

*California*

# 3-Tier Drug List

The 3-Tier Drug List includes a list of drugs covered by Health Net. This drug list is for **California**. 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](http://www.healthnet.com) or call us at the toll-free telephone number on your Health Net ID card.



Health Net®

# Welcome to Health Net

## What is the 3-Tier Drug List?

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

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

## How much will I pay for my drugs?

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

<i>Abbreviation</i>	<i>Description</i>
1	Preferred generic drugs
2	Preferred brand drugs
3	Non-preferred brand drugs, covered drugs not on the drug list and covered brand drugs that are approved as medically necessary by Health Net.
GP	Generic drugs are preferred. To get a brand drug that has a generic available, your doctor must request prior authorization to show medical necessity. If we approve the request, the drug may be covered at a higher copayment. Refer to your plan documents for coverage details.
NF	Non-formulary drugs are those not included in the list of drugs approved by our Pharmacy and Therapeutics Committee. We may cover a non-formulary drug if your doctor provides a medical reason. If approved, the drug will be covered under the non-preferred tier.
SP	Specialty and covered injectable drugs that may need to be filled by a Specialty pharmacy. Prior authorization may be required. Some plans cover self-injectable drugs under the medical benefit. Not all plans cover specialty drugs under the pharmacy benefit. Refer to your plan documents for coverage and copayment/coinsurance.

## 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>
AC	Anti-Cancer	These oral cancer drugs are subject to a maximum \$200 copayment per State law.
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.
PV	Preventive Drugs	Preventive benefit drugs covered at no cost to members under the Affordable Care Act. A deductible does not apply. To get a brand drug that has a generic available, your doctor must request prior authorization to show medical necessity. You will be responsible for the difference in cost between the brand and the generic drug.
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 and fail another specific drug(s) before these drugs will be covered.

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

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

- Your doctor can ask us to cover your drug even if it is not on the drug list. If we approve an exception for a drug that's not on the drug list, the non-preferred brand tier (Tier 3) applies.
- 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 1-800-314-6223.

## 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](http://www.healthnet.com) or call us at the telephone number on your Health Net ID card.

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

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

### **Can I use a mail order pharmacy?**

You can use the CVS Caremark Mail Order Pharmacy for the home delivery of most maintenance drugs. Maintenance drugs are those that you take daily and are needed for a long term condition.

To use the mail order pharmacy, your doctor must provide new prescriptions that allow up to a 90-day supply of each drug. Mail order forms are available on our website at [www.healthnet.com](http://www.healthnet.com) or you may call us at the telephone number on your Health Net ID card to request a form.

### **How can I save money on my prescription drugs?**

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at Health Net participating pharmacies.
- Be sure your doctor prescribes drugs on the drug list
- Fill your maintenance drugs through our mail order pharmacy program.

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

Health Net:

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

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

On Exchange/Covered California 1-888-926-4988 (TTY: 711)

Off Exchange 1-800-522-0088 (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 grievance by mail, fax or online at:

Health Net Life Insurance Company  
P.O. Box 10348  
Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Online: [healthnet.com](http://healthnet.com)

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 or call 1-800-522-0088 (TTY: 711).

If you bought coverage through the California marketplace call 1-888-926-4988 (TTY: 711). For more help:

If you are enrolled in a PPO or EPO insurance policy from Health Net Life Insurance Company, call the CA Dept. of Insurance at 1-800-927-4357. If you are enrolled in an HMO or HSP plan from Health Net of California, Inc., call the DMHC Helpline at 1-888-HMO-2219.

## 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 أو اتصل على مركز الاتصال التجاري في 1-800-522-0088 (TTY: 711). في حال قمت بشراء التغطية من سوق كاليفورنيا، اتصل على الرقم 1-888-926-4988 (TTY: 711) وللحصول على المساعدة: في حال كنت مسجلاً في بوليصة تأمين المنظمة المزودة المفضلة PPO أو المنظمة المزودة الحصرية EPO من شركة التأمين على الحياة Health Net Life Insurance Company ، اتصل على قسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. في حال كنت مسجلاً في منظمة المحافظة على الصحة HMO أو خطة التوفير الصحية HSP من شركة Health Net of California, Inc.، اتصل على خط المساعدة في قسم الرعاية الصحية المدارة DMHC على الرقم 1-888-HMO-2219.

## Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088 (TTY: 711) հեռախոսահամարով: Եթե ապահովագրում եք գնել Կալիֆորնիայի շուկայական հրապարակի վիճոցով, զանգահարեք 1-888-926-4988 (TTY: 711) հեռախոսահամարով: Լրացուցիչ օգնության համար, եթե անդամագրված եք Health Net Life Insurance Company-ի PPO կամ EPO ապահովագրությանը, զանգահարեք Կալիֆորնիայի Ապահովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով: Եթե անդամագրված եք Health Net of California, Inc.-ի HMO կամ HSP ծրագրին, զանգահարեք DMHC օգնության գիծ՝ 1-888-HMO-2219 հեռախոսահամարով:

## Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-800-522-0088 (TTY: 711)。如果您透過加州健康保險交易市場購買承保，請致電 1-888-926-4988 (TTY: 711)。如需進一步協助：如果您透過 Health Net Life Insurance Company 投保 PPO 或 EPO 保單，請致電 1-800-927-4357 與加州保險局聯絡。如果您透過 Health Net of California, Inc. 投保 HMO 或 HSP 計畫，請致電 DMHC 協助專線 1-888-HMO-2219。

## Hindi

बिना लागत वाली भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088 (TTY: 711) पर कॉल करें। यदि आपने कैलिफोर्निया मार्केट प्लैस के माध्यम से कवरेज खरीदा है तो 1-888-926-4988 (TTY: 711) पर कॉल करें। अधिक मदद के लिए: यदि आप Health Net Life Insurance Company पीपीओ PPO या ईपीओ EPO बीमा पॉलिसी में नामांकित हैं, तो कैलिफोर्निया बीमा विभाग को 1-800-927-4357 पर कॉल करें। यदि आप Health Net of California, Inc. के एचएमओ HMO या एचएसपी HSP प्लैन में नामांकित हैं, तो डीएमएसडी DMHC हेल्पलाइन के 1-888-HMO-2219 पर कॉल करें।

**Hmong**

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Kev pab, hu rau peb ntawm tus xov tooj teev nyob rau hauv koj daim ID card los yog hu rau 1-800-522-0088 (TTY: 711). Yog tias koj yuav kev pov hwm ntawm California marketplace hu 1-888-926-4988 (TTY: 711). Xav tau kev pab ntxiv: Yog koj tau tsab ntawv tuav pov hwm PPO los yog EPO los ntawm Health Net Life Insurance Company, hu mus rau CA Dept. of Insurance ntawm 1-800-927-4357. Yog koj tau txoj kev pab kho mob HMO los yog HSP los ntawm Health Net of California, Inc., hu mus rau DMHC tus xov tooj pab Helpline ntawm 1-888-HMO-2219.

**Japanese**

無料の言語サービス。通訳をご利用いただけます。日本語で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いただくか、1-800-522-0088、(TTY: 711)までお電話ください。カリフォルニア州のマーケットプレイス（保険購入サイト）を通じて保険を購入された方は、1-888-926-4988 (TTY: 711) までお電話ください。さらに援助が必要な場合: Health Net Life Insurance CompanyのPPOまたはEPO保険ポリシーに加入されている方は、カリフォルニア州保険局 1-800-927-4357 まで電話でお問い合わせください。Health Net of California, Inc.のHMOまたはHSPに加入されている方は、DMHCヘルプライン 1-888-HMO-2219 まで電話でお問い合わせください。

**Khmer**

សេវាកម្មសេរីដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន 1-800-522-0088 (TTY: 711)។ បើសិនអ្នកបានទិញការធានារ៉ាប់រងតាមរយៈ ទីផ្សារនៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទូរសព្ទទៅលេខ 1-888-926-4988 (TTY: 711)។ សម្រាប់ជំនួយបន្ថែម ៖ បើសិនអ្នកបានចុះឈ្មោះក្នុងគោលការណ៍ធានារ៉ាប់រង PPO ឬ EPO ពីក្រុមហ៊ុនធានារ៉ាប់រងជីវិត Health Net Life Insurance Company សូមទាក់ទងទៅនាយកដ្ឋានធានារ៉ាប់រង CA តាមរយៈទូរសព្ទលេខ 1-800-927-4357។ បើសិនអ្នកបានចុះឈ្មោះក្នុងផែនការ HMO ឬ HSP ពីក្រុមហ៊ុន Health Net of California, Inc. នៃរដ្ឋកាលីហ្វ័រញ៉ា សូមទាក់ទងលេខទូរសព្ទជំនួយ DMHC ៖ 1-888-HMO-2219។

**Korean**

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 문서 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 1-800-522-0088 (TTY: 711)번으로 전화해 주십시오. 캘리포니아 주 마켓플레이스를 통해 보험을 구입하셨으면 1-888-926-4988 (TTY: 711) 번으로 전화해 주십시오. 추가 도움이 필요하시면, Health Net Life Insurance Company의 PPO 또는 EPO 보험에 가입되어 있으시면 캘리포니아 주 보험국에 1-800-927-4357번으로 전화해 주십시오. Health Net of California, Inc.의 HMO 또는 HSP 플랜에 가입되어 있으시면 DMHC 도움라인에 1-888-HMO-2219번으로 전화해 주십시오.

**Navajo**

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néiho'dólzíníí bikáa'gi béésh bee hane'í bikáa' áají' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711). California marketplace hoolyéhíjí béeso ách'áááh naanilí ats'íis baa áháyá biniyé nahínílnii'go éí kojí' hólne' 1-888-926-4988 (TTY: 711). Shíká anáa'doowoł jinízingo: PPO éí doodaii' EPOqjí Health Net Life Insurance Company wolyéhíjí béeso ách'áááh naa'nil biniyé hwe'iina' bik'é'ésti'go éí CA Dept. of Insurance bich'í' hojilnih 1-800-927-4357. HMO éí doodaii' HSPqjí Health Net of California, Inc.qjí béeso ách'áááh naa'nil biniyé hats'íis bik'é'ésti'go éí kojí' hojilnih DMHC Helpline 1-888-HMO-2219.

## Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 1-800-522-0088 (TTY: 711) تماس بگیرید. اگر پوشش بیمه را از طریق بازارگاه کالیفرنیا خریداری کردید با شماره 1-888-926-4988 (TTY: 711) تماس بگیرید. برای دریافت راهنمایی بیشتر: اگر در بیمه نامه PPO یا EPO از سوی Health Net Life Insurance Company عضویت دارید، با CA Dept. of Insurance به شماره 1-800-927-4357 تماس بگیرید. اگر در برنامه HMO یا HSP از سوی Health Net of California, Inc. عضویت دارید، با خط راهنمایی تلفنی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

## Punjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਤੋਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ਿਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ ਕੈਲੀਫੋਰਨੀਆਂ ਮਾਰਕਿਟ ਪਲੇਸ ਦੇ ਰਾਹੀਂ ਬੀਮਾ ਕਵਰੇਜ ਖਰੀਦੀ ਹੈ ਤਾਂ 1-888-926-4988 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ: ਜੇ ਤੁਸੀਂ Health Net Life Insurance Company ਪੀਪੀਓ PPO ਜਾਂ ਈਓਪੋ EPO ਬੀਮਾ ਪਾਲਿਸੀ ਵਿੱਚ ਨਾਮਾਕਿਤ ਹੋ, ਤਾਂ ਕੈਲੀਫੋਰਨੀਆਂ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਤੁਸੀਂ Health Net of California, Inc. ਤੋਂ ਇੱਕ ਐਚਐਮਓ HMO ਜਾਂ ਐਚਐਸਪੀ HSP ਪਲੈਨ ਵਿੱਚ ਨਾਮਾਕਿਤ ਹੋ ਤਾਂ ਡੀਐਮਐਚਸੀ DMHC ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 'ਤੇ ਕਾਲ 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. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711). Если свою страховку вы приобрели на едином сайте по продаже медицинских страховок в штате Калифорния, звоните по телефону 1-888-926-4988 (TTY: 711).  
Дополнительная помощь: Если вы включены в полис PPO или EPO от страховой компании Health Net Life Insurance Company, звоните в Департамент страхования штата Калифорния (CA Dept. of Insurance), телефон 1-800-927-4357. Если вы включены в план HMO или HSP от страховой компании Health Net of California, Inc., звоните по контактной линии Департамента управляемого медицинского обслуживания DMHC, телефон 1-888-HMO-2219.

## 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 figura en su tarjeta de identificación o comuníquese con el Centro de Comunicación Comercial de Health Net, al 1-800-522-0088 (TTY: 711). Si adquirió la cobertura a través del mercado de California, llame al 1-888-926-4988 (TTY: 711). Para obtener más ayuda, haga lo siguiente: Si está inscrito en una póliza de seguro PPO o EPO de Health Net Life Insurance Company, llame al Departamento de Seguros de California, al 1-800-927-4357. Si está inscrito en un plan HMO o HSP de Health Net of California, Inc., llame a la línea de ayuda del Departamento de Atención Médica Administrada, al 1-888-HMO-2219.



### **Tagalog**

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711). Kung bumili kayo ng pagsakop sa pamamagitan ng California marketplace tawagan ang 1-888-926-4988 (TTY: 711). Para sa higit pang tulong: Kung nakatala kayo sa insurance policy ng PPO o EPO mula sa Health Net Life Insurance Company, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Kung nakatala kayo sa HMO o HSP na plan mula sa Health Net of California, Inc., tawagan ang Helpline ng DMHC sa 1-888-HMO-2219.

### **Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711) หากคุณซื้อความคุ้มครองผ่านทาง California marketplace โทร 1-888-926-4988 (TTY: 711) สำหรับความช่วยเหลือเพิ่มเติม หากคุณสมัครทำกรมธรรม์ประกันภัย PPO หรือ EPO กับ Health Net Life Insurance Company โทรหากรมการประกันภัยรัฐแคลิฟอร์เนียได้ที่ 1-800-927-4357 หากคุณสมัครแผน HMO หรือ HSP กับ Health Net of California, Inc. โทรหาสายด่วนความช่วยเหลือของ DMHC ได้ที่ 1-888-HMO-2219.

### **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 hoặc gọi 1-800-522-0088 (TTY: 711). Nếu quý vị mua khoản bảo trả thông qua thị trường California 1-888-926-4988 (TTY: 711). Để nhận thêm trợ giúp: Nếu quý vị đăng ký hợp đồng bảo hiểm PPO hoặc EPO từ Health Net Life Insurance Company, vui lòng gọi Sở Y Tế CA theo số 1-800-927-4357. Nếu quý vị đăng ký vào chương trình HMO hoặc HSP từ Health Net of California, Inc., vui lòng gọi Đường Dây Trợ Giúp DMHC theo số 1-888-HMO-2219.

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL TABS ( <i>Use Amphetamine-Dextroamphetamine</i> )	GP	QL( ea per 90 days retail, ea per days mail)
ADDERALL XR CP24 ( <i>Use Amphetamine-Dextroamphetamine</i> )	GP	QL(2 ea daily,90 day(s) limit)
ADZENYS XR-ODT TBED	3	PA; QL(1 ea daily)
<i>amphetamine-dextroamphetamine cp24 6.25mg-6.25mg-6.25mg-6.25mg, 1.25mg-1.25mg-1.25mg-1.25mg, 7.5mg-7.5mg-7.5mg-7.5mg, 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg-3.75mg</i>	1	QL(2 ea daily,90 day(s) limit)
<i>amphetamine-dextroamphetamine tabs 3.75mg-3.75mg-3.75mg-3.75mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.875mg-1.875mg-1.875mg-1.875mg, 1.25mg-1.25mg-1.25mg-1.25mg, 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.125mg-3.125mg-3.125mg-3.125mg</i>	1	QL( ea per 90 days retail, ea per days mail)
DESOXYN TABS ( <i>Use Methamphetamine HCl</i> )	GP	PA; QL( ea per 90 days retail, ea per days mail)
DEXEDRINE CP24 ( <i>Use Dextroamphetamine Sulfate</i> )	GP	QL( ea per 90 days retail, ea per days mail)
<i>dextroamphetamine sulfate cp24 15 mg, 5 mg, 10 mg</i>	1	QL( ea per 90 days retail, ea per days mail)
<i>dextroamphetamine sulfate soln 5 mg/5ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	QL( ea per 90 days retail, ea per days mail)
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	
DYANAVEL XR SUER	3	PA; QL(8 ml daily)
<i>methamphetamine hcl tabs</i>	3	PA; QL( ea per 90 days retail, ea per days mail)
PROCENTRA SOLN ( <i>Use Dextroamphetamine Sulfate</i> )	GP	
VYVANSE CAPS 10 MG	2	
VYVANSE CAPS 30 MG, 40 MG, 70 MG, 60 MG, 50 MG, 20 MG	2	QL(1 ea daily)
VYVANSE CHEW 30 MG, 60 MG, 50 MG, 40 MG, 10 MG, 20 MG	2	Limited to 1 per day;QL(1 ea daily)
ZENZEDI TABS	3	
<b>Analeptics</b>		
<i>caffeine citrate soln</i>	1	
<b>Anorexiants Non-Amphetamine</b>		
ADIPEX-P CAPS ( <i>Use Phentermine HCl</i> )	SP	PA
<i>benzphetamine hcl tabs</i>	SP	PA
LOMAIRA TABS	3	PA
<i>phentermine hcl caps</i>	SP	PA
QSYMIA CP24	SP	PA
REGIMEX TABS ( <i>Use Benzphetamine HCl</i> )	SP	PA
SUPRENZA TBDP	SP	PA
<b>Anti-Obesity Agents</b>		
BELVIQ TABS	SP	PA
CONTRAVE TB12	SP	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
XENICAL CAPS	SP	PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<i>atomoxetine hcl caps 18 mg, 10 mg, 40 mg, 25 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 60 mg, 100 mg, 80 mg</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) tb12</i>	3	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 25 MG, 40 MG, 18 MG, 10 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)
<b>Stimulants - Misc.</b>		
APTENSIO XR CP24	3	PA; QL(1 ea daily)
<i>armodafinil tabs</i>	1	PA
CONCERTA TBCR 36 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily,90 day(s) limit)
CONCERTA TBCR 54 MG, 18 MG, 27 MG (Use Methylphenidate HCl)	GP	QL(1 ea daily,90 day(s) limit)
DAYTRANA PTCH	3	
<i>dexmethylphenidate hcl cp24 10 mg, 20 mg, 5 mg, 15 mg, 30 mg, 40 mg</i>	3	QL(1 ea daily)
<i>dexmethylphenidate hcl cp24 25 mg, 35 mg</i>	3	
<i>dexmethylphenidate hcl tabs 2.5 mg, 5 mg, 10 mg</i>	1	QL(2 ea daily)
FOCALIN TABS (Use Dexmethylphenidate HCl)	GP	QL(2 ea daily)
FOCALIN XR CP24 15 MG, 10 MG, 30 MG, 40 MG, 20 MG, 5 MG (Use Dexmethylphenidate HCl)	GP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FOCALIN XR CP24 25 MG, 35 MG (Use Dexmethylphenidate HCl)	GP	
METADATE CD CPR 10 MG, 50 MG, 40 MG, 60 MG (Use Methylphenidate HCl)	GP	
METADATE CD CPR 30 MG, 20 MG (Use Methylphenidate HCl)	GP	QL(2 ea daily,90 day(s) limit)
METHYLIN CHEW (Use Methylphenidate HCl)	GP	
METHYLIN SOLN (Use Methylphenidate HCl)	GP	
METHYLPHENIDATE HCL CHEW 5 MG, 2.5 MG, 10 MG	3	
<i>methylphenidate hcl cp24 30 mg, 40 mg, 20 mg</i>	3	QL( ea per 90 days retail, ea per days mail)
<i>methylphenidate hcl cpr 30 mg, 20 mg</i>	3	QL(2 ea daily,90 day(s) limit)
<i>methylphenidate hcl cpr 60 mg, 40 mg, 50 mg, 10 mg</i>	3	
METHYLPHENIDATE HCL ER (LA) CP24	3	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl soln 10 mg/5ml</i>	3	
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	
<i>methylphenidate hcl tabs 10 mg, 5 mg, 20 mg</i>	1	QL( ea per 90 days retail, ea per days mail)
<i>methylphenidate hcl tb24 27 mg, 54 mg, 18 mg</i>	1	QL(1 ea daily,90 day(s) limit)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily,90 day(s) limit)
<i>methylphenidate hcl tb24 54 mg</i>	1	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl tbc 18 mg, 54 mg, 10 mg, 27 mg</i>	1	QL(1 ea daily,90 ea per fill retail)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tbc</i> 27 mg, 20 mg, 18 mg, 54 mg	1	QL(1 ea daily,90 day(s) limit)
<i>methylphenidate hcl tbc</i> 36 mg	1	QL(2 ea daily,90 day(s) limit)
<i>modafinil tabs</i>	3	ST; QL(1 ea daily)
NUVIGIL TABS ( <i>Use Armodafinil</i> )	GP	PA
PROVIGIL TABS ( <i>Use Modafinil</i> )	GP	ST; QL(1 ea daily)
QUILLICHEW ER CHER	3	PA
QUILLIVANT XR SUSR	3	PA; QL(12 ml daily)
RITALIN LA CP24 10 MG	3	QL( ea per 90 days retail, ea per days mail)
RITALIN LA CP24 40 MG, 20 MG, 30 MG ( <i>Use Methylphenidate HC</i> )	GP	QL( ea per 90 days retail, ea per days mail)
RITALIN LA CP24 60 MG	3	QL(1 ea daily,90 ea per fill retail)
RITALIN TABS ( <i>Use Methylphenidate HC</i> )	GP	QL( ea per 90 days retail, ea per days mail)

### ALLERGENIC EXTRACTS/BIOLOGICALS MISC

#### Allergenic Extracts

ORALAIR ADULT SAMPLE KIT SUBL	3	PA
ORALAIR ADULT STARTER PACK SUBL	3	PA
ORALAIR CHILDREN/ADOLESCENT S SAMPLE KIT THPK	3	PA
ORALAIR CHILDREN/ADOLESCENT S STARTER PACK SUBL	3	PA
ORALAIR SUBL	3	PA

### AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

#### Aminoglycosides

Drug Name	Drug Tier	Requirements/Limits
BETHKIS NEBU	3	
KITABIS PAK NEBU	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
TOBI NEBU ( <i>Use Tobramycin</i> )	GP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
TOBI PODHALER CAPS	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
<i>tobramycin nebu</i>	1	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
TOBRAMYCIN NEBU	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661

### ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

#### Anti-TNF-alpha - Monoclonal Antibodies

HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	SP	PA; Check plan documents for coverage
HUMIRA PEN PNKT	SP	PA; Check plan documents for coverage
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	SP	PA; Check plan documents for coverage
HUMIRA PEN-PSORIASIS STARTER PNKT	SP	PA; Check plan documents for coverage
HUMIRA PSKT	SP	PA; Check plan documents for coverage

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

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SOAJ	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
SIMPONI SOSY	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
<b>Antirheumatic - Enzyme Inhibitors</b>		
XELJANZ TABS	SP	PA; SP
XELJANZ XR TB24	SP	PA; SP
<b>Antirheumatic Antimetabolites</b>		
RHEUMATREX TABS	2	
<b>Gold Compounds</b>		
RIDAURA CAPS	2	
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
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 200 MG, 100 MG (Use Celecoxib)	GP	ST; QL(1 ea daily); AL; At least 60 yrs old
CELEBREX CAPS 400 MG (Use Celecoxib)	GP	PA; QL(2 ea daily); AL; At least 60 yrs old
CELEBREX CAPS 50 MG (Use Celecoxib)	GP	PA; AL; At least 60 yrs old
<i>celecoxib caps 200 mg, 100 mg</i>	1	ST; QL(1 ea daily); AL; At least 60 yrs old
<i>celecoxib caps 400 mg</i>	1	PA; QL(2 ea daily); AL; At least 60 yrs old
<i>celecoxib caps 50 mg</i>	1	PA; AL; At least 60 yrs old
DAYPRO TABS (Use Oxaprozin)	GP	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium tabs</i>	3	
<i>diclofenac sodium tb24 100 mg</i>	3	
<i>diclofenac sodium tbec 25 mg, 75 mg, 50 mg</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	3	
DUEXIS TABS	3	PA
EC-NAPROSYN TBEC 500 MG (Use Naproxen)	GP	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 500 mg, 400 mg</i>	1	
<i>etodolac tb24 600 mg, 500 mg, 400 mg</i>	1	QL(2 ea daily)
FELDENE CAPS (Use Piroxicam)	GP	
FENOPROFEN CALCIUM CAPS 200 MG	2	
FENOPROFEN CALCIUM CAPS 400 MG	3	
<i>fenoprofen calcium tabs 600 mg</i>	1	
FENORTHO CAPS 200 MG	2	
FENORTHO CAPS 400 MG	3	
<i>flurbiprofen tabs 100 mg</i>	3	
<i>flurbiprofen tabs 50 mg</i>	1	
<i>ibuprofen tabs 600 mg, 400 mg, 800 mg</i>	1	
INDOCIN SUPP RE 50 MG	3	
INDOCIN SUSP OR 25 MG/5ML	2	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
<i>ketoprofen caps</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
KETOPROFEN ER CP24	3	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(20 ea per fill retail,20 ea per 30 days retail, ea per days mail)
LODINE TABS (Use Etodolac)	GP	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	3	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tabs 15 mg</i>	1	QL(1 ea daily)
<i>meloxicam tabs 7.5 mg</i>	1	QL(2 ea daily)
MOBIC SUSP 7.5 MG/5ML	2	
MOBIC TABS 15 MG (Use Meloxicam)	GP	QL(1 ea daily)
MOBIC TABS 7.5 MG (Use Meloxicam)	GP	QL(2 ea daily)
<i>nabumetone tabs 500 mg</i>	1	QL(4 ea daily)
<i>nabumetone tabs 750 mg</i>	1	QL(3 ea daily)
NALFON CAPS	3	
NAPRELAN TB24 375 MG, 500 MG (Use Naproxen Sodium)	GP	
NAPRELAN TB24 750 MG	3	
NAPROSYN SUSP (Use Naproxen)	GP	
NAPROSYN TABS (Use Naproxen)	GP	
<i>naproxen sodium tabs 550 mg, 275 mg</i>	1	
<i>naproxen sodium tb24 375 mg, 500 mg</i>	3	
NAPROXEN SUSP 125 MG/5ML	2	
<i>naproxen susp 125 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen tabs 375 mg, 500 mg, 250 mg</i>	1	
<i>naproxen tbec 500 mg</i>	3	
<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 caps 400 mg</i>	1	
<i>tolmetin sodium tabs 200 mg, 600 mg</i>	1	
ZIPSOR CAPS	3	ST
ZORVOLEX CAPS	3	ST; QL(3 ea daily)
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
OTEZLA TBPK	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS 10 MG (Use Leflunomide)	GP	QL(2 ea daily)
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)
<b>Selective Costimulation Modulators</b>		

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

Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SOAJ	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
ORENCIA SOSY SC 125 MG/ML	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL SOLR	SP	PA; Check plan documents for coverage
ENBREL SOSY	SP	PA; Check plan documents for coverage
ENBREL SURECLICK SOAJ	SP	PA; Check plan documents for coverage
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen tabs</i>	3	
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
<i>butalbital-aspirin-caffeine tabs</i>	1	
DOLOGESIC TABS	3	
DURAXIN CAPS	3	
ESGIC TABS (Use <i>Butalbital-Acetaminophen-Caffeine</i> )	GP	
FIORICET CAPS (Use <i>Butalbital-Acetaminophen-Caffeine</i> )	GP	
FIORINAL CAPS (Use <i>Butalbital-Aspirin-Caffeine</i> )	GP	
LEVACET TABS	3	
TENCON TABS	3	

Drug Name	Drug Tier	Requirements/Limits
<b>Salicylates</b>		
<i>choline &amp; mag salicylate liqd</i>	1	
<i>diflunisal tabs</i>	3	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ABSTRAL SUBL	3	PA
ACTIQ LPOP (Use <i>Fentanyl Citrate</i> )	GP	PA
ARYMO ER TBEA	3	PA
<i>codeine sulfate tabs</i>	1	
CONZIP CP24 100 MG, 200 MG	3	
DEMEROL TABS OR 100 MG, 50 MG (Use <i>Meperidine HCl</i> )	GP	
DILAUDID LIQD (Use <i>Hydromorphone HCl</i> )	GP	
DILAUDID TABS (Use <i>Hydromorphone HCl</i> )	GP	
DOLOPHINE TABS (Use <i>Methadone HCl</i> )	GP	QL(12 ea daily)
DURAGESIC PT72 (Use <i>Fentanyl</i> )	GP	Limit 15 per month;QL(0.5 ea daily)
EMBEDA CPR	3	PA
EXALGO T24A 32 MG (Use <i>Hydromorphone HCl</i> )	GP	QL(2 ea daily)
EXALGO T24A 8 MG, 16 MG, 12 MG (Use <i>Hydromorphone HCl</i> )	GP	QL(4 ea daily)
<i>fentanyl citrate lpop</i>	1	PA
<i>fentanyl pt72 25 mcg/hr, 100 mcg/hr, 12 mcg/hr, 75 mcg/hr, 50 mcg/hr</i>	1	Limit 15 per month;QL(0.5 ea daily)
FENTANYL PT72 62.5 MCG/HR, 37.5 MCG/HR, 87.5 MCG/HR	3	PA; Limit 15 patches per month;QL(0.5 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
FENTORA TABS	3	PA; QL(3 ea daily)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl t24a 32 mg</i>	3	QL(2 ea daily)
<i>hydromorphone hcl t24a 8mg, 16 mg, 12 mg, 8 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	
KADIAN CP24 20 MG, 100 MG, 30 MG, 60 MG, 50 MG, 80 MG (Use Morphine Sulfate)	GP	QL(2 ea daily)
KADIAN CP24 200 MG	3	
KADIAN CP24 40 MG	3	QL(2 ea daily)
LAZANDA SOLN	3	PA
LEVORPHANOL TARTRATE TABS	3	PA
<i>meperidine hcl soln or 50 mg/5ml</i>	1	
<i>meperidine hcl tabs or 50 mg, 100 mg</i>	1	
<i>methadone hcl conc or 10 mg/ml</i>	1	
<i>methadone hcl soln or 5 mg/5ml, 10 mg/5ml</i>	1	
<i>methadone hcl tabs or 5 mg, 10 mg</i>	1	QL(12 ea daily)
<i>methadone hcl tbso or 40 mg</i>	1	
METHADOSE CONC (Use Methadone HCl)	GP	
METHADOSE SUGAR-FREE CONC (Use Methadone HCl)	GP	
METHADOSE TBSO (Use Methadone HCl)	GP	
<i>morphine sulfate cp24 or 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cp24 or 30 mg, 20 mg, 50 mg, 100 mg, 80 mg, 60 mg</i>	1	QL(2 ea daily)
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	
MORPHINE SULFATE SUPP RE 30 MG	2	
<i>morphine sulfate supp re 5 mg, 20 mg, 10 mg</i>	1	
<i>morphine sulfate tabs or 30 mg, 15 mg</i>	1	
<i>morphine sulfate tbcr or 30 mg, 60 mg, 200 mg, 100 mg, 15 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 OR 10 MG, 5 MG (Use Oxymorphone HCl)	GP	
OXAYDO TABA	3	QL(4 ea daily)
<i>oxycodone hcl caps</i>	1	
<i>oxycodone hcl conc</i>	1	
OXYCODONE HCL ER T12A	3	QL(3 ea daily)
<i>oxycodone hcl soln</i>	1	
<i>oxycodone hcl tabs</i>	1	
OXYCONTIN T12A	3	QL(3 ea daily)
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	3	
<i>oxymorphone hcl tb12 5 mg, 15 mg, 20 mg, 7.5 mg, 10 mg, 30 mg, 40 mg</i>	1	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
OXYMORPHONE HYDROCHLORIDE ER TB12	2	QL(2 ea daily)
ROXICODONE TABS (Use Oxycodone HCl)	GP	
SUBSYS LIQD	3	PA
<i>tramadol hcl cp24 300 mg</i>	3	
TRAMADOL HCL ER CP24 150 MG, 200 MG, 100 MG	3	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 300 mg, 200 mg, 100 mg</i>	3	
ULTRAM ER TB24 (Use Tramadol HCl)	GP	
ULTRAM TABS (Use Tramadol HCl)	GP	QL(8 ea daily)
XTAMPZA ER C12A	3	PA
ZOHYDRO ER C12A	3	PA
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine soln</i>	1	
<i>acetaminophen w/ codeine tabs</i>	1	
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAPS	3	QL(12 ea daily)
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAPS	3	
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	3	
<i>butalbital-aspirin-caffeine w/cod caps</i>	3	
CAPITAL/CODEINE SUSP	3	
FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/ Codeine)	GP	
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	GP	

Drug Name	Drug Tier	Requirements/Limits
HYCET SOLN (Use Hydrocodone-Acetaminophen)	GP	
<i>hydrocodone-acetaminophen soln 7.5mg/15ml-325mg/15ml, 5mg/10ml-217mg/10ml, 2.5mg/5ml-108mg/5ml</i>	1	
<i>hydrocodone-acetaminophen tabs 2.5mg-325mg</i>	3	
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 7.5mg-325mg, 10mg-325mg</i>	1	QL(240 ea per fill retail)
<i>hydrocodone-acetaminophen tabs 7.5mg-300mg, 5mg-300mg, 10mg-300mg</i>	1	
<i>hydrocodone-ibuprofen tabs 200mg-10mg</i>	1	Not available through mail order
<i>hydrocodone-ibuprofen tabs 200mg-5mg</i>	3	
<i>hydrocodone-ibuprofen tabs 200mg-7.5mg, 200mg-10mg</i>	1	
LORTAB ELIX	3	
MEPERIDINE HCL/PROMETHAZINE HCL CAPS	3	
NORCO TABS (Use Hydrocodone-Acetaminophen)	GP	QL(240 ea per fill retail)
<i>oxycodone w/ acetaminophen tabs 10mg-325mg, 2.5mg-325mg, 7.5mg-325mg</i>	3	
<i>oxycodone w/ acetaminophen tabs 5mg-325mg</i>	1	
<i>oxycodone-ibuprofen tabs</i>	3	QL(4 ea daily)
OXYCODONE/ACETAMINOPHEN 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
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>	3	
TREZIX CAPS	3	QL(12 ea daily)
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	
VICOPROFEN TABS ( <i>Use Hydrocodone-Ibuprofen</i> )	GP	
XARTEMIS XR TBCR	3	PA
XODOL TABS ( <i>Use Hydrocodone-Acetaminophen</i> )	GP	
<b>Opioid Partial Agonists</b>		
BELBUCA FILM	3	QL(2 ea daily)
<i>buprenorphine hcl subl sl 2 mg</i>	1	PA; QL(3 ea daily)
<i>buprenorphine hcl subl sl 8 mg</i>	1	PA; QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	1	PA; QL(3 ea daily)
BUPRENORPHINE PTWK	3	QL(4 ea per 28 days retail, ea per days mail)
<i>butorphanol tartrate soln na 10 mg/ml</i>	3	Limit 7.5mls per month;QL(0.25 ml daily)
BUTRANS PTWK	3	QL(4 ea per 28 days retail, ea per days mail)

Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine w/ naloxone tabs</i>	3	
SUBOXONE FILM 12MG-3MG	3	PA; QL(2 ea daily)
SUBOXONE FILM 8MG-2MG, 4MG-1MG, 2MG-0.5MG	3	PA; QL(3 ea daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABS	3	
OXANDRIN TABS ( <i>Use Oxandrolone</i> )	GP	
<i>oxandrolone tabs</i>	1	
<b>Androgens</b>		
ANDRODERM PT24 2 MG/24HR	3	QL(60 day(s) limit)
ANDRODERM PT24 4 MG/24HR	3	QL(1 ea daily)
ANDROGEL GEL 20.25 MG/1.25GM, 40.5 MG/2.5GM	2	Limited to 300 gms per month;QL(10 gm daily)
ANDROGEL GEL 25 MG/2.5GM ( <i>Use Testosterone</i> )	GP	QL(10 gm daily)
ANDROGEL GEL 50 MG/5GM ( <i>Use Testosterone</i> )	NF	QL(10 gm daily)
ANDROGEL PUMP GEL	2	Limited to 300 gms per month;QL(10 gm daily)
ANDROXY TABS	2	AC
AXIRON SOLN ( <i>Use Testosterone</i> )	GP	ST; QL(6 ml daily)
<i>danazol caps</i>	1	
FORTESTA GEL	3	ST; Limit 100gms per month;QL(3.5 gm daily)
METHITEST 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
<i>methyltestosterone caps</i>	1	
<i>methyltestosterone caps</i>	1	Not available through mail order
NATESTO GEL	3	PA; Limit 3 tubes per month; QL(0.78 5 gm daily)
STRIANT MISC	3	QL(2 ea daily)
TESTIM GEL ( <i>Use Testosterone</i> )	GP	PA; QL(10 gm daily)
<i>testosterone gel 1 %</i>	3	PA; QL(10 gm daily)
<i>testosterone gel 1 %</i>	3	PA; Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone gel 1 %, 50 mg/5gm</i>	1	Limit 300gms per month; QL(10 gm daily)
TESTOSTERONE GEL 10 MG/ACT	3	ST; Limit 100gms per month; QL(3.5 gm daily)
<i>testosterone gel 25 mg/2.5gm, 1 %, 50 mg/5gm</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone gel 50 mg/5gm, 25 mg/2.5gm</i>	1	QL(10 gm daily)
<i>testosterone soln 30 mg/act</i>	3	ST; QL(6 ml daily)
TESTRED CAPS ( <i>Use Methyltestosterone</i> )	GP	
VOGELXO GEL ( <i>Use Testosterone</i> )	GP	PA; QL(10 gm daily)
VOGELXO PUMP GEL	3	PA; QL(10 gm daily)
<b>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTENEMA ENEM ( <i>Use Hydrocortisone (Intrarectal)</i> )	GP	

Drug Name	Drug Tier	Requirements/Limits
CORTIFOAM FOAM	2	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM	3	PA
<b>Rectal Combinations</b>		
ANALPRAM-HC LOTN 1%-2.5%	3	
PROCTOFOAM HC FOAM	2	
<b>Rectal Steroids</b>		
ANUSOL-HC CREA ( <i>Use Hydrocortisone (Rectal)</i> )	GP	
<i>hydrocortisone (rectal) crea</i>	1	
<b>Vasodilating Agents</b>		
RECTIV OINT	3	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
ALBENZA TABS	3	
BENZNIDAZOLE TABS	2	
BILTRICIDE TABS	2	
<i>ivermectin tabs</i>	3	
STROMEKTOL TABS ( <i>Use Ivermectin</i> )	GP	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
CAYSTON SOLR	3	
FIRST-VANCOMYCIN 25 SOLN	3	
FIRST-VANCOMYCIN 50 SOLN	3	
FLAGYL CAPS ( <i>Use Metronidazole</i> )	GP	
FLAGYL TABS ( <i>Use Metronidazole</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>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
NEBUPENT SOLR	2	
PRIMSOL SOLN	3	
TINDAMAX TABS ( <i>Use Tinidazole</i> )	GP	PA
<i>tinidazole tabs</i>	3	PA
<i>trimethoprim tabs</i>	1	
TRIMPEX SOLN	3	
VANCOGIN HCL CAPS ( <i>Use Vancomycin HCl</i> )	GP	PA
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	3	PA
XIFAXAN TABS 200 MG	3	PA; QL(9 ea per fill retail)
XIFAXAN TABS 550 MG	3	PA; QL(2 ea daily)
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS ( <i>Use Sulfamethoxazole-Trimethoprim</i> )	GP	
BACTRIM TABS ( <i>Use Sulfamethoxazole-Trimethoprim</i> )	GP	
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg</i>	1	
<b>Antiprotozoal Agents</b>		
ALINIA SUSR	3	
ALINIA TABS	3	
<i>atovaquone susp</i>	1	
MEPRON SUSP ( <i>Use Atovaquone</i> )	GP	
<b>Ketolides</b>		

Drug Name	Drug Tier	Requirements/Limits
KETEK TABS	3	
<b>Leprostatics</b>		
<i>dapsone tabs</i>	1	
<b>Lincosamides</b>		
CLEOCIN CAPS OR 300 MG, 75 MG, 150 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>	3	
<b>Oxazolidinones</b>		
<i>linezolid susr 100 mg/5ml</i>	1	QL(210 ml per 90 days retail, ml per days mail)
<i>linezolid tabs 600 mg</i>	1	QL(20 ea per 90 days retail, ea per days mail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail, ea per days mail)
ZYVOX SUSR 100 MG/5ML ( <i>Use Linezolid</i> )	GP	QL(210 ml per 90 days retail, ml per days mail)
ZYVOX TABS 600 MG ( <i>Use Linezolid</i> )	GP	QL(20 ea per 90 days retail, ea per days mail)
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA TB12 1000 MG	3	
RANEXA TB12 500 MG	3	QL(4 ea daily)
<b>Nitrates</b>		

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

Drug Name	Drug Tier	Requirements/Limits
DILATRATE SR CPR	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	
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)
NITROGLYCERIN LINGUAL AERS	3	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.4 mg/hr, 0.6 mg/hr, 0.2 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, 0.6 mg, 0.4 mg</i>	1	
NITROLINGUAL PUMPSPRAY SOLN (Use Nitroglycerin)	GP	
NITROMIST AERS	3	
NITROSTAT SUBL (Use Nitroglycerin)	GP	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>buspirone hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl syrp</i>	1	
<i>hydroxyzine hcl tabs</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	3	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	GP	
<b>Benzodiazepines</b>		
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam tabs 2 mg, 0.5 mg, 0.25 mg, 1 mg</i>	1	
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	
<i>alprazolam tbdp 0.5 mg, 2 mg, 0.25 mg, 1 mg</i>	3	
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (Use Lorazepam)	NF	
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc or 5 mg/ml</i>	1	
<i>diazepam soln or 1 mg/ml</i>	1	
<i>diazepam tabs or 10 mg, 5 mg, 2 mg</i>	1	
<i>lorazepam conc or 2 mg/ml</i>	1	
<i>lorazepam tabs or 2 mg, 1 mg, 0.5 mg</i>	1	
<i>oxazepam caps</i>	1	
TRANXENE T TABS (Use Clorazepate Dipotassium)	GP	
VALIUM TABS (Use Diazepam)	GP	
XANAX TABS (Use Alprazolam)	GP	
XANAX XR TB24 (Use Alprazolam)	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
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use <i>Disopyramide Phosphate</i> )	GP	
NORPACE CR CP12	2	
<i>quinidine gluconate tbcr or 324 mg</i>	1	
QUINIDINE SULFATE TABS 200 MG	2	
<i>quinidine sulfate tabs 300 mg</i>	1	
<i>quinidine sulfate tbcr 300 mg</i>	1	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps</i>	1	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12 325 mg, 425 mg, 225 mg</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)
<i>propafenone hcl tabs 300 mg, 225 mg</i>	1	QL(3 ea daily)
RYTHMOL SR CP12 (Use <i>Propafenone HCl</i> )	GP	
RYTHMOL TABS 150 MG (Use <i>Propafenone HCl</i> )	GP	QL(6 ea daily)
RYTHMOL TABS 225 MG (Use <i>Propafenone HCl</i> )	GP	QL(3 ea daily)
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tabs</i>	1	
CORDARONE TABS (Use <i>Amiodarone HCl</i> )	GP	
<i>dofetilide caps</i>	1	
MULTAQ TABS	2	

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN CAPS (Use <i>Dofetilide</i> )	GP	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	1	
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS	2	Limit 2 inhalers per month;QL(0.86 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	
SEEBRI NEOHALER CAPS	3	
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 Inhaler per month;QL(0.14 3 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month;QL(0.14 gm daily)
TUDORZA PRESSAIR AEPB	2	Limit 1 inhaler per month;QL(0.04 ea daily)
<b>Leukotriene Modulators</b>		
<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 (Use <i>Montelukast Sodium</i> )	GP	QL(1 ea daily)
SINGULAIR PACK (Use <i>Montelukast Sodium</i> )	GP	QL(1 ea daily)
SINGULAIR TABS (Use <i>Montelukast Sodium</i> )	GP	QL(1 ea daily)
<i>zileuton tb12</i>	3	ST

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

Drug Name	Drug Tier	Requirements/Limits
ZYFLO CR TB12 ( <i>Use Zileuton</i> )	GP	ST
ZYFLO TABS	3	ST
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP TABS	3	QL(1 ea daily)
<b>Steroid Inhalants</b>		
AEROSPAN AERS	2	Limit 2 inhalers per month;QL(0.6 gm daily)
ALVESCO AERS	3	Limit 2 inhalers per month;QL(0.41 gm daily)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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 2 inhalers per month;QL(0.27 ea daily)
PULMICORT SUSP 0.25 MG/2ML ( <i>Use Budesonide (Inhalation)</i> )	GP	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML ( <i>Use Budesonide (Inhalation)</i> )	GP	QL(4 ml daily)
PULMICORT SUSP 1 MG/2ML ( <i>Use Budesonide (Inhalation)</i> )	GP	QL(2 ml daily)
QVAR AERS 40 MCG/ACT	2	Limit 3 Inhalers per Month-7.3g pkg; 2 Inhalers per Month-8.7g pkg;QL(0.58 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
QVAR AERS 80 MCG/ACT	2	Limit 2 inhalers per month;QL(0.58 gm daily)
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB	2	QL(2 ea daily)
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)
ALBUTEROL SULFATE ER TB12	2	QL(2 ea daily)
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 0.5 %, 1.25 mg/3ml</i>	1	
<i>albuterol sulfate syrup or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 4 mg, 2 mg</i>	1	
<i>albuterol sulfate tb12 or 8 mg, 4 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	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)

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE/SALMETEROL AEPB	2	QL(0.04 ea daily)
FORADIL AEROLIZER CAPS	3	QL(2 ea daily)
<i>ipratropium-albuterol soln</i>	1	
<i>levalbuterol hcl nebu</i>	1	
LEVALBUTEROL TARTRATE HFA AERO	2	Limit 18gms per month;QL(0.6 gm daily)
<i>metaproterenol sulfate syrup</i>	1	
<i>metaproterenol sulfate tabs</i>	1	
PERFOROMIST NEBU	3	QL(4 ml daily)
PROAIR HFA AERS	3	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	2	Limit 2 inhalers per month;QL(0.47 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 or 5 mg, 2.5 mg</i>	1	

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



Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA AEPB	3	
UTIBRON NEOHALER CAPS	3	QL(2 ea daily)
VENTOLIN HFA AERS	3	Limit 2 inhalers per month;QL(1.2 gm daily)
VOSPIRE ER TB12 (Use Albuterol Sulfate)	GP	QL(2 ea daily)
XOPENEX CONCENTRATE NEBU (Use Levalbuterol HCl)	GP	
XOPENEX HFA AERO	2	Limit 18gms per month;QL(0.6 gm daily)
XOPENEX NEBU (Use Levalbuterol HCl)	GP	
<b>Xanthines</b>		
ELIXOPHYLLIN ELIX	3	
THEO-24 CP24	2	
<i>theophylline soln 80 mg/15ml</i>	3	
<i>theophylline tb12 200 mg, 450 mg, 100 mg</i>	1	
<i>theophylline tb12 300 mg</i>	3	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS (Use Warfarin Sodium)	GP	
<i>warfarin sodium tabs</i>	1	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS TABS	3	
SAVAYSA TABS	3	
XARELTO STARTER PACK TBPK	2	

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS	2	
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	SP	
<i>enoxaparin sodium soln sc 100 mg/ml</i>	SP	
<i>enoxaparin sodium soln sc 150 mg/ml, 120 mg/0.8ml</i>	SP	PA; QL(14 ml per fill retail, 14 ml per 30 days retail, ml per days mail)
<i>enoxaparin sodium soln sc 30 mg/0.3ml, 80 mg/0.8ml, 60 mg/0.6ml, 40 mg/0.4ml</i>	SP	PA
LOVENOX SOLN IJ 300 MG/3ML (Use Enoxaparin Sodium)	SP	
LOVENOX SOLN SC 100 MG/ML (Use Enoxaparin Sodium)	SP	
LOVENOX SOLN SC 120 MG/0.8ML, 150 MG/ML (Use Enoxaparin Sodium)	SP	PA; QL(14 ml per fill retail, 14 ml per 30 days retail, ml per days mail)
LOVENOX SOLN SC 30 MG/0.3ML, 80 MG/0.8ML, 60 MG/0.6ML, 40 MG/0.4ML (Use Enoxaparin Sodium)	SP	PA
<b>Thrombin Inhibitors</b>		
PRADAXA CAPS	2	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP	3	
FYCOMPA TABS	3	
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clonazepam tabs</i>	1	
<i>clonazepam tbdp</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
DIASTAT ACUDIAL GEL	3	QL(4 ea per fill retail,4 ea per 30 days retail, ea per days mail)
DIASTAT PEDIATRIC GEL	3	QL(4 ea per fill retail,4 ea per 30 days retail, ea per days mail)
DIAZEPAM GEL RE 20 MG, 2.5 MG, 10 MG	3	QL(4 ea per fill retail,4 ea per 30 days retail, ea per days mail)
DIAZEPAM RECTAL GEL GEL	3	QL(4 ea per fill retail,4 ea per 30 days retail, ea per days mail)
KLONOPIN TABS (Use Clonazepam)	GP	
ONFI SUSP	3	
ONFI TABS	3	
<b>Anticonvulsants - Misc.</b>		
APTIOM TABS 200 MG, 600 MG, 400 MG	3	QL(2 ea daily)
APTIOM TABS 800 MG	3	QL(1 ea daily)
BANZEL SUSP	2	
BANZEL TABS	2	
BRIVIACT SOLN	3	PA
BRIVIACT TABS	3	PA
<i>carbamazepine chew</i>	1	
<i>carbamazepine cp12</i>	1	
<i>carbamazepine susp</i>	1	
<i>carbamazepine tabs</i>	1	
<i>carbamazepine tb12</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CARBATROL CP12 (Use Carbamazepine)	GP	
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	1	
<i>gabapentin tabs</i>	1	
KEPPRA SOLN OR 100 MG/ML (Use Levetiracetam)	GP	
KEPPRA TABS OR 1000 MG, 500 MG, 250 MG, 750 MG (Use Levetiracetam)	GP	
KEPPRA XR TB24 (Use Levetiracetam)	GP	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	GP	
LAMICTAL ODT KIT (Use Lamotrigine)	GP	PA
LAMICTAL ODT TBDP (Use Lamotrigine)	GP	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use Lamotrigine)	GP	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use Lamotrigine)	GP	
LAMICTAL STARTER/TAKING VALPROATE KIT (Use Lamotrigine)	GP	
LAMICTAL TABS (Use Lamotrigine)	GP	
LAMICTAL XR KIT	3	PA
LAMICTAL XR TB24 250 MG (Use Lamotrigine)	GP	PA
LAMICTAL XR TB24 50 MG, 300 MG, 100 MG, 200 MG, 25 MG (Use Lamotrigine)	GP	PA; QL(1 ea daily)
<i>lamotrigine chew 25 mg, 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine kit</i>	3	PA
<i>lamotrigine kit 25 mg</i>	1	
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine tb24 250 mg</i>	3	PA
<i>lamotrigine tb24 50 mg, 300 mg, 25 mg, 200 mg, 100 mg</i>	3	PA; QL(1 ea daily)
<i>lamotrigine tbdp 25 mg, 100 mg, 50 mg, 200 mg</i>	3	PA
<i>levetiracetam soln or 500 mg/5ml, 100 mg/ml</i>	1	
<i>levetiracetam tabs or 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	
LYRICA CAPS 100 MG, 50 MG, 75 MG, 25 MG, 200 MG	3	PA; QL(3 ea daily)
LYRICA CAPS 300 MG, 225 MG, 150 MG	3	PA; QL(2 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	
<i>oxcarbazepine susp</i>	1	
<i>oxcarbazepine tabs</i>	1	
OXTELLAR XR TB24	3	PA
POTIGA TABS	3	
<i>primidone tabs</i>	1	
QUDEXY XR CS24	3	PA

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D	3	PA
TEGRETOL SUSP (Use Carbamazepine)	GP	
TEGRETOL TABS (Use Carbamazepine)	GP	
TEGRETOL-XR TB12 (Use Carbamazepine)	GP	
TOPAMAX SPRINKLE CPSP (Use Topiramate)	GP	
TOPAMAX TABS (Use Topiramate)	GP	
<i>topiramate cpsp</i>	1	
TOPIRAMATE ER CS24	3	PA
<i>topiramate tabs</i>	1	
TRILEPTAL SUSP (Use Oxcarbazepine)	GP	
TRILEPTAL TABS (Use Oxcarbazepine)	GP	
TROKENDI XR CP24	3	PA
VIMPAT SOLN OR 10 MG/ML	2	
VIMPAT TABS OR 150 MG, 100 MG, 200 MG, 50 MG	2	
ZONEGRAN CAPS (Use Zonisamide)	GP	
<i>zonisamide caps</i>	1	
<b>Carbamates</b>		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP (Use Felbamate)	GP	
FELBATOL TABS (Use Felbamate)	GP	
<b>GABA Modulators</b>		
GABITRIL TABS 12 MG, 16 MG	3	
GABITRIL TABS 2 MG, 4 MG (Use Tiagabine HCl)	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
SABRIL PACK (Use Vigabatrin)	GP	
SABRIL TABS	2	
<i>tiagabine hcl tabs</i>	3	
<i>vigabatrin pack</i>	1	
<b>Hydantoins</b>		
DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)	GP	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (Use Phenytoin)	GP	
DILANTIN-125 SUSP (Use Phenytoin)	GP	
PEGANONE TABS	3	
PHENYTEK CAPS (Use Phenytoin Sodium Extended)	GP	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp</i>	1	
<b>Succinimides</b>		
CELONTIN CAPS	2	
<i>ethosuximide caps</i>	1	
<i>ethosuximide soln</i>	1	
ZARONTIN CAPS (Use Ethosuximide)	GP	
ZARONTIN SOLN (Use Ethosuximide)	GP	
<b>Valproic Acid</b>		
DEPAKENE CAPS (Use Valproic Acid)	GP	
DEPAKENE SOLN (Use Valproate Sodium)	GP	
DEPAKOTE ER TB24 (Use Divalproex Sodium)	GP	

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE SPRINKLES CSDR (Use Divalproex Sodium)	GP	
DEPAKOTE TBEC (Use Divalproex Sodium)	GP	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln or 250 mg/5ml</i>	1	
<i>valproic acid caps</i>	1	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs</i>	1	
<i>mirtazapine tbdp</i>	1	
REMERON SOLTAB TBDP (Use Mirtazapine)	GP	
REMERON TABS (Use Mirtazapine)	GP	
<b>Antidepressants - Misc.</b>		
APLENZIN TB24	3	PA; QL(1 ea daily)
<i>bupropion hcl tabs 100 mg, 75 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	Limited to 1 tablet per day without prior authorization; QL(1 ea daily)
<i>bupropion hcl tb24 300 mg, 150 mg</i>	1	QL(1 ea daily)
<i>bupropion hcl tb24 300 mg, 150 mg</i>	1	SL(1 ea daily)
FORFIVO XL TB24	3	ST; QL(1 ea daily)
<i>maprotiline 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
WELLBUTRIN SR TB12 (Use Bupropion HCl)	GP	
WELLBUTRIN TABS (Use Bupropion HCl)	GP	
WELLBUTRIN XL TB24 (Use Bupropion HCl)	NF	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	3	
NARDIL TABS (Use Phenelzine Sulfate)	GP	
PARNATE TABS (Use Tranylcypromine Sulfate)	GP	
phenelzine sulfate tabs	1	
tranylcypromine sulfate tabs	1	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS 10 MG (Use Citalopram Hydrobromide)	GP	QL(4 ea daily)
CELEXA TABS 20 MG (Use Citalopram Hydrobromide)	GP	QL(2 ea daily)
CELEXA TABS 40 MG (Use Citalopram Hydrobromide)	GP	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	3	QL(20 ml daily)
citalopram hydrobromide tabs 10 mg	1	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	1	QL(2 ea daily)
citalopram hydrobromide tabs 40 mg	1	QL(1 ea daily)
escitalopram oxalate soln	1	
escitalopram oxalate tabs	1	
FLUOXETINE DR CPDR	3	
fluoxetine hcl caps 20 mg, 40 mg, 10 mg	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
NEFAZODONE HCL TABS 150 MG, 200 MG, 100 MG	3	
<i>nefazodone hcl tabs 250 mg, 50 mg</i>	3	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	ST; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS	3	ST
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA CPEP ( <i>Use Duloxetine HCl</i> )	GP	QL(2 ea daily)
DESVENLAFAXINE ER TB24 100 MG, 50 MG	3	PA
DESVENLAFAXINE ER TB24 50 MG, 100 MG	3	ST; QL(1 ea daily)
<i>desvenlafaxine succinate tb24</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep 30 mg, 60 mg, 20 mg</i>	1	QL(2 ea daily)
EFFEXOR XR CP24 150 MG ( <i>Use Venlafaxine HCl</i> )	GP	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG, 75 MG ( <i>Use 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)
FETZIMA TITRATION PACK C4PK	3	ST
KHEDEZLA TB24	3	ST; QL(1 ea daily)
PRISTIQ TB24 ( <i>Use Desvenlafaxine Succinate</i> )	GP	QL(1 ea daily)
<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)
VENLAFAXINE HCL ER TB24 225 MG	2	

Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE HCL ER TB24 37.5 MG, 75 MG, 150 MG ( <i>Use Venlafaxine HCl</i> )	NF	QL(1 ea daily)
<i>venlafaxine hcl tabs 75 mg, 50 mg, 37.5 mg, 25 mg, 100 mg</i>	1	
<i>venlafaxine hcl tb24 37.5 mg, 150 mg, 75 mg</i>	1	QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 225 mg</i>	1	
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS	2	
ANAFRANIL CAPS ( <i>Use Clomipramine HCl</i> )	GP	
<i>clomipramine hcl caps</i>	1	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
ELAVIL TABS ( <i>Use Amitriptyline HCl</i> )	GP	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	3	
NORPRAMIN TABS ( <i>Use Desipramine HCl</i> )	GP	
<i>nortriptyline hcl caps 25 mg, 10 mg, 50 mg, 75 mg</i>	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	2	
PAMELOR CAPS ( <i>Use Nortriptyline HCl</i> )	GP	
<i>protriptyline hcl tabs</i>	3	
SURMONTIL CAPS ( <i>Use Trimipramine Maleate</i> )	GP	
TOFRANIL TABS ( <i>Use Imipramine HCl</i> )	GP	
<i>trimipramine maleate caps</i>	3	

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

Drug Name	Drug Tier	Requirements/ Limits
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tabs</i>	1	
GLYSET TABS ( <i>Use Miglitol</i> )	GP	
<i>miglitol tabs</i>	3	
PRECOSE TABS ( <i>Use Acarbose</i> )	GP	
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS ( <i>Use Pioglitazone HCl-Metformin HCl</i> )	GP	
ACTOPLUS MET XR TB24	3	
ALOGLIPTIN/METFORMIN HCL TABS	3	
ALOGLIPTIN/PIOGLITAZONE TABS	3	
DUETACT TABS ( <i>Use Pioglitazone HCl-Glimepiride</i> )	GP	
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS ( <i>Use Glyburide-Metformin</i> )	GP	
<i>glyburide-metformin tabs</i>	1	
GLYXAMBI TABS	3	
INVOKAMET TABS	2	
INVOKAMET XR TB24	2	
JANUMET TABS	2	
JANUMET XR TB24	2	
JENTADUETO TABS	2	
JENTADUETO XR TB24	2	
KAZANO TABS	3	
KOMBIGLYZE XR TB24	3	

Drug Name	Drug Tier	Requirements/ Limits
OSENI TABS	3	
<i>pioglitazone hcl-glimepiride tabs</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	
PRANDIMET TABS ( <i>Use Repaglinide-Metformin HCl</i> )	GP	
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	3	
SYNJARDY TABS	2	
SYNJARDY XR TB24	2	
XIGDUO XR TB24	3	
<b>Biguanides</b>		
FORTAMET TB24 ( <i>Use Metformin HCl</i> )	GP	
GLUCOPHAGE TABS ( <i>Use Metformin HCl</i> )	GP	
GLUCOPHAGE XR TB24 ( <i>Use Metformin HCl</i> )	GP	
<i>metformin hcl tabs</i>	1	
<i>metformin hcl tb24</i>	1	
RIOMET SOLN	3	
<b>Diabetic Other</b>		
KORLYM TABS	3	PA
PROGLYCEM SUSP	3	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
ALOGLIPTIN TABS	3	
JANUVIA TABS	2	
NESINA TABS	3	
ONGLYZA TABS	3	
TRADJENTA 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
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET TABS	3	
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS ( <i>Use Pioglitazone HCl</i> )	GP	
AVANDIA TABS	2	
<i>pioglitazone hcl tabs</i>	1	
<b>Insulin</b>		
AFREZZA POWD	3	QL(6 ea daily)
AFREZZA POWD 8 UNIT, 4 UNIT, , 12 UNIT	3	QL(3 ea daily)
APIDRA SOLN	3	Limit 45 per month;QL(1.34 ml daily)
APIDRA SOLOSTAR SOPN	3	Limit 45 per month;QL(1.5 ml daily)
FIASP FLEXTOUCH SOPN	3	Limit 45mls per month;QL(1.5 ml daily)
FIASP SOLN	3	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per month;QL(0.8 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	PA; Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily)

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG SOLN	2	Limit 45 per month;QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN N SUSP	2	QL(1.34 ml daily)
HUMULIN R SOLN	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R U-500 ( <i>CONCENTRATED</i> ) SOLN	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN	2	QL(40 ml per fill retail, 40 ml per 30 days retail, ml per days mail)
LANTUS SOLN	2	Limit 45 per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR FLEXTOUCH SOPN	2	QL(135 ml per fill mail)
LEVEMIR SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
NOVOLIN 70/30 RELION SUSP	3	Limit 40mls per month;QL(1.34 ml daily)

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



Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 SUSP	3	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N RELION SUSP	3	QL(1.34 ml daily)
NOVOLIN N SUSP	3	QL(1.34 ml daily)
NOVOLIN R RELION SOLN	3	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN R SOLN	3	Limit 40mls per month;QL(1.34 ml daily)
NOVOLOG FLEXPEN SOPN	3	Limit 45mls per month;QL(1.5 ml daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	3	Limited to 45 mls per month without PA;QL(1.5 ml daily)
NOVOLOG MIX 70/30 SUSP	3	Limit 40mls per month;QL(1.34 ml daily)
NOVOLOG PENFILL SOCT	3	Limit 45mls per month;QL(1.5 ml daily)
NOVOLOG SOLN	3	Limit 40mls per month;QL(1.34 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month;QL(0.5 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month;QL(0.9 ml daily)
<b>Meglitinide Analogues</b>		
<i>nateglinide tabs</i>	1	
PRANDIN TABS ( <i>Use Repaglinide</i> )	GP	
<i>repaglinide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
STARLIX TABS ( <i>Use Nateglinide</i> )	GP	
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
FARXIGA TABS	3	
INVOKANA TABS	2	
JARDIANCE TABS	2	
<b>Sulfonylureas</b>		
AMARYL TABS ( <i>Use Glimepiride</i> )	GP	
<i>chlorpropamide tabs</i>	1	
DIABETA 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	
<b>ANTIDIARRHEALS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
FULYZAQ TBEC	3	PA; QL(2 ea daily)
MYTESI TBEC	3	PA; QL(2 ea daily)
<b>Antiperistaltic Agents</b>		
<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>	3	RX/OTC
MOTOFEN TABS	2	
<i>opium tincture tinc</i>	3	
PAREGORIC TINC	3	

### ANTIDOTES AND SPECIFIC ANTAGONISTS

#### Antidotes - Chelating Agents

CHEMET CAPS	3	
FERRIPROX SOLN 100 MG/ML	3	Not available through mail order
FERRIPROX TABS 500 MG	3	SP
JADENU SPRINKLE PACK	3	PA; SP
JADENU TABS	2	PA

#### Antidotes and Specific Antagonists

CETYLEV TBEF	3	PA
VISTOGARD PACK	3	

#### Opioid Antagonists

<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	3	QL(4 ea per 30 days retail, ea per days mail)

### ANTIEMETICS - Drugs to Treat Nausea and Vomiting

#### 5-HT3 Receptor Antagonists

ANZEMET TABS OR 100 MG, 50 MG	3	PA; QL(2 ea per fill retail)
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Drug Name	Drug Tier	Requirements/ Limits
<i>granisetron hcl tabs or 1 mg</i>	3	PA; Limit 2 tablets per day; QL(2 ea daily)
<i>ondansetron hcl soln 4 mg/5ml</i>	1	Limit 50mls per prescription; QL (1.67 ml daily, 50 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; QL(1 ea per fill retail, 1 ea per 21 days retail, 3 ea per 90 days mail)
ZOFRAN ODT TBDP (Use Ondansetron)	GP	QL(20 ea per fill retail)
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	GP	Limit 50mls per prescription; QL (1.67 ml daily, 50 ml per fill retail)
ZOFRAN TABS 8 MG, 4 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>	3	
TIGAN CAPS (Use Trimethobenzamide HCl)	GP	
TRANSDERM-SCOP PT72	3	
TRANSDERM-SCOP PT72 (Use Scopolamine)	GP	
<i>trimethobenzamide hcl caps</i>	1	

#### Antiemetics - Miscellaneous

AKYNZEO CAPS	3	QL(2 ea per 28 days retail, ea per days mail)
CESAMET CAPS	3	PA; 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
DICLEGIS TBEC	3	QL(4 ea daily)
<i>dronabinol caps</i>	3	PA
MARINOL CAPS ( <i>Use Dronabinol</i> )	GP	PA
SYNDROS SOLN	3	PA
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<i>aprepitant caps</i>	3	QL(3 ea per fill retail, 3 ea per 30 days retail, ea per days mail)
<i>aprepitant caps 125 mg, 80 mg</i>	3	QL(1 ea per fill retail, 1 ea per 30 days retail, ea per days mail)
<i>aprepitant caps 40 mg</i>	3	QL(2 ea per 30 days retail, ea per days mail)
EMEND CAPS 125 MG, 80 MG ( <i>Use Aprepitant</i> )	GP	QL(1 ea per fill retail, 1 ea per 30 days retail, ea per days mail)
EMEND CAPS 40 MG ( <i>Use Aprepitant</i> )	GP	QL(2 ea per 30 days retail, ea per days mail)
EMEND SUSR 125 MG	3	QL(1 ea per 30 days retail, ea per days mail)
EMEND TRIPACK CAPS ( <i>Use Aprepitant</i> )	GP	QL(3 ea per fill retail, 3 ea per 30 days retail, ea per days mail)
VARUBI TABS	3	QL(4 ea per fill retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
ANCOBON CAPS ( <i>Use Flucytosine</i> )	GP	
BIO-STATIN CAPS	3	

Drug Name	Drug Tier	Requirements/Limits
<i>flucytosine caps</i>	3	
GRIFULVIN V TABS ( <i>Use Griseofulvin Microsize</i> )	GP	
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 PACK 125 MG, 187.5 MG	3	PA
LAMISIL TABS 250 MG ( <i>Use Terbinafine HCl</i> )	GP	QL(90 ea per 365 days retail, ea per days mail)
<i>nystatin powd</i>	3	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(90 ea per 365 days retail, ea per days mail)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS	3	Not available through mail order
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>ketoconazole tabs</i>	1	
NOXAFIL SUSP	3	
NOXAFIL TBEC	3	
ONMEL 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
SPORANOX CAPS 100 MG (Use Itraconazole)	GP	PA
SPORANOX PULSEPAK CAPS (Use Itraconazole)	GP	PA
SPORANOX SOLN 10 MG/ML	2	PA
VFEND SUSR 40 MG/ML (Use Voriconazole)	GP	
VFEND TABS 50 MG, 200 MG (Use Voriconazole)	GP	QL(2 ea daily)
<i>voriconazole susr or 40 mg/ml</i>	1	
<i>voriconazole tabs or 50 mg, 200 mg</i>	1	QL(2 ea daily)

### ANTIHISTAMINES - Drugs to Treat Allergies

#### Antihistamines - Alkylamines

BROMPHENIRAMINE TANNATE CHEW	3	
RESPA-BR TB12	3	

#### Antihistamines - Ethanolamines

<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg, 6 mg</i>	3	
<i>clemastine fumarate tabs</i>	1	
CLEMASTINE FUMARATE TABS	2	
KARBINAL ER SUER	3	

#### Antihistamines - Non-Sedating

CLARINEX SYRP 0.5 MG/ML	3	PA
CLARINEX TABS 5 MG (Use Desloratadine)	GP	PA; QL(1 ea daily)
DESLORATADINE ODT TBDP	3	PA
<i>desloratadine tabs</i>	3	PA; QL(1 ea daily)
<i>levocetirizine dihydrochloride soln or 2.5 mg/5ml</i>	3	PA; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride tabs or 5 mg</i>	3	QL(1 ea daily); RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use Levocetirizine Dihydrochloride)	GP	PA; RX/OTC
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	GP	QL(1 ea daily); RX/OTC
XYZAL SOLN 2.5 MG/5ML (Use Levocetirizine Dihydrochloride)	GP	PA; RX/OTC
XYZAL TABS 5 MG (Use Levocetirizine Dihydrochloride)	GP	QL(1 ea daily); RX/OTC

#### Antihistamines - Phenothiazines

<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	
<i>promethazine hcl supp re 50 mg, 12.5 mg, 25 mg</i>	1	
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 12.5 mg, 50 mg, 25 mg</i>	1	

