	3	PA
EXELDERM CREA	3	
EXELDERM SOLN	2	
EXODERM LOTN	3	
EXTINA FOAM (Use <i>Ketoconazole (Topical)</i>)	GP	
HALOTIN CREA	3	
<i>iodoquinol-hc crea</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle crea</i>	1	
<i>iodoquinol-hydrocortisone-aloe polysaccharide gel</i>	1	
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)
<i>ketoconazole (topical) foam</i>	1	
<i>ketoconazole (topical) sham</i>	1	
LOPROX CREA (Use <i>Ciclopirox Olamine</i>)	GP	
LOPROX SHAMPOO SHAM (Use <i>Ciclopirox</i>)	GP	

Drug Name	Drug Tier	Requirements/ Limits
LOPROX SUSP (Use <i>Ciclopirox Olamine</i>)	GP	
LOTRISONE CREA (Use <i>Clotrimazole w/ Betamethasone</i>)	GP	Limit 45gms per month;QL(1.5 gm daily)
LULICONAZOLE CREA	3	
LUZU CREA	3	
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM OINT	3	
<i>naftifine hcl crea</i>	1	
<i>naftifine hcl gel</i>	1	
NAFTIN CREA 2 % (Use <i>Naftifine HCl</i>)	GP	
NAFTIN GEL 1 %	3	
NAFTIN GEL 2 %	2	
NIZORAL SHAM (Use <i>Ketoconazole (Topical)</i>)	GP	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	
OXISTAT CREA (Use <i>Oxiconazole Nitrate</i>)	GP	
OXISTAT LOTN	3	
QUINJA GEL	3	
VUSION OINT	3	
VYTONNE CREA (Use <i>Iodoquinol-Hydrocortisone in Aloe Vehicle</i>)	GP	
XOLEGEL GEL	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
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	2	
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA
EFUDEX CREA (<i>Use Fluorouracil (Topical)</i>)	AC	
FLUOROPLEX CREA	2	
<i>fluorouracil (topical) crea</i>	AC	
FLUOROURACIL CREA 0.5 %	2	
FLUOROURACIL SOLN 2 %	2	
FLUOROURACIL SOLN 5 %	AC	
PANRETIN GEL	AC	PA
PICATO GEL	AC	
TARGRETIN GEL EX 1 %	AC	
TOLAK CREA	AC	PA
VALCHLOR GEL	AC	PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	
PRUDOXIN CREA	3	
ZONALON CREA	3	
Antipsoriatics		
<i>acitretin caps</i>	1	
<i>calcipotriene crea</i>	1	QL(5 gm daily)
<i>calcipotriene oint</i>	1	QL(5 gm daily)
<i>calcipotriene soln</i>	1	
CALCITRIOL OINT EX 3 MCG/GM	3	Limited 100 gms per month;QL(3.4 gm daily)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ	3	PA
COSENTYX SOSY	3	PA
DOVONEX CREA (<i>Use Calcipotriene</i>)	GP	QL(5 gm daily)
ILUMYA SOSY	3	PA
<i>methoxsalen rapid caps</i>	1	
OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>)	GP	
SILIQ SOSY	3	PA
SORIATANE CAPS (<i>Use Acitretin</i>)	GP	
SORILUX FOAM	3	PA
STELARA SOLN 45 MG/0.5ML	3	PA;
STELARA SOSY 90 MG/ML, 45 MG/0.5ML	3	PA
TALTZ SOAJ	3	PA
TALTZ SOSY	3	PA
<i>tazarotene crea</i>	1	QL(1 gm daily)
TAZORAC CREA 0.05 %	2	QL(1 gm daily)
TAZORAC CREA 0.1 % (<i>Use Tazarotene</i>)	GP	QL(1 gm daily)
TAZORAC GEL 0.05 %, 0.1 %	2	QL(1 gm daily)
TREMFYA SOSY	3	PA
VECTICAL OINT	3	Limited 100 gms per month;QL(3.4 gm daily)
Antiseborrheic Products		
OVACE PLUS SHAM 10 % (<i>Use Sulfacetamide Sodium</i>)	GP	
OVACE PLUS WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	GP	

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
OVACE WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	GP	
<i>selenium sulfide lotn</i>	1	
<i>selenium sulfide sham</i>	1	
SODIUM SULFACETAMIDE WASH LIQD	3	
<i>sulfacetamide sodium liqd ex</i>	1	
<i>sulfacetamide sodium sham ex</i>	1	
Antivirals - Topical		
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	QL(1 gm daily)
DENAVIR CREA	3	Limit 5gms per month;QL(0.17 gm daily)
XERESE CREA	3	Limit 5gms per month;QL(0.17 gm daily)
ZOVIRAX CREA EX 5 % (<i>Use Acyclovir Topical</i>)	GP	
ZOVIRAX OINT EX 5 % (<i>Use Acyclovir Topical</i>)	GP	QL(1 gm daily)
Burn Products		
<i>mafenide acetate pack</i>	1	
SILVADENE CREA (<i>Use Silver Sulfadiazine</i>)	GP	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (<i>Use Mafenide Acetate</i>)	GP	
Corticosteroids - Topical		
ALA SCALP LOTN	3	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amcinonide crea</i>	1	
AMCINONIDE LOTN	3	
AMCINONIDE OINT	3	
APEXICON E CREA	2	
AUGMENTED BETAMETHASONE DIPROPIONATE GEL	2	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented gel</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea</i>	1	
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene-betamethasone dipropionate oint</i>	1	ST; QL(2 gm daily)
CAPEX SHAM	2	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate emollient base 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
<i>clobetasol propionate emulsion foam</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate liqd</i>	1	
<i>clobetasol propionate lotn</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate soln</i>	1	
CLOBEX LIQD (Use Clobetasol Propionate)	GP	
CLOBEX LOTN (Use Clobetasol Propionate)	GP	
CLOBEX SHAM (Use Clobetasol Propionate)	GP	
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use Flurandrenolide)	GP	
CORDRAN TAPE 4 MCG/SQCM	3	
CORTANE-B LOTN	3	
CUTIVATE LOTN (Use Fluticasone Propionate)	GP	
DERMA-SMOOTH/FS BODY OIL (Use Fluocinolone Acetonide)	GP	
DERMA-SMOOTH/FS SCALP OIL (Use Fluocinolone Acetonide)	GP	
DERMATOP OINT (Use Prednicarbate)	GP	
DESONATE GEL	3	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide oint</i>	1	
<i>fluocinonide soln</i>	1	
<i>flurandrenolide crea</i>	1	
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate lotn</i>	1	
<i>fluticasone propionate oint</i>	1	
HALAC KIT	3	
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA	3	
HALOG OINT	3	
<i>hydrocortisone (topical) crea</i>	1	
<i>hydrocortisone (topical) lotn</i>	1	
<i>hydrocortisone (topical) oint</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	1	
<i>hydrocortisone butyrate lotn</i>	1	
<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))	GP	
LOCOID CREA (Use Hydrocortisone Butyrate)	GP	

Drug Name	Drug Tier	Requirements/ Limits
LOCOID LIPOCREAM CREA (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	GP	
LOCOID LOTN (Use Hydrocortisone Butyrate)	GP	
LOCOID OINT (Use Hydrocortisone Butyrate)	GP	
LOCOID SOLN (Use Hydrocortisone Butyrate)	GP	
LUXIQ FOAM (Use Betamethasone Valerate)	GP	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
NUCORT LOTN	3	
OLUX FOAM (Use Clobetasol Propionate)	GP	
OLUX-E FOAM (Use Clobetasol Propionate Emulsion)	GP	
PANDEL CREA	3	
PRAMOSONE CREA 1%-1%	3	
PRAMOSONE CREA 1%-2.5% (Use Pramoxine-HC)	GP	
PRAMOSONE E CREA	3	
PRAMOSONE LOTN 1%-1%, 1%-2.5%	3	
PRAMOSONE OINT 1%-1%, 1%-2.5%	3	
<i>pramoxine-hc crea 1%-2.5%</i>	1	
PREDNICARBATE CREA	2	
<i>prednicarbate crea</i>	1	
PREDNICARBATE OINT	3	
PSORCON CREA	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
SYNALAR CREA (<i>Use Fluocinolone Acetonide</i>)	GP	
SYNALAR OINT (<i>Use Fluocinolone Acetonide</i>)	GP	
SYNALAR SOLN (<i>Use Fluocinolone Acetonide</i>)	GP	
TACLONEX OINT (<i>Use Calcipotriene-Betamethasone Dipropionate</i>)	GP	ST; QL(2 gm daily)
TACLONEX SUSP	3	ST; QL(2 gm daily)
TEMOVATE CREA (<i>Use Clobetasol Propionate</i>)	GP	
TEMOVATE OINT (<i>Use Clobetasol Propionate</i>)	GP	
TEXACORT SOLN	3	
TOPICORT CREA 0.05 %, 0.25 % (<i>Use Desoximetasone</i>)	GP	
TOPICORT GEL 0.05 % (<i>Use Desoximetasone</i>)	GP	
TOPICORT LIQD 0.25 % (<i>Use Desoximetasone</i>)	GP	ST
TOPICORT OINT 0.05 %, 0.25 % (<i>Use Desoximetasone</i>)	GP	
<i>triamcinolone acetonide (topical) aers</i>	1	
<i>triamcinolone acetonide (topical) crea</i>	1	
<i>triamcinolone acetonide (topical) lotn</i>	1	
<i>triamcinolone acetonide (topical) oint</i>	1	
TRIDESILON CREA (<i>Use Desonide</i>)	GP	
ULTRAVATE CREA (<i>Use Halobetasol Propionate</i>)	GP	
ULTRAVATE OINT (<i>Use Halobetasol Propionate</i>)	GP	
VANOS CREA (<i>Use Fluocinonide</i>)	GP	
VERDESO FOAM	3	

Drug Name	Drug Tier	Requirements/Limits
WESTCORT OINT (<i>Use Hydrocortisone Valerate</i>)	GP	
Eczema Agents		
DUPIXENT SOSY	3	PA
Emollient/Keratolytic Agents		
CEM-UREA SOLN	3	
GORDONS UREA OINT	3	
HYDRO 35 FOAM (<i>Use Urea in Lactic Acid Vehicle</i>)	GP	
HYDRO 40 FOAM FOAM (<i>Use Urea</i>)	GP	
KERALAC CREA (<i>Use Urea</i>)	GP	
URAMAXIN CREA 45 % (<i>Use Urea</i>)	GP	
URAMAXIN FOAM 20%	3	
URAMAXIN GEL 45 % (<i>Use Urea</i>)	GP	
URAMAXIN GT GEL (<i>Use Urea</i>)	GP	
URAMAXIN LOTN 45 % (<i>Use Urea</i>)	GP	
URE-K CREA	3	
<i>urea crea 39 %, 41 %, 47 %, 50 %</i>	1	
<i>urea crea 40 %</i>	1	RX/OTC
UREA CREA 45 %	3	
<i>urea foam 40 %</i>	1	
<i>urea gel 45 %</i>	1	
<i>urea in lactic acid vehicle foam</i>	1	
<i>urea in zinc undecylenate-lactic acid vehicle emul</i>	1	
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE EMUL	3	
<i>urea lotn 40 %</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
UREA LOTN 45 %	3	
UREA NAIL STCK	3	
<i>urea susp 40 %</i>	1	
UREA TOPICAL SUSP	3	
UTOPIC CREA (<i>Use Urea</i>)	GP	
Emollients		
<i>hyaluronate sodium (emollient) gel</i>	1	
HYLIRA GEL 0.2 % (<i>Use Hyaluronate Sodium (Emollient)</i>)	GP	
HYLIRA LOTN 0.1 %	3	
LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>)	GP	RX/OTC
LAC-HYDRIN LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	GP	RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	GP	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 10 %</i>	1	
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	
TBC AERS	3	
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	GP	
<i>imiquimod crea</i>	1	
IMIQUIMOD PUMP CREA	3	QL(1 gm daily)
ZYCLARA CREA	3	QL(1 gm daily)

Drug Name	Drug Tier	Requirements/Limits
ZYCLARA PUMP CREA 2.5 %	3	Limit 2 per month;QL(0.6 gm daily)
ZYCLARA PUMP CREA 3.75 %	3	QL(1 gm daily)
Immunosuppressive Agents - Topical		
ELIDEL CREA (<i>Use Pimecrolimus</i>)	GP	QL(2 gm daily)
<i>pimecrolimus crea</i>	1	QL(2 gm daily)
PROTOPIC OINT (<i>Use Tacrolimus (Topical)</i>)	GP	
<i>tacrolimus (topical) oint</i>	1	
Keratolytic/Antimitotic Agents		
BENSAL HP OINT	3	
CONDYLOX GEL	2	
PODOCON 25 IN BENZOIN TINCTURE SOLN	3	
<i>podofilox soln</i>	1	
SALEX LOTION KIT (<i>Use Salicylic Acid w/ Cleanser</i>)	GP	
SALEX SHAM (<i>Use Salicylic Acid</i>)	GP	
<i>salicylic acid crea</i>	1	
<i>salicylic acid foam</i>	1	
<i>salicylic acid liqd</i>	1	
SALICYLIC ACID LOTION KIT	3	
<i>salicylic acid lotn</i>	1	
<i>salicylic acid sham</i>	1	
<i>salicylic acid soln</i>	1	
SALISOL SOLN	3	
SALITECH LOTN	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
SALVAX FOAM (<i>Use Salicylic Acid</i>)	GP	
ULTRASAL-ER SOLN (<i>Use Salicylic Acid</i>)	GP	
VIRASAL LIQD (<i>Use Salicylic Acid</i>)	GP	
Liniments		
MEDROX-RX OINT	3	PA
Local Anesthetics - Topical		
<i>capsaicin-menthol ptch 5%-0.05%</i>	1	
CETACAINE AERO	3	
COCAINE HCL SOLN	3	
ETHYL CHLORIDE AERO	3	
ETHYL CHLORIDE/FINE PINPOINT AERO	3	
ETHYL CHLORIDE/FINE STREAM AERO	3	
ETHYL CHLORIDE/MEDIUM JET STREAM AERO	3	
ETHYL CHLORIDE/MEDIUM STREAM AERO	3	
ETHYL CHLORIDE/MIST AERO	3	
GEBAUERS INSTANT ICE AERO	3	RX/OTC
GEBAUERS PAIN EASE AERO	3	RX/OTC
GEBAUERS SPRAY AND STRETCH AERO	3	RX/OTC
<i>lidocaine hcl gel ex 2 %</i>	1	
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine oint 5 %</i>	1	
<i>lidocaine ptch 5 %</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine crea</i>	1	
LIDODERM PTCH (<i>Use Lidocaine</i>)	GP	QL(3 ea daily)
LIDODOSE GEL	3	RX/OTC
LIDORX GEL	3	RX/OTC
SYNERA PTCH	3	
Misc. Dermatological Products		
7TOPIC EMUL	3	
CERACADE EMUL	3	
EMULSION SB EMUL	3	
ENTTY SPRAY EMULSION EMUL	3	
EPICERAM EMUL	3	
KAMDOY EMUL	3	
PENLEN EMUL	3	
PHLAG SPRAY EMUL	3	
SUVICORT EMUL	3	
SYNERDERM EMUL	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC SOLN	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA
Rosacea Agents		
<i>azelaic acid gel</i>	1	
DOXYCYCLINE CPDR	3	
FINACEA FOAM	3	
FINACEA GEL (<i>Use Azelaic Acid</i>)	GP	

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
METROCREAM CREA (Use Metronidazole (Topical))	GP	
METROGEL GEL (Use Metronidazole (Topical))	GP	
METROLOTION LOTN (Use Metronidazole (Topical))	GP	QL(2 ml daily)
<i>metronidazole (topical) crea 0.75 %</i>	1	
<i>metronidazole (topical) gel 0.75 %</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>metronidazole (topical) gel 1 %</i>	1	
<i>metronidazole (topical) lotn 0.75 %</i>	1	QL(2 ml daily)
MIRVASO GEL	3	PA
NORITATE CREA	3	PA
ORACEA CPDR	3	
RHOFADE CREA	3	PA
SOOLANTRA CREA	3	PA; QL(1 gm daily)
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	
ELIMITE CREA (Use <i>Permethrin</i>)	GP	Limit 2 per month;QL(60 gm per 14 days retail)
EURAX CREA	2	
EURAX LOTN (Use <i>Crotamiton</i>)	GP	
LINDANE SHAM	2	
<i>malathion lotn</i>	1	
NATROBA SUSP	3	AL(At least 4 yrs old)
OVIDE LOTN (Use <i>Malathion</i>)	GP	

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin crea</i>	1	Limit 2 per month;QL(60 gm per 14 days retail)
SKLICE LOTN	3	
SPINOSAD SUSP	3	AL(At least 4 yrs old)
ULESFIA LOTN	3	
Wound Care Products		
REGRANEX GEL	3	Limit 15gms per month;QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	
METOPIRONE CAPS	3	
Diagnostic Tests		
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
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
NON PREFERRED TEST STRIPS	3	PA
ONETOUCH ULTRA BLUE 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
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

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

Dietary Management Products

DEPLIN 15 CAPS	3	
DEPLIN 7.5 CAPS	3	
ELFOLATE TABS	3	
FOLBIC RF TABS	3	
FOLTX TABS	3	
L-METHYLFOLATE CA/S-ALGAL CAPS	3	
L-METHYLFOLATE CALCIUM TABS	3	
L-METHYLFOLATE FORMULA 15 CAPS	3	
L-METHYLFOLATE FORMULA 7.5 CAPS	3	
L-METHYLFOLATE FORTE CAPS	3	
L-METHYLFOLATE TABS	3	
LEVOMEFOLATE CALCIUM ALGAL POWDER CAPS	3	
LMTHF/PYRIDOXINE HCL/CYANOCOBALAMIN TABS	3	

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes

CREON CPEP	2	
PANCREAZE CPEP	3	

Drug Name	Drug Tier	Requirements/ Limits
PERTZYE CPEP	3	
SUCRAID SOLN	3	PA
VIOKACE TABS	3	
ZENPEP CPEP	2	

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors

<i>acetazolamide cp12</i>	1	
<i>acetazolamide tabs</i>	1	
DIAMOX CP12 (Use Acetazolamide)	GP	
KEVEYIS TABS	3	PA
<i>methazolamide tabs</i>	1	
NEPTAZANE TABS (Use Methazolamide)	GP	

Diuretic Combinations

ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	GP	
ALDACTAZIDE TABS 50MG-50MG	2	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	GP	
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	GP	
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	GP	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Loop Diuretics		
<i>bumetanide tabs</i>	1	
BUMEX TABS (<i>Use Bumetanide</i>)	GP	
DEMADEX TABS (<i>Use Torsemide</i>)	GP	
EDECRIIN TABS (<i>Use Ethacrynic Acid</i>)	GP	ST
<i>ethacrynic acid tabs</i>	1	ST
<i>furosemide soln 10 mg/ml</i>	1	
FUROSEMIDE SOLN 8 MG/ML	3	
<i>furosemide tabs 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (<i>Use Furosemide</i>)	GP	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	GP	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS	3	
<i>spironolactone tabs</i>	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tabs</i>	1	
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>indapamide tabs</i>	1	
METHYCLOTHIAZIDE TABS	3	
<i>metolazone tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	GP	
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>)	GP	ST; QL(0.04 ea daily)
ACTONEL TABS 35 MG (<i>Use Risedronate Sodium</i>)	GP	ST; Limit 4 per month;QL(0.15 ea daily)
ACTONEL TABS 5 MG, 30 MG (<i>Use Risedronate Sodium</i>)	GP	ST; QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	3	
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily)
ALENDRONATE SODIUM TABS 40 MG	2	
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	
AELVIA TBEC (<i>Use Risedronate Sodium</i>)	GP	Limit 4 per month;QL(0.15 ea daily)
BINOSTO TBEF	3	Limit 4 per month;QL(0.15 ea daily)
BONIVA TABS (<i>Use Ibandronate Sodium</i>)	GP	QL(0.04 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS	3	
FORTEO SOLN	3	PA
FOSAMAX PLUS D TABS	3	PA; QL(0.15 ea daily)
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	GP	QL(0.15 ea daily)
<i>ibandronate sodium tabs</i>	1	QL(0.04 ea daily)
MIACALCIN SOLN	3	PA
NATPARA CART	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tabs 150 mg</i>	1	ST; QL(0.04 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	ST; Limit 4 per month;QL(0.15 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	1	ST; QL(1 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	Limit 4 per month;QL(0.15 ea daily)
TYMLOS SOPN	3	PA
Fertility Regulators		
BRAVELLE SOLR	3	
CHORIONIC GONADOTROPIN SOLR	3	
CLOMIPHENE CITRATE TABS	2	Limit 15 per month;QL(0.5 ea daily)
FOLLISTIM AQ SOLN	3	
GONAL-F RFF REDIJECT SOLN	3	
GONAL-F RFF SOLR	3	
GONAL-F SOLR	3	
MENOPUR SOLR	3	
NOVAREL SOLR	3	
OVIDREL INJ	3	
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	3	
GnRH/LHRH Antagonists		
CETROTIDE KIT	3	
<i>ganirelix acetate soln</i>	3	
GANIRELIX ACETATE SOLN (<i>Use Ganirelix Acetate</i>)	GP	
Growth Hormone Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SOLR	3	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	3	PA; Use preferred Humatrope or Norditropin
GENOTROPIN SOLR	3	PA; Use preferred Humatrope or Norditropin
HUMATROPE COMBO PACK SOLR	3	PA
HUMATROPE SOLR	3	PA
NORDITROPIN FLEXPRO SOLN 30 MG/3ML, 15 MG/1.5ML	3	PA
NORDITROPIN FLEXPRO SOLN 5 MG/1.5ML, 10 MG/1.5ML	3	PA; Use preferred Humatrope or Norditropin
NUTROPIN AQ NUSPIN 10 SOLN	3	PA; Use preferred Humatrope or Norditropin
NUTROPIN AQ NUSPIN 20 SOLN	3	PA; Use preferred Humatrope or Norditropin
NUTROPIN AQ NUSPIN 5 SOLN	3	PA; Use preferred Humatrope or Norditropin
OMNITROPE SOLN	3	PA; Use preferred Humatrope or Norditropin
OMNITROPE SOLR	3	PA; Use preferred Humatrope or Norditropin
SEROSTIM SOLR	3	PA; Use preferred Humatrope or Norditropin

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
ZOMACTON SOLR	3	PA; Use preferred Humatrope or Norditropin
Hormone Receptor Modulators		
EVISTA TABS (Use Raloxifene HCl)	GP	QL(1 ea daily); PV
OSPHENA TABS	3	
raloxifene hcl tabs	PV	QL(1 ea daily); PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	3	PA
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	2	
Metabolic Modifiers		
BUPHENYL POWD (Use Sodium Phenylbutyrate)	GP	PA
BUPHENYL TABS (Use Sodium Phenylbutyrate)	GP	PA
calcitriol caps or 0.25 mcg, 0.5 mcg	1	
calcitriol soln or 1 mcg/ml	1	
CARBAGLU TABS	3	
CARNITOR SF SOLN (Use Levocarnitine (Metabolic Modifiers))	GP	
CARNITOR SOLN 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	GP	
CARNITOR TABS 330 MG (Use Levocarnitine (Metabolic Modifiers))	GP	RX/OTC
cinacalcet hcl tabs	1	
CYSTADANE POWD	3	
doxercalciferol caps	1	
GALAFOLD CAPS	3	PA; QL(0.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HECTOROL CAPS (Use Doxercalciferol)	GP	
KUVAN PACK	3	PA
KUVAN TBSO	3	PA
levocarnitine (metabolic modifiers) soln 1 gm/10ml	1	
levocarnitine (metabolic modifiers) tabs 330 mg	1	RX/OTC
MYALEPT SOLR	3	PA
NITYR TABS	3	PA
ORFADIN CAPS	3	PA
ORFADIN SUSP	3	PA
PALYNZIQ SOSY	3	PA
paricalcitol caps	1	
RAVICTI LIQD	3	PA
RAYALDEE CPCR	3	PA
ROCALTROL CAPS (Use Calcitriol)	GP	
ROCALTROL SOLN (Use Calcitriol)	GP	
SENSIPAR TABS (Use Cinacalcet HCl)	GP	
sodium phenylbutyrate powd	3	PA
sodium phenylbutyrate tabs	3	PA
STRENSIQ SOLN	3	PA
XURIDEN PACK	3	
ZEMPLAR CAPS (Use Paricalcitol)	GP	
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 %	2	
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	GP	