#### Antihistamines - Piperidines

<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	

### ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol

#### Antihyperlipidemics - Combinations

<i>ezetimibe-simvastatin tabs 10mg-10mg</i>	1	ST; QL(1 ea daily)
<i>ezetimibe-simvastatin tabs 40mg-10mg, 10mg-20mg</i>	1	QL(1 ea daily)
<i>ezetimibe-simvastatin tabs 80mg-10mg</i>	1	PA; QL(1 ea daily)
VYTORIN TABS 10MG-10MG (Use Ezetimibe-Simvastatin)	GP	ST; QL(1 ea daily)
VYTORIN TABS 10MG-20MG, 40MG-10MG (Use Ezetimibe-Simvastatin)	GP	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
VYTORIN TABS 80MG-10MG (Use Ezetimibe-Simvastatin)	GP	PA; QL(1 ea daily)
<b>Antihyperlipidemics - Misc.</b>		
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	GP	
omega-3-acid ethyl esters caps	1	
VASCEPA CAPS	3	ST
<b>Bile Acid Sequestrants</b>		
cholestyramine light pack 4 gm	3	
cholestyramine light powd 4 gm/dose	1	
cholestyramine pack or 4 gm	3	
cholestyramine powd or 4 gm/dose	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	
colestipol hcl gran 5 gm	1	
colestipol hcl pack 5 gm	3	
colestipol hcl tabs 1 gm	1	
QUESTRAN LIGHT POWD (Use Cholestyramine Light)	GP	
QUESTRAN PACK (Use Cholestyramine)	GP	
QUESTRAN POWD (Use Cholestyramine)	GP	
WELCHOL PACK	3	
WELCHOL TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
<b>Fibric Acid Derivatives</b>		
ANTARA CAPS	3	
choline fenofibrate cpdr	1	
FENOFIBRATE CAPS 150 MG, 50 MG	3	
fenofibrate micronized caps	1	
fenofibrate tabs 160 mg, 48 mg, 54 mg, 145 mg	1	
FENOFIBRIC ACID TABS	3	
FIBRICOR TABS	3	
gemfibrozil tabs	1	
LIPOFEN CAPS	3	
LOFIBRA CAPS (Use Fenofibrate Micronized)	GP	
LOFIBRA TABS (Use Fenofibrate)	GP	
LOPID TABS (Use Gemfibrozil)	GP	
TRICOR TABS (Use Fenofibrate)	GP	
TRIGLIDE TABS	2	
TRILIPIX CPDR (Use Choline Fenofibrate)	GP	
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24	3	
atorvastatin calcium tabs	1	QL(1 ea daily)
CRESTOR TABS (Use Rosuvastatin Calcium)	GP	QL(1 ea daily)
fluvastatin sodium caps	1	QL(1 ea daily)
fluvastatin sodium tb24	1	QL(1 ea daily)
LESCOL XL TB24 (Use Fluvastatin Sodium)	GP	QL(1 ea daily)
LIPITOR TABS (Use Atorvastatin Calcium)	GP	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
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); AL; At least 40 yrs old - Up to 75 yrs old; PV
MEVACOR TABS (Use <i>Lovastatin</i> )	GP	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); AL; At least 40 yrs old - Up to 75 yrs old; PV
PRAVACHOL TABS 40 MG (Use <i>Pravastatin Sodium</i> )	GP	QL(2 ea daily)
PRAVACHOL TABS 80 MG, 20 MG (Use <i>Pravastatin Sodium</i> )	GP	QL(1 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 (Use <i>Simvastatin</i> )	GP	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	1	
ZETIA TABS (Use <i>Ezetimibe</i> )	GP	
<b>Microsomal Triglyceride Transfer Protein (MTP)</b>		
JUXTAPID CAPS 10 MG, 20 MG, 5 MG	3	PA; SP
JUXTAPID CAPS 40 MG, 60 MG, 30 MG	3	PA
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NIACOR TABS	3	
NIASPAN TBCR (Use <i>Niacin (Antihyperlipidemic)</i> )	GP	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL TABS (Use <i>Quinapril HCl</i> )	GP	
ACEON TABS (Use <i>Perindopril Erbumine</i> )	GP	
ALTACE CAPS (Use <i>Ramipril</i> )	GP	QL(2 ea daily)
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	QL(2 ea daily)
EPANED SOLN	3	Limit 5mls daily without authorization; QL(5 ml daily)
EPANED SOLR	3	QL(5 ml daily)
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (Use <i>Benazepril HCl</i> )	GP	
MAVIK TABS (Use <i>Trandolapril</i> )	GP	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (Use <i>Lisinopril</i> )	GP	
QBRELIS SOLN	3	QL(5 ml daily)
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	QL(2 ea daily)
<i>trandolapril 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
VASOTEC TABS ( <i>Use Enalapril Maleate</i> )	GP	QL(2 ea daily)
ZESTRIL TABS ( <i>Use Lisinopril</i> )	GP	
<b>Agents for Pheochromocytoma</b>		
DEMSER CAPS	3	
DIBENZYLIN CAPS ( <i>Use Phenoxybenzamine HCl</i> )	GP	Not available through mail
<i>phenoxybenzamine hcl caps</i>	1	Not available through mail
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS ( <i>Use Candesartan Cilexetil</i> )	GP	
AVAPRO TABS ( <i>Use Irbesartan</i> )	GP	
BENICAR TABS ( <i>Use Olmesartan Medoxomil</i> )	GP	
<i>candesartan cilexetil tabs</i>	1	
COZAAR TABS ( <i>Use Losartan Potassium</i> )	GP	
DIOVAN TABS ( <i>Use Valsartan</i> )	GP	
EDARBI TABS	3	
EPROSARTAN MESYLATE TABS	2	
<i>irbesartan tabs</i>	1	
<i>losartan potassium tabs</i>	1	
MICARDIS TABS ( <i>Use Telmisartan</i> )	GP	
<i>olmesartan medoxomil tabs</i>	1	
<i>telmisartan tabs</i>	1	
<i>valsartan tabs</i>	1	
<b>Antiadrenergic Antihypertensives</b>		
CARDURA TABS ( <i>Use Doxazosin Mesylate</i> )	GP	
CATAPRES TABS ( <i>Use Clonidine HCl</i> )	GP	

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-1 PTWK ( <i>Use Clonidine HCl</i> )	GP	
CATAPRES-TTS-2 PTWK ( <i>Use Clonidine HCl</i> )	GP	
CATAPRES-TTS-3 PTWK ( <i>Use Clonidine HCl</i> )	GP	
<i>clonidine hcl ptwk td 0.1 mg/24hr, 0.3 mg/24hr, 0.2 mg/24hr</i>	3	
<i>clonidine hcl tabs or 0.3 mg, 0.2 mg, 0.1 mg</i>	1	
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
MINIPRESS CAPS ( <i>Use Prazosin HCl</i> )	GP	
<i>prazosin hcl caps</i>	1	
<i>reserpine tabs</i>	1	
TENEX TABS ( <i>Use Guanfacine HCl</i> )	GP	
<i>terazosin hcl caps</i>	1	
<b>Antihypertensive Combinations</b>		
ACCURETIC TABS ( <i>Use Quinapril-Hydrochlorothiazide</i> )	GP	
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS ( <i>Use Candesartan Cilexetil-Hydrochlorothiazide</i> )	GP	
<i>atenolol &amp; chlorthalidone tabs</i>	1	
AVALIDE TABS ( <i>Use Irbesartan-Hydrochlorothiazide</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
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	GP	ST
benazepril & hydrochlorothiazide tabs	1	
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	GP	
bisoprolol & hydrochlorothiazide tabs	1	
BYVALSON TABS	3	
candesartan cilexetil-hydrochlorothiazide tabs	1	
captopril & hydrochlorothiazide tabs	1	
CLORPRES TABS	3	
CORZIDE TABS (Use Nadolol & Bendroflumethiazide)	GP	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	GP	
DUTOPROL TB24	3	
EDARBYCLOR TABS	3	
enalapril maleate & hydrochlorothiazide tabs	1	
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	GP	
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	GP	
fosinopril sodium & hydrochlorothiazide tabs	1	
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	GP	
irbesartan-hydrochlorothiazide tabs	1	
lisinopril & hydrochlorothiazide tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	GP	
losartan potassium & hydrochlorothiazide tabs	1	
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	GP	
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	GP	
methyldopa & hydrochlorothiazide tabs	1	
metoprolol & hydrochlorothiazide tabs	1	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	3	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	2	
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	GP	
moexipril-hydrochlorothiazide tabs	1	
nadolol & bendroflumethiazide tabs	3	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	1	ST
olmesartan medoxomil-hydrochlorothiazide tabs	1	
PRESTALIA TABS	3	ST
propranolol & hydrochlorothiazide tabs	1	
quinapril-hydrochlorothiazide tabs	1	
TARKA TBCR (Use Trandolapril-Verapamil HCl)	GP	
TEKTURNA HCT TABS	3	ST
telmisartan-amlodipine 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>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	GP	
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	GP	
<i>trandolapril-verapamil hcl tbc</i>	3	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	GP	ST
TWYNSTA TABS (Use Telmisartan-Amlodipine)	GP	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	GP	
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	GP	
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	GP	
<b>Antihypertensives - Misc.</b>		
VECAMYL TABS	3	
<b>Direct Renin Inhibitors</b>		
TEKTURNA TABS	3	ST
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	3	
INSPRA TABS (Use Eplerenone)	GP	
<b>Vasodilators</b>		
<i>hydralazine hcl tabs or 50 mg, 10 mg, 100 mg, 25 mg</i>	1	
<i>minoxidil tabs</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl tabs</i>	3	
COARTEM TABS	2	QL(0.8 ea daily)
MALARONE TABS (Use Atovaquone-Proguanil HCl)	GP	
<b>Antimalarials</b>		
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
<i>chloroquine phosphate tabs 500 mg, 250 mg</i>	1	
DARAPRIM TABS	3	PA
<i>hydroxychloroquine sulfate tabs</i>	1	
MEFLOQUINE HCL TABS	2	QL(6 ea per fill retail)
<i>mefloquine hcl tabs</i>	1	QL(6 ea per fill retail)
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	GP	
PRIMAQUINE PHOSPHATE TABS	2	
QUALAQUIN CAPS (Use Quinine Sulfate)	GP	PA; QL(2 ea daily)
<i>quinine sulfate caps</i>	3	PA; QL(2 ea daily)
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
GUANIDINE HCL TABS	2	
MESTINON SYRP 60 MG/5ML	3	PA
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	GP	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	GP	
<i>pyridostigmine bromide tabs</i>	1	
<i>pyridostigmine bromide tbc</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
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		
RIFAMATE CAPS	2	
RIFATER TABS	3	
<b>Antimycobacterial Agents</b>		
CYCLOSERINE CAPS	3	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syrp or 50 mg/5ml</i>	1	
<i>isoniazid tabs or 300 mg, 100 mg</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 OR 300 MG, 150 MG (Use Rifampin)	GP	
<i>rifampin caps or 300 mg, 150 mg</i>	1	
SIRTURO TABS	3	
TRECTOR TABS	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN TABS OR 2 MG (Use Melphalan)	GP	AC
CYCLOPHOSPHAMIDE CAPS OR 25 MG	2	
CYCLOPHOSPHAMIDE CAPS OR 50 MG	2	AC

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPS	2	New commercial members to be referred to AcariaHealth;S P; AC
HEXALEN CAPS	2	AC
LEUKERAN TABS	2	AC
LOMUSTINE CAPS	2	New commercial members to be referred to AcariaHealth;S P; AC
<i>melphalan tabs</i>	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS (Use Temozolomide)	GP	AC
<i>temozolomide caps</i>	1	AC
<b>Antimetabolites</b>		
<i>capecitabine tabs</i>	1	AC
<i>mercaptopurine tabs</i>	1	AC
<i>methotrexate sodium tabs or 2.5 mg</i>	1	AC
PURIXAN SUSP	3	AL; Up to 13 yrs old ; AC
TABLOID TABS	2	AC
TREXALL TABS	3	AC
XATMEP SOLN	2	PA; AC
XELODA TABS (Use Capecitabine)	GP	AC
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TBPK	2	PA; AC
VENCLEXTA TABS	2	PA; AC
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		

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

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE CAPS	2	AC
ODOMZO CAPS	2	AC
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>anastrozole tabs</i>	1	AC
ARIMIDEX TABS ( <i>Use Anastrozole</i> )	GP	AC
AROMASIN TABS ( <i>Use Exemestane</i> )	GP	AC
<i>bicalutamide tabs</i>	1	AC
CASODEX TABS ( <i>Use Bicalutamide</i> )	GP	AC
EMCYT CAPS	2	AC
<i>exemestane tabs</i>	1	AC
FARESTON TABS	2	AC
FEMARA TABS ( <i>Use Letrozole</i> )	GP	AC
<i>flutamide caps</i>	1	AC
<i>letrozole tabs</i>	1	AC
LYSODREN TABS	2	AC
MEGACE ORAL SUSP ( <i>Use Megestrol Acetate</i> )	GP	AC
<i>megestrol acetate susp</i>	1	AC
<i>megestrol acetate tabs</i>	1	AC
NILANDRON TABS ( <i>Use Nilutamide</i> )	GP	AC
<i>nilutamide tabs</i>	1	AC
SOLTAMOX SOLN	3	PV; AC
<i>tamoxifen citrate tabs</i>	1	PV; AC

Drug Name	Drug Tier	Requirements/Limits
XTANDI CAPS	3	PA; New commercial members to be referred to AcariaHealth;S P; AC
ZYTIGA TABS	2	PA; New commercial members to be referred to AcariaHealth;S P; AC
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS	3	SP; AC
<b>Antineoplastic Combinations</b>		
KISQALI FEMARA 200 DOSE TBPK	3	PA; Must use AcariaHlth SP pharmacy 1-844-538-4661 ;LA; AC
KISQALI FEMARA 400 DOSE TBPK	3	PA; Must use AcariaHlth SP pharmacy 1-844-538-4661 ;LA; AC
KISQALI FEMARA 600 DOSE TBPK	3	PA; Must use AcariaHlth SP pharmacy 1-844-538-4661 ;LA; AC
LONSURF TABS	2	PA; AC
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR DISPERZ TBSO	3	PA; AC
AFINITOR TABS	3	PA; AC
ALECENSA CAPS	2	PA; AC
ALUNBRIG TABS	2	PA; AC
BOSULIF TABS 400 MG	3	PA; AC
BOSULIF TABS 500 MG, 100 MG	3	PA; SP; AC
CABOMETYX TABS	2	PA; 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
CAPRELSA TABS	2	AC
COMETRIQ KIT	3	SP; AC
COTELLIC TABS	2	PA; AC
FARYDAK CAPS	2	PA; AC
GILOTRIF TABS	2	PA; AC
GLEEVEC TABS 100 MG (Use <i>Imatinib Mesylate</i> )	GP	AC
GLEEVEC TABS 400 MG (Use <i>Imatinib Mesylate</i> )	GP	SP; AC
IBRANCE CAPS	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
ICLUSIG TABS	3	PA; SP; AC
IDHIFA TABS	3	PA; Specialty drug-Health Net will refer to SP Pharmacy;LA; AC
<i>imatinib mesylate tabs 100 mg, 400 mg</i>	1	AC
<i>imatinib mesylate tabs 400 mg</i>	1	SP; PV; AC
IMBRUVICA CAPS	2	PA; SP; AC
INLYTA TABS	3	PA; AC
IRESSA TABS	2	AC
JAKAFI TABS	2	AC
KISQALI TABS	3	PA; Must use AcariaHlth SP pharmacy 1-844-538-4661 ;LA; AC
LENVIMA 10 MG DAILY DOSE CPPK	2	PA; AC
LENVIMA 14 MG DAILY DOSE CPPK	2	PA; AC

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 18 MG DAILY DOSE CPPK	3	PA; LA; AC
LENVIMA 20 MG DAILY DOSE CPPK	2	PA; AC
LENVIMA 24 MG DAILY DOSE CPPK	3	PA; AC
LENVIMA 8 MG DAILY DOSE CPPK	3	PA; LA; AC
LYNPARZA CAPS 50 MG	2	PA; AC
LYNPARZA TABS 150 MG, 100 MG	2	PA; Refer to Accredo SP Rx;AC
MEKINIST TABS	2	PA; SP; AC
NERLYNX TABS	3	PA; SP; AC
NEXAVAR TABS	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP; AC
NINLARO CAPS	2	PA; Limit 3 capsules per month;QL(0.1 ea daily); AC
RUBRACA TABS	2	PA; SP; AC
RYDAPT CAPS	2	PA; AC
SPRYCEL TABS	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP; AC
STIVARGA TABS	3	PA; SP; AC
SUTENT CAPS	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
TAFINLAR CAPS	2	PA; AC
TAGRISSE TABS	2	PA; AC
TARCEVA TABS	2	PA; New commercial members to be referred to AcariaHealth;A C

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

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS	2	PA; New commercial members to be referred to AcariaHealth;S P; AC
TYKERB TABS	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP; AC
VOTRIENT TABS	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
XALKORI CAPS	2	PA; AC
ZEJULA CAPS	2	PA; Specialty drug-Health Net will refer to SP Pharmacy;LA; AC
ZELBORAF TABS	2	PA; AC
ZOLINZA CAPS	2	PA; AC
ZYDELIG TABS	2	PA; AC
ZYKADIA CAPS	3	PA; AC
<b>Antineoplastics Misc.</b>		
<i>bexarotene caps</i>	1	AC
HYDREA CAPS ( <i>Use Hydroxyurea</i> )	GP	AC
<i>hydroxyurea caps</i>	1	AC
MATULANE CAPS	2	AC
TARGRETIN CAPS OR 75 MG ( <i>Use Bexarotene</i> )	GP	AC
<i>tretinoin (chemotherapy) caps</i>	1	AC
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium tabs or 10 mg, 25 mg, 15 mg, 5 mg</i>	1	AC
MESNEX TABS OR 400 MG	3	AC

Drug Name	Drug Tier	Requirements/Limits
<b>Mitotic Inhibitors</b>		
<i>etoposide caps</i>	1	AC
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN CAPS OR 1 MG, 0.25 MG	2	PA; AC
<b>ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjuvants</b>		
<i>carbidopa tabs</i>	3	
LODOSYN TABS ( <i>Use Carbidopa</i> )	GP	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate tabs or 2 mg, 0.5 mg, 1 mg</i>	1	
<i>trihexyphenidyl hcl elix</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN TABS ( <i>Use Entacapone</i> )	GP	
<i>entacapone tabs</i>	3	
TASMAR TABS ( <i>Use Tolcapone</i> )	GP	
<i>tolcapone tabs</i>	3	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps 100 mg</i>	1	
<i>amantadine hcl syrp 50 mg/5ml</i>	1	
<i>amantadine hcl tabs 100 mg</i>	3	
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs 25mg-250mg, 10mg-100mg, 25mg-100mg</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>carbidopa-levodopa tbc</i> 50mg-200mg, 25mg-100mg	1	
<i>carbidopa-levodopa tbdp</i> 10mg-100mg, 25mg-100mg, 25mg-250mg	3	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
MIRAPEX ER TB24 (Use Pramipexole Dihydrochloride)	GP	
MIRAPEX TABS (Use Pramipexole Dihydrochloride)	GP	
NEUPRO PT24	3	
PARLODEL CAPS (Use Bromocriptine Mesylate)	GP	
PARLODEL TABS (Use Bromocriptine Mesylate)	GP	
<i>pramipexole dihydrochloride tabs</i> 1 mg, 0.125 mg, 0.5 mg, 0.75 mg, 0.25 mg, 1.5 mg	1	
<i>pramipexole dihydrochloride tb24</i> 2.25 mg, 3.75 mg, 1.5 mg, 4.5 mg, 0.75 mg, 0.375 mg, 3 mg	3	
REQUIP TABS (Use Ropinirole Hydrochloride)	GP	
REQUIP XL TB24 (Use Ropinirole Hydrochloride)	GP	
<i>ropinirole hydrochloride tabs</i>	1	
<i>ropinirole hydrochloride tb24</i>	1	
RYTARY CPCR	3	PA
SINEMET CR TBCR (Use Carbidopa-Levodopa)	GP	
SINEMET TABS (Use Carbidopa-Levodopa)	GP	
STALEVO 100 TABS (Use Carbidopa-Levodopa-Entacapone)	GP	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 125 TABS (Use Carbidopa-Levodopa-Entacapone)	GP	
STALEVO 150 TABS (Use Carbidopa-Levodopa-Entacapone)	GP	
STALEVO 50 TABS (Use Carbidopa-Levodopa-Entacapone)	GP	
STALEVO 75 TABS (Use Carbidopa-Levodopa-Entacapone)	GP	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT TABS (Use Rasagiline Mesylate)	GP	
ELDEPRYL CAPS (Use Selegiline HCl)	GP	
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	
XADAGO TABS	3	PA
ZELAPAR TBDP	3	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHIUM SOLN	2	
LITHOBID TBCR (Use Lithium Carbonate)	GP	
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12	3	
GEODON CAPS (Use Ziprasidone HCl)	GP	
LATUDA 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
NUPLAZID TABS	3	PA
VRAYLAR CAPS	3	PA
VRAYLAR CPPK	3	PA
<i>ziprasidone hcl caps</i>	1	
<b>Benzisoxazoles</b>		
FANAPT TABS	3	PA
FANAPT TITRATION PACK TABS	3	PA
INVEGA TB24 (Use <i>Paliperidone</i> )	GP	
<i>paliperidone tb24</i>	3	
RISPERDAL M-TAB TBDP (Use <i>Risperidone</i> )	GP	
RISPERDAL SOLN (Use <i>Risperidone</i> )	GP	
RISPERDAL TABS (Use <i>Risperidone</i> )	GP	
RISPERIDONE ODT TBDP	3	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tabs 0.5 mg, 1 mg, 3 mg, 0.25 mg, 2 mg, 4 mg</i>	1	
<i>risperidone tbdp 0.25 mg</i>	3	
<i>risperidone tbdp 3 mg, 2 mg, 1 mg, 4 mg, 0.5 mg</i>	1	
<b>Butyrophenones</b>		
<i>haloperidol lactate conc or 2 mg/ml</i>	1	
<i>haloperidol tabs</i>	1	
<b>Dibenzapines</b>		
CLOZAPINE ODT TBDP	3	
<i>clozapine tabs 100 mg, 25 mg, 50 mg, 200 mg</i>	1	
<i>clozapine tbdp 100 mg, 25 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL TABS (Use <i>Clozapine</i> )	GP	
FAZACLO TBDP 100 MG, 25 MG (Use <i>Clozapine</i> )	GP	
FAZACLO TBDP 150 MG, 12.5 MG, 200 MG	3	
<i>loxapine succinate caps</i>	1	
<i>olanzapine tabs 20 mg, 2.5 mg, 7.5 mg, 5 mg, 15 mg, 10 mg</i>	1	
<i>olanzapine tbdp 15 mg, 10 mg, 20 mg, 5 mg</i>	3	
<i>quetiapine fumarate tabs 50 mg, 300 mg, 100 mg, 200 mg, 400 mg, 25 mg</i>	1	
<i>quetiapine fumarate tb24 50 mg, 200 mg, 300 mg, 400 mg, 150 mg</i>	3	PA
SAPHRIS SUBL	3	PA
SEROQUEL TABS (Use <i>Quetiapine Fumarate</i> )	GP	
SEROQUEL XR TB24 (Use <i>Quetiapine Fumarate</i> )	GP	PA
VERSACLOZ SUSP	3	QL(18 ml daily)
ZYPREXA TABS (Use <i>Olanzapine</i> )	GP	
ZYPREXA ZYDIS TBDP (Use <i>Olanzapine</i> )	GP	
<b>Dihydroindolones</b>		
MOLINDONE HYDROCHLORIDE TABS	3	
<b>Phenothiazines</b>		
<i>chlorpromazine hcl tabs or 100 mg, 25 mg, 10 mg, 200 mg, 50 mg</i>	1	
FLUPHENAZINE HCL CONC OR 5 MG/ML	3	
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl tabs or 2.5 mg, 5 mg, 1 mg, 10 mg</i>	1	
<i>perphenazine 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>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
<b>Quinolinone Derivatives</b>		
ABILIFY TABS (Use Aripiprazole)	GP	
<i>aripiprazole soln 1 mg/ml</i>	1	
<i>aripiprazole tabs 20 mg, 5 mg, 30 mg, 10 mg, 2 mg, 15 mg</i>	1	
<i>aripiprazole tbdp 15 mg, 10 mg</i>	3	PA
REXULTI TABS	3	PA
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS - Drugs to Prevent Bacterial Skin Infections</b>		
<b>Antiseptics &amp; Disinfectants</b>		
<i>formaldehyde soln</i>	3	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine tabs</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	
APTIVUS CAPS	2	
APTIVUS SOLN	2	
ATRIPLA TABS	2	

Drug Name	Drug Tier	Requirements/Limits
COMBIVIR TABS (Use Lamivudine-Zidovudine)	GP	
COMPLERA TABS	2	
CRIXIVAN CAPS	2	
DESCOVY TABS	2	
<i>didanosine cpdr</i>	1	
EDURANT TABS	2	
<i>efavirenz caps</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	
GENVOYA TABS	2	
INTELENCE TABS	2	
INVIRASE CAPS	2	
INVIRASE TABS	2	
ISENTRESS CHEW	2	
ISENTRESS HD TABS	2	
ISENTRESS PACK	2	
ISENTRESS TABS	2	
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	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
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	2	
NORVIR SOLN	2	
NORVIR TABS	2	
ODEFSEY TABS	2	
PREZCOBIX TABS	2	
PREZISTA SUSP 100 MG/ML	3	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	2	
RESCRIPTOR TABS	2	
RETROVIR CAPS (Use Zidovudine)	GP	
RETROVIR SYRP (Use Zidovudine)	GP	
REYATAZ CAPS	2	
REYATAZ PACK	2	
SELZENTRY SOLN	2	
SELZENTRY TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>stavudine caps</i>	1	
<i>stavudine solr</i>	1	
STRIBILD TABS	2	
SUSTIVA CAPS 50 MG, 200 MG (Use Efavirenz)	GP	
SUSTIVA TABS 600 MG	2	
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	2	
TRIUMEQ TABS	2	
TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)	GP	
TRUVADA TABS	2	
TYBOST TABS	2	
VIDEX EC CPDR (Use Didanosine)	GP	
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS	2	
VIRAMUNE SUSP 50 MG/5ML	2	
VIRAMUNE TABS 200 MG (Use Nevirapine)	GP	
VIRAMUNE XR TB24 (Use Nevirapine)	GP	
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 250 MG, 200 MG	2	
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	GP	
VITEKTA TABS	2	
ZERIT CAPS 40 MG, 30 MG, 15 MG, 20 MG (Use Stavudine)	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
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	
<b>CMV Agents</b>		
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	
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil tabs</i>	1	
BARACLUDE SOLN 0.05 MG/ML	2	
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	GP	
COPEGUS TABS (Use Ribavirin (Hepatitis C))	GP	PA
DAKLINZA TABS 60 MG, 30 MG	3	PA
DAKLINZA TABS 90 MG	3	PA; LA
<i>entecavir tabs</i>	1	
EPCLUSA TABS	3	PA; LA
EPIVIR HBV SOLN 5 MG/ML	3	
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	GP	
HARVONI TABS	3	PA; SP

Drug Name	Drug Tier	Requirements/Limits
HEPSERA TABS (Use Adefovir Dipivoxil)	GP	
<i>lamivudine (hbv) tabs</i>	3	
MAVYRET TABS	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
MODERIBA 1200 DOSE PACK TABS	2	PA
MODERIBA 800 DOSE PACK TABS	2	PA
MODERIBA TBPK	2	PA
OLYSIO CAPS	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C))	GP	PA
REBETOL SOLN 40 MG/ML	2	PA
RIBASPHERE RIBAPAK TBPK	2	PA
<i>ribavirin (hepatitis c) caps</i>	1	PA
<i>ribavirin (hepatitis c) tabs</i>	1	PA
<i>ribavirin (hepatitis c) tbpk</i>	1	PA
SOVALDI TABS	3	PA; SP
TECHNIVIE TABS	3	PA
TYZEKA TABS	3	ST
VEMLIDY TABS	3	ST; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
VICTRELIS CAPS	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
VIEKIRA PAK TBPK	3	PA; SP

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

Drug Name	Drug Tier	Requirements/ Limits
VIEKIRA XR TB24	3	PA; SP
VOSEVI TABS	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;SP
ZEPATIER TABS	3	PA; SP
<b>Herpes Agents</b>		
<i>acyclovir caps</i>	1	
<i>acyclovir susp</i>	1	
<i>acyclovir tabs</i>	1	
<i>famciclovir tabs</i>	1	
FAMVIR TABS (Use Famciclovir)	GP	
SITAVIG TABS	3	PA
<i>valacyclovir hcl tabs</i>	1	
VALTREX TABS (Use Valacyclovir HCl)	GP	
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	GP	
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	GP	
ZOVIRAX TABS OR 400 MG, 800 MG (Use Acyclovir)	GP	
<b>Influenza Agents</b>		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	GP	
<i>oseltamivir phosphate caps 30 mg, 45 mg</i>	3	QL(10 ea per fill retail); AL; At least 1 yrs old
<i>oseltamivir phosphate caps 75 mg</i>	3	
<i>oseltamivir phosphate susr 6 mg/ml</i>	3	QL(75 ml daily,5 day(s) limit); AL; At least 1 yrs old

Drug Name	Drug Tier	Requirements/ Limits
RELENZA DISKHALER AEPB	3	QL(20 ea per fill retail)
<i>rimantadine hydrochloride tabs</i>	3	
TAMIFLU CAPS 45 MG, 30 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
<b>Respiratory Syncytial Virus (RSV) Agents</b>		
<i>ribavirin solr</i>	3	
VIRAZOLE SOLR (Use Ribavirin)	GP	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol phosphate cp24</i>	3	
<i>carvedilol tabs 25 mg, 6.25 mg, 12.5 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	QL(2 ea daily)
COREG CR CP24 (Use Carvedilol Phosphate)	GP	
COREG TABS 3.125 MG (Use Carvedilol)	GP	QL(2 ea daily)
COREG TABS 6.25 MG, 12.5 MG, 25 MG (Use Carvedilol)	GP	
<i>labetalol hcl tabs or 200 mg, 100 mg, 300 mg</i>	1	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</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
BYSTOLIC TABS	3	
LOPRESSOR TABS ( <i>Use Metoprolol Tartrate</i> )	GP	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate tabs or 25 mg, 100 mg, 50 mg</i>	1	
METOPROLOL TARTRATE TABS OR 75 MG, 37.5 MG	2	
SECTRAL CAPS ( <i>Use Acebutolol HCl</i> )	GP	
TENORMIN TABS ( <i>Use Atenolol</i> )	GP	
TOPROL XL TB24 ( <i>Use Metoprolol Succinate</i> )	GP	
ZEBETA TABS ( <i>Use Bisoprolol Fumarate</i> )	GP	QL(1 ea daily)
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF TABS ( <i>Use Sotalol HCl (AFIB/AFL)</i> )	GP	
BETAPACE TABS ( <i>Use Sotalol HCl</i> )	GP	
CORGARD TABS ( <i>Use Nadolol</i> )	GP	
HEMANGEOL SOLN	3	AL; Up to 1 yrs old
INDERAL LA CP24 ( <i>Use Propranolol HCl</i> )	GP	
INDERAL XL CP24	3	
INNOPRAN XL CP24	3	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 160 mg, 120 mg, 80 mg, 60 mg</i>	1	
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl tabs or 10 mg, 60 mg, 40 mg, 80 mg, 20 mg</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tabs</i>	1	
<i>timolol maleate tabs</i>	1	QL(60 ea per fill retail)
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
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	QL(1 ea daily)
CARDIZEM LA TB24 120 MG	2	
CARDIZEM LA TB24 300 MG, 420 MG, 180 MG, 360 MG, 240 MG ( <i>Use Diltiazem HCl Coated Beads</i> )	GP	
CARDIZEM TABS ( <i>Use Diltiazem HCl</i> )	GP	
<i>diltiazem hcl coated beads cp24 180 mg, 120 mg, 360 mg, 240 mg, 300 mg</i>	1	QL(1 ea daily)
<i>diltiazem hcl coated beads tb24 300 mg, 240 mg, 180 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</i>	1	
<i>diltiazem hcl cp24 or 180 mg, 120 mg, 240 mg</i>	1	
<i>diltiazem hcl extended release beads cp24</i>	1	
<i>diltiazem hcl tabs or 90 mg, 60 mg, 120 mg, 30 mg</i>	1	
<i>felodipine tb24</i>	1	
<i>isradipine caps</i>	3	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>nicardipine hcl caps or 30 mg, 20 mg</i>	3	
<i>nifedipine caps 20 mg, 10 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	
NISOLDIPINE ER TB24	2	
<i>nisoldipine tb24</i>	1	
NORVASC TABS (Use <i>Amlodipine Besylate</i> )	GP	QL(2 ea daily)
NYMALIZE SOLN	3	
PROCARDIA CAPS (Use <i>Nifedipine</i> )	GP	
PROCARDIA XL TB24 (Use <i>Nifedipine</i> )	GP	QL(1 ea daily)
SULAR TB24 (Use <i>Nisoldipine</i> )	GP	
TIAZAC CP24 (Use <i>Diltiazem HCl Extended Release Beads</i> )	GP	
<i>verapamil hcl cp24 or 360 mg, 120 mg, 240 mg, 300 mg, 200 mg, 100 mg, 180 mg</i>	1	
<i>verapamil hcl tabs or 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil hcl tbcr or 240 mg, 180 mg, 120 mg</i>	1	
VERELAN CP24 (Use <i>Verapamil HCl</i> )	GP	
VERELAN PM CP24 (Use <i>Verapamil HCl</i> )	GP	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
<i>digoxin soln or 0.05 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin tabs or 250 mcg, 0.25 mg, 125 mcg, 0.125 mg</i>	1	
LANOXIN TABS OR 187.5 MCG, 62.5 MCG	2	
LANOXIN TABS OR 250 MCG, 125 MCG (Use <i>Digoxin</i> )	GP	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	3	PA
BIDIL TABS	3	
CADUET TABS (Use <i>Amlodipine Besylate-Atorvastatin Calcium</i> )	GP	PA
ENTRESTO TABS	3	PA
<b>Impotence Agents</b>		
CIALIS TABS 10 MG, 20 MG	SP	PA; QL(0.27 ea daily); AL; At least 21 yrs old
CIALIS TABS 5 MG, 2.5 MG	SP	PA; QL(0.27 ea daily)
LEVITRA TABS	SP	PA; QL(0.27 ea daily); AL; At least 21 yrs old
MUSE PLLT	SP	PA; Limit 6 per month, Check your plan documents for coverage, benefits and copayment/coinsurance.;QL(0.2 ea daily)
<i>sildenafil citrate tabs</i>	SP	PA; QL(8 ea per fill retail, 8 ea per 30 days retail, ea per days mail); AL; At least 21 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
STAXYN TBDP	SP	ST; Limit 8 per month; QL(0.27 ea daily); AL; At least 21 yrs old
STENDRA TABS	SP	PA; QL(8 ea per 30 days retail, ea per days mail); AL; At least 21 yrs old
VIAGRA TABS (Use Sildenafil Citrate)	SP	PA; QL(8 ea per fill retail, 8 ea per 30 days retail, ea per days mail); AL; At least 21 yrs old
<b>Peripheral Vasodilators</b>		
<i>isoxsuprine hcl tabs 10 mg</i>	3	
ISOXSUPRINE HCL TABS 20 MG	3	
<b>Prostaglandin Vasodilators</b>		
ORENITRAM TBCR 1 MG, 2.5 MG, 0.25 MG, 0.125 MG	3	PA; SP
ORENITRAM TBCR 5 MG	3	PA
TYVASO REFILL SOLN	3	PA; LA
TYVASO SOLN	3	PA; LA
TYVASO STARTER SOLN	3	PA; LA
VENTAVIS SOLN	3	PA; SP
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
LETAIRIS TABS	2	SP
OPSUMIT TABS	3	PA
TRACLEER TABS	2	
TRACLEER TBSO	2	
<b>Pulmonary Hypertension - Phosphodiesterase</b>		

Drug Name	Drug Tier	Requirements/Limits
ADCIRCA TABS	2	PA; New commercial members to be referred to AcariaHealth
REVATIO SUSR 10 MG/ML	3	PA
REVATIO TABS 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	GP	PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	3	PA
<b>Pulmonary Hypertension - Prostacyclin Receptor</b>		
UPTRAVI TABS	3	PA
UPTRAVI TBPB	3	PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
ADEMPAS TABS	3	PA; SP
<b>Sinus Node Inhibitors</b>		
CORLANOR TABS	3	ST
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cephalexin caps 500 mg, 250 mg</i>	1	
<i>cephalexin caps 750 mg</i>	3	
<i>cephalexin susr 250 mg/5ml, 125 mg/5ml</i>	1	
CEPHALEXIN TABS 500 MG, 250 MG	3	
KEFLEX CAPS (Use Cephalexin)	GP	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps 500 mg, 250 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
CEFACLOR ER TB12	3	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
CEFTIN SUSR 125 MG/5ML, 250 MG/5ML	2	
CEFTIN TABS 500 MG, 250 MG (Use <i>Cefuroxime Axetil</i> )	GP	
<i>cefuroxime axetil tabs</i>	1	
<b>Cephalosporins - 3rd Generation</b>		
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 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	3	
SUPRAX CHEW 100 MG, 200 MG	3	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>Cefixime</i> )	GP	
SUPRAX SUSR 500 MG/5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
<b>CHEMICALS</b>		
<b>Bulk Chemicals - C's</b>		
CALCITRIOL POWD XX	3	
<b>Bulk Chemicals - E's</b>		
ESTRADIOL CONCENTRATE CREA	3	
<b>Bulk Chemicals - L's</b>		
LEVETIRACETAM POWD XX	3	
LEVOCETIRIZINE DIHYDROCHLORIDE POWD XX	3	PA
<b>Bulk Chemicals - P's</b>		
PROGESTERONE CONCENTRATE CREA	3	
<b>Bulk Chemicals - S's</b>		
STEVIOL GLYCOSIDES POWD	3	
SULPIRIDE POWD	3	
<b>Bulk Chemicals - V's</b>		
VORICONAZOLE POWD XX	3	PA
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BEYAZ TABS (Use <i>Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i> )	GP	QL(1 ea daily)
BREVICON-28 TABS (Use <i>Norethindrone &amp; Eth Estradiol</i> )	GP	
CYCLESSA TABS (Use <i>Desogestrel-Ethinyl Estradiol (Triphasic)</i> )	GP	
DESOGEN TABS (Use <i>Desogestrel &amp; Ethinyl Estradiol</i> )	GP	PV
<i>desogestrel &amp; ethinyl estradiol tabs</i>	1	PV

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

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	1	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	1	
<i>drospirenone-ethinyl estradiol tabs 3mg-0.02mg</i>	1	QL(1 ea daily); PV
<i>drospirenone-ethinyl estradiol tabs 3mg-0.03mg</i>	1	QL(1 ea daily)
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	1	QL(1 ea daily)
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM TABS	2	QL(1 ea daily)
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	GP	PV
<i>ethynodiol diacet &amp; eth estrad tabs 1mg-35mcg</i>	1	
<i>ethynodiol diacet &amp; eth estrad tabs 1mg-50mcg</i>	1	QL(365 ea per fill retail, 365 ea per fill mail); PV
FEMCON FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	GP	
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	GP	QL(1 ea daily); PV
<i>levonorgestrel &amp; eth estradiol tabs</i>	1	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	3	QL(91 ea per fill retail, 91 ea per fill mail)
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	3	QL(1 ea daily, 91 day(s) limit); PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	QL(1 ea daily, 91 day(s) limit)
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	3	PV
LO LOESTRIN FE TABS	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	GP	
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	GP	
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	GP	
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	GP	
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	GP	QL(1 ea daily, 91 day(s) limit)
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	GP	QL(365 ea per fill retail); PV
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	GP	
MODICON TABS (Use Norethindrone & Eth Estradiol)	GP	
NATAZIA TABS	2	QL(1 ea daily)
NECON 10/11-28 TABS	2	
<i>norethin acet &amp; estrad-fe chew 75mg-20mcg-1mg</i>	1	QL(365 ea per fill retail); PV
<i>norethin acet &amp; estrad-fe tabs 75mg-20mcg-1mg</i>	1	QL(1 ea daily); PV
<i>norethin acet &amp; estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	1	
<i>norethindrone &amp; eth estradiol tabs</i>	1	
<i>norethindrone &amp; ethinyl estradiol-fe chew 0.4mg-35mcg</i>	3	
<i>norethindrone &amp; ethinyl estradiol-fe chew 75mg-0.8mg-25mcg</i>	1	QL(1 ea daily); PV
<i>norethindrone &amp; mestranol tabs</i>	1	
<i>norethindrone acet &amp; eth estra 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>norethindrone acetate-ethinyl estradiol-fe tabs</i>	3	PV
<i>norethindrone-eth estradiol (triphasic) tabs</i>	1	QL(1 ea daily); PV
<i>norethindrone-eth estradiol (triphasic) tabs</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	QL(1 ea daily)
<i>norgestimate-ethinyl estradiol tabs</i>	1	QL(1 ea daily)
<i>norgestrel &amp; ethinyl estradiol tabs</i>	1	
NORINYL 1+35 TABS (Use <i>Norethindrone &amp; Eth Estradiol</i> )	GP	
NORINYL 1+50 TABS	2	
ORTHO TRI-CYCLEN LO TABS (Use <i>Norgestimate-Ethinyl Estradiol (Triphasic)</i> )	GP	PV
ORTHO TRI-CYCLEN TABS (Use <i>Norgestimate-Ethinyl Estradiol (Triphasic)</i> )	GP	QL(1 ea daily)
ORTHO-CYCLEN TABS (Use <i>Norgestimate-Ethinyl Estradiol</i> )	GP	QL(1 ea daily)
ORTHO-NOVUM 1/35 TABS (Use <i>Norethindrone &amp; Eth Estradiol</i> )	GP	
ORTHO-NOVUM 7/7/7 TABS (Use <i>Norethindrone-Eth Estradiol (Triphasic)</i> )	GP	QL(1 ea daily); PV
OVCON-35 TABS (Use <i>Norethindrone &amp; Eth Estradiol</i> )	GP	
QUARTETTE TABS (Use <i>Levonorgestrel-Ethinyl Estradiol (91-Day)</i> )	GP	QL(1 ea daily,91 day(s) limit); PV
SAFYRAL TABS	2	QL(1 ea daily)
SEASONIQUE TABS (Use <i>Levonorgestrel-Ethinyl Estradiol (91-Day)</i> )	GP	QL(1 ea daily,91 day(s) limit)

Drug Name	Drug Tier	Requirements/Limits
TAYTULLA CAPS	3	PA; PV
TRI-NORINYL 28 TABS (Use <i>Norethindrone-Eth Estradiol (Triphasic)</i> )	GP	
YASMIN 28 TABS (Use <i>Drospirenone-Ethinyl Estradiol</i> )	GP	QL(1 ea daily)
YAZ TABS (Use <i>Drospirenone-Ethinyl Estradiol</i> )	GP	QL(1 ea daily); PV
<b>Combination Contraceptives - Transdermal</b>		
XULANE PTWK	2	Limit 4 patches per month;QL(0.14 3 ea daily); PV
<b>Combination Contraceptives - Vaginal</b>		
NUVARING RING	2	QL( ea per 365 days retail, ea per days mail); PV
<b>Emergency Contraceptives</b>		
ELLA TABS	3	PV
<i>levonorgestrel (emergency oc) tabs</i>	1	PV
PLAN B ONE-STEP TABS (Use <i>Levonorgestrel (Emergency OC)</i> )	GP	PV
<b>Progestin Contraceptives - Oral</b>		
NOR-QD TABS (Use <i>Norethindrone (Contraceptive)</i> )	GP	QL(1 ea daily)
<i>norethindrone (contraceptive) tabs</i>	1	QL(1 ea daily)
ORTHO MICRONOR TABS (Use <i>Norethindrone (Contraceptive)</i> )	GP	QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide cpep</i>	1	
CORTEF TABS (Use <i>Hydrocortisone</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>cortisone acetate tabs</i>	1	
<i>dexamethasone elix</i>	1	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone soln</i>	1	
<i>dexamethasone tabs</i>	1	
DEXPAK 10 DAY TBPk	3	
DEXPAK 13 DAY TBPk	3	
DEXPAK 6 DAY TBPk	3	
EMFLAZA SUSP	3	PA; SP
EMFLAZA TABS	3	PA; SP
ENTOCORT EC CPEP (Use <i>Budesonide</i> )	GP	
<i>hydrocortisone tabs</i>	1	
LOCORT 11-DAY TBPk	3	
LOCORT 7-DAY TBPk	3	
MEDROL DOSEPAK TBPk (Use <i>Methylprednisolone</i> )	GP	
MEDROL TABS 2 MG	2	
MEDROL TABS 4 MG, 32 MG, 16 MG, 8 MG (Use <i>Methylprednisolone</i> )	GP	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPk	3	
MILLIPRED SOLN 10 MG/5ML (Use <i>Prednisolone Sodium Phosphate</i> )	GP	
MILLIPRED TABS 5 MG	2	

Drug Name	Drug Tier	Requirements/Limits
ORAPRED ODT TBDP (Use <i>Prednisolone Sodium Phosphate</i> )	GP	
<i>prednisolone sodium phosphate soln or 15 mg/5ml, 6.7 mg/5ml, 5 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln or 20 mg/5ml, 10 mg/5ml</i>	3	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	3	
<i>prednisolone sodium phosphate tbdp or 15 mg, 30 mg, 10 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisolone syrp</i>	1	
PREDNISONONE INTENSOL CONC	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 5 mg, 1 mg, 20 mg, 50 mg, 10 mg, 2.5 mg</i>	1	
PREDNISONONE TBPk 10 MG	2	
PREDNISONONE TBPk 5 MG	3	
RAYOS TBEC	3	PA
UCERIS TB24	3	PA
VERIPRED 20 SOLN (Use <i>Prednisolone Sodium Phosphate</i> )	GP	
ZODEX 12-DAY TBPk	3	
ZODEX 6-DAY TBPk	3	
ZONACORT 11 DAY TBPk	3	
ZONACORT 7 DAY TBPk	3	
<b>Mineralocorticoids</b>		

You can 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>fludrocortisone acetate tabs</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate caps 150 mg</i>	3	
<i>benzonatate caps 200 mg, 100 mg</i>	1	
<i>hydrocodone w/ homatropine syrp</i>	1	
<i>hydrocodone w/ homatropine tabs</i>	1	
TESSALON PERLES CAPS (Use Benzonatate)	GP	
ZONATUSS CAPS (Use Benzonatate)	GP	
<b>Cough/Cold/Allergy Combinations</b>		
ACTIDOM DMX LIQD	3	
ACTINEL PEDIATRIC LIQD	3	
ALAHIST DM LIQD (Use Phenylephrine-Brompheniramine-DM)	GP	
AMBI 12.5CPD/100GFN/30PSE LIQD	3	
BIOBRON SF SYRP	3	
BIODESP DM SYRP	3	
BIONEL PEDIATRIC LIQD	3	
BIOSPEC DMX LIQD	3	
<i>brompheniramine &amp; phenyleph susp</i>	3	
BRONKIDS LIQD	3	
BROVEX PEB DM LIQD (Use Phenylephrine-Brompheniramine-DM)	GP	
CAPCOF SYRP	3	
CARBAPHEN 12 LIQD	3	

Drug Name	Drug Tier	Requirements/Limits
CARBAPHEN 12 PED SUSP	3	
CHERACOL PLUS LIQD (Use Dextromethorphan-Guaifenesin)	GP	
CHERACOL-D COUGH LIQD (Use Dextromethorphan-Guaifenesin)	GP	
CLARINEX-D 12 HOUR TB12	3	PA
CODAR AR LIQD	3	
CODAR D LIQD	3	
CODITUSSIN AC LIQD	3	
DALLERGY LIQD	3	
DECON-G LIQD	3	
DESGEN DM SYRP	3	
<i>dextromethorphan-guaifenesin liqd 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml</i>	3	
<i>dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml</i>	3	
<i>dextromethorphan-guaifenesin tb12 30mg-600mg, 60mg-1200mg</i>	3	
DOMETUSS-DMX LIQD	3	
DURAFLU TABS	3	
ED BRON GP LIQD	3	
EXACTUSS LIQD (Use Phenylephrine w/ DM-GG)	GP	RX/OTC
EXACTUSS TR TABS	3	RX/OTC
EXAPHEX TR TABS	3	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
FLOWTUSS SOLN	3	
GILPHEX TR TABS	3	RX/OTC
GILTUSS LIQD (Use Phenylephrine w/ DM-GG)	GP	RX/OTC
GILTUSS TR TABS	3	RX/OTC
GLENMAX PEB LIQD	3	
<i>guaifenesin-codeine liqd 100mg/5ml-10mg/5ml</i>	1	
<i>guaifenesin-codeine liqd 225mg/5ml-7.5mg/5ml, 200mg/5ml-8mg/5ml</i>	3	
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	1	
<i>guaifenesin-codeine soln 100mg/5ml-6.3mg/5ml</i>	3	
<i>guaifenesin-codeine syrup 100mg/5ml-10mg/5ml</i>	1	
HISTEX-PE SYRP	3	
HYCOFENIX SOLN	3	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	Limit 10mls per day; QL (10 ml daily); AL; At least 6 yrs old
J-MAX SYRP	3	
LEXUSS 210 LIQD	3	
LOHIST-DM SYRP	3	
LUSAIR LIQD	3	
M-END PE LIQD	3	
MAR-COF BP LIQD	3	
MAR-COF CG EXPECTORANT LIQD (Use Guaifenesin-Codeine)	GP	
MUCINEX D MAXIMUM STRENGTH TB12 (Use Pseudoephedrine-Guaifenesin)	GP	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX D TB12 (Use Pseudoephedrine-Guaifenesin)	GP	
MUCINEX DM MAXIMUM STRENGTH TB12 (Use Dextromethorphan-Guaifenesin)	GP	
MUCINEX DM TB12 (Use Dextromethorphan-Guaifenesin)	GP	
NEOTUSS PLUS LIQD	3	
NINJACOF-XG LIQD	3	
OBREDON SOLN	3	
<i>phenylephrine w/ dm-gg liqd 28mg/5ml-388mg/5ml-10mg/5ml, 7.5mg/ml-88mg/ml-2.5mg/ml</i>	3	RX/OTC
<i>phenylephrine w/ dm-gg liqd 5mg/5ml-75mg/5ml-2.5mg/5ml</i>	3	
<i>phenylephrine-brompheniramine-dm liqd</i>	3	
<i>phenylephrine-chlorphen-dm liqd</i>	3	
<i>phenylephrine-guaifenesin liqd</i>	3	
PHENYLEPHRINE/GUAIFENESIN LIQD	3	
PHENYLHISTINE DH LIQD	2	
PRO-CLEAR AC SYRP	3	
PRO-RED AC SYRP	3	
<i>promethazine &amp; phenylephrine soln</i>	1	
<i>promethazine &amp; phenylephrine syrup</i>	1	
<i>promethazine w/codeine syrup</i>	1	
<i>promethazine-dm syrup</i>	1	
<i>promethazine-phenylephrine-codeine syrup</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
PROMETHAZINE/PHENYL EPHRINE SYRP	2	
<i>pseudoephed-bromphen- dm syr</i>	3	
<i>pseudoephed-cpm w/ hydrocod soln</i>	3	
<i>pseudoephedrine w/ codeine-gg soln</i>	1	
<i>pseudoephedrine- brompheniramine-codeine liqd</i>	3	
<i>pseudoephedrine- dexchlorpheniramine- chlophedianol liqd</i>	3	
<i>pseudoephedrine- guaifenesin tabs 40mg- 400mg</i>	3	
<i>pseudoephedrine- guaifenesin tb12 120mg- 1200mg</i>	3	
<i>pseudoephedrine- guaifenesin tb12 60mg- 600mg</i>	1	
RELHIST CHEW	3	
RESCON-GG LIQD ( <i>Use Phenylephrine- Guaifenesin</i> )	GP	
RESPA C&C IR TABS	3	
RESPAIRE-30 CAPS	3	
REZIRA SOLN	3	
ROBITUSSIN CHILDRENS COUGH & COLD CF LIQD	3	
RYDEX LIQD	3	
SEMPREX-D CAPS	3	
SORBUTUSS NR LIQD	3	
TGQ 15DM/5PEH/2CPM SYRP	3	
TGQ 30PSE/150GFN/15DM SYRP	3	

Drug Name	Drug Tier	Requirements/ Limits
TGQ 30PSE/3BRM/15DM SYRP	3	
TRICODE AR LIQD	3	
TRICODE GF LIQD	3	
TUSNEL C SYRP	3	
TUSNEL PEDIATRIC LIQD	3	
TUSNEL TABS 60MG- 30MG-400MG	3	
TUSSI-PRES PEDIATRIC LIQD ( <i>Use Phenylephrine w/ DM-GG</i> )	GP	
TUSSICAPS CP12	3	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER ( <i>Use Hydrocodone Polistirex-Chlorpheniramine Polistirex</i> )	GP	Limit 10mls per day;QL(10 ml daily); AL; At least 6 yrs old
TUZISTRA XR SUER	3	
VANACOF LIQD ( <i>Use Pseudoephedrine- Dexchlorpheniramine- Chlophedianol</i> )	GP	
VITUZ SOLN	3	
Z-TUSS AC LIQD	3	
ZUTRIPRO SOLN ( <i>Use Pseudoephed-CPM w/ Hydrocod</i> )	GP	
<b>Expectorants</b>		
<i>guaifenesin tabs 400 mg</i>	3	
<b>Misc. Respiratory Inhalants</b>		
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	

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

Drug Name	Drug Tier	Requirements/ Limits
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) nebu</i>	3	
<b>Mucolytics</b>		
<i>acetylcysteine soln</i>	1	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
ABSORICA CAPS 10 MG	3	PA; QL(4 ea daily)
ABSORICA CAPS 20 MG	3	PA; Use generic Isotretinoin Caps;QL(5 ea daily)
ABSORICA CAPS 20 MG, 35 MG, 30 MG, 40 MG, 25 MG, 10 MG	3	PA
ABSORICA CAPS 30 MG	3	PA; Use generic Isotretinoin Caps
ABSORICA CAPS 40 MG	3	PA; Use generic Isotretinoin Caps;QL(2 ea daily)
ACZONE GEL 5 % ( <i>Use Dapsone (Topical)</i> )	GP	PA
ACZONE GEL 7.5 %	3	PA; QL(2 gm daily)
<i>adapalene crea 0.1 %</i>	1	QL(45 gm per fill retail)
<i>adapalene gel 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC
<i>adapalene gel 0.3 %</i>	1	QL(45 gm per fill retail, 135 gm per fill mail)
ADAPALENE LOTN 0.1 %	3	Limit 59mls per month;QL(1.97 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene-benzoyl peroxide gel</i>	3	Limit 45gms per month;QL(1.5 gm daily)
AKTIPAK PACK	2	QL(2 ea daily)
ATRALIN GEL ( <i>Use Tretinoin</i> )	GP	Limit 45gms per month;QL(1.5 gm daily)
AVAR FOAM	3	
AVAR LS CLEANSER LIQD ( <i>Use Sulfacetamide Sodium w/ Sulfur</i> )	GP	
AVAR LS FOAM	3	
AVAR LS PADS	3	
AVAR PADS	3	
AVAR-E LS CREA ( <i>Use Sulfacetamide Sodium w/ Sulfur</i> )	GP	
AZELEX CREA	3	
BENZAACLIN GEL ( <i>Use Clindamycin Phosphate-Benzoyl Peroxide</i> )	GP	
BENZAACLIN WITH PUMP GEL ( <i>Use Clindamycin Phosphate-Benzoyl Peroxide</i> )	GP	
BENZAMYCIN GEL ( <i>Use Benzoyl Peroxide-Erythromycin</i> )	GP	QL(2 gm daily)
<i>benzoyl peroxide-erythromycin gel</i>	1	QL(2 gm daily)
<i>benzoyl peroxide-hc lotn</i>	3	
BP CLEANSING WASH EMUL	2	
CLARIFOAM EF FOAM ( <i>Use Sulfacetamide Sodium w/ Sulfur</i> )	GP	
CLEOCIN-T GEL ( <i>Use Clindamycin Phosphate (Topical)</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
CLEOCIN-T LOTN ( <i>Use Clindamycin Phosphate (Topical)</i> )	GP	
CLEOCIN-T SOLN ( <i>Use Clindamycin Phosphate (Topical)</i> )	GP	
CLEOCIN-T SWAB ( <i>Use Clindamycin Phosphate (Topical)</i> )	GP	
<i>clindamycin phosphate (topical) foam</i>	3	
<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>	3	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel</i>	3	
<i>clindamycin phosphate-tretinoin gel</i>	3	QL(1 gm daily)
<i>dapsone (topical) gel</i>	3	PA
DIFFERIN CREA 0.1 % ( <i>Use Adapalene</i> )	GP	QL(45 gm per fill retail)
DIFFERIN GEL 0.1 % ( <i>Use Adapalene</i> )	GP	QL(45 gm per fill retail); RX/OTC
DIFFERIN GEL 0.3 % ( <i>Use Adapalene</i> )	GP	QL(45 gm per fill retail, 135 gm per fill mail)
DIFFERIN LOTN 0.1 %	3	Limit 59mls per month;QL(1.97 ml daily)
DUAC GEL ( <i>Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i> )	GP	
EPIDUO FORTE GEL	3	PA; Limit 45gms per month;QL(1.5 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
EPIDUO GEL ( <i>Use Adapalene-Benzoyl Peroxide</i> )	GP	Limit 45gms per month;QL(1.5 gm daily)
ERYGEL GEL ( <i>Use Erythromycin (Acne Aid)</i> )	GP	
<i>erythromycin (acne aid) gel</i>	1	
<i>erythromycin (acne aid) pads</i>	3	
<i>erythromycin (acne aid) soln</i>	1	
EVOCLIN FOAM ( <i>Use Clindamycin Phosphate (Topical)</i> )	GP	
FABIOR FOAM	3	Limit 50gms per month;QL(1.67 gm daily)
<i>isotretinoin caps 10 mg</i>	1	QL(4 ea daily)
<i>isotretinoin caps 20 mg</i>	1	QL(5 ea daily)
<i>isotretinoin caps 30 mg</i>	1	Use generic Isotretinoin Caps;QL(2 ea daily)
<i>isotretinoin caps 30 mg</i>	1	
<i>isotretinoin caps 30 mg, 40 mg</i>	1	QL(2 ea daily)
KLARON LOTN ( <i>Use Sulfacetamide Sodium (Acne)</i> )	GP	
ONEXTON GEL	3	PA
PLEXION CLEANSER LIQD ( <i>Use Sulfacetamide Sodium w/ Sulfur</i> )	GP	
PLEXION CLEANSING CLOTHS PADS	3	
PLEXION CREA ( <i>Use Sulfacetamide Sodium w/ Sulfur</i> )	GP	
PLEXION LOTN ( <i>Use Sulfacetamide Sodium w/ Sulfur</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
RETIN-A CREA (Use Tretinoin)	GP	
RETIN-A GEL (Use Tretinoin)	GP	
RETIN-A MICRO GEL (Use Tretinoin Microsphere)	GP	Limit 50gms per month;QL(1.7 gm daily)
RETIN-A MICRO PUMP GEL 0.08 %	3	PA; Limit 50gms per month;QL(1.7 gm daily)
RETIN-A MICRO PUMP GEL 0.1 %, 0.04 % (Use Tretinoin Microsphere)	GP	Limit 50gms per month;QL(1.7 gm daily)
RIAX FOAM	3	
ROSULA LIQD 4.5%-10%	3	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
SODIUM SULFACETAMIDE/SULFUR IN UREA GEL	3	
SODIUM SULFACETAMIDE/SULFUR LOTN	2	QL(30 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	3	
SSS 10-5 FOAM	2	
<i>sulfacetamide sodium (acne) lotn</i>	1	
<i>sulfacetamide sodium (acne) susp</i>	1	
<i>sulfacetamide sodium w/ sulfur crea 2%-10%, 4.8%-9.8%</i>	3	
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	1	
<i>sulfacetamide sodium w/ sulfur emul 1%-10%</i>	3	
<i>sulfacetamide sodium w/ sulfur emul 5%-10%</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur liqd 4%-9%</i>	1	
<i>sulfacetamide sodium w/ sulfur liqd 4.5%-9%, 2%-2%-10%-10%, 4.8%-9.8%, 2%-10%</i>	3	
<i>sulfacetamide sodium w/ sulfur lotn 4.8%-9.8%</i>	3	
<i>sulfacetamide sodium w/ sulfur lotn 5%-10%</i>	1	QL(30 gm per fill retail)
<i>sulfacetamide sodium w/ sulfur susp 4%-8%</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 0.038 %	3	Limit 35gms per month;QL(1.2 gm daily)
TRETIN-X CREA 0.075 %	3	
<i>tretinoin crea 0.1 %, 0.05 %, 0.025 %</i>	1	
<i>tretinoin gel 0.025 %, 0.01 %</i>	1	
<i>tretinoin gel 0.05 %</i>	3	Limit 45gms per month;QL(1.5 gm daily)
<i>tretinoin microsphere gel</i>	1	Limit 50gms per month;QL(1.7 gm daily)
VELTIN GEL	3	QL(1 gm daily)
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	GP	QL(1 gm daily)
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OINT	3	QL(30 gm per fill retail)

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



Drug Name	Drug Tier	Requirements/ Limits
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac sodium (topical) gel 1 %</i>	1	
<i>diclofenac sodium (topical) soln 1.5 %, 1.5%</i>	1	QL(5 ml daily)
FLECTOR PTCH	3	
PENNSAID SOLN	3	PA; QL(4 gm daily)
REXAPHENAC CREA	3	
VOLTAREN GEL ( <i>Use Diclofenac Sodium (Topical)</i> )	GP	
<b>Antibiotics - Topical</b>		
ALTABAX OINT	3	
BACTROBAN CREA ( <i>Use Mupirocin Calcium (Topical)</i> )	GP	
BACTROBAN OINT ( <i>Use Mupirocin</i> )	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	
<i>mupirocin oint</i>	1	
NEO-SYNALAR CREA	3	
NEO-SYNALAR KIT KIT	3	
<b>Antifungals - Topical</b>		
ALA-QUIN CREA	3	
<i>ciclopirox gel 0.77 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham 1 %</i>	3	
<i>ciclopirox soln 8 %</i>	3	
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	QL(45 gm per fill retail, 45 gm per 30 days retail, gm per days mail)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(60 ml per fill retail, 60 ml per 30 days retail, ml per days mail)
<i>econazole nitrate crea</i>	1	
ECOZA FOAM	3	Limit 70gms per month; QL(2.5 gm daily)
ERTACZO CREA	3	PA
EXELDERM CREA	3	
EXELDERM SOLN	2	
EXODERM LOTN	3	
EXTINA FOAM ( <i>Use Ketoconazole (Topical)</i> )	GP	
HALOTIN CREA	3	
<i>iodoquinol-hc crea</i>	3	
<i>iodoquinol-hydrocortisone in aloe vehicle crea</i>	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN	3	PA
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole (topical) foam</i>	3	
<i>ketoconazole (topical) sham</i>	1	
LAMISIL AT SPRAY SOLN	2	PA
LOPROX CREA (Use <i>Ciclopirox Olamine</i> )	GP	
LOPROX SHAMPOO SHAM (Use <i>Ciclopirox</i> )	GP	
LOPROX SUSP (Use <i>Ciclopirox Olamine</i> )	GP	
LOTRISONE CREA (Use <i>Clotrimazole w/ Betamethasone</i> )	GP	QL(45 gm per fill retail,45 gm per 30 days retail, gm per days mail)
LUZU CREA	3	
<i>naftifine hcl crea</i>	3	
NAFTIN CREA 2 % (Use <i>Naftifine HCl</i> )	GP	
NAFTIN GEL 1 %, 2 %	3	
NIZORAL SHAM (Use <i>Ketoconazole (Topical)</i> )	GP	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	Limit 30gms per month;QL(1 gm daily)
<i>nystatin-triamcinolone oint</i>	1	Limit 30gms per month;QL(1 gm daily)
<i>oxiconazole nitrate crea</i>	3	
OXISTAT CREA (Use <i>Oxiconazole Nitrate</i> )	GP	
OXISTAT LOTN	3	
VUSION OINT	3	

Drug Name	Drug Tier	Requirements/ Limits
VYTONE CREA (Use <i>Iodoquinol-Hydrocortisone in Aloe Vehicle</i> )	GP	
XOLEGEL GEL	3	
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA	2	QL(1 gm daily)
<i>diclofenac sodium (actinic keratoses) gel</i>	3	PA
EFUDEX CREA (Use <i>Fluorouracil (Topical)</i> )	GP	
FLUOROPLEX CREA	2	
<i>fluorouracil (topical) crea</i>	1	
<i>fluorouracil (topical) soln</i>	1	
FLUOROURACIL CREA 0.5 %	2	QL(1 gm daily)
FLUOROURACIL SOLN 2 %, 5 %	2	
PANRETIN GEL	3	PA
PICATO GEL	3	
SOLARAZE GEL (Use <i>Diclofenac Sodium (Actinic Keratoses)</i> )	GP	PA
TARGRETIN GEL EX 1 %	2	
VALCHLOR GEL	3	PA; SP
<b>Antipruritics - Topical</b>		
DOXEPIN HYDROCHLORIDE CREA	3	
PRUDOXIN CREA	3	
ZONALON CREA	3	
<b>Antipsoriatics</b>		
8-MOP CAPS	3	
<i>acitretin caps 10 mg</i>	3	QL(1 ea daily)
<i>acitretin caps 17.5 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>acitretin caps 25 mg</i>	3	QL(2 ea daily)
<i>calcipotriene crea</i>	1	QL(5 gm daily)
<i>calcipotriene oint</i>	1	QL(5 gm daily)
<i>calcipotriene soln</i>	1	
<i>calcitriol (topical) oint</i>	1	Limit 100gms per month;QL(3.4 gm daily)
DOVONEX CREA (Use <i>Calcipotriene</i> )	GP	QL(5 gm daily)
<i>methoxsalen rapid caps</i>	1	
OXSORALEN ULTRA CAPS (Use <i>Methoxsalen Rapid</i> )	GP	
SORIATANE CAPS 10 MG (Use <i>Acitretin</i> )	GP	QL(1 ea daily)
SORIATANE CAPS 17.5 MG (Use <i>Acitretin</i> )	GP	
SORIATANE CAPS 25 MG (Use <i>Acitretin</i> )	GP	QL(2 ea daily)
SORILUX FOAM	3	QL(4 gm daily)
<i>tazarotene crea</i>	1	QL(1 gm daily)
TAZORAC CREA 0.05 %	2	QL(1 gm daily)
TAZORAC CREA 0.1 % (Use <i>Tazarotene</i> )	GP	QL(1 gm daily)
TAZORAC GEL 0.1 %, 0.05 %	2	QL(1 gm daily)
VECTICAL OINT (Use <i>Calcitriol (Topical)</i> )	GP	Limit 100gms per month;QL(3.4 gm daily)
ZITHRANOL-RR CREA	3	
<b>Antiseborrheic Products</b>		
OVACE PLUS FOAM 9.8 %	3	
OVACE PLUS LOTN 9.8 %	3	

Drug Name	Drug Tier	Requirements/Limits
OVACE PLUS SHAM 10 % (Use <i>Sulfacetamide Sodium</i> )	GP	
OVACE PLUS WASH LIQD (Use <i>Sulfacetamide Sodium</i> )	GP	
OVACE WASH LIQD (Use <i>Sulfacetamide Sodium</i> )	GP	
<i>selenium sulfide lotn</i>	1	
<i>selenium sulfide-pyrithione zinc in urea vehicle sham</i>	1	
SELRX SHAM	3	
SODIUM SULFACETAMIDE WASH LIQD	3	
<i>sulfacetamide sodium liqd</i>	1	
<i>sulfacetamide sodium sham</i>	3	
TERSI FOAM FOAM	3	
<b>Antivirals - Topical</b>		
<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	PA; Limit 5gms per month;QL(0.17 gm daily)
ZOVIRAX CREA EX 5 %	3	PA; Limit 5gms per month;QL(0.17 gm daily)
ZOVIRAX OINT EX 5 % (Use <i>Acyclovir Topical</i> )	GP	QL(1 gm daily)
<b>Burn Products</b>		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use <i>Silver Sulfadiazine</i> )	GP	
<i>silver sulfadiazine 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
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	GP	
<b>Cauterizing Agents</b>		
ARZOL SILVER NITRATE APPLICATORS MISC	3	
<b>Corticosteroids - Topical</b>		
ACLOVATE CREA (Use Alclometasone Dipropionate)	GP	
ALA SCALP LOTN (Use Hydrocortisone (Topical))	GP	
alclometasone dipropionate crea	1	
alclometasone dipropionate oint	1	
AMCINONIDE CREA	2	
AMCINONIDE LOTN	3	
AMCINONIDE OINT	3	
APEXICON E CREA	2	
AUGMENTED BETAMETHASONE DIPROPIONATE GEL	2	
betamethasone dipropionate (topical) crea	1	
betamethasone dipropionate (topical) lotn	1	
betamethasone dipropionate (topical) oint	1	
betamethasone dipropionate augmented crea	1	
betamethasone dipropionate augmented gel	1	
betamethasone dipropionate augmented lotn	1	
betamethasone dipropionate augmented oint	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
CORDRAN CREA 0.05 % (Use Flurandrenolide)	GP	
CORDRAN LOTN 0.05 % (Use Flurandrenolide)	GP	PA
CORDRAN OINT 0.05 % (Use Flurandrenolide)	GP	PA
CORDRAN TAPE 4 MCG/SQCM	3	
CORDRAN TAPE TAPE	3	
CORTANE-B LOTN	3	
CUTIVATE CREA (Use Fluticasone Propionate)	GP	
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 CREA (Use Prednicarbate)	GP	
DERMATOP OINT (Use Prednicarbate)	GP	
DESONATE GEL	3	
<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 0.25 %, 0.05 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone oint 0.05 %</i>	3	
<i>desoximetasone oint 0.25 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diflorasone diacetate crea</i>	1	
DIFLORASONE DIACETATE OINT	2	
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	GP	
DIPROLENE LOTN (Use Betamethasone Dipropionate Augmented)	GP	
DIPROLENE OINT (Use Betamethasone Dipropionate Augmented)	GP	
ELOCON CREA (Use Mometasone Furoate)	GP	
ELOCON LOTN (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 0.1 %</i>	3	
<i>fluocinonide crea 0.1 %, 0.05 %</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>flurandrenolide crea</i>	3	
<i>flurandrenolide lotn</i>	3	PA
<i>flurandrenolide oint</i>	3	PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate lotn 0.05 %</i>	3	
<i>fluticasone propionate oint 0.005 %</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 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2 %</i>	3	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	3	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	3	
<i>hydrocortisone valerate crea</i>	3	
<i>hydrocortisone valerate oint</i>	3	
KENALOG AERS (Use Triamcinolone Acetonide (Topical))	GP	
LOCOID CREA (Use Hydrocortisone Butyrate)	GP	
LOCOID LIPOCREAM CREA (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	GP	
LOCOID LOTN	3	PA

Drug Name	Drug Tier	Requirements/ Limits
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 E CREA	3	
PRAMOSONE LOTN 1%-1%, 1%-2.5%	3	
PRAMOSONE OINT 1%-1%, 1%-2.5%	3	
<i>prednicarbate crea</i>	1	
PREDNICARBATE OINT	3	
SYNALAR CREA (Use Fluocinolone Acetonide)	GP	
SYNALAR OINT (Use Fluocinolone Acetonide)	GP	
SYNALAR SOLN (Use Fluocinolone Acetonide)	GP	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	GP	ST; QL(2 gm daily)
TACLONEX SUSP	3	ST; QL(2 gm daily)
TEMOVATE CREA (Use Clobetasol Propionate)	GP	
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	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
TEMOVATE GEL ( <i>Use Clobetasol Propionate</i> )	GP	
TEMOVATE OINT ( <i>Use Clobetasol Propionate</i> )	GP	
TEMOVATE SOLN ( <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 %	3	PA
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 LOTN	3	PA
ULTRAVATE OINT ( <i>Use Halobetasol Propionate</i> )	GP	
VANOS CREA ( <i>Use Fluocinonide</i> )	NF	
VERDESO FOAM	3	
WESTCORT OINT ( <i>Use Hydrocortisone Valerate</i> )	GP	
<b>Emollient/Keratolytic Agents</b>		
ALUVEA CREA ( <i>Use Urea</i> )	GP	
CARB-O-LAC HP CREA	3	
CARB-O-LAC5 CREA	3	