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

Drug Name	Drug Tier	Requirements/Limits
DDAVP TABS OR 0.1 MG, 0.2 MG (<i>Use Desmopressin Acetate</i>)	GP	
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs</i>	1	
NOCTIVA EMUL	3	PA
STIMATE SOLN	3	
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	3	PA
SANDOSTATIN SOLN (<i>Use Octreotide Acetate</i>)	GP	PA
SIGNIFOR SOLN	3	PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	3	QL(1 ea daily)
JYNARQUE TBPK	3	PA; SP
SAMSCA TABS	3	QL(1 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Use Estradiol & Norethindrone Acetate</i>)	GP	
ANGELIQ TABS	3	
CLIMARA PRO PTWK	2	Limit 4 per month;QL(0.14 ea daily)
COMBIPATCH PTTW	3	
DUAVEE TABS	3	

Drug Name	Drug Tier	Requirements/Limits
<i>esterified estrogens & methyltestosterone tabs</i>	1	QL(1 ea daily)
<i>estradiol & norethindrone acetate tabs</i>	1	
FEMHRT LOW DOSE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol</i>)	GP	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREFEST TABS	3	
PREMPHASE TABS	2	
PREMPRO TABS 0.3MG-1.5MG	2	QL(1 ea daily)
PREMPRO TABS 0.625MG-2.5MG, 0.45MG-1.5MG, 0.625MG-5MG	2	
Estrogens		
ALORA PTTW 0.025 MG/24HR	2	Limit 8 per month;QL(0.29 ea daily)
ALORA PTTW 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	2	Limit 8 patches per month;QL(0.29 ea daily)
CLIMARA PTWK 0.025 MG/24HR, 0.075 MG/24HR, 0.06 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR (<i>Use Estradiol</i>)	GP	Limit 4 per month;QL(0.15 ea daily)
CLIMARA PTWK 0.05 MG/24HR (<i>Use Estradiol</i>)	GP	Limit 4 per 28 days;QL(0.15 ea daily)
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (<i>Use Estradiol</i>)	GP	
<i>estradiol pttw td 0.025 mg/24hr</i>	1	Limit 8 per month;QL(0.29 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>estradiol pttw td 0.0375 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	1	Limit 8 patches per month;QL(0.29 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	Limit 4 per month;QL(0.15 ea daily)
<i>estradiol ptwk td 0.05 mg/24hr</i>	1	Limit 4 per 28 days;QL(0.15 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
ESTROGEL GEL	3	Limit 50gms per month;QL(1.67 gm daily)
ESTROPIPATE TABS	2	
EVAMIST SOLN	3	
MENEST TABS	2	
MENOSTAR PTWK	3	Limit 4 per month;QL(0.14 ea daily)
MINIVELLE PTTW 0.025 MG/24HR (Use Estradiol)	GP	Limit 8 per month;QL(0.29 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR (Use Estradiol)	GP	Limit 8 patches per month;QL(0.29 ea daily)
PREMARIN TABS	2	
VIVELLE-DOT PTTW 0.025 MG/24HR (Use Estradiol)	GP	Limit 8 per month;QL(0.29 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR (Use Estradiol)	GP	Limit 8 patches per month;QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Drug Name	Drug Tier	Requirements/Limits
AVELOX TABS (Use Moxifloxacin HCl)	GP	
BAXDELA TABS	3	ST
CIPRO SUSR 5 GM/100ML	2	
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	GP	
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	GP	
CIPROFLOXACIN ER TB24	2	QL(14 ea per fill retail)
<i>ciprofloxacin hcl tabs</i>	1	
<i>ciprofloxacin susr</i>	1	
FACTIVE TABS	3	QL(7 ea per fill retail)
LEVAQUIN TABS (Use Levofloxacin)	GP	QL(14 ea per fill retail)
<i>levofloxacin soln 25 mg/ml</i>	1	
LEVOFLOXACIN SOLN 25 MG/ML (Use Levofloxacin)	GP	
<i>levofloxacin tabs 250 mg, 500 mg, 750 mg</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl tabs</i>	1	
OFLOXACIN TABS	3	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE TABS	3	PA
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	3	PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	3	PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use Ursodiol)	GP	

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
CHENODAL TABS	3	PA
URSO 250 TABS (<i>Use Ursodiol</i>)	GP	
URSO FORTE TABS (<i>Use Ursodiol</i>)	GP	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) conc</i>	1	
GASTROCROM CONC (<i>Use Cromolyn Sodium (Mastocytosis)</i>)	GP	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln</i>	1	
<i>metoclopramide hcl tabs</i>	1	
METOCLOPRAMIDE ODT TBDP	3	
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	GP	
Inflammatory Bowel Agents		
APRISO CP24	3	PA
ASACOL HD TBEC (<i>Use Mesalamine</i>)	3	PA
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	GP	
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	GP	
<i>balsalazide disodium caps</i>	1	Limit 282 caps per month; QL(9.4 ea daily)
CANASA SUPP (<i>Use Mesalamine</i>)	GP	
CIMZIA KIT	3	PA

Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT KIT	3	PA
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	GP	Limit 282 caps per month; QL(9.4 ea daily)
DELZICOL CPDR (<i>Use Mesalamine</i>)	GP	PA; QL(12 ea daily)
DIPENTUM CAPS	3	
GIAZO TABS	3	ST; QL(6 ea daily)
LIALDA TBEC (<i>Use Mesalamine</i>)	GP	
<i>mesalamine cpdr or 400 mg</i>	1	PA; QL(12 ea daily)
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
PENTASA CPCR	3	PA
SFROWASA ENEM	2	
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	1	PA
LINZESS CAPS	2	
LOTRONEX TABS (<i>Use Alosetron HCl</i>)	GP	PA
VIBERZI TABS	3	PA
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
MOVANTIK 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
RELISTOR SOLN	3	PA
RELISTOR TABS	3	PA
SYMPROIC TABS	3	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Use Lanthanum Carbonate)	GP	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	3	
RENAGEL TABS 400 MG	3	PA
RENAGEL TABS 800 MG (Use Sevelamer HCl)	GP	PA
RENVELA PACK (Use Sevelamer Carbonate)	GP	
RENVELA TABS (Use Sevelamer Carbonate)	GP	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	
<i>sevelamer hcl tabs</i>	1	PA
SEVELAMER HYDROCHLORIDE TABS	3	PA
VELPHORO CHEW	3	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	3	PA
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 TABS	2	

Drug Name	Drug Tier	Requirements/Limits
Alkalinizers		
CYTRA-K SOLN (Use Potassium Citrate-Citric Acid)	GP	RX/OTC
ORACIT SOLN	3	
<i>pot & sod citrates w/citric ac soln</i>	1	
<i>pot & sod citrates w/citric ac syrp</i>	1	
<i>potassium citrate (alkalinizer) tbc</i>	1	
<i>potassium citrate-citric acid pack 3300mg-1002mg</i>	1	
<i>potassium citrate-citric acid soln 1100mg/5ml-334mg/5ml, 1100mg/5ml-1100mg/5ml-334mg/5ml-334mg/5ml</i>	1	RX/OTC
POTASSIUM CITRATE/SODIUMCITRATE/CITRIC ACID SOLN	3	
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
TRICITRATES SOLN	3	
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	GP	
UROKIT-K 15 TBCR (Use Potassium Citrate (Alkalinizer))	GP	
UROKIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))	GP	
Cystinosis Agents		
CYSTAGON CAPS	3	
PROCYSBI CPDR	3	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</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
AVODART CAPS (<i>Use Dutasteride</i>)	GP	AL(At least 40 yrs old)
CARDURA XL TB24	3	
<i>dutasteride caps</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX CAPS (<i>Use Tamsulosin HCl</i>)	GP	QL(2 ea daily)
JALYN CAPS (<i>Use Dutasteride-Tamsulosin HCl</i>)	GP	
PROSCAR TABS (<i>Use Finasteride</i>)	GP	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO CAPS 4 MG	3	
RAPAFLO CAPS 4 MG, 8 MG (<i>Use Silodosin</i>)	GP	
<i>silodosin caps</i>	1	
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
UROXATRAL TB24 (<i>Use Alfuzosin HCl</i>)	GP	
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIUM TABS (<i>Use Phenazopyridine HCl</i>)	GP	
Urinary Stone Agents		
LITHOSTAT TABS	3	
THIOLA TABS	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
DUZALLO TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
Gout Agents		
<i>allopurinol tabs</i>	1	
COLCHICINE CAPS	3	
<i>colchicine tabs</i>	2	
COLCRYS TABS (<i>Use Colchicine</i>)	GP	
MITIGARE CAPS	3	
ULORIC TABS	2	
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	GP	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	3	PA
Complement Inhibitors		
HAEGARDA SOLR	3	PA
RUCONEST SOLR	3	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS	3	PA; SP
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	3	PA
Platelet Aggregation Inhibitors		
AGGRENEX CP12 (<i>Use Aspirin-Dipyridamole</i>)	GP	
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	GP	

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>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	
BRILINTA TABS	2	
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs</i>	1	QL(2 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use Prasugrel HC</i>)	GP	
PLAVIX TABS (<i>Use Clopidogrel Bisulfate</i>)	GP	QL(2 ea daily)
<i>prasugrel hcl tabs</i>	1	
ZONTIVITY TABS	2	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	3	PA
<i>miglustat caps</i>	3	PA
ZAVESCA CAPS (<i>Use Miglustat</i>)	GP	PA
Agents for Sickle Cell Anemia		
DROXIA CAPS	AC	
ENDARI PACK	3	PA
SIKLOS TABS	3	PA
Folic Acid/Folates		
FOLIC ACID SOLN IJ 5 MG/ML	3	
<i>folic acid tabs or 1 mg</i>	1	RX/OTC
<i>folic acid tabs or 400 mcg, 800 mcg</i>	PV	PV
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	3	PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOSY	3	PA
DOPTELET TABS	3	PA
EPOGEN SOLN	3	PA
GRANIX SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	3	PA
LEUKINE SOLR	3	PA
MIRCERA SOSY 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML	3	PA
MULPLETA TABS	3	PA
NEULASTA ONPRO KIT PSKT	3	PA
NEULASTA SOSY	3	PA
NEUPOGEN SOLN	3	PA
NEUPOGEN SOSY	3	PA
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	3	PA
PROMACTA PACK 12.5 MG	3	PA
PROMACTA TABS 25 MG, 50 MG, 12.5 MG	3	PA
PROMACTA TABS 75 MG	3	PA; QL(1 ea daily)
ZARXIO SOSY	3	PA
Hematopoietic Mixtures		
FOLIVANE-F CAPS	2	
FUSION PLUS CAPS	3	
INTEGRA F CAPS	2	
Iron		

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>carbonyl iron susp</i>	PV	PV
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	GP	PV
<i>ferrous sulfate elix 220 mg/5ml</i>	PV	PV
<i>ferrous sulfate soln 15 mg/ml</i>	PV	PV
FERROUS SULFATE SYRP 300 MG/5ML	PV	PV
ICAR PEDIATRIC SUSP (<i>Use Carbonyl Iron</i>)	GP	PV
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG, 1000 MG (<i>Use Aminocaproic Acid</i>)	GP	
<i>aminocaproic acid tabs</i>	1	
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	GP	QL(6 ea daily,5 day(s) limit)
<i>tranexamic acid tabs</i>	1	QL(6 ea daily,5 day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	3	
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
<i>phenobarbital tabs 15 mg, 30 mg, 60 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
SECONAL SODIUM CAPS	3	
Hypnotics - Tricyclic Agents		
SILENOR TABS	3	ST; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use Zolpidem Tartrate</i>)	GP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	GP	QL(1 ea daily)
DORAL TABS	3	
EDLUAR SUBL	3	ST; QL(1 ea daily)
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	QL(1 ea daily)
<i>flurazepam hcl caps</i>	1	
HALCION TABS (<i>Use Triazolam</i>)	GP	
INTERMEZZO SUBL (<i>Use Zolpidem Tartrate</i>)	GP	PA
LUNESTA TABS (<i>Use Eszopiclone</i>)	GP	QL(1 ea daily)
<i>midazolam hcl syrp</i>	1	
QUAZEPAM TABS	3	
RESTORIL CAPS (<i>Use Temazepam</i>)	GP	
SONATA CAPS (<i>Use Zaleplon</i>)	GP	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>	1	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>	1	QL(1 ea daily)
ZOLPIMIST SOLN	3	ST; Limit 1 bottle per month;QL(0.26 ml daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	2	ST; QL(1 ea daily)
Selective Melatonin Receptor Agonists		

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
HETLIOZ CAPS	3	PA
ROZEREM TABS	3	ST; QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	PV	PV
CLENPIQ SOLN	PV	PV
COLYTE-FLAVOR PACKS SOLR (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	GP	PV
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	PV	PA; PV
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	GP	PV
MOVIPREP SOLR	PV	PA; PV
NULYTELY/FLAVOR PACKS SOLR (Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)	GP	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	PV	PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	PV	PV
PLENVU SOLR	PV	PA; PV
PREPOPIK PACK	PV	PA; PV
SUPREP BOWEL PREP KIT SOLN	PV	PV
Laxatives - Miscellaneous		
KRISTALOSE PACK 10 GM (Use Lactulose)	GP	

Drug Name	Drug Tier	Requirements/Limits
KRISTALOSE PACK 20 GM	3	
<i>lactulose pack</i>	1	
<i>lactulose soln</i>	1	
MIRALAX POWD (Use Polyethylene Glycol 3350)	GP	Limit 528gms per month;QL(17.6 gm daily); RX/OTC
<i>polyethylene glycol 3350 powd</i>	1	Limit 528gms per month;QL(17.6 gm daily); RX/OTC
Saline Laxatives		
OSMOPREP TABS	3	PA
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK 1 GM	2	
<i>azithromycin susr 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs 500 mg</i>	1	QL(3 ea daily)
<i>azithromycin tabs 600 mg</i>	1	QL(10 ea per fill retail, 10 ea per fill mail)
ZITHROMAX PACK 1 GM	2	
ZITHROMAX SUSR 100 MG/5ML, 200 MG/5ML (Use Azithromycin)	GP	
ZITHROMAX TABS 250 MG (Use Azithromycin)	GP	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (Use Azithromycin)	GP	QL(3 ea daily)
ZITHROMAX TABS 600 MG (Use Azithromycin)	GP	QL(10 ea per fill retail, 10 ea per fill mail)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	GP	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
ZITHROMAX Z-PAK TABS (Use Azithromycin)	GP	QL(6 ea per fill retail)
ZMAX SUSR	2	QL(2 ea daily)
Clarithromycin		
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML	2	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail, 14 ea per fill mail)
Erythromycins		
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	GP	
ERY-TAB TBEC	2	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	GP	
ERYPED 400 SUSR (Use Erythromycin Ethylsuccinate)	GP	
<i>erythromycin base cpep</i>	1	
<i>erythromycin base tabs</i>	1	
<i>erythromycin ethylsuccinate susr</i>	1	
<i>erythromycin ethylsuccinate tabs</i>	1	
<i>erythromycin stearate tabs</i>	1	
PCE TBEC	3	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	PV	PV

Drug Name	Drug Tier	Requirements/Limits
ATLAS COLORED CONDOM/SPERMICIDE DEVI	PV	PV
ATLAS COLORED LUBRICATED CONDOM DEVI	PV	PV
ATLAS LUBRICATED CONDOM DEVI	PV	PV
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	PV	PV
CAYA DPRH	PV	QL(1 ea per 365 days retail); PV
CLASS ACT LUBRICATED MISC	PV	PV
DIAPHRAGM	PV	QL(1 EA PER 365 DAYS RETAIL)
DUREX EXTRA SENSITIVE DEVI	PV	PV
ELEXA NATURAL FEEL MISC	PV	PV
ELEXA STIMULATING MISC	PV	PV
ELEXA ULTRA SENSITIVE MISC	PV	PV
FANTASY LUBRICATED MISC	PV	PV
FANTASY LUBRICATED/SPERMICIDE MISC	PV	PV
FC FEMALE CONDOM MISC	PV	PV
FC2 FEMALE CONDOM MISC	PV	PV
FEMCAP DEVI	PV	PV
KAMELEON LUBRICATED MISC	PV	PV
KIMONO COLORS DEVI	PV	PV
KIMONO LUBRICATED MISC	PV	PV
KIMONO MICRO THIN MISC	PV	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
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	PV	PV
KIMONO PLUS SPERMICIDE LUBRICATED MISC	PV	PV
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	PV	PV
KIMONO PS LUBRICATED MISC	PV	PV
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	PV	PV
KIMONO SENSATION LUBRICATED MISC	PV	PV
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	PV	PV
KIMONO SPECIAL DEVI	PV	PV
MAXX LUBRICATED MISC	PV	PV
MAXX PLUS SPERMICIDE LUBRICATED MISC	PV	PV
PREMIUM CONDOMS LUBRICATED MISC	PV	PV
REALITY LATEX CONDOMS/LUBRICATED MISC	PV	PV
REALITY LATEX/ULTRA TEXTURED DEVI	PV	PV
REALITY LATEX/ULTRA THIN DEVI	PV	PV
TROJAN ASSORTMENT PACK MISC	PV	PV
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	PV	PV
TROJAN EXTRA STRENGTH MISC	PV	PV
TROJAN MAGNUM MISC	PV	PV
TROJAN MAGNUM WARM SENSATIONS DEVI	PV	PV
TROJAN MAGNUM XL LUBRICATED DEVI	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
TROJAN MISC	PV	PV
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	PV	PV
TROJAN PLUS MISC	PV	PV
TROJAN REGULAR MISC	PV	PV
TROJAN RIBBED MISC	PV	PV
TROJAN RIBBED W/SPERMICIDAL MISC	PV	PV
TROJAN SHARED SENSATION/LUBRICATED DEVI	PV	PV
TROJAN SUPRAS SPERMICIDAL DEVI	PV	PV
TROJAN TWISTED PLEASURE DEVI	PV	PV
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	PV	PV
TROJAN VERY SENSITIVE LUBRICATED MISC	PV	PV
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	PV	PV
TROJAN VERY THIN LUBRICATED MISC	PV	PV
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	PV	PV
TROJAN-ENZ LUBRICANT MISC	PV	PV
TROJAN-ENZ LUBRICATED MISC	PV	PV
TROJAN-ENZ W/SPERMICIDAL MISC	PV	PV
TRUSTEX COLOR CONDOMS + LUBE MISC	PV	PV
TRUSTEX LUBRICATED EXTRALARGE MISC	PV	PV
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	PV	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
TRUSTEX LUBRICATED MISC	PV	PV
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	PV	PV
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	PV	PV
TRUSTEX NON-LUBRICATED MISC	PV	PV
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	PV	PV
TRUSTEX/RIA LUBRICATED MISC	PV	PV
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	PV	PV
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	PV	PV
TRUSTEX/RIA NON-LUBRICATED MISC	PV	PV
Diabetic Supplies		
FREESTYLE FREEDOM LITE KIT	2	QL(1 ea per 365 days retail); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	2	QL(1 ea per 365 days retail)

Drug Name	Drug Tier	Requirements/Limits
LANCETS	2	
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRA MINI KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	Limit 1 per year;QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO KIT	2	Limited to 1 per year;QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM KIT	2	Limited to 1 per year;QL(1 ea per 365 days retail); RX/OTC
PRECISION XTRA DEVI	2	QL(1 ea per 365 days retail)
Parenteral Therapy Supplies		
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	2	RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16" MISC	2	
BD AUTOSHIELD DUO 30G X 5MM MISC	2	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	2	RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	2	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC	2	RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
INSULIN SYRINGES AND PEN NEEDLES	2	MO
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
PEN NEEDLES 30GX5MM MISC	2	
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	2	RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	2	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	2	RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	2	RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	2	RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	2	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	RX/OTC
Respiratory Therapy Supplies		
SPACER/AEROSOL-HOLDING CHAMBER	2	QL(1 EA PER 365 DAYS RETAIL); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	GP	
<i>ergotamine w/ caffeine tabs</i>	1	
ISOMETHEPTENE MUCATE/CAFFEINE/ACE TAMINOPHEN TABS	3	
<i>isometheptene-dichloralphenazone-acetaminophen caps</i>	1	
ISOMETHEPTENE/DICHL ORALPHENAZONE/ACET AMINOPHEN CAPS	2	
MIGERGOT SUPP	2	
PRODRIN TABS (<i>Use Isometheptene-Caffeine-Acetaminophen</i>)	GP	
<i>sumatriptan-naproxen sodium tabs</i>	1	PA; QL(0.3 ea daily)
TREXIMET TABS 10MG-60MG	3	PA; Limit 9 per month;QL(0.3 ea daily)
TREXIMET TABS 85MG-500MG (<i>Use Sumatriptan-Naproxen Sodium</i>)	GP	PA; QL(0.3 ea daily)
Migraine Products - Monoclonal Antibodies		
AIMOVIG SOAJ 140 MG/ML	3	PA
AIMOVIG SOAJ 70 MG/ML	3	PA; SP
AJOVY SOSY	3	PA
EMGALITY SOAJ 120 MG/ML	3	PA
EMGALITY SOSY 120 MG/ML	3	PA
Migraine Products - NSAIDs		
CAMBIA PACK	3	PA; Limit 9 per month;QL(0.3 ea daily)
Migraine Products		