Drug Name	Drug Tier	Requirements/Limits
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	
KERASAL ULTRA20 CREA	3	
UMECTA EMUL	3	
UMECTA NAIL FILM SUSP ( <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	
<i>urea crea</i>	3	
<i>urea foam</i>	3	
<i>urea gel</i>	3	
<i>urea in lactic acid vehicle foam</i>	3	
<i>urea in zinc undecylenate-lactic acid vehicle emul</i>	3	
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE EMUL	3	
<i>urea lotn</i>	3	
UREA NAIL STCK	3	
<i>urea susp</i>	3	
UREA TOPICAL SUSP	3	
UTOPIC 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
<b>Emollients</b>		
<i>hyaluronate sodium (emollient) gel</i>	3	
HYLIRA GEL 0.2 % (Use Hyaluronate Sodium (Emollient))	GP	
HYLIRA LOTN 0.1 %	3	
LAC-HYDRIN CREA (Use Lactic Acid (Ammonium Lactate))	GP	RX/OTC
LAC-HYDRIN LOTN (Use Lactic Acid (Ammonium Lactate))	GP	RX/OTC
LAC-HYDRIN TWELVE LOTN (Use Lactic Acid (Ammonium Lactate))	GP	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	3	RX/OTC
<i>lactic acid (ammonium lactate) lotn 10 %</i>	3	
<i>lactic acid (ammonium lactate) lotn 12 %</i>	3	RX/OTC
<b>Enzymes - Topical</b>		
GRANULEX AERS (Use Trypsin w/ Castor Oil & Peruvian Balsam)	GP	
SANTYL OINT	3	
TBC AERS	3	
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA (Use Imiquimod)	GP	
<i>imiquimod crea</i>	1	
ZYCLARA CREA	3	PA; QL(1 gm daily)
ZYCLARA PUMP CREA 2.5 %	3	PA; Limit 1 per month; QL(0.6 gm daily)
ZYCLARA PUMP CREA 3.75 %	3	PA; QL(1 gm daily)
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA	3	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
PROTOPIC OINT 0.03 % (Use Tacrolimus (Topical))	GP	QL(2 gm daily); AL; At least 2 yrs old
PROTOPIC OINT 0.1 % (Use Tacrolimus (Topical))	GP	QL(2 gm daily); AL; At least 15 yrs old
<i>tacrolimus (topical) oint 0.03 %</i>	1	QL(2 gm daily); AL; At least 2 yrs old
<i>tacrolimus (topical) oint 0.1 %</i>	1	QL(2 gm daily); AL; At least 15 yrs old
<b>Keratolytic/Antimitotic Agents</b>		
BENSAL HP OINT	3	
CONDYLOX GEL	2	
CONDYLOX SOLN (Use Podofilox)	GP	
PODOCON 25 IN BENZOIN TINCTURE SOLN	3	
<i>podofilox soln</i>	1	
SALEX LOTION KIT (Use Salicylic Acid w/ Cleanser)	GP	
SALEX SHAM (Use Salicylic Acid)	GP	
<i>salicylic acid crea 6 %</i>	3	
<i>salicylic acid foam 6 %</i>	3	
<i>salicylic acid liqd 26 %, 27.5 %</i>	3	
<i>salicylic acid lotn 6 %</i>	1	
<i>salicylic acid sham 6 %</i>	1	
<i>salicylic acid soln 26 %</i>	3	
<i>salicylic acid soln 28.5 %</i>	3	PA
<i>salicylic acid w/ cleanser kit</i>	3	
SALVAX FOAM (Use Salicylic Acid)	GP	
ULTRASAL-ER SOLN (Use Salicylic Acid)	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
VIRASAL LIQD ( <i>Use Salicylic Acid</i> )	GP	
<b>Liniments</b>		
MEDROX-RX OINT	3	PA
<b>Local Anesthetics - Topical</b>		
ADAZIN CREA	3	
ANASTIA LOTN	2	
COCAINE HCL SOLN	3	
EMLA CREA ( <i>Use Lidocaine-Prilocaine</i> )	GP	
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>	3	RX/OTC
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine oint</i>	3	
<i>lidocaine ptch</i>	1	QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	3	
LIDODERM PTCH ( <i>Use Lidocaine</i> )	GP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NUMBONEX LOTN	2	
PREMIUM SCAR PATCH PTCH	3	
SYNERA PTCH	3	
XYLOCAINE SOLN EX 4 % ( <i>Use Lidocaine HCl</i> )	GP	
<b>Misc. Dermatological Products</b>		
CERACADE EMUL	3	
EMULSION SB EMUL	3	
ENTTY SPRAY EMULSION EMUL	3	
EPICERAM EMUL	3	
KAMDOY EMUL	3	
PHLAG SPRAY EMUL	3	
SYNERDERM EMUL	3	
<b>Misc. Topical</b>		
DRYSOL SOLN	2	
XERAC AC SOLN	3	
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA OINT	3	PA; Limited to 60 gm per month; QL(2 gm daily)
<b>Rosacea Agents</b>		
DOXYCYCLINE CPDR	3	PA
FINACEA FOAM	3	
FINACEA GEL	2	
METROCREAM CREA ( <i>Use Metronidazole (Topical)</i> )	GP	
METROGEL GEL ( <i>Use Metronidazole (Topical)</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
METROLOTION LOTN (Use Metronidazole (Topical))	GP	QL(60 ml per fill retail)
<i>metronidazole (topical) crea 0.75 %</i>	1	
<i>metronidazole (topical) gel 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) gel 1 %</i>	1	
<i>metronidazole (topical) lotn 0.75 %</i>	1	QL(60 ml per fill retail)
MIRVASO GEL	3	PA
NORITATE CREA	3	PA
ORACEA CPDR	3	PA
RHOFADE CREA	3	PA
SOOLANTRA CREA	3	PA; QL(1.5 gm daily)
<b>Scabicides &amp; Pediculicides</b>		
ELIMITE CREA (Use <i>Permethrin</i> )	GP	QL(60 gm per fill retail)
EURAX CREA	2	
EURAX LOTN	2	
<i>lindane lotn</i>	1	QL(60 ml per fill retail)
LINDANE SHAM	2	
<i>lindane sham</i>	1	
<i>malathion lotn</i>	3	
NATROBA SUSP	3	AL; At least 4 yrs old
OVIDE LOTN (Use <i>Malathion</i> )	GP	
<i>permethrin crea</i>	1	QL(60 gm per fill retail)
SKLICE LOTN	3	
SPINOSAD SUSP	3	AL; At least 4 yrs old

Drug Name	Drug Tier	Requirements/ Limits
ULESFIA LOTN	3	
<b>Wound Care Products</b>		
REGRANEX GEL	3	QL(15 gm per fill retail)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Biologicals</b>		
T.R.U.E. TEST TEST	3	
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC SOLR	3	
METOPIRONE CAPS	3	
<b>Diagnostic Tests</b>		
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
KETOCARE STRP	2	QL(50 ea per fill retail)
KETOSTIX STRP	2	QL(50 ea per fill retail)
ONETOUCH ULTRA BLUE STRP	2	Limit 200 per month;QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month;QL(6.67 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RELION KETONE STRP	2	QL(50 ea per fill retail)
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	2	
PANCREAZE CPEP	3	
PERTZYE CPEP	3	
SUCRAID SOLN	3	PA
ULTRESA CPEP	3	
VIKACE TABS	3	
ZENPEP CPEP 10000UNIT-3000UNIT-16000UNIT, 51000UNIT-15000UNIT-82000UNIT, 68000UNIT-20000UNIT-109000UNIT, 34000UNIT-10000UNIT-55000UNIT, 63000UNIT-20000UNIT-84000UNIT, 85000UNIT-25000UNIT-136000UNIT, 136000UNIT-40000UNIT-218000UNIT	2	
ZENPEP CPEP 17000UNIT-5000UNIT-27000UNIT (Use Pancrelipase (Lipase-Protease-Amylase))	GP	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12</i>	1	
<i>acetazolamide tabs</i>	1	
DIAMOX CP12 (Use Acetazolamide)	GP	

Drug Name	Drug Tier	Requirements/Limits
KEVEYIS TABS	3	PA
<i>methazolamide tabs</i>	1	
NEPTAZANE TABS (Use Methazolamide)	GP	
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	GP	
ALDACTAZIDE TABS 50MG-50MG	2	
<i>amiloride &amp; 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 &amp; hydrochlorothiazide tabs</i>	1	
<i>triamterene &amp; hydrochlorothiazide caps</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	
<b>Loop Diuretics</b>		
<i>bumetanide tabs or 2 mg, 1 mg, 0.5 mg</i>	1	
BUMEX TABS (Use Bumetanide)	GP	
DEMADEX TABS (Use Torsemide)	GP	
EDECIN TABS (Use Ethacrynic Acid)	GP	ST
<i>ethacrynic acid tabs</i>	3	ST
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	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>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (Use <i>Furosemide</i> )	GP	
<i>torseamide tabs</i>	1	
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS (Use <i>Spironolactone</i> )	GP	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS	3	
<i>spironolactone tabs</i>	1	
<b>Thiazides and Thiazide-Like Diuretics</b>		
CHLOROTHIAZIDE TABS 250 MG	3	
<i>chlorothiazide tabs 500 mg</i>	3	
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide caps 12.5 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	3	
<i>hydrochlorothiazide tabs 50 mg, 25 mg</i>	1	
<i>indapamide tabs</i>	1	
METHYCLOTHIAZIDE TABS	3	
<i>metolazone tabs</i>	1	
MICROZIDE CAPS (Use <i>Hydrochlorothiazide</i> )	GP	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS 150 MG (Use <i>Risedronate Sodium</i> )	GP	QL(0.04 ea daily)
ACTONEL TABS 35 MG (Use <i>Risedronate Sodium</i> )	GP	QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ACTONEL TABS 5 MG, 30 MG (Use <i>Risedronate Sodium</i> )	GP	QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	3	
<i>alendronate sodium tabs 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily)
ALENDRONATE SODIUM TABS 40 MG	2	
ATELVIA TBEC (Use <i>Risedronate Sodium</i> )	GP	Limit 4 per month;QL(0.15 ea daily)
BINOSTO TBEF	3	ST; Limit 4 per month;QL(0.15 ea daily)
BONIVA TABS (Use <i>Ibandronate Sodium</i> )	GP	QL(0.04 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS	3	
FOSAMAX PLUS D TABS	3	PA; QL(0.15 ea daily)
FOSAMAX TABS (Use <i>Alendronate Sodium</i> )	GP	QL(0.15 ea daily)
<i>ibandronate sodium tabs</i>	1	QL(0.04 ea daily)
MIACALCIN SOLN NA 200 UNIT/ACT (Use <i>Calcitonin (Salmon)</i> )	GP	
<i>risedronate sodium tabs 150 mg</i>	3	QL(0.04 ea daily)
<i>risedronate sodium tabs 35 mg</i>	3	QL(0.15 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	3	QL(1 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	Limit 4 per month;QL(0.15 ea daily)
<b>Fertility Regulators</b>		

You can 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>clomiphene citrate tabs</i>	1	QL(15 ea per fill retail,00 ea per fill mail,15 ea per 30 days retail, ea per days mail)
CLOMIPHENE CITRATE TABS	2	QL(15 ea per fill retail,00 ea per fill mail,15 ea per 30 days retail, ea per days mail)
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>Use Raloxifene HCl</i> )	GP	PV
OSPHENA TABS	3	
<i>raloxifene hcl tabs</i>	1	PV
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
SYNAREL SOLN	2	
<b>Metabolic Modifiers</b>		
BUPHENYL POWD 3 GM/TSP ( <i>Use Sodium Phenylbutyrate</i> )	GP	
BUPHENYL TABS 500 MG	3	
BUPHENYL TABS 500 MG ( <i>Use Sodium Phenylbutyrate</i> )	GP	
<i>calcitriol caps or 0.5 mcg, 0.25 mcg</i>	1	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	2	
CARNITOR SF SOLN ( <i>Use Levocarnitine (Metabolic Modifiers)</i> )	GP	
CARNITOR SOLN OR 1 GM/10ML ( <i>Use Levocarnitine (Metabolic Modifiers)</i> )	GP	
CARNITOR TABS OR 330 MG ( <i>Use Levocarnitine (Metabolic Modifiers)</i> )	GP	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CYSTADANE POWD	3	
<i>doxercalciferol caps or 2.5 mcg, 1 mcg, 0.5 mcg</i>	3	
HECTOROL CAPS OR 2.5 MCG, 1 MCG, 0.5 MCG ( <i>Use Doxercalciferol</i> )	GP	
KUVAN PACK	2	Specialty Drug refer to Caremark SP RX
KUVAN TBSO	2	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	3	
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	3	RX/OTC
ORFADIN CAPS	3	PA
ORFADIN SUSP	3	PA
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	
RAVICTI LIQD	3	PA; SP
ROCALTROL CAPS ( <i>Use Calcitriol</i> )	GP	
ROCALTROL SOLN ( <i>Use Calcitriol</i> )	GP	
SENSIPAR TABS	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
<i>sodium phenylbutyrate powd</i>	3	
<i>sodium phenylbutyrate tabs</i>	3	
STRENSIQ SOLN	3	PA
ZEMPLAR CAPS OR 1 MCG, 2 MCG ( <i>Use Paricalcitol</i> )	GP	
<b>Posterior Pituitary Hormones</b>		

You can 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 SOLN NA 0.01 % (Use <i>Desmopressin Acetate Refrigerated</i> )	GP	
DDAVP SOLN NA 0.01 % (Use <i>Desmopressin Acetate Spray</i> )	GP	
DDAVP TABS OR 0.1 MG, 0.2 MG (Use <i>Desmopressin Acetate</i> )	GP	
<i>desmopressin acetate refrigerated soln</i>	1	
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.2 mg, 0.1 mg</i>	1	
STIMATE SOLN	3	
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	1	
<b>Vasopressin Receptor Antagonists</b>		
SAMSCA TABS	2	QL(1 ea daily)
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVELLA TABS (Use <i>Estradiol &amp; Norethindrone Acetate</i> )	GP	
ANGELIQ TABS	3	
CLIMARA PRO PTWK	2	Limit 4 patches per month;QL(0.14 3 ea daily)
COMBIPATCH PTTW	3	
DUAVEE TABS	3	
<i>estradiol &amp; norethindrone acetate tabs</i>	1	
FEMHRT LOW DOSE TABS (Use <i>Norethindrone Acetate-Ethinyl Estradiol</i> )	GP	

Drug Name	Drug Tier	Requirements/ Limits
<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-5MG, 0.45MG-1.5MG, 0.625MG-2.5MG	2	
<b>Estrogens</b>		
ALORA PTTW 0.025 MG/24HR	2	Limit 8 patches per month;QL(0.29 ea daily)
ALORA PTTW 0.05 MG/24HR	2	Limit 8 patches per month;QL(0.27 ea daily)
ALORA PTTW 0.075 MG/24HR	3	Limit 8 patches per month;QL(0.27 ea daily)
ALORA PTTW 0.1 MG/24HR	3	Limit 8 per 28 days;QL(0.29 ea daily)
CLIMARA PTWK (Use <i>Estradiol</i> )	GP	QL(4 ea per fill retail,4 ea per 30 days retail, ea per days mail)
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ENJUVIA TABS 0.625 MG, 0.3 MG, 0.45 MG	3	QL(1 ea daily)
ENJUVIA TABS 0.9 MG	3	
ESTRACE TABS OR 2 MG, 0.5 MG, 1 MG (Use <i>Estradiol</i> )	GP	
<i>estradiol pttw td 0.025 mg/24hr</i>	1	Limit 8 patches 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</i>	1	
<i>estradiol pttw td 0.05 mg/24hr</i>	1	Limit 8 patches per month;QL(0.27 ea daily)
<i>estradiol pttw td 0.075 mg/24hr</i>	1	QL(0.29 ea daily)
<i>estradiol pttw td 0.1 mg/24hr, 0.075 mg/24hr</i>	1	Limit 8 per 28 days;QL(0.29 ea daily)
<i>estradiol pttw td 0.1 mg/24hr, 0.075 mg/24hr</i>	1	Limit 8 per month;QL(0.29 ea daily)
<i>estradiol ptwk td 0.06 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.025 mg/24hr, 37.5 mcg/24hr, 0.1 mg/24hr</i>	1	QL(4 ea per fill retail,4 ea per 30 days retail, ea per days mail)
<i>estradiol tabs or 0.5 mg, 2 mg, 1 mg</i>	1	
ESTROGEL GEL	3	Limit 50gms per month;QL(1.67 gm daily)
ESTROPIPATE TABS 0.75 MG, 1.5 MG	2	
<i>estropipate tabs 3 mg</i>	1	
EVAMIST SOLN	3	
MENEST TABS	2	
MENOSTAR PTWK	3	QL(4 ea per 30 days retail, ea per days mail)
MINIVELLE PTTW 0.025 MG/24HR	2	Limit 8 patches per month;QL(0.29 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR	2	
MINIVELLE PTTW 0.05 MG/24HR	2	Limit 8 patches per month;QL(0.27 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MINIVELLE PTTW 0.075 MG/24HR, 0.1 MG/24HR	3	Limit 8 per 28 days;QL(0.29 ea daily)
PREMARIN TABS OR 0.9 MG, 0.3 MG, 0.625 MG, 0.45 MG, 1.25 MG	2	
VIVELLE-DOT PTTW 0.025 MG/24HR ( <i>Use Estradiol</i> )	GP	Limit 8 patches per month;QL(0.29 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR ( <i>Use Estradiol</i> )	GP	
VIVELLE-DOT PTTW 0.1 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR ( <i>Use Estradiol</i> )	GP	Limit 8 patches per month;QL(0.27 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
AVELOX ABC PACK TABS ( <i>Use Moxifloxacin HCl</i> )	GP	
AVELOX TABS OR 400 MG ( <i>Use Moxifloxacin HCl</i> )	GP	
CIPRO SUSR ( <i>Use Ciprofloxacin</i> )	GP	
CIPRO TABS ( <i>Use Ciprofloxacin HCl</i> )	GP	
CIPRO XR TB24 1000MG ( <i>Use Ciprofloxacin-Ciprofloxacin HCl</i> )	GP	QL(14 ea per fill retail)
CIPRO XR TB24 500MG ( <i>Use Ciprofloxacin-Ciprofloxacin HCl</i> )	GP	QL(3 ea per fill retail)
CIPROFLOXACIN HCL TABS 100 MG	2	
<i>ciprofloxacin hcl tabs 250 mg, 750 mg, 500 mg</i>	1	
<i>ciprofloxacin susr</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tb24 1000mg</i>	1	QL(14 ea per fill retail)
<i>ciprofloxacin-ciprofloxacin hcl tb24 500mg</i>	1	QL(3 ea per fill retail)
FACTIVE TABS	3	QL(1 ea per 90 days retail, ea per 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
LEVAQUIN TABS ( <i>Use Levofloxacin</i> )	GP	QL(14 ea per fill retail)
<i>levofloxacin soln or 25 mg/ml</i>	1	
LEVOFLOXACIN SOLN OR 25 MG/ML	2	
<i>levofloxacin tabs or 500 mg, 750 mg, 250 mg</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl tabs</i>	1	
OFLOXACIN TABS 300 MG	2	
<i>ofloxacin tabs 400 mg</i>	3	QL(28 ea per 90 days retail, ea per days mail)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Agents for Chronic Idiopathic Constipation (CIC)</b>		
TRULANCE TABS	3	PA
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OCALIVA TABS	3	PA
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS ( <i>Use Ursodiol</i> )	GP	
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	
<b>Gastrointestinal Antiallergy Agents</b>		
<i>cromolyn sodium (mastocytosis) conc</i>	1	
GASTROCROM CONC ( <i>Use Cromolyn Sodium (Mastocytosis)</i> )	GP	
<b>Gastrointestinal Chloride Channel Activators</b>		

Drug Name	Drug Tier	Requirements/Limits
AMITIZA CAPS	2	
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	3	
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	
METOCLOPRAMIDE ODT TBDP	3	
METZOLV ODT TBDP ( <i>Use Metoclopramide HCl</i> )	GP	
REGLAN TABS ( <i>Use Metoclopramide HCl</i> )	GP	
<b>Inflammatory Bowel Agents</b>		
APRISO CP24	3	PA
ASACOL HD TBEC	3	PA
AZULFIDINE EN-TABS TBEC ( <i>Use Sulfasalazine</i> )	GP	
AZULFIDINE TABS ( <i>Use Sulfasalazine</i> )	GP	
<i>balsalazide disodium caps</i>	1	QL(280 ea per fill retail)
CANASA SUPP	2	
COLAZAL CAPS ( <i>Use Balsalazide Disodium</i> )	GP	QL(280 ea per fill retail)
DELZICOL CPDR	3	PA; QL(12 ea daily)
DIPENTUM CAPS	3	
GIAZO TABS	3	PA; Use generic BALSALAZIDE; QL(6 ea daily)
LIALDA TBEC ( <i>Use Mesalamine</i> )	GP	
MESALAMINE DR TBEC	2	
<i>mesalamine enem</i>	1	
<i>mesalamine tbec</i>	1	
PENTASA CPCR	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
SFROWASA ENEM	2	
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy) soln</i>	1	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alose tron hcl tabs</i>	3	
LINZESS CAPS	2	
LOTRONEX TABS ( <i>Use Alosetron HCl</i> )	GP	
VIBERZI TABS	3	PA
<b>Peripheral Opioid Receptor Antagonists</b>		
ENTEREG CAPS	3	
MOVANTIK TABS	3	
RELISTOR TABS OR 150 MG	3	PA
<b>Phosphate Binder Agents</b>		
AURYXIA TABS	3	PA
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS ( <i>Use Calcium Acetate (Phosphate Binder)</i> )	GP	RX/OTC
FOSRENOL CHEW 1000 MG, 750 MG, 500 MG ( <i>Use Lanthanum Carbonate</i> )	GP	
FOSRENOL PACK 1000 MG, 750 MG	3	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	3	
RENAGEL TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
RENVELA PACK ( <i>Use Sevelamer Carbonate</i> )	GP	
RENVELA TABS ( <i>Use Sevelamer Carbonate</i> )	GP	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	
<b>Tryptophan Hydroxylase Inhibitors</b>		
XERMELO TABS	3	PA; SP
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Acidifiers</b>		
K-PHOS NO 2 TABS	2	
<b>Alkalinizers</b>		
ORACIT SOLN	3	
<i>pot &amp; sod citrates w/citric ac soln 550mg/5ml-334mg/5ml-500mg/5ml</i>	3	
<i>pot &amp; sod citrates w/citric ac syrp 550mg/5ml-550mg/5ml-334mg/5ml-334mg/5ml-500mg/5ml-500mg/5ml</i>	1	
<i>potassium citrate (alkalinizer) tbc r</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
SHOHL'S SOLUTION MODIFIED SOLN ( <i>Use Sodium Citrate &amp; Citric Acid</i> )	GP	RX/OTC
<i>sodium citrate &amp; citric acid soln</i>	1	RX/OTC
UROK-CIT-K 10 TBCR ( <i>Use Potassium Citrate (Alkalinizer)</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
UROCIT-K 15 TBCR ( <i>Use Potassium Citrate (Alkalinizer)</i> )	GP	
UROCIT-K 5 TBCR ( <i>Use Potassium Citrate (Alkalinizer)</i> )	GP	
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	
PROCYSBI CPDR	3	SP
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	3	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	1	
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	3	
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
UROXATRAL TB24 ( <i>Use Alfuzosin HCl</i> )	GP	
<b>Urinary Stone Agents</b>		
LITHOSTAT TABS	3	
THIOLA TABS	3	

Drug Name	Drug Tier	Requirements/Limits
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	1	
DUZALLO TABS	3	PA
<b>Gout Agents</b>		
<i>allopurinol tabs</i>	1	
COLCHICINE CAPS	3	
<i>colchicine tabs</i>	1	
COLCRYS TABS	2	
MITIGARE CAPS	3	
ULORIC TABS	2	
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS ( <i>Use Allopurinol</i> )	GP	
<b>Uricosurics</b>		
<i>probenecid tabs</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbcr</i>	1	
<b>Platelet Aggregation Inhibitors</b>		
AGGRENOX CP12 ( <i>Use Aspirin-Dipyridamole</i> )	GP	
AGRYLIN CAPS ( <i>Use Anagrelide HCl</i> )	GP	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	3	
BRILINTA TABS	2	
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs</i>	1	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
<i>dipyridamole tabs or 75 mg, 25 mg, 50 mg</i>	1	
EFFIENT TABS (Use <i>Prasugrel HCl</i> )	GP	
PERSANTINE TABS (Use <i>Dipyridamole</i> )	GP	
PLAVIX TABS (Use <i>Clopidogrel Bisulfate</i> )	GP	QL(2 ea daily)
PLETAL TABS (Use <i>Cilostazol</i> )	GP	QL(2 ea daily)
<i>prasugrel hcl tabs</i>	1	
ZONTIVITY TABS	2	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA CAPS	3	PA
ZAVESCA CAPS	3	PA
<b>Agents for Sickle Cell Anemia</b>		
DROXIA CAPS	2	
ENDARI PACK	3	PA
<b>Folic Acid/Folates</b>		
<i>folic acid tabs or 1 mg</i>	1	RX/OTC
<i>folic acid tabs or 800 mcg, 400 mcg</i>	1	PV
<b>Hematopoietic Growth Factors</b>		
PROMACTA TABS	3	PA; New commercial members to be referred to AcariaHealth;S P
<b>Hematopoietic Mixtures</b>		
FOLIVANE-F CAPS	2	
INTEGRA F CAPS	2	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Hemostatics - Systemic</b>		
AMICAR SOLN 0.25 GM/ML	3	
AMICAR TABS 1000 MG	3	
LYSTEDA TABS (Use <i>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)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
BUTISOL SODIUM TABS	3	
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
PHENOBARBITAL TABS 30 MG, 15 MG, 60 MG, 100 MG	2	
<i>phenobarbital tabs 32.4 mg, 16.2 mg, 64.8 mg, 97.2 mg</i>	1	
<b>Hypnotics - Tricyclic Agents</b>		
SILENOR TABS	3	ST; QL(1 ea daily)
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN CR TBCR (Use <i>Zolpidem Tartrate</i> )	GP	QL(1 ea daily)
AMBIEN TABS (Use <i>Zolpidem Tartrate</i> )	GP	QL(1 ea daily)
DORAL TABS	3	
EDLUAR SUBL	3	PA; QL(1 ea daily)
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	3	QL(1 ea daily)
<i>flurazepam hcl caps</i>	1	
HALCION TABS (Use <i>Triazolam</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
INTERMEZZO SUBL ( <i>Use Zolpidem Tartrate</i> )	GP	PA
LUNESTA TABS ( <i>Use Eszopiclone</i> )	GP	QL(1 ea daily)
<i>midazolam hcl syrpr or 2 mg/ml</i>	3	
QUAZEPAM TABS	3	
RESTORIL CAPS ( <i>Use Temazepam</i> )	GP	
SONATA CAPS ( <i>Use Zaleplon</i> )	GP	QL(1 ea daily)
<i>temazepam caps 15 mg, 30 mg, 7.5 mg</i>	1	
<i>temazepam caps 22.5 mg</i>	3	
<i>triazolam tabs</i>	1	
<i>zaleplon caps</i>	1	QL(1 ea daily)
<i>zolpidem tartrate subl sl 1.75 mg, 3.5 mg</i>	3	PA
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbcr or 6.25 mg, 12.5 mg</i>	3	QL(1 ea daily)
ZOLPIMIST SOLN	3	Limit 1 bottle per month;QL(0.26 ml daily)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABS	2	ST; QL(1 ea daily)
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS	3	PA
ROZEREM TABS	3	ST; QL(1 ea daily)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Laxative Combinations</b>		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	1	QL(1 ea per fill retail); PV

Drug Name	Drug Tier	Requirements/Limits
COLYTE-FLAVOR PACKS SOLR ( <i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i> )	GP	QL(4000 ml per fill retail); PV
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	2	PA; QL(4000 ea per fill retail); PV
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM ( <i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i> )	GP	QL(4000 ml per fill retail); PV
MOVIPREP SOLR	2	PV
NULYTELY/FLAVOR PACKS SOLR ( <i>Use PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride</i> )	GP	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	1	QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	1	PV
SUPREP BOWEL PREP KIT SOLN	2	PV
<b>Laxatives - Miscellaneous</b>		
KRISTALOSE PACK	3	
<i>lactulose soln</i>	1	
MIRALAX POWD ( <i>Use Polyethylene Glycol 3350</i> )	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
<b>Saline Laxatives</b>		
OSMOPREP 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
<i>sodium phosphates soln</i>	1	Available for members in non-grandfathered plans ages 50-74;AL; At least 50 yrs old - Up to 74 yrs old; PV
<b>Stimulant Laxatives</b>		
<i>bisacodyl supp</i>	1	Available for members in non-grandfathered plans ages 50-74;AL; At least 50 yrs old - Up to 74 yrs old; PV
<i>bisacodyl tbec</i>	1	Available for members in non-grandfathered plans ages 50-74;AL; At least 50 yrs old - Up to 74 yrs old; PV
DULCOLAX SUPP ( <i>Use Bisacodyl</i> )	GP	Available for members in non-grandfathered plans ages 50-74;AL; At least 50 yrs old - Up to 74 yrs old; PV
DULCOLAX TBEC ( <i>Use Bisacodyl</i> )	GP	Available for members in non-grandfathered plans ages 50-74;AL; At least 50 yrs old - Up to 74 yrs old; PV
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		

Drug Name	Drug Tier	Requirements/ Limits
AZITHROMYCIN PACK OR 1 GM	2	
<i>azithromycin susr or 200 mg/5ml, 100 mg/5ml</i>	1	
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	1	QL(3 ea daily)
<i>azithromycin tabs or 600 mg</i>	1	QL(10 ea per fill retail)
ZITHROMAX PACK OR 1 GM	2	
ZITHROMAX SUSR OR 200 MG/5ML, 100 MG/5ML ( <i>Use Azithromycin</i> )	GP	
ZITHROMAX TABS OR 250 MG ( <i>Use Azithromycin</i> )	GP	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG ( <i>Use Azithromycin</i> )	GP	QL(3 ea daily)
ZITHROMAX TABS OR 600 MG ( <i>Use Azithromycin</i> )	GP	QL(10 ea per fill retail)
ZITHROMAX TRI-PAK TABS ( <i>Use Azithromycin</i> )	GP	QL(3 ea daily)
ZITHROMAX Z-PAK TABS ( <i>Use Azithromycin</i> )	GP	QL(6 ea per fill retail)
ZMAX SUSR	2	QL(2 ea daily)
<b>Clarithromycin</b>		
BIAXIN SUSR ( <i>Use Clarithromycin</i> )	GP	
BIAXIN TABS ( <i>Use Clarithromycin</i> )	GP	
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CLARITHROMYCIN SUSR 250 MG/5ML, 125 MG/5ML	2	
<i>clarithromycin tabs 500 mg, 250 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail)
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR ( <i>Use Erythromycin Ethylsuccinate</i> )	GP	
ERY-TAB TBEC	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
ERYPED 200 SUSR ( <i>Use Erythromycin Ethylsuccinate</i> )	GP	
ERYPED 400 SUSR	2	
<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	
<b>Fidaxomicin</b>		
DIFICID TABS	3	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		
CAYA DPRH	2	QL(1 ea per 365 days retail, ea per days mail); PV
OMNIFLEX DIAPHRAGM DPRH	2	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	3	

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	3	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	3	
<b>Diabetic Supplies</b>		
BLUESTAR DEVI	3	PA
FREESTYLE FREEDOM LITE KIT	2	QL(1 ea per 365 days retail, ea per days mail); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail, ea per days mail); RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	2	QL(1 ea per 365 days retail, ea per days mail)
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC DEVI	3	QL(0.002 ea daily); B; NT
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail, ea per days mail); RX/OTC
ONETOUCH ULTRA MINI KIT	2	QL(1 ea per 365 days retail, ea per days mail); RX/OTC
ONETOUCH VERIO FLEX BLOODGLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail, ea per days mail); RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail, ea per days mail); RX/OTC
ONETOUCH VERIO KIT	2	QL(1 ea per 365 days retail, ea per days mail); 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 SYNC BLOODGLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail, ea per days mail); RX/OTC
PRECISION XTRA DEVI	2	QL(1 ea per 365 days retail, ea per days mail)
<b>Parenteral Therapy Supplies</b>		
ADVOCATE INSULIN PEN NEEDLES MISC	2	Limit 200 per month;QL(6.67 ea daily)
AUTOPEN DEVI	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); RX/OTC
BD ECLIPSE NEEDLE 30G X1/2" MISC	2	
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
BD NEEDLE/30G X 1/2" MISC	2	
BD PEN MINI MISC	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); RX/OTC
BD PEN MISC	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" MISC	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" MISC	2	
HUMAPEN LUXURA HD DEVI	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); RX/OTC
HYPODERMIC NEEDLE 30GX1/2" MISC	2	
INPEN 100EL/BLUE DEVI	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); RX/OTC
INPEN 100EL/GRAY DEVI	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); 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
INPEN 100EL/PINK DEVI	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); RX/OTC
INPEN 100NN/BLUE DEVI	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); RX/OTC
INPEN 100NN/GREY DEVI	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); RX/OTC
INPEN 100NN/PINK DEVI	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); RX/OTC
INSULIN SYRINGES AND PEN NEEDLES	2	MO
INSUPEN 33GX4MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
NOVOPEN ECHO DEVI	2	Limited to 1 device per year;QL(1 ea per 365 days retail, ea per days mail); RX/OTC
POLY HUB NEEDLE/30G X 1/2" MISC	2	
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>Use Ergotamine w/ Caffeine</i> )	GP	
<i>ergotamine w/ caffeine tabs</i>	1	
MIGERGOT SUPP	2	
SUMATRIPTAN/NAPROXEN SODIM TABS	3	PA; QL(0.3 ea daily)
TREXIMET TABS 85MG-500MG	3	PA; QL(0.3 ea daily)
<b>Migraine Products - NSAIDs</b>		
CAMBIA PACK	3	PA; Limit 9 per month;QL(0.3 ea daily)
<b>Migraine Products</b>		
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	3	Limit 8 inhalers per month;QL(0.27 ml daily)
ERGOMAR SUBL	2	
MIGRANAL SOLN	3	Limit 8 inhalers per month;QL(0.27 ml daily)
<b>Serotonin Agonists</b>		
<i>almotriptan malate tabs</i>	1	QL(0.2 ea daily)
AMERGE TABS ( <i>Use Naratriptan HCl</i> )	GP	QL(9 ea per fill retail, 9 ea per 30 days retail, ea per days mail)
AXERT TABS ( <i>Use Almotriptan Malate</i> )	GP	QL(0.2 ea daily)
<i>eletriptan hydrobromide tabs</i>	3	QL(0.2 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
FROVA TABS (Use Frovatriptan Succinate)	GP	QL(9 ea per fill retail,9 ea per 30 days retail,27 ea per 60 days mail)
frovatriptan succinate tabs	3	QL(9 ea per fill retail,9 ea per 30 days retail,27 ea per 60 days mail)
IMITREX SOLN NA 20 MG/ACT (Use Sumatriptan)	GP	Limit 6 sprayers per month;QL(0.2 ea daily)
IMITREX SOLN NA 5 MG/ACT (Use Sumatriptan)	GP	QL(6 ea per fill retail,6 ea per 30 days retail, ea per days mail)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use Sumatriptan Succinate)	GP	QL(0.3 ea daily)
MAXALT TABS (Use Rizatriptan Benzoate)	GP	QL(0.6 ea daily)
MAXALT-MLT TBDP (Use Rizatriptan Benzoate)	GP	Limit 12 per month;QL(0.4 ea daily)
naratriptan hcl tabs	1	QL(9 ea per fill retail,9 ea per 30 days retail, ea per days mail)
ONZETRA XSAIL EXHP	3	PA
RELPAX TABS (Use Eletriptan Hydrobromide)	GP	QL(0.2 ea daily)
rizatriptan benzoate tabs 10 mg, 5 mg	1	QL(0.6 ea daily)
rizatriptan benzoate tbdp 10 mg, 5 mg	1	Limit 12 per month;QL(0.4 ea daily)
sumatriptan soln 20 mg/act	1	Limit 6 sprayers per month;QL(0.2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan soln 5 mg/act	1	QL(6 ea per fill retail,6 ea per 30 days retail, ea per days mail)
sumatriptan succinate tabs or 25 mg, 100 mg, 50 mg	1	QL(0.3 ea daily)
ZECUITY PTCH	3	PA; Limit 4 patches per month;QL(0.13 4 ea daily)
zolmitriptan tabs 5 mg, 2.5 mg	3	QL(0.2 ea daily)
zolmitriptan tbdp 2.5 mg, 5 mg	3	Limit 6 per month;QL(0.2 ea daily)
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(0.2 ea daily)
ZOMIG ZMT TBDP (Use Zolmitriptan)	GP	Limit 6 per month;QL(0.2 ea daily)

## MINERALS & ELECTROLYTES

### Calcium

CALCIFOL WAFR	3	
CALCIUM-FOLIC ACID PLUS D WAFR	3	

### Fluoride

FLORIVA LIQD	3	
FLUORABON SOLN	2	AL; Up to 6 yrs old ; PV
FLURA-DROPS SOLN	2	AL; Up to 6 yrs old ; PV
LOZI-FLUR LOZG	2	
LURIDE SOLN (Use Sodium Fluoride)	GP	AL; Up to 6 yrs old ; PV
sodium fluoride chew	1	AL; Up to 6 yrs old ; PV
sodium fluoride soln	1	AL; Up to 6 yrs old ; PV

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride tabs</i>	1	AL; Up to 6 yrs old ; PV
<b>Iodine Products</b>		
IODINE STRONG SOLN	3	
SSKI SOLN	2	
<b>Magnesium</b>		
MAGNEBIND 400 TABS	3	
<b>Phosphate</b>		
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 &amp; monobasic tabs</i>	1	
<b>Potassium</b>		
EFFER-K TBEF	3	
K-TAB TBCR 20 MEQ	3	
K-TAB TBCR 8 MEQ, 10 MEQ (Use Potassium Chloride)	GP	
KLOR-CON M15 TBCR	2	
KLOR-CON/25 PACK	2	
MICRO-K CPCR (Use Potassium Chloride)	GP	
<i>potassium bicarb &amp; chloride tbef</i>	1	
<i>potassium bicarbonate tbef</i>	1	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR	3	
<i>potassium chloride microencapsulated crystals er tbcr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln or 10 %, 20 %</i>	1	
POTASSIUM CHLORIDE SOLN OR 20 %	2	
<i>potassium chloride tbcr or 10 meq, 8 meq</i>	1	
<b>Zinc</b>		
GALZIN CAPS	3	
<i>zinc sulfate caps or 220 mg</i>	3	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
CUPRIMINE CAPS	2	PA
DEPEN TITRATABS TABS	2	
SYPRINE CAPS	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
<b>Immunomodulators</b>		
REVLIMID CAPS	2	PA; AC
THALOMID CAPS	3	SP; AC
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL CP24	3	PA
AZASAN TABS	3	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS (Use Mycophenolate Mofetil)	GP	
CELLCEPT SUSR (Use Mycophenolate Mofetil)	GP	
CELLCEPT TABS (Use Mycophenolate Mofetil)	GP	
<i>cyclosporine caps or 25 mg, 100 mg</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
KAYEXALATE POWD (Use Sodium Polystyrene Sulfonate)	GP	
<i>sodium polystyrene sulfonate powd or</i>	1	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate susp re 30 gm/120ml, 50 gm/200ml</i>	3	
VELTASSA PACK	3	ST
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
FIRST-MOUTHWASH BLM SUSP	3	
<i>lidocaine hcl (mouth-throat) soln</i>	1	
LIDOCAINE HCL SOLN MT 4 %	3	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole lozg</i>	1	
<i>clotrimazole troc</i>	1	
FIRST-BXN MOUTHWASH SUSP	3	
FIRST-DUKES MOUTHWASH SUSP	3	
FIRST-MARYS MOUTHWASH SUSP	3	
<i>nystatin (mouth-throat) susp</i>	1	
ORAVIG TABS	3	
<b>Dental Products</b>		
GEL-KAM ORAL CARE RINSE CONC (Use Stannous Fluoride)	GP	RX/OTC
NAFRINSE DAILY/NEUTRAL SOLR	3	
NAFRINSE WEEKLY SOLR	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
PREVIDENT SOLN ( <i>Use Sodium Fluoride (Dental)</i> )	GP	
<i>sodium fluoride (dental) soln</i>	3	
<i>stannous fluoride conc mt 0.63 %</i>	3	RX/OTC
<b>Steroids - Mouth/Throat</b>		
<i>triamcinolone acetonide (mouth) pste</i>	1	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl caps</i>	3	
EVOXAC CAPS ( <i>Use Cevimeline HCl</i> )	GP	
GELCLAIR GEL	3	
MUCOTROL WAFR	3	
ORAFATE PSTE	3	
<i>pilocarpine hcl (oral) tabs</i>	1	
PROTHELIAL PSTE	3	
SALAGEN TABS ( <i>Use Pilocarpine HCl (Oral)</i> )	GP	
<b>MULTIVITAMINS</b>		
<b>Ped MV w/ Fluoride</b>		
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-0.5MG-15UNIT-400UNIT, 200MCG-0.25MG-15UNIT-400UNIT	3	AL; Up to 6 yrs old

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-FLOR CHEW 200MCG-1MG-15UNIT-400UNIT	3	Use generic polyvitamin with fluoride;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	
<b>Ped Multi Vitamins w/FI &amp; FE</b>		
ESCAVITE D CHEW	3	
MYKIDZ IRON FL SUSP	3	
<i>ped multivitamins w/fl &amp; iron soln</i>	1	
<i>pediatric vitamins acd fluoride &amp; 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
POLY-VI-FLOR/IRON SUSP 200MCG/ML-7MG/ML-0.25MG/ML	3	
QUFLORA FE PEDIATRIC LIQD	2	AL; Up to 6 yrs old
<b>Pediatric Multiple Vitamins &amp; Minerals w/ Fluoride</b>		
FLORIVA CHEW	3	
TEXAVITE LQ LIQD	3	
<b>Prenatal Vitamins</b>		
ACTIVE OB CAPS	3	
ATABEX EC TBEC	2	
BAL-CARE DHA MISC	2	
C-NATE 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
CALCIUM PNV CAPS	3	
CITRANATAL 90 DHA MISC	2	
CITRANATAL ASSURE MISC	2	
CITRANATAL B-CALM MISC	3	
CITRANATAL BLOOM TABS	3	
CITRANATAL DHA MISC	2	
CITRANATAL HARMONY CAPS	3	
CITRANATAL RX TABS	2	
COMPLETENATE CHEW	2	
CONCEPT DHA CAPS	2	
CONCEPT OB CAPS	2	
CVS WOMENS PRENATAL+DHA MISC	3	
DOTHELLE DHA CAPS	2	
DUET DHA 400 MISC	3	
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 DHA THPK	3	
FOLET ONE CAPS	3	
FOLIVANE-OB CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
HEMENATAL OB + DHA MISC	2	
HEMENATAL OB TABS	3	
INFANATE BALANCE CAPS	3	
MACNATAL CN DHA CAPS	3	
MARNATAL-F CAPS	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	
NESTABS ABC MISC	3	
NESTABS DHA MISC	2	
NESTABS ONE CAPS	3	
NESTABS TABS	3	
NEWGEN TABS	3	
NEXA PLUS CAPS	3	
OB COMPLETE GOLD CAPS	3	
OB COMPLETE ONE CAPS	3	
OB COMPLETE PETITE CAPS	3	
OB COMPLETE PREMIER TABS	3	
OB COMPLETE/DHA CAPS	3	
OBSTETRIX DHA MISC	2	RX/OTC
OBSTETRIX ONE 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
OBTREX DHA MISC	2	RX/OTC
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID TABS	3	
PNV OB+DHA MISC	2	
PNV TABS 29-1 TABS	2	
PNV-DHA CAPS	3	
PNV-DHA+DOCUSATE CAPS	3	
PNV-OMEGA CAPS	3	
PNV-SELECT TABS	3	
PNV-TOTAL CAPS	3	
PNV-VP-U CAPS	2	
PR NATAL 400 EC MISC	2	
PR NATAL 430 EC MISC	2	
PR NATAL 430 MISC	2	
PREFERA OB TABS	3	
PREFERAOB +DHA MISC	2	
PRENA 1 TRUE MISC	2	
PRENA1 CHEW CHEW	3	
PRENA1 PEARL CPCR	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	

Drug Name	Drug Tier	Requirements/ Limits
PRENATA CHEW	2	
PRENATABS RX TABS	2	
PRENATAL 19 CHEW 1000UNIT-400UNIT-20MG-25MG-3MG-200MG-29MG-7MG-6MG-3MG-12MCG-1MG-30UNIT-20MG-100MG, 30UNIT-1000UNIT-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG	2	
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 PLUS IRON TABS	2	
<i>prenatal vit w/ docusate-iron carbonyl-folic acid tabs</i>	1	
<i>prenatal without a vit w/ fe fumarate-folic acid tabs</i>	1	
PRENATAL+DHA MISC	3	
PRENATAL-U CAPS	2	
PRENATE AM TABS	3	
PRENATE CHEW	3	
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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-15MG- 25MG-3MG-100MG-26MG- 6MG-21MG-3.5MG- 13MCG-450UNIT- 400MCG-330MCG-21MG- 75MG, 600MCG-10UNIT- 150MCG-2600UNIT- 1.5MG-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	
PRENATE STAR TABS	3	
PREQUE 10 TABS	3	
PROVIDA DHA CAPS	2	
PROVIDA OB CAPS	2	
R-NATAL OB CAPS	3	
RELNATE DHA CAPS	3	
RULAVITE DHA CAPS	3	

Drug Name	Drug Tier	Requirements/ Limits
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 0.6MG-29MG-30UNIT- 15MG-25MG-1700UNIT- 15MG-1.8MG-5MCG- 400UNIT-1.6MG-0.4MG- 2.5MG-60MG	2	
SELECT-OB CHEW 1700UNIT-29MG-30UNIT- 15MG-25MG-1.6MG- 15MG-1.8MG-5MCG- 400UNIT-1MG-2.5MG- 60MG	3	
SELECT-OB+DHA MISC	3	
TARON-BC MISC	3	
TARON-C DHA CAPS	2	
TARON-PREX CAPS	3	
THRIVITE 19 TABS	3	
THRIVITE RX TABS	2	
TL-CARE DHA CAPS	3	
TL-SELECT CAPS	3	
TRI-TABS DHA MISC	2	
TRICARE PRENATAL 1 CHEW	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
TRICARE PRENATAL CHEW 1MG-60MCG-1MG-32.5MCG-4.5MG-37.5MCG-1MG-15UNIT-7MG-1.25MG-5MG-10MG-0.85MG-125MCG-400UNIT-150MCG-2.5MG-30MG	3	
TRICARE PRENATAL COMPLEAT MISC	3	
TRICARE PRENATAL DHA ONE CAPS	3	
TRICARE PRENATAL DHA ONE/FOLATE CAPS	2	
TRICARE PRENATAL THPK 75MG-1MG-37.5MG-60MCG-1MG-32.5MCG-37.5MCG-4.5MG-150MG-1MG-15UNIT-7MG-1.25MG-5MG-10MG-0.85MG-125MCG-400UNIT-150MCG-2.5MG-30MG	2	
TRINATAL GT TABS	2	
TRINATAL RX 1 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	
VINATE DHA RF CAPS	3	
VINATE ONE TABS	2	
VIRT-ADVANCE TABS	2	
VIRT-C DHA CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
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	
VITAFOL FE+ CPPK	3	
VITAFOL GUMMIES CHEW	3	
VITAFOL-NANO TABS	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC CAPS	3	
VITAMEDMD PLUS RX/QUATREFOLIC MISC	3	
VITAMEDMD REDICHEW RX CHEW	3	
VITAPEARL CPCR	3	
VITATRUE MISC	2	
VIVA DHA CAPS	3	
VOL-TAB RX TABS	2	
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	

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



Drug Name	Drug Tier	Requirements/ Limits
WEGMANS COMPLETE PRENATAL+DHA MISC	3	
ZATEAN-CH CAPS	3	
ZATEAN-PN DHA CAPS	3	
ZATEAN-PN PLUS CAPS	3	
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
AMRIX CP24	3	ST; QL(1 ea daily)
<i>baclofen tabs</i>	1	
<i>carisoprodol tabs 250 mg</i>	3	
<i>carisoprodol tabs 350 mg</i>	1	
CHLORZOXAZONE TABS	3	
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg</i>	1	
ENOVARX-CYCLOBENZAPRINE HCL CREA	3	
LORZONE TABS	3	
<i>metaxalone tabs</i>	3	
<i>methocarbamol tabs or 750 mg, 500 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	GP	
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	GP	
ROBAXIN-750 TABS (Use Methocarbamol)	GP	
SKELAXIN TABS (Use Metaxalone)	GP	
SOMA TABS (Use Carisoprodol)	GP	
<i>tizanidine hcl caps 2 mg, 4 mg, 6 mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>tizanidine hcl tabs 2 mg, 4 mg</i>	1	
ZANAFLEX CAPS (Use Tizanidine HCl)	GP	
ZANAFLEX TABS (Use Tizanidine HCl)	GP	
<b>Direct Muscle Relaxants</b>		
DANTRIUM CAPS (Use Dantrolene Sodium)	GP	
<i>dantrolene sodium caps or 25 mg, 100 mg, 50 mg</i>	1	
<b>Muscle Relaxant Combinations</b>		
<i>carisoprodol w/ aspirin &amp; codeine tabs</i>	3	
<i>carisoprodol w/ aspirin tabs</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
DYMISTA SUSP	3	Limit 1 bottle per month;QL(0.77 gm daily)
<b>Nasal Anti-infectives</b>		
BACTROBAN NASAL OINT	2	
<b>Nasal Antiallergy</b>		
ASTEPRO SOLN (Use Azelastine HCl)	GP	Limit 1 bottle per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.15 %</i>	1	Limit 1 bottle per month;QL(1.2 ml daily)
<i>azelastine hcl soln 137 mcg/spray, 0.1 %</i>	1	Limit 1 inhaler per month;QL(1.2 ml daily)
<i>olopatadine hcl (nasal) soln</i>	3	
PATANASE SOLN (Use Olopatadine HCl (Nasal))	GP	
<b>Nasal Anticholinergics</b>		

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

Drug Name	Drug Tier	Requirements/Limits
ATROVENT SOLN ( <i>Use Ipratropium Bromide (Nasal)</i> )	GP	
<i>ipratropium bromide (nasal) soln</i>	1	
<b>Nasal Steroids</b>		
BECONASE AQ SUSP	3	QL(50 gm per fill retail,50 gm per 30 days retail, gm per days mail)
<i>budesonide (nasal) susp</i>	1	QL(18 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>Use Fluticasone Propionate (Nasal)</i> )	GP	QL(32 ml per fill retail,32 ml per 30 days retail, ml per days mail); RX/OTC
FLONASE ALLERGY RELIEF SUSP ( <i>Use Fluticasone Propionate (Nasal)</i> )	GP	QL(32 ml per fill retail,32 ml per 30 days retail, ml per days mail); RX/OTC
FLUNISOLIDE SOLN	2	
<i>fluticasone propionate (nasal) susp</i>	1	QL(32 ml per fill retail,32 ml per 30 days retail, ml per days mail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.22 gm daily)
NASACORT ALLERGY 24HR AERO	3	Limit 1 inhaler per month;QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR AERO ( <i>Use Triamcinolone Acetonide (Nasal)</i> )	GP	Limit 1 inhaler per month;QL(1.2 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NASACORT ALLERGY 24HR CHILDRENS AERO ( <i>Use Triamcinolone Acetonide (Nasal)</i> )	GP	Limit 1 inhaler per month;QL(1.2 ml daily); RX/OTC
NASONEX SUSP ( <i>Use Mometasone Furoate (Nasal)</i> )	GP	Limit 2 inhalers per month;QL(1.22 gm daily)
OMNARIS SUSP	3	Limit 1 sprayer 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 ( <i>Use Budesonide (Nasal)</i> )	GP	QL(18 ml per fill retail); RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	3	Limit 1 inhaler per month;QL(1.2 ml daily); RX/OTC
XHANCE EXHU	3	
ZETONNA AERS	3	Limit 1 inhaler per month;QL(0.3 gm daily)
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK TABS ( <i>Use Riluzole</i> )	GP	
<i>riluzole tabs</i>	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
LACRISERT INST	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
<b>Beta-blockers - Ophthalmic</b>		
BETAGAN SOLN (Use Levobunolol HCl)	GP	
<i>betaxolol hcl (ophth) soln</i>	1	
BETIMOL SOLN	2	
BETOPTIC-S SUSP	2	
<i>carteolol hcl (ophth) soln</i>	3	
COMBIGAN SOLN	3	
COSOPT PF SOLN	3	
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	GP	
<i>dorzolamide hcl-timolol maleate soln</i>	1	
ISTALOL SOLN	2	
ISTALOL SOLN (Use Timolol Maleate (Ophth))	GP	
<i>levobunolol hcl soln</i>	1	
METIPRANOLOL SOLN	3	
<i>timolol maleate (ophth) solg</i>	1	
<i>timolol maleate (ophth) soln</i>	1	
TIMOPTIC OCUDOSE SOLN	3	
TIMOPTIC SOLN (Use Timolol Maleate (Ophth))	GP	
TIMOPTIC-XE SOLG (Use Timolol Maleate (Ophth))	GP	
<b>Cycloplegic Mydriatics</b>		
<i>atropine sulfate (ophthalmic) soln</i>	1	
ATROPINE SULFATE OINT OP 1 %	2	
CYCLOGYL SOLN (Use Cyclopentolate HCl)	GP	
CYCLOMYDRIL SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclopentolate hcl soln</i>	1	
<i>homatropine hbr soln</i>	1	
MYDRIACYL SOLN (Use Tropicamide)	GP	
<i>tropicamide soln</i>	3	
<b>Miotics</b>		
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	GP	QL(0.5 ml daily)
PHOSPHOLINE IODIDE SOLR	2	
<i>pilocarpine hcl soln</i>	1	QL(0.5 ml daily)
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOLN 0.1 %	2	
ALPHAGAN P SOLN 0.15 % (Use Brimonidine Tartrate)	GP	
<i>apraclonidine hcl soln</i>	3	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	GP	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	
<b>Ophthalmic Anti-infectives</b>		
AZASITE SOLN	3	QL(6 ml per 30 days retail, 0.0 ml per 90 days mail)
<i>bacitracin (ophthalmic) oint</i>	1	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	
BESIVANCE SUSP	3	
BETADINE OPHTHALMIC PREP SOLN	3	
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	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
CILOXAN OINT	2	
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	GP	
ciprofloxacin hcl (ophth) soln	1	
erythromycin (ophth) oint	1	
gatifloxacin (ophth) soln	1	
GENTAK OINT	2	
gentamicin sulfate (ophth) oint	1	
gentamicin sulfate (ophth) soln	1	
levofloxacin (ophth) soln	3	
MOXEZA SOLN	2	
moxifloxacin hcl (ophth) soln	1	QL(3 ml per fill retail)
NATACYN SUSP	2	
neomycin-bacitracin zn-polymyxin oint	1	
neomycin-polymyxin-gramicidin soln	1	
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	GP	
OCUFLOX SOLN (Use Ofloxacin (Ophth))	GP	QL(5 ml per fill retail)
ofloxacin (ophth) soln	1	QL(5 ml per fill retail)
polymyxin b-trimethoprim soln	1	
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	GP	
sulfacetamide sodium (ophth) oint	1	
sulfacetamide sodium (ophth) soln	1	
tobramycin (ophth) soln	1	
TOBREX OINT	2	

Drug Name	Drug Tier	Requirements/Limits
TOBREX SOLN (Use Tobramycin (Ophth))	GP	
trifluridine soln	1	
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	GP	QL(3 ml per fill retail)
VIROPTIC SOLN (Use Trifluridine)	GP	
ZIRGAN GEL	3	
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	GP	
<b>Ophthalmic Decongestants</b>		
NAPHAZOLINE HCL SOLN	3	
phenylephrine hcl (ophth) soln 10 %	3	
phenylephrine hcl (ophth) soln 2.5 %	1	
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL	3	QL(64 ml per fill retail)
RESTASIS MULTIDOSE EMUL	3	QL(64 ml per fill retail)
<b>Ophthalmic Integrin Antagonists</b>		
XIIDRA SOLN	3	PA
<b>Ophthalmic Local Anesthetics</b>		
AKTEN GEL	3	
ALCAINE SOLN (Use Proparacaine HCl)	GP	
proparacaine hcl soln	3	
tetracaine hcl (ophth) soln	3	
<b>Ophthalmic Steroids</b>		
ALREX SUSP	3	
bacitracin-poly-neomycin-hc oint	1	QL(4 gm per fill retail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	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
DUREZOL EMUL	3	
FLAREX SUSP	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	GP	
FML OINT	2	
LOTEMAX GEL	3	
LOTEMAX OINT	3	
LOTEMAX SUSP	3	Limit 1 bottle per month; QL(0.2 ml daily)
MAXIDEX SUSP	2	
MAXITROL OINT (Use Neomycin-Polymyxin-Dexameth)	GP	
MAXITROL SUSP (Use Neomycin-Polymyxin-Dexameth)	GP	
<i>neomycin-polymyxin-dexameth oint</i>	1	
<i>neomycin-polymyxin-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	GP	
PRED FORTE SUSP (Use Prednisolone Acetate (Ophth))	GP	
PRED MILD SUSP	2	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	2	
PREDNISOLONE/MOXIFLOXACIN SOLN	3	
<i>sulfacetamide sod-prednisolone soln</i>	1	
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)
VEXOL SUSP	3	
ZYLET SUSP	3	QL(5 ml per fill retail)
<b>Ophthalmic Surgical Aids</b>		
GELFILM OP FILM	3	
<b>Ophthalmics - Misc.</b>		
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 10ml per month; QL(0.34 ml daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	2	
BROMSITE SOLN	3	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	3	Limit 4 bottles per month;QL(2.15 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
ELESTAT SOLN (Use <i>Epinastine HCl (Ophth)</i> )	GP	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
EYEAID IRRIGATING SOLUTION SOLN (Use <i>Ophthalmic Irrigation Solution</i> )	GP	
<i>fluorescein sodium topical strp</i>	3	
FLURBIPROFEN SODIUM SOLN	2	
<i>flurbiprofen sodium soln</i>	1	
FUL-GLO STRP	3	
ILEVRO SUSP	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	
LASTACAFT SOLN	3	ST
NEVANAC SUSP	3	
OCUFEN SOLN (Use <i>Flurbiprofen Sodium</i> )	GP	
<i>olopatadine hcl soln 0.1 %</i>	1	Limit 10mls per month;QL(0.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>olopatadine hcl soln 0.2 %</i>	1	Limit 2.5mls per month;QL(0.08 4 ml daily)
<i>ophthalmic irrigation solution soln</i>	3	
PAREMYD SOLN	3	
PATADAY SOLN (Use <i>Olopatadine HCl</i> )	GP	Limit 2.5mls per month;QL(0.08 4 ml daily)
PATANOL SOLN (Use <i>Olopatadine HCl</i> )	GP	Limit 10mls per month;QL(0.34 ml daily)
PAZEO SOLN	3	ST; Limit 2.5mls per month;QL(0.08 4 ml daily)
PROLENSA SOLN	3	
TRUSOPT SOLN (Use <i>Dorzolamide HCl</i> )	GP	
<b>Prostaglandins - Ophthalmic</b>		
BIMATOPROST SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)
<i>latanoprost soln op</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
LUMIGAN SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)
RESCULA SOLN	3	Limit 1 bottle per month;QL(0.17 ml daily)
TRAVATAN Z SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)
TRAVOPROST SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits
XALATAN SOLN ( <i>Use Latanoprost</i> )	GP	Limit 2.5mls per month;QL(0.09 ml daily)
ZIOPTAN SOLN	3	QL(1 ea daily)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	1	
<i>acetic acid-aluminum acetate soln</i>	1	
<b>Otic Anti-infectives</b>		
CETRAXAL SOLN ( <i>Use Ciprofloxacin HCl (Otic)</i> )	GP	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN ( <i>Use Ofloxacin (Otic)</i> )	GP	
<i>ofloxacin (otic) soln</i>	1	
<b>Otic Combinations</b>		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	QL(8 ml per fill retail)
COLY-MYCIN S SUSP	3	
CORTANE-B AQUEOUS SOLN	3	
CORTANE-B-OTIC SOLN ( <i>Use Pramoxine-HC-Chloroxylenol</i> )	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 ( <i>Use Pramoxine-HC-Chloroxylenol</i> )	GP	
OTOVEL SOLN	3	Limit 15mls per month;QL(0.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRAMOTIC LIQD	3	
<i>pramoxine-hc-chloroxylenol soln</i>	1	
<b>Otic Steroids</b>		
DERMOTIC OIL ( <i>Use Fluocinolone Acetonide (Otic)</i> )	GP	
<i>fluocinolone acetonide (otic) oil</i>	3	
<i>hydrocortisone w/acetic acid soln</i>	3	QL(10 ml per fill retail,30 ml per fill mail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Abortifacients/Agents for Cervical Ripening</b>		
CERVIDIL INST	3	
PREPIDIL GEL	3	
PROSTIN E2 SUPP	3	
<b>Oxytocics</b>		
METHERGINE TABS	2	
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
AMOXICILLIN ER TB24	3	PA; QL(1 ea daily,10 ea per fill retail)
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps 250 mg, 500 mg</i>	1	
AMPICILLIN CAPS 500 MG	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin susr 125 mg/5ml, 250 mg/5ml</i>	1	
MOXATAG TB24	3	PA; QL(1 ea daily, 10 ea per fill retail)
<b>Natural Penicillins</b>		
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium tabs 500 mg, 250 mg</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew</i>	1	
<i>amoxicillin &amp; pot clavulanate susr</i>	1	
<i>amoxicillin &amp; pot clavulanate tabs</i>	1	
<i>amoxicillin &amp; pot clavulanate tb12</i>	1	
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 875MG-125MG, 500MG-125MG (Use Amoxicillin & Pot Clavulanate)	GP	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	GP	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Liquid Vehicles</b>		
BASE GELATIN GUMMY TROCHE GEL	3	

Drug Name	Drug Tier	Requirements/Limits
GUM BASE GELATIN GEL	3	
<b>Semi Solid Vehicles</b>		
PLO GEL - MEDIFLO KIT KIT	3	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS (Use Norethindrone Acetate)	GP	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	GP	AC
<i>megestrol acetate (appetite) susp</i>	3	AC
<i>norethindrone acetate tabs</i>	1	
<i>progesterone micronized caps</i>	3	QL(2 ea daily)
PROMETRIUM CAPS (Use Progesterone Micronized)	GP	QL(2 ea daily)
PROVERA TABS (Use Medroxyprogesterone Acetate)	GP	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use Disulfiram)	GP	
<i>disulfiram tabs</i>	1	
<b>Anti-Cataleptic Agents</b>		
XYREM SOLN	3	PA
<b>Antidementia Agents</b>		
ARICEPT TABS (Use Donepezil Hydrochloride)	GP	QL(1 ea daily)
<i>donepezil hydrochloride tabs</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>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
EXELON CAPS (Use Rivastigmine Tartrate)	GP	
EXELON PT24 (Use Rivastigmine)	GP	
<i>galantamine hydrobromide cp24 24 mg, 8 mg, 16 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	
<i>galantamine hydrobromide tabs 12 mg, 8 mg, 4 mg</i>	1	
<i>memantine hcl soln</i>	1	
<i>memantine hcl tabs</i>	1	
NAMENDA SOLN (Use Memantine HCl)	GP	
NAMENDA TABS (Use Memantine HCl)	GP	
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	GP	
NAMENDA XR CP24	3	PA
NAMENDA XR TITRATION PACK CP24	3	PA
NAMZARIC C4PK	3	PA
NAMZARIC CP24	3	PA
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	GP	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	GP	
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
<b>Combination Psychotherapeutics</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS	3	
<i>olanzapine-fluoxetine hcl caps</i>	3	

Drug Name	Drug Tier	Requirements/Limits
PERPHENAZINE/AMITRIPTYLINE TABS	3	
SYMBYAX CAPS (Use Olanzapine-Fluoxetine HCl)	GP	
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	3	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	3	PA; QL(2 ea daily)
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS	3	PA
INGREZZA CAPS	3	PA
<i>tetrabenazine tabs</i>	3	
XENAZINE TABS (Use Tetrabenazine)	GP	
<b>Multiple Sclerosis Agents</b>		
AMPYRA TB12	2	PA; SP
AUBAGIO TABS	3	PA; SP
GILENYA CAPS	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
TECFIDERA CPDR	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
TECFIDERA STARTER PACK MISC	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
<b>Postherpetic Neuralgia (PHN) Agents</b>		
GRALISE STARTER MISC	3	PA
GRALISE TABS	3	PA
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
FLUOXETINE CAPS	2	
<i>fluoxetine hcl (pmdd) tabs</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
SARAFEM TABS ( <i>Use Fluoxetine HCl (PMDD)</i> )	GP	
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUDEXTA CAPS	2	
<b>Psychotherapeutic and Neurological Agents -</b>		
<i>ergoloid mesylates tabs</i>	3	
ORAP TABS ( <i>Use Pimozide</i> )	GP	
<i>pimozide tabs</i>	3	
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TBCR	3	QL(1 ea daily)
<b>Smoking Deterrents</b>		
<i>bupropion hcl (smoking deterrent) tb12</i>	1	PV
CHANTIX CONTINUING MONTHPAK TABS	2	PV
CHANTIX STARTING MONTH PAK TABS	2	PV
CHANTIX TABS	2	PV
NICODERM CQ PT24 ( <i>Use Nicotine</i> )	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>	3	PV
<i>nicotine polacrilex lozg</i>	3	PV
<i>nicotine pt24</i>	3	PV
NICOTINE TRANSDERMAL SYSTEM KIT	3	PV
NICOTROL INHALER INHA	3	PV

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	3	PV
ZYBAN TB12 ( <i>Use Bupropion HCl (Smoking Deterrent)</i> )	GP	PV
<b>Vasomotor Symptom Agents</b>		
BRISDELLE CAPS ( <i>Use Paroxetine Mesylate (Vasomotor)</i> )	GP	
<i>paroxetine mesylate (vasomotor) caps</i>	3	
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK	3	PA; Refer to Accredo SP Rx;LA
KALYDECO TABS	3	PA; Refer to Accredo SP Rx;LA
ORKAMBI TABS	3	PA; Must use Accredo SP pharmacy;LA
PULMOZYME SOLN	2	PA; QL(5 ml daily)
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS 267 MG	3	PA
ESBRIET TABS 267 MG, 801 MG	3	PA; SP
OFEV CAPS	3	PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
SULFADIAZINE TABS	3	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
ACTICLATE TABS ( <i>Use Doxycycline Hyclate</i> )	GP	PA
ADOXA CAPS 150 MG ( <i>Use Doxycycline (Monohydrate)</i> )	GP	ST

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

Drug Name	Drug Tier	Requirements/Limits
ADOXA PAK 1/100 TABS (Use Doxycycline (Monohydrate))	GP	
ADOXA PAK 1/150 TABS (Use Doxycycline (Monohydrate))	GP	ST
ADOXA PAK 2/100 TABS (Use Doxycycline (Monohydrate))	GP	
ADOXA TABS 50 MG, 100 MG, 75 MG (Use Doxycycline (Monohydrate))	GP	
demeclocycline hcl tabs	1	
DORYX TBEC 200 MG (Use Doxycycline Hyclate)	GP	PA
doxycycline (monohydrate) caps 150 mg	3	ST
doxycycline (monohydrate) caps 50 mg, 100 mg, 75 mg	3	
doxycycline (monohydrate) susr 25 mg/5ml	1	
doxycycline (monohydrate) tabs 150 mg	3	ST
doxycycline (monohydrate) tabs 50 mg, 75 mg, 100 mg	3	
doxycycline hyclate caps or 50 mg, 100 mg	1	
doxycycline hyclate tabs or 100 mg	1	
doxycycline hyclate tabs or 20 mg	3	
doxycycline hyclate tabs or 75 mg, 150 mg	3	PA
doxycycline hyclate tbec or 100 mg, 150 mg, 75 mg	3	ST
doxycycline hyclate tbec or 200 mg	3	PA
MINOCIN CAPS (Use Minocycline HCl)	NF	
minocycline hcl caps 75 mg, 100 mg, 50 mg	1	
MINOCYCLINE HCL ER TB24	3	ST

Drug Name	Drug Tier	Requirements/Limits
minocycline hcl tabs 100 mg, 50 mg, 75 mg	3	PA
minocycline hcl tb24 45 mg, 90 mg, 135 mg	3	ST
MONODOX CAPS (Use Doxycycline (Monohydrate))	GP	
NUTRIDOX KIT	3	PA
SOLODYN TB24	3	PA
tetracycline hcl caps	1	
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	GP	
VIBRAMYCIN SUSR 25 MG/5ML (Use Doxycycline (Monohydrate))	GP	
VIBRAMYCIN SYRP 50 MG/5ML	2	
XIMINO CP24	3	ST
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
methimazole tabs	1	
propylthiouracil tabs	1	
TAPAZOLE TABS (Use Methimazole)	GP	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABS	2	
CYTOMEL TABS (Use Liothyronine Sodium)	GP	
levothyroxine sodium tabs	1	
liothyronine sodium tabs or 5 mcg, 50 mcg, 25 mcg	1	
NATURE-THROID NT-2.5 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
NATURE-THROID TABS 146.25 MG, 260 MG, 113.75 MG, 325 MG, 130 MG, 32.5 MG, 195 MG, 97.5 MG, 81.25 MG, 16.25 MG, 65 MG	2	
NATURE-THROID TABS 48.75 MG	3	
SYNTHROID TABS (Use Levothyroxine Sodium)	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	3	
WESTHROID TABS	2	
WP THYROID TABS 16.25 MG, 81.25 MG, 113.75 MG, 130 MG, 65 MG, 97.5 MG, 32.5 MG	2	
WP THYROID TABS 48.75 MG	3	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
ANASPAZ TBDP (Use <i>Hyoscyamine Sulfate</i> )	GP	
BELLADONNA & OPIUM SUPP	3	
BELLADONNA ALKALOIDS & OPIUM SUPP	3	
BENTYL CAPS (Use <i>Dicyclomine HCl</i> )	GP	
BENTYL TABS (Use <i>Dicyclomine HCl</i> )	GP	

Drug Name	Drug Tier	Requirements/Limits
CANTIL TABS	3	
<i>chlordiazepoxide hcl- clidinium bromide caps</i>	1	
CUVPOSA SOLN	2	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE TABS OR 1.5 MG	3	
<i>hyoscyamine sulfate tb12</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
LEVBIID TB12 (Use <i>Hyoscyamine Sulfate</i> )	GP	
LIBRAX CAPS (Use <i>Chlordiazepoxide HCl- Clidinium Bromide</i> )	GP	
<i>methscopolamine bromide tabs</i>	1	
PAMINE FORTE TABS (Use <i>Methscopolamine Bromide</i> )	GP	
PAMINE FQ KIT	3	
PAMINE TABS (Use <i>Methscopolamine Bromide</i> )	GP	
<i>propantheline bromide tabs</i>	1	
ROBINUL FORTE TABS (Use <i>Glycopyrrolate</i> )	GP	
ROBINUL TABS OR 1 MG (Use <i>Glycopyrrolate</i> )	GP	
<b>H-2 Antagonists</b>		
CIMETIDINE HCL SOLN	2	
<i>cimetidine tabs 800 mg, 400 mg, 300 mg</i>	1	
<i>famotidine susr 40 mg/5ml</i>	3	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine tabs 20 mg</i>	1	QL(4 ea daily); RX/OTC
<i>famotidine tabs 40 mg</i>	1	QL(2 ea daily)
<i>nizatidine caps 150 mg, 300 mg</i>	1	
NIZATIDINE SOLN 15 MG/ML	2	
PEPCID AC MAXIMUM STRENGTH TABS ( <i>Use Famotidine</i> )	GP	QL(4 ea daily); RX/OTC
PEPCID SUSR 40 MG/5ML ( <i>Use Famotidine</i> )	GP	
PEPCID TABS 20 MG ( <i>Use Famotidine</i> )	GP	QL(4 ea daily); RX/OTC
PEPCID TABS 40 MG ( <i>Use Famotidine</i> )	GP	QL(2 ea daily)
<i>ranitidine hcl caps 300 mg, 150 mg</i>	3	
<i>ranitidine hcl syrp 75 mg/5ml, 150 mg/10ml, 15 mg/ml</i>	1	
<i>ranitidine hcl tabs 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs 300 mg</i>	1	
ZANTAC 150 MAXIMUM STRENGTH TABS ( <i>Use Ranitidine HCl</i> )	GP	RX/OTC
ZANTAC TABS 150 MG ( <i>Use Ranitidine HCl</i> )	GP	RX/OTC
ZANTAC TABS 300 MG ( <i>Use Ranitidine HCl</i> )	GP	
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML	2	
CARAFATE TABS 1 GM ( <i>Use Sucralfate</i> )	GP	
<i>sucralfate tabs</i>	1	
<b>Proton Pump Inhibitors</b>		
ACIPHEX SPRINKLE CPSP	3	PA
ACIPHEX TBEC ( <i>Use Rabeprazole Sodium</i> )	GP	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DEXILANT CPDR	3	PA; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	3	PA; QL(1 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	PA; QL(1 ea daily)
ESOMEPRAZOLE STRONTIUM CPDR 49.3 MG, 24.65 MG	3	PA; QL(1 ea daily)
FIRST-LANSOPRAZOLE SUSP	3	
FIRST-OMEPRAZOLE SUSP	3	
<i>lansoprazole cpdr 15 mg</i>	1	RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR CLEAR MINIS CPDR ( <i>Use Esomeprazole Magnesium</i> )	GP	PA; QL(1 ea daily); RX/OTC
NEXIUM 24HR CPDR ( <i>Use Esomeprazole Magnesium</i> )	GP	PA; QL(1 ea daily); RX/OTC
NEXIUM CPDR 20 MG ( <i>Use Esomeprazole Magnesium</i> )	GP	PA; QL(1 ea daily); RX/OTC
NEXIUM CPDR 40 MG ( <i>Use Esomeprazole Magnesium</i> )	GP	PA; QL(1 ea daily)
NEXIUM PACK 10 MG, 2.5 MG, 40 MG, 20 MG, 5 MG	3	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>omeprazole cpdr</i>	1	
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	
PREVACID 24HR CPDR ( <i>Use Lansoprazole</i> )	GP	RX/OTC
PREVACID CPDR 15 MG ( <i>Use Lansoprazole</i> )	GP	RX/OTC
PREVACID CPDR 30 MG ( <i>Use Lansoprazole</i> )	GP	
PREVACID SOLUTAB TBDP	3	QL(1 ea daily); AL; Up to 12 yrs old