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
D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	GP	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	3	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	3	QL(8 ml per fill retail)
ERGOMAR SUBL	2	
MIGRANAL SOLN	3	QL(8 ml per fill retail)
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	QL(6 ea per 30 days retail)
AMERGE TABS (<i>Use Naratriptan HCl</i>)	GP	QL(9 ea per 30 days retail)
AXERT TABS (<i>Use Almotriptan Malate</i>)	GP	QL(6 ea per 30 days retail)
<i>eletriptan hydrobromide tabs</i>	1	QL(0.2 ea daily)
FROVA TABS (<i>Use Frovatriptan Succinate</i>)	GP	QL(0.3 ea daily)
<i>frovatriptan succinate tabs</i>	1	QL(0.3 ea daily)
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>)	GP	Limit 6 per month;QL(0.2 ea daily)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	GP	QL(2 ml per fill retail,6 ml per fill mail,4 ml per 30 days retail,12 ml per 90 days mail)
IMITREX STATDOSE REFILL SOCT (<i>Use Sumatriptan Succinate</i>)	GP	QL(2 ml per fill retail,6 ml per fill mail,4 ml per 30 days retail,12 ml per 90 days mail)
IMITREX STATDOSE SYSTEM SOAJ (<i>Use Sumatriptan Succinate</i>)	GP	QL(2 ml per fill retail,6 ml per fill mail,4 ml per 30 days retail,12 ml per 90 days mail)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS OR 25 MG, 50 MG, 100 MG (<i>Use Sumatriptan Succinate</i>)	GP	QL(9 ea per 30 days retail,27 ea per 90 days mail)
MAXALT TABS (<i>Use Rizatriptan Benzoate</i>)	GP	QL(12 ea per 30 days retail,36 ea per 90 days mail)
MAXALT-MLT TBDP (<i>Use Rizatriptan Benzoate</i>)	GP	QL(12 ea per 30 days retail,36 ea per 90 days mail)
<i>naratriptan hcl tabs</i>	1	QL(9 ea per 30 days retail)
RELPAX TABS (<i>Use Eletriptan Hydrobromide</i>)	GP	QL(0.2 ea daily)
<i>rizatriptan benzoate tabs</i>	1	QL(12 ea per 30 days retail,36 ea per 90 days mail)
<i>rizatriptan benzoate tbdp</i>	1	QL(12 ea per 30 days retail,36 ea per 90 days mail)
<i>sumatriptan soln</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(2 ml per fill retail,6 ml per fill mail,4 ml per 30 days retail,12 ml per 90 days mail)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	1	Limit 2mls per fill and 4mls per month ;QL(2 ml per fill retail,6 ml per fill mail,4 ml per 30 days retail,12 ml per 90 days mail)
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(2 ml per fill retail,6 ml per fill mail,4 ml per 30 days retail,12 ml per 90 days mail)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(2 ml per fill retail,6 ml per fill mail,4 ml per 30 days retail,12 ml per 90 days mail)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(9 ea per 30 days retail,27 ea per 90 days mail)
<i>zolmitriptan tabs</i>	1	QL(12 ea per 30 days retail,36 ea per 90 days mail)
<i>zolmitriptan tbdp</i>	1	QL(12 ea per 30 days retail,36 ea per 90 days mail)
ZOMIG SOLN NA 5 MG, 2.5 MG	3	QL(6 ea per 30 days retail,18 ea per 90 days mail)
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	GP	QL(12 ea per 30 days retail,36 ea per 90 days mail)
ZOMIG ZMT TBDP (Use Zolmitriptan)	GP	QL(12 ea per 30 days retail,36 ea per 90 days mail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL WAFR	3	
CALCIUM-FOLIC ACID PLUS D WAFR	3	
Fluoride		
FLUORABON SOLN	PV	PV
FLURA-DROPS SOLN	PV	PV
LOZI-FLUR LOZG	PV	PV
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	PV	PV
<i>sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml</i>	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
SODIUM FLUORIDE TABS 0.5 MG, 1 MG	PV	PV
Magnesium		
MAGNEBIND 400 TABS	3	
Phosphate		
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	GP	
K-PHOS TABS	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	1	
Potassium		
EFFER-K TBEF	3	
EFFERVESCENT POTASSIUM/CHLORIDE TBEF	2	
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	GP	
K-TAB TBCR 20 MEQ	3	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	2	
<i>potassium bicarb & chloride tbeif</i>	1	
<i>potassium bicarbonate tbeif</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 20 MEQ	3	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
<i>potassium chloride microencapsulated crystals er tbcf</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln or 10 %, 20 %</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>potassium chloride tbc r or 8 meq, 10 meq</i>	1	
Zinc		
GALZIN CAPS	3	
<i>zinc sulfate caps</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>Use Penicillamine</i>)	GP	PA
DEPEN TITRATABS TABS	2	
<i>penicillamine caps</i>	1	PA
SYPRINE CAPS (<i>Use Trientine HCl</i>)	GP	PA
<i>trientine hcl caps</i>	3	PA
Enzymes		
XIAFLEX SOLR	3	PA
Immunomodulators		
REVLIMID CAPS	AC	PA
THALOMID CAPS	AC	
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	ST
AZASAN TABS	3	
<i>azathioprine tabs</i>	1	
CELLCEPT CAPS (<i>Use Mycophenolate Mofetil</i>)	GP	
CELLCEPT SUSR (<i>Use Mycophenolate Mofetil</i>)	GP	
CELLCEPT TABS (<i>Use Mycophenolate Mofetil</i>)	GP	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified (for microemulsion) soln</i>	1	
ENVARUSUS XR TB24	3	ST
IMURAN TABS (<i>Use Azathioprine</i>)	GP	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil susr</i>	1	
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (<i>Use Mycophenolate Sodium</i>)	GP	
NEORAL CAPS (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	GP	
NEORAL SOLN (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	GP	
PROGRAF CAPS 0.5 MG, 1 MG, 5 MG (<i>Use Tacrolimus</i>)	GP	
RAPAMUNE SOLN (<i>Use Sirolimus</i>)	GP	
RAPAMUNE TABS (<i>Use Sirolimus</i>)	GP	
SANDIMMUNE CAPS 25 MG, 100 MG (<i>Use Cyclosporine</i>)	GP	
SANDIMMUNE SOLN 100 MG/ML	2	
<i>sirolimus soln</i>	1	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG	2	
Potassium Removing Agents		
KAYEXALATE POWD (<i>Use Sodium Polystyrene Sulfonate</i>)	GP	

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
LOKELMA PACK	3	ST
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
VELTASSA PACK	3	ST; Try/Fail on generic Kayexalate
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	3	PA
BENLYSTA SOSY	3	PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM SUSP	3	
<i>lidocaine hcl (mouth-throat) soln</i>	1	
LIDOCAINE HCL SOLN MT 4 %	3	
Anti-infectives - Throat		
<i>clotrimazole lozq</i>	1	
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
ORAVIG TABS	3	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (<i>Use Cevimeline HCl</i>)	GP	
GELCLAIR GEL	3	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (<i>Use Pilocarpine HCl (Oral)</i>)	GP	

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMINS		
Multiple Vitamins & Fluoride-Folic Acid		
MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old)
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old)
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old)
<i>pediatric multivitamins w/fl chew</i>	1	AL(Up to 6 yrs old)
<i>pediatric multivitamins w/fl soln</i>	1	AL(Up to 6 yrs old)
<i>pediatric vitamins acd w/ fluoride soln</i>	1	AL(Up to 6 yrs old)
POLY-VI-FLOR CHEW 200MCG-1MG-15UNIT-400UNIT, 200MCG-0.5MG-15UNIT-400UNIT, 200MCG-0.25MG-15UNIT-400UNIT	3	AL(Up to 6 yrs old)
POLY-VI-FLOR SUSP 200MCG/ML-0.25MG/ML	3	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old)
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old)
TRI-VI-FLOR SUSP	3	
TRI-VI-FLORO SUSP	3	
Ped Multi Vitamins w/Fl & FE		
ESCAVITE D CHEW	3	
MYKIDZ IRON FL SUSP	3	
<i>ped multivitamins w/fl & iron soln</i>	1	
<i>pediatric vitamins acd fluoride & iron soln</i>	1	AL(Up to 6 yrs old)
POLY-VI-FLOR/IRON CHEW 200MCG-0.5MG-10MG-15UNIT-400UNIT	3	AL(Up to 6 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
POLY-VI-FLOR/IRON SUSP 200MCG/ML- 7MG/ML-0.25MG/ML	3	
Prenatal Vitamins		
ACTIVE OB CAPS	3	
ATABEX EC TBEC	2	
ATABEX OB TABS	2	
BAL-CARE DHA MISC	2	
BP MULTINATAL PLUS TABS	2	
C-NATE DHA CAPS	3	
CALCIUM PNV CAPS	3	
CITRANATAL 90 DHA MISC	2	
CITRANATAL ASSURE MISC	2	
CITRANATAL B-CALM MISC	3	
CITRANATAL BLOOM DHA MISC	2	
CITRANATAL BLOOM TABS	3	
CITRANATAL DHA MISC	2	
CITRANATAL HARMONY CAPS	3	
CITRANATAL MEDLEY CAPS	3	
CITRANATAL RX TABS	2	
COMPLETENATE CHEW	2	
CONCEPT DHA CAPS	2	
CONCEPT OB CAPS	2	
CVS PRENATAL TABS	2	
DOTHELLE DHA CAPS	2	
DUET DHA 400 MISC	3	

Drug Name	Drug Tier	Requirements/ Limits
DUET DHA BALANCED MISC	3	
ENBRACE HR CAPS	3	
EXTRA-VIRT PLUS DHA CAPS	3	
FOCALGIN 90 DHA MISC	2	
FOCALGIN CA MISC	2	
FOLCAL DHA CAPS	3	
FOLCAPS OMEGA 3 CAPS	3	
FOLET ONE CAPS	3	
FOLIVANE-OB CAPS	2	
HEMENATAL OB + DHA MISC	2	
HEMENATAL OB TABS	3	
INFANATE BALANCE CAPS	3	
KOSHER PRENATAL PLUS IRON TABS	3	
M-NATAL PLUS TABS	2	RX/OTC
M-VIT TABS	2	RX/OTC
MARNATAL-F CAPS	2	
MULTI PRENATAL TABS	2	
MYNATAL ADVANCE TABS	2	
MYNATAL ULTRACAPLET TABS	2	
MYNATE 90 PLUS TBCR	2	
NATACHEW CHEW	3	
NATELLE ONE CAPS	3	
NEEVO DHA CAPS	3	
NEONATAL PLUS TABS	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL VITAMIN TABS	2	
NESTABS ABC MISC	3	
NESTABS DHA MISC	2	
NESTABS ONE CAPS	3	
NESTABS TABS	3	
NEXA PLUS CAPS	3	
NIVA-PLUS TABS	2	RX/OTC
O-CAL FA TABS	2	RX/OTC
OB COMPLETE ONE CAPS	3	
OB COMPLETE PETITE CAPS	3	
OB COMPLETE PREMIER TABS	3	
OB COMPLETE/DHA CAPS	3	
OBSTETRIX ONE CAPS	3	
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID TABS	3	
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	2	RX/OTC
PNV OB+DHA MISC	2	
PNV PRENATAL PLUS MULTIVITAMIN TABS	2	RX/OTC
PNV TABS 29-1 TABS	3	
PNV-DHA CAPS	3	
PNV-DHA+DOCUSATE CAPS	3	
PNV-OMEGA CAPS	3	
PNV-SELECT TABS	3	
PNV-TOTAL CAPS	3	

Drug Name	Drug Tier	Requirements/ Limits
PNV-VP-U CAPS	2	
PR NATAL 400 EC MISC	2	
PR NATAL 430 EC MISC (Use Prenatal MV & Min w/Fe Bisglyc-Fe Prot Succ-FA-CA-Omega 3)	GP	
PR NATAL 430 MISC (Use Prenatal MV & Min w/Fe Bisglyc-Fe Prot Succ-FA-CA-Omega 3)	GP	
PREFERAOB +DHA MISC	3	
PREMESISRX TABS	3	
PRENA 1 TRUE MISC	3	
PRENA1 CHEW CHEW	3	
PRENA1 PEARL CPR	3	
PRENAISSANCE BALANCE CAPS	3	
PRENAISSANCE CAPS	3	
PRENAISSANCE HARMONY DHA MISC	3	
PRENAISSANCE NEXT TABS	3	
PRENAISSANCE NEXT-B TABS	3	
PRENAISSANCE PLUS CAPS	3	
PRENATA CHEW	2	
PRENATABS RX TABS	3	
PRENATAL 19 CHEW 30UNIT-1000UNIT-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG	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
PRENATAL 19 TABS 1000UNIT-30UNIT-20MG- 25MG-3MG-200MG-29MG- 15MG-3MG-7MG-12MCG- 400UNIT-20MG-1MG- 100MG, 30UNIT- 1000UNIT-20MG-25MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG	3	
PRENATAL LOW IRON TABS	2	
PRENATAL ONE DAILY TABS	2	
PRENATAL PLUS IRON TABS	3	
PRENATAL PLUS TABS	2	RX/OTC
PRENATAL TABS 11UNIT- 263MG-25MG-1.5MG- 27MG-4000UNIT-18MG- 1.7MG-4MCG-400UNIT- 0.8MG-2.6MG-100MG, 160MG-11UNIT-200MG- 25MG-1.84MG-27MG- 4000UNIT-18MG-1.7MG- 4MCG-400UNIT-800MCG- 2.6MG-100MG	2	
PRENATAL TABS 22MG- 2MG-25MG-1.84MG- 200MG-27MG-4000UNIT- 20MG-3MG-12MCG- 400UNIT-1MG-10MG- 120MG	2	RX/OTC
<i>prenatal vit w/ docusate- iron carbonyl-folic acid tabs</i>	1	
<i>prenatal vit w/ ferrous fumarate-folic acid chew</i>	1	
PRENATAL VITAMIN TABS	2	
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
PRENATAL-U CAPS	2	
PRENATE AM TABS	3	
PRENATE CHEW	3	

Drug Name	Drug Tier	Requirements/ Limits
PRENATE DHA CAPS 18MG-600MCG-40UNIT- 300MG-50MG-155MG- 25MCG-400UNIT- 400MCG-26MG-90MG	3	
PRENATE DHA CAPS 600MCG-10UNIT-300MG- 50MG-145MG-28MG- 13MCG-220UNIT- 400MCG-26MG-90MG	2	QL(1 ea daily)
PRENATE ELITE TABS 20MG-600MCG-40UNIT- 150MCG-2600UNIT- 1.5MG-15MG-25MG- 155MG-3MG-21MG- 3.5MG-13MCG-600UNIT- 400MCG-330MCG-21MG- 75MG	3	
PRENATE ELITE TABS 600MCG-10UNIT- 150MCG-2600UNIT- 1.5MG-15MG-25MG-3MG- 100MG-26MG-6MG-21MG- 3.5MG-13MCG-450UNIT- 400MCG-330MCG-21MG- 75MG, 600MCG-10UNIT- 150MCG-2600UNIT- 1.5MG-15MG-15MG- 25MG-3MG-100MG-26MG- 6MG-21MG-3.5MG- 13MCG-450UNIT- 400MCG-330MCG-21MG- 75MG	2	
PRENATE ENHANCE CAPS	3	
PRENATE ESSENTIAL CAPS	3	
PRENATE MINI CAPS	3	
PRENATE PIXIE CAPS	3	
PRENATE RESTORE CAPS	3	
PREPLUS TABS	2	RX/OTC
PRIMACARE CAPS	3	
PROVIDA DHA CAPS	3	

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

Drug Name	Drug Tier	Requirements/ Limits
PROVIDA OB CAPS	2	
R-NATAL OB CAPS	3	
RELNATE DHA CAPS	3	
RIGHT STEP PRENATAL TABS	2	
RULAVITE DHA CAPS	3	
SE-NATAL 19 CHEW 30UNIT-1000UNIT- 100MG-20MG-3MG- 200MG-29MG-7MG-15MG- 3MG-12MCG-400UNIT- 1MG-20MG	2	
SE-NATAL 19 TABS 30UNIT-1000UNIT-20MG- 25MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-3MG-20MG- 1MG-100MG	3	
SELECT-OB CHEW	3	
SELECT-OB+DHA MISC	3	
TARON-BC MISC	3	
TARON-C DHA CAPS	2	
TARON-PREX CAPS	3	
THERANATAL CORE NUTRITION TABS	2	RX/OTC
THRIVITE 19 TABS	3	
THRIVITE RX TABS	3	
TL FOLATE TABS	2	
TL-CARE DHA CAPS	3	
TL-SELECT CAPS	3	
TRI-TABS DHA MISC	2	
TRICARE PRENATAL CHEW	3	

Drug Name	Drug Tier	Requirements/ Limits
TRICARE PRENATAL DHA ONE CAPS	3	
TRICARE PRENATAL DHA ONE/FOLATE CAPS	2	
TRICARE PRENATAL THPK	3	
TRICARE TABS	2	RX/OTC
TRINATAL GT TABS	2	
TRISTART DHA CAPS	3	
TRISTART ONE CAPS	3	
TRIVEEN-PRX RNF CAPS	3	
ULTIMATECARE ONE CAPS	3	
ULTIMATECARE ONE NF CAPS	3	
VEMAVITE-PRX 2 CAPS	3	
VENA-BAL DHA MISC	2	
VIL-RX TABS	3	
VINATE DHA RF CAPS	3	
VINATE II TABS	2	
VIRT-ADVANCE TABS	2	
VIRT-C DHA CAPS	2	
VIRT-NATE DHA CAPS	3	
VIRT-PN DHA CAPS	3	
VIRT-PN PLUS CAPS	3	
VIRT-PN TABS	3	
VIRT-SELECT CAPS	3	
VIRT-VITE GT TABS	2	
VIRTPREX CAPS	3	

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

Drug Name	Drug Tier	Requirements/ Limits
VITAFOL FE+ CPPK	3	
VITAFOL GUMMIES CHEW	3	
VITAFOL ULTRA CAPS	2	
VITAFOL-NANO TABS	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC CAPS	3	
VITAMEDMD REDICHEW RX CHEW	3	
VITAPEARL CPCR	3	
VITATRUE MISC	3	
VIVA DHA CAPS	3	
VOL-PLUS TABS	2	RX/OTC
VOL-TAB RX TABS	3	
VP-CH PLUS CAPS	3	
VP-CH-PNV CAPS	3	
VP-GGR-B6 PRENATAL TABS	3	
VP-HEME OB + DHA MISC	2	
VP-HEME OB TABS	3	
VP-PNV-DHA CAPS	3	
ZATEAN-CH CAPS	3	
ZATEAN-PN DHA CAPS	3	
ZATEAN-PN PLUS CAPS	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 (Use Cyclobenzaprine HCl)	GP	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen tabs 10 mg, 20 mg</i>	1	
BACLOFEN TABS 5 MG	2	
<i>carisoprodol tabs</i>	1	
CHLORZOXAZONE TABS 250 MG, 375 MG, 500 MG, 750 MG	3	
<i>cyclobenzaprine hcl cp24 15 mg, 30 mg</i>	1	ST; QL(1 ea daily)
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg, 7.5 mg</i>	1	
FEXMID TABS (Use Cyclobenzaprine HCl)	GP	
LORZONE TABS	3	
<i>metaxalone tabs</i>	1	
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate tb12</i>	1	
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	GP	
ROBAXIN TABS (Use Methocarbamol)	GP	
ROBAXIN-750 TABS (Use Methocarbamol)	GP	
SKELAXIN TABS (Use Metaxalone)	GP	
SOMA TABS (Use Carisoprodol)	GP	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (Use Tizanidine HCl)	GP	
ZANAFLEX TABS (Use Tizanidine HCl)	GP	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use Dantrolene Sodium)	GP	
<i>dantrolene sodium caps</i>	1	
Muscle Relaxant Combinations		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	
<i>carisoprodol w/ aspirin tabs</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	3	Limit 1 inhaler per month;QL(0.77 gm daily)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	2	
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	GP	QL(1 ml daily)
<i>azelastine hcl soln 0.1 %, 137 mcg/spray</i>	1	Limit 1 inhaler per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.15 %</i>	1	QL(1 ml daily)
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use Olopatadine HCl (Nasal))	GP	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	1	
Nasal Steroids		
BECONASE AQ SUSP	3	Limit 2 inhalers per month;QL(1.67 gm daily)
<i>budesonide (nasal) susp</i>	1	Limit 2 inhalers per month;QL(0.6 ml daily); RX/OTC
FLOANASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	GP	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLOANASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	GP	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
FLOANASE SENSIMIST SUSP	3	Limit 1 inhaler per month;QL(0.34 ml daily)
FLUNISOLIDE SOLN	2	
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.2 gm daily)
NASONEX SUSP (Use Mometasone Furoate (Nasal))	GP	Limit 2 inhalers per month;QL(1.2 gm daily)
OMNARIS SUSP	3	Limit 1 inhaler per month;QL(0.42 gm daily)
QNASL AERS	3	Limit 1 inhaler per month;QL(0.3 gm daily)
QNASL CHILDRENS AERS	3	Limit 1 inhaler per month;QL(0.17 gm daily)
RHINOCORT AQUA SUSP (Use Budesonide (Nasal))	GP	Limit 2 inhalers per month;QL(0.6 ml daily); RX/OTC
ZETONNA AERS	3	Limit 1 inhaler per month;QL(0.3 gm daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS 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
RILUTEK TABS (<i>Use Riluzole</i>)	GP	
<i>riluzole tabs</i>	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Use Levobunolol HCl</i>)	GP	
<i>betaxolol hcl (ophth) soln</i>	1	
BETIMOL SOLN	2	
BETOPTIC-S SUSP	2	
<i>carteolol hcl (ophth) soln</i>	1	
CARTEOLOL HCL SOLN	3	
COMBIGAN SOLN	3	
COSOPT PF SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	GP	
COSOPT SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	GP	
<i>dorzolamide hcl-timolol maleate soln</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	
ISTALOL SOLN	2	
ISTALOL SOLN (<i>Use Timolol Maleate (Ophth)</i>)	GP	
<i>levobunolol hcl soln</i>	1	
METIPRANOLOL SOLN	3	
<i>timolol maleate (ophth) solg</i>	1	
<i>timolol maleate (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG	2	
TIMOPTIC OCUDOSE SOLN	3	
TIMOPTIC SOLN (<i>Use Timolol Maleate (Ophth)</i>)	GP	
TIMOPTIC-XE SOLG 0.25 % (<i>Use Timolol Maleate (Ophth)</i>)	GP	
TIMOPTIC-XE SOLG 0.25 %, 0.5 %	2	
Cycloplegic Mydriatics		
ATROPINE SULFATE OINT OP 1 %	2	
ATROPINE SULFATE SOLN OP 1 %	2	
CYCLOGYL SOLN (<i>Use Cyclopentolate HCl</i>)	GP	
CYCLOMYDRIL SOLN	3	
<i>cyclopentolate hcl soln</i>	1	
<i>homatropine hbr soln</i>	1	
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	GP	
<i>tropicamide soln</i>	1	
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	GP	
PHOSPHOLINE IODIDE SOLR	2	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	2	
ALPHAGAN P SOLN 0.15 % (<i>Use Brimonidine Tartrate</i>)	GP	
<i>apraclonidine 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>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	GP	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	
Ophthalmic Anti-infectives		
AZASITE SOLN	3	Limit 5mls per month;QL(0.17 ml daily)
BACITRACIN OINT	2	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	
BESIVANCE SUSP	3	
BETADINE OPHTHALMIC PREP SOLN	3	
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	GP	
CILOXAN OINT	2	
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	GP	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
GENTAK OINT	2	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN	3	Limit 5mls per month;QL(0.17 ml daily)
<i>levofloxacin (ophth) soln</i>	1	
MOXEZA SOLN	2	
<i>moxifloxacin hcl (ophth) soln</i>	1	QL(3 ml per fill retail,3 ml per fill mail)

Drug Name	Drug Tier	Requirements/Limits
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN	2	
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	GP	
OCUFLOX SOLN (Use Ofloxacin (Ophth))	GP	QL(5 ml per fill retail,5 ml per fill mail)
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail,5 ml per fill mail)
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	GP	
POVIDONE IODINE SOLN	3	
<i>sulfacetamide sodium (ophth) soln</i>	1	
SULFACETAMIDE SODIUM OINT OP	2	
<i>tobramycin (ophth) soln</i>	1	
TOBEX OINT	2	
TOBEX SOLN (Use Tobramycin (Ophth))	GP	
TRIFLURIDINE SOLN	2	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	GP	QL(3 ml per fill retail,3 ml per fill mail)
VIROPTIC SOLN (Use Trifluridine)	GP	
ZIRGAN GEL	3	
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	GP	
Ophthalmic Decongestants		
<i>phenylephrine hcl (ophth) 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
Ophthalmic Immunomodulators		
RESTASIS EMUL	3	Limit 64mls per month;QL(2.14 ml daily)
RESTASIS MULTIDOSE EMUL	3	Limit 64mls per month;QL(2.14 ml daily)
Ophthalmic Integrin Antagonists		
XIIDRA SOLN	3	PA
Ophthalmic Local Anesthetics		
AKTEN GEL	3	
ALCAINE SOLN (Use Proparacaine HCl)	GP	
<i>proparacaine hcl soln</i>	1	
<i>tetracaine hcl (ophth) soln</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	3	PA
Ophthalmic Steroids		
ALREX SUSP	3	
<i>bacitracin-poly-neomycin-hc oint</i>	1	QL(4 gm per fill retail,4 gm per fill mail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
DUREZOL EMUL	3	
FLAREX SUSP	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	GP	

Drug Name	Drug Tier	Requirements/ Limits
FML OINT	2	
LOTEMAX GEL	3	
LOTEMAX OINT	3	
LOTEMAX SUSP (Use Loteprednol Etabonate)	GP	
<i>loteprednol etabonate susp</i>	1	
MAXIDEX SUSP	2	
MAXITROL OINT (Use Neomycin-Polymy-Dexameth)	GP	
MAXITROL SUSP (Use Neomycin-Polymy-Dexameth)	GP	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	GP	
PRED FORTE SUSP	2	
PRED MILD SUSP	2	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	3	
PREDNISOLONE ACETATE P-F SUSP	2	
PREDNISOLONE ACETATE SUSP	2	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	2	
<i>sulfacetamide sod-prednisolone soln</i>	1	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN	2	

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

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX OINT	3	
TOBRADEX ST SUSP	3	
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	GP	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail)
ZYLET SUSP	3	Limit 5mls per fill;QL(5 ml per fill retail,5 ml per fill mail)
Ophthalmic Surgical Aids		
GELFILM OP FILM	3	
Ophthalmics - Misc.		
ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth))	GP	
ACULAR SOLN (Use Ketorolac Tromethamine (Ophth))	GP	
ACUVAIL SOLN	3	
ALOCRIOL SOLN	3	
ALOMIDE SOLN	2	
<i>azelastine hcl (ophth) soln</i>	1	
AZOPT SUSP	2	Limit 10mls per month;QL(0.4 ml daily)
BEPREVE SOLN	3	ST; Limit 10mls per month;QL(0.34 ml daily)
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	3	
BROMSITE SOLN	3	
<i>cromolyn sodium (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
CYSTARAN SOLN	3	Limit 4 bottles per month;QL(2.15 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
DORZOLAMIDE HCL SOLN	2	
<i>dorzolamide hcl soln</i>	1	
ELESTAT SOLN (Use Epinastine HCl (Ophth))	GP	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
FLURBIPROFEN SODIUM SOLN	2	
ILEVRO SUSP	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	
LASTACFT SOLN	3	ST
NEVANAC SUSP	3	
<i>olopatadine hcl soln 0.1 %</i>	1	Limit 10mls per month;QL(0.34 ml daily)
<i>olopatadine hcl soln 0.2 %</i>	1	QL(0.09 ml daily)
PAREMYD SOLN	3	
PATADAY SOLN (Use Olopatadine HCl)	GP	QL(0.09 ml daily)
PATANOL SOLN (Use Olopatadine HCl)	GP	Limit 10mls per month;QL(0.34 ml daily)
PROLENSA SOLN	3	
TRUSOPT SOLN (Use Dorzolamide HCl)	GP	
Prostaglandins - Ophthalmic		

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>bimatoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
<i>latanoprost soln</i>	1	
LATANOPROST SOLN	2	
LUMIGAN SOLN	2	
RESCULA SOLN	3	Limit 5mls per month;QL(0.17 ml daily)
TRAVATAN Z SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)
XALATAN SOLN (Use Latanoprost)	GP	
ZIOPTAN SOLN	3	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
ACETIC ACID/ALUMINUM ACETATE SOLN	2	
Otic Anti-infectives		
CETRAXAL SOLN (Use Ciprofloxacin HCl (Otic))	GP	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN (Use Ofloxacin (Otic))	GP	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	QL(8 ml per fill retail,8 ml per fill mail)
COLY-MYCIN S SUSP	3	
CORTANE-B AQUEOUS SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
CORTANE-B-OTIC SOLN (Use Pramoxine-HC-Chloroxylenol)	GP	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTICIN HC NR SOLN (Use Pramoxine-HC-Chloroxylenol)	GP	
OTOVEL SOLN	3	Limit 1 bottle per month;QL(0.5 ea daily)
PRAMOTIC LIQD	3	
<i>pramoxine-hc-chloroxylenol soln</i>	1	
Otic Steroids		
DERMOTIC OIL (Use Fluocinolone Acetonide (Otic))	GP	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	QL(10 ml per fill retail,30 ml per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs</i>	1	
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	

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>ampicillin caps 250 mg, 500 mg</i>	1	
AMPICILLIN CAPS 500 MG	2	
<i>ampicillin susr 125 mg/5ml, 250 mg/5ml</i>	1	
MOXATAG TB24	3	PA; QL(1 ea daily)
Natural Penicillins		
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1	
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12	2	
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	GP	
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	2	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	GP	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	GP	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	GP	
Penicillinase-Resistant Penicillins		

Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin sodium caps</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	GP	
<i>hydroxyprogesterone caproate oil</i>	3	PA
MAKENA OIL IM 250 MG/ML (Use Hydroxyprogesterone Caproate)	GP	PA
MAKENA SOAJ SC 275 MG/1.1ML	3	PA
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	GP	
<i>megestrol acetate (appetite) susp</i>	1	
<i>norethindrone acetate tabs</i>	1	
<i>progesterone micronized caps</i>	1	QL(2 ea daily)
<i>progesterone oil</i>	1	
PROMETRIUM CAPS (Use Progesterone Micronized)	GP	QL(2 ea daily)
PROVERA TABS (Use Medroxyprogesterone Acetate)	GP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use Disulfiram)	GP	
<i>disulfiram tabs</i>	1	
Anti-Cataplectic Agents		
XYREM SOLN	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents		
ARICEPT TABS (<i>Use Donepezil Hydrochloride</i>)	GP	QL(1 ea daily)
<i>donepezil hydrochloride tabs</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
EXELON PT24 (<i>Use Rivastigmine</i>)	GP	
<i>galantamine hydrobromide cp24</i>	1	
<i>galantamine hydrobromide soln</i>	1	
<i>galantamine hydrobromide tabs</i>	1	
<i>memantine hcl cp24 7 mg, 14 mg, 21 mg, 28 mg</i>	1	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>)	GP	
NAMENDA TITRATION PAK TABS (<i>Use Memantine HCl</i>)	GP	
NAMENDA XR CP24 (<i>Use Memantine HCl</i>)	GP	PA
RAZADYNE ER CP24 (<i>Use Galantamine Hydrobromide</i>)	GP	
RAZADYNE TABS (<i>Use Galantamine Hydrobromide</i>)	GP	
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS	3	
<i>olanzapine-fluoxetine hcl caps</i>	1	
PERPHENAZINE/AMITRIPTYLINE TABS	3	

Drug Name	Drug Tier	Requirements/Limits
SYMBYAX CAPS (<i>Use Olanzapine-Fluoxetine HCl</i>)	GP	
Fibromyalgia Agents		
SAVELLA TABS	3	PA; QL(2 ea daily)
Hypoactive Sexual Desire Disorder (HSDD)		
ADDYI TABS	3	PA; QL(1 ea daily)
Movement Disorder Drug Therapy		
AUSTEDO TABS	3	PA
INGREZZA CAPS	3	PA
INGREZZA CPPK	3	PA
<i>tetrabenazine tabs</i>	3	
XENAZINE TABS (<i>Use Tetrabenazine</i>)	GP	
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use Dalfampridine</i>)	GP	PA
AUBAGIO TABS	3	PA
AVONEX KIT	3	PA
AVONEX PEN AJKT	3	PA
AVONEX PSKT	3	PA
BETASERON KIT	3	PA
COPAXONE SOSY (<i>Use Glatiramer Acetate</i>)	GP	PA
<i>dalfampridine tb12</i>	1	PA
EXTAVIA KIT	3	PA
GILENYA CAPS	3	PA
<i>glatiramer acetate sosy 20 mg/ml</i>	1	PA
<i>glatiramer acetate sosy 40 mg/ml</i>	3	PA
PLEGRIDY SOPN	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SOSY	3	PA
PLEGRIDY STARTER PACK SOPN	3	PA
PLEGRIDY STARTER PACK SOSY	3	PA
REBIF REBIDOSE SOAJ	3	PA
REBIF REBIDOSE TITRATIONPACK SOAJ	3	PA
REBIF SOSY	3	PA
REBIF TITRATION PACK SOSY	3	PA
TECFIDERA CPDR	3	PA
TECFIDERA STARTER PACK MISC	3	PA
ZINBRYTA SOSY	3	PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE TABS	3	PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS	2	
<i>fluoxetine hcl (pmdd) tabs</i>	1	
SARAFEM TABS (<i>Use Fluoxetine HCl (PMDD)</i>)	GP	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	3	
ORAP TABS (<i>Use Pimozide</i>)	GP	
PIMOZIDE TABS	3	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	QL(1 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	PV	PV

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTHPAK TABS	PV	PV
CHANTIX STARTING MONTH PAK TABS	PV	PV
CHANTIX TABS	PV	PV
NICODERM CQ PT24 (<i>Use Nicotine</i>)	GP	PV
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	GP	PV
NICORETTE LOZG (<i>Use Nicotine Polacrilex</i>)	GP	PV
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	GP	PV
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	GP	PV
<i>nicotine polacrilex gum</i>	PV	PV
<i>nicotine polacrilex lozg</i>	PV	PV
<i>nicotine pt24</i>	PV	PV
NICOTINE TRANSDERMAL SYSTEM KIT	PV	PV
NICOTROL INHALER INHA	PV	PV
NICOTROL NS SOLN	PV	PV
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	GP	PV
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	3	PA
Vasomotor Symptom Agents		
BRISDELLE CAPS (<i>Use Paroxetine Mesylate (Vasomotor)</i>)	GP	
<i>paroxetine mesylate (vasomotor) caps</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis 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
KALYDECO PACK	3	PA
KALYDECO TABS	3	PA
ORKAMBI PACK	3	PA
ORKAMBI TABS	3	PA
PULMOZYME SOLN	3	PA; Limited to 75mls per month;QL(2.5 ml daily)
SYMDEKO TBPk	3	PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS	3	PA
ESBRIET TABS	3	PA
OFEV CAPS	3	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ACTICLATE TABS (Use Doxycycline Hyclate)	GP	PA
demeclocycline hcl tabs	1	
DORYX TBEC 200 MG (Use Doxycycline Hyclate)	GP	PA
doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg, 150 mg	1	
doxycycline (monohydrate) susr 25 mg/5ml	1	
doxycycline (monohydrate) tabs 50 mg, 100 mg	1	
doxycycline (monohydrate) tabs 75 mg, 150 mg	1	ST
doxycycline hyclate caps 50 mg, 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate tabs 20 mg, 100 mg	1	
doxycycline hyclate tabs 75 mg, 150 mg	1	PA
doxycycline hyclate tbec 200 mg	1	PA
doxycycline hyclate tbec 75 mg, 100 mg, 150 mg	1	ST
MINOCIN CAPS (Use Minocycline HCl)	GP	
minocycline hcl caps 50 mg, 75 mg, 100 mg	1	
minocycline hcl tabs 50 mg, 100 mg	1	
minocycline hcl tabs 75 mg	1	PA
minocycline hcl tb24 45 mg, 55 mg, 65 mg, 80 mg, 90 mg, 105 mg, 115 mg, 135 mg	1	ST
MONODOX CAPS (Use Doxycycline (Monohydrate))	GP	
SOLODYN TB24 (Use Minocycline HCl)	GP	ST
tetracycline hcl caps 250 mg, 500 mg	1	
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	GP	
VIBRAMYCIN SUSR 25 MG/5ML (Use Doxycycline (Monohydrate))	GP	
VIBRAMYCIN SYRP 50 MG/5ML	2	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	1	
propylthiouracil tabs	1	
TAPAZOLE TABS (Use Methimazole)	GP	
Thyroid Hormones		

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
ARMOUR THYROID TABS 15 MG, 120 MG (<i>Use Thyroid</i>)	GP	
ARMOUR THYROID TABS 30 MG, 60 MG, 90 MG, 180 MG, 240 MG, 300 MG	2	
CYTOMEL TABS (<i>Use Liothyronine Sodium</i>)	GP	
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS (<i>Use Levothyroxine Sodium</i>)	GP	
<i>thyroid tabs</i>	1	
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	3	
WESTHROID TABS	2	
WP THYROID TABS	2	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (<i>Use Hyoscyamine Sulfate</i>)	GP	

Drug Name	Drug Tier	Requirements/Limits
BELLADONNA/OPIUM SUPP	3	
BENTYL CAPS (<i>Use Dicyclomine HCl</i>)	GP	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
CUVPOSA SOLN	2	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
GLYCATE TABS	3	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE TABS OR 1.5 MG	3	
<i>hyoscyamine sulfate subl</i>	1	
<i>hyoscyamine sulfate tb12</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
LEVBIID TB12 (<i>Use Hyoscyamine Sulfate</i>)	GP	
LEVSIN/SL SUBL (<i>Use Hyoscyamine Sulfate</i>)	GP	
LIBRAX CAPS (<i>Use Chlordiazepoxide HCl-Clidinium Bromide</i>)	GP	
<i>methscopolamine bromide tabs</i>	1	
<i>propantheline bromide tabs</i>	1	
ROBINUL FORTE TABS (<i>Use Glycopyrrolate</i>)	GP	
ROBINUL TABS (<i>Use Glycopyrrolate</i>)	GP	
H-2 Antagonists		
CIMETIDINE HCL SOLN	2	
<i>cimetidine tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 40 mg</i>	1	QL(2 ea daily)
<i>nizatidine caps 150 mg, 300 mg</i>	1	
NIZATIDINE SOLN 15 MG/ML	2	
PEPCID SUSR 40 MG/5ML (Use Famotidine)	GP	
PEPCID TABS 40 MG (Use Famotidine)	GP	QL(2 ea daily)
<i>ranitidine hcl caps</i>	1	
<i>ranitidine hcl syrp</i>	1	
<i>ranitidine hcl tabs</i>	1	
ZANTAC TABS (Use Ranitidine HCl)	GP	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	
CARAFATE TABS 1 GM (Use Sucralfate)	GP	
<i>sucralfate tabs</i>	1	
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP	3	PA
ACIPHEX TBEC (Use Rabeprazole Sodium)	GP	PA; QL(2 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1	PA; QL(1 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	1	PA; QL(1 ea daily)
ESOMEPRAZOLE STRONTIUM CPDR 49.3 MG, 24.65 MG	3	PA; QL(1 ea daily)
FIRST-LANSOPRAZOLE SUSP	3	PA
FIRST-OMEPRAZOLE SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cpdr 30 mg</i>	1	
<i>lansoprazole tbdp 15 mg, 30 mg</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
NEXIUM 24HR CLEAR MINIS CPDR (Use Esomeprazole Magnesium)	GP	PA; QL(1 ea daily); RX/OTC
NEXIUM 24HR CPDR (Use Esomeprazole Magnesium)	GP	PA; QL(1 ea daily); RX/OTC
NEXIUM CPDR 20 MG (Use Esomeprazole Magnesium)	GP	PA; QL(1 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium)	GP	PA; QL(1 ea daily)
NEXIUM PACK 5 MG, 10 MG, 20 MG, 40 MG, 2.5 MG	3	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	RX/OTC
<i>pantoprazole sodium tbec</i>	1	
PREVACID CPDR (Use Lansoprazole)	GP	
PREVACID SOLUTAB TBDP (Use Lansoprazole)	GP	QL(1 ea daily); AL(Up to 12 yrs old)
PRILOSEC PACK	3	PA
PROTONIX PACK 40 MG	3	
PROTONIX TBEC 20 MG, 40 MG (Use Pantoprazole Sodium)	GP	
<i>rabeprazole sodium tbec</i>	1	PA; QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use Misoprostol)	GP	
<i>misoprostol tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1	
OMECLAMOX-PAK MISC	3	
<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	1	PA
<i>omeprazole-sodium bicarbonate pack 20mg-1680mg, 40mg-1680mg</i>	1	
PREVPAC MISC (Use Amoxicillin-Clarithromycin w/ Lansoprazole)	GP	
PYLERA CAPS	3	
ZEGERID CAPS 40MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	GP	PA
ZEGERID PACK 20MG-1680MG, 40MG-1680MG (Use Omeprazole-Sodium Bicarbonate)	GP	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
HYOPHEN TABS	3	
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal tabs</i>	1	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal caps</i>	1	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal tabs</i>	1	
URIMAR-T TABS	3	
Urinary Anti-infectives		
FURADANTIN SUSP (Use Nitrofurantoin)	GP	
HIPREX TABS (Use Methenamine Hippurate)	GP	

Drug Name	Drug Tier	Requirements/ Limits
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	GP	
MACRODANTIN CAPS (Use Nitrofurantoin Macrocrystal)	GP	
<i>methenamine hippurate tabs</i>	1	
<i>methenamine mandelate tabs 0.5 gm, 1 gm</i>	1	
MONUROL PACK	3	
<i>nitrofurantoin macrocrystal caps</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	
DETROL LA CP24 (Use Tolterodine Tartrate)	GP	QL(1 ea daily)
DETROL TABS 1 MG (Use Tolterodine Tartrate)	GP	QL(2 ea daily)
DETROL TABS 2 MG (Use Tolterodine Tartrate)	GP	
DITROPAN XL TB24 (Use Oxybutynin Chloride)	GP	
ENABLEX TB24 (Use Darifenacin Hydrobromide)	GP	
GELNIQUE GEL	3	
GELNIQUE PUMP GEL	3	
<i>oxybutynin chloride syrp</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<i>solifenacin succinate tabs</i>	1	
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	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>tolterodine tartrate tabs 1 mg</i>	1	QL(2 ea daily)
<i>tolterodine tartrate tabs 2 mg</i>	1	
TOVIAZ TB24	2	QL(1 ea daily)
<i>trospium chloride cp24</i>	1	
<i>trospium chloride tabs</i>	1	
VESICARE TABS (<i>Use Solifenacin Succinate</i>)	GP	
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	GP	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
PEDVAX HIB SUSP	PV	PV
VIVOTIF BERNA CPDR	3	QL(4 ea per fill retail)
VIVOTIF CPDR	3	QL(4 ea per fill retail)
Viral Vaccines		
FLUCELVAX QUADRIVALENT 2016-2017 SUSY	PV	PV
FLUCELVAX QUADRIVALENT 2017-2018 SUSY	PV	PV
FLUCELVAX QUADRIVALENT 2018-2019 SUSY	PV	PV
GARDASIL 9 SUSP	PV	PV
GARDASIL 9 SUSY	PV	PV

Drug Name	Drug Tier	Requirements/Limits
GARDASIL SUSP	PV	PV
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Miscellaneous Vaginal Products		
FEM PH GEL (<i>Use Acetic Acid-Oxyquinoline Vaginal</i>)	GP	
INTRAROSA INST	3	
RELAGARD GEL (<i>Use Acetic Acid-Oxyquinoline Vaginal</i>)	GP	
Spermicides		
ENCARE SUPP	PV	PV
<i>nonoxynol-9 gel</i>	PV	PV
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (<i>Use Nonoxynol-9</i>)	GP	PV
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	PV	PV
SHUR-SEAL GEL	PV	PV
TODAY SPONGE MISC	PV	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	PV	PV
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	PV	PV
Vaginal Anti-infectives		
AVC CREA	3	
CLEOCIN CREA VA 2 % (<i>Use Clindamycin Phosphate Vaginal</i>)	GP	
CLEOCIN SUPP VA 100 MG	3	
<i>clindamycin phosphate vaginal crea</i>	1	
CLINDESSE CREA	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
GYNAZOLE-1 CREA	3	
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	GP	
<i>metronidazole vaginal gel</i>	1	
TERAZOL 7 CREA (Use Terconazole Vaginal)	GP	
TERCONAZOLE CREA	2	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Estrogens		
ESTRACE CREA (Use Estradiol Vaginal)	GP	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
ESTRING RING	3	
FEMRING RING	3	QL(1 ea per 90 days retail, 1 ea per 90 days mail)
PREMARIN CREA	2	
VAGIFEM TABS (Use Estradiol Vaginal)	GP	
Vaginal Progestins		
CRINONE GEL	3	PA
ENDOMETRIN INST	3	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL(4 ea per fill retail)
EPIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	2	PA; QL(4 ea per fill retail)
EPIPEN-JR 2-PAK SOAJ	2	PA; QL(4 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS	3	PA
Vasopressors		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD	PV	AL(At least 65 yrs old); PV
<i>cholecalciferol caps</i>	PV	AL(At least 65 yrs old); PV
<i>cholecalciferol chew</i>	PV	AL(At least 65 yrs old); PV
<i>cholecalciferol liqd</i>	PV	AL(At least 65 yrs old); PV
<i>cholecalciferol tabs</i>	PV	AL(At least 65 yrs old); PV
D-VI-SOL LIQD (Use Cholecalciferol)	GP	AL(At least 65 yrs old); PV
DRISDOL CAPS (Use Ergocalciferol)	GP	
<i>ergocalciferol caps</i>	1	
MEPHYTON TABS (Use Phytonadione)	GP	
<i>phytonadione tabs</i>	1	
VITAMIN D2 TABS	PV	AL(At least 65 yrs old); PV
VITAMIN D3 LIQD	PV	AL(At least 65 yrs old); PV
WELLESSE VITAMIN D3 LIQD	PV	AL(At least 65 yrs old); PV
Water Soluble Vitamins		
AMINO BENZOATE POTASSIUM PACK	3	
POTABA CAPS	3	

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

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acebutolol hcl	41	AFINITOR DISPERZ	33	alprazolam	11
ACEON	28	AGGRENOLX	69	ALPRAZOLAM INTENSOL	11
acetaminophen w/ codeine	7	AGRYLIN	69	ALREX	90
acetazolamide	61	AIMOVIG	77	ALTABAX	51
acetic acid (otic)	92	AIMSCO LUBRICATED	73	ALTACE	28
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acetylcysteine	48	AIRDUO RESPICLICK 232/14	14	ALUNBRIG	33
ACIPHEX	98	AIRDUO RESPICLICK 55/14	14	ALVESCO	13
ACIPHEX SPRINKLE	98	AJOVY	77	amantadine hcl	35
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ACTIVE OB	82	albuterol sulfate	14	AMERGE	78
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ACTONEL	62	ALCAINE	90	amiloride & hydrochlorothiazide	61
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ACTOPLUS MET XR	21	ALCORTIN A	51	AMINO BENZOATE POTASSIUM	101
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ACULAR	91	ALDACTONE	62	amiodarone hcl	12
ACULAR LS	91	ALDARA	58	AMITIZA	67
ACUVAIL	91	ALECENSA	33	amitriptyline hcl	20
acyclovir	40	ALENDRONATE SODIUM	62	amlodipine besylate	42
acyclovir topical	54	alendronate sodium	62	amlodipine besylate-atorvastatin calcium	43
ACZONE	49	alendronate sodium	62	amlodipine besylate-benazepril hcl	29
ADALAT CC	42	alendronate sodium	62	amlodipine besylate-olmesartan medoxomil	29
adapalene	49	alendronate sodium	62	amlodipine besylate- valsartan	29
ADAPALENE	49				
adapalene-benzoyl peroxide	49				
ADCIRCA	43				

amlodipine-valsartan- hydrochlorothiazide	29	ARIKAYCE	3	ATLAS LUBRICATED CONDOM	73
AMOXAPINE	20	ARIMIDEX	32	ATLAS LUBRICATED CONDOM/SPERMICIDE	73
amoxicillin	92	aripiprazole	37	atomoxetine hcl	2
amoxicillin & pot clavulanate	93	ARIXTRA	16	atorvastatin calcium	27
amoxicillin-clarithromycin w/ lansoprazole	99	armodafinil	2	atovaquone	10
AMOXICILLIN/CLAVULANATE POTASSIUM ER	93	ARMONAIR RESPICLICK 113	13	atovaquone-proguanil hcl	30
amphetamine- dextroamphetamine	1	ARMONAIR RESPICLICK 232	13	ATRALIN	49
ampicillin	93	ARMONAIR RESPICLICK 55	13	ATRIPLA	38
AMPICILLIN	93	ARMOUR THYROID	97	ATROPINE SULFATE	88
ampicillin	93	ARNUITY ELLIPTA	13	ATROVENT HFA	12
AMPYRA	94	AROMASIN	32	AUBAGIO	94
AMRIX	86	ARTHROTEC 50	4	AUGMENTED BETAMETHASONE DIPROPIONATE	54
ANADROL-50	8	ARTHROTEC 75	4	AUGMENTIN	93
ANAFRANIL	20	ARYMO ER	6	AUGMENTIN ES-600	93
anagrelide hcl	70	ASACOL HD	67	AUGMENTIN XR	93
ANALPRAM HC	9	ASCRIPTIN	6	AUSTEDO	94
ANALPRAM HC SINGLES	9	ASMANEX HFA	13	AVALIDE	29
ANALPRAM-HC	9	ASMANEX TWISTHALER 120 METERED DOSES	13	AVANDIA	22
ANAPROX DS	4	ASMANEX TWISTHALER 14 METERED DOSES	13	AVAPRO	28
ANASPAZ	97	ASMANEX TWISTHALER 30 METERED DOSES	13	AVAR	49
anastrozole	32	ASMANEX TWISTHALER 30 METERED DOSES	13	AVAR LS	49
ANCOBON	25	ASMANEX TWISTHALER 60 METERED DOSES	13	AVAR LS CLEANSER	49
ANDRODERM	9	ASMANEX TWISTHALER 60 METERED DOSES	13	AVAR-E LS	49
ANDROGEL	9	ASMANEX TWISTHALER 7 METERED DOSES	13	AVC	100
ANDROGEL PUMP	9	aspirin	6	AVELOX	66
ANDROXY	9	ASPIRIN-CAFFEINE- DIHYDROCODEINE	7	AVODART	69
ANGELIQ	65	aspirin-dipyridamole	70	AVONEX	94
ANORO ELLIPTA	14	ASSURE ID SAFETY PEN NEEDLES 30G X 3/16"	75	AVONEX PEN	94
ANTABUSE	93	ASTAGRAF XL	80	AXERT	78
ANTARA	26	ASTEPRO	87	AXIRON	9
ANUSOL-HC	9	ATABEX EC	82	AYGESTIN	93
ANZEMET	24	ATABEX OB	82	AZASAN	80
APEXICON E	54	ATACAND	28	AZASITE	89
APLENZIN	19	ATACAND HCT	29	azathioprine	80
apraclonidine hcl	88	atazanavir sulfate	38	azelaic acid	59
aprepitant	25	ATELVIA	62	azelastine hcl	87
APRISO	67	atenolol	41	azelastine hcl (ophth)	91
APTIOM	16,17	atenolol & chlorthalidone	29	AZELEX	49
APTIVUS	38	ATIVAN	12	AZILECT	36
ARANESP ALBUMIN FREE	70	ATLAS COLORED CONDOM/SPERMICIDE	73	AZITHROMYCIN	72
ARAVA	5	ATLAS COLORED LUBRICATEDCONDOM	73	azithromycin	72
ARCALYST	3			AZOPT	91
ARCAPTA NEOHALER	14			AZOR	29
ARICEPT	94			AZULFIDINE	67