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

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC CPDR 10 MG, 40 MG, 20 MG (Use Omeprazole)	GP	
PRILOSEC PACK 10 MG, 2.5 MG	3	
PROTONIX PACK OR 40 MG	3	
PROTONIX TBEC OR 40 MG, 20 MG (Use Pantoprazole Sodium)	GP	
<i>rabeprazole sodium tbec</i>	3	PA; QL(2 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS (Use Misoprostol)	GP	
<i>misoprostol tabs</i>	1	
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1	
OMECLAMOX-PAK MISC	3	
<i>omeprazole-sodium bicarbonate caps 40mg-1100mg</i>	3	PA
<i>omeprazole-sodium bicarbonate pack 40mg-1680mg, 20mg-1680mg</i>	3	
PREVPAC MISC (Use Amoxicillin-Clarithromycin w/ Lansoprazole)	GP	
PYLERA CAPS	3	
ZEGERID PACK 20MG-1680MG, 40MG-1680MG (Use Omeprazole-Sodium Bicarbonate)	GP	
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infective Combinations</b>		
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal tabs</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal caps 40.8mg-0.12mg-36mg-120mg-10mg</i>	3	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal tabs 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg</i>	3	
<i>methenamine-hyoscamine-methylene blue-sodium phosphate caps</i>	3	
<b>Urinary Anti-infectives</b>		
FURADANTIN SUSP (Use Nitrofurantoin)	GP	
HIPREX TABS (Use Methenamine Hippurate)	GP	
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	GP	
MACRODANTIN CAPS (Use Nitrofurantoin Macrocrystal)	GP	
<i>methenamine hippurate tabs</i>	3	
<i>methenamine mandelate tabs</i>	1	
MONUROL PACK	3	
<i>nitrofurantoin macrocrystal caps</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
<i>darifenacin hydrobromide tb24</i>	3	
DETROL LA CP24 (Use Tolterodine Tartrate)	GP	QL(1 ea daily)
DETROL TABS (Use Tolterodine Tartrate)	GP	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
DITROPAN XL TB24 ( <i>Use Oxybutynin Chloride</i> )	GP	
ENABLEX TB24 ( <i>Use Darifenacin Hydrobromide</i> )	GP	
GELNIQUE GEL	3	
GELNIQUE PUMP GEL	3	
<i>oxybutynin chloride syrpf</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
OXYTROL FOR WOMEN PTTW	3	RX/OTC
OXYTROL PTTW	3	RX/OTC
<i>tolterodine tartrate cp24 4 mg, 2 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 2 mg, 1 mg</i>	1	QL(2 ea daily)
TOVIAZ TB24	2	QL(1 ea daily)
<i>trospium chloride cp24</i>	1	
<i>trospium chloride tabs</i>	1	
VESICARE TABS	3	
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		
MYRBETRIQ TB24	3	QL(1 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs</i>	1	
URECHOLINE TABS ( <i>Use Bethanechol Chloride</i> )	GP	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
VIVOTIF BERNA CPDR	3	QL(4 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
VIVOTIF CPDR	3	QL(4 ea per fill retail)
<b>Viral Vaccines</b>		
FLUMIST QUADRIVALENT SUSP	3	
<b>VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones</b>		
<b>Miscellaneous Vaginal Products</b>		
FEM PH GEL ( <i>Use Acetic Acid-Oxyquinoline Vaginal</i> )	GP	
RELAGARD GEL ( <i>Use Acetic Acid-Oxyquinoline Vaginal</i> )	GP	
<b>Spermicides</b>		
TODAY SPONGE MISC	2	
<b>Vaginal Anti-infectives</b>		
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	
GYNAZOLE-1 CREA	3	
METROGEL-VAGINAL GEL ( <i>Use Metronidazole Vaginal</i> )	GP	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
NUVESSA GEL	3	PA
TERAZOL 3 CREA ( <i>Use Terconazole Vaginal</i> )	GP	
TERAZOL 7 CREA ( <i>Use Terconazole Vaginal</i> )	GP	
<i>terconazole vaginal crea 0.4 %, 0.8 %</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>terconazole vaginal supp 80 mg</i>	3	
<b>Vaginal Estrogens</b>		
ESTRACE CREA VA 0.1 MG/GM	2	
<i>estradiol vaginal tabs</i>	3	
ESTRING RING	3	QL( ea per 90 days retail, ea per days mail)
FEMRING RING	3	QL(1 ea per 90 days retail, ea per days mail)
PREMARIN CREA VA 0.625 MG/GM	2	
VAGIFEM TABS ( <i>Use Estradiol Vaginal</i> )	GP	
<b>Vaginal Progestins</b>		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	PA
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) soaj</i>	SP	PA; Limited to 2 pens per fill; 4 pens per month;QL(2 ea per fill retail,4 ea per 30 days retail, ea per days mail)
<b>Neurogenic Orthostatic Hypotension (NOH) -</b>		
NORTHERA CAPS	3	PA
<b>Vasopressors</b>		
<i>midodrine hcl tabs</i>	3	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
DRISDOL CAPS ( <i>Use Ergocalciferol</i> )	GP	
<i>ergocalciferol caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
MEPHYTON TABS	2	
<b>Water Soluble Vitamins</b>		
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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EZPEN NEEDLES		CLOZARIL.....	38	CORTISPORIN.....	56
33GX4MM.....	78	COARTEM.....	32	CORTISPORIN-TC.....	94
CLEVER CHOICE COMFORT		COCAINE HCL.....	64	CORZIDE.....	31
EZPEN NEEDLES		CODAR AR.....	50	COSOPT.....	90
33GX5MM.....	78	CODAR D.....	50	COSOPT PF.....	90
CLEVER CHOICE COMFORT		codeine sulfate.....	6	COTELIC.....	35
EZPEN NEEDLES		CODITUSSIN AC.....	50	COUMADIN.....	16
33GX6MM.....	78	COLAZAL.....	71	COZAAR.....	30
CLEVER CHOICE COMFORT		COLCHICINE.....	73	CREON.....	66
EZPEN NEEDLES		colchicine.....	73	CRESEMBA.....	26
33GX8MM.....	78	colchicine w/ probenecid...	73	CRESTOR.....	28
CLIMARA.....	69	COLCRYS.....	73	CRINONE.....	103
CLIMARA PRO.....	69	COLESTID.....	28	CRIXIVAN.....	39
clindamycin hcl.....	11	COLESTID FLAVORED... 28		cromolyn sodium.....	13
clindamycin palmitate		colestipol hcl.....	28	cromolyn sodium	
hydrochloride.....	11	COLY-MYCIN S.....	94	(mastocytosis).....	71
clindamycin phosphate		COLYTE-FLAVOR PACKS75		cromolyn sodium (ophth)...	93
(topical).....	54	COMBIGAN.....	90	CUPRIMINE.....	81
clindamycin phosphate		COMBIPATCH.....	69	CUTIVATE.....	60
vaginal.....	102	COMBIVENT RESPIMAT... 15		CUVPOSA.....	99
clindamycin phosphate-benzoyl		COMBIVIR.....	39	CVS WOMENS	
peroxide.....	54	COMETRIQ.....	35	PRENATAL+DHA.....	84
clindamycin phosphate-benzoyl		COMPLERA.....	39	CYCLESSA.....	46
peroxide (refrigerate).....	54	COMPLETENATE.....	84	cyclobenzaprine hcl.....	88
clindamycin phosphate-		COMTAN.....	36	CYCLOGYL.....	90
tretinoin.....	54	CONCEPT DHA.....	84	CYCLOMYDRIL.....	90
CLINDESSE.....	102	CONCEPT OB.....	84	cyclopentolate hcl.....	90
clobetasol propionate.....	59	CONCERTA.....	2	CYCLOPHOSPHAMIDE... 33	
clobetasol propionate emollient		CONDYLOX.....	63	CYCLOSERINE.....	33
base.....	59	CONTRAVE.....	1	CYCLOSET.....	23
clobetasol propionate		CONZIP.....	6	cyclosporine.....	81
emulsion.....	59	COPEGUS.....	41	CYCLOSPORINE	
CLOBEX.....	59	CORDARONE.....	13	MODIFIED.....	82
CLOCORTOLONE		CORDRAN.....	60	cyclosporine modified (for	
PIVALATE.....	59	CORDRAN TAPE.....	60	microemulsion).....	81
CLOCORTOLONE PIVALATE		COREG.....	42	CYMBALTA.....	21
PUMP.....	59	COREG CR.....	42	cyproheptadine hcl.....	27
CLODERM.....	59	CORGARD.....	43	CYSTADANE.....	68
CLODERM PUMP.....	59			CYSTAGON.....	73
clomiphene citrate.....	68			CYSTARAN.....	93
CLOMIPHENE CITRATE... 68					
clomipramine hcl.....	21				
clonazepam.....	16				
clonidine hcl.....	30				
clonidine hcl (adhd).....	2				
clopidogrel bisulfate.....	73				

CYTOMEL.....	98	desogestrel-ethinyl estradiol (triphasic).....	47	diflunisal.....	6
CYTOTEC.....	101	DESONATE.....	60	digoxin.....	44
DAKLINZA.....	41	desonide.....	60	DIHYDROERGOTAMINE MESYLATE.....	79
DALIRESP.....	14	DESOWEN.....	60	DILANTIN.....	19
DALLERGY.....	50	desoximetasone.....	60	DILANTIN INFATABS.....	19
danazol.....	9	DESOXYN.....	1	DILANTIN-125.....	19
DANTRIUM.....	88	DESVENLAFAXINE ER... 21		DILATRATE SR.....	12
dantrolene sodium.....	88	desvenlafaxine succinate.. 21		DILAUDID.....	6
dapsone.....	11	DETROL.....	101	diltiazem hcl.....	43
dapsone (topical).....	54	DETROL LA.....	101	diltiazem hcl coated beads.. 43	
DARAPRIM.....	32	dexamethasone.....	49	diltiazem hcl extended release beads.....	43
darifenacin hydrobromide.. 101		DEXAMETHASONE INTENSOL.....	49	DIOVAN.....	30
DAYPRO.....	4	DEXEDRINE.....	1	DIOVAN HCT.....	31
DAYTRANA.....	2	DEXILANT.....	100	DIPENTUM.....	71
DDAVP.....	69	dexmethylphenidate hcl... 2		diphenoxylate w/ atropine.. 24	
DECON-G.....	50	DEXPAK 10 DAY.....	49	DIPROLENE.....	60
DELZICOL.....	71	DEXPAK 13 DAY.....	49	DIPROLENE AF.....	60
DEMADEX.....	66	DEXPAK 6 DAY.....	49	dipyridamole.....	74
demeclocycline hcl.....	98	dextroamphetamine sulfate. 1		disopyramide phosphate..... 13	
DEMEROL.....	6	dextromethorphan-guaifenesin .....	50	disulfiram.....	95
DEMSEER.....	30	DIABETA.....	24	DITROPAN XL.....	102
DENAVIR.....	58	DIAMOX.....	66	DIURIL.....	67
DEPAKENE.....	19	DIASTAT ACUDIAL.....	17	divalproex sodium.....	19
DEPAKOTE.....	19	DIASTAT PEDIATRIC.....	17	DIVIGEL.....	69
DEPAKOTE ER.....	19	diazepam.....	12	dofetilide.....	13
DEPAKOTE SPRINKLES.....	19	DIAZEPAM.....	17	DOLOGESIC.....	6
DEPEN TITRATABS.....	81	DIAZEPAM RECTAL GEL. 17		DOLOPHINE.....	6
DERMA-SMOOTH/FS BODY.....	60	DIBENZYLINE.....	30	DOMETUSS-DMX.....	50
DERMA-SMOOTH/FS SCALP.....	60	DICLEGIS.....	26	donepezil hydrochloride..... 95	
DERMATOP.....	60	diclofenac potassium.....	4	DORAL.....	74
DERMOTIC.....	94	diclofenac sodium.....	4	DORYX.....	98
DESCOVY.....	39	diclofenac sodium (actinic keratoses).....	57	dorzolamide hcl.....	93
DESGEN DM.....	50	diclofenac sodium (ophth). 93		dorzolamide hcl-timolol maleate.....	90
desipramine hcl.....	21	diclofenac sodium (topical) 56		DOTHELLE DHA.....	84
desloratadine.....	27	diclofenac w/ misoprostol... 4		DOVONEX.....	58
DESLORATADINE ODT.....	27	dicloxacillin sodium.....	95	doxazosin mesylate.....	30
desmopressin acetate.....	69	dicyclomine hcl.....	99	doxepin hcl.....	21
desmopressin acetate refrigerated.....	69	didanosine.....	39	DOXEPIN HYDROCHLORIDE.....	57
desmopressin acetate spray 69		DIFFERIN.....	54	doxercalciferol.....	68
desmopressin acetate spray refrigerated.....	69	DIFICID.....	77	DOXYCYCLINE.....	64
DESOGEN.....	46	diflorasone diacetate.....	60	doxycycline (monohydrate).. 98	
desogestrel & ethinyl estradiol.....	46	DIFLORASONE DIACETATE.....	60	doxycycline hyclate.....	98
desogestrel-ethinyl estradiol (biphasic).....	47	DIFLUCAN.....	26	DRISDOL.....	103
				dronabinol.....	26

drosiprenone-ethinyl			
estradiol	47		
drosiprenone-ethinyl estradiol-levomefolate calcium	47		
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	47		
DROXIA	74		
DRYSOL	64		
DUAC	54		
DUAVEE	69		
DUET DHA 400	84		
DUET DHA BALANCED	84		
DUETACT	22		
DUEXIS	4		
DULCOLAX	76		
DULERA	15		
duloxetine hcl	21		
DURAFLU	50		
DURAGESIC	6		
DURAXIN	6		
DUREZOL	92		
dutasteride	73		
dutasteride-tamsulosin hcl	73		
DUTOPROL	31		
DUZALLO	73		
DYANAVAL XR	1		
DYAZIDE	66		
DYMISTA	88		
DYRENIUM	67		
E.E.S. GRANULES	76		
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	78		
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	78		
EC-NAPROSYN	4		
econazole nitrate	56		
ECOZA	56		
ED BRON GP	50		
EDARBI	30		
EDARBYCLOR	31		
EDECIN	66		
EDLUAR	74		
EDURANT	39		
efavirenz	39		
EFFER-K	81		
EFFEXOR XR	21		
EFFIENT	74		
EFUDEX	57		
ELAVIL	21		
ELDEPRYL	37		
ELESTAT	93		
ELESTRIN	69		
eletriptan hydrobromide	79		
ELIDEL	63		
ELIMITE	65		
ELIPHOS	72		
ELIQUIS	16		
ELIXOPHYLLIN	16		
ELLA	48		
ELMIRON	73		
ELOCON	60		
EMADINE	93		
EMBEDA	6		
EMCYT	34		
EMEND	26		
EMEND TRIPACK	26		
EMFLAZA	49		
EMLA	64		
EMSAM	20		
EMTRIVA	39		
EMULSION SB	64		
ENABLEX	102		
enalapril maleate	29		
enalapril maleate & hydrochlorothiazide	31		
ENBRACE HR	84		
ENBREL	6		
ENBREL SURECLICK	6		
ENDARI	74		
ENDOMETRIN	103		
ENJUVA	69		
ENOVARX-CYCLOBENZAPRINE HCL	88		
enoxaparin sodium	16		
entacapone	36		
entecavir	41		
ENTEREG	72		
ENTOCORT EC	49		
ENTRESTO	44		
ENTTY SPRAY			
EMULSION	64		
ENVARUS XR	82		
EPANED	29		
EPCLUSA	41		
EPICERAM	64		
EPIDUO	54		
EPIDUO FORTE	54		
EPIFOAM	60		
epinastine hcl (ophth)	93		
epinephrine (anaphylaxis)	103		
EPIVIR	39		
EPIVIR HBV	41		
eplerenone	32		
EPROSARTAN MESYLATE	30		
EPZICOM	39		
EQUETRO	37		
ergocalciferol	103		
ergoloid mesylates	97		
ERGOMAR	79		
ergotamine w/ caffeine	79		
ERIVEDGE	34		
ERTACZO	56		
ERY-TAB	76		
ERYGEL	54		
ERYPED 200	77		
ERYPED 400	77		
erythromycin (acne aid)	54		
erythromycin (ophth)	91		
erythromycin base	77		
erythromycin ethylsuccinate	77		
erythromycin stearate	77		
ESBRIET	97		
ESCAVITE D	83		
escitalopram oxalate	20		
ESGIC	6		
esomeprazole magnesium	100		
ESOMEPRAZOLE STRONTIUM	100		
estazolam	74		
ESTRACE	69,103		
estradiol	69,70		
estradiol & norethindrone acetate	69		
ESTRADIOL CONCENTRATE	46		
estradiol vaginal	103		
ESTRING	103		
ESTROGEL	70		
ESTROPIPATE	70		
estropipate	70		
ESTROSTEP FE	47		

eszopiclone	74	FARESTON	34	FIRST-VANCOMYCIN 50	10
ethacrynic acid	66	FARXIGA	24	FLAGYL	10
ethambutol hcl	33	FARYDAK	35	FLAREX	92
ethosuximide	19	FAZACLO	38	flavoxate hcl	102
ETHYL CHLORIDE	64	felbamate	18	flecainide acetate	13
ETHYL CHLORIDE/FINE PINPOINT	64	FELBATOL	18	FLECTOR	56
ETHYL CHLORIDE/FINE STREAM	64	FELDENE	4	FLOMAX	73
ETHYL CHLORIDE/MEDIUM JET STREAM	64	felodipine	43	FLONASE ALLERGY RELIEF	89
ETHYL CHLORIDE/MEDIUM STREAM	64	FEM PH	102	FLONASE ALLERGY RELIEF CHILDRENS	89
ETHYL CHLORIDE/MIST	64	FEMARA	34	FLORIVA	80
ethynodiol diacet & eth estradiol	47	FEMCON FE	47	FLORIVA PLUS	83
ETIDRONATE DISODIUM	67	FEMHRT LOW DOSE	69	FLOVENT DISKUS	14
etodolac	4	FEMRING	103	FLOVENT HFA	14
etoposide	36	FENOFIBRATE	28	FLOWTUSS	51
EUCRISA	64	fenofibrate	28	FLOXIN OTIC	94
EURAX	65	fenofibrate micronized	28	fluconazole	26
EVAMIST	70	FENOFIBRIC ACID	28	flucytosine	26
EVISTA	68	FENOPROFEN CALCIUM	4	fludrocortisone acetate	50
EVOCLIN	54	fenoprofen calcium	4	FLUMADINE	42
EVOTAZ	39	FENORTHO	4	FLUMIST QUADRIVALENT	102
EVOXAC	83	fentanyl	6	FLUNISOLIDE	89
EXACTUSS	50	FENTANYL	6	fluocinolone acetonide	60
EXACTUSS TR	50	fentanyl citrate	6	fluocinolone acetonide (otic)	94
EXALGO	6	FENTORA	7	fluocinonide	60
EXAPHEX TR	50	FERRIPROX	25	fluocinonide emulsified base	60
EXELDERM	56	FETZIMA	21	FLUORABON	80
EXELON	96	FETZIMA TITRATION PACK	21	fluorescein sodium topical	93
exemestane	34	FIASP	23	fluorometholone (ophth)	92
EXFORGE	31	FIASP FLEXTOUCH	23	FLUOROPLEX	57
EXFORGE HCT	31	FIBRICOR	28	FLUOROURACIL	57
EXODERM	56	FINACEA	64	flurouracil (topical)	57
EXTINA	56	finasteride	73	FLUOXETINE	96
EXTRA-VIRT PLUS DHA	84	FIORICET	6	FLUOXETINE DR	20
EYEAID IRRIGATING SOLUTION	93	FIORICET/CODEINE	8	fluoxetine hcl	20
ezetimibe	29	FIORINAL	6	FLUOXETINE HCL	20
ezetimibe-simvastatin	27	FIORINAL/CODEINE #3	8	fluoxetine hcl	20
FABIOR	54	FIRST-BXN MOUTHWASH	82	fluoxetine hcl (pmd)	96
FACTIVE	70	FIRST-DUKES MOUTHWASH	82	FLUPHENAZINE HCL	38
famciclovir	42	FIRST-LANSOPRAZOLE	100	fluphenazine hcl	38
famotidine	99,100	FIRST-MARYS MOUTHWASH	82	FLURA-DROPS	80
FAMVIR	42	FIRST-MOUTHWASH BLM	82	flurandrenolide	60
FANAPT	38	FIRST-OMEPRAZOLE	100	flurazepam hcl	74
FANAPT TITRATION PACK	38	FIRST-VANCOMYCIN 25	10	flurbiprofen	4
				FLURBIPROFEN SODIUM	93
				flurbiprofen sodium	93



flutamide.....	34	FROVA.....	80	GLUCAGEN DIAGNOSTIC.....	65
fluticasone propionate.....	61	frovatriptan succinate.....	80	GLUCOPHAGE.....	22
fluticasone propionate (nasal).....	89	FUL-GLO.....	93	GLUCOPHAGE XR.....	22
FLUTICASONE PROPIONATE/SALMETEROL .....	15	FULYZAQ.....	24	GLUCOTROL.....	24
fluvastatin sodium.....	28	FURADANTIN.....	101	GLUCOTROL XL.....	24
fluvoxamine maleate.....	20	furosemide.....	66	GLUCOVANCE.....	22
FML.....	92	FUROSEMIDE.....	66	glyburide.....	24
FML FORTE.....	92	furosemide.....	67	glyburide micronized.....	24
FML LIQUIFILM.....	92	FYCOMPA.....	16	glyburide-metformin.....	22
FOCALGIN 90 DHA.....	84	gabapentin.....	17	glycopyrrolate.....	99
FOCALGIN CA.....	84	GABITRIL.....	18	GLYCOPYRROLATE.....	99
FOCALIN.....	2	galantamine hydrobromide.....	96	GLYNASE.....	24
FOCALIN XR.....	2	GALANTAMINE HYDROBROMIDE.....	96	GLYSET.....	22
FOLCAL DHA.....	84	galantamine hydrobromide.....	96	GLYXAMBI.....	22
FOLCAPS OMEGA 3.....	84	GALZIN.....	81	GOLYTELY.....	75
FOLET DHA.....	84	GASTROCROM.....	71	GONITRO.....	12
FOLET ONE.....	84	gatifloxacin (ophth).....	91	GORDONS UREA.....	62
folic acid.....	74	GEBAUERS INSTANT ICE.....	64	GRALISE.....	96
FOLIVANE-F.....	74	GEBAUERS PAIN EASE.....	64	GRALISE STARTER.....	96
FOLIVANE-OB.....	84	GEBAUERS SPRAY AND STRETCH.....	64	granisetron hcl.....	25
FORADIL AEROLIZER.....	15	GEL-KAM ORAL CARE RINSE.....	82	GRANULEX.....	63
FORFIVO XL.....	19	GELCLAIR.....	83	GRIFULVIN V.....	26
formaldehyde.....	39	GELFILM OP.....	92	GRIS-PEG.....	26
FORTAMET.....	22	GELNIQUE.....	102	griseofulvin microsize.....	26
FORTESTA.....	9	GELNIQUE PUMP.....	102	griseofulvin ultramicrosize.....	26
FOSAMAX.....	67	gemfibrozil.....	28	guaifenesin.....	52
FOSAMAX PLUS D.....	67	GENERESS FE.....	47	guaifenesin-codeine.....	51
fosamprenavir calcium.....	39	GENTAK.....	91	guanfacine hcl.....	30
fosinopril sodium.....	29	gentamicin sulfate (ophth).....	91	guanfacine hcl (adhd).....	2
fosinopril sodium & hydrochlorothiazide.....	31	gentamicin sulfate (topical).....	56	GUANIDINE HCL.....	32
FOSRENOL.....	72	GENVOYA.....	39	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC.....	77
FREESTYLE FREEDOM LITE.....	77	GEODON.....	37	GUM BASE GELATIN.....	95
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM.....	77	GIAZO.....	71	GYNAZOLE-1.....	102
FREESTYLE INSULINX BLOODGLUCOSE TEST.....	65	GILENYA.....	96	HALAC.....	61
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FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM.....	77	GILPHEX TR.....	51	halobetasol propionate.....	61
FREESTYLE LITE TEST STRIPS.....	65	GILTUSS.....	51	HALOG.....	61
FREESTYLE TEST STRIPS.....	65	GILTUSS TR.....	51	haloperidol.....	38
		GLEEVEC.....	35	haloperidol lactate.....	38
		GLENMAX PEB.....	51	HALOTIN.....	56
		GLEOSTINE.....	33	HARVONI.....	41
		glimepiride.....	24	HECTOROL.....	68
		glipizide.....	24	HEMANGEOL.....	43
		glipizide-metformin hcl.....	22	HEMENATAL OB.....	84
				HEMENATAL OB + DHA.....	84

HEPSERA.....	41	hydrocortisone.....	49	INPEN 100EL/BLUE.....	78
HETLIOZ.....	75	hydrocortisone (intrarectal) 10		INPEN 100EL/GRAY.....	78
HEXALEN.....	33	hydrocortisone (rectal).....	10	INPEN 100EL/PINK.....	79
HIPREX.....	101	hydrocortisone (topical).....	61	INPEN 100NN/BLUE.....	79
HISTEX-PE.....	51	hydrocortisone butyrate.....	61	INPEN 100NN/GREY.....	79
homatropine hbr.....	90	hydrocortisone butyrate		INPEN 100NN/PINK.....	79
HORIZANT.....	97	hydrophilic lipo base.....	61	INSPRA.....	32
HUMALOG.....	23	hydrocortisone valerate.....	61	INSULIN SYRINGES AND PEN	
HUMALOG JUNIOR		hydrocortisone w/acetic		NEEDLES.....	79
KWIKPEN.....	23	acid.....	94	INSUPEN 33GX4MM.....	79
HUMALOG KWIKPEN.....	23	hydromorphone hcl.....	7	INTEGRA F.....	74
HUMALOG MIX 50/50.....	23	hydroxychloroquine sulfate 32		INTELENCE.....	39
HUMALOG MIX 50/50		hydroxyurea.....	36	INTERMEZZO.....	75
KWIKPEN.....	23	hydroxyzine hcl.....	12	INTUNIV.....	2
HUMALOG MIX 75/25.....	23	hydroxyzine pamoate.....	12	INVEGA.....	38
HUMALOG MIX 75/25		HYLIRA.....	63	INVIRASE.....	39
KWIKPEN.....	23	hyoscyamine sulfate.....	99	INVOKAMET.....	22
HUMAPEN LUXURA HD.....	78	HYPER-SAL.....	52	INVOKAMET XR.....	22
HUMIRA.....	3	HYPERSAL.....	52	INVOKANA.....	24
HUMIRA PEDIATRIC CROHNS		HYPODERMIC NEEDLE		IODINE STRONG.....	81
DISEASE STARTER PACK.....	3	30GX1/2".....	78	iodoquinol-hc.....	56
HUMIRA PEN.....	3	HYSINGLA ER.....	7	iodoquinol-hydrocortisone in aloe	
HUMIRA PEN-CROHNS		HYZAAR.....	31	vehicle.....	56
DISEASESTARTER.....	3	ibandronate sodium.....	67	IOPIDINE.....	90
HUMIRA PEN-PSORIASIS		IBRANCE.....	35	ipratropium bromide.....	13
STARTER.....	3	ibuprofen.....	4	ipratropium bromide (nasal).....	89
HUMULIN 70/30.....	23	ICLUSIG.....	35	ipratropium-albuterol.....	15
HUMULIN 70/30 KWIKPEN.....	23	IDHIFA.....	35	irbesartan.....	30
HUMULIN N.....	23	ILEVRO.....	93	irbesartan-hydrochlorothiazide	
HUMULIN N KWIKPEN.....	23	imatinib mesylate.....	35	.....	31
HUMULIN R.....	23	IMBRUVICA.....	35	IRESSA.....	35
HUMULIN R U-500		imipramine hcl.....	21	ISENTRESS.....	39
(CONCENTRATED).....	23	imipramine pamoate.....	21	ISENTRESS HD.....	39
HUMULIN R U-500		imiquimod.....	63	isoniazid.....	33
KWIKPEN.....	23	IMITREX.....	80	ISOPTO CARPINE.....	90
hyaluronate sodium		IMODIUM A-D.....	25	ISORDIL TITRADOSE.....	12
(emollient).....	63	IMURAN.....	82	isosorbide dinitrate.....	12
HYCAMTIN.....	36	INCRUSE ELLIPTA.....	13	ISOSORBIDE DINITRATE	
HYCET.....	8	indapamide.....	67	ER.....	12
HYCOFENIX.....	51	INDERAL LA.....	43	isosorbide mononitrate.....	12
hydralazine hcl.....	32	INDERAL XL.....	43	isotretinoin.....	54
HYDREA.....	36	INDOCIN.....	4	isoxsuprine hcl.....	45
HYDRO 35.....	62	indomethacin.....	4	ISOXSUPRINE HCL.....	45
HYDRO 40 FOAM.....	62	INFANATE BALANCE.....	84	isradipine.....	43
hydrochlorothiazide.....	67	INGREZZA.....	96	ISTALOL.....	90
hydrocodone polistirex-		INLYTA.....	35	itraconazole.....	26
chlorpheniramine polistirex.....	51	INNOPRAN XL.....	43	ivermectin.....	10
hydrocodone w/				J-MAX.....	51
homatropine.....	50				
hydrocodone-acetaminophen.....	8				
hydrocodone-ibuprofen.....	8				

JADENU	25	KISQALI FEMARA 600		LENVIMA 10 MG DAILY	
JADENU SPRINKLE	25	DOSE	34	DOSE	35
JAKAFI	35	KITABIS PAK	3	LENVIMA 14 MG DAILY	
JALYN	73	KLARON	54	DOSE	35
JANUMET	22	KLONOPIN	17	LENVIMA 18 MG DAILY	
JANUMET XR	22	KLOR-CON M15	81	DOSE	35
JANUVIA	22	KLOR-CON/25	81	LENVIMA 20 MG DAILY	
JARDIANCE	24	KOMBIGLYZE XR	22	DOSE	35
JENTADUETO	22	KORLYM	22	LENVIMA 24 MG DAILY	
JENTADUETO XR	22	KRISTALOSE	75	DOSE	35
JUBLIA	56	KUVAN	68	LENVIMA 8 MG DAILY	
JUXTAPID	29	labetalol hcl	42	DOSE	35
K-PHOS	81	LAC-HYDRIN	63	LESCOL XL	28
K-PHOS NEUTRAL	81	LAC-HYDRIN TWELVE	63	LETAIRIS	45
K-PHOS NO 2	72	LACRISERT	89	letrozole	34
K-TAB	81	lactic acid (ammonium		leucovorin calcium	36
KADIAN	7	lactate)	63	LEUKERAN	33
KALETRA	39,40	lactulose	75	LEVACET	6
KALYDECO	97	lactulose (encephalopathy)	72	levabuterol hcl	15
KAMDOY	64	LAMICTAL	17	LEVALBUTEROL TARTRATE	
KAPVAY	2	LAMICTAL CHEWABLE		HFA	15
KARBINAL ER	27	DISPERSIBLE	17	LEVAQUIN	71
KAYEXALATE	82	LAMICTAL ODT	17	LEVBID	99
KAZANO	22	LAMICTAL STARTER/NOT		LEVEMIR	23
KEFLEX	45	TAKING		LEVEMIR FLEXTOUCH	23
KENALOG	61	CARBAMAZEPINE	17	levetiracetam	18
KEPPRA	17	LAMICTAL STARTER/TAKING		LEVETIRACETAM	46
KEPPRA XR	17	CARBAMAZEPINE/NOT		LEVITRA	44
KERASAL ULTRA20	62	TAKING VALPROATE	17	levobunolol hcl	90
KERYDIN	56	LAMICTAL STARTER/TAKING		levocarnitine (metabolic	
KETEK	11	VALPROATE	17	modifiers)	68
KETOCARE	65	LAMICTAL XR	17	levocetirizine dihydrochloride	27
ketoconazole	26	LAMISIL	26	LEVOCETIRIZINE	
ketoconazole (topical)	56	LAMISIL AT SPRAY	57	DIHYDROCHLORIDE	46
ketoprofen	4	lamivudine	40	levofloxacin	71
KETOPROFEN ER	5	lamivudine (hbv)	41	LEVOFLOXACIN	71
ketorolac tromethamine	5	lamivudine-zidovudine	40	levofloxacin	71
ketorolac tromethamine		lamotrigine	17,18	levofloxacin (ophth)	91
(ophth)	93	LANOXIN	44	levonorgestrel & eth	
KETOSTIX	65	lansoprazole	100	estradiol	47
KEVEYIS	66	lanthanum carbonate	72	levonorgestrel (emergency	
KHEDEZLA	21	LANTUS	23	oc)	48
KISQALI	35	LANTUS SOLOSTAR	23	levonorgestrel-eth estradiol	
KISQALI FEMARA 200		LASIX	67	(triphasic)	47
DOSE	34	LASTACAPT	93	levonorgestrel-ethinyl estradiol	
KISQALI FEMARA 400		latanoprost	93	(91-day)	47
DOSE	34	LATUDA	37	levonorgestrel-ethinyl estradiol	
		LAZANDA	7	(continuous)	47
		leflunomide	5	LEVORPHANOL TARTRATE	7
				levothyroxine sodium	98
				LEXAPRO	20
				LEXIVA	40