AZULFIDINE EN-TABS.....	67	betamethasone valerate... 54	BROVANA.....	14
BABY DDROPS.....	101	BETAPACE.....	budesonide.....	46
BACITRACIN.....	89	BETAPACE AF.....	budesonide (inhalation).....	13
bacitracin-poly-neomycin-hc	90	BETASERON.....	budesonide (nasal).....	87
bacitracin-polymyxin b		betaxolol hcl.....	bumetanide.....	62
(ophth).....	89	betaxolol hcl (ophth).....	BUMEX.....	62
baclofen.....	86	bethanechol chloride.....	BUNAVAIL.....	8
BACLOFEN.....	86	BETHKIS.....	BUPHENYL.....	64
BACTRIM.....	10	BETIMOL.....	buprenorphine.....	8
BACTRIM DS.....	10	BETOPTIC-S.....	BUPRENORPHINE.....	8
BACTROBAN.....	51	BEVESPI AEROSPHERE.....	buprenorphine hcl.....	8
BACTROBAN NASAL.....	87	BEVYXXA.....	buprenorphine hcl-naloxone hcl	
BAL-CARE DHA.....	82	bexarotene.....	dihydrate.....	8
BALCOLTRA.....	45	BEYAZ.....	bupropion hcl.....	19
balsalazide disodium.....	67	bicalutamide.....	bupropion hcl (smoking	
BALVERSA.....	33	BIDIL.....	deterrent).....	95
BANZEL.....	17	BILTRICIDE.....	BUPROPION	
BARACLUDE.....	40	bimatoprost.....	HYDROCHLORIDE ER (XL).....	19
BAXDELA.....	66	BINOSTO.....	bupirone hcl.....	11
BD AUTOSHIELD DUO 30G X		BIO-STATIN.....	butalbital-acetaminophen.....	5
5MM.....	75	bisacodyl-peg 3350-pot	butalbital-acetaminophen-	
BECONASE AQ.....	87	chloride-sod bicarb-sod	caffeine.....	5
BELBUCA.....	8	chloride.....	butalbital-acetaminophen-	
BELLADONNA/OPIUM.....	97	bisoprolol &	caffeine w/ codeine.....	7
BELSOMRA.....	71	hydrochlorothiazide.....	butalbital-aspirin-caffeine.....	5
BELVIQ.....	1	bisoprolol fumarate.....	w/cod.....	7
BELVIQ XR.....	2	BLEPH-10.....	BUTISOL SODIUM.....	71
benazepril &		BLEPHAMIDE.....	butorphanol tartrate.....	8
hydrochlorothiazide.....	29	BLEPHAMIDE S.O.P.....	BUTRANS.....	8
benazepril hcl.....	28	BONIVA.....	BYDUREON.....	22
BENICAR.....	28	BONJESTA.....	BYDUREON BCISE.....	22
BENICAR HCT.....	29	bosentan.....	BYDUREON PEN.....	22
BENLYSTA.....	81	BOSULIF.....	BYETTA.....	22
BENSAL HP.....	58	BP CLEANSING WASH.....	BYSTOLIC.....	41
BENTYL.....	97	BP MULTINATAL PLUS.....	BYVALSON.....	29
BENZACLIN.....	49	BRAFTOVI.....	C-NATE DHA.....	82
BENZACLIN WITH PUMP.....	49	BRAVELLE.....	cabergoline.....	65
BENZNIDAZOLE.....	10	BREO ELLIPTA.....	CABOMETYX.....	33
benzonatate.....	47	BREVICON-28.....	CADUET.....	43
benztropine mesylate.....	35	BRILINTA.....	CAFERGOT.....	77
BEPREVE.....	91	brimonidine tartrate.....	caffeine citrate.....	1
BESIVANCE.....	89	BRISDELLE.....	CALAN.....	42
BETADINE OPHTHALMIC		BROMFENAC.....	CALAN SR.....	42
PREP.....	89	bromfenac sodium (ophth).....	CALCIFOL.....	79
BETAGAN.....	88	bromocriptine mesylate.....	calcipotriene.....	53
betamethasone dipropionate		BROMPHENIRAMINE	calcipotriene-betamethasone	
(topical).....	54	TANNATE.....	dipropionate.....	54
betamethasone dipropionate		BROMSITE.....	calcitonin (salmon).....	62
augmented.....	54			

CALCITRIOL.....	53	carvedilol phosphate.....	41	chloroquine phosphate.....	31
calcitriol.....	64	CASODEX.....	32	chlorothiazide.....	62
calcium acetate (phosphate binder).....	68	CATAPRES.....	28	chlorpromazine hcl.....	37
CALCIUM PNV.....	82	CAYA.....	73	CHLORPROPAMIDE.....	23
CALCIUM-FOLIC ACID PLUS D.....	79	CEDAX.....	44	chlorthalidone.....	62
CALQUENCE.....	33	cefaclor.....	44	CHLORZOAZONE.....	86
CAMBIA.....	77	CEFACLOR.....	44	CHOLBAM.....	66
CANASA.....	67	CEFACLOR ER.....	44	cholecalciferol.....	101
candesartan cilexetil.....	28	cefadroxil.....	44	cholestyramine.....	26
candesartan cilexetil-hydrochlorothiazide.....	29	cefdinir.....	44	cholestyramine light.....	26
capecitabine.....	32	CEFDITOREN PIVOXIL.....	44	choline & mag salicylate.....	6
CAPEX.....	54	cefixime.....	44	choline fenofibrate.....	27
CAPRELSA.....	33	cefpodoxime proxetil.....	44	CHORIONIC GONADOTROPIN.....	63
capsaicin-menthol.....	59	cefprozil.....	44	CIALIS.....	43
captopril.....	28	CEFTIBUTEN.....	44	CICLODAN SOLUTION KIT.....	52
captopril & hydrochlorothiazide.....	29	CEFTIN.....	44	ciclopirox.....	52
CAPTOPRIL/HYDROCHLOROTHIAZIDE.....	29	cefuroxime axetil.....	44	ciclopirox olamine.....	52
HAZIDE.....	29	CELEBREX.....	4	cilostazol.....	70
CARAC.....	53	celecoxib.....	4	CILOXAN.....	89
CARAFATE.....	98	CELEXA.....	19	cimetidine.....	97
CARBAGLU.....	64	CELLCEPT.....	80	CIMETIDINE HCL.....	97
carbamazepine.....	17	CELONTIN.....	18	CIMZIA.....	67
CARBAPHEN 12.....	47	CEM-UREA.....	57	CIMZIA STARTER KIT.....	67
CARBAPHEN 12 PED.....	47	CENTANY.....	51	cinacalcet hcl.....	64
CARBATROL.....	17	CENTANY AT.....	51	CIPRO.....	66
carbidopa.....	35	cephalexin.....	44	CIPRO HC.....	92
carbidopa-levodopa.....	35	CEPHALEXIN.....	44	CIPRODEX.....	92
CARBIDOPA/LEVODOPA/ENTERIC COATED.....	35	CERACADE.....	59	ciprofloxacin.....	66
carbinoxamine maleate.....	25,26	CERDELGA.....	70	CIPROFLOXACIN ER.....	66
carbonyl iron.....	71	CESAMET.....	24	ciprofloxacin hcl.....	66
CARDIZEM.....	42	CETACAINE.....	59	ciprofloxacin hcl (ophth).....	89
CARDIZEM CD.....	42	CETRAXAL.....	92	ciprofloxacin hcl (otic).....	92
CARDIZEM LA.....	42	CETROTIDE.....	63	citalopram hydrobromide.....	19
CARDURA.....	28	cevimeline hcl.....	81	CITRANATAL 90 DHA.....	82
CARDURA XL.....	69	CHANTIX.....	95	CITRANATAL ASSURE.....	82
carisoprodol.....	86	CHANTIX CONTINUING MONTHPAK.....	95	CITRANATAL B-CALM.....	82
carisoprodol w/ aspirin.....	87	CHANTIX STARTING MONTHPAK.....	95	CITRANATAL BLOOM.....	82
carisoprodol w/ aspirin & codeine.....	87	CHEMET.....	24	CITRANATAL BLOOM DHA.....	82
CARNITOR.....	64	CHENODAL.....	67	CITRANATAL DHA.....	82
CARNITOR SF.....	64	chlordiazepoxide hcl.....	12	CITRANATAL HARMONY.....	82
CARTEOLOL HCL.....	88	chlordiazepoxide hcl-clidinium bromide.....	97	CITRANATAL MEDLEY.....	82
carteolol hcl (ophth).....	88	CHLORDIAZEPOXIDE/AMITRIPTYLINE.....	94	CITRANATAL RX.....	82
carvedilol.....	41	CHLOROQUINE PHOSPHATE.....	31	CLARINEX.....	26
				CLARINEX-D 12 HOUR.....	47
				clarithromycin.....	73

CLARITHROMYCIN.....	73	clozapine.....	37	CORTENEMA.....	9
clarithromycin.....	73	CLOZAPINE ODT.....	37	CORTIFOAM.....	9
CLASS ACT LUBRICATED.....	73	CLOZARIL.....	37	cortisone acetate.....	46
CLEMASTINE FUMARATE.....	26	COARTEM.....	30	CORTISPORIN.....	51
CLENPIQ.....	72	COCAINE HCL.....	59	CORTISPORIN-TC.....	92
CLEOCIN.....	10,100	codeine sulfate.....	6	CORZIDE.....	29
CLEOCIN PEDIATRIC		CODITUSSIN AC.....	48	COSENTYX.....	53
GRANULES.....	10	COLAZAL.....	67	COSENTYX SENSOREADY	
CLEOCIN-T.....	49	COLCHICINE.....	69	PEN.....	53
CLEVER CHOICE COMFORT		colchicine.....	69	COSOPT.....	88
EZINSULIN SYRINGE/1ML/30G		colchicine w/ probenecid.....	69	COSOPT PF.....	88
X 5/16".....	75	COLCRYS.....	69	COTELLIC.....	33
CLIMARA.....	65	colesevelam hcl.....	26	COUMADIN.....	15
CLIMARA PRO.....	65	COLESTID.....	26	COZAAR.....	28
clindamycin hcl.....	10	COLESTID FLAVORED.....	26	CREON.....	61
clindamycin palmitate		colestipol hcl.....	26	CRESEMBA.....	25
hydrochloride.....	10	COLY-MYCIN S.....	92	CRESTOR.....	27
clindamycin phosphate		COLYTE-FLAVOR PACKS72		CRINONE.....	101
(topical).....	49	COMBIGAN.....	88	CRIVIVAN.....	38
clindamycin phosphate		COMBIPATCH.....	65	cromolyn sodium.....	12
vaginal.....	100	COMBIVENT RESPIMAT.....	14	cromolyn sodium	
clindamycin phosphate-benzoyl		COMBIVIR.....	38	(mastocytosis).....	67
peroxide.....	49	COMETRIQ.....	33	cromolyn sodium (ophth).....	91
clindamycin phosphate-benzoyl		COMFORT ASSIST INSULIN		crotamiton.....	60
peroxide (refrigerate).....	49	SYRINGE/1ML/30G X		CUPRIMINE.....	80
clindamycin phosphate-		5/16".....	75	CUTIVATE.....	55
tretinoin.....	49	COMPLERA.....	38	CUVPOSA.....	97
CLINDESSE.....	100	COMPLETENATE.....	82	CVS PRENATAL.....	82
clobazam.....	16	COMTAN.....	35	CYCLESSA.....	45
clobetasol propionate.....	54	CONCEPT DHA.....	82	cyclobenzaprine hcl.....	86
clobetasol propionate emollient		CONCEPT OB.....	82	CYCLOGYL.....	88
base.....	54	CONCERTA.....	2	CYCLOMYDRIL.....	88
clobetasol propionate		CONDYLOX.....	58	cyclopentolate hcl.....	88
emulsion.....	55	CONTRAVE.....	2	cyclophosphamide.....	32
CLOBEX.....	55	CONZIP.....	6	CYCLOPHOSPHAMIDE.....	32
CLOCORTOLONE		COPAXONE.....	94	cycloserine.....	31
PIVALATE.....	55	COPEGUS.....	40	CYCLOSET.....	22
CLOCORTOLONE PIVALATE		COPIKTRA.....	33	cyclosporine.....	80
PUMP.....	55	CORDRAN.....	55	cyclosporine modified (for	
CLODERM.....	55	COREG.....	41	microemulsion).....	80
CLODERM PUMP.....	55	COREG CR.....	41	CYMBALTA.....	20
CLOMIPHENE CITRATE.....	63	CORGARD.....	41	cyproheptadine hcl.....	26
clomipramine hcl.....	20	CORLANOR.....	44	CYSTADANE.....	64
clonazepam.....	16	CORTANE-B.....	55	CYSTAGON.....	68
clonidine hcl.....	28	CORTANE-B AQUEOUS.....	92	CYSTARAN.....	91
clonidine hcl (adhd).....	2	CORTANE-B-OTIC.....	92	CYTOMEL.....	97
clopidogrel bisulfate.....	70	CORTEF.....	46	CYTOTEC.....	98
clorazepate dipotassium.....	12				
CLORPRES.....	29				
clotrimazole.....	81				
clotrimazole w/					
betamethasone.....	52				

CYTRA-K.....	68	desmopressin acetate spray refrigerated.....	65	diethylpropion hcl.....	1
D-VI-SOL.....	101	DESOGEN.....	45	DIETHYLPROPION HCL ER.....	1
D.H.E. 45.....	78	desogestrel & ethinyl estradiol.....	45	DIFFERIN.....	49,50
DAKLINZA.....	40	desogestrel-ethinyl estradiol (biphasic).....	45	DIFICID.....	73
dalfampridine.....	94	desogestrel-ethinyl estradiol (triphasic).....	45	diflorasone diacetate.....	55
DALIRESP.....	13	DESONATE.....	55	DIFLUCAN.....	25
danazol.....	9	desonide.....	55	diflunisal.....	6
DANTRIUM.....	86	DESOWEN.....	55	DIGOXIN.....	43
dantrolene sodium.....	86	desoximetasone.....	55	digoxin.....	43
dapsone.....	10	DESOXYN.....	1	dihydroergotamine mesylate.....	78
dapsone (topical).....	49	DESVENLAFAXINE ER.....	20	DILANTIN.....	18
DARAPRIM.....	31	desvenlafaxine succinate.....	20	DILANTIN INFATABS.....	18
darifenacin hydrobromide.....	99	DETROL.....	99	DILANTIN-125.....	18
DAURISMO.....	32	DETROL LA.....	99	DILATRATE SR.....	11
DAYPRO.....	4	dexamethasone.....	47	DILAUDID.....	6
DAYTRANA.....	2	DEXAMETHASONE INTENSOL.....	47	DILT-XR.....	42
DDAVP.....	64,65	dexamethasone sodium phosphate (ophth).....	90	diltiazem hcl.....	42
DECON-G.....	48	DEXCHLORPHENIRAMINE MALEATE.....	25	diltiazem hcl coated beads.....	42
deferasirox.....	24	DEXEDRINE.....	1	diltiazem hcl extended release beads.....	42
DELSTRIGO.....	38	DEXILANT.....	98	DIOVAN.....	28
DELZICOL.....	67	dexmethylphenidate hcl.....	2	DIOVAN HCT.....	29
DEMADEX.....	62	dextroamphetamine sulfate.....	1	DIPENTUM.....	67
demeclocycline hcl.....	96	DIAMOX.....	61	diphenoxylate w/ atropine.....	23
DEMEROL.....	6	DIAPHRAGM.....	73	DIPROLENE.....	55
DEMSER.....	28	DIASTAT ACUDIAL.....	16	DIPROLENE AF.....	55
DENAVIR.....	54	DIASTAT PEDIATRIC.....	16	dipyridamole.....	70
DEPAKENE.....	19	diazepam.....	12	disopyramide phosphate.....	12
DEPAKOTE.....	19	diazepam (anticonvulsant).....	16	disulfiram.....	93
DEPAKOTE ER.....	19	DIAZEPAM RECTAL GEL.....	16	DITROPAN XL.....	99
DEPAKOTE SPRINKLES.....	19	DIBENZYLINE.....	28	DIURIL.....	62
DEPEN TITRATABS.....	80	DICLEGIS.....	24	divalproex sodium.....	19
DEPLIN 15.....	61	DICLOFENAC EPOLAMINE.....	51	DIVIGEL.....	65
DEPLIN 7.5.....	61	diclofenac potassium.....	4	dofetilide.....	12
DEPO-TESTOSTERONE.....	9	diclofenac sodium.....	4	DOLOPHINE.....	6
DERMA-SMOOTH/FS BODY.....	55	diclofenac sodium (actinic keratoses).....	53	DOMETUSS-DMX.....	48
DERMA-SMOOTH/FS SCALP.....	55	diclofenac sodium (ophth).....	91	donepezil hydrochloride.....	94
DERMATOP.....	55	diclofenac sodium (topical).....	51	DOPTelet.....	70
DERMOTIC.....	92	diclofenac w/ misoprostol.....	4	DORAL.....	71
DESCOVY.....	38	dicloxacillin sodium.....	93	DORYX.....	96
desipramine hcl.....	20	dicyclomine hcl.....	97	DORZOLAMIDE HCL.....	91
desloratadine.....	26	didanosine.....	38	dorzolamide hcl.....	91
DESLORATADINE ODT.....	26			dorzolamide hcl-timolol maleate.....	88
desmopressin acetate.....	65			DORZOLAMIDE HCL/TIMOLOL MALEATE.....	88
desmopressin acetate spray.....	65			DOTHELLE DHA.....	82

DOVONEX.....	53	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	76	EMEND.....	25
doxazosin mesylate.....	28	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	76	EMEND TRIPACK.....	25
doxepin hcl.....	21	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	76	EMGALITY.....	77
DOXEPIN HCL.....	21	EC-NAPROSYN.....	4	EMSAM.....	19
doxepin hcl.....	21	EC-NAPROXEN.....	4	EMTRIVA.....	38
doxepin hcl (antipruritic).....	53	econazole nitrate.....	52	EMULSION SB.....	59
doxercalciferol.....	64	ECOTRIN REGULAR STRENGTH.....	6	EMVERM.....	10
DOXYCYCLINE.....	59	EDARBI.....	28	ENABLEX.....	99
doxycycline (monohydrate).....	96	EDARBYCLOR.....	29	enalapril maleate.....	28
doxycycline hyclate.....	96	EDECRIN.....	62	enalapril maleate & hydrochlorothiazide.....	29
DOXYLAMINE SUCCINATE/PYRIDOXINE HYDROCHLORIDE.....	24	EDLUAR.....	71	ENBRACE HR.....	82
DRISDOL.....	101	EDURANT.....	38	ENBREL.....	5
dronabinol.....	24	efavirenz.....	38	ENBREL MINI.....	5
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	75	EFFER-K.....	79	ENBREL SURECLICK.....	5
drospirenone-ethinyl estradiol.....	45	EFFERVESCENT POTASSIUM/CHLORIDE.....	79	ENCARE.....	100
drospirenone-ethinyl estradiol- levomefolate calcium.....	45	EFFEXOR XR.....	20	ENDARI.....	70
DROXIA.....	70	EFFIENT.....	70	ENDOMETRIN.....	101
DRYSOL.....	59	EFUDEX.....	53	enoxaparin sodium.....	16
DUAC.....	50	ELAVIL.....	21	entacapone.....	35
DUAVEE.....	65	ELDEPRYL.....	36	entecavir.....	40
DUET DHA 400.....	82	ELESTAT.....	91	ENTEREG.....	67
DUET DHA BALANCED.....	82	ELESTRIN.....	65	ENTOCORT EC.....	47
DUETACT.....	21	eletriptan hydrobromide.....	78	ENTRESTO.....	43
DUEXIS.....	4	ELEXA NATURAL FEEL.....	73	ENTTY SPRAY EMULSION.....	59
DULERA.....	14	ELEXA STIMULATING.....	73	ENVARBUS XR.....	80
duloxetine hcl.....	20	ELEXA ULTRA SENSITIVE.....	73	EPANED.....	28
DUOPA.....	35	ELFOLATE.....	61	EPCLUSA.....	40
DUPIXENT.....	12	ELIDEL.....	58	EPICERAM.....	59
DURAGESIC.....	6	ELIMITE.....	60	EPIDIOLEX.....	17
DURAXIN.....	5	ELIQUIS.....	15	EPIDUO.....	50
DUREX EXTRA SENSITIVE.....	73	ELIQUIS STARTER PACK.....	15	EPIFOAM.....	55
DUREZOL.....	90	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	76	epinastine hcl (ophth).....	91
dutasteride.....	69	ELIXOPHYLLIN.....	15	epinephrine (anaphylaxis).....	101
dutasteride-tamsulosin hcl.....	69	ELLA.....	46	EPIPEN 2-PAK.....	101
DUTOPROL.....	29	ELMIRON.....	68	EPIPEN-JR 2-PAK.....	101
DUZALLO.....	69	ELOCON.....	55	EPIVIR.....	38
DYAZIDE.....	61	EMADINE.....	91	EPIVIR HBV.....	40
DYMISTA.....	87	EMBEDA.....	6	eplerenone.....	30
DYRENIUM.....	62	EMCYT.....	32	EPOGEN.....	70
E.E.S. GRANULES.....	73			EPROSARTAN MESYLATE.....	28
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	76			EPZICOM.....	38
				EQL INSULIN SYRINGE/1ML/30G X 5/16".....	76
				EQUETRO.....	36
				ergocalciferol.....	101
				ERGOLOID MESYLATES.....	95