LEXUSS 210.....	51	LOPROX.....	57	MAVYRET.....	41
LIALDA.....	71	LOPROX SHAMPOO.....	57	MAXALT.....	80
LIBRAX.....	99	lorazepam.....	12	MAXALT-MLT.....	80
lidocaine.....	64	LORTAB.....	8	MAXIDEX.....	92
lidocaine hcl.....	64	LORZONE.....	88	MAXITROL.....	92
LIDOCAINE HCL.....	82	losartan potassium.....	30	MAXZIDE.....	66
lidocaine hcl (mouth-throat).....	82	losartan potassium & hydrochlorothiazide.....	31	MAXZIDE-25.....	66
lidocaine-prilocaine.....	64	LOSEASONIQUE.....	47	meclofenamate sodium.....	5
LIDODERM.....	64	LOTEMAX.....	92	MEDROL.....	49
lindane.....	65	LOTENSIN.....	29	MEDROL DOSEPAK.....	49
LINDANE.....	65	LOTENSIN HCT.....	31	MEDROX-RX.....	64
linezolid.....	11	LOTREL.....	31	medroxyprogesterone acetate.....	95
LINZESS.....	72	LOTRISONE.....	57	mefenamic acid.....	5
liothyronine sodium.....	98	LOTRONEX.....	72	MEFLOQUINE HCL.....	32
LIPITOR.....	28	lovastatin.....	29	mefloquine hcl.....	32
LIPOFEN.....	28	LOVAZA.....	28	MEGACE ES.....	95
lisinopril.....	29	LOVENOX.....	16	MEGACE ORAL.....	34
lisinopril & hydrochlorothiazide.....	31	loxapine succinate.....	38	megestrol acetate.....	34
LITHIUM.....	37	LOZI-FLUR.....	80	megestrol acetate (appetite).....	95
lithium carbonate.....	37	LUMIGAN.....	93	MEKINIST.....	35
LITHOBID.....	37	LUNESTA.....	75	meloxicam.....	5
LITHOSTAT.....	73	LURIDE.....	80	melphalan.....	33
LIVALO.....	29	LUSAIR.....	51	memantine hcl.....	96
LO LOESTRIN FE.....	47	LUXIQ.....	61	MENEST.....	70
LOCOID.....	61	LUZU.....	57	MENOSTAR.....	70
LOCOID LIPOCREAM.....	61	LYNPARZA.....	35	meperidine hcl.....	7
LOCORT 11-DAY.....	49	LYRICA.....	18	MEPERIDINE HCL/PROMETHAZINE HCL.....	8
LOCORT 7-DAY.....	49	LYSODREN.....	34	MEPHYTON.....	103
LODINE.....	5	LYSTEDA.....	74	meprobamate.....	12
LODOSYN.....	36	M-END PE.....	51	MEPRON.....	11
LOESTRIN 1.5/30-21.....	47	MACNATAL CN DHA.....	84	mercaptapurine.....	33
LOESTRIN 1/20-21.....	47	MACROBID.....	101	mesalamine.....	71
LOESTRIN FE 1.5/30.....	47	MACRODANTIN.....	101	MESALAMINE DR.....	71
LOESTRIN FE 1/20.....	47	mafenide acetate.....	58	MESNEX.....	36
LOFIBRA.....	28	MAGNEBIND 400.....	81	MESTINON.....	32
LOHIST-DM.....	51	MALARONE.....	32	MESTINON TIMESPAN.....	32
LOMAIRA.....	1	malathion.....	65	METADATE CD.....	2
LOMOTIL.....	25	maprotiline hcl.....	19	metaproterenol sulfate.....	15
LOMUSTINE.....	33	MAR-COF BP.....	51	metaxalone.....	88
LONSURF.....	34	MAR-COF CG EXPECTORANT.....	51	metformin hcl.....	22
loperamide hcl.....	25	MARINOL.....	26	methadone hcl.....	7
LOPID.....	28	MARNATAL-F.....	84	METHADOSE.....	7
lopinavir-ritonavir.....	40	MARPLAN.....	20	METHADOSE SUGAR-FREE.....	7
LOPRESSOR.....	43	MATULANE.....	36	methamphetamine hcl.....	1
LOPRESSOR HCT.....	31	MAVIK.....	29	methazolamide.....	66

methenamine hippurate . . . . .	101	metronidazole (topical) . . . . .	65	MONODOX . . . . .	98
methenamine mandelate . . . . .	101	metronidazole vaginal . . . . .	102	montelukast sodium . . . . .	13
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal . . . . .	101	MEVACOR . . . . .	29	MONUROL . . . . .	101
methenamine-hyosc-methylene blue-sod phos-phenyl sal . . . . .	101	mexiletine hcl . . . . .	13	morphine sulfate . . . . .	7
methenamine-hyoscamine- methylene blue-sodium phosphate . . . . .	101	MIACALCIN . . . . .	67	MORPHINE SULFATE . . . . .	7
METHERGINE . . . . .	94	MICARDIS . . . . .	30	morphine sulfate . . . . .	7
methimazole . . . . .	98	MICARDIS HCT . . . . .	31	MORPHINE SULFATE ER . . . . .	7
METHITEST . . . . .	9	MICONAZOLE 3 . . . . .	102	MOTOFEN . . . . .	25
methocarbamol . . . . .	88	MICRO-K . . . . .	81	MOVANTIK . . . . .	72
methotrexate sodium . . . . .	33	MICROZIDE . . . . .	67	MOVIPREP . . . . .	75
methoxsalen rapid . . . . .	58	midazolam hcl . . . . .	75	MOXATAG . . . . .	95
methscopolamine bromide . . . . .	99	midodrine hcl . . . . .	103	MOXEZA . . . . .	91
METHYCLOTHIAZIDE . . . . .	67	MIGERGOT . . . . .	79	moxifloxacin hcl . . . . .	71
methyl dopa . . . . .	30	miglitol . . . . .	22	moxifloxacin hcl (ophth) . . . . .	91
methyl dopa & hydrochlorothiazide . . . . .	31	MIGRANAL . . . . .	79	MS CONTIN . . . . .	7
methylergonovine maleate . . . . .	94	MILLIPRED . . . . .	49	MUCINEX D . . . . .	51
METHYLIN . . . . .	2	MILLIPRED DP . . . . .	49	MUCINEX D MAXIMUM STRENGTH . . . . .	51
METHYLPHENIDATE HCL . . . . .	2	MINASTRIN 24 FE . . . . .	47	MUCINEX DM . . . . .	51
methylphenidate hcl . . . . .	2,3	MINIPRESS . . . . .	30	MUCINEX DM MAXIMUM STRENGTH . . . . .	51
METHYLPHENIDATE HCL ER (LA) . . . . .	2	MINIVELLE . . . . .	70	MUCOTROL . . . . .	83
methylprednisolone . . . . .	49	MINOCIN . . . . .	98	MULTAQ . . . . .	13
methyltestosterone . . . . .	10	minocycline hcl . . . . .	98	MULTIVITAMIN/FLUORIDE . . . . .	83
METIPRANOLOL . . . . .	90	MINOCYCLINE HCL ER . . . . .	98	mupirocin . . . . .	56
metoclopramide hcl . . . . .	71	minoxidil . . . . .	32	mupirocin calcium (topical) . . . . .	56
METOCLOPRAMIDE ODT . . . . .	71	MIRALAX . . . . .	75	MUSE . . . . .	44
metolazone . . . . .	67	MIRAPEX . . . . .	37	MYAMBUTOL . . . . .	33
METOPIRONE . . . . .	65	MIRAPEX ER . . . . .	37	MYCOBUTIN . . . . .	33
metoprolol & hydrochlorothiazide . . . . .	31	MIRCETTE . . . . .	47	mycophenolate mofetil . . . . .	82
metoprolol succinate . . . . .	43	mirtazapine . . . . .	19	mycophenolate sodium . . . . .	82
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE . . . . .	31	MIRVASO . . . . .	65	MYDRIACYL . . . . .	90
metoprolol tartrate . . . . .	43	misoprostol . . . . .	101	MYFORTIC . . . . .	82
METOPROLOL TARTRATE . . . . .	43	MITIGARE . . . . .	73	MYKIDZ IRON FL . . . . .	83
METOPROLOL/HYDROCHLOR OTHIAZIDE . . . . .	31	MOBIC . . . . .	5	MYLERAN . . . . .	33
METOZOLV ODT . . . . .	71	modafinil . . . . .	3	MYNATAL ADVANCE . . . . .	84
METROCREAM . . . . .	64	MODERIBA . . . . .	41	MYNATAL ULTRACAPLET . . . . .	84
METROGEL . . . . .	64	MODERIBA 1200 DOSE PACK . . . . .	41	MYNATE 90 PLUS . . . . .	84
METROGEL-VAGINAL . . . . .	102	MODERIBA 800 DOSE PACK . . . . .	41	MYRBETRIQ . . . . .	102
METROLOTION . . . . .	65	MODICON . . . . .	47	MYSOLINE . . . . .	18
metronidazole . . . . .	11	moexipril hcl . . . . .	29	MYTESI . . . . .	24
		moexipril-hydrochlorothiazide . . . . .	31	nabumetone . . . . .	5
		MOLINDONE HYDROCHLORIDE . . . . .	38	nadolol . . . . .	43
		mometasone furoate . . . . .	61	nadolol & bendroflumethiazide . . . . .	31
		mometasone furoate (nasal) . . . . .	89	NAFRINSE DAILY/NEUTRAL . . . . .	82
				NAFRINSE WEEKLY . . . . .	82

naftifine hcl.....	57	neomycin-polymyxin-hc (otic).....	94	nitrofurantoin.....	101
NAFTIN.....	57	NEORAL.....	82	nitrofurantoin macrocrystal.....	101
NALFON.....	5	NEOSPORIN.....	91	nitrofurantoin monohyd macro.....	101
naltrexone hcl.....	25	NEOTUSS PLUS.....	51	nitroglycerin.....	12
NAMENDA.....	96	NEPTAZANE.....	66	NITROGLYCERIN LINGUAL.....	12
NAMENDA TITRATION PAK.....	96	NERLYNX.....	35	NITROLINGUAL PUMPSPRAY.....	12
NAMENDA XR.....	96	NESINA.....	22	NITROMIST.....	12
NAMENDA XR TITRATION PACK.....	96	NESTABS.....	84	NITROSTAT.....	12
NAMZARIC.....	96	NESTABS ABC.....	84	nizatidine.....	100
NAPHAZOLINE HCL.....	91	NESTABS DHA.....	84	NIZATIDINE.....	100
NAPRELAN.....	5	NESTABS ONE.....	84	NIZORAL.....	57
NAPROSYN.....	5	NEUPRO.....	37	NOR-QD.....	48
NAPROXEN.....	5	NEURONTIN.....	18	NORCO.....	8
naproxen.....	5	NEVANAC.....	93	norethin acet & estrad-fe.....	47
naproxen sodium.....	5	nevirapine.....	40	norethindrone & eth estradiol.....	47
naratriptan hcl.....	80	NEWGEN.....	84	norethindrone & ethinyl estradiol- fe.....	47
NARCAN.....	25	NEXA PLUS.....	84	norethindrone & mestranol.....	47
NARDIL.....	20	NEXAVAR.....	35	norethindrone (contraceptive).....	48
NASACORT ALLERGY 24HR.....	89	NEXIUM.....	100	norethindrone acet & eth estra.....	47
NASACORT ALLERGY 24HR CHILDRENS.....	89	NEXIUM 24HR.....	100	norethindrone acetate.....	95
NASONEX.....	89	NEXIUM 24HR CLEAR MINIS.....	100	norethindrone acetate-ethinyl estradiol.....	69
NATACHEW.....	84	niacin (antihyperlipidemic).....	29	norethindrone acetate-ethinyl estradiol-fe.....	48
NATACYN.....	91	NIACOR.....	29	norethindrone-eth estradiol (triphasic).....	48
NATAZIA.....	47	NIASPAN.....	29	norgestimate-ethinyl estradiol.....	48
nateglinide.....	24	nicardipine hcl.....	44	norgestimate-ethinyl estradiol (triphasic).....	48
NATELLE ONE.....	84	NICODERM CQ.....	97	norgestrel & ethinyl estradiol.....	48
NATESTO.....	10	NICORETTE.....	97	NORINYL 1+35.....	48
NATROBA.....	65	NICORETTE MINI.....	97	NORINYL 1+50.....	48
NATURE-THROID.....	99	NICORETTE STARTER KIT.....	97	NORITATE.....	65
NATURE-THROID NT-2.5.....	98	nicotine.....	97	NORPACE.....	13
NEBUPENT.....	11	nicotine polacrilex.....	97	NORPACE CR.....	13
NEBUSAL.....	53	NICOTINE TRANSDERMAL SYSTEM.....	97	NORPRAMIN.....	21
NECON 10/11-28.....	47	NICOTROL INHALER.....	97	NORTHERA.....	103
NEEVO DHA.....	84	NICOTROL NS.....	97	nortriptyline hcl.....	21
NEFAZODONE HCL.....	21	nifedipine.....	44	NORTRIPTYLINE HCL.....	21
nefazodone hcl.....	21	NILANDRON.....	34	NORVASC.....	44
NEO-SYNALAR.....	56	nilutamide.....	34	NORVIR.....	40
NEO-SYNALAR KIT.....	56	nimodipine.....	44	NOVOLIN 70/30.....	24
neomycin sulfate.....	3	NINJACOF-XG.....	51	NOVOLIN 70/30 RELION.....	23
neomycin-bacitracin zn- polymyxin.....	91	NINLARO.....	35	NOVOLIN N.....	24
neomycin-polymy-dexameth.....	92	nisoldipine.....	44		
neomycin-polymyxin-gramicidin .....	91	NISOLDIPINE ER.....	44		
neomycin-polymyxin-hc (ophth).....	92	NITRO-BID.....	12		
		NITRO-DUR.....	12		

NOVOLIN N RELION.....	24	olanzapine.....	38	OPSUMIT.....	45
NOVOLIN R.....	24	olanzapine-fluoxetine hcl..	96	ORACEA.....	65
NOVOLIN R RELION.....	24	olmesartan medoxomil.....	30	ORACIT.....	72
NOVOLOG.....	24	olmesartan medoxomil- amlodipine-hydrochlorothiazide	31	ORAFATE.....	83
NOVOLOG FLEXPEN.....	24	.....	31	ORALAIR.....	3
NOVOLOG MIX 70/30.....	24	olmesartan medoxomil- hydrochlorothiazide.....	31	ORALAIR ADULT SAMPLE KIT.....	3
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	24	olopatadine hcl.....	93	ORALAIR ADULT STARTER PACK.....	3
NOVOLOG PENFILL.....	24	olopatadine hcl (nasal).....	88	ORALAIR CHILDREN/ADOLESCENTS SAMPLE KIT.....	3
NOVOPEN ECHO.....	79	OLUX.....	61	ORALAIR CHILDREN/ADOLESCENTS STARTER PACK.....	3
NOXAFIL.....	26	OLUX-E.....	61	ORAP.....	97
NUCORT.....	61	OLYSIO.....	41	ORAPRED ODT.....	49
NUCYNTA.....	7	OMECLAMOX-PAK.....	101	ORAVIG.....	82
NUCYNTA ER.....	7	omega-3-acid ethyl esters..	28	ORENCIA.....	6
NUDEXTA.....	97	omeprazole.....	100	ORENCIA CLICKJECT.....	6
NULYTELY/FLAVOR PACKS.....	75	OMEPRAZOLE + SYRSPEND SFALKA.....	100	ORENITRAM.....	45
NUMBONEX.....	64	omeprazole-sodium bicarbonate.....	101	ORFADIN.....	68
NUPLAZID.....	38	OMNARIS.....	89	ORKAMBI.....	97
NUTRIDOX.....	98	OMNIFLEX DIAPHRAGM.....	77	orphenadrine citrate.....	88
NUVARING.....	48	OMNIPRED.....	92	ORTHO MICRONOR.....	48
NUVESSA.....	102	ondansetron.....	25	ORTHO TRI-CYCLEN.....	48
NUVIGIL.....	3	ondansetron hcl.....	25	ORTHO TRI-CYCLEN LO... ..	48
NYMALIZE.....	44	ONETOUCH ULTRA 2.....	77	ORTHO-CYCLEN.....	48
nystatin.....	26	ONETOUCH ULTRA BLUE.....	65	ORTHO-NOVUM 1/35.....	48
nystatin (mouth-throat).....	82	ONETOUCH ULTRA MINI.....	77	ORTHO-NOVUM 7/7/7.....	48
nystatin (topical).....	57	ONETOUCH VERIO.....	77	oseltamivir phosphate.....	42
nystatin-triamcinolone.....	57	ONETOUCH VERIO FLEX BLOODGLUCOSE MONITORING SYSTEM... ..	77	OSENI.....	22
OB COMPLETE GOLD.....	84	ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM... ..	77	OSMOPREP.....	75
OB COMPLETE ONE.....	84	ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM... ..	78	OSPHENA.....	68
OB COMPLETE PETITE... ..	84	ONETOUCH VERIO TEST STRIPS.....	65	OTEZLA.....	5
OB COMPLETE PREMIER... ..	84	ONEXTON.....	54	OTICIN HC NR.....	94
OB COMPLETE/DHA.....	84	ONFI.....	17	OTOVEL.....	94
OBREDON.....	51	ONGLYZA.....	22	OVACE PLUS.....	58
OBSTETRIX DHA.....	84	ONMEL.....	26	OVACE PLUS WASH.....	58
OBSTETRIX ONE.....	84	ONZETRA XSAIL.....	80	OVACE WASH.....	58
OBTREX DHA.....	85	OPANA.....	7	OVCON-35.....	48
OALIVA.....	71	OPANA ER (CRUSH RESISTANT).....	7	OVIDE.....	65
OCUFEN.....	93	ophthalmic irrigation solution.....	93	OXANDRIN.....	9
OCUFLOX.....	91	opium tincture.....	25	oxandrolone.....	9
ODEFSEY.....	40			oxaprozin.....	5
ODOMZO.....	34			OXAYDO.....	7
OFEV.....	97			oxazepam.....	12
OFLOXACIN.....	71			oxcarbazepine.....	18
ofloxacin.....	71				
ofloxacin (ophth).....	91				
ofloxacin (otic).....	94				

oxiconazole nitrate.....	57	pediatric vitamins acid w/ fluoride.....	83	PHOSPHOLINE IODIDE.....	90
OXISTAT.....	57	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	75	PICATO.....	57
OXSORALEN ULTRA.....	58	peg 3350-potassium chloride- sod bicarbonate-sod chloride.....	75	pilocarpine hcl.....	90
OXTELLAR XR.....	18	PEGANONE.....	19	pilocarpine hcl (oral).....	83
oxybutynin chloride.....	102	penicillin v potassium.....	95	pimozide.....	97
oxycodone hcl.....	7	PENICILLIN V.....	95	pindolol.....	43
OXYCODONE HCL ER.....	7	POTASSIUM.....	95	pioglitazone hcl.....	23
oxycodone w/ acetaminophen.....	8	penicillin v potassium.....	95	pioglitazone hcl-glimepiride.....	22
oxycodone-ibuprofen.....	8	PENNSAID.....	56	pioglitazone hcl-metformin hcl.....	22
OXYCODONE/ACETAMINOPHE N.....	8	PENTASA.....	71	piroxicam.....	5
OXYCONTIN.....	7	pentazocine w/ naloxone.....	9	PLAN B ONE-STEP.....	48
oxymorphone hcl.....	7	pentoxifylline.....	73	PLAQUENIL.....	32
OXYMORPHONE HYDROCHLORIDE ER.....	8	PEPCID.....	100	PLAVIX.....	74
OXYTROL.....	102	PEPCID AC MAXIMUM STRENGTH.....	100	PLETAL.....	74
OXYTROL FOR WOMEN.....	102	PERCOCET.....	9	PLEXION.....	54
paliperidone.....	38	PERFOROMIST.....	15	PLEXION CLEANSER.....	54
PAMELOR.....	21	perindopril erbumine.....	29	PLEXION CLEANSING CLOTHS.....	54
PAMINE.....	99	permethrin.....	65	PLO GEL - MEDIFLO KIT.....	95
PAMINE FORTE.....	99	perphenazine.....	38	PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID.....	85
PAMINE FQ.....	99	PERPHENAZINE/AMITRIPTYL INE.....	96	PNV OB+DHA.....	85
PANCREAZE.....	66	PERSANTINE.....	74	PNV TABS 29-1.....	85
PANDEL.....	61	PERTZYE.....	66	PNV-DHA.....	85
PANRETIN.....	57	PEXEVA.....	20	PNV-DHA+DOCUSATE.....	85
pantoprazole sodium.....	100	phenelzine sulfate.....	20	PNV-OMEGA.....	85
PARAFON FORTE DSC.....	88	phenobarbital.....	74	PNV-SELECT.....	85
PAREGORIC.....	25	PHENOBARBITAL.....	74	PNV-TOTAL.....	85
PAREMYD.....	93	phenobarbital.....	74	PNV-VP-U.....	85
paricalcitol.....	68	phenoxybenzamine hcl.....	30	PODOCON 25 IN BENZOIN TINCTURE.....	63
PARLODEL.....	37	phentermine hcl.....	1	podofilox.....	63
paromomycin sulfate.....	3	phenylephrine hcl (ophth).....	91	POLY HUB NEEDLE/30G X 1/2".....	79
paroxetine hcl.....	20	phenylephrine w/ dm-gg.....	51	POLY-VI-FLOR.....	83
paroxetine mesylate (vasomotor).....	97	phenylephrine- brompheniramine-dm.....	51	POLY-VI-FLOR/IRON.....	83
PASER.....	33	phenylephrine-chlorphen-dm .....	51	polyethylene glycol 3350.....	75
PATADAY.....	93	phenylephrine-guaifenesin.....	51	polymyxin b-trimethoprim.....	91
PATANASE.....	88	PHENYLEPHRINE/GUAIFENE SIN.....	51	POLYTRIM.....	91
PATANOL.....	93	PHENYLHISTINE DH.....	51	POMALYST.....	34
PAXIL.....	20	PHENYTEK.....	19	PONSTEL.....	5
PAXIL CR.....	20	phenytoin.....	19	pot & sod citrates w/citric ac.....	72
PAZEO.....	93	phenytoin sodium extended.....	19	pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	81
PCE.....	77	PHLAG SPRAY.....	64	POTABA.....	103
ped multivitamins w/fl & iron.....	83	PHOSLYRA.....	72	potassium bicarb & chloride.....	81
pediatric multivitamins w/fl.....	83				
pediatric vitamins acid fluoride & iron.....	83				



potassium bicarbonate.....	81	PREDNISONE.....	49	PREZCOBIX.....	40
potassium chloride.....	81	PREDNISONE INTENSOL	49	PREZISTA.....	40
POTASSIUM CHLORIDE.....	81	PREFERA OB.....	85	PRIFTIN.....	33
POTASSIUM CHLORIDE		PREFERAOB +DHA.....	85	PRIOSEC.....	101
ER.....	81	PREFEST.....	69	PRIMAQUINE PHOSPHATE	32
potassium chloride		PREMARIN.....	70,103	primidone.....	18
microencapsulated crystals		PREMIUM SCAR PATCH.	64	PRIMLEV.....	9
er.....	81	PREMPHASE.....	69	PRIMSOL.....	11
potassium citrate		PREMPRO.....	69	PRINIVIL.....	29
(alkalinizer).....	72	PRENA 1 TRUE.....	85	PRISTIQ.....	21
potassium citrate-citric acid	72	PRENA1 CHEW.....	85	PRO-CLEAR AC.....	51
POTIGA.....	18	PRENA1 PEARL.....	85	PRO-RED AC.....	51
PR NATAL 400 EC.....	85	PRENAISSANCE.....	85	PROAIR HFA.....	15
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PROVENTIL HFA.....	15	quinine sulfate.....	32	RESPAIRE-30.....	52
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PROZAC.....	20	ramipril.....	29	RETIN-A MICRO.....	55
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PRUDOXIN.....	57	ranitidine hcl.....	100	RETROVIR.....	40
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pseudoephed-cpm w/ hydrocod.....	52	RAPAMUNE.....	82	REVLIMID.....	81
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QSYMIA.....	1	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64".....	79	RIFAMATE.....	33
QUALAQUIN.....	32	RELION KETONE.....	66	rifampin.....	33
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QUFLORA PEDIATRIC.....	83	REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	22	risperidone.....	38
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QUILLIVANT XR.....	3	REQUIP.....	37	RITALIN.....	3
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		RESCON-GG.....	52	rivastigmine.....	96
		RESCRIPTOR.....	40	rivastigmine tartrate.....	96
				rizatriptan benzoate.....	80
				ROBAXIN.....	88

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ROBINUL FORTE.....	99	SEMPREX-D.....	52	SOMA.....	88
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RYDAPT.....	35	sildenafil citrate (pulmonary hypertension).....	45	SPINOSAD.....	65
RYDEX.....	52	SILENOR.....	74	SPIRIVA HANDIHALER.....	13
RYTARY.....	37	SILVADENE.....	58	SPIRIVA RESPIMAT.....	13
RYTHMOL.....	13	silver sulfadiazine.....	58	spironolactone.....	67
RYTHMOL SR.....	13	SIMBRINZA.....	90	spironolactone & hydrochlorothiazide.....	66
SABRIL.....	19	SIMPONI.....	4	SPORANOX.....	27
SAFYRAL.....	48	simvastatin.....	29	SPORANOX PULSEPAK.....	27
SALAGEN.....	83	SINEMET.....	37	SPRITAM.....	18
SALEX.....	63	SINEMET CR.....	37	SPRIX.....	5
SALEX LOTION.....	63	SINGULAIR.....	13	SPRYCEL.....	35
salicylic acid.....	63	sirolimus.....	82	SSKI.....	81
salicylic acid w/ cleanser.....	63	SIRTURO.....	33	SSS 10-5.....	55
SALVAX.....	63	SITAVIG.....	42	STALEVO 100.....	37
SAMSCA.....	69	SIVEXTRO.....	11	STALEVO 125.....	37
SANCUSO.....	25	SKELAXIN.....	88	STALEVO 150.....	37
SANDIMMUNE.....	82	SKLICE.....	65	STALEVO 50.....	37
SANTYL.....	63	sodium chloride (inhalant).....	53	STALEVO 75.....	37
SAPHRIS.....	38	sodium citrate & citric acid.....	72	stannous fluoride.....	83
SARAFEM.....	97	sodium fluoride.....	80	STARLIX.....	24
SAVAYSA.....	16	sodium fluoride (dental).....	83	stavudine.....	40
SAVELLA.....	96	sodium phenylbutyrate.....	68	STAXYN.....	45
SAVELLA TITRATION PACK.....	96	sodium phosphates.....	76	STENDRA.....	45
scopolamine.....	25	sodium polystyrene sulfonate.....	82	STEVIOL GLYCOSIDES.....	46
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SELECT-OB.....	86	SOLARAZE.....	57	STRENSIQ.....	68
SELECT-OB+DHA.....	86			STRIANT.....	10
selegiline hcl.....	37			STRIBILD.....	40
selenium sulfide.....	58			STRIVERDI RESPIMAT.....	15
selenium sulfide-pyrithione zinc in urea vehicle.....	58			STROMECTOL.....	10
				SUBOXONE.....	9

SUBSYS	8	tacrolimus (topical)	63	terazosin hcl	30
SUCRAID	66	TAFINLAR	35	terbinafine hcl	26
sucralfate	100	TAGRISSO	35	terbutaline sulfate	15
SULAR	44	TAMIFLU	42	terconazole vaginal	102,103
sulfacetamide sod-		tamoxifen citrate	34	TERSI FOAM	58
prednisolone	92	tamsulosin hcl	73	TESSALON PERLES	50
sulfacetamide sodium	58	TAPAZOLE	98	TESTIM	10
sulfacetamide sodium (acne)	55	TARCEVA	35	testosterone	10
sulfacetamide sodium		TARGRETIN	36,57	TESTOSTERONE	10
(ophth)	91	TARKA	31	testosterone	10
sulfacetamide sodium w/		TARON-BC	86	TESTRED	10
sulfur	55	TARON-C DHA	86	tetrabenazine	96
SULFADIAZINE	97	TARON-PREX	86	tetracaine hcl (ophth)	91
sulfamethoxazole-trimethoprim	11	TASIGNA	36	tetracycline hcl	98
SULFAMYLON	59	TASMAR	36	TEXACORT	62
sulfasalazine	72	TAYTULLA	48	TEXAVITE LQ	83
sulindac	5	tazarotene	58	TGQ 15DM/5PEH/2CPM	52
SULPIRIDE	46	TAZORAC	58	TGQ 30PSE/150GFN/15DM	52
SUMADAN WASH	55	TBC	63	TGQ 30PSE/3BRM/15DM	52
sumatriptan	80	TECFIDERA	96	THALOMID	81
sumatriptan succinate	80	TECFIDERA STARTER		THEO-24	16
SUMATRIPTAN/NAPROXEN		PACK	96	theophylline	16
SODIM	79	TECHLITE INSULIN		THIOLA	73
SUMAXIN TS	55	SYRINGEU-100/1ML/31G X		thioridazine hcl	39
SUMAXIN WASH	55	15/64"	79	thiothixene	39
SUPRAX	46	TECHNIVIE	41	THRIVITE 19	86
SUPRENZA	1	TEGRETOL	18	THRIVITE RX	86
SUPREP BOWEL PREP KIT	75	TEGRETOL-XR	18	thyroid	99
SURMONTIL	21	TEKTRUNA	32	THYROLAR-1	99
SUSTIVA	40	TEKTRUNA HCT	31	THYROLAR-1/2	99
SUTENT	35	telmisartan	30	THYROLAR-1/4	99
SYMBICORT	15	telmisartan-amlodipine	31	THYROLAR-2	99
SYMBYAX	96	telmisartan-hydrochlorothiazide	32	THYROLAR-3	99
SYNALAR	61	temazepam	75	tiagabine hcl	19
SYNALGOS-DC	9	TEMODAR	33	TIAZAC	44
SYNAREL	68	TEMOVATE	61	TIGAN	25
SYNDROS	26	TEMOVATE E	61	TIKOSYN	13
SYNERA	64	temozolomide	33	timolol maleate	43
SYNERDERM	64	TENCON	6	timolol maleate (ophth)	90
SYNJARDY	22	TENEX	30	TIMOPTIC	90
SYNJARDY XR	22	tenofovir disoproxil		TIMOPTIC OCUDOSE	90
SYNTHROID	99	fumarate	40	TIMOPTIC-XE	90
SYPRINE	81	TENORETIC 100	32	TINDAMAX	11
T.R.U.E. TEST	65	TENORETIC 50	32	tinidazole	11
TABLOID	33	TENORMIN	43	TIROSINT	99
TACLONEX	61	TERAZOL 3	102	TIVICAY	40
tacrolimus	82	TERAZOL 7	102		

TIVORBEX.....	5	TRESIBA FLEXTOUCH... 24	TRIUMEQ.....	40	
tizanidine hcl.....	88	TRETIN-X.....	TRIVEEN-PRX RNF.....	87	
TL-CARE DHA.....	86	tretinoin.....	55	TRIZIVIR.....	40
TL-SELECT.....	86	tretinoin (chemotherapy)...	36	TROKENDI XR.....	18
TOBI.....	3	tretinoin microsphere.....	55	tropicamide.....	90
TOBI PODHALER.....	3	TREXALL.....	33	trospium chloride.....	102
TOBRADEX.....	92	TREXIMET.....	79	TRULANCE.....	71
TOBRADEX ST.....	92	TREZIX.....	9	TRUSOPT.....	93
tobramycin.....	3	TRI-NORINYL 28.....	48	TRUVADA.....	40
TOBRAMYCIN.....	3	TRI-TABS DHA.....	86	TUDORZA PRESSAIR.....	13
tobramycin (ophth).....	91	TRI-VI-FLOR.....	83	TUSNEL.....	52
tobramycin-dexamethasone.....	92	TRI-VI-FLORO.....	83	TUSNEL C.....	52
TOBREX.....	91	triamcinolone acetonide		TUSNEL PEDIATRIC.....	52
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TOFRANIL.....	21	triamcinolone acetonide		TUSSICAPS.....	52
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tolbutamide.....	24	triamcinolone acetonide		EXTENDED RELEASE.....	52
tolcapone.....	36	(topical).....	62	TUZISTRA XR.....	52
TOLMETIN SODIUM.....	5	triamterene &		TWYNSTA.....	32
tolmetin sodium.....	5	hydrochlorothiazide.....	66	TYBOST.....	40
tolterodine tartrate.....	102	triazolam.....	75	TYKERB.....	36
TOPAMAX.....	18	TRIBENZOR.....	32	TYLENOL/CODEINE #3.....	9
TOPAMAX SPRINKLE.....	18	TRICARE PRENATAL.....	87	TYLENOL/CODEINE #4.....	9
TOPICORT.....	62	TRICARE PRENATAL 1... 86		TYVASO.....	45
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TOPROL XL.....	43	TRICARE PRENATAL DHA		TYZEKA.....	41
toremide.....	67	ONE.....	87	UCERIS.....	10
TOUJEO SOLOSTAR.....	24	TRICARE PRENATAL DHA		ULESFIA.....	65
TOVIAZ.....	102	ONE/FOLATE.....	87	ULORIC.....	73
TRACLEER.....	45	TRICODE AR.....	52	ULTIMATECARE ONE.....	87
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TRAMADOL HCL ER.....	8	TRIDESILON.....	62	ULTRAM.....	8
tramadol-acetaminophen.....	9	trifluoperazine hcl.....	39	ULTRAM ER.....	8
trandolapril.....	29	trifluridine.....	91	ULTRASAL-ER.....	63
trandolapril-verapamil hcl.....	32	TRIGLIDE.....	28	ULTRAVATE.....	62
tranexamic acid.....	74	trihexyphenidyl hcl.....	36	ULTRESA.....	66
TRANSDERM-SCOP.....	25	TRILEPTAL.....	18	UMECTA.....	62
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tranylcypromine sulfate.....	20	trimethobenzamide hcl.....	25	UPTRAVI.....	45
TRAVATAN Z.....	93	trimethoprim.....	11	URAMAXIN.....	62
TRAVOPROST.....	93	trimipramine maleate.....	21	URAMAXIN GT.....	62
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		TRINTELLIX.....	21	acid vehicle.....	62
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UREA TOPICAL	62		
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UROCIT-K 10	72		
UROCIT-K 15	73		
UROCIT-K 5	73		
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URSO 250	71		
URSO FORTE	71		
ursodiol	71		
UTIBRON NEOHALER	16		
UTOPIC	62		
VAGIFEM	103		
valacyclovir hcl	42		
VALCHLOR	57		
VALCYTE	41		
valganciclovir hcl	41		
VALIUM	12		
valproate sodium	19		
valproic acid	19		
valsartan	30		
valsartan-hydrochlorothiazide	32		
VALTREX	42		
VANACOF	52		
VANCOCIN HCL	11		
vancomycin hcl	11		
VANOS	62		
VARUBI	26		
VASCEPA	28		
VASERETIC	32		
VASOTEC	30		
VECAMYL	32		
VECTICAL	58		
VELTASSA	82		
VELTIN	55		
VEMAVITE-PRX 2	87		
VEMLIDY	41		
VENA-BAL DHA	87		
VENCLEXTA	33		
VENCLEXTA STARTING			
PACK	33		
venlafaxine hcl	21		
VENLAFAXINE HCL ER	21		
VENTAVIS	45		
VENTOLIN HFA	16		
verapamil hcl	44		
VERDESO	62		
VEREGEN	55		
VERELAN	44		
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VERIPRED 20	49		
VERSACLOZ	38		
VESICARE	102		
VEXOL	92		
VFEND	27		
VIAGRA	45		
VIBERZI	72		
VIBRAMYCIN	98		
VICOPROFEN	9		
VICTRELIS	41		
VIDEX EC	40		
VIDEXPEDIATRIC	40		
VIEKIRA PAK	41		
VIEKIRA XR	42		
vigabatrin	19		
VIGAMOX	91		
VIIBRYD	21		
VIIBRYD STARTER PACK	21		
VIMPAT	18		
VINATE DHA RF	87		
VINATE ONE	87		
VIOKACE	66		
VIRACEPT	40		
VIRAMUNE	40		
VIRAMUNE XR	40		
VIRASAL	64		
VIRAZOLE	42		
VIREAD	40		
VIROPTIC	91		
VIRT-ADVANCE	87		
VIRT-C DHA	87		
VIRT-NATE DHA	87		
VIRT-PN	87		
VIRT-PN DHA	87		
VIRT-PN PLUS	87		
VIRT-SELECT	87		
VIRT-VITE GT	87		
VIRTPREX	87		
VISTARIL	12		
VISTOGARD	25		
VITAFOL FE+	87		
VITAFOL GUMMIES	87		
VITAFOL-NANO	87		
VITAFOL-ONE	87		
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VITAMEDMD REDICHEW			
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VITAPEARL	87		
VITATRUE	87		
VITEKTA	40		
VITUZ	52		
VIVA DHA	87		
VIVELLE-DOT	70		
VIVOTIF	102		
VIVOTIF BERNA	102		
VOGELXO	10		
VOGELXO PUMP	10		
VOL-TAB RX	87		
VOLTAREN	56		
voriconazole	27		
VORICONAZOLE	46		
VOSEVI	42		
VOSPIRE ER	16		
VOTRIENT	36		
VP-CH PLUS	87		
VP-CH-PNV	87		
VP-GGR-B6 PRENATAL	87		
VP-HEME OB	87		
VP-HEME OB + DHA	87		
VP-PNV-DHA	87		
VRAYLAR	38		
VUSION	57		
VYTONE	57		
VYTORIN	27,28		
VYVANSE	1		
warfarin sodium	16		
WEGMANS COMPLETE			
PRENATAL+DHA	88		
WELCHOL	28		
WELLBUTRIN	20		
WELLBUTRIN SR	20		
WELLBUTRIN XL	20		
WESTCORT	62		
WESTHROID	99		

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DIAPHRAGM KIT 60	77	XYZAL ALLERGY 24HR	27
WIDE-SEAL SILICONE		XYZAL ALLERGY 24HR	
DIAPHRAGM KIT 65	77	CHILDRENS	27
WIDE-SEAL SILICONE		YASMIN 28	48
DIAPHRAGM KIT 70	77	YAZ	48
WIDE-SEAL SILICONE		Z-TUSS AC	52
DIAPHRAGM KIT 75	77	zaleplon	75
WIDE-SEAL SILICONE		ZANAFLEX	88
DIAPHRAGM KIT 80	77	ZANTAC	100
WIDE-SEAL SILICONE		ZANTAC 150 MAXIMUM	
DIAPHRAGM KIT 85	77	STRENGTH	100
WIDE-SEAL SILICONE		ZARONTIN	19
DIAPHRAGM KIT 90	77	ZATEAN-CH	88
WIDE-SEAL SILICONE		ZATEAN-PN DHA	88
DIAPHRAGM KIT 95	77	ZATEAN-PN PLUS	88
WP THYROID	99	ZAVESCA	74
XADAGO	37	ZEBETA	43
XALATAN	94	ZECUITY	80
XALKORI	36	ZEGERID	101
XANAX	12	ZEJULA	36
XANAX XR	12	ZELAPAR	37
XARELTO	16	ZELBORAF	36
XARELTO STARTER PACK	16	ZEMPLAR	68
XARTEMIS XR	9	ZENPEP	66
XATMEP	33	ZENZEDI	1
XELJANZ	4	ZEPATIER	42
XELJANZ XR	4	ZERIT	40,41
XELODA	33	ZESTORETIC	32
XENAZINE	96	ZESTRIL	30
XENICAL	2	ZETIA	29
XERAC AC	64	ZETONNA	89
XERESE	58	ZIAC	32
XERMELO	72	ZIAGEN	41
XHANCE	89	ZIANA	55
XIFAXAN	11	zidovudine	41
XIGDUO XR	22	zileuton	13
XIIDRA	91	zinc sulfate	81
XIMINO	98	ZIOPTAN	94
XODOL	9	ziprasidone hcl	38
XOLEGEL	57	ZIPSOR	5
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