ERGOMAR.....	78	ETIDRONATE DISODIUM.....	62	FELDENE.....	4
ergotamine w/ caffeine.....	77	etodolac.....	4	felodipine.....	42
ERIVEDGE.....	32	ETOPOSIDE.....	35	FEM PH.....	100
ERLEADA.....	32	EUCRISA.....	59	FEMARA.....	32
erlotinib hcl.....	33	EURAX.....	60	FEMCAP.....	73
ERTACZO.....	52	EVAMIST.....	66	FEMHRT LOW DOSE.....	65
ERY-TAB.....	73	EVISTA.....	64	FEMRING.....	101
ERYGEL.....	50	EVOCLIN.....	50	FENOFIBRATE.....	27
ERYPED 200.....	73	EVOTAZ.....	38	fenofibrate.....	27
ERYPED 400.....	73	EVOXAC.....	81	fenofibrate micronized.....	27
erythromycin (acne aid).....	50	EVZIO.....	24	FENOFIBRIC ACID.....	27
erythromycin (ophth).....	89	EXACTUSS.....	48	FENOPROFEN CALCIUM.....	4
erythromycin base.....	73	EXACTUSS TR.....	48	fenoprofen calcium.....	4
erythromycin ethylsuccinate.....	73	EXALGO.....	6	FENORTHO.....	4
erythromycin stearate.....	73	EXAPHEX TR.....	48	fentanyl.....	6
ESBRIET.....	96	EXEL COMFORT POINT		fentanyl citrate.....	6
ESCAVITE D.....	81	INSULIN SYRINGE/1ML/30G X		FENTANYL CITRATE.....	6
escitalopram oxalate.....	19	5/16".....	76	FENTORA.....	6
ESGIC.....	5	EXELDERM.....	52	FER-IN-SOL.....	71
esomeprazole magnesium.....	98	EXELON.....	94	FERRIPROX.....	24
ESOMEPRAZOLE		exemestane.....	32	ferrous sulfate.....	71
STRONTIUM.....	98	EXFORGE.....	29	FERROUS SULFATE.....	71
estazolam.....	71	EXFORGE HCT.....	29	FETZIMA.....	20
esterified estrogens &		EXJADE.....	24	FEXMID.....	86
methyltestosterone.....	65	EXODERM.....	52	FIBRICOR.....	27
ESTRACE.....	65	EXTAVIA.....	94	FINACEA.....	59
estradiol.....	65,66	EXTINA.....	52	finasteride.....	69
estradiol & norethindrone		EXTRA-VIRT PLUS DHA.....	82	FIORICET.....	5
acetate.....	65	ezetimibe.....	27	FIORICET/CODEINE.....	7
estradiol vaginal.....	101	ezetimibe-simvastatin.....	26	FIORINAL.....	5
ESTRING.....	101	FABIOR.....	50	FIORINAL/CODEINE #3.....	7
ESTROGEL.....	66	FACTIVE.....	66	FIRAZYR.....	69
ESTROPIPATE.....	66	FALESSA.....	45	FIRDAPSE.....	31
ESTROSTEP FE.....	45	famciclovir.....	40	FIRST-LANSOPRAZOLE.....	98
eszopiclone.....	71	famotidine.....	98	FIRST-MOUTHWASH BLM.....	81
ethacrynic acid.....	62	FANAPT.....	36	FIRST-OMEPRAZOLE.....	98
ethambutol hcl.....	31	FANTASY LUBRICATED.....	73	FLAGYL.....	10
ethosuximide.....	18	FANTASY		FLAREX.....	90
ETHYL CHLORIDE.....	59	LUBRICATED/SPERMICIDE		flavoxate hcl.....	100
ETHYL CHLORIDE/FINE		.....	73	flecainide acetate.....	12
PINPOINT.....	59	FARESTON.....	32	FLECTOR.....	51
ETHYL CHLORIDE/FINE		FARYDAK.....	33	FLOMAX.....	69
STREAM.....	59	FAZACLO.....	37	FLONASE ALLERGY	
ETHYL CHLORIDE/MEDIUM		FC FEMALE CONDOM.....	73	RELIEF.....	87
JET STREAM.....	59	FC2 FEMALE CONDOM.....	73	FLONASE ALLERGY RELIEF	
ETHYL CHLORIDE/MEDIUM		felbamate.....	18	CHILDRENS.....	87
STREAM.....	59	FELBATOL.....	18	FLONASE SENSIMIST.....	87
ETHYL CHLORIDE/MIST.....	59				
ethynodiol diacet & eth					
estrad.....	45				

FLORIVA PLUS	81	FML	90	frovatriptan succinate	78
FLOVENT DISKUS	13	FML FORTE	90	FURADANTIN	99
FLOVENT HFA	14	FML LIQUIFILM	90	furosemide	62
FLOXIN OTIC	92	FOCALGIN 90 DHA	82	FUROSEMIDE	62
FLUCELVAX QUADRIVALENT 2016-2017	100	FOCALGIN CA	82	furosemide	62
FLUCELVAX QUADRIVALENT 2017-2018	100	FOCALIN	2	FUSION PLUS	70
FLUCELVAX QUADRIVALENT 2018-2019	100	FOCALIN XR	2	FUZEON	38
fluconazole	25	FOLBIC RF	61	FYCOMPA	16
flucytosine	25	FOLCAL DHA	82	gabapentin	17
fludrocortisone acetate	47	FOLCAPS OMEGA 3	82	GABITRIL	18
FLUMADINE	41	FOLET ONE	82	GALAFOLD	64
FLUNISOLIDE	87	FOLIC ACID	70	galantamine hydrobromide	94
fluocinolone acetonide	55	folic acid	70	GALZIN	80
fluocinolone acetonide (otic)	92	FOLIVANE-F	70	ganirelix acetate	63
fluocinonide	55	FOLIVANE-OB	82	GANIRELIX ACETATE	63
fluocinonide emulsified base	55	FOLLISTIM AQ	63	GARDASIL	100
FLUORABON	79	FOLTIX	61	GARDASIL 9	100
fluorometholone (ophth)	90	fondaparinux sodium	16	GASTROCROM	67
FLUOROPLEX	53	FORFIVO XL	19	gatifloxacin (ophth)	89
FLUOROURACIL	53	formaldehyde	37	GATTEX	68
fluorouracil (topical)	53	FORTEO	62	GEBAUERS INSTANT ICE	59
FLUOXETINE	95	FORTESTA	9	GEBAUERS PAIN EASE	59
FLUOXETINE DR	19	FOSAMAX	62	GEBAUERS SPRAY AND STRETCH	59
fluoxetine hcl	19,20	FOSAMAX PLUS D	62	GELCLAIR	81
fluoxetine hcl (pmdd)	95	fosamprenavir calcium	38	GELFILM OP	91
FLUOXETINE HYDROCHLORIDE	20	fosinopril sodium	28	GELNIQUE	99
FLUPHENAZINE HCL	37	fosinopril sodium & hydrochlorothiazide	29	GELNIQUE PUMP	99
fluphenazine hcl	37	FOSRENOL	68	gemfibrozil	27
FLUPHENAZINE HCL	37	FRAGMIN	16	GENERESS FE	45
FLURA-DROPS	79	FREESTYLE FREEDOM LITE	75	GENOTROPIN	63
flurandrenolide	56	FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM	75	GENOTROPIN MINIQUICK	63
flurazepam hcl	71	FREESTYLE INSULINX BLOODGLUCOSE TEST	60	GENTAK	89
flurbiprofen	4	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS	60	gentamicin sulfate (ophth)	89
flurbiprofen sodium	91	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM	75	gentamicin sulfate (topical)	51
FLURBIPROFEN SODIUM	91	FREESTYLE LITE TEST STRIPS	60	GENVOYA	38
flutamide	32	FREESTYLE PRECISION INSULIN SYRINGES/U- 100/1ML/30G X 5/16"	76	GEODON	36
fluticasone propionate	56	FREESTYLE TEST	60	GIAZO	67
fluticasone propionate (nasal)	87	FROVA	78	GILENYA	94
FLUTICASONE PROPIONATE/SALMETEROL	15			GILOTRIF	33
fluticasone-salmeterol	15			GILPHEX TR	48
fluvastatin sodium	27			GILTUSS	48
fluvoxamine maleate	20			GILTUSS COUGH & COLD	48
				GILTUSS SINUS & CONGESTION	48
				GILTUSS TR	48
				glatiramer acetate	94

GLEEVEC.....	33	guaifenesin-codeine.....	48	HYDROCODONE	
GLEOSTINE.....	32	guanfacine hcl.....	28	BITARTRATE/ACETAMINOPHE	
glimepiride.....	23	guanfacine hcl (adhd).....	2	N.....	7
glipizide.....	23	GUANIDINE HCL.....	31	HYDROCODONE	
glipizide-metformin hcl.....	21	GYNAZOLE-1.....	101	BITARTRATE/CHLORPHENIRA	
GLOBAL INJECT EASE INSULIN		HAEGARDA.....	69	MINE MALEATE/PSE.....	48
SYRINGE/U-100/1ML/30G X		HALAC.....	56	hydrocodone polistirex-	
5/16".....	76	HALCION.....	71	chlorpheniramine polistirex..	48
GLUCAGEN DIAGNOSTIC.....	60	halobetasol propionate.....	56	hydrocodone w/	
GLUCAGEN HYPOKIT.....	22	HALOG.....	56	homatropine.....	47
GLUCAGON EMERGENCY		haloperidol.....	36	hydrocodone-acetaminophen..	7
KIT.....	22	haloperidol lactate.....	36	hydrocodone-ibuprofen.....	8
GLUCOPHAGE.....	22	HALOTIN.....	52	hydrocortisone.....	47
GLUCOPHAGE XR.....	22	HARVONI.....	40	hydrocortisone (intrarectal)...	9
GLUCOPRO INSULIN		HEALTHWISE INSULIN		hydrocortisone (rectal).....	9
SYRINGE/U-100/1ML/30G X		SYRINGE/U-100/1ML/30G X		hydrocortisone (topical).....	56
5/16".....	76	5/16".....	76	hydrocortisone acetate	
GLUCOTROL.....	23	HECTOROL.....	64	(rectal).....	9
GLUCOTROL XL.....	23	HEMANGEOL.....	41	hydrocortisone acetate w/	
GLUCOVANCE.....	21	HEMENATAL OB.....	82	pramoxine.....	9
GLUMETZA.....	22	HEMENATAL OB + DHA..	82	hydrocortisone butyrate.....	56
glyburide.....	23	heparin sodium (porcine)..	16	hydrocortisone butyrate	
glyburide micronized.....	23	HEPSERA.....	40	hydrophilic lipo base.....	56
glyburide-metformin.....	21	HETLIOZ.....	72	hydrocortisone valerate.....	56
GLYCATE.....	97	HEXALEN.....	32	hydrocortisone w/acetic acid..	92
glycopyrrolate.....	97	HIPREX.....	99	hydromorphone hcl.....	6
GLYCOPYRROLATE.....	97	HISTEX-PE.....	48	hydroxychloroquine sulfate..	31
GLYNASE.....	23	homatropine hbr.....	88	hydroxyprogesterone	
GLYSET.....	21	HORIZANT.....	95	caproate.....	93
GLYXAMBI.....	21	HUMATROPE.....	63	hydroxyurea.....	34
GNP INSULIN		HUMATROPE COMBO		hydroxyzine hcl.....	11
SYRINGE/1ML/30G X 5/16".....	76	PACK.....	63	HYDROXYZINE PAMOATE.....	11
GNP ULTRA COMFORT		HUMIRA.....	3	HYLIRA.....	58
INSULIN SYRINGE/1ML/30G X		HUMIRA PEDIATRIC CROHNS		HYOPHEN.....	99
5/16" SHORT.....	76	DISEASE STARTER PACK.....	3	hyoscyamine sulfate.....	97
GOCOVRI.....	35	HUMIRA PEN.....	3	HYPERSAL.....	48
GOLYTELY.....	72	HUMIRA PEN-CD/UC/HS		HYPERSAL.....	48
GONAL-F.....	63	STARTER.....	3	HYSINGLA ER.....	6
GONAL-F RFF.....	63	HUMIRA PEN-PS/UV		HYZAAR.....	29
GONAL-F RFF REDIJECT..	63	STARTER.....	3	ibandronate sodium.....	62
GONITRO.....	11	hyaluronate sodium		IBRANCE.....	33
GORDONS UREA.....	57	(emollient).....	58	ibuprofen.....	4
GRALISE.....	95	HYCAMTIN.....	35	ICAR PEDIATRIC.....	71
granisetron hcl.....	24	hydralazine hcl.....	30	ICLUSIG.....	33
GRANIX.....	70	HYDREA.....	34	IDHIFA.....	33
GRASTEK.....	3	HYDRO 35.....	57	ILEVRO.....	91
GRIS-PEG.....	25	HYDRO 40 FOAM.....	57	ILUMYA.....	53
griseofulvin microsize.....	25	hydrochlorothiazide.....	62	imatinib mesylate.....	33
griseofulvin ultramicrosize...	25			IMBRUVICA.....	33

imipramine hcl.....	21	INVIRASE.....	38	JARDIANCE.....	23
imipramine pamoate.....	21	INVOKAMET.....	21	JENTADUETO.....	21
imiquimod.....	58	INVOKAMET XR.....	21	JENTADUETO XR.....	21
IMIQUIMOD PUMP.....	58	INVOKANA.....	23	JULUCA.....	38
IMITREX.....	78	iodoquinol-hc.....	52	JUXTAPID.....	27
IMITREX STATDOSE		iodoquinol-hydrocortisone in		JYNARQUE.....	65
REFILL.....	78	aloe vehicle.....	52	K-PHOS.....	79
IMITREX STATDOSE		iodoquinol-hydrocortisone-aloe		K-PHOS NEUTRAL.....	79
SYSTEM.....	78	polysaccharide.....	52	K-PHOS NO 2.....	68
IMODIUM A-D.....	24	IOPIDINE.....	89	K-TAB.....	79
IMPAVIDO.....	10	ipratropium bromide.....	13	KADIAN.....	6
IMURAN.....	80	ipratropium bromide		KALETRA.....	38
INCRELEX.....	64	(nasal).....	87	KALYDECO.....	96
INCRUSE ELLIPTA.....	13	ipratropium-albuterol.....	15	KAMDOY.....	59
indapamide.....	62	irbesartan.....	28	KAMELEON LUBRICATED.....	73
INDERAL LA.....	41	irbesartan-hydrochlorothiazide		KAPVAY.....	2
INDERAL XL.....	41	.....	29	KARBINAL ER.....	26
INDOCIN.....	4	IRESSA.....	33	KAYEXALATE.....	80
indomethacin.....	4	ISENTRESS.....	38	KEFLEX.....	44
INFANATE BALANCE.....	82	ISENTRESS HD.....	38	KENALOG.....	56
INGREZZA.....	94	ISOMETHEPTENE		KEPPRA.....	17
INLYTA.....	33	MUCATE/CAFFEINE/ACETAMI		KEPPRA XR.....	17
INNOPRAN XL.....	41	NOPHEN.....	77	KERALAC.....	57
INSPIRA.....	30	isometheptene-		ketoconazole.....	25
insulin lispro.....	22	dichloralphenazone-		ketoconazole (topical).....	52
insulin lispro protamine &		acetaminophen.....	77	KETOPROFEN.....	4
lispro.....	22	ISOMETHEPTENE/DICHLORA		ketoprofen.....	4
insulin nph (human)		LPHENAZONE/ACETAMINOP		KETOPROFEN ER.....	4
(isophane).....	22	HEN.....	77	ketorolac tromethamine.....	4
insulin nph isophane & reg		isoniazid.....	31	ketorolac tromethamine	
(human).....	23	ISOPTO ATROPINE.....	88	(ophth).....	91
insulin regular (human).....	23	ISOPTO CARPINE.....	88	KEVEYIS.....	61
INSULIN SYRINGE/1ML/30G X		ISORDIL TITRADOSE.....	11	KEVZARA.....	3
5/16".....	76	isosorbide dinitrate.....	11	KHEDEZLA.....	20
INSULIN SYRINGE/NEEDLE		ISOSORBIDE DINITRATE		KIMONO COLORS.....	73
1ML/30G X 5/16".....	76	ER.....	11	KIMONO LUBRICATED.....	73
INSULIN SYRINGE/U-		isosorbide mononitrate.....	11	KIMONO MICRO THIN.....	73
100/1ML/30G X 5/16".....	76	isotretinoin.....	50	KIMONO MICRO THIN PLUS	
INSULIN SYRINGES AND PEN		isoxsuprine hcl.....	43	SPERMICIDE LUBRICATED.....	74
NEEDLES.....	76	isradipine.....	42	KIMONO PLUS SPERMICIDE	
INTEGRA F.....	70	ISTALOL.....	88	LUBRICATED.....	74
INTELENCE.....	38	itraconazole.....	25	KIMONO PLUS	
INTERMEZZO.....	71	ivermectin.....	10	SPERMICIDE/LUBRICATED	
INTRAROSA.....	100	JADENU.....	24	.....	74
INTRON A.....	34	JADENU SPRINKLE.....	24	KIMONO PS LUBRICATED.....	74
INTRON A W/DILUENT.....	34	JAKAFI.....	33	KIMONO PS PLUS	
INTUNIV.....	2	JALYN.....	69	SPERMICIDE/LUBRICATED	
INVEGA.....	36	JANUMET.....	21	.....	74
INVEGA SUSTENNA.....	36	JANUMET XR.....	21		
INVEGA TRINZA.....	36	JANUVIA.....	22		

KIMONO SENSATION LUBRICATED.....	74	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE.....	17	LEUKINE.....	70
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	74	LAMICTAL STARTER/TAKING VALPROATE.....	17	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE.....	32
KIMONO SPECIAL.....	74	LAMICTAL XR.....	17	levabuterol hcl.....	15
KINERET.....	3	LAMISIL.....	25	levabuterol tartrate.....	15
KISQALI.....	33	lamivudine.....	38	LEVAQUIN.....	66
KISQALI FEMARA 200 DOSE.....	33	lamivudine (hbv).....	40	LEVVID.....	97
KISQALI FEMARA 400 DOSE.....	33	lamivudine-zidovudine.....	38	LEVEMIR.....	23
KISQALI FEMARA 600 DOSE.....	33	lamotrigine.....	17	LEVEMIR FLEXTOUCH.....	23
KITABIS PAK.....	3	LANCETS.....	75	levetiracetam.....	17
KLARITY-A.....	89	LANOXIN.....	43	levobunolol hcl.....	88
KLARON.....	50	lansoprazole.....	98	levocarnitine (metabolic modifiers).....	64
KLONOPIN.....	16	lanthanum carbonate.....	68	levofloxacin.....	66
KLOR-CON M15.....	79	LANTUS.....	23	LEVOFLOXACIN.....	66
KORLYM.....	22	LANTUS SOLOSTAR.....	23	levofloxacin.....	66
KOSHER PRENATAL PLUS IRON.....	82	LASIX.....	62	levofloxacin (ophth).....	89
KRINTAFEL.....	31	LASTACFT.....	91	LEVOMEFOLATE CALCIUM ALGAL POWDER.....	61
KRISTALOSE.....	72	latanoprost.....	92	levonorgestrel & eth estradiol.....	45
KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	76	LATANOPROST.....	92	levonorgestrel (emergency oc).....	46
KUVAN.....	64	LATUDA.....	36	levonorgestrel-eth estradiol (triphasic).....	45
KYLEENA.....	46	LAZANDA.....	6	levonorgestrel-ethinyl estradiol (91-day).....	45
KYNAMRO.....	26	LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	76	levonorgestrel-ethinyl estradiol (continuous).....	45
L-METHYLFOLATE.....	61	LEDIPASVIR/SOFOSBUVIR.....	40	levothyroxine sodium.....	97
L-METHYLFOLATE CA/S-ALGAL.....	61	leflunomide.....	5	LEVSIN/SL.....	97
L-METHYLFOLATE CALCIUM.....	61	LENVIMA 10 MG DAILY DOSE.....	33	LEXAPRO.....	20
L-METHYLFOLATE FORMULA 15.....	61	LENVIMA 12MG DAILY DOSE.....	33	LEXIVA.....	38
L-METHYLFOLATE FORMULA 7.5.....	61	LENVIMA 14 MG DAILY DOSE.....	33	LIALDA.....	67
L-METHYLFOLATE FORTE.....	61	LENVIMA 18 MG DAILY DOSE.....	33	LIBRAX.....	97
labetalol hcl.....	41	LENVIMA 20 MG DAILY DOSE.....	33	lidocaine.....	59
LAC-HYDRIN.....	58	LENVIMA 24 MG DAILY DOSE.....	33	lidocaine hcl.....	59
LAC-HYDRIN TWELVE.....	58	LENVIMA 24 MG DAILY DOSE.....	33	LIDOCAINE HCL.....	81
LACRISERT.....	88	LENVIMA 4 MG DAILY DOSE.....	34	lidocaine hcl (mouth-throat).....	81
lactic acid (ammonium lactate).....	58	LENVIMA 8 MG DAILY DOSE.....	34	lidocaine-hydrocortisone acetate (rectal).....	9
lactulose.....	72	LESCOL XL.....	27	lidocaine-prilocaine.....	59
lactulose (encephalopathy).....	67	LETAIRIS.....	43	LIDODERM.....	59
LAMICTAL.....	17	letrozole.....	32	LIDODOSE.....	59
LAMICTAL CHEWABLE DISPERSIBLE.....	17	leucovorin calcium.....	35	LIDORX.....	59
LAMICTAL ODT.....	17	LEUCOVORIN CALCIUM.....	35	LILETTA.....	46
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE.....	17	leucovorin calcium.....	35	LINDANE.....	60
		LEUKERAN.....	32	linezolid.....	11
				LINZESS.....	67

liothyronine sodium.....	97	LOTENSIN.....	28	meclofenamate sodium.....	4
LIPITOR.....	27	LOTENSIN HCT.....	29	MEDROL.....	47
LIPOFEN.....	27	loteprednol etabonate.....	90	MEDROL DOSEPAK.....	47
lisinopril.....	28	LOTREL.....	29	MEDROX-RX.....	59
lisinopril & hydrochlorothiazide.....	29	LOTRISONE.....	52	medroxyprogesterone acetate.....	93
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	76	LOTRONEX.....	67	mefenamic acid.....	4
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	76	lovastatin.....	27	MEFLOQUINE HCL.....	31
LITHIUM.....	36	LOVAZA.....	26	mefloquine hcl.....	31
lithium carbonate.....	36	LOVENOX.....	16	MEGACE ES.....	93
LITHOBID.....	36	loxapine succinate.....	37	megestrol acetate.....	32
LITHOSTAT.....	69	LOZI-FLUR.....	79	megestrol acetate (appetite).....	93
LIVALO.....	27	LULICONAZOLE.....	52	MEKINIST.....	34
LMTHF/PYRIDOXINE HCL/CYANOCOBALAMIN.....	61	LUMIGAN.....	92	MEKTOVI.....	34
LO LOESTRIN FE.....	45	LUNESTA.....	71	meloxicam.....	4
LOCOID.....	56	LUXIQ.....	56	melphalan.....	32
LOCOID LIPOCREAM.....	56	LUZU.....	52	memantine hcl.....	94
LODINE.....	4	LYNPARZA.....	34	MENEST.....	66
LODOSYN.....	35	LYRICA.....	17	MENOPUR.....	63
LOESTRIN 1.5/30-21.....	45	LYSODREN.....	32	MENOSTAR.....	66
LOESTRIN 1/20-21.....	45	LYSTEDA.....	71	MEPERIDINE HCL.....	6
LOESTRIN FE 1.5/30.....	45	M-NATAL PLUS.....	82	meperidine hcl.....	6
LOESTRIN FE 1/20.....	45	M-VIT.....	82	MEPERIDINE HCL.....	6
LOFIBRA.....	27	MACROBID.....	99	MEPERIDINE HCL/PROMETHAZINE HCL.....	8
LOKELMA.....	81	MACRODANTIN.....	99	MEPHYTON.....	101
LOMAIRA.....	1	mafenide acetate.....	54	meprobamate.....	11
LOMOTIL.....	24	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	76	MEPRON.....	10
LONSURF.....	33	MAGNEBIND 400.....	79	mercaptapurine.....	32
loperamide hcl.....	24	MAKENA.....	93	mesalamine.....	67
LOPID.....	27	MALARONE.....	30	MESNEX.....	35
lopinavir-ritonavir.....	38	malathion.....	60	MESTINON.....	31
LOPRESSOR.....	41	maprotiline hcl.....	19	MESTINON TIMESPAN.....	31
LOPRESSOR HCT.....	29	MARINOL.....	25	METADATE CD.....	2
LOPROX.....	52	MARNATAL-F.....	82	metaproterenol sulfate.....	15
LOPROX SHAMPOO.....	52	MARPLAN.....	19	METAPROTERENOL SULFATE.....	15
lorazepam.....	12	MATULANE.....	34	metaxalone.....	86
LORBRENA.....	34	MAVYRET.....	40	metformin hcl.....	22
LORTAB.....	8	MAXALT.....	78	METFORMIN HYDROCHLORIDE.....	22
LORZONE.....	86	MAXALT-MLT.....	78	methadone hcl.....	6,7
losartan potassium.....	28	MAXIDEX.....	90	METHADOSE.....	7
losartan potassium & hydrochlorothiazide.....	29	MAXITROL.....	90	METHADOSE SUGAR-FREE.....	7
LOSEASONIQUE.....	45	MAXX LUBRICATED.....	74	methamphetamine hcl.....	1
LOTEMAX.....	90	MAXX PLUS SPERMICIDE LUBRICATED.....	74	methazolamide.....	61
		MAXZIDE.....	61	methenamine hippurate.....	99
		MAXZIDE-25.....	61	methenamine mandelate.....	99

methenamine-hyosc-methylene blue-benzoic acid-phenyl sal	99	mexiletine hcl	12	MONODOX	96
methenamine-hyosc-methylene blue-sod phos-phenyl sal	99	MIACALCIN	62	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	76
methimazole	96	MICARDIS	28	montelukast sodium	13
METHITEST	9	MICARDIS HCT	30	MONUROL	99
methocarbamol	86	MICONAZOLE NITRATE/ZINC OXIDE/WHITE	52	morphine sulfate	7
METHOTREXATE	3	PETROLATUM	62	MORPHINE SULFATE ER	7
methotrexate sodium	32	MICROZIDE	62	MOTOFEN	24
METHOTREXATE SODIUM	32	midazolam hcl	71	MOVANTIK	67
methotrexate sodium	32	midodrine hcl	101	MOVIPREP	72
methoxsalen rapid	53	MIGERGOT	77	MOXATAG	93
methscopolamine bromide	97	miglitol	21	MOXEZA	89
METHYCLOTHIAZIDE	62	miglustat	70	moxifloxacin hcl	66
methyl dopa	28	MIGRANAL	78	moxifloxacin hcl (ophth)	89
methyl dopa & hydrochlorothiazide	29	MILLIPRED	47	MS CONTIN	7
METHYLDOPA/HYDROCHLOR OTHIAZIDE	29	MILLIPRED DP	47	MULPLETA	70
methylergonovine maleate	92	MINASTRIN 24 FE	45	MULTAQ	12
METHYLIN	2	MINIPRESS	29	MULTI PRENATAL	82
methylphenidate hcl	2	MINIVELLE	66	MULTIVITAMIN WITH FLUORIDE	81
METHYLPHENIDATE HYDROCHLORIDE ER	2	MINOCIN	96	MULTIVITAMIN/FLUORIDE	81
methylprednisolone	47	minocycline hcl	96	MUPIROCIN	51
METHYLTESTOSTERONE	9	minoxidil	30	mupirocin	51
methyltestosterone	9	MIRALAX	72	mupirocin calcium (topical)	51
METIPRANOLOL	88	MIRAPEX	35	MYALEPT	64
metoclopramide hcl	67	MIRAPEX ER	35	MYAMBUTOL	31
METOCLOPRAMIDE ODT	67	MIRCERA	70	MYCOBUTIN	31
metolazone	62	MIRCETTE	45	mycophenolate mofetil	80
METOPIRONE	60	MIRENA	46	mycophenolate sodium	80
metoprolol & hydrochlorothiazide	29	MIRVASO	60	MYDRIACYL	88
metoprolol succinate	41	mirtazapine	19	MYFORTIC	80
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	30	MIRVASO	60	MYKIDZ IRON FL	81
metoprolol tartrate	41	misoprostol	98	MYLERAN	32
METOPROLOL TARTRATE	41	MITIGARE	69	MYNATAL ADVANCE	82
METOPROLOL/HYDROCHLOR OTHIAZIDE	30	MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	76	MYNATAL ULTRACAPLET	82
METROCREAM	60	MOBIC	4	MYRBETRIQ	100
METROGEL	60	modafinil	2	MYSOLINE	17
METROGEL-VAGINAL	101	MODERIBA	40	MYTESI	23
METROLOTION	60	MODERIBA 1200 DOSE PACK	40	nabumetone	4
metronidazole	10	MODERIBA 800 DOSE PACK	40	nadolol	41
metronidazole (topical)	60	moexipril hcl	28	nadolol & bendroflumethiazide	30
metronidazole vaginal	101	moexipril-hydrochlorothiazide	30	NADOLOL/BENDROFLUMETHIA ZIDE	30
MEXILETINE HCL	12	MOLINDONE HYDROCHLORIDE	37	naftifine hcl	52
		mometasone furoate	56	NAFTIN	52
		mometasone furoate (nasal)	87		

NALFON	4	NESTABS	83	NITROMIST	11
NALOCET	8	NESTABS ABC	83	NITROSTAT	11
naltrexone hcl	24	NESTABS DHA	83	NITYR	64
NAMENDA	94	NESTABS ONE	83	NIVA-PLUS	83
NAMENDA TITRATION PAK	94	NEULASTA	70	nizatidine	98
NAMENDA XR	94	NEULASTA ONPRO KIT	70	NIZATIDINE	98
NAPRELAN	4,5	NEUPOGEN	70	NIZORAL	52
NAPROSYN	5	NEUPRO	35	NOCTIVA	65
naproxen	5	NEURONTIN	17	NON PREFERRED TEST STRIPS	60
naproxen sodium	5	NEVANAC	91	nonoxynol-9	100
naratriptan hcl	78	nevirapine	38	NORCO	8
NARCAN	24	NEXA PLUS	83	NORDITROPIN FLEXPOR	63
NARDIL	19	NEXAVAR	34	norethin acet & estrad-fe	45
NASONEX	87	NEXIUM	98	norethindrone & eth estradiol	45
NATACHEW	82	NEXIUM 24HR	98	norethindrone & ethinyl estradiol-fe	45
NATACYN	89	NEXIUM 24HR CLEAR	98	norethindrone (contraceptive)	46
NATAZIA	45	MINIS	98	norethindrone acet & eth estra	45
nateglinide	23	NEXPLANON	46	norethindrone acetate	93
NATELLE ONE	82	niacin (antihyperlipidemic)	27	norethindrone acetate-ethinyl estradiol	65
NATPARA	62	NIASPAN	27	norethindrone acetate-ethinyl estradiol-fe	45
NATROBA	60	nicardipine hcl	42	norethindrone-eth estradiol (triphasic)	45
NATURE-THROID	97	NICODERM CQ	95	norgestimate-ethinyl estradiol	45
NATURE-THROID NT-2.5	97	NICORETTE	95	norgestimate-ethinyl estradiol (triphasic)	45
NEBUPENT	10	NICORETTE MINI	95	norgestrel & ethinyl estradiol	45
NEBUSAL	48	NICORETTE STARTER KIT	95	NORINYL 1+35	46
NECON 1/50-28	45	nicotine	95	NORITATE	60
NECON 10/11-28	45	nicotine polacrilex	95	NORPACE	12
NEEVO DHA	82	NICOTINE TRANSDERMAL SYSTEM	95	NORPACE CR	12
nefazodone hcl	20	NICOTROL INHALER	95	NORPRAMIN	21
NEFAZODONE HYDROCHLORIDE	20	NICOTROL NS	95	NORTHERA	101
neomycin sulfate	3	nifedipine	42	nortriptyline hcl	21
neomycin-bacitracin zn-polymyxin	89	NILANDRON	32	NORTRIPTYLINE HCL	21
neomycin-polymy-dexameth	90	nilutamide	32	nortriptyline hcl	21
neomycin-polymyxin-hc (ophth)	90	nimodipine	42	NORVASC	42
neomycin-polymyxin-hc (otic)	92	NINLARO	34	NORVIR	38
NEOMYCIN/POLYMYXIN/GRAMICIDIN	89	nisoldipine	42	NOVAREL	63
NEONATAL PLUS	82	NITRO-BID	11	NOXAFIL	25
NEONATAL VITAMIN	83	NITRO-DUR	11	NUCORT	56
NEORAL	80	nitrofurantoin	99	NUCYNTA	7
NEOSPORIN	89	nitrofurantoin macrocrystal	99	NUCYNTA ER	7
NEOTUSS PLUS	48	nitrofurantoin monohyd macro	99	NUDEXTA	95
NEPTAZANE	61	nitroglycerin	11		
NERLYNX	34	NITROGLYCERIN LINGUAL	11		
		NITROLINGUAL PUMPSPRAY	11		

NULYTELY/FLAVOR PACKS.....	72	omeprazole-sodium bicarbonate.....	99	ORTHO TRI-CYCLEN.....	46
NUPLAZID.....	36	OMNARIS.....	87	ORTHO TRI-CYCLEN LO... ..	46
NUTROPIN AQ NUSPIN 10.....	63	OMNIPRED.....	90	ORTHO-CYCLEN.....	46
NUTROPIN AQ NUSPIN 20.....	63	OMNITROPE.....	63	ORTHO-NOVUM 1/35.....	46
NUTROPIN AQ NUSPIN 5... ..	63	ondansetron.....	24	ORTHO-NOVUM 7/7/7.....	46
NUVARING.....	46	ondansetron hcl.....	24	oseltamivir phosphate.....	41
NUVIGIL.....	2	ONETOUCH ULTRA 2.....	75	OSMOLEX ER.....	35
NYMALIZE.....	42	ONETOUCH ULTRA BLUE.....	60	OSMOPREP.....	72
nystatin.....	25	ONETOUCH ULTRA MINI.....	75	OSPHERA.....	64
nystatin (mouth-throat).....	81	ONETOUCH VERIO.....	75	OTEZLA.....	5
nystatin (topical).....	52	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM... ..	75	OTICIN HC NR.....	92
nystatin-triamcinolone.....	52	ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM... ..	75	OTOVEL.....	92
O-CAL FA.....	83	ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM... ..	75	OTREXUP.....	3
OB COMPLETE ONE.....	83	ONETOUCH VERIO TEST STRIPS.....	61	OVACE PLUS.....	53
OB COMPLETE PETITE.....	83	ONFI.....	16	OVACE PLUS WASH.....	53
OB COMPLETE PREMIER.....	83	OPANA.....	7	OVACE WASH.....	54
OB COMPLETE/DHA.....	83	OPANA ER (CRUSH RESISTANT).....	7	OVCON-35.....	46
OBSTETRIX ONE.....	83	opium tincture.....	24	OVIDE.....	60
OCALIVA.....	66	OPSUMIT.....	43	OVIDREL.....	63
octreotide acetate.....	65	OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE.....	100	OXANDRIN.....	9
OCUFLOX.....	89	ORACEA.....	60	oxandrolone.....	9
ODACTRA.....	3	ORACIT.....	68	oxaprozin.....	5
ODEFSEY.....	38	ORALAIR.....	3	OXAYDO.....	7
ODOMZO.....	32	ORALAIR ADULT SAMPLE KIT.....	3	OXAZEPAM.....	12
OFEV.....	96	ORALAIR ADULT STARTER PACK.....	3	OXAZEPAM.....	12
OFLOXACIN.....	66	ORAP.....	95	oxcarbazepine.....	18
ofloxacin (ophth).....	89	ORAPRED ODT.....	47	OXERVATE.....	90
ofloxacin (otic).....	92	ORAVIG.....	81	oxiconazole nitrate.....	52
olanzapine.....	37	ORENCIA.....	5	OXISTAT.....	52
olanzapine-fluoxetine hcl.....	94	ORENCIA CLICKJECT.....	5	OXSORALEN ULTRA.....	53
olmesartan medoxomil.....	28	ORENITRAM.....	43	OXTELLAR XR.....	18
olmesartan medoxomil-amlodipine-hydrochlorothiazide.....	30	ORFADIN.....	64	oxybutynin chloride.....	99
olmesartan medoxomil-hydrochlorothiazide.....	30	ORKAMBI.....	96	oxycodone hcl.....	7
olopatadine hcl.....	91	orphenadrine citrate.....	86	oxycodone w/ acetaminophen 8 OXYCODONE/ACETAMINOPHEN.....	8
olopatadine hcl (nasal).....	87	ORTHO MICRONOR.....	46	OXYCODONE/IBUPROFEN.....	8
OLUX.....	56			oxymorphone hcl.....	7
OLUX-E.....	56			OZEMPIC.....	22
OLYSIO.....	40			paliperidone.....	36
OMECLAMOX-PAK.....	99			PALYNZIQ.....	64
omega-3-acid ethyl esters.....	26			PAMELOR.....	21
omeprazole.....	98			PANCREAZE.....	61
OMEPRAZOLE + SYRSPEND SFALKA.....	98			PANDEL.....	56
				PANRETIN.....	53
				pantoprazole sodium.....	98

PARAFON FORTE DSC.....	86	perphenazine.....	37	PLEXION.....	50
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A.....	46	PERPHENAZINE/AMITRIPTYL INE.....	94	PLEXION CLEANSER.....	50
PAREGORIC.....	24	PERSERIS.....	36	PLEXION CLEANSING CLOTHS.....	50
PAREMYD.....	91	PERTZYE.....	61	PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID.....	83
paricalcitol.....	64	PEXEVA.....	20	PNV FOLIC ACID + IRON MULTIVITAMIN.....	83
PARLODEL.....	35	phenazopyridine hcl.....	69	PNV OB+DHA.....	83
PARNATE.....	19	phendimetrazine tartrate... .	1	PNV PRENATAL PLUS MULTIVITAMIN.....	83
paromomycin sulfate.....	3	PHENDIMETRAZINE TARTRATEER.....	1	PNV TABS 29-1.....	83
paroxetine hcl.....	20	phenelzine sulfate.....	19	PNV-DHA.....	83
paroxetine mesylate (vasomotor).....	95	phenobarbital.....	71	PNV-DHA+DOCUSATE.....	83
PASER.....	31	phenoxybenzamine hcl.....	28	PNV-OMEGA.....	83
PATADAY.....	91	phentermine hcl.....	1	PNV-SELECT.....	83
PATANASE.....	87	phenylephrine hcl (ophth) .	89	PNV-TOTAL.....	83
PATANOL.....	91	phenylephrine w/ dm-gg... .	48	PNV-VP-U.....	83
PAXIL.....	20	PHENYTEK.....	18	PODOCON 25 IN BENZOIN TINCTURE.....	58
PAXIL CR.....	20	phenytoin.....	18	podofilox.....	58
PCE.....	73	phenytoin sodium extended.....	18	POLY-VI-FLOR.....	81
ped multivitamins w/fl & iron.	81	PHLAG SPRAY.....	59	POLY-VI-FLOR/IRON... .	81,82
pediatric multivitamins w/fl .	81	PHOSLYRA.....	68	polyethylene glycol 3350 .	72
pediatric vitamins acd fluoride & iron.....	81	PHOSPHOLINE IODIDE .	88	polymyxin b-trimethoprim... .	89
pediatric vitamins acd w/ fluoride.....	81	phytonadione.....	101	POLYTRIM.....	89
PEDVAX HIB.....	100	PICATO.....	53	POMALYST.....	33
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	72	PIFELTRO.....	38	PONSTEL.....	5
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	72	pilocarpine hcl.....	88	pot & sod citrates w/citric ac.	68
PEGANONE.....	18	pilocarpine hcl (oral).....	81	pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	79
PEGASYS.....	40	pimecrolimus.....	58	POTABA.....	101
PEGASYS PROCLICK.....	40	PIMOZIDE.....	95	potassium bicarb & chloride .	79
PEGINTRON.....	40	pindolol.....	41	potassium bicarbonate.....	79
PEN NEEDLES 30GX5MM .	76	pioglitazone hcl.....	22	potassium chloride.....	79
penicillamine.....	80	pioglitazone hcl- glimepiride.....	21	POTASSIUM CHLORIDE ER.....	79
PENICILLIN V POTASSIUM .	93	pioglitazone hcl-metformin hcl.....	21	potassium chloride microencapsulated crystals er.....	79
penicillin v potassium.....	93	PIQRAY 200MG DAILY DOSE.....	34	potassium citrate (alkalinizer).....	68
PENLEN.....	59	PIQRAY 250MG DAILY DOSE.....	34	potassium citrate-citric acid .	68
PENNSAID.....	51	PIQRAY 300MG DAILY DOSE.....	34	POTASSIUM CITRATE/SODIUMCITRATE/CIT RIC ACID.....	68
PENTASA.....	67	piroxicam.....	5	POTIGA.....	18
pentazocine w/ naloxone.....	8	PLAN B ONE-STEP.....	46	POVIDONE IODINE.....	89
pentoxifylline.....	69	PLAQUENIL.....	31	PR NATAL 400 EC.....	83
PEPCID.....	98	PLAVIX.....	70		
PERCOCET.....	8	PLEGRIDY.....	94		
PERFOROMIST.....	15	PLEGRIDY STARTER PACK.....	95		
perindopril erbumine.....	28	PLENVU.....	72		
permethrin.....	60				

PR NATAL 430.....	83	PREMESISRX.....	83	PRIFTIN.....	31
PR NATAL 430 EC.....	83	PREMIUM CONDOMS		PRIOSEC.....	98
PRADAXA.....	16	LUBRICATED.....	74	PRIMACARE.....	84
PRALUENT.....	27	PREMPHASE.....	65	primaquine phosphate.....	31
pramipexole dihydrochloride.....	35	PREMPRO.....	65	PRIMAQUINE PHOSPHATE.....	31
PRAMOSONE.....	56	PRENA 1 TRUE.....	83	primidone.....	18
PRAMOSONE E.....	56	PRENA1 CHEW.....	83	PRIMLEV.....	8
PRAMOTIC.....	92	PRENA1 PEARL.....	83	PRIMSOL.....	10
pramoxine-hc.....	56	PRENAISSANCE.....	83	PRINIVIL.....	28
pramoxine-hc-chloroxylenol.....	92	PRENAISSANCE		PRISTIQ.....	20
PRANDIN.....	23	BALANCE.....	83	PRO COMFORT INSULIN	
prasugrel hcl.....	70	PRENAISSANCE HARMONY		SYRINGES/1ML/30G X	
PRAVACHOL.....	27	DHA.....	83	5/16".....	76
pravastatin sodium.....	27	PRENAISSANCE NEXT.....	83	PROAIR HFA.....	15
praziquantel.....	10	PRENAISSANCE NEXT-B.....	83	PROAIR RESPICLICK.....	15
prazosin hcl.....	29	PRENAISSANCE PLUS.....	83	probenecid.....	69
PRECISION XTRA.....	75	PRENATA.....	83	PROCARDIA.....	42
PRECISION XTRA BLOOD		PRENATABS RX.....	83	PROCARDIA XL.....	42
GLUCOSE TEST STRIPS.....	61	PRENATAL.....	84	PROCENTRA.....	1
PRECOSE.....	21	PRENATAL 19.....	83,84	prochlorperazine.....	37
PRED FORTE.....	90	PRENATAL LOW IRON.....	84	prochlorperazine maleate.....	37
PRED MILD.....	90	PRENATAL ONE DAILY.....	84	PROCORT.....	9
PRED-G.....	90	PRENATAL PLUS.....	84	PROCRIT.....	70
PRED-G S.O.P.....	90	PRENATAL PLUS IRON.....	84	PROCTOCORT.....	9
PREDNICARBATE.....	56	prenatal vit w/ docusate-iron		PROCTOFOAM HC.....	9
prednicarbate.....	56	carbonyl-folic acid.....	84	PROCYSBI.....	68
PREDNISOLONE.....	47	prenatal vit w/ ferrous fumarate-		PRODRIN.....	77
prednisolone.....	47	folic acid.....	84	progesterone.....	93
PREDNISOLONE ACETATE.....	90	PRENATAL VITAMIN.....	84	progesterone micronized.....	93
PREDNISOLONE ACETATE P-		PRENATAL VITAMINS PLUS		PROGLYCEM.....	22
F.....	90	LOW IRON.....	84	PROGRAF.....	80
prednisolone sodium		PRENATAL-U.....	84	PROLENSA.....	91
phosphate.....	47	PRENATE.....	84	PROMACTA.....	70
PREDNISOLONE SODIUM		PRENATE AM.....	84	promethazine &	
PHOSPHATE.....	47	PRENATE DHA.....	84	phenylephrine.....	48
prednisolone sodium		PRENATE ELITE.....	84	promethazine hcl.....	26
phosphate.....	47	PRENATE ENHANCE.....	84	promethazine w/codeine.....	48
PREDNISOLONE SODIUM		PRENATE ESSENTIAL.....	84	promethazine-dm.....	48
PHOSPHATE.....	90	PRENATE MINI.....	84	promethazine-phenylephrine-	
prednisone.....	47	PRENATE PIXIE.....	84	codeine.....	48
PREDNISONE.....	47	PRENATE RESTORE.....	84	PROMETHAZINE/DEXTROMET	
PREDNISONE INTENSOL.....	47	PREPLUS.....	84	HORPHAN.....	48
PREFERAOB +DHA.....	83	PREPOPIK.....	72	PROMETHAZINE/PHENYLEPHR	
PREFERRED PLUS INSULIN		PREVACID.....	98	INE/CODEINE.....	48
SYRINGE/U-100/1ML/30G X		PREVACID SOLUTAB.....	98	PROMETHEGAN.....	26
5/16".....	76	PREVPAC.....	99	PROMETRIUM.....	93
PREFEST.....	65	PREVYMIS.....	39	propafenone hcl.....	12
PREGNYL W/DILUENT		PREZCOBIX.....	39	propantheline bromide.....	97
BENZYLALCOHOL/NACL.....	63	PREZISTA.....	39		
PREMARIN.....	66				

propracaine hcl.....	90	quinidine gluconate.....	12	RELPAK.....	78
propranolol & hydrochlorothiazide.....	30	quinidine sulfate.....	12	REMERON.....	19
propranolol hcl.....	42	QUINIDINE SULFATE.....	12	REMERON SOLTAB.....	19
PROPRANOLOL HCL.....	42	quinine sulfate.....	31	RENAGEL.....	68
propranolol hcl.....	42	QUINJA.....	52	REVELA.....	68
propylthiouracil.....	96	QVAR.....	14	repaglinide.....	23
PROSCAR.....	69	QVAR REDHALER.....	14	REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	21
PROTONIX.....	98	R-NATAL OB.....	85	REPATHA.....	27
PROTOPIC.....	58	RA INSULIN SYRINGE/U- 100/1 ML/30G X 5/16".....	76	REPATHA PUSHTRONEX SYSTEM.....	27
protriptyline hcl.....	21	rabeprazole sodium.....	98	REPATHA SURECLICK.....	27
PROVENTIL HFA.....	15	RADIOGARDASE.....	24	REPREXAIN.....	8
PROVERA.....	93	RAGWITEK.....	3	REQUIP.....	35
PROVIDA DHA.....	84	raloxifene hcl.....	64	REQUIP XL.....	35
PROVIDA OB.....	85	ramipril.....	28	RESCRIPTOR.....	39
PROVIGIL.....	2	RANEXA.....	11	RESCULA.....	92
PROZAC.....	20	ranitidine hcl.....	98	RESTASIS.....	90
PRUDOXIN.....	53	ranolazine.....	11	RESTASIS MULTIDOSE.....	90
pseudoephed-cpm w/ hydrocod.....	48	RAPAFLO.....	69	RESTORIL.....	71
pseudoephedrine w/ codeine- gg.....	48	RAPAMUNE.....	80	RETIN-A.....	50
PSORCON.....	56	rasagiline mesylate.....	36	RETIN-A MICRO.....	50
PULMICORT.....	14	RASUVO.....	3	RETIN-A MICRO PUMP.....	50
PULMICORT FLEXHALER.....	14	RAVICTI.....	64	RETROVIR.....	39
PULMOZYME.....	96	RAYALDEE.....	64	REVATIO.....	43
PURIXAN.....	32	RAYOS.....	47	REVLIMID.....	80
PYLERA.....	99	RAZADYNE.....	94	REXULTI.....	37
pyrazinamide.....	31	RAZADYNE ER.....	94	REYATAZ.....	39
PYRIDIUM.....	69	REALITY LATEX CONDOMS/LUBRICATED.....	74	REZIRA.....	48
pyridostigmine bromide.....	31	REALITY LATEX/ULTRA TEXTURED.....	74	RHINOCORT AQUA.....	87
QBRELIS.....	28	REALITY LATEX/ULTRA THIN.....	74	RHOFADE.....	60
QNASL.....	87	REBETOL.....	40	RIAX.....	50
QNASL CHILDRENS.....	87	REBIF.....	95	RIBASPHERE RIBAPAK.....	40
QSYMIA.....	1	REBIF REBIDOSE.....	95	ribavirin.....	41
QUALAQUIN.....	31	REBIF REBIDOSE TITRATIONPACK.....	95	ribavirin (hepatitis c).....	40
QUARTETTE.....	46	REBIF TITRATION PACK.....	95	RIDAURA.....	3
QUAZEPAM.....	71	RECTIV.....	9	rifabutin.....	31
QUDEXY XR.....	18	REGLAN.....	67	RIFADIN.....	31
QUESTRAN.....	26	REGRANEX.....	60	RIFAMATE.....	31
QUESTRAN LIGHT.....	26	RELAGARD.....	100	rifampin.....	31
quetiapine fumarate.....	37	RELENZA DISKHALER.....	41	RIFATER.....	31
QUFLORA GUMMIES.....	81	RELEXII.....	3	RIGHT STEP PRENATAL.....	85
QUFLORA PEDIATRIC.....	81	RELION INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	76	RILUTEK.....	88
QUILLIVANT XR.....	3	RELISTOR.....	68	riluzole.....	88
quinapril hcl.....	28	RELNATE DHA.....	85	rimantadine hydrochloride.....	41
quinapril-hydrochlorothiazide	30			RIOMET.....	22
				risedronate sodium.....	63

RISPERDAL	36	SAXENDA	2	SIVEXTRO	11
RISPERDAL M-TAB	36	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	76	SKELAXIN	86
risperidone	36	scopolamine	24	SKLICE	60
RISPERIDONE ODT	36	SE-NATAL 19	85	SKYLA	46
RITALIN	3	SEASONIQUE	46	sodium chloride (inhalant)	48
RITALIN LA	3	SECONAL SODIUM	71	sodium citrate & citric acid	68
ritonavir	39	SEEBRI NEOHALER	13	sodium fluoride	79
rivastigmine	94	SEGLUROMET	21	SODIUM FLUORIDE	79
rivastigmine tartrate	94	SELECT-OB	85	sodium phenylbutyrate	64
rizatriptan benzoate	78	SELECT-OB+DHA	85	sodium polystyrene sulfonate	81
ROBAXIN	86	selegiline hcl	36	SODIUM SULFACETAMIDE WASH	54
ROBAXIN-750	86	selenium sulfide	54	SODIUM SULFACETAMIDE/SULFUR	50
ROBINUL	97	SELZENTRY	39	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	50
ROBINUL FORTE	97	SEMPREX-D	48	SODIUM SULFACETAMIDE/SULFUR IN UREA	50
ROCALTROL	64	SENSIPAR	64	SOFOSBUVIR/VELPATASVIR	40
ropinirole hydrochloride	35	SEREVENT DISKUS	15	solifenacin succinate	99
rosuvastatin calcium	27	SEROQUEL	37	SOLIQUA 100/33	21
ROXICODONE	7	SEROQUEL XR	37	SOLODYN	96
ROXYBOND	7	SEROSTIM	63	SOLTAMOX	33
ROZEREM	72	sertraline hcl	20	SOMA	86
RUBRACA	34	sevelamer carbonate	68	SOMAVERT	63
RUCONEST	69	sevelamer hcl	68	SONATA	71
RULAVITE DHA	85	SEVELAMER HYDROCHLORIDE	68	SOOLANTRA	60
RYCLORA	25	SFROWASA	67	SORIATANE	53
RYDAPT	34	SHUR-SEAL	100	SORILUX	53
RYTARY	36	SIGNIFOR	65	sotalol hcl	42
RYTHMOL SR	12	SIKLOS	70	sotalol hcl (afib/afib)	42
SABRIL	18	sildenafil citrate	43	SOTYLIZE	42
SAFYRAL	46	SILDENAFIL CITRATE	44	SOVALDI	40
SALAGEN	81	sildenafil citrate (pulmonary hypertension)	44	SPACER/AEROSOL-HOLDING CHAMBER	77
SALEX	58	SILENOR	71	SPECTRACEF	44
SALEX LOTION	58	SILIQ	53	SPINOSAD	60
salicylic acid	58	silodosin	69	SPIRIVA HANDIHALER	13
SALICYLIC ACID LOTION	58	SILVADENE	54	SPIRIVA RESPIMAT	13
SALISOL	58	silver sulfadiazine	54	spironolactone	62
SALITECH	58	SIMBRINZA	89	spironolactone & hydrochlorothiazide	61
SALVAX	59	SIMPONI	3	SPORANOX	25
SAMSCA	65	simvastatin	27	SPORANOX PULSEPAK	25
SANCUSO	24	SINEMET	36	SPRIX	5
SANDIMMUNE	80	SINEMET CR	36		
SANDOSTATIN	65	SINGULAIR	13		
SANTYL	58	sirolimus	80		
SAPHRIS	37	SIRTURO	31		
SARAFEM	95	SITAVIG	40		
SAVAYSA	15				
SAVELLA	94				

SPRYCEL.....	34	sumatriptan-naproxen		TAPAZOLE.....	96
SSS 10-5.....	50	sodium.....	77	TARCEVA.....	34
STALEVO 100.....	36	SUMAXIN TS.....	51	TARGRETIN.....	34,53
STALEVO 125.....	36	SUMAXIN WASH.....	51	TARKA.....	30
STALEVO 150.....	36	SUPRAX.....	44	TARON-BC.....	85
STALEVO 200.....	36	SUPREP BOWEL PREP		TARON-C DHA.....	85
STALEVO 50.....	36	KIT.....	72	TARON-PREX.....	85
STALEVO 75.....	36	SURE COMFORT INSULIN		TASIGNA.....	34
STARLIX.....	23	SYRINGE/U-100/1ML/30G X		TASMAR.....	35
stavudine.....	39	5/16".....	77	TAVALISSE.....	69
STAXYN.....	43	SURE-JECT INSULIN		TAYTULLA.....	46
STEGLATRO.....	23	SYRINGE/U-100/1ML/30G X		tazarotene.....	53
STELARA.....	53	5/16".....	77	TAZORAC.....	53
STIMATE.....	65	SURMONTIL.....	21	TBC.....	58
STIOLTO RESPIMAT.....	15	SUSTIVA.....	39	TECFIDERA.....	95
STIVARGA.....	34	SUTENT.....	34	TECFIDERA STARTER	
STRATTERA.....	2	SUVICORT.....	59	PACK.....	95
STRENSIQ.....	64	SYMBICORT.....	15	TECHLITE INSULIN SYRINGE U-	
STRIANT.....	9	SYMBYAX.....	94	100/1ML/30G X 5/16".....	77
STRIBILD.....	39	SYMDEKO.....	96	TECHNIVIE.....	40
STRIVERDI RESPIMAT.....	15	SYMLINPEN 120.....	21	TEGRETOL.....	18
STROMEKTOL.....	10	SYMLINPEN 60.....	21	TEGRETOL-XR.....	18
SUBOXONE.....	8	SYMPROIC.....	68	TEGSEDI.....	95
SUBSYS.....	7	SYMTUZA.....	39	TEKTURNA.....	30
SUCRAID.....	61	SYNALAR.....	57	TEKTURNA HCT.....	30
sucralfate.....	98	SYNALGOS-DC.....	8	telmisartan.....	28
SULAR.....	42	SYNAREL.....	64	telmisartan-amlodipine.....	30
sulfacetamide sod-		SYNERA.....	59	telmisartan-hydrochlorothiazide	
prednisolone.....	90	SYNERDERM.....	59	.....	30
sulfacetamide sodium.....	54	SYNJARDY.....	21	temazepam.....	71
SULFACETAMIDE SODIUM.....	89	SYNJARDY XR.....	21	TEMODAR.....	32
sulfacetamide sodium (acne).....	50	SYNTHROID.....	97	TEMOVATE.....	57
sulfacetamide sodium		SYPRINE.....	80	temozolomide.....	32
(ophth).....	89	TABLOID.....	32	TENCON.....	5
sulfacetamide sodium w/		TACLONEX.....	57	tenofovir disoproxil fumarate.....	39
sulfur.....	50	tacrolimus.....	80	TENORETIC 100.....	30
SULFACETAMIDE		tacrolimus (topical).....	58	TENORETIC 50.....	30
SODIUM/PREDNISOLONE		tadalafil.....	43	TENORMIN.....	41
SODIUM PHOSPHATE.....	90	tadalafil (pulmonary		TERAZOL 7.....	101
SULFADIAZINE.....	96	hypertension).....	44	terazosin hcl.....	29
sulfamethoxazole-trimethoprim		TAFINLAR.....	34	terbinafine hcl.....	25
.....	10	TAGRISSO.....	34	terbutaline sulfate.....	15
SULFAMYLON.....	54	TAKHZYRO.....	69	TERCONAZOLE.....	101
sulfasalazine.....	67	TALTZ.....	53	terconazole vaginal.....	101
sulindac.....	5	TALZENNA.....	34	TESSALON PERLES.....	47
SUMADAN WASH.....	51	TAMIFLU.....	41	TESTIM.....	9
sumatriptan.....	78	tamoxifen citrate.....	33	testosterone.....	9
sumatriptan succinate.....	78,79	tamsulosin hcl.....	69		
		TANZEUM.....	22		

TESTOSTERONE			
CYPIONATE.....	9	TOBRADEX.....	91
testosterone cypionate.....	9	TOBRADEX ST.....	91
TESTRED.....	9	tobramycin.....	3
tetrabenazine.....	94	TOBRAMYCIN.....	3
tetracaine hcl (ophth).....	90	tobramycin (ophth).....	89
tetracycline hcl.....	96	tobramycin-	
TEXACORT.....	57	dexamethasone.....	91
THALOMID.....	80	TOBEX.....	89
THEO-24.....	15	TODAY SPONGE.....	100
theophylline.....	15	TOFRANIL.....	21
THERANATAL CORE		TOLAK.....	53
NUTRITION.....	85	tolazamide.....	23
THIOLA.....	69	tolbutamide.....	23
thioridazine hcl.....	37	tolcapone.....	35
thiothixene.....	37	TOLMETIN SODIUM.....	5
THRIVITE 19.....	85	tolmetin sodium.....	5
THRIVITE RX.....	85	tolterodine tartrate.....	99,100
thyroid.....	97	TOPAMAX.....	18
THYROLAR-1.....	97	TOPAMAX SPRINKLE.....	18
THYROLAR-1/2.....	97	TOPCARE ULTRA COMFORT	
THYROLAR-1/4.....	97	INSULIN SYRINGE/1ML/30G X	
THYROLAR-2.....	97	5/16".....	77
THYROLAR-3.....	97	TOPICORT.....	57
tiagabine hcl.....	18	topiramate.....	18
TIAZAC.....	42	TOPIRAMATE ER.....	18
TIBSOVO.....	34	TOPROL XL.....	41
TIGAN.....	24	toremifene citrate.....	33
TIKOSYN.....	12	torsemide.....	62
timolol maleate.....	42	TOUJEO MAX	
timolol maleate (ophth).....	88	SOLOSTAR.....	23
TIMOLOL MALEATE		TOUJEO SOLOSTAR.....	23
OPHTHALMIC GEL		TOVIAZ.....	100
FORMING.....	88	TRACLEER.....	43
TIMOPTIC.....	88	TRADJENTA.....	22
TIMOPTIC OCUDOSE.....	88	tramadol hcl.....	7
TIMOPTIC-XE.....	88	TRAMADOL HCL ER.....	7
TINDAMAX.....	10	tramadol-acetaminophen....	8
tinidazole.....	10	trandolapril.....	28
TIROSINT.....	97	trandolapril-verapamil hcl...	30
TIVICAY.....	39	TRANDOLAPRIL/VERAPAMIL	
TIVORBEX.....	5	HCL ER.....	30
tizanidine hcl.....	86	tranexamic acid.....	71
TL FOLATE.....	85	TRANSDERM SCOP.....	24
TL-CARE DHA.....	85	TRANSDERM-SCOP.....	24
TL-SELECT.....	85	TRANXENE T.....	12
TOBI.....	3	tranylcypromine sulfate....	19
TOBI PODHALER.....	3	TRAVATAN Z.....	92
		trazodone hcl.....	20
		TRECTOR.....	31
		TRELEGY ELLIPTA.....	15
		TREMFYA.....	53
		TRESIBA FLEXTOUCH.....	23
		TRETIN-X.....	51
		tretinoin.....	51
		tretinoin (chemotherapy)....	34
		tretinoin microsphere.....	51
		TREXALL.....	32
		TREXIMET.....	77
		TRI-NORINYL 28.....	46
		TRI-TABS DHA.....	85
		TRI-VI-FLOR.....	81
		TRI-VI-FLORO.....	81
		triamcinolone acetonide	
		(mouth).....	81
		triamcinolone acetonide	
		(topical).....	57
		triamterene &	
		hydrochlorothiazide.....	61
		triazolam.....	71
		TRIBENZOR.....	30
		TRICARE.....	85
		TRICARE PRENATAL.....	85
		TRICARE PRENATAL DHA	
		ONE.....	85
		TRICARE PRENATAL DHA	
		ONE/FOLATE.....	85
		TRICITRATES.....	68
		TRICOR.....	27
		TRIDESILON.....	57
		trientine hcl.....	80
		trifluoperazine hcl.....	37
		TRIFLURIDINE.....	89
		trifluridine.....	89
		TRIGLIDE.....	27
		trihexyphenidyl hcl.....	35
		TRILEPTAL.....	18
		TRILIPIX.....	27
		trimethobenzamide hcl.....	24
		trimethoprim.....	10
		trimipramine maleate.....	21
		TRIMPEX.....	10
		TRINATAL GT.....	85
		TRINTELLIX.....	20
		TRISTART DHA.....	85
		TRISTART ONE.....	85
		TRIUMEQ.....	39

TRIVEEN-PRX RNF.....	85	TRUSTEX LUBRICATED		ULTILET INSULIN	
TRIZIVIR.....	39	EXTRALARGE.....	74	SYRINGE/1ML/30G X 8MM..	77
TROJAN.....	74	TRUSTEX LUBRICATED		ULTILET INSULIN	
TROJAN ASSORTMENT		EXTRASTRENGTH.....	74	SYRINGE/SHORT/1ML/30G X	
PACK.....	74	TRUSTEX		5/16".....	77
TROJAN EXTENDED		LUBRICATED/RIBBED/STUDD		ULTIMATECARE ONE.....	85
PLEASURE/LUBRICATED ..	74	ED.....	75	ULTIMATECARE ONE NF...85	
TROJAN EXTRA		TRUSTEX		ULTRA-COMFORT INSULIN	
STRENGTH.....	74	LUBRICATED/SPERMICIDE		SYRINGE/U-100/1ML/30G X	
TROJAN MAGNUM.....	74	.....	75	5/16".....	77
TROJAN MAGNUM WARM		TRUSTEX		ULTRA-THIN II INSULIN	
SENSATIONS.....	74	LUBRICATED/SPERMICIDE		SYRINGE SHORT/U-	
TROJAN MAGNUM XL		EXTRA LARGE.....	75	100/1ML/30GX5/16".....	77
LUBRICATED.....	74	TRUSTEX		ULTRACARE INSULIN	
TROJAN PLEASURE		LUBRICATED/SPERMICIDE		SYRINGE/U-100/1ML/30G X	
MESH/SPERMICIDAL.....	74	EXTRA STRENGTH.....	75	5/16".....	77
TROJAN PLUS.....	74	TRUSTEX NATURAL		ULTRACET.....	8
TROJAN REGULAR.....	74	CONDOMS		ULTRAM.....	7
TROJAN RIBBED.....	74	+LUBE/LUBRICATED.....	75	ULTRASAL-ER.....	59
TROJAN RIBBED		TRUSTEX NON-		ULTRAVATE.....	57
W/SPERMICIDAL.....	74	LUBRICATED.....	75	UPTRAVI.....	44
TROJAN SHARED		TRUSTEX WITH		URAMAXIN.....	57
SENSATION/LUBRICATED ..	74	NONOXYNOL-		URAMAXIN GT.....	57
TROJAN SUPRAS		9/RIBBED/STUDDED.....	75	URE-K.....	57
SPERMICIDAL.....	74	TRUSTEX/RIA		urea.....	57
TROJAN TWISTED		LUBRICATED.....	75	UREA.....	57
PLEASURE.....	74	TRUSTEX/RIA LUBRICATED		urea.....	57
TROJAN ULTRA		SPERMICIDE.....	75	urea in lactic acid vehicle...57	
PLEASURE/LUBRICATED ..	74	TRUSTEX/RIA		urea in zinc undecylenate-lactic	
TROJAN VERY SENSITIVE		LUBRICATED/SPERMICIDE		acid vehicle.....	57
LUBRICATED.....	74	.....	75	UREA IN ZINC	
TROJAN VERY SENSITIVE		TRUSTEX/RIA NON-		UNDECYLENATE/LACTIC ACID	
SPERMICIDAL LUBRICANT ..	74	LUBRICATED.....	75	VEHICLE.....	57
TROJAN VERY THIN		TRUVADA.....	39	UREA NAIL.....	58
LUBRICATED.....	74	TUDORZA PRESSAIR.....	13	UREA TOPICAL.....	58
TROJAN VERY THIN		TUSSICAPS.....	48	URECHOLINE.....	100
SPERMICIDAL LUBRICANT ..	74	TUSSIONEX PENNKINETIC		URIMAR-T.....	99
TROJAN-ENZ LUBRICANT ..	74	EXTENDED RELEASE.....	48	UROCIT-K 10.....	68
TROJAN-ENZ		TUSSLIN.....	48	UROCIT-K 15.....	68
LUBRICATED.....	74	TUSSLIN PEDIATRIC.....	48	UROCIT-K 5.....	68
TROJAN-ENZ		TWYNSTA.....	30	UROXATRAL.....	69
W/SPERMICIDAL.....	74	TYBOST.....	39	URSO 250.....	67
TROKENDI XR.....	18	TYKERB.....	34	URSO FORTE.....	67
tropicamide.....	88	TYLENOL/CODEINE #3.....	8	ursodiol.....	67
tropium chloride.....	100	TYLENOL/CODEINE #4.....	8	UTIBRON NEOHALER.....	15
TRUEPLUS INSULIN		TYMLOS.....	63	UTOPIC.....	58
SYRINGE/U-100/1ML/30G X		UCERIS.....	9,47	VAGIFEM.....	101
5/16".....	77	ULESFIA.....	60	valacyclovir hcl.....	40
TRULANCE.....	66	ULORIC.....	69	VALCHLOR.....	53
TRULICITY.....	22	ULTICARE INSULIN		VALCYTE.....	39
TRUSOPT.....	91	SYRINGE/1ML/30G X			
TRUSTEX COLOR CONDOMS +		5/16".....	77		
LUBE.....	74	ULTICARE INSULIN			
TRUSTEX LUBRICATED.....	75	SYRINGE/SHORT/1ML/30G X			
		5/16".....	77		

valganciclovir hcl	39	VFEND	25	VITAMIN D3	101
VALIUM	12	VIAGRA	43	VITAPEARL	86
valproic acid	19	VIBERZI	67	VITATRUE	86
valsartan	28	VIBRAMYCIN	96	VITRAKVI	34
valsartan-hydrochlorothiazide	30	VICTOZA	22	VITUZ	48
VALTREX	40	VIDEX EC	39	VIVA DHA	86
VANATOL LQ	6	VIDEXPEDIATRIC	39	VIVELLE-DOT	66
VANATOL S	6	VIEKIRA PAK	40	VIVOTIF	100
VANCOCIN HCL	10	VIEKIRA XR	40	VIVOTIF BERNA	100
vancomycin hcl	10	vigabatrin	18	VIZIMPRO	34
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	77	VIGAMOX	89	VOL-PLUS	86
VANOS	57	VIIBRYD	20	VOL-TAB RX	86
vardenafil hcl	43	VIIBRYD STARTER PACK	20	VOLTAREN	51
VARUBI	25	VIL-RX	85	voriconazole	25
VASCEPA	26	VIMOVO	5	VOSEVI	40
VASERETIC	30	VIMPAT	18	VOSPIRE ER	15
VASOTEC	28	VINATE DHA RF	85	VOTRIENT	34
VCF VAGINAL CONTRACEPTIVE FILM	100	VINATE II	85	VP-CH PLUS	86
VCF VAGINAL CONTRACEPTIVE FOAM	100	VIOKACE	61	VP-CH-PNV	86
VECAMYL	30	VIRACEPT	39	VP-GGR-B6 PRENATAL	86
VECTICAL	53	VIRAMUNE	39	VP-HEME OB	86
VELPHORO	68	VIRAMUNE XR	39	VP-HEME OB + DHA	86
VELTASSA	81	VIRASAL	59	VP-PNV-DHA	86
VELTIN	51	VIRAZOLE	41	VRAYLAR	36
VEMAVITE-PRX 2	85	VIREAD	39	VUSION	52
VEMLIDY	40	VIROPTIC	89	VYTORIN	26
VENA-BAL DHA	85	VIRT-ADVANCE	85	VYVANSE	1
VENCLEXTA	32	VIRT-C DHA	85	warfarin sodium	15
VENCLEXTA STARTING PACK	32	VIRT-NATE DHA	85	WELCHOL	26
venlafaxine hcl	20	VIRT-PN	85	WELLBUTRIN SR	19
VENTAVIS	43	VIRT-PN DHA	85	WELLBUTRIN XL	19
VENTOLIN HFA	15	VIRT-PN PLUS	85	WELLESSE VITAMIN D3	101
verapamil hcl	42	VIRT-SELECT	85	WESTCORT	57
VERAPAMIL HCL ER	42	VIRT-VITE GT	85	WESTHROID	97
VERAPAMIL HCL SR	42	VIRTPREX	85	WP THYROID	97
VERDESO	57	VISTARIL	11	XALATAN	92
VEREGEN	51	VISTOGARD	24	XALKORI	34
VERELAN	43	VITAFOL FE+	86	XANAX	12
VERELAN PM	43	VITAFOL GUMMIES	86	XANAX XR	12
VERIPRED 20	47	VITAFOL ULTRA	86	XARELTO	16
VERSACLOZ	37	VITAFOL-NANO	86	XARELTO STARTER PACK	16
VERZENIO	34	VITAFOL-ONE	86	XATMEP	32
VESICARE	100	VITAMEDMD ONE RX/QUATREFOLIC	86	XELJANZ	3
		VITAMEDMD REDICHEW RX	86	XELODA	32
		VITAMIN D2	101	XENAZINE	94

XENICAL.....	2	ZETONNA.....	87	ZYLET.....	91
XERAC AC.....	59	ZIAC.....	30	ZYLOPRIM.....	69
XERESE.....	54	ZIAGEN.....	39	ZYMAXID.....	89
XERMELO.....	68	ZIANA.....	51	ZYPREXA.....	37
XIAFLEX.....	80	zidovudine.....	39	ZYPREXA ZYDIS.....	37
XIFAXAN.....	10	zileuton.....	13	ZYTIGA.....	33
XIIDRA.....	90	ZINBRYTA.....	95	ZYVOX.....	11
XODOL.....	8	zinc sulfate.....	80		
XOLAIR.....	12	ZIOPTAN.....	92		
XOLEGEL.....	52	ziprasidone hcl.....	36		
XOPENEX.....	15	ZIPSOR.....	5		
XOPENEX CONCENTRATE	15	ZIRGAN.....	89		
XOPENEX HFA.....	15	ZITHROMAX.....	72		
XOSPATA.....	34	ZITHROMAX TRI-PAK.....	72		
XTAMPZA ER.....	7	ZITHROMAX Z-PAK.....	73		
XTANDI.....	33	ZMAX.....	73		
XULANE.....	46	ZOCOR.....	27		
XULTOPHY 100/3.6.....	21	ZOFRAN.....	24		
XURIDEN.....	64	ZOFRAN ODT.....	24		
XYREM.....	93	ZOHYDRO ER.....	7		
YASMIN 28.....	46	ZOLINZA.....	34		
YAZ.....	46	zolmitriptan.....	79		
YONSA.....	33	ZOLOFT.....	20		
zafirlukast.....	13	zolpidem tartrate.....	71		
zaleplon.....	71	ZOLPIMIST.....	71		
ZAMICET.....	8	ZOMACTON.....	64		
ZANAFLEX.....	86	ZOMIG.....	79		
ZANTAC.....	98	ZOMIG ZMT.....	79		
ZARONTIN.....	18	ZONALON.....	53		
ZARXIO.....	70	ZONEGRAN.....	18		
ZATEAN-CH.....	86	zonisamide.....	18		
ZATEAN-PN DHA.....	86	ZONTIVITY.....	70		
ZATEAN-PN PLUS.....	86	ZORTRESS.....	80		
ZAVESCA.....	70	ZORVOLEX.....	5		
ZEGERID.....	99	ZOVIRAX.....	40,54		
ZEJULA.....	34	ZUBSOLV.....	8		
ZELAPAR.....	36	ZUPLENZ.....	24		
ZELBORAF.....	34	ZURAMPIC.....	69		
ZEMPLAR.....	64	ZUTRIPRO.....	48		
ZENPEP.....	61	ZYBAN.....	95		
ZENZEDI.....	1	ZYCLARA.....	58		
ZEPATIER.....	40	ZYCLARA PUMP.....	58		
ZERIT.....	39	ZYDELIG.....	34		
ZESTORETIC.....	30	ZYFLO.....	13		
ZESTRIL.....	28	ZYFLO CR.....	13		
ZETIA.....	27	ZYKADIA.....	34